

FIRST EDITION



# JAMAICAN GUIDELINES FOR COMPREHENSIVE SEXUALITY EDUCATION

*DEVELOPED BY*

The Jamaican Task Force Committee  
for Comprehensive Sexuality Education

# JAMAICAN GUIDELINES FOR COMPREHENSIVE SEXUALITY EDUCATION

PRE-SCHOOL THROUGH AGE 24

*First Edition*

DEVELOPED BY

**THE JAMAICAN TASK FORCE COMMITTEE  
FOR COMPREHENSIVE SEXUALITY EDUCATION**

*Kingston, Jamaica*



FAMPLAN JAMAICA



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## Foreword

As Executive Director of the Jamaican National Family Planning Board of the Ministry of Health and Environment, I have responsibility for implementing sexual and reproductive health initiatives for young people throughout Jamaica. The sexual and reproductive health decisions our young people make will have a profound influence over our country's ability to realise critical economic, education, and health goals. Equally important, adolescent sexuality education can safeguard their health and well-being, and improve the outcome for their future.

The overwhelming majority of Jamaican youth are vulnerable to early and unprotected sexual intercourse. Jamaican youth need comprehensive sexuality education due to an epidemic of sexual health misinformation. Ensuring access to comprehensive sexuality information is even more critical today, given the HIV pandemic. Young people who decide to become sexually active should understand the benefits of using condoms to prevent HIV, sexually transmitted infections (STIs), and unintended pregnancy, while also understanding that abstinence is the only 100 percent effective method to prevent these issues.

Many young girls succumb to sexual coercion and gender-related sexual abuse, making girls many times more likely than boys to become infected with HIV. The outcome of early and unprotected sexual intercourse deeply affects the future of girls, women, and their families. Equally disturbing, Jamaica's adolescent pregnancy rate is among the highest in the Caribbean. In fact, 40 percent of Jamaican women get pregnant at least once before they reach the age of 20. Jamaica's highest infection rate for HIV/AIDS occurs among youth ages 15 to 24.

We must acknowledge that some young people in Jamaica are already engaging in sexual activity, some are pregnant or parenting, and others may have been the victims of sexual abuse; therefore, promoting young people's access to factual, age-appropriate sexuality information and youth-friendly health services is essential to their health and survival. The long-term outcome of HIV infection, unintended pregnancy, and STIs among teens is one of the biggest health concerns that threaten our young people. The negative consequences resulting from unprepared, uninformed, and unprotected sexual activity put the lives and futures of young people today, as well as those in generations to come, in jeopardy.

Our challenge is to ensure that young people get the information they need to make informed and responsible choices. By furthering support for sexuality and reproductive health education programmes and services, *The Jamaican National Guidelines For Comprehensive Sexuality Education* can help to achieve this goal.

Through sharing the *Jamaican National Guidelines For Comprehensive Sexuality Education* resources with policymakers, advocates, educators, parents/guardians, religious leaders, peers, and colleagues, we hope they will support comprehensive sexuality education that will inform young people about sexuality and health issues;

help parents and guardians to talk more openly with their children about sexual health; and strengthen colleagues to replicate successful program strategies. Only through our unified voice can we achieve success in development of effective comprehensive sexuality education programmes. Our ultimate goal is to create more informed, responsible, and aware sexually healthy young people.

The *Guidelines* can serve as a model for developing and delivering comprehensive sexuality education, a way to build national consensus for sexual health in Jamaica, a structure to deliver messages about key sexual and reproductive health topics, a concrete tool for educators to deliver information about specific topics to young people, and an impetus to advocate endorsement of a more progressive approach to sexuality education. Still, establishing the *Guidelines* is but the first step we can take.

We believe that developing the *Jamaican National Guidelines for Comprehensive Sexuality Education* will build momentum for advancing sexual health in Jamaica and will help us face and fight the growing rates of HIV infection, alarmingly high adolescent pregnancy rates, and the lack of adequate access to comprehensive health information and services. At the end of the day, *The Jamaican National Guidelines For Comprehensive Sexuality Education* will help to ensure a brighter future for our children, their families, and ultimately, for Jamaica.

Sincerely,



Dr. Olivia Patricia McDonald  
Executive Director  
Jamaica National Family Planning Board  
Jamaica Ministry of Health and Environment

## Acknowledgements and Overview of the *Guidelines*

The Jamaican *Guidelines* resulted from the collective vision and commitment of many individuals and organisations that worked together to improve comprehensive sexuality education for young people in Jamaica. *The Jamaican Guidelines For Comprehensive Sexuality Education* were developed through a process of consensus by a diverse National Task Force and Advisory Council of Jamaican experts representing the fields of sexuality education, youth development, sexual and reproductive health and rights, family planning, HIV and AIDS, gender, media, healthcare, and education. Mrs. Peggy Scott, CEO and Mrs. Pauline Pennant, Programmes Administrator, of FAMPLAN Jamaica worked in close collaboration with Nanette Ecker, Director of International Education and Training, of the Sexuality Information and Education Council of the United States (SIECUS) to plan, develop, and execute the *Guidelines* development project.

The Jamaican edition of the *Guidelines* is based on both the *Guidelines For Comprehensive Sexuality Education*, Third Edition, produced by the Sexuality Information and Education Council of the United States (SIECUS 2004), and on the *Guidelines for Comprehensive Sexuality Education in Nigeria: School Age To Young Adult*, produced by Action Health, Inc. in collaboration with SIECUS in 1999. The basic structure and content of the Jamaican *Guidelines* remains similar to these publications; however, specific topics, messages, and age-levels were adapted to reflect the nuances of Jamaican culture, incorporate new information, and address the emerging sexual and reproductive health issues that young people face.

The Jamaican *Guidelines* include new sections such as *Jamaican Sexual Slang and Sexual and Reproductive Health Terms*, *Using the Guidelines*, and *Additional Resources*, all of which offer useful tools and additional information. We trust these *Guidelines* will assist professionals by providing a broad range of sexuality education information for them to share at educational facilities, and community-based, non-governmental, and faith-based organisations that work with youth, in and out of schools, who are living in rural and urban communities.

The messages within this publication emerged as a consensus of beliefs from the National *Guidelines* Task Force, whose role was to develop this publication by adapting the United States and Nigerian versions for the Jamaican cultural context. These messages were further modified, honed, and vetted with thoughtful feedback provided by members of the Advisory Council Committee. Thus, the messages accurately reflect sexuality and reproductive health issues many professionals may face when working with young people. The Task Force and Advisory Council Committees believe the messages within the *Guidelines* will help promote open, honest discussion of sexuality, which will assist youth to make informed, responsible decisions. We also believe these discussions will help young people to stay sexually healthy as they navigate towards adulthood, and help them emerge as adults with a healthy sexuality.

We sincerely appreciate the contributions made by all the members of the Jamaican National Task Force and the Advisory Council Committees. They have unselfishly devoted their time and commitment throughout the *Guidelines* adaptation process, and we thank them for their rigorous review of, and valuable input with developing this new *Jamaican Guidelines For Comprehensive Sexuality Education*.

We also express gratitude to several SIECUS staff members, including Joseph DiNorcia, Jr., President and CEO; Monica Rodriguez, Vice President for Education and Training; Jason Osher, Vice President for Development; and Martha Kempner, Vice President for Information and Communications, for their unyielding support and guidance throughout the project.

Sara Skinner, a FAMPLAN volunteer representing the U.S. Peace Corps, Jamaica, must also be acknowledged for her invaluable help with recording comments from the Task Force during the *Guidelines* development meetings, and eliciting feedback about the *Guidelines* during focus group discussions with a cadre of Jamaican youth.

Equally important, we are particularly grateful to the William and Flora Hewlett Foundation of California for its unyielding support, and sincerely thank the foundation for funding the Jamaican *Guidelines* initiative. We would not have been able to accomplish this milestone without them.

The Jamaican *Guidelines* that have resulted from the collective vision, commitment, and support of all these individuals and organisations will hopefully result in improved access to comprehensive sexuality education for young people throughout all the nooks and crannies of Jamaica. It is our expectation that the Jamaican *Guidelines* will be a catalyst and valuable resource for professionals involved with providing sexuality education, and that this publication will help to ensure young people receive the accurate and comprehensive information about sexuality they need to become informed, happy, and sexually healthy adults.

Sincerely,



Peggy Scott  
CEO  
FAMPLAN



Nanette Ecker, M.A.  
Director of International Education and Training  
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BACKGROUND  
AND  
INTRODUCTION

## BACKGROUND

Sexuality education is a lifelong process of acquiring information and forming attitudes, beliefs, and values about such important topics as identity, relationships, and intimacy. Comprehensive sexuality education should be appropriate to the age, developmental level, and cultural background of the young person, and should respect the diversity of values represented in his/her community. Research 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.

While parents are—and ought to be—their children's primary sexuality educators, they often need help and encouragement. Faith-based institutions, community-based organisations, healthcare providers, youth serving agencies, and schools can also play an important role. School-based sexuality education is vitally important to the health and well-being of our nation's youth. Thus, *the Jamaican Guidelines for Comprehensive Sexuality Education* may be used as a tool and supplemental resource for professionals to augment the Ministry of Education's *Healthy Family Life Education* initiative.

The *Guidelines* can serve many other needs as well. First they serve as a national model for comprehensive sexuality education which will help promote, protect, and secure programmes and policies that advance sexual and reproductive health and rights; ensure that an abundance of accurate, balanced, useful, and accessible information about human sexuality is available; and assure that all people are able to receive comprehensive education about sexuality that helps them integrate information and skills into their lives.

Equally important, the *Guidelines* can serve as a valuable resource for educators, youth development professionals, and health professionals to help them provide important learning opportunities for young people, parents/guardians, and even their own colleagues. This useful tool will help expand understanding around HIV and AIDS, parent-child communication about sexuality, gender-based violence, child sexual abuse, and forced sex, which will ultimately improve awareness and discourse about these issues.

The Jamaican Task Force and Advisory Council Committees on Comprehensive Sexuality Education believe all people have the right to comprehensive sexuality education that addresses the cultural, biological, psychological, and spiritual dimensions of sexuality by providing accurate information; increased opportunities to explore personal feelings, values, and attitudes; and develop communication, decision-making, risk reduction, and critical-thinking skills. As a result, the *Guidelines* are specifically designed to offer guidance for professionals across many disciplines, providing them with information to help them better evaluate, develop, promote, and strengthen a broad spectrum of sexuality education programmes; social marketing and behavioural change communication campaigns; tools, resources, and media materials; training; and curricula.

## HISTORY OF THE JAMAICAN GUIDELINES

Due to the rapidly growing AIDS pandemic, high rates of sexually transmitted infections (STIs), teen pregnancy, and sexual abuse in Jamaica, there is great interest and need for providing young people with the comprehensive sexuality information and decision-making skills they require to avoid unplanned pregnancy, HIV, STIs, sexual exploitation, and gender-based violence. At the same time, debates rage about whether young people should learn solely about abstinence, whether certain controversial topics such as masturbation should be discussed, and at what age other topics should be introduced.

Equally important, due to cultural and religious influences and other factors inhibiting open discussion of sexuality, many professionals may be too embarrassed, lack accurate information, or not have the comfort and confidence to effectively discuss sexuality issues with young people. This leaves many professionals charged with providing sexuality education for young people uncertain of how best to proceed.

In 2006, after FAMPLAN and SIECUS partnered to implement a successful Parent Education Programme in the parishes of St. Ann and St. Mary, they identified the need to develop a framework for comprehensive sexuality education that would help educators evaluate, modify, and create developmentally and culturally specific sexuality education programmes and materials. Hence, the idea to develop a Jamaican-specific set of guidelines for comprehensive sexuality education was born and in 2007, FAMPLAN and SIECUS began collaborating on developing and implementing the *Jamaican Guidelines For Comprehensive Sexuality Education* project. In addition to the U.S. and the Jamaican *Guidelines*, *Guidelines* adaptation projects have successfully produced national sexuality education models in countries as diverse as Brazil, India, Iceland, Nigeria, and Russia, and the *Guidelines* have also been adapted and translated into Spanish for Latino communities in the United States.

The partners identified a broad spectrum of professionals who were drawn from a cross-section of Jamaican public and private sector agencies to become members of a National Task Force For Comprehensive Sexuality Education. Additionally, they recruited other leaders in sexual and reproductive health as members of an Advisory Council Committee For Comprehensive Sexuality Education, with the goal of having both committees collectively come to consensus on development, production and promotion of the *Jamaican Guidelines For Comprehensive Sexuality Education*. The Task Force met several times over the year, and worked independently as well to adapt and modify the U.S. *Guidelines* for the Jamaican cultural context. The Advisory Council was then asked to review, provide feedback, and refine the final draft of *Jamaican Guidelines* developed by the Task Force Committee.

The experts on both panels were charged with the challenging task of creating an ideal model of comprehensive sexuality education for Jamaica by developing a framework of the concepts, topics, skills, and messages that young people should ideally learn, as well as the appropriate age-levels at which each component should be introduced. Committee members discussed at length Jamaican cultural and sexual scripts, as well as the specific needs of Jamaican youth, before going on to craft age-appropriate sexuality and sexual and reproductive health messages for inclusion within the *Guidelines*.

Specifically, the Task Force members identified significant cultural influences, as well as adolescent sexual and reproductive health issues of concern in Jamaica, and came to consensus about the four levels and corresponding appropriate age ranges that would frame the developmental messages within the *Guidelines*. This deliberately protracted and collaborative process has resulted in the production of the *Jamaican Guidelines For Comprehensive Sexuality Education*, and has ensured that the publication not only provides developmentally appropriate messages for Jamaican youth ages 4 to 24 years of age, but also accurately mirrors the unique cultural nuances, needs, and current adolescent sexual and reproductive health issues and concerns.

## STRUCTURE OF THE GUIDELINES

The Jamaican *Guidelines* are modeled after the landmark School Health Education Study (SHES) published in the United States during the late 1960s. SHES developed an innovative approach to structuring health knowledge by identifying broad concepts and related subconcepts, and then arranging these in a hierarchy for students in Kindergarten through 12th grade.

Using this model, the Task Force sought to create an organisational framework of the important knowledge and skills related to sexuality, reproductive health, and family living. To do this, the Task Force first discussed the life behaviours of a sexually healthy adult, which serve as outcome measures of successful sexuality education. Members then compiled the information and determined the skills necessary to achieve these life behaviours, and organised them into key concepts, topics, subconcepts, and age-appropriate developmental messages.

**Key Concepts:** Key concepts are broad categories of information about sexuality and family living. The *Guidelines* are organised into six key concepts, each of which encompasses one essential area of learning for young people. They are:

**Key Concept 1: Human Development.** Human development is characterised by the interrelationship between physical, emotional, social, and intellectual growth.

**Key Concept 2: Relationships** Relationships play a central role throughout our lives.

**Key Concept 3: Life Skills.** Healthy sexuality requires the development and use of specific personal and interpersonal skills.

**Key Concept 4: Sexual Behaviour.** Sexuality is a central part of being human, and individuals express their sexuality in a variety of ways.

**Key Concept 5: Sexual Health.** The promotion of sexual health requires specific information and attitudes to avoid unwanted consequences of sexual behaviour.

**Key Concept 6: Society and Culture.** Social and cultural environments shape the way individuals learn about and express their sexuality.

**Life Behaviours:** Life behaviours are essentially the outcome of instruction. For each of the broad categories identified as a key concept, the *Guidelines* note several life behaviours of a sexually healthy adult that reflect actions young people will be able to take after having applied the information and skills.

For example, life behaviours under Key Concept 3: Life Skills include: "Identify and live according to one's values;" "Take responsibility for one's own behaviour;" and "Practise effective decision-making;"

**Topics:** Topics are the individual subjects that need to be discussed in order to sufficiently address each key concept and help young people achieve the desired outcome of life behaviours. Each key concept is broken down into a number of component topics.

For example, Key Concept 2 - Relationships, includes the following topics: families, friendship, love, romantic relationships and dating, marriage and lifetime commitments, and raising children. Together, the key concepts and topics create a simple outline for comprehensive sexuality education programmes. (A complete list of Key Concepts and Topics appears on page 7.)

**Subconcepts:** Subconcepts represent the essential message that young people need to learn about each topic. The *Guidelines* begin the discussion on each topic by identifying a subconcept that directly relates to the desired life behaviours.

For example, within Key Concept 1- Human Development, Topic 4 is Body Image. The subconcept suggests that young people learn that "People's images of their bodies affect their feelings and behaviours." Subconcepts appear throughout the *Guidelines*.

**Developmental Messages:** Developmental messages are brief statements that contain specific information young people need to learn about each topic. The important content appropriate for different age groups was identified for each subconcept. These developmental messages are defined at the level when they should first be discussed. A message cited for an early developmental level is not listed again. It is therefore important to note that the *Guidelines* assume all developmental messages, once introduced, will need to be reinforced repeatedly at different levels through informal and formal settings. This also means that if a programme starts at an upper level, such as the adolescent level, the programme developers need to incorporate learning activities that either reinforce or introduce the previous developmental messages.

The *Jamaican Guidelines* present developmental messages appropriate for four separate age levels, ranging from age 4 to age 24, and addresses early childhood through the young adult stages of development. The Task Force recommends that the lower age range for Level I (the first level) should start at age 4; to reflect the documented high frequency of early forced sex and sexual abuse in Jamaica.

And, since young adults can still be educated at technical training schools, and many youth groups continue to include persons until they are 24 years of age, the Task Force extended the upper age limit for Level 4 (the last level) to age 24.

Developmental messages are carefully crafted to address the same topic in different ways at each age level. For example, within Key Concept 6: Society and Culture - Topic 5 is Diversity. Developmental messages about diversity for Level 1 include: "Individuals differ in the way they think, act, look, and live," and "Talking about differences helps people understand each other better." In contrast, developmental messages for Level 4 include: "Confronting one's own biases and prejudices can be difficult," and "Workplaces benefit from having employees from diverse backgrounds."

It is also important to note that while the developmental messages contain the age-appropriate information that young people need to learn, they are not meant to simply be read

or quoted verbatim in materials or activities. Instead, they are intended for educators, health professionals, youth workers, and other adults who are in a better position to understand the best language and methods to use when sharing this information with young people.

The messages can and should be further honed for the specific population or group they are being used with by the person who is using them, which will ultimately make the *Guidelines* an even more precise tool. The person using the *Guidelines* will also need to determine if the messages are appropriate for the particular young people or group they are working with. Keep in mind that it is up to the person employing the *Guidelines* to determine if a particular developmental message should be introduced at an earlier or later time.

## SCHOOL LEVELS

**LEVEL 1:**  
**CHILDHOOD**  
ages 4 through 8;  
pre-school to early primary school

**LEVEL 2:**  
**PREADOLESCENCE**  
ages 9 through 12;  
later primary school

**LEVEL 3:**  
**ADOLESCENCE**  
ages 13 through 17;  
junior high/secondary schools

**LEVEL 4:**  
**YOUNG ADULTHOOD**  
ages 18 through 24;  
technical training,  
college and university

# Guidelines For Comprehensive Sexuality Education: Key Concepts and Topics

## Key Concept 1: Human Development

- Topic 1: Reproductive and Sexual Anatomy and Physiology
- Topic 2: Puberty
- Topic 3: Reproduction
- Topic 4: Body Image
- Topic 5: Sexual Orientation
- Topic 6: Gender Identity

## Key Concept 2: Relationships

- Topic 1: Families
- Topic 2: Friendship
- Topic 3: Love
- Topic 4: Romantic Relationships and Dating
- Topic 5: Marriage and Lifetime Commitments
- Topic 6: Raising Children

## Key Concept 3: Life Skills

- Topic 1: Values
- Topic 2: Decision-making
- Topic 3: Communication
- Topic 4: Assertiveness
- Topic 5: Negotiation
- Topic 6: Looking for Help

## Key Concept 4: Sexual Behaviour

- Topic 1: Sexuality Throughout Life
- Topic 2: Masturbation
- Topic 3: Shared Sexual Behaviour
- Topic 4: Sexual Abstinence
- Topic 5: Human Sexual Response
- Topic 6: Sexual Fantasy
- Topic 7: Sexual Dysfunction

## Key Concept 5: Sexual Health

- Topic 1: Reproductive Health
- Topic 2: Contraception
- Topic 3: Pregnancy and Prenatal Care
- Topic 4: Abortion
- Topic 5: Sexually Transmitted Infections (STI)
- Topic 6: HIV and AIDS
- Topic 7: Sexual Abuse, Assault, Violence, and Harassment

## Key Concept 6: Society and Culture

- Topic 1: Sexuality and Society
- Topic 2: Gender Roles
- Topic 3: Sexuality and the Law
- Topic 4: Sexuality and Religion
- Topic 5: Diversity
- Topic 6: Sexuality and the Media
- Topic 7: Sexuality and the Arts



## GOALS, VALUES, AND FUNDAMENTAL PRINCIPLES

Although the *Guidelines* are designed to be adaptable to the needs and beliefs of different communities, they are nonetheless based on certain specific values relating to sexuality and the nature of ideal sexuality education. Before developing the concepts and messages in the *Guidelines*, the Jamaican National *Guidelines* Task Force discussed the goals of sexuality education, the values inherent in the *Guidelines*, and a number of fundamental principles about the implementation of sexuality education.

**The Goals of Sexuality Education:** The primary goal of sexuality education is to promote adolescent and adult sexual health. It should assist young people to develop a positive view of sexuality, provide them with information they need to take care of their sexual health, and help them acquire skills to make responsible decisions now and in the future.

**The *Guidelines* recognise that the goals of sexuality education fall into four areas:**

**Information:** Sexuality education seeks to provide accurate information about human sexuality; including growth and development, human reproduction, anatomy, physiology, masturbation, family life, pregnancy, childbirth, parenthood, sexual response, gender identity, contraception, abortion, sexual abuse, HIV and AIDS, and other sexually transmitted infections (STIs).

**Attitudes, Values, and Insights:** Sexuality education seeks to provide an opportunity for young people to question, explore, and assess their own and their community's attitudes about society, gender, and sexuality. This can help young people understand their family's values, develop their own values, improve critical-thinking skills, increase self-esteem and self-efficacy, and develop insights concerning relationships with family members, individuals of all genders, sexual partners, and society at large. Sexuality education can help young people understand their obligations and responsibilities to their families and society.

**Relationships and Interpersonal Skills:** Sexuality education seeks to help young people develop interpersonal skills, including communication, decision-making, assertiveness, and peer refusal skills, as well as the ability to create reciprocal and satisfying relationships. Sexuality education programmes should prepare young people to understand sexuality effectively and creatively in adult roles. This includes helping young people develop the capacity for caring, supportive, non-coercive, and mutually pleasurable intimate and sexual relationships.

**Responsibility:** Sexuality education seeks to help young people exercise responsibility regarding sexual relationships by addressing such issues as abstinence; how to safely resist pressures to become involved in unwanted, forced, or early sexual intercourse; and the use of condoms, contraceptives, and other protective sexual health measures.

**Values Inherent in the *Guidelines*:** The *Guidelines* are based on a number of values about sexuality, young people, and the role of families. While these values reflect those of many communities across the country, they are not universal. Parents/guardians, educators, professionals, and community members will need to review these values to be sure that the programme that is implemented is consistent with their community's beliefs, culture, and social norms.

### **THE VALUES INHERENT IN THE *GUIDELINES* ARE:**

- Every person has dignity and self worth.
- All children should be loved and cared for.
- Young people should view themselves as unique and worthwhile individuals within the context of their cultural heritage.
- Sexuality is a natural and healthy part of living.
- All persons are sexual.
- Sexuality includes physical, ethical, social, spiritual, psychological, and emotional dimensions.
- Individuals can express their sexuality in varied ways.
- In a pluralistic society, people should respect and accept the diversity of values and beliefs about sexuality that exist in a community.
- Parents/guardians should be the primary sexuality educators of their children.
- Families should provide children's first education about sexuality and share their values about sexuality with their children.
- Individuals, families, and society benefit when children are able to discuss sexuality with their parents and/or trusted adults.
- Young people develop their values about sexuality as part of becoming adults.
- Young people explore their sexuality as a natural process in achieving sexual maturity.
- Sexual relationships should be reciprocal, based on respect, and should never be coercive or exploitative.
- All persons have the right and obligation to make responsible sexual choices.
- Early involvement in sexual behaviours, when young people lack adequate knowledge, skills or emotional and physical maturity, poses risks.
- Abstaining from sexual intercourse is the most effective method of preventing pregnancy and STIs/HIV.
- Young people who are involved in sexual relationships need access to information about healthcare services.

**Fundamental Principles:** While the *Guidelines* were created to be adaptable to a wide variety of communities and settings; they are based on a number of fundamental principles about the nature of ideal sexuality education programmes. The Task Force believes that sexuality education programmes benefit from:

**Being Part of a Comprehensive Health Education Programme:** Sexuality education should be offered as part of an overall comprehensive health education programme. Sexuality education can best address the broadest range of issues in the context of health promotion, social and gender equality, and disease prevention. Communities, non-governmental organisations and schools should seek to integrate the concepts and messages in the *Guidelines* into their overall health education initiatives. School officials who are implementing the Ministry of Education's *Health and Family Life Education Programme* will recognise that the *Guidelines* address many of the themes within that programme's *Sexuality and Sexual Health* and *Self and Personal Relationships* units.

**Well-Trained Professionals:** Sexuality education should be taught by specially trained people. Those individuals who are responsible for providing sexuality education must receive adequate training in human sexuality, including the philosophy and methodology of sexuality education. While ideally teachers should attend academic courses or programmes in schools of higher education, in-service courses, continuing education classes, training of trainer workshops, practicums, and intensive seminars can also help prepare sexuality educators.

**Community Involvement:** The community must be involved in the development and implementation of sexuality education programmes. School-based, as well as community-based programmes, must be carefully developed to respect the diversity of values and beliefs represented in the community. Parents/guardians, family members, teachers, administrators, community and religious leaders, and students should all be involved.

**A Focus on All Youth:** All children and youth can benefit from comprehensive sexuality education regardless of gender, ethnicity, socio-economic status, age, or disability. Programmes and materials should be adapted to reflect the specific issues and concerns of the community, as well as any special needs of the learners. In addition, curricula and materials should reflect the cultural diversity represented in the classroom.

**A Variety of Teaching Methods:** Sexuality education is most effective when young people not only receive information but also are also given the opportunity to explore their own and society's attitudes and values, and to develop or strengthen social skills. A wide variety of teaching methods and activities can foster learning, such as interactive discussions, role plays, demonstrations, individual and group research, group exercises, and homework assignments.

The *Guidelines* are a valuable tool for educators and community members wishing to develop and analyse sexuality education programmes, curricula, and textbooks. However, the *Guidelines* are not a curriculum, nor are they lesson plans. They are designed as a starting point for educators, health professionals, and curriculum designers, and can be used by local communities to plan new programmes, evaluate existing curricula, train teachers or other professionals, educate parents/guardians, conduct research, and write new materials. Ultimately, however, the community and school must determine which topics and developmental messages will be included, and the lessons plans and formats that will be utilised.

## **LIFE BEHAVIOURS OF A SEXUALLY HEALTHY ADULT**

### **A Sexually Healthy Adult Will:**

- Appreciate his/her own body.
- Seek further information about reproduction as needed.
- Affirm that human development includes sexual development, which may or may not include reproduction or sexual experience.
- Interact with all genders in respectful and appropriate ways.
- Affirm one's own sexuality and respect the sexuality of others.
- Affirm one's own gender identity and respect the gender identity of others.
- Express love and intimacy in appropriate ways.
- Develop and maintain meaningful relationships.
- Avoid exploitative or manipulative relationships.
- Make informed choices about family options and relationships.
- Exhibit skills that enhance personal relationships.
- Identify and live according to one's own values.
- Take responsibility for one's own behaviour.
- Practise effective decision-making.
- Develop critical-thinking skills.
- Communicate effectively with family, peers, and romantic partners.
- Enjoy and express one's sexuality throughout life.
- Express one's sexuality in ways that are consistent with one's values, while appreciating the values of one's family and culture.
- Enjoy sexual feelings without necessarily acting on them.
- Discriminate between life-enhancing sexual behaviours and those that are harmful to self and/or others.
- Express one's sexuality while respecting the rights of others.
- Seek new information to enhance one's sexuality.
- Engage in sexual relationships that are consensual, non-exploitative, honest, pleasurable, and protected.

(CONTINUED)

## **LIFE BEHAVIOURS OF A SEXUALLY HEALTHY ADULT**

### **A Sexually Healthy Adult Will:**

- Practise health-promoting behaviours, such as regular check-ups, breast and testicular self-examination, and early identification of potential problems.
- Use contraception effectively to avoid unintended pregnancy.
- Avoid contracting or transmitting a sexually transmitted infection, including HIV.
- Act consistently with one's own values when dealing with an unintended pregnancy.
- Seek early prenatal care.
- Help prevent sexual abuse and violence.
- Demonstrate respect for people with different sexual values.
- Exercise democratic responsibility to influence legislation dealing with sexual issues.
- Assess the impact of family, cultural, media, and societal messages on one's thoughts, feelings, values, and behaviours related to sexuality, such as decisions regarding the timing of first sex, the bearing of children, and other sexual behaviours.
- Critically examine the world around them for biases based on gender, sexuality, culture, ethnicity, and race.
- Promote the rights of all people to accurate sexuality information.
- Avoid behaviours that exhibit prejudice and bigotry.
- Reject stereotypes about the sexuality of different populations.
- Educate others about sexuality.

GUIDELINES  
FOR  
COMPREHENSIVE  
SEXUALITY

PRE-SCHOOL THROUGH AGE 24

## KEY CONCEPT I: HUMAN DEVELOPMENT

*Human development is characterised by the interrelationship between physical, emotional, social, and intellectual growth.*

### **HUMAN DEVELOPMENT LIFE BEHAVIOURS:**

Having applied the human development subconcepts at the appropriate age, the learner will be able to:

- Appreciate one's own body.
- Seek further information about sexuality and reproduction as needed.
- Affirm that human development includes sexual development, which may or may not include reproduction or sexual experience.
- Interact with all genders in respectful and appropriate ways.
- Affirm one's own sexuality and respect the sexuality of others.
- Affirm one's own gender identity and respect the gender identity of others.

### **SCHOOL LEVELS**

#### **LEVEL 1:**

CHILDHOOD  
ages 4 through 8;  
pre-school to early  
primary school

#### **LEVEL 2:**

PREADOLESCENCE  
ages 9 through 12;  
later primary school

#### **LEVEL 3:**

ADOLESCENCE  
ages 13 through 17;  
junior high/  
secondary schools

#### **LEVEL 4:**

YOUNG ADULTHOOD  
ages 18 through 24;  
technical training,  
college and university

## Topic 1: Reproductive and Sexual Anatomy and Physiology

**Subconcept:** *The human body has the capability to reproduce as well as to give and receive sexual pleasure.*

### Developmental Messages:

#### Level 1

- Each body part has a correct name and a specific function.
- A person's genitals, reproductive organs, and genes determine whether the person is male or female.
- A boy/man has nipples, a penis, a scrotum, and testicles.
- A girl/woman has breasts, nipples, a vulva, a clitoris, a vagina, a uterus (womb), and ovaries.
- Some sexual or reproductive organs, such as penises and vulvas, are external, or on the outside of the body while others, such as ovaries and testicles, are internal or inside the body.
- Both boys and girls have body parts that may feel good when touched.

#### Level 2

- During puberty, internal and external sexual and reproductive organs mature in preparation for adulthood.
- A young man's ability to reproduce starts when he begins to produce sperm.
- A young woman's ability to reproduce starts when she begins to ovulate (release an egg).

#### Level 3

- Sexual differentiation, whether a foetus will be male or female, is determined largely by chromosomes and occurs early in prenatal development.
- Some babies are born intersexed which means that they may have ambiguous genitals that are not clearly male or female and/or that their chromosomes do not match their genitals.
- Hormones influence growth and development as well as sexual and reproductive functions.
- The sexual response system differs from the reproductive system.
- Some sexual and reproductive organs provide pleasure.

#### Level 4

- Both men and women can experience sexual pleasure throughout their lives.
- Most people enjoy giving and receiving sexual pleasure.
- A woman's ability to reproduce ceases after menopause; after puberty, a man can usually reproduce for the rest of his life.
- Individuals may want to use a mirror to look closely at their external organs so they can note any changes that may indicate health problems.



## Topic 2: Puberty

**Subconcept:** *Puberty is a universally experienced transition from childhood to adulthood that is characterised by physical, emotional, and psychological changes.*

### Developmental Messages:

#### Level 1

- Bodies change as children grow older.
- Puberty is a time of physical, emotional, and psychological change that happens as children become teenagers.
- People are physically able to have children only after they have reached puberty.

#### Level 2

- Puberty begins and ends at different ages for different people.
- Everyone's body changes at its own pace.
- Some people will not complete puberty until their middle or late teens.
- Girls often begin visible pubertal changes before boys.
- Many changes in puberty, such as the growth of body hair and an increase in body odor, are similar for boys and girls.
- The sexual and reproductive systems mature during puberty.
- During puberty, girls begin to ovulate and menstruate, and boys begin to produce sperm and ejaculate; once this occurs girls are physically capable of becoming pregnant and boys of getting a female pregnant.
- During puberty, some boys may ejaculate while they are asleep, which is called a nocturnal emission or "wet dream."
- During puberty, emotional changes occur as a result of increased hormonal levels.
- During puberty, many people begin to develop sexual and romantic feelings.
- Young teenagers sometimes feel uncomfortable, clumsy, and/or self-conscious because of the rapid changes in their bodies.

## Topic 3: Reproduction

**Subconcept:** *Most people have the ability to reproduce; people should also have the ability to choose whether or not they wish to reproduce.*

### Developmental Messages:

#### Level 1

- Men and women have reproductive organs that enable them to have a child.
- Men and women have specific cells in their bodies (sperm cells and egg cells) that enable them to reproduce.
- Reproduction requires that a sperm and egg join.
- Vaginal intercourse, (when a penis is placed inside a vagina), is the most common way for a sperm and egg to join.

- When a woman is pregnant, the fetus grows inside her body in her uterus.
- A woman can be pregnant with more than one foetus at a time.
- Babies usually come out of a woman's body through an opening called a vagina.
- Some babies are born by an operation called a Caesarian Section.
- A woman's breasts can provide milk for a baby.
- Not all men and women can have or choose to have children.
- People who cannot or choose not to have children may choose to adopt.

## **Level 2**

- Decisions about having children are based on personal values, cultural beliefs, and other factors.
- Whenever unprotected vaginal intercourse occurs, it is possible for a female to become pregnant.
- The union of a sperm and an egg is called conception or fertilisation.
- The embryo, which becomes a foetus, begins to develop at fertilisation.
- The foetus develops during pregnancy, a 40-week cycle that ends with birth.
- Sperm determine the biological sex of the foetus.
- Contraception can prevent fertilisation and/or pregnancy.

## **Level 3**

- People should use contraception during vaginal intercourse unless they want to have a child.
- Conception can occur once a sexually active female has ovulated (released an egg).
- Ovulation is most likely to occur two weeks before a female's next menstrual period.
- Menstrual cycles vary due to a variety of factors; therefore, the exact time of ovulation is unpredictable.
- A common sign of pregnancy is a missed menstrual period.
- Protected sexual intercourse during pregnancy usually will not harm the developing foetus, but there may be risk of contracting STIs for either partner.

## **Level 4**

- Reproductive functioning is different from sexual functioning.
- Some males and females have reproductive problems that make it difficult for them to produce a child.
- New reproductive technologies and medical procedures allow some couples with fertility problems to produce a child.
- Some people who have fertility problems may adopt children, or choose a surrogate mother.
- Menopause is the time when a woman starts having hormonal changes, ceases having her menstrual periods, and stops being able to reproduce; which usually occurs between the ages of 45 and 55.

## Topic 4: Body Image

**Subconcept:** *People's images of their bodies affect their feelings and behaviours.*

### Developmental Messages:

#### Level 1

- Individual bodies are different sizes, shapes, and colours.
- All bodies are equally special.
- Differences make us unique.
- Good health habits, such as eating well and exercising, can improve health and the way a person feels about his or her body.
- Each person can be proud of his/her body.

#### Level 2

- A person's appearance is determined by heredity, environment, and health habits.
- The body's appearance is partly determined by the genes inherited from parents and grandparents.
- Most people do not look like what the media portrays as attractive.
- Standards of physical attractiveness change over time and differ among cultures.
- What makes a body attractive is different for different people.
- People often feel pressure to change their bodies through gaining/losing weight, bleaching their skin, surgery, or drugs.
- The value of a person is not determined by his/her appearance.

#### Level 3

- The size and shape of penises, buttocks, breasts, and vulvas can vary significantly.
- The size and shape of sexual organs does not affect a person's ability to reproduce or experience sexual pleasure.
- The size and shape of a person's body may affect how others feel about and behave toward that person.
- Some people may develop disordered eating as a result of how they feel about their bodies.
- The media portrays attractiveness as a narrow and limited ideal, but in reality attractive people come in all shapes, sizes, colours, and abilities.
- Although people stop growing once they reach adulthood, bodies change shape and size throughout life.
- A person's body image may have an impact on their decision-making and behaviour.
- Many people of all shapes, sizes and abilities have a positive image of their bodies.
- A person who accepts and feels good about his or her body may seem more likeable and attractive to others.
- Physical appearance is only one factor that attracts one person to another.
- People are attracted to a variety of physical qualities.

## Topic 5: Sexual Orientation

**Subconcept:** *As people grow and develop they may begin to feel romantically and/or sexually attracted to people of the same and/or a different sex.*

### Developmental Messages:

#### Level 1

- Human beings experience different kinds of love.
- Some people are heterosexual, which means they can be attracted to and fall in love with someone of another sex.
- Some people are homosexual, which means they can be attracted to and fall in love with someone of the same sex.
- Homosexual males and females are also known as gays and lesbians.
- All people deserve respect.
- Making fun of gay people by calling them derogatory names (e.g., “homo,” “batty man,” “chi-chi man,” “fish,” “number 2,” “fag,” “queer;”) is disrespectful and hurtful.

#### Level 2

- Sexual orientation refers to a person's physical and/or emotional attraction to an individual of the same, opposite, or both sexes.
- Some people are bisexual, which means they can be attracted to and fall in love with people of the same or another sex.
- Homosexuals (gays and lesbians), bisexuals, and heterosexuals are all human beings deserving of respect.
- Sexual orientation is just one part of who a person is.
- The origin of people's sexual orientation is not known.
- Some people are afraid to say that they are homosexual or bisexual because they fear they will be mistreated or imprisoned.
- Based on the laws of the country in which they reside, people of all sexual orientations can have their own children or adopt.

#### Level 3

- Homosexual, bisexual, and heterosexual people come from all countries, cultures, races, ethnicities, socio-economic backgrounds, and religions.
- There are many theories about what determines sexual orientation including genetics; prenatal, social, and cultural influences; psychosocial factors; and a combination of all of these.
- Many scientific studies have concluded that sexual orientation cannot be changed by therapy or medicine.
- Having discussions about sexual orientation can be difficult for some people.
- Teenagers who have questions about their sexual orientation should consult a trusted and knowledgeable adult.

- People's beliefs about sexual orientation are based on their religious, cultural, and family values.
- People have the right to be treated fairly and not be intimidated.
- Disclosure of homosexual or bisexual orientation can be difficult because people may fear or experience negative reactions.
- There are organisations that offer support services, hotlines, and resources for young people who want to talk about sexual orientation (e.g., FAMPLAN, Jamaica AIDS Support).
- While the Internet offers a wide range of information about sexual orientation, some of it is inaccurate.
- Although "chatting," "texting," or meeting people online can be fun, individuals should be cautious because it can be unsafe.

#### **Level 4**

- Sexual orientation is determined by a combination of a person's attractions, fantasies, and sexual behaviours.
- Many countries have laws banning discrimination against people based on their sexual orientation.
- If an individual is being intimidated, harassed, or harmed because of a real or perceived sexual orientation, it is important to seek help.

### **Topic 6: Gender Identity**

***Subconcept:** People's biological sex and gender identity play important roles in how they think, feel, and behave.*

#### **Developmental Messages:**

##### **Level 2**

- Biological sex refers to whether a person has male or female genitals and/or chromosomes.
- Gender identity refers to a person's internal sense of being male, female, or a combination of these.
- Gender identity is just one part of who a person is.
- Gender roles refer to the way society expects people to behave based on their biological sex.
- Making fun of people for not acting the way society expects them to based on their biological sex is disrespectful and hurtful.

### Level 3

- For most people, biological sex and gender identity are the same.
- Some people's gender identity differs from their biological sex.
- The origin of people's gender identity is not known.
- Gender identity is different from sexual orientation.
- "Transgender" describes people whose internal sense of gender (gender identity) doesn't match what society expects of them based on their genitals and chromosomes (biological sex).
- Transgender is also used as a general term to describe many different identities that exist such as "transsexual," "drag king," "drag queen," "cross dresser," "gender-bender," "shim," or "borderline."
- In some countries, transgender individuals may take hormones or have surgery to alter their bodies to better match their gender identity.
- All societies and cultures have transgender individuals.
- Having discussions about gender identity can be difficult for some people.
- Teenagers who have questions about their gender identity should consult a trusted and knowledgeable adult.
- Some organisations offer support services, hotlines, and resources for young people who want to talk about gender identity (e.g., FAMPLAN, Jamaica AIDS Support).
- While the Internet offers a wide range of information about gender identity, some of it is inaccurate.
- Although "chatting," "texting," or meeting people online can be fun, individuals should be cautious because it can be unsafe.
- Some people are afraid to say that they are transgender because they fear they will be mistreated.
- Transgender individuals in this society commonly experience harassment and/or violence.
- If an individual is being discriminated against, intimidated, harassed, or harmed because of a perceived gender identity, it is important to seek help.

### Level 4

- As some societies build a better awareness and understanding of gender identity, transgender individuals may be more accepted and face less harassment and violence.
- Some countries have laws protecting transgender individuals from discrimination.

## KEY CONCEPT 2: RELATIONSHIPS

*Relationships play a central role throughout our lives.*

### RELATIONSHIP LIFE BEHAVIOUR:

Having applied the relationships subconcepts at the appropriate age, the learner will be able to:

- Express love and intimacy in appropriate ways.
- Develop and maintain meaningful relationships.
- Avoid exploitative or manipulative relationships.
- Make informed choices about family options and relationships.
- Exhibit skills that enhance personal relationships.

### SCHOOL LEVELS

**LEVEL 1:**  
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ages 18 through 24;  
technical training,  
college and university

## Topic 1: Families

**Subconcept:** *Most people are raised in families and live in families as adults.*

### Developmental Messages:

#### Level 1

- A family consists of two or more people who care for each other in many ways.
- There are different kinds of families.
- Children may live with one or more parents or guardians; including biological parents, step-parents, foster parents, adoptive parents, grandparents, siblings, friends, or other combinations of adults.
- All members of a family may not live in the same place.
- The makeup of individual families may change over time.
- Each member of a family has something unique to contribute.
- Families have rules to help members live together.
- Family members take care of each other.
- Many adults, even non-biological parents and guardians, may help care for children.
- Family members show love for each other.
- Change in a family may make its members happy or sad.
- When a baby is born or a child is adopted into a family, some parts of life will change for family members.
- An addition of a new family member, such as a new sibling or new parental figure may have an impact on your life.

#### Level 2

- Children may have a mother, a mother and a father, or another combination of adults who love and care for them.
- There are many kinds of family structures, though some are more culturally accepted than others.
- Family members have rights and responsibilities.
- Adult family members usually decide the children's rights and responsibilities within the family.
- Families help children learn values.
- Members of a family sometimes disagree but continue to love each other.
- Many life events, such as birth, adoption, separation, divorce, employment changes, moving, disability, illness, or death, can change families.
- People in families can move away but they are still members of that family.
- Communication in families is vital and important.
- For some families, raising children is a very important role.
- Families can influence individuals' personalities.

#### Level 3

- Family members are individuals, each with a unique personality.
- The responsibilities of family members may change as they grow older.



- As children become more independent, they become more responsible for themselves and others.
- Teenagers are beginning a process of developing independence from their families and preparing to be on their own.
- Love, cooperation, and mutual respect are necessary for good family functioning.
- Family relationships may become difficult when the family structure changes.
- Different people may have different values and ideas about family life.
- Conflicts sometimes occur between parents/guardians and children, especially during adolescence.
- Families sometimes need counselling in order to function well.
- Community agencies, school, and health professionals can assist families with problems.
- Sometimes the court decides that families need to be broken up for the health and safety of the children.
- Relationships between parents/guardians and children often change as they all grow older.

#### **Level 4**

- When a family crisis occurs, family members need to support each other.
- One purpose of the family is to help its members reach their fullest potential.
- Many aspects of family life have changed during the past several generations.

### **Topic 2: Friendship**

**Subconcept:** *Friendships are important throughout life.*

#### **Developmental Messages:**

##### **Level 1**

- People can have many friends or just a few.
- A person can have different types of friends.
- Friends spend time together and get to know each other.
- Friendships depend on honesty.
- Friends respect and appreciate each other.
- Friends can feel angry with each other and still be friends.
- Friends sometimes hurt each other's feelings.
- Friends forgive each other.
- Friends share feelings with each other.
- Friends can help each other.
- Friends can be male and female.
- Friends can be younger and older.

##### **Level 2**

- Friendships help people build self-esteem and feel good about themselves.
- Many skills are needed to learn how to begin, continue, and end friendships.
- Choosing friends well is important.

- Friends can influence each other both positively and negatively.
- It is important to support and help a friend when he/she has a problem.

### Level 3

- Friendships sometimes evolve into romantic relationships.
- People can be friends without being romantically involved.

### Topic 3: Love

**Subconcept:** *Loving relationships of many types are important throughout life.*

#### Developmental Messages:

##### Level 1

- Love means having deep and warm feelings about oneself and others.
- People can experience different types of love and intimacy.
- People express love differently to their parents/guardians, families, and friends.
- People can experience different loving relationships throughout their lives.
- People are capable of giving and receiving love.
- A person can show love for another person in many ways.
- Feeling good about oneself enhances loving relationships.

##### Level 3

- Love is a difficult concept to define.
- Love is not the same as sexual involvement or attraction although it can happen at the same time.
- Knowing for sure if one is in love can be difficult.
- People may confuse love with other intense emotions such as sexual attraction, lust, infatuation, jealousy, power, and control.
- The feelings of “falling in love” are often different from those feelings in a continuing relationship.
- A person can “fall in love” many times in their life.
- “First love” is often one of life’s most intense experiences.
- In a love relationship, people encourage each other to develop as individuals.
- Loving someone can involve taking risks and being vulnerable.
- Love is not always returned.
- Love requires understanding oneself as well as others.
- Loving oneself improves one’s ability to love another person.
- Love often changes and grows during a long-term relationship.
- Loving another person can be one of life’s greatest joys.
- Loving relationships may involve shared values, commitment, and intimacy.
- Some love relationships involve sexual intimacy while others do not.
- Ending a loving relationship can be difficult and painful.

## Topic 4: Romantic Relationships and Dating

**Subconcept:** *Dating enables people to experience and learn about companionship and intimacy.*

### Developmental Messages:

#### Level 1

- Dating is when two people who are romantically attracted to each other spend their free time together.
- When children become teenagers, they spend more time with their friends and may begin to date.
- Some adults, including single parents, may date.

#### Level 2

- Both teenagers and adults may have romantic relationships.
- Before people commit themselves to a relationship, they may want to be friends, spend time together, and get to know each other well.
- Young people may use many different terms to describe dating and romantic relationships.

#### Level 3

- Readiness and interest in dating vary among individuals.
- Not all teenagers or adults date.
- Parents/guardians often decide the age at which their children may begin dating.
- Customs and values about dating differ among families and cultures.
- Families may have different standards for boys and girls about dating.
- People of different races, ethnic backgrounds, and religions sometimes date each other.
- People date for a variety of reasons such as companionship, to share an experience with someone, friendship, intimacy, love, wealth, and status.
- Both girls/women and boys/men can show interest in a dating partner and initiate dating.
- Dating includes sharing recreational activities, learning about new things, and practising social skills.
- People date in different ways such as couple dating, double dating, and group dating.
- What people consider a “date” can vary.
- Group activities allow teenagers to learn about others without dating.
- When dating involves expenses, either person or both people can pay.
- Paying for a date or giving gifts does not entitle someone to any type of sexual activity.
- When couples spend a lot of time together alone, they are more likely to become sexually involved.
- Sometimes people in dating relationships may be physically, verbally, or emotionally abused by their partners, which is called “dating abuse.”

- There are organisations and counsellors who can help teens and adults who are in an abusive relationship (e.g., Centre for the Investigation of Sexual Assault and Child Abuse, and Women’s Media Watch).
- Some people in relationships may not be faithful to their partners or truthful about having more than one relationship at a time.
- Ending a dating relationship can be painful.

#### **Level 4**

- Dating can be a way to learn about other people, about romantic and sexual feelings and expressions, and about what it is like to be in an intimate relationship.
- Dating partners may choose not to follow traditional gender roles in their relationships.
- Dating relationships can be enhanced by honesty and openness.
- One person can not meet all of the needs of his/her dating partner.
- Responsibility for the quality of the relationship is shared by both dating partners.

#### **Topic 5: Marriage and Lifetime Commitments**

**Subconcept:** *It is common for two people to make a commitment to share their lives with each other.*

#### **Developmental Messages:**

##### **Level 1**

- Two people may decide to marry or make a lifetime commitment to each other because they love each other and want to share their lives with each other.
- Many men and women will marry.
- Many people live in lifetime committed relationships, even though they may not be legally married.
- Not all couples in a committed relationship live together, even if they have children.
- Most people who marry intend the relationship to be lifelong.
- People who are married or committed to each other may get divorced or break up if they decide they do not want to be together anymore.
- When parents/guardians divorce or break up, children may live with one or both parents or with other family members.
- Divorce and break-ups are usually difficult for families.
- After a divorce or break-up, parents/guardians and children continue their lives in new ways.
- Children may not be able to get their separated or divorced parents/guardians back together regardless of how much they want that to happen.
- Children are not to blame for their parents’/guardians’ separations or divorces.

##### **Level 2**

- In Jamaica, people usually choose the person they want to marry or make a commitment to.
- In some cultures, parents choose marriage partners for their children.

- Different cultures and religions have varying values about marriage, lifetime commitments, living together, sexual relationships before or outside of marriage, and divorce.
- Children dealing with separation or divorce may need to talk with an adult about their feelings.

### **Level 3**

- Marriage is considered a commitment by two people to love, help, and support one another.
- Marriage is a legal contract between two people.
- Marriage may include a religious or civil ceremony.
- Two people who live together without being married can have the same commitment and responsibility toward one another as married people.
- Committed partners must decide how to share the roles and responsibilities in their lives.
- Marriage and lifetime commitments may benefit from characteristics such as friendship, shared values, devotion, similar interests and goals, mutual respect and support, and sexual attraction.
- In some families, there are different standards for men and women about sexual relationships before marriage.
- Divorce is the legal ending of a marriage.
- In some religions and cultures, divorce is prohibited.
- Teenagers who marry are more likely to divorce than couples who marry when they are older.
- Couples with children have several options for child custody when they separate or divorce.
- In a divorce or separation, decisions about the family, including custody of children and financial resources may be made by the couple or the legal system.

### **Level 4**

- When two people are contemplating marriage or a lifetime commitment, they need to be realistic, honest with one another, and accepting of their partner.
- Marriage and lifetime commitments require mutual effort.
- Marriage and lifetime commitments require understanding of extended family relationships.
- A marriage or committed relationship may change over time.
- Relationships change with parenthood.
- When married or committed partners have difficulty in their relationships, they can seek counselling.

## Topic 6: Raising Children

**Subconcept:** *Raising children is an enormous responsibility that can be one of life's most rewarding roles.*

### Developmental Messages:

#### Level 1

- Many people want to be parents.
- Raising children is an adult role.
- Raising children requires great effort, resources, time, and patience.
- People who have children need to provide for them.
- Raising children can be a wonderful experience.
- Adults become parents in several ways: having biological children, adopting children, becoming a step-parent, or by becoming a guardian or foster parent.
- People who have or adopt children are responsible for loving and taking care of them.
- Persons who adopt love their children as much as biological parents love theirs.

#### Level 2

- Children need a home, food, healthcare, clothing, love, support, time, education, and caring adults to help them grow and develop.
- Sometimes other family members or caring adults raise a child instead of his/her mother and/or father.
- Both men and women have important parental responsibilities.
- People with disabilities can have and care for children.
- People have different ideas about what makes a good parent.
- Sometimes parents may not be able to do a good job of raising children because they are having difficulties of their own.
- Raising a child can be rewarding.
- Some adults do not have children.
- Adults can have happy lives without raising children.

#### Level 3

- Raising children is a full-time responsibility.
- Balancing job and parenting responsibilities can be difficult.
- Methods of raising children vary among cultures, but all parents/guardians must provide for their children's development.
- Children of different ages require different types of parenting.
- Family members and community agencies can help people to be better parents or to deal with problems.
- Being a teenage parent can be extremely difficult.
- For a teenager, parenting responsibilities can interrupt schooling, employment plans, social opportunities, and family life.
- The children of teenage parents often face more difficulties than the children of adults.

- Teenage parents may benefit from the support of their families and community services.
- Teenagers who become pregnant may receive financial and emotional support from their families, but this is not always the case.
- As children grow, the nature of the parent/child relationship changes.
- Raising a child with special needs can be both rewarding and challenging.
- Deciding not to be a parent may be difficult because of societal and cultural pressures to have and raise children, though the pressure to have children may be changing.

## KEY CONCEPT 3: LIFE SKILLS

*Healthy sexuality requires the development and use of specific personal and interpersonal life skills*

### LIFE SKILLS BEHAVIOURS:

Having applied the life skills subconcepts at the appropriate age, the learner will be able to:

- Identify and live according to one's own values.
- Take responsibility for one's own behaviour.
- Practise effective decision-making.
- Develop critical-thinking skills.
- Communicate effectively with family, peers, and romantic partners.

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**LEVEL 3:**  
ADOLESCENCE  
ages 13 through 17;  
junior high/secondary  
schools

**LEVEL 4:**  
YOUNG ADULTHOOD  
ages 18 through 24;  
technical training,  
college and university



## Topic 1: Values

**Subconcept:** *Values guide our behaviour and give purpose and direction to our lives.*

### Developmental Messages:

#### Level 1

- Values are strong feelings or beliefs about important issues.
- Individuals and families have a variety of values.
- Children learn most of their values from parents/guardians, other family members, community, media, cultural and religious teachings, and their peers.

#### Level 2

- Values help people decide how to behave and interact with others.
- Most parents/guardians want their children to develop values that are similar to their own.
- Parent/guardians and other adults teach values to children through explanation and example.
- While some values are universal, others differ among individuals, families, communities, religions, and cultures.

#### Level 3

- Values are an important part of people's lives.
- Values influence a person's most important decisions about friends, sexual relationships, family, health, education, career, and money.
- When people behave according to their values, they often feel better about themselves.
- A person who behaves contrary to his or her values may feel guilty or uncomfortable.
- Exploring one's values can be confusing.
- Sometimes the values one learns in the wider society conflict with the values one has learned from his/her family, religion, or culture.
- Values should be freely chosen after the alternatives and their consequences are evaluated.
- No one has the right to impose their values on others.
- Values can change over time.

#### Level 4

- To behave according to one's values can be difficult but satisfying.
- Knowing the consequences of behaving according to or against one's values is important.
- Respecting the diversity of values and beliefs of other people is important.
- Having values different from one's family can be difficult.
- A person may accept his/her family's values and not always agree with all of them.
- Relationships are usually stronger if people share similar values.
- People who feel strongly about their values often share and affirm them publicly.

## Topic 2: Decision-making

**Subconcept:** *Making responsible decisions about sexuality is important because those decisions affect individuals and the people around them.*

### Developmental Messages:

#### Level 1

- Everybody has to make decisions.
- Children can make some decisions, such as what clothes to wear, which toys to play with, or who to be friends with.
- Children need help from adults to make some decisions.
- All decisions have consequences, positive and/or negative.
- Decision-making is a skill that can be improved.

#### Level 2

- People make decisions in different ways: by impulse, by making the same decision friends made, by putting off making a decision, by letting someone else decide, and by testing the choices.
- To make a good decision one must consider all of the possible consequences, good and bad, and choose the action that one believes will have the best outcome.
- Decisions often have more options than seem obvious at first.
- Parents/guardians and other adults can help with important decisions.
- Friends often try to influence each other's decisions.
- Individuals should not make decisions based solely on what their peers are doing.
- Many decisions affect other people.
- Individuals are responsible for the consequences of their decisions.

#### Level 3

- People should carefully evaluate the consequences, advantages, and disadvantages of each possible choice when they make a decision.
- To make wise decisions, people need accurate information about each choice.
- Evaluating past decisions can help individuals learn from experiences and not repeat mistakes.
- Talking to a close friend, parent/guardian, other family member, religious leader, or counsellor during the decision-making process can be helpful.
- The best decision is usually one that is consistent with one's own values and does not involve risking one's health/safety, other people's health/safety, or breaking the law.
- Barriers to implementing a decision may become evident after the decision is made.
- Barriers to acting on a decision can often be overcome with careful planning.
- People have the right to re-evaluate decisions and change their minds or their behaviour accordingly.

- Some young people face difficult decisions about sexuality, including whether to have a sexual relationship and the limits of the relationship.
- Decisions about sexuality are sometimes difficult because of sexual feelings and pressure from parents/guardians, partners, or peers.
- Teenagers who decide to engage in sexual behaviour must also decide about pregnancy and STI/HIV prevention.
- Alcohol and other drugs often interfere with clear, effective decision-making.
- Some decisions have legal implications.

### **Topic 3: Communication**

***Subconcept:** Communication includes sharing information, feelings, and attitudes with other people.*

#### **Developmental Messages:**

##### **Level 1**

- People communicate in many ways.
- People speak, write, sign, or show how they feel with facial expressions and body language.
- Communication is necessary in human relationships.

##### **Level 2**

- People often communicate their feelings with nonverbal messages.
- Sometimes when two people talk they do not understand each other.
- Some disagreements in families and among friends may occur because of poor communication.
- People can learn to communicate more effectively.
- Depending on the situation, people may communicate differently or use different words.
- Some people speak more than one language.
- Speaking one language at home and another at school can be challenging.

##### **Level 3**

- Different people have different styles of communicating.
- People who have different styles of communicating may have a difficult time understanding each other.
- There are several types of communication including assertive, aggressive, passive, and passive-aggressive.
- Assertive communication is most effective for stating one's needs without hurting or overpowering others.
- Communication may be improved by: listening well; making eye contact; stating feelings; using messages that start with "I" to indicate that the person is speaking for him/herself; trying to understand the other person(s); offering possible solutions to problems; giving positive nonverbal messages such as a smile or touch; and asking for clarification.

- Communication may be impaired by: not listening; yelling; blaming; criticising, or name calling; making the other person feel guilty; giving negative nonverbal messages such as frowning or scowling; and interrupting.
- Verbal and nonverbal communication do not always convey the same message.
- Verbal and nonverbal communication may have many meanings depending on the individual, family, gender, cultural background, and situation.
- It may be difficult for individuals who feel that they have less power in a relationship to communicate effectively.
- Some cultures teach that it is disrespectful to make eye contact with a person in authority or to ask for more information.
- People are sometimes uncomfortable discussing sexuality.
- Talking honestly about sexuality can enhance relationships.
- Communication is necessary to assure consent for a sexual relationship and any sexual behaviour.

#### **Level 4**

- Good communication is essential to personal and work relationships.
- Communication about sexual feelings, desires, and boundaries can improve sexual relationships.

### **Topic 4: Assertiveness**

***Subconcept:*** *Assertiveness is communicating feelings and needs while respecting the rights of others.*

#### **Developmental Messages:**

##### **Level 1**

- Everyone, including children, has rights (e.g., United Nations Convention on the Rights of the Child).
- Telling trusted people about one's feeling and needs can be helpful.
- Asking is often the first step to getting what one wants or needs.
- Children sometimes have to do things they do not want to do because their parents/guardians or other adults say so; but if they are asked to do something they think is dangerous, wrong, or makes them feel uncomfortable, they should ask another trusted adult.

##### **Level 2**

- Being assertive means expressing what one wants or saying how one feels without hurting or overpowering others.
- Assertiveness is a skill that can be learned and improved.
- Being assertive may include repeating one's position, offering a compromise, and/or walking away.
- Being assertive does not ensure that people will always get what they want.
- Being assertive is different from being aggressive, which interferes with the rights of others.

### Level 3

- People have the right to express how they feel; disagree with others; refuse a request; expect to be treated fairly and not be intimidated.
- Being assertive can help people choose between the actions they believe are best and behaviours their friends pressure them to do.
- Behaviours that help people be more assertive include: being honest; being direct; communicating feelings and needs as they come up instead of waiting; using assertive body language; speaking up for oneself; standing up for one's rights; and taking responsibility for one's feelings and needs.
- Failure to be assertive may cause one to feel angry or ashamed and, as a result, to act aggressively.
- People may choose not to be assertive in certain situations.
- Behaviour that is viewed as assertive and appropriate in one culture may be viewed as aggressive or passive in others.
- In some cultures, asking directly for what one wants is considered disrespectful or inappropriate.
- Some cultures and families teach women not to be assertive within the family, with men, or even in society.
- Girls and women and boys and men can be assertive.
- It may be difficult for individuals who feel that they have less power in a relationship to be assertive.
- Being assertive in sexual situations may be especially difficult.
- Individuals always have the right to refuse any person's request for any type of sexual behaviour.

### Level 4

- It may be difficult to be assertive.
- Assertiveness skills can be practised and improved throughout one's life.
- People may be assertive in their personal and work relationships.
- Sexual partners may need to assertively communicate their needs and limits.

## Topic 5: Negotiation

**Subconcept:** *Negotiation allows people to solve a problem or resolve a conflict.*

### Developmental Messages:

#### Level 1

- Negotiation requires give and take on the part of all people involved.
- Good negotiation can enhance relationships and friendships.
- Sharing is a type of negotiation.
- Trying to control someone's decision or belief is unfair.

#### Level 2

- Negotiation is a way to compromise with others without using guilt, anger, or intimidation.

- Manipulation, trying to unfairly control someone's decision or behaviour without consideration of their feelings or needs is different from negotiation.
- There are many different negotiation techniques.
- Effective negotiation requires certain skills including: careful observation of other people; use of open body language; good verbal communication; imagining oneself in other people's positions; identifying all the options in a situation; and reaching mutual agreement.
- Negotiation works best when a problem or conflict is addressed in its early stages.

### **Level 3**

- To negotiate one must decide what trade-offs can be accepted and what issues cannot be compromised.
- Teenagers who date need to learn to negotiate decisions about sexual behaviours and limits.
- It may be difficult for individuals who feel that they have less power in a relationship to negotiate effectively.
- Many relationships and sexual concerns can be resolved through negotiation.
- If people fail to reach an acceptable compromise even after negotiation, they may decide to walk away from the situation.
- Negotiations that involve ultimatums or threats are usually less effective.

### **Topic 6: Looking for Help**

**Subconcept:** *People can seek help from family, friends, or professionals.*

#### **Developmental Messages:**

##### **Level 1**

- Family members and friends usually try to help one another.
- If parents/guardians cannot help, one can ask another family member, a teacher, religious leader, guidance counsellor, a friend's parent, or another trusted adult.

##### **Level 2**

- Children may be able to help someone who has a problem.
- Sometimes the best help comes from someone who is a good listener.
- Asking for help is usually a wise decision.
- Families might need outside help to deal with problems involving alcohol, drugs, money, violence, health, and abuse.
- Community agencies and other people can provide help to families and individuals.
- Many problems need time to resolve.

### Level 3

- People often have difficulty admitting they need help.
- Teenagers sometimes need to talk with an adult other than their parents/guardians.
- In order to find the best source of help, individuals should consider the nature of their problem and the questions they need answered.
- People who can help include family members, counsellors, religious leaders, health/mental healthcare providers, and teachers.
- Some agencies specialise in working with young people and provide services for teenagers that do not require parental/guardian permission, are confidential, and cost little or no money.
- In Jamaica there are several help lines so people can talk to someone about a problem; the local crisis line phone number is \_\_\_\_\_.  
(See *Additional Resources* section on page 93).
- While the Internet can provide information and support about a variety of topics and problems, some sites may be inaccurate and/or biased.

### Level 4

- Sometimes people need to work through their problems themselves.
- Sometimes people need professional help.
- Seeking professional help can be a sign of strength.
- While the Internet can be a source of information and referrals, it cannot replace the support of family, friends, or professionals.

## KEY CONCEPT 4: SEXUAL BEHAVIOUR

*Sexuality is a central part of being human, and individuals express their sexuality in a variety of ways.*

### SEXUAL BEHAVIOR LIFE BEHAVIOURS:

Having applied the sexual behaviour subconcepts at the appropriate age, the learner will be able to:

- Enjoy and express one's sexuality throughout life.
- Express one's sexuality in ways that are consistent with one's values, while appreciating the values of one's family and culture
- Enjoy sexual feelings without necessarily acting on them.
- Discriminate between life-enhancing sexual behaviours and those that are harmful to self and/or others.
- Express one's sexuality while respecting the rights of others.
- Seek new information to enhance one's sexuality.
- Engage in sexual relationships that are consensual, non-exploitative, honest, pleasurable, and protected.

### SCHOOL LEVELS

**LEVEL 1:**  
CHILDHOOD  
ages 4 through 8;  
pre-school to early  
primary school

**LEVEL 2:**  
PREADOLESCENCE  
ages 9 through 12;  
later primary school

**LEVEL 3:**  
ADOLESCENCE  
ages 13 through 17;  
junior high/secondary  
schools

**LEVEL 4:**  
YOUNG ADULTHOOD  
ages 18 through 24;  
technical training,  
college and university



## **Topic 1: Sexuality Throughout Life**

**Subconcept:** *Sexuality is a natural and healthy part of life.*

### **Developmental Messages:**

#### **Level 1**

- Most children are curious about their bodies and want to know the appropriate names for all their body parts, including the sexual ones.
- Bodies can feel good when touched.

#### **Level 2**

- Sexuality is a natural part of being human.
- People become more curious about their sexuality as they become older.
- Talking to parents/guardians and other trusted adults about sexuality can be helpful.
- Sexual feelings are natural and do not need to be acted upon.
- It is natural for children to want education about sexuality and the physical and emotional changes of puberty.

#### **Level 3**

- All people, regardless of biological sex, gender, age, ability, and culture, are sexual beings.
- Sexuality is experienced in a variety of ways at different stages and points in people's lives.
- It is important for all people to take responsibility for their sexual actions and behaviours.
- Sexual feelings, fantasies, and desires occur throughout life.
- Sexual feelings, fantasies, and desires are natural.
- Sexual feelings, fantasies, and desires do not need to be acted upon.
- Sexuality is multifaceted, having biological, social, psychological, spiritual, ethical, and cultural dimensions.
- Sexuality is one component of total well-being to be expressed in harmony with other life needs.
- Healthy sexuality enhances total well-being.
- Sexuality can be more rewarding and positive when expressed in a sharing, enhancing, and non-exploitative way.
- People's interest in sexual activity and expression may change as they age.
- Elderly people can be sexually active and have intimate relationships.
- Sexual expression is not a significant part of some people's lives.

## Topic 2: Masturbation

**Subconcept:** *Masturbation is one way human beings express their sexuality.*

### Developmental Messages:

#### Level 1

- Touching and rubbing one's own genitals to feel good is called masturbation.
- Some boys and girls masturbate and others do not.
- Masturbation should be done alone in a private place.

#### Level 2

- Masturbation is often the first way a person experiences sexual pleasure.
- Many boys and girls begin to masturbate for sexual pleasure during puberty.
- Some boys and girls never masturbate.
- Masturbation does not cause physical or mental harm.
- Some families, religions, and cultures believe that masturbation is wrong.

#### Level 3

- Most people have masturbated at some time in their lives.
- How often a person masturbates varies for every individual.
- A person worried about masturbation might talk to a trusted adult.
- It may be difficult for some people to talk about masturbation.
- Masturbation, either alone or with a partner, is one way people can enjoy and express their sexuality without risking pregnancy or an STI/HIV.
- Many myths exist about masturbation.

#### Level 4

- People who are single, married, or in a committed relationship may masturbate.
- Masturbation may be an important part of a couple's sexual relationship.
- Being sexually involved with another person does not mean that masturbation must or should stop.

## Topic 3: Shared Sexual Behaviour

**Subconcept:** *Individuals express their sexuality with a partner in diverse ways.*

### Developmental Messages:

#### Level 1

- People often kiss, hug, touch, and engage in other sexual behaviours with one another to show caring and to feel good.

#### Level 2

- Couples have varied ways to share sexual pleasure with each other.
- Some sexual behaviours shared by partners include kissing; touching; talking; caressing; massaging; and sexual intercourse.

### Level 3

- Many pleasurable sexual behaviours do not put an individual at risk for pregnancy or STIs/HIV.
- The majority of people, regardless of biological sex, ability, sexual orientation, gender identity, and culture, have sexual feelings and the need for love, affection, and physical intimacy.
- Sexual relationships are enhanced when a couple communicates with each other about what forms of sexual behaviour they like or dislike.
- Sexual relationships are enhanced when partners make a commitment to respect each other's boundaries and do what they can to avoid STIs and unintended pregnancy.
- Sexual relationships can be more fulfilling in a loving relationship.
- Both males and females have the right to give and receive sexual pleasure.
- A person has the right to refuse any sexual behaviour.
- At any point during sexual activity a person has the right to ask a partner to stop and to expect that his/her request will be respected.
- A person should not pressure a partner to engage in any sexual behaviour that he/she is uncomfortable with.
- Some sexual behaviours are prohibited by law and/or disapproved of by certain religions, cultures, or families.

### Level 4

- For many people, sharing a sexual experience with a partner is a satisfying way to express sexuality.
- Couples and individuals need to decide how to express their sexual feelings.
- As people get older, they may continue to discover new forms of sexual expression to share with a partner and express their sexuality in pleasurable ways.
- Individuals can learn what gives them sexual pleasure and communicate that to partners in order to enhance their sexual relationships.

## Topic 4: Sexual Abstinence

**Subconcept:** *Abstinence from sexual intercourse is the most effective method of preventing pregnancies and sexually transmitted infections, including HIV.*

### Developmental Messages:

#### Level 2

- Children are not physically, psychologically, or emotionally ready for sexual intercourse and other sexual behaviours.
- Many children will experience peer pressure to have sexual intercourse, even if they do not want to do so.

### Level 3

- Abstinence means voluntarily choosing not to engage in certain behaviours.
- Sexual abstinence means not engaging in any sexual behaviour that can result in a pregnancy or STI, including HIV.
- People may have different ideas about what constitutes abstinence, from no sexual contact of any kind including kissing, to only abstaining from sexual intercourse, and all points in-between.
- People of all ages, genders, and sexual orientations can choose to be abstinent.
- Sexual partners should discuss what they mean by abstinence.
- Sexual abstinence has benefits for teenagers and adults.
- Sexual abstinence is the best method to prevent pregnancy and STIs/HIV.
- Young teenagers are not mature enough for a sexual relationship that includes intercourse.
- Many adults believe school-age teenagers should not have sexual intercourse.
- Some religions teach that sexual intercourse should only occur in marriage.
- There are many ways to give and receive sexual pleasure without having intercourse.
- Teenagers in romantic relationships can express their feelings without engaging in sexual intercourse.
- Teenagers who date need to discuss sexual limits with their dating partners.
- Individuals need to respect the sexual limits set by their partners.
- Individuals need to obey the sexual limits set by law such as age of consent.
- Teenagers considering sexual activity should talk to a parent/guardian or other trusted adult about their decisions, contraception, and disease prevention.
- Teenagers who have already had sexual intercourse can choose to be abstinent in that same relationship and/or in future relationships.

### Level 4

- Many young adults have had sexual intercourse and many have not.
- Sexual intercourse is not a way to achieve adulthood.
- Many adults experience periods of abstinence.

## Topic 5: Human Sexual Response

**Subconcept:** *Female and male bodies respond both similarly and differently to sexual stimulation.*

### Developmental Messages:

#### Level 1

- Both girls and boys may discover that their bodies feel good when touched.

#### Level 2

- Human beings have natural, physical responses to sexual stimulation.
- Young people need not feel embarrassed about their new sexual feelings.

- During puberty, boys and girls may become more aware of their responses to sexual stimulation.

### Level 3

- Females and males may be sexually aroused by thoughts, feelings, sights, smells, sounds, and touches.
- Boys/men get erections and girls/women experience vaginal lubrication during sexual arousal.
- Sexual response is experienced differently by different individuals.
- Sexual response varies from experience to experience and throughout life.
- Orgasm is an intense pleasurable release of sexual feelings or tension experienced at the peak of sexual arousal.
- Most women need some clitoral stimulation to reach orgasm.

### Level 4

- Female orgasm does not affect the reproductive ability of women.
- Not all people achieve orgasm.
- Most couples do not experience simultaneous orgasm.
- As two sexual partners become more comfortable with each other, the nature of their sexual responses may change.
- Middle age may bring some changes in physiological sexual responses, but most men and women still desire sexual contact and experience orgasm.
- Women and men have the capacity to respond sexually throughout life.
- Some people believe in the use of certain herbs and foods as aphrodisiacs to improve their sexual performance and pleasure.
- Some aphrodisiacs could be harmful, including those made with alcohol, roots, or herbs.

## Topic 6: Sexual Fantasy

**Subconcept:** *Sexual fantasies are common.*

### Developmental Messages:

#### Level 3

- Many people experience sexual and erotic thoughts called fantasies.
- Fantasies are one type of sexual expression.
- People may fantasise while they are alone or with a partner.
- People do not need to act on their sexual fantasies.
- People may feel the need to share certain fantasies with their partner.

#### Level 4

- People can have sexual fantasies about individuals of all genders without it necessarily affecting their sexual orientation.
- Some people use erotic photographs, movies, art, literature, or the Internet to enhance their sexual fantasies when alone or with a partner.

- Many people's sexual fantasies include behaviours not actually acted upon or even desired in real life.
- Sexual fantasies that include harming oneself or others should not be acted on.
- People experiencing reoccurring sexual fantasies that involve harming themselves or others should seek the help of a professional counsellor/therapist.

## **Topic 7: Sexual Dysfunction**

**Subconcept:** *Sexual dysfunction is the inability to express, experience, and/or enjoy sexuality.*

### **Developmental Messages:**

#### **Level 3**

- Sexual dysfunction is difficulty during any stage of the sexual act (which includes desire, excitement, orgasm and resolution) that prevents the individual or couple from enjoying any sexual activity.
- The way people feel about themselves and sexuality affects their ability to function sexually.
- People of all genders and sexual orientations can experience sexual dysfunction.

#### **Level 4**

- What is perceived as sexual dysfunction varies among individuals.
- Common sexual dysfunctions include lack of desire, inadequate vaginal lubrication, erectile difficulties, and difficulties attaining orgasm.
- Sexual dysfunctions may result from guilt, fear, anger, stress, anxiety, depression, sexual abuse or violence, medical problems, medication, or relationship difficulties.
- Some sexual dysfunctions may indicate undiagnosed medical problems or relationship difficulties.
- Most sexual dysfunctions can be effectively managed through treatment or therapy with a specially trained professional.
- For some couples, honest communication can solve sexual problems.
- At one time or another, nearly everyone will experience a sexual concern or dysfunction.
- A person concerned about sexual functioning can talk to a trusted adult or health care provider.
- There are health professionals, including sex therapists, who can help individuals and couples deal with sexual dysfunction.
- It is important for people to pay attention to their health and access good health care to help them maintain healthy sexual functioning.
- People should be aware of how their sexual lifestyle, frequency of sex, number of sexual partners, and alcohol and drug use can have an impact on their sexual functioning.

## KEY CONCEPT 5: SEXUAL HEALTH

*The promotion of sexual health requires specific information and attitudes to avoid unwanted consequences of sexual behaviour*

### SEXUAL HEALTH LIFE BEHAVIOURS:

Having applied the sexual health subconcepts at the appropriate age, the learner will be able to:

- Practise health-promoting behaviours, such as regular check-ups, breast and testicular self-examination and early identification of potential problems.
- Use contraception effectively to avoid unintended pregnancy.
- Avoid contracting or transmitting a sexually transmitted infection, including HIV.
- Act consistently with one's own values when dealing with an unintended pregnancy.
- Seek early prenatal care.
- Help prevent sexual abuse and violence.

### THE LEVELS ARE:

#### LEVEL 1:

CHILDHOOD  
ages 4 through 8;  
pre-school to early  
primary school

#### Level 2:

PREADOLESCENCE,  
ages 9 through 12;  
later primary school

#### LEVEL 3:

ADOLESCENCE  
ages 13 through 17;  
junior high/secondary  
schools

#### LEVEL 4:

YOUNG ADULTHOOD  
ages 18 through 24;  
technical training,  
college and university

## **Topic 1: Sexual and Reproductive Health**

**Subconcept:** *Males and females must care for their reproductive health.*

### **Developmental Messages:**

#### **Level 1**

- Girls and boys need to take care of their bodies during childhood and adolescence.
- Like other body parts, the genitals need care.

#### **Level 2**

- Boys and girls should keep their genitals clean, healthy, and free from injury.

#### **Level 3**

- After a girl's breasts have developed, she needs to examine them each month using the correct breast self-examination procedure.
- After puberty, a boy needs to examine his testicles regularly using the correct testicular self-examination procedure.
- Young women should begin to receive regular gynecological examinations, including pap smears, breast examinations, and STI testing, when they begin to engage in sexual intercourse or turn 18, whichever happens first.
- Young men should begin to receive regular sexual health examinations from a general practitioner or urologist that include testicular examinations and/or STI testing when they begin to engage in sexual intercourse or turn 18, whichever happens first.
- Individuals who suspect something is wrong with their sexual or reproductive organs, such as genital discomfort or itching, or a lump in a breast or testicle, should seek medical attention immediately.
- Untreated STIs during adolescence can be especially dangerous to a boy's or girl's future reproductive capability.
- Illegal drug use during adolescence may have negative health consequences on a boy's or girl's sexual and reproductive health and future reproductive capability.

#### **Level 4**

- Adult men need to be regularly tested for prostate cancer or other health issues.
- Adult women need to be regularly checked for breast, cervical, uterine, and ovarian cancers.
- Women and men in the workplace should be informed regarding any environmental hazards that could harm their reproductive system, and the precautions necessary to avoid those hazards.



## Topic 2: Contraception

**Subconcept:** *Contraception enables people to have sexual intercourse and avoid unintended pregnancy.*

### Developmental Messages:

#### Level 1

- Some people have children and others do not.
- Each family can decide how many children to have, if any.

#### Level 2

- When a man and a woman want to have vaginal intercourse without having a child, they can use contraception to prevent pregnancy.
- Some religions and cultures teach that contraception is acceptable while others do not approve of using contraception.
- Decisions about using contraception are based on personal values, comfort with one's body, cultural traditions, availability of methods, and other factors.

#### Level 3

- Young people who are considering sexual intercourse should talk to a parent/guardian or another adult about their decision and about contraception.
- There are many different methods of contraception.
- Some contraceptive methods require a visit to a healthcare provider and a prescription while others are available “over-the-counter.”
- Nonprescription (“over-the-counter”) methods include male and female condoms, foam, gels, and suppositories.
- Young people can buy nonprescription contraceptives in a supermarket or grocery store.
- Prescription methods most commonly used in Jamaica include contraceptive pills, contraceptive injections, the contraceptive patch, the diaphragm, Norplant, and intrauterine contraceptive devices (IUCD).
- Young people can access contraceptives without their parents' permission under certain conditions. (See the Jamaica Family Planning Service Delivery Guidelines, Appendix E, Page 143, or Ref. Circular No 182/26<sup>111</sup> Ref. No 42 from Permanent Secretary, May 04-2004.)
- Withdrawal and natural family planning are much less effective contraceptive methods.
- Abstinence, when it is strictly practised, is the most effective form of contraception.
- Male and female sterilisation are permanent methods of contraception.
- Each method of contraception has advantages and disadvantages.
- Certain contraceptive methods may not be appropriate for individuals with specific health issues.
- Some methods of contraception, such as condoms, can also prevent the transmission of STIs/HIV.

- The most effective methods of contraception, such as the Pill, injection, and the patch, do not help prevent the transmission of STIs/HIV.
- Couples who want to reduce their risk for both pregnancy and STIs/HIV can use male or female condoms along with another effective method of contraception.
- Any method of contraception, in order to be effective in preventing pregnancy and STIs/HIV, must be used consistently and correctly.
- Although most contraceptive methods are made for the female body, males and females should make decisions about methods together.

#### Level 4

- A person whose religious or cultural teachings prohibit contraception may have to decide between those teachings, the risk of unintended pregnancy or STIs/HIV, and his/her decision to have sexual intercourse.
- When choosing contraception, people must weigh the advantages and disadvantages of a particular method as well as its effectiveness in preventing pregnancy and STIs/HIV.
- People should choose a method that they will use effectively and consistently.
- People can find creative and sensual ways to integrate contraception into their sexual relationships.
- Women who have had unprotected vaginal intercourse or whose contraceptive method failed can obtain emergency contraception from selected healthcare providers or pharmacists.
- Emergency contraceptive pills are available in Jamaica without a prescription from selected clinics, pharmacies, and physicians.
- Emergency contraception should not be used as a primary method of contraception.

### Topic 3: Pregnancy and Prenatal Care

**Subconcept:** *Women who are pregnant or considering becoming pregnant should take care of their reproductive health and seek prenatal care.*

#### Developmental Messages:

##### Level 1

- A pregnant woman must take extra care of her health with exercise, healthy foods, and frequent visits to her healthcare provider.
- Most babies are born healthy.
- Smoking, drinking alcohol, and using other drugs can harm a foetus before it is born.

##### Level 2

- Birth defects may cause lifetime health or developmental problems.
- Pregnancy can happen anytime a girl/woman has unprotected vaginal intercourse with a boy/man.

### Level 3

- When a woman decides to try to become pregnant or becomes pregnant, she should begin routine prenatal care; follow nutrition guidelines; avoid tobacco, alcohol, and other drugs; and consider being tested for STIs/HIV.
- If a woman suspects she is pregnant, she should consult a healthcare provider.
- STIs/HIV during pregnancy can result in birth defects.
- Men and women should be examined for STIs/HIV prior to having a baby.
- Pregnant teenagers need special medical care and support.
- Childbirth is a natural process that is usually safe for the pregnant woman and the baby.
- A woman can choose to have certain individuals, such as the father of the baby or family members, present during labour and delivery.
- Miscarriages may result from a maternal infection but most often occur because of genetic abnormalities in the foetus.
- Regardless of the mother's or father's age, health status, diet, or genetic background, some babies are born with medical problems or die in infancy.
- Some genetic disorders can cause birth defects or infant death.
- Men and women should find out if there are genetic disorders in their family before attempting a pregnancy (e.g. sickle cell trait/anemia).
- Some genetic disorders are so serious that men and women who are carrying them may decide to adopt a child instead of risking having a baby with the disorder.
- Some major hospitals and private medical centers have genetic counsellors who can help people with family genetic disorders make decisions about having children.
- Parents whose baby dies or is born with birth defects can get special counselling to help them cope.

### Level 4

- Women and couples who are unsuccessful in their attempt to become pregnant can seek infertility counselling, diagnosis, and treatment.
- Couples with genetic disorders or infertility problems who desire to have children should consult a specialist to find out what options are available to them.
- Some women with serious diseases may be advised not to become pregnant or continue a pregnancy because of the risk to the foetus or to themselves.

## Topic 4: Abortion

**Subconcept:** *When a woman becomes pregnant and she does not want the pregnancy, she should seek medical counselling and advice.*

### Developmental Messages:

#### Level 1

- Sometimes women become pregnant when they do not want to be or are unable to care for a child.

## Level 2

- A woman faced with an unintended pregnancy can carry the pregnancy to term and raise the baby, or place the baby for adoption.
- Some health and social conditions make pregnancy unsafe for a woman.
- Abortion, which can be spontaneous or induced, is the termination of pregnancy.
- Induced abortion, by current law in Jamaica, is illegal.
- Illegal (or clandestine) induced abortion is risky; however, legalised induced abortions that are performed under strict sterile conditions by trained medical personnel are considered safe.
- Abortion is not a method of contraception.
- Anyone with complications related to abortion should seek medical advice.
- After an abortion it is important to prevent reoccurrence of another unintended pregnancy by practising abstinence or using contraception.
- People have a variety of beliefs about the ethics and morality of abortion.

## Level 3

- Some people believe that abortion is morally wrong, while others believe that a woman has the right to choose an abortion.
- People's beliefs about abortion are based on their religious, cultural, and family values.
- Some religions support the right to an abortion while others oppose abortion.
- Deciding whether or not to have an abortion can be difficult.
- Teenagers with an unintended pregnancy can talk with their parents/guardians, other family members, religious leaders, counselors, healthcare providers, or other trusted adults about their options.
- No one can force a woman to have an abortion against her will – not even her parents or her partner.
- Abortions are safest when performed in the first 12 weeks of pregnancy.
- Having a safe abortion rarely interferes with a woman's ability to become pregnant or give birth in the future.

## Level 4

- The right of a woman to have an abortion is currently being debated in Jamaica.
- Men and women should accept responsibility for their sexual actions.
- Emergency contraception (the "morning after pill") is not a method of abortion.

## Topic 5: Sexually Transmitted Infections

**Subconcept:** *Sexually transmitted infections (STIs) can be avoided by individual preventative behaviours.*

### Developmental Messages:

#### Level 1

- Sexually transmitted infections are caused by small organisms such as bacteria, parasites, and viruses.

- There are many types of sexually transmitted infections.
- People who do not engage in certain sexual behaviours do not get STIs.
- A small number of children are born with STIs that they get from their mothers during pregnancy or birth.
- The most common ways for a person to get an STI is to participate in sexual behaviour or share a needle with another person who is already infected with an STI.
- Children who find needles or condoms on the ground should not touch them and should tell an adult.

## Level 2

- STIs include diseases such as gonorrhoea, syphilis, HIV infection, Chlamydia, HPV/ genital warts, and herpes.
- The viruses and bacteria that cause STIs are usually found in the semen, vaginal fluids, and blood of an infected person.
- STIs are most commonly passed during sexual contact, but some can also be passed by sharing unsterilised needles or from a mother to child during pregnancy, birth, or breastfeeding.
- Abstinence from sexual activity is an effective way to avoid STIs.
- STIs can be passed during all forms of sexual intercourse.
- Some STIs can be transmitted even if the person does not have signs of infection.
- Anyone, regardless of age or sexual orientation, can get STIs if they have sexual contact with an infected person.
- Uninfected individuals who engage in sexual behaviour cannot get an STI from each other.
- A person can have more than one STI at a time and can get an STI more than once.
- Those STIs caused by bacteria, such as gonorrhoea, chlamydia, or syphilis, can be cured with prescription medication.
- Those STIs caused by viruses, such as HIV, Human Papilloma Virus (HPV, the virus that can cause genital warts), herpes, and hepatitis, can be treated but not cured.
- There are many myths about STIs.

## Level 3

- Many teenagers who have unprotected sexual intercourse will become infected with an STI.
- The major symptoms of most STIs include genital discharge, sores on the genitals or mouth, abdominal pain, painful urination, skin changes, genital itching, or sore throat.
- The symptoms of STIs can be hidden, absent, or unnoticed, especially in women.
- One cannot determine who has an STI by just looking at that person or at that person's genitals.
- The only sure way to know if someone is infected with an STI is from testing and a medical exam.

- Individuals suspecting that they have an STI should stop having sexual intercourse, promptly go to a healthcare provider for testing and treatment, and refer sexual partners to a healthcare provider as well.
- Individuals who have been sexually assaulted or abused should be tested for STIs.
- Public STI clinics, private doctors, family planning clinics, and hospitals are places for STI testing, treatment, and counselling.
- STIs can be detected through medical exams, special blood tests, urine tests, or vaginal, penile, or throat swabs.
- Routine medical exams and blood work do not typically check for STIs; therefore, individuals wishing to be tested must ask their healthcare provider.
- Persons infected with STIs should encourage their partner(s) to seek medical care.
- Sexual partners can re-infect each other with an STI unless both complete proper medical treatment.
- Untreated STIs can lead to serious health problems, including infertility.
- Some agencies have support groups for people with STIs.
- Professional counselling and support can be helpful for persons infected with an STI.
- Hepatitis B and Human Papilloma Virus (HPV) are the only STIs that currently can be prevented by a vaccine.
- Proper use of male latex and female condoms, along with water-based lubricants, can greatly reduce but not eliminate the chance of getting an STI.
- Dental dams, latex barriers, and non-microwavable plastic wrap used during oral sex, can reduce but not eliminate the risk of STI transmission.
- An uninfected couple can avoid STIs by practising mutual monogamy.
- Individuals should discuss concerns about STIs with their sexual partner(s).
- Herbal cures are not effective treatments for STIs.
- Sex with a virgin does not cure STIs.
- In this community, call \_\_\_\_\_ for STI information and medical services. (See Additional Resources Section on page 93 for a list of telephone referral numbers.)

#### **Level 4**

- Individuals can help fight STIs by serving as an accurate source of information, by being a responsible role model, and by encouraging others to protect themselves.

### **Topic 6: HIV and AIDS**

***Subconcept: HIV infection can be avoided by individual preventative behaviour.***

#### **Developmental Messages:**

##### **Level 1**

- HIV stands for Human Immunodeficiency Virus.
- Once a person gets HIV, he/she will have it for the rest of his/her life.
- HIV causes AIDS, which stands for Acquired Immune Deficiency Syndrome.
- People who have HIV or AIDS are more at risk of getting infections, diseases, and other illnesses.

- People with HIV who try to stay healthy can live for a very long time.
- There are medicines that people with HIV or AIDS can take to help them stay healthier and live longer; as well as to prevent babies from becoming infected from their HIV+ mothers.
- A small number of children are born with HIV that they get from their mothers during pregnancy, birth, or breastfeeding.
- The most common ways for a person to get HIV is to participate in unprotected sexual behaviour or share a needle with another person who is already infected with HIV.
- A person cannot become infected with HIV by being around, touching, or hugging someone who has HIV or AIDS.
- HIV is found in the blood of infected people; it is never a good idea to touch another person's blood.
- Children who find needles or condoms on the ground should not touch them and should tell an adult.

## Level 2

- HIV is usually found in the blood, semen, vaginal fluids, and breast milk of an infected person.
- HIV can be transmitted even if the person does not have signs or symptoms of infection.
- Anyone can get HIV.
- Individuals who avoid blood, semen, vaginal fluids, and breast milk of other people by abstaining from sexual activity and not sharing needles greatly lower their risk of HIV infection.
- HIV is not spread by casual, social, or family contact, by insects, or by donating blood.
- HIV attacks an infected person's immune system, making it much harder for her/him to fight off infections.
- To have AIDS means that HIV has done enough damage to the body that the immune system is weak and certain serious diseases have developed.
- Although HIV and AIDS cannot be cured there are medical interventions available that can treat the serious diseases that may develop as a result.
- Some children may have parents, family members, or friends who have HIV or AIDS.
- People who have HIV or AIDS can enjoy happy and productive lives.
- People who have HIV or AIDS need the love, care, and support of family and friends.

## Level 3

- Sexual behaviours that do not involve exposure to another person's semen, vaginal fluid, blood, or breast milk (such as self-masturbation and hugging) pose no risk for HIV infection.
- HIV can be transmitted by sexual intercourse regardless of the gender(s) of the partners.

- Male latex and female condoms can greatly reduce, but not eliminate, the risk of HIV transmission during intercourse.
- Dental dams, latex barriers, and non-microwavable plastic wrap used during oral sex, can reduce but not eliminate the risk of HIV transmission.
- Exposure to blood by sharing needles for drug use, piercing, or tattooing can put an individual at risk for HIV infection.
- People infected with HIV may look and feel healthy and not be aware that they are infected.
- People infected with HIV are sometimes referred to as being HIV positive.
- The only way to know for sure that one is infected with HIV is to be tested by a healthcare provider.
- Healthcare providers can test for the presence of HIV antibodies by using an oral swab or blood test.
- Some HIV tests are rapid and will usually provide results within one hour.
- Teenagers older than 16 years are able to get tested for HIV without parental permission; to learn more about HIV testing in this community call \_\_\_\_\_. (See Additional Resources Section on page 93 for more information.)
- HIV attacks specific cells in one's immune system called CD4 cells that defend the body against infection and disease.
- Individuals with weaker immune systems because of HIV are more susceptible to common illnesses.
- The common illnesses that affect people with HIV or AIDS who have weakened immune systems are often referred to as opportunistic infections.
- AIDS is a diagnosis that healthcare providers make when a person infected with HIV has a lowered CD4 cell count and/or certain opportunistic infections.
- It can take several years after becoming infected with HIV for symptoms of AIDS to appear.
- Early symptoms of HIV infection may include one or more of the following: fatigue, swollen lymph glands, fever, loss of appetite and weight, diarrhea, persistent yeast infections, and night sweats.
- There are medicines to help treat individuals infected with HIV or diagnosed with AIDS.
- There is no cure for HIV or AIDS.
- Some agencies have support groups for people with HIV or AIDS (e.g., Jamaica AIDS Support).
- Anyone who may be exposed to a persons' blood, semen, vaginal fluids, or breast milk should observe universal precautions, including avoiding bodily fluids, and using latex gloves.
- People can always reduce their risk of HIV infection by abstaining from certain behaviours, using condoms and other latex barriers, and using only clean or sterilised needles.



- HIV and AIDS are a global pandemic, affecting almost every country in the world.
- Certain regions of the world, such as sub-Saharan Africa and Southeast Asia, are particularly hard hit by the HIV and AIDS pandemic, and often lack the resources needed to prevent and treat this disease and deal with its lasting impact.
- Outside of sub-Saharan Africa, the incidence of HIV infection is highest in the Latin American and Caribbean regions.
- Individuals with HIV or AIDS are often discriminated against and may fear letting people know their status.
- There are policies in Jamaica to protect individuals with HIV or AIDS from discrimination (e.g., The Jamaican National HIV/AIDS Workplace Policy and National HIV/AIDS Education Policy Against Discrimination).
- By taking precautions and preventing the spread of HIV whenever possible, individuals can contribute to stemming the impact of the pandemic.
- Individuals can make a difference in the global AIDS pandemic by donating money, time, or resources to increase awareness, improve prevention education, and help individuals infected with HIV or AIDS.
- There are several research initiatives to find a cure for HIV and AIDS including research trials that test the use of vaccines and microbicides to prevent infection with or transmission of HIV.

## **Topic 7: Sexual Abuse, Assault, Violence, and Harassment**

***Subconcept:** Individuals have the right to maintain boundaries that will help prevent or stop sexual abuse, assault, violence, and harassment; no one should coerce, abuse, or assault another person.*

### **Developmental Messages:**

#### **Level I**

- One's body belongs to oneself.
- When people invade a child's personal space (come too close) the child may feel uncomfortable or "funny," and should tell a trusted adult immediately.
- There are parts of one's body that are considered to be private, including one's mouth, nipples, breasts, chest, penis, scrotum, vagina, vulva, and buttocks.
- No one should touch the private parts of a child's body except for health reasons or to clean them.
- Children should not touch the private parts of other people's bodies.
- Child sexual abuse is when someone kisses or touches the private parts of a child's body without a health or hygiene reason.
- Sexual abuse can also occur when someone asks a child to touch the private parts of his/her body.
- Both boys/men and girls/women can be sexually abused.
- Everyone, including children, has the right to tell others not to touch their body when they do not want to be touched.

- If a child experiences unwanted or uncomfortable touching, he/she should tell a trusted adult, even if he/she was told to keep it a secret.
- Children can be sexually abused by a stranger or by someone they know.
- A child is never at fault if a person, even a family member, touches him/her in a way that is wrong or uncomfortable.
- If a stranger tries to get a child to go with him/her, the child should run and tell a parent/guardian, teacher, neighbor, or other trusted adult.
- Most people would never sexually abuse children.
- Parents/guardians and their children should not share sexual pleasure.
- The legal age of consent to have sexual intercourse in Jamaica is currently 16 years.
- If a child experiences unwanted or uncomfortable touching, he/she should tell a trusted adult; if that adult doesn't believe or help him/her, the child should tell another adult, and keep telling until someone helps.

## Level 2

- Sexual abuse is very common, even though many people do not want to talk about it.
- Sexual abuse is most often committed by someone the child knows.
- Incest is a form of sexual abuse.
- An abuser can be an adult, a teenager, or child, and can be male or female.
- Most sexual abuse involves some kind of secrecy, bribery, trickery, threat, or force.
- Sexual abuse may or may not involve touch (e.g., showing the child pornography or making inappropriate sexual comments).
- When people are sexually abused they can have many conflicting emotions including feeling confused, angry, scared, guilty, ashamed, alone, worthless, depressed, and helpless, or feeling special, wanted, loved, needed, and cared for.
- There are many people who can help young people who have been abused, including school counsellors, teachers, doctors, religious leaders, and police.
- Some people use the Internet or telephone to trick young people into sexually abusive situations.
- Although "chatting," "texting," or meeting people online can be fun, individuals should be cautious because it can be unsafe.
- Sexual harassment is unwanted and uninvited sexual attention such as teasing, touching, or taunting.
- Some adults may offer to pay school fees, lunch money, taxi fares, or give gifts in exchange for sexual favours.

## Level 3

- Sexual abuse involving touch can include kissing, an abuser touching "private parts," touching the abuser's "private parts," being asked to touch one's own "private parts," or engaging in sexual intercourse.

- Sexual abuse that does not involve touching can include being shown pornographic movies, magazines, websites, or other materials; taking photos, videos, or other recordings, or watching sexual acts.
- Sexual coercion is when a person uses threats or force in order to engage in sexual behaviour with another person.
- No one should coerce another person into engaging in any type of sexual behaviour.
- Many young people are forced into their first sexual experience.
- Sexual assault is a person forcing another person to have any type of intimate sexual contact.
- Sexual assault can occur with economic enticement, physical, or psychological force.
- When sexual assault involves penetration of the vagina or anus it is called rape.
- Both boys/men and girls/women can be sexually assaulted, although it is more commonly reported by girls/women.
- People who are sexually assaulted are never at fault.
- Sexual assault by an acquaintance, a friend, or a date is often called acquaintance rape or date rape.
- One should never force another person to engage in any type of sexual behaviour.
- Sexual assault is a crime.
- A person who is sexually assaulted can report the assault to the police who may start an investigation.
- Tools that can help protect individuals in potential sexual assault situations include learning self-defense techniques, assessing whether a situation may be dangerous, avoiding alcohol and other drugs, and developing assertiveness skills.
- Not all sexual abuse, assault, violence, and harassment can be prevented.
- Domestic violence is psychological, physical, and/or sexual abuse between people in an intimate relationship who are dating, living together, or married.
- Psychological, physical, and/or sexual abuse between people who are dating is also known as dating violence.
- Many people who commit sexual abuse, assault, or domestic violence experienced or were exposed to abuse at some point in their lives.
- Many agencies and professionals can help individuals who have survived sexual harassment, assault, or other forms of violence, including counselors, teachers, doctors, religious leaders, rape crisis centers, victim support organisations, and the police.
- Sexual harassment can occur in a variety of settings including schools, the home, the workplace and extracurricular programmes.
- In Jamaica, you can call \_\_\_\_\_ for information on sexual abuse, sexual assault, domestic violence, or sexual harassment. (See Additional Resources Section on page 93 for more information.)

#### **Level 4**

- People who have been sexually abused or assaulted may benefit from support, counselling, and medical care.
- Whether or not to report sexual abuse, assault, violence, or harassment, is a personal decision that can be difficult for survivors to make.
- The investigation and/or trial resulting from reported sexual abuse, assault, or violence can be a difficult experience for survivors, but support is available at victim support and child development agencies (e.g., The Centre For Sexual Offences and Child Abuse).

## KEY CONCEPT 6: SOCIETY AND CULTURE

*Social and cultural environments shape the way individuals learn about and express their sexuality.*

### **SOCIETY AND CULTURE LIFE BEHAVIOURS:**

Having applied the society and culture subconcepts at the appropriate age, the learner will be able to:

- Demonstrate respect for people with different sexual values.
- Assess the impact of family, cultural, media, and societal messages on one's thoughts, feelings, values, and behaviours related to sexuality, such as decisions regarding the timing of first sex, the bearing of children and other sexual behaviours.
- Critically examine the world around them for biases based on gender, sexuality, culture, ethnicity, and race.
- Promote the rights of all people to accurate sexuality information.
- Avoid behaviours that exhibit prejudice and bigotry.
- Reject stereotypes about the sexuality of different populations.
- Educate others about sexuality.

### **SCHOOL LEVELS**

**LEVEL 1:**  
CHILDHOOD  
ages 4 through 8;  
pre-school to early  
primary school

**LEVEL 2:**  
PREADOLESCENCE  
ages 9 through 12;  
later primary school

**LEVEL 3:**  
ADOLESCENCE  
ages 13 through 17;  
junior high/secondary  
schools

**LEVEL 4:**  
YOUNG ADULTHOOD  
ages 18 through 24;  
technical training,  
college and university

## Topic 1: Sexuality and Society

**Subconcept:** *Society influences what people believe and how they feel about sexuality.*

### Developmental Messages:

#### Level 1

- Children receive messages from an early age about the different ways sexuality is expressed within their culture.

#### Level 2

- Boys and girls get messages early in their life about how they are supposed to act, dating and sexual behaviours.
- Individuals should not make decisions based solely on what their peers are doing.

#### Level 3

- Every culture communicates norms and taboos about sexuality.
- Different cultures and communities may have widely varying views about sexuality.
- In a pluralistic society, an individual's right to hold different opinions is valued.
- The messages one receives about sexuality may vary depending on his/her age or gender.
- Societal messages about sexuality are often confusing and contradictory.
- Messages received about sexuality from one's family and culture may be different from general societal messages.
- It can be difficult to sort through and understand conflicting messages about sexuality.
- Individuals need to critically evaluate messages received from different sources and establish guidelines for their own behaviour.
- Holding values that are different from one's family and culture is often difficult.
- Because of the wide range of sexual values and beliefs, people need to communicate their views to their friends and partners in order to negotiate behaviours that are acceptable to everyone involved.

#### Level 4

- Understanding the diversity of views about sexuality is important.

## Topic 2: Gender Roles

**Subconcept:** *Cultures teach what it means to be a man or a woman.*

### Developmental Messages:

#### Level 1

- Girls and boys have many similarities and a few differences.
- Girls and boys are equal and should have equal rights and opportunities and should both be treated with respect.
- Some people may expect or demand that boys and girls behave in certain ways, but this is beginning to change.

- Both women and men can be involved and caring parents.
- Boys and girls can do the same chores at home.
- Men and women are capable of doing almost all the same jobs.
- Some men and women may be told that certain jobs and tasks are only for women or only for men, but this is beginning to change.
- It is a gender stereotype to think that all boys should act or be alike or that all girls should act or be alike.

## Level 2

- Boys and girls receive messages about how they should behave from their families, friends, the media, religion, culture, and society.
- Some families have different expectations for their boy and girl children.
- Sometimes people receive unequal or negative treatment because of their gender.
- Certain laws and rules protect women's and men's rights.
- Boys and girls can have equal talents, characteristics, strengths, and hopes for their future.
- Girls and boys can be friends and respect each other.

## Level 3

- Attitudes about proper behaviour for men and women differ among families, cultures, and individuals.
- Some families, religions, and cultures have different expectations and rules about sexual practices for females and males.
- Accepting gender role stereotypes can limit a person's full potential.
- Individuals should be allowed to make their own choices about appropriate roles for themselves as men and women.
- The way a person expresses his/her gender does not necessarily have anything to do with that person's sexual orientation.
- Young women and men have equal rights to participate equally in social, academic, and career activities.

## Level 4

- Gender role stereotypes can lead to problems for both men and women such as poor body image, low aspirations, low paying jobs, relationship conflict, stress-related illness, violence, anxiety about sexual performance, sexual harassment, and date rape.
- Gender role stereotypes are harmful to both men and women.
- Some people, primarily women and girls, are still denied equal treatment on the basis of gender even though policies and practices prohibit discrimination.
- In a sexual relationship, both partners, regardless of gender, have equal rights and responsibilities.

### Topic 3: Sexuality and the Law

**Subconcept:** *Certain laws govern sexual and reproductive rights.*

#### Developmental Messages:

##### Level 1

- Children are expected not to have sexual relationships.

##### Level 2

- It is illegal for an adult to force, trick, or manipulate a child into having a sexual relationship.

##### Level 3

- People have the right to make personal decisions concerning sexuality and reproductive health matters.
- Jamaican law governs the age of consent for sexual intercourse.
- The current age of consent is 16 years.
- Sexual abuse and assault are illegal in Jamaica.
- Abortion is illegal in Jamaica.
- Minors can access contraceptives without parental consent (See the Jamaica Family Planning Service Delivery Guidelines, Appendix E, Page 143, or Ref. Circular No.182/26<sup>111</sup> Ref. No 42 from Permanent Secretary May 04-2004.)
- Incest and carnal abuse are illegal in Jamaica.
- There are laws in Jamaica that restrict some types of sexual behaviours.
- Public display of obscene material is a punishable offence in Jamaica.

##### Level 4

- There are policies in Jamaica that require HIV prevention and sexuality education.
- Prostitution is illegal in Jamaica.
- Child pornography is illegal in Jamaica.
- Individuals can improve the administration of justice as it relates to sexuality and sexual rights, through advocacy and social action.

### Topic 4: Sexuality and Religion

**Subconcept:** *Religious views about sexuality affect people's sexual attitudes and behaviours.*

#### Developmental Messages:

##### Level 1

- Some families go to a church, mosque, or synagogue to worship; some families do not.
- Religions teach people how to love each other, how to behave, and what is right and wrong.
- Different religions may promote similar or different values.



## Level 2

- Some people consider themselves spiritual without necessarily belonging to a particular religion.
- Many religions teach that sexual intercourse should occur only in marriage.
- Some religions avoid discussing sexuality, making it difficult for people to make moral decisions about their sexual behaviour.

## Level 3

- All world religions have views about sexuality and its place in the human experience.
- Some religions have more liberal and moderate views on sexuality, while others are more conservative.
- One's religious values can play an important role in sexual decision-making.
- When people's values about sexuality differ from those taught by their religion, they may experience conflict.

## Level 4

- Some people continue to respect their religion's teaching and traditions but believe that some specific views are not personally relevant.
- Partners with very different religious backgrounds may have difficulty reaching agreements about their sexual relationship.
- Many religions struggle with issues related to sexuality and reproduction.

## Topic 5: Diversity

**Subconcept:** *Our society has a diversity of sexual attitudes and behaviours, nonetheless some people are discriminated against because of the way they express their sexuality.*

### Developmental Messages:

#### Level 1

- Individuals differ in the way they think, act, look, and live.
- Talking about differences helps people understand each other better.
- The belief that all members of a group will behave the same way is called a stereotype.
- Stereotypes can hurt and place unfair limits on people.
- All people should receive fair and equal treatment.
- People who are different are often treated negatively or unequally, which is unfair.

#### Level 2

- Culture, race, ethnicity, religion, biological sex, sexual orientation, gender identity, physical ability, and age all play a role in how individuals appear, think, and behave.
- People are sometimes discriminated against because of race, culture, ethnicity, language, socioeconomic class, age, and disability.
- People are sometimes discriminated against because of biological sex, appearance, sexual orientation, gender identity, family, and living arrangements.
- Discrimination can lead to lower self-esteem, unequal opportunities, and physical and emotional problems.

- Discrimination has negative consequences for the individual, family, community, and society.
- Discrimination limits a society's ability to utilise the full potential of all its members.
- Young people who believe they are being discriminated against should tell a parent or other trusted adult.

### Level 3

- People's lives are enriched when they understand and celebrate diversity.
- Societies work best when different groups respect each other's views.
- People have the right to speak up when they encounter discrimination and when they see others being discriminated against.
- Laws, policies, and procedures can help individuals fight discrimination.
- People should try to understand and appreciate diversity and the uniqueness of individuals.

### Level 4

- Examining one's views about diversity occurs throughout life.
- Confronting one's own biases and prejudice can be difficult.
- Workplaces benefit from having employees from diverse backgrounds.

## Topic 6: Sexuality and the Media

**Subconcept:** *The media has a profound effect on sexual information, values, and behaviour.*

### Developmental Messages:

#### Level 1

- Some information on television, in the movies, in books and magazines, on the radio, and on the Internet is true, and some is not.
- Some commercials, television shows, movies, and magazines make people and things look different or better than they really are.
- Some television programmes, music, movies, and websites are not appropriate for young children.
- Parents/guardians have the right to determine what is appropriate viewing material for their own children.

#### Level 2

- The media can influence the way people think and behave.
- Some media, such as TV, music, magazines, radio, and the Internet can present information that may positively affect one's personal development.
- Unrealistic sexual images are often used in advertising to sell products.
- The media often presents an unrealistic image of what it means to be male or female, what it means to be in love, and what parenthood and marriages are like.

- No one looks as perfect in real life as certain actors and actresses appear to in the media.
- The media sometimes negatively portray groups of people by using stereotypes.
- A parent/guardian or trusted adult can help when media messages are confusing; and with determining what information in the media is accurate, and what is not.
- People can refuse to watch, read, and/or listen to anything that offends them.

### Level 3

- The media usually does not portray sexuality realistically.
- Soap operas, talk shows, music, the Internet, advertisements, and movies may give inaccurate and unrealistic information and portrayals of sexuality.
- Real relationships require more effort than is often portrayed in the media.
- The media sometimes uses stereotypes to portray the sexuality of certain groups.
- The media primarily depicts and focuses on heterosexual people and relationships.
- Some television shows and movies provide positive models of relationships and sexuality.
- People who recognise that the images in the media may be stereotypical and unrealistic are less likely to be negatively affected by them.
- Adults and teens have a responsibility to help younger children avoid or deal effectively with media influences.
- Although “chatting,” “texting,” or meeting people online can be fun, individuals should be cautious because it can be unsafe.
- Communicating one’s reactions to the media about the portrayal of sexual issues is important.

## Topic 7: Sexuality and the Arts

*Subconcept: Sexual and erotic images are common themes in the Arts.*

### Developmental Messages:

#### Level 1

- Sexual images are often depicted in the Arts, such as music, films, drama, visual arts and literature.

#### Level 2

- Some people frown on how art depicts sexuality.

#### Level 3

- The nature of sexual images in art changes throughout history.
- What one person might consider to be erotic art, another person may not.
- Some erotic images in the arts reflect society’s views about sexuality, and may be a catalyst for discussion.
- Artistic expressions with sexual images that reflect one culture’s norms may be considered obscene.
- Some people try to regulate or eliminate sexual images in the Arts.

USING  
THE  
GUIDELINES

The *Guidelines* were designed as a framework for comprehensive sexuality education; as such, they can be used to create new programmes or evaluate existing curricula and material. The Jamaican Task Force Committee and Advisory Council for Comprehensive Sexuality Education believe the *Guidelines* are an excellent starting point for both experienced sexuality education teachers and other professionals new to this topic. The following section is designed to give educators additional information, ideas, and encouragement for turning the *Guidelines* into a high-quality, comprehensive sexuality education programme for young people in their schools or communities.

## **PRIORITISING TOPICS**

The Task Force designed the *Guidelines* to include all of the concepts and topics that young people need to learn in order to become sexually healthy adults. Ideally, all sexuality education programmes would cover all of the concepts, topics, and developmental messages included in the *Guidelines*. The Jamaican Task Force and Advisory Council Committees for Comprehensive Sexuality Education realise, however, that due to constraints on time, staff, and other resources, many programmes will not be able to tackle every topic in the *Guidelines*.

Educators, professionals, and curriculum developers who find themselves in this position may need to start by choosing the topics they will cover. Decisions about topics are most often based on the amount of time and resources that can be devoted to a programme, as well as the needs of the young people involved.

Educators and professionals can use the key concepts and topics as a jumping off point and then work with staff, parents/guardians, and/or young people to narrow down and prioritise this list. Many educators and professionals prioritise topics based on their personal observations of the needs of the young people they work with. For example, after hearing young people spread misinformation about reproduction or demonstrate a lack of information about anatomy, an educator or professional may choose to focus a programme or lesson on Key Concept 1: Human Development. It can also be helpful to ask young people directly for their input in determining which topics will be covered.

The following exercise is designed to be conducted in a group setting—with educators, health professionals, administrators, parents, or young people. Whether educators are evaluating an existing curriculum or creating a new one, this exercise can help them choose topics and determine priorities.

## **FILLING IN THE GAPS**

While the *Guidelines* contain the key concepts, topics, and messages for a comprehensive programme, they are not a curriculum; therefore, specific information is often left out. For example, the *Guidelines* suggest that students in early elementary school learn that “Each body part has a correct name and a specific function,” and that “A girl/woman has breasts, nipples, a vulva, a clitoris, a vagina, a uterus, and

## **PRIORITISING TOPICS ACTIVITY**

On a sheet of paper, the facilitator should list all 39 topics suggested in the *Guidelines*, with a blank space in front of each for a score. Make one copy of this sheet for each participant and save one sheet to tally the final scores at the end of the activity. Also recreate this list on a large piece of newsprint so the whole group can view the final results.

Give each person a sheet with the 39 topics and explain that each individual has 15 points that he/she can assign to the topics listed. They can assign the points any way they want—, he/she can give one topic 15 points, 15 topics one point each, or three topics five points each—however, no one can exceed 15 points total. Explain that ultimately the topics that get the most points will be considered the top priorities.

After giving each person 5–7 minutes to decide on their totals, have them share their score sheets with the whole group. Ask people to explain why they distributed their points in the way that they did. As each person presents, the facilitator should keep a tally of how the points are distributed and note the similarities and differences in the scores given.

After all the participants have shared their individual scores and the results have been tallied, note which topics received the highest scores. These are the ones the whole group has decided are most important. Allow the group an opportunity to negotiate and reprioritise based on the discussion.

ovaries."They do not, however, explain the specific function of each of these parts to students or educators. It is the responsibility of educators to fill in this information when necessary.

Whether educators are using the *Guidelines* to evaluate existing curricula or create new materials, it is important to have basic, accurate information about sexuality. Such background information can help individuals determine if the curriculum they are reviewing contains accurate, unbiased information and can be an essential base for any lessons that are developed. Numerous books and other resources are available to help educators review basic information and share it with young people.

## **Resource Books and Manuals**

There are a number of books and manuals that can serve as excellent reference sources for educators to review basic information, confirm facts or figures, and seek answers to questions they may have. Educators may want to invest in a college or university-level human sexuality textbook, many of which provide introductory information in a straightforward manner and can serve as a valuable resource for both new and experienced teachers. Educators may also be interested in reference manuals that provide more in-depth information on specific topics such as women's health or contraception.

For additional resources see Educator Resources within International Topics under the Information and Education section on SIECUS' website at [www.siecus.org](http://www.siecus.org) or see SIECUS' new online sexuality education curricula and lesson plan resource at: [www.sexedlibrary.org](http://www.sexedlibrary.org)

## Websites

The Internet can also be a valuable source of basic information and statistics on such topics as contraceptive methods, STIs, and HIV, and other related sexual and reproductive health concerns. Scientific information and statistics on these topics frequently change and educators will need to continually update their information. Websites can be particularly useful on such topics as they are reviewed and revised more often than printed publications. At the same time, there is a great deal of inaccurate and biased information available on the Internet, and it is important to use only reliable sources.

### Some reliable websites include:

Guttmacher Institute  
[www.guttmacher.org](http://www.guttmacher.org)

International Planned Parenthood  
Federation/Western Hemisphere Region  
(IPPF/WHR)  
[www.ippfwhr.org](http://www.ippfwhr.org)

Jamaica AIDS Support (JAS)  
[www.jamaicaaidssupport.com](http://www.jamaicaaidssupport.com)

Ministry of Education  
[www.moey.gov.jm](http://www.moey.gov.jm)

Ministry of Health and Environment  
[www.moh.gov.jm](http://www.moh.gov.jm)

Pan American Health Organisation  
(PAHO)  
[www.jam.paho.org](http://www.jam.paho.org)

Sexuality Information and Education  
Council of the United States (SIECUS)  
[www.siecus.org](http://www.siecus.org) • [www.sexedlibrary.org](http://www.sexedlibrary.org)

United Nations Joint Programme on  
AIDS (UNAIDS)  
[www.unaids.org](http://www.unaids.org)

United Nations Population Fund  
(UNFPA)  
[www.unfpa.org](http://www.unfpa.org)

The Women's Centre of Jamaica  
Foundation  
[www.jamaica-kidz.com/womenscentre](http://www.jamaica-kidz.com/womenscentre)

Women's Media Watch (WMW)  
[www.womensmediawatch.org](http://www.womensmediawatch.org)

World Association of Sexology (WAS)  
[www.worldsexualhealth.org](http://www.worldsexualhealth.org)

For links to additional websites, please see SIECUS' website at [www.siecus.org](http://www.siecus.org)

## Books for Young People

While the *Guidelines* present age-appropriate messages, these are not meant to be read verbatim or incorporated into lesson plans word-for-word. One of the challenges may be determining the best language to use when presenting information to students. Numerous books have been developed for young people of various ages that explain many of the topics recommended in the *Guidelines* including puberty, relationships, sexual orientation, and contraception. Educators may find that such books help them develop the most appropriate and effective language for their students.

For additional books for young people see SIECUS' websites at [www.siecus.org](http://www.siecus.org) and [www.sexedlibrary.com](http://www.sexedlibrary.com)

## Community Information

The *Guidelines* include a number of messages that have been intentionally left blank so they can be customised for individual schools and communities such as "Some communities have a telephone crisis line so people can talk to someone about a problem; the local crisis line phone number is \_\_\_\_\_."

These messages are especially important in helping young people identify resources and access available services in their community. Educators may want to complete these messages for their community before a course begins or use these messages as a launching point for a research project in which students investigate the available resources and services. (See Additional Resources Section on page 93 for more information.)

Some messages you might want to complete include:

- In this community, call \_\_\_\_\_ for STI information and medical services.
- Teenagers older than 16 years are able to get tested for HIV without parental permission; to learn more about HIV testing in this community call \_\_\_\_\_.
- In Jamaica, you can call \_\_\_\_\_ for information on sexual abuse, sexual assault, domestic violence, or sexual harassment.

For more information about STIs/HIV, please contact The Jamaican Ministry of Health, Division of STI Control and the National AIDS Prevention Programme at \_\_\_\_\_.



## Teaching Methods

The Jamaican *Guidelines* Task Force Committee and Advisory Council believe that sexuality education is best taught using a variety of teaching methods that allow students to gain knowledge, acquire skills, and explore their values. The *Guidelines*, however, do not recommend teaching methods or provide ideas on matching available techniques with topics. Whether educators or facilitators are creating their own programme or evaluating existing materials, familiarity with a wide variety of methods for teaching about sexuality can be helpful. Some available resources on teaching methods include:

- *Teaching About Sexuality and HIV: Principles and Methods for Effective Education*, by Evonne Hedgepeth and Joan Helmich; New York University Press; Washington Square, New York, New York, U.S.A. 10003; 212-998-2575, [www.nyupress.edu](http://www.nyupress.edu).
- *Sexuality Education: Theory and Practice*, Clint Bruess and Jerrold Greenberg; Jones and Bartlett; 40 Tall Pine Drive, Sudbury, Massachusetts, U.S.A. 01776, 978-443-5000; [www.jbpub.com](http://www.jbpub.com).

For additional resources see SIECUS' website at [www.siecus.org](http://www.siecus.org) or SIECUS' online sexuality education resource at [www.sexedlibrary.org](http://www.sexedlibrary.org)

## EVALUATING EXISTING CURRICULA AND LESSONS

Many sexuality education resources already exist, from complete pre-packaged curricula, to lesson plans that cover one topic, to time-tested activities that have been frequently used with young people, to videos, websites, and other classroom materials.

More often than not, there is no need to reinvent the wheel. Sexuality education professionals have already created activities on almost every sexuality-related topic and these lessons can be easily modified and adapted to fit a variety of settings and age groups.

Not all lesson plans or curricula, however, are created equal. All materials need to be reviewed closely to ensure that the important topics and concepts are covered, that the information is accurate and age-appropriate, and that the resource does not rely on fear or shame. In addition, sexuality education programme developers and implementers will want to look at whether a wide variety of teaching strategies are employed, whether the curriculum is culturally appropriate, and whether it encourages parental involvement. Finally, educators and facilitators will want to make sure that the curriculum or lessons plans are based on theories and techniques that have been proven effective.

These simple questions, based on the *Guidelines* and available research, are a great place to begin.

### Reviewing Topics and Messages

The *Guidelines* can help educators evaluate curricula or lesson plans by providing a framework of suggested concepts, topics, and messages.

- Which of the six key concepts does this curriculum/lesson address?
- Which topics suggested for these key concepts are included?
- Which topics suggested for these key concepts are not included?
- Are the messages included in the curriculum/lesson similar to those suggested by the *Guidelines*?
- Are the messages included in the curriculum/lesson age-appropriate according to the *Guidelines*?
- Are there important key concepts, topics, or messages suggested in the *Guidelines* that have been left out?

### Ensuring Skills Are Addressed

In addition to providing information, the best curricula and lessons on sexuality provide young people with opportunities to learn and practice a number of important skills.

- Does the curriculum/lesson help young people build self-esteem?
- Does the curriculum/lesson help young people identify other sources of information/help?

- Does the curriculum/lesson help young people learn critical analysis skills?
- Does the curriculum/lesson help young people identify risk factors?
- Does the curriculum/lesson help young people practise decision-making and negotiation skills?
- Does the curriculum/lesson help young people practise communication skills?

### **Checking Accuracy and Appropriateness**

It is also important to make sure that the information included in the curriculum/lesson is accurate, up-to-date, and appropriate for the students in the programme.

- Is the information in the curriculum/lesson scientifically and medically accurate?
- Is the information up-to-date?
- Is the information presented in a way that is appealing to young people?
- Is the curriculum/lesson, including graphics, materials, and examples, culturally appropriate for the age, race, and ethnicity of all the young people in the programme?

### **Weeding Out Fear and Shame**

Some sexuality education curricula and lessons rely on messages of fear and shame to try to control young people's sexual behaviour. There is no evidence that using fear will help young people delay sexual activity, and such messages may negatively affect their views on sexuality. These questions can help educators identify and avoid fear-based materials.

- Does the curriculum/lesson indicate that pre-marital sexual behaviour inevitably leads to pregnancy, psychological harm, STIs, guilt, bad relationships, or other negative consequences?
- Does the curriculum/lesson portray students who have engaged in sexual behaviour as troubled or less worthy of respect?
- Does the curriculum/lesson portray sexuality/sexual behaviours as a force that young people cannot control?
- Does the curriculum/lesson assert that STIs and unintended pregnancy are never an issue for married people?

## Curriculum Evaluation Tool

Often, educators or curriculum review committees are charged with evaluating extensive programmes or comparing the strengths and weaknesses of a number of available curricula. These individuals may need to examine each curriculum in greater detail. To help them with this sometimes challenging task, the Jamaican Task Force For Comprehensive Sexuality Education adapted the following evaluation tool based on the *Guidelines* that may be photocopied and filled in as a curriculum is read and discussed

**Curriculum** \_\_\_\_\_

**Publisher/Distributor** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone** \_\_\_\_\_

**Fax** \_\_\_\_\_

**E-mail** \_\_\_\_\_

**Cost** \_\_\_\_\_

**Date Published** \_\_\_\_\_

**Date of Revisions/Updates** \_\_\_\_\_

**Grade Levels Included** \_\_\_\_\_

**Number of Lessons** \_\_\_\_\_

## Contents and Topics Covered

Key Concept	1 MAJOR EMPHASIS	2	3 ADDRESSED BUT NOT A MAJOR FOCUS/EMPHASIS	4	5 NOT ADDRESSED
<b>HUMAN DEVELOPMENT</b>					
Reproductive and Sexual Anatomy and Physiology	1	2	3	4	5
Puberty	1	2	3	4	5
Reproduction	1	2	3	4	5
Body Image	1	2	3	4	5
Sexual Orientation	1	2	3	4	5
Gender Identity	1	2	3	4	5

Key Concept	1 MAJOR EMPHASIS	2	3 ADDRESSED BUT NOT A MAJOR FOCUS/EMPHASIS	4	5 NOT ADDRESSED
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## RELATIONSHIPS

Families	1	2	3	4	5
Friendship	1	2	3	4	5
Love	1	2	3	4	5
Romantic Relationships and Dating	1	2	3	4	5
Marriage and Lifetime Commitments	1	2	3	4	5
Raising Children	1	2	3	4	5

## LIFE SKILLS

Values	1	2	3	4	5
Decision-making	1	2	3	4	5
Communication	1	2	3	4	5
Assertiveness	1	2	3	4	5
Negotiation	1	2	3	4	5
Looking for Help	1	2	3	4	5

Key Concept	1 MAJOR EMPHASIS	2	3 ADDRESSED BUT NOT A MAJOR FOCUS/EMPHASIS	4	5 NOT ADDRESSED
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## SEXUAL BEHAVIOUR

Sexuality throughout Life	1	2	3	4	5
Masturbation	1	2	3	4	5
Shared Sexual Behaviour	1	2	3	4	5
Sexual Abstinence	1	2	3	4	5
Human Sexual Response	1	2	3	4	5
Sexual Fantasy	1	2	3	4	5
Sexual Dysfunction	1	2	3	4	5

Key Concept	1 MAJOR EMPHASIS	2	3 ADDRESSED BUT NOT A MAJOR FOCUS/EMPHASIS	4	5 NOT ADDRESSED
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## SEXUAL HEALTH

Reproductive Health	1	2	3	4	5
Contraception	1	2	3	4	5
Pregnancy and Prenatal Care	1	2	3	4	5
Abortion	1	2	3	4	5
STIs	1	2	3	4	5
HIV and AIDS	1	2	3	4	5
Sexual Abuse, Assault, Violence, and Harassment	1	2	3	4	5

## SOCIETY AND CULTURE

Sexuality and Society	1	2	3	4	5
Gender Roles	1	2	3	4	5
Sexuality and the Law	1	2	3	4	5
Sexuality and Religion	1	2	3	4	5
Diversity	1	2	3	4	5
Sexuality and the Media	1	2	3	4	5
Sexuality and the Arts	1	2	3	4	5



## **Abstinence and Safer Sex**

- Curriculum explores benefits of abstinence.
- Curriculum presents abstinence without relying on fear or shame.
- Curriculum reaches a balance between abstinence and safer sex messages.
- Curriculum discusses abortion when pregnancy, parenthood, and adoption are included.

Comments: \_\_\_\_\_

---

## **Fear or Shame-Based Messages**

Curriculum indicates that sexual behaviour almost always or always leads to:

- STIs
- Pregnancy
- Bad relationships
- Guilt
- Other
- Curriculum uses derogatory terms for students who have engaged in sexual behaviour.
- Curriculum portrays sexuality as a force that young people cannot control.
- Curriculum asserts that STIs and unintended pregnancy are never issues for married couples.

Comments: \_\_\_\_\_

---

## **Accuracy and Relevance**

- Information is scientifically accurate.
- Information is up-to-date.
- Information is presented in a way that appeals to young people.
- Information, graphics, and materials represent target populations.

Comments: \_\_\_\_\_

---

## Teaching Strategies

Which teaching strategies are used? (check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> case study                                     | <input type="checkbox"/> worksheets                  |
| <input type="checkbox"/> small group activity                           | <input type="checkbox"/> lecture                     |
| <input type="checkbox"/> brainstorming                                  | <input type="checkbox"/> anonymous question box      |
| <input type="checkbox"/> role play                                      | <input type="checkbox"/> audio-visual materials      |
| <input type="checkbox"/> whole group processing/ large group discussion | <input type="checkbox"/> community speakers          |
| <input type="checkbox"/> homework                                       | <input type="checkbox"/> peer education component    |
| <input type="checkbox"/> journals                                       | <input type="checkbox"/> parent/guardian involvement |
|   | <input type="checkbox"/> other                       |

Which skills are addressed/taught? (check all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> self-esteem building                          | <input type="checkbox"/> sexual limit setting                |
| <input type="checkbox"/> identifying other sources of information/help | <input type="checkbox"/> peer refusal                        |
| <input type="checkbox"/> critical analysis                             | <input type="checkbox"/> handling peer pressure              |
| <input type="checkbox"/> risk factor identification                    | <input type="checkbox"/> handling partner pressure           |
| <input type="checkbox"/> decision-making                               | <input type="checkbox"/> handling media pressure             |
| <input type="checkbox"/> communication                                 | <input type="checkbox"/> media literacy                      |
| <input type="checkbox"/> negotiation                                   | <input type="checkbox"/> obtaining contraception / condoms   |
| <input type="checkbox"/> other _____                                   | <input type="checkbox"/> use of contraception/contraceptives |

Curriculum reaches a balance between helping young people gain knowledge, examine their attitudes, and develop healthy behaviours.

Comments: \_\_\_\_\_  
\_\_\_\_\_

## Cultural Sensitivity

- Curriculum is inclusive of many racial and ethnic groups in examples, pictures, and illustrations.
  - Curriculum takes into account the cultural and ethnic values, customs, and practices of the target community.
  - Curriculum contains stereotypic references or images regarding gender.
  - Curriculum contains stereotypic references or images regarding race/ethnicity.
  - Curriculum contains stereotypic references or images regarding family types.
  - Curriculum contains stereotypic references or images regarding sexual orientation.
  - Curriculum contains stereotypic references or images regarding age.
  - Curriculum contains stereotypic references or images regarding ability.
  - Comments: \_\_\_\_\_
- 

## Parental Involvement

- Curriculum encourages students to discuss sexuality with their parents/guardians.
  - Curriculum provides parallel curriculum for parents/guardians.
  - Curriculum provides homework assignments for students that include home discussions.
  - Curriculum suggests other responsible adults to talk with if parents/guardians are not an option.
  - Comments: \_\_\_\_\_
-

## Other Considerations

- Curriculum explicitly presents the values underlying the curriculum.
- Messages are age-appropriate.
- Curriculum recommends appropriate supplemental materials.
- Curriculum includes an evaluation component.
- Curriculum provides guidance for integrating topic into other subject areas.
- Curriculum encourages social action/volunteerism.
- Curriculum reinforces clear values against unprotected sexual activity.
- Curriculum includes information on recognising social influences on behaviour.
- Curriculum employs active learning methods.

Comments: \_\_\_\_\_

\_\_\_\_\_

## CREATING NEW CURRICULA AND LESSONS

Some educators or curriculum developers may prefer to create their own curricula or lessons. The *Guidelines* can help them do this as well. The first task is determining what topics the programme will address based on the needs of the students and the available time, staff, and resources. (See the Prioritising Topics section on page 68 for specific ideas on how to do this.)

The number of topics selected as well as the number of sessions and amount of time available will determine how many lessons educators or curriculum developers will need to create. It is important to remember that students can only absorb a limited amount of information in any given session; trying to cover too many topics in one session is not effective.

### Goals and Learning Objectives

The next step is to develop goals and learning objectives for each lesson that is planned. Goals provide a framework for the topic and the general direction for the lesson. Goals describe what the lesson will teach about, explain, discuss, or demonstrate. The subconcepts listed for each topic in the *Guidelines* can serve as starting point for developing goals. For example, in *Key Concept 3: Life Skills*, Topic 4 is Assertiveness. An educator creating a lesson plan on assertiveness may decide that their goal is to explore assertiveness and teach that “assertiveness is communicating feelings and needs, while respecting the rights of others.”

Once goals have been finalised, educators need to develop specific learning objectives that focus on what young people will learn from the lesson. Many educators find it helpful to think of learning objectives as falling into four basic categories. In a given lesson, students may acquire new knowledge, enhance thinking skills, develop psychomotor skills, or change attitudes, values, and/or feelings.

The life behaviours listed for each key concept can help educators create broad outcome measures. Life behaviours are essentially outcomes of instruction that reflect actions students will be able to take after having learned and applied the information and skills.

In addition, the developmental messages in the *Guidelines* can help educators create learning objectives for lessons on specific topics. For example, in *Key Concept 3: Life Skills*, Topic 3 is Communication. An educator creating a lesson plan for later junior high/secondary school students (Level 3) on communication might generate the following learning objectives using the *Guidelines’* developmental messages:

By the end of this session:

- Students will be able to identify three behaviours that can enhance communication.
- Students will be able to identify three behaviours that can impair communication.

- Students will be able to reflect on how verbal and nonverbal communication may have a different meaning depending on the individual, family, gender, cultural background, and situation.

Not all of the developmental messages in the *Guidelines* should or will become learning objectives. Educators and curriculum planners will once again have to prioritise the information and skills they want to convey to young people in their programmes.

In addition, many of the developmental messages build on each other and educators may find that it is easier and more effective to cover a number of related messages in one learning objective.

## Teaching Methods

The final step to creating a lesson plan involves deciding which teaching methods will work best for each topic. Again, this decision depends on the time and resources available, the comfort level and training of the educator, and the needs and abilities of the students in the course. The Jamaican Task Force For Comprehensive Sexuality Education believes that sexuality education is most effective when young people not only receive information but are also given the opportunity to explore their own attitudes and values, and to develop or strengthen social skills. A wide variety of teaching methods and activities can foster learning such as interactive discussions, role plays, demonstration, individual and group research, group exercises, and homework assignments.

## Evaluation

Even when educators and curriculum planners have developed their own lessons, it is helpful to review these lessons once they are written to ensure that they cover the important topics and concepts, are accurate and age-appropriate, and do not rely on fear or shame. Educators will also want to make sure that the curriculum or lessons are based on theories and techniques that have been proven effective. (See the Evaluating Curricula section on page 73 for specific ideas on how to do this.)

## But Does It Work?

Comprehensive sexuality education has many goals, including helping young people make responsible decisions based on their values, strengthening communication, decision-making, assertiveness, and risk reduction skills, and providing them with factual, age-appropriate, and culturally sensitive sexuality information that helps them emerge as sexually healthy adults. Equally important, sex education also seeks to reduce unintended pregnancy; decrease STIs, including HIV and AIDS; and improve sexual and reproductive health among young people. While some of these goals are easily measurable, others are harder to quantify. Still, as with any education programme, it is important to continually assess whether a sexuality education

programme is successful. To help educators with this, noted researcher Doug Kirby has identified 17 characteristics that effective sexuality education programmes have in common. (See Kirby, D., Roller, L., & Wilson, M.M. (2007). *Tool to Assess the Characteristics of Effective Sex and STD/HIV Education Programs*. Washington, DC, U.S.A.: Healthy Teen Network, 2007.)

His research has shown that programmes teaching young people about both abstinence, and other pregnancy, and sexually transmitted infection prevention methods do not increase sexual activity among youth; and some are so effective they help young people to delay intercourse, reduce the number of sexual partners and frequency of sex, and increase condom, and contraceptive use.

## **The 17 Characteristics of Effective Sexuality Education Programmes**

The 17 characteristics that effective sexuality education programmes have in common are grouped into 3 different categories; (A) The *Process* of curriculum development; (B) the *Content* of the curriculum; and (C) the *Implementation* of the curriculum. Educators evaluating curricula or lesson plans may want to keep this information in mind as well.

### **(A) The Curriculum Development Process**

1. Multiple people from different professional backgrounds developed the curriculum.
2. The curriculum developers assessed the needs and assets of target group.
3. The curriculum developers used a *logic model* approach.
4. The curriculum developers designed activities that are consistent with the community's values and resources available.
5. The programme was pilot tested.

### **(B) The Content of the Curriculum**

6. The curriculum focused on identifying clear health goals.
7. The curriculum narrowly focused on specific behaviours leading to these health goals.
8. The curriculum addressed multiple sexual and psychosocial risk and protective factors affecting sexual behaviours.
9. The curriculum created a safe social environment in which youth could participate.
10. The curriculum included multiple activities to change each of the targeted risk and protective factors.
11. The curriculum employed effective teaching methods.
12. The curriculum included content appropriate to the youths' culture, developmental age, sex, and sexual experience.
13. The curriculum covered topics in a logical sequence.

### **(C) The Implementation of the Curriculum**

14. During curriculum implementation, support was secured from appropriate authorities.
15. Educators who taught the curricula were selected with desired characteristics; they were properly trained, and received appropriate monitoring and supervision.
16. If necessary, activities were used to recruit and retain youth to overcome barriers to their involvement.
17. Efforts were made to implement all curriculum activities with reasonable fidelity.



There are existing curricula, and compilations of lesson plans that meet the criteria set forth above. It is often just a matter of matching the right curriculum to the young people and the programme.

For a list of additional sexuality education curricula and lesson plans see SIECUS' website at [www.siecus.org](http://www.siecus.org) or SIECUS' new online sexuality education resource at [www.sexedlibrary.org](http://www.sexedlibrary.org)

## STI/HIV CHECKLIST

It may also be helpful for educators to create simple evaluation tools or checklists to review lessons on specific topics that they have chosen to cover. Checklists can be based on subconcepts and developmental messages in the *Guidelines* as well as additional information that educators have found in their research.

The following is a checklist on STIs/HIV. It is adapted from a larger checklist created by William Yarber to help educators and school officials evaluate their existing STI/HIV prevention programmes or create new curricula and materials on the topic. Dr. Yarber is a professor of Applied Health Science at Indiana University and the senior director of the Rural Center for AIDS/STD Prevention in the U.S.A. Dr. Yarber was also a member of the U.S. National *Guidelines* Task Force.

The checklist includes essential topics for STI/HIV-prevention curricula, and provides a basic concept for each topic. Specific developmental messages are not included. It is based on the *Guidelines*, as well as other research on STIs/HIV. Educators evaluating STI/HIV prevention curricula can use this checklist along with the messages in the *Guidelines* to ensure that programmes their community is using or considering are complete and accurate.

### The STI/HIV Problem

#### The Hidden STI Epidemic

Although STIs are a very commonly reported infectious disease in the Jamaica, they are often hidden, and the actual prevalence may be underestimated, which can cause negative outcomes for individuals and society.

#### STIs

There are over 25 STIs, including HIV and AIDS, many of which have a particular impact on teenagers.

#### Size of Problem

STIs are prevalent both in Jamaica and around the world.

#### People with STIs/HIV

STI infections occur in all communities and population groups, although STIs and HIV disproportionately affect individuals in under-served communities.

#### Problems Caused by STIs/HIV

STIs/HIV impact lives and relationships, finances, research and healthcare priorities, and prevention efforts.

#### Reasons for the STI/HIV Epidemics

The STI/HIV epidemics are exacerbated by inadequate education, health care, and support, as well as social, economic, and emotional barriers that prevent some people from getting treatment.

## Transmission of STIs/HIV

### ❑ STI Organisms

STIs/HIV are usually found in body fluids, and individuals can have more than one STI infection at a time.

### ❑ Sexual Transmission of STIs/HIV

STIs/HIV are contracted during contact with an infected person; vaginal, anal, and oral sex all involve risk.

### ❑ Sexual Relationships

Partner choice can increase risk for STIs/HIV.

### ❑ Blood Transmission of STIs/HIV

Blood-to-blood transmission is the second-most common way STIs/HIV are contracted, and people who share needles, people who have their bodies tattooed or pierced, and healthcare workers are at increased risk.

### ❑ Mother-to-Child Transmission

STIs/HIV are sometimes passed from mother to child during pregnancy or breast-feeding, but medical treatment is available to reduce a child's risk of contracting STIs/HIV from his/her mother.

### ❑ Increased HIV Risk with STIs

People with an STI are at increased risk of contracting HIV, and people with HIV and an STI are at increased risk of transmitting HIV.

### ❑ STI Transmission without Sex or Injection Drug Use

STIs/HIV are not transmitted through casual non-sexual contact.

## STI/HIV Prevention

### ❑ Sexual Abstinence

While sexual feelings are natural, there are benefits to sexual abstinence and delaying sexual intercourse.

### ❑ Mutual Sexual Exclusivity

There are benefits to mutual sexual exclusivity; exclusive sexual relationships, other than exclusive sexual relationships within marriage, do exist.

### ❑ Condom Use

Condoms can be effective in preventing the spread of STIs/HIV; individuals should learn when and how to use condoms.

### ❑ Careful Partner Selection

Carefully selecting partners can help individuals avoid sexual contact with people who might be at high risk for STIs/HIV.

❑ **Avoid Injection and Other Drugs**

Injection drug use involves risk for STIs/HIV; individuals can identify and resist the pressure to use drugs.

❑ **Vaccines**

Hepatitis B and Human Papilloma Virus are the only STIs that can be prevented with a vaccine, but efforts are underway to create a vaccine for HIV.

❑ **Other Prevention Methods**

There are many things individuals can do to help prevent the transmission of STIs/HIV including engaging in lower risk behaviours; avoiding contact with blood, semen, vaginal fluids, and/or breast milk; and seeking appropriate sexual reproductive health, and prenatal care.

❑ **Communicating Prevention to Others**

Communication is a valuable and necessary component of prevention, and individuals can suggest ways to improve communication about sexuality-related issues.

❑ **Choosing Friends Wisely**

Friends who support preventive and risk-reduction behaviours are important.

❑ **Help Avoiding STIs/HIV**

Individuals need to know who might help them avoid STIs/HIV; teenagers may want to talk with their parents/guardians, or other supportive adults about sexuality, growing up, and STI/HIV prevention.

❑ **Taking Responsibility for Personal Health and the Health of Others**

Individuals can make efforts to control the spread of STIs/HIV by serving as responsible role models, accurate sources of information, and supportive friends.

## **Recognising STIs/HIV**

❑ **STI/HIV Symptoms**

STIs/HIV may have no symptoms or may have symptoms similar to those of other infections; individuals can become knowledgeable about the symptoms of STIs/HIV, and seek prompt medical attention if they suspect they may be infected.

❑ **What to Do After Suspecting an STI/HIV**

Individuals who suspect STI/HIV symptoms can stop having sexual contact, stop using and sharing needles, seek prompt medical treatment, and encourage partners to seek testing and treatment as well.

## Seeking STI/HIV Tests and Treatment

### ❑ STI/HIV Tests and Counselling

People who have practised any STI/HIV-risk behaviours may want to seek STI/HIV counselling/testing.

### ❑ Confidential Testing and Treatment of Minors

Young people facing health issues may want to talk to parents/guardians or other trusted adults, but those over 16 years of age can often receive testing and treatment without parental consent.

### ❑ The Medical Visit

Many different types of testing and treatment for STIs/HIV exist; individuals should talk to their healthcare provider about what is best for them.

### ❑ STI/HIV Treatment

Although some STIs, such as HIV, have no cure, many effective STI treatments exist.

### ❑ Support for People with STIs/HIV

Individuals who are infected with an STI/HIV need the support of family and friends, and may also be able to find support groups or other resources that can help.

## Partner STI/HIV Testing and Treatment

### ❑ Importance of Asking Partner to See a Health Care Provider

Encouraging a partner to seek testing and treatment can protect his/her health, prevent reinfection, and reduce the spread of STIs/HIV.

### ❑ Ways of Getting Partners to Testing and Treatment

Public health professionals and healthcare providers can help individuals determine the best way to approach their partner(s) about the need for testing and treatment.

For more information about STIs/HIV, please contact The Jamaican Ministry of Health, Division of STI Control and the National AIDS Prevention Programme at\_\_\_\_\_.

ADDITIONAL  
RESOURCES

## **JAMAICAN AND INTERNATIONAL RESOURCE AND REFERRAL AGENCIES AND ORGANISATIONS**

There are numerous Jamaican, American, and global organisations dedicated to sexuality, education, and the health and wellbeing of youth. These organisations provide information, guidance, and support to those who are looking to create, evaluate, or implement sexuality education programmes. The following list includes organisations that conduct research, develop curricula, and provide advocacy tools for health professionals, educators, policymakers, and parents/guardians. Some provide local services for youth, such as referral and counselling regarding HIV and AIDS, unintended pregnancy, STIs and sexual abuse, and violence. Although a few are based in other countries, they work globally, and the information provided on their websites makes them effective and useful resources for those involved with sexuality education in Jamaica.

### **Academy for Educational Development**

Committed to solving social health problems throughout the world through education, training, social marketing, policy analysis, and innovative programme design.

1825 Connecticut Avenue, N.W.  
Washington, DC, U.S.A. 20009  
Phone: 202-884-8000  
Fax: 202-884-8400  
Website: [www.aed.org](http://www.aed.org)

### **Advocates for Youth**

Dedicated to promoting policies which help young people make informed and responsible decisions about their sexual health.

2000 M Street, N.W., Suite 750  
Washington, DC, U.S.A. 20036  
Phone: 202-419-3420  
Fax: 202-419-1448  
Website: [www.advocatesforyouth.org](http://www.advocatesforyouth.org)

### **Guttmacher Institute**

Working to provide research data and policy analysis on reproductive health issues around the world.

125 Maiden Lane, 7th Floor,  
New York, U.S.A. 10038  
Toll Free: 1-800-355-0244  
Phone: 212-248-1111  
Fax: 212-248-1951  
Website: [www.guttmacher.org](http://www.guttmacher.org)

## **Centers for Disease Control and Prevention (CDC)**

Promoting health and quality of life by preventing and controlling disease, injury, and disability.

Public Inquiries/MASO F07  
1600 Clifton Road  
Atlanta, Georgia, U.S.A. 30333  
Phone: 404-498-1515  
Website: [www.cdc.gov](http://www.cdc.gov)

## **ETR Associates**

Dedicated to providing leadership, educational resources, training, and research in health promotion, with an emphasis on sexuality and health education.

4 Carbonera Way  
Scotts Valley, California, U.S.A. 95066  
Phone: 831-438-4060  
Website: [www.etr.org](http://www.etr.org)

## **Jamaica Family Planning Association (FAMPLAN)**

Dedicated to providing family planning, and sexual and reproductive health programmes, and services for adolescents, men, and women. Also provided sexuality and HIV counselling, testing, and prevention education programmes for schools, communities, and organisations. It is a member of the International Planned Parenthood Federation.

FAMPLAN Jamaica  
14 King Street, P.O. Box 92, St Ann's Bay, St. Ann  
Phone: 876-972-2515 • Fax: 876-972-2224  
Email: [famplan@cwjamaica.com](mailto:famplan@cwjamaica.com)

Y's Line (Information and Referral Hotline)  
1-888-991-9473

## **The Henry J. Kaiser Family Foundation**

An independent philanthropic organization focusing on the major health issues. Offers an online daily HIV and AIDS report, and other health related information.

2400 Sand Hill Road  
Menlo Park, California, U.S.A. 94025  
Phone: 650-854-9400 • Fax: 650-854-4800  
Website: [www.kff.org](http://www.kff.org)



## **International Planned Parenthood Federation (IPPF) Central Headquarters**

A global organisation dedicated to providing sexuality education and sexual reproductive health advocacy, information, education, and services.

4 Newhams Row  
London, SE1 3UZ, United Kingdom  
Phone: +44-0-20-7939-8200 • Fax: +44-0-20/7939-8300  
Email: [info@ippf.org](mailto:info@ippf.org) • Website: [www.ippf.org](http://www.ippf.org)

## **International Planned Parenthood Federation-Western Hemisphere Region (IPPF/WHR)**

A global organisation focusing on the North, Central and South American and Caribbean regions dedicated to providing sexuality education, and sexual reproductive health advocacy, education, information and services.

120 Wall Street, 9th Floor  
New York, New York, U.S.A. 10005  
Phone: +1-212-248-6400 • Fax: +1-212-248-4221  
Email: [info@ippfwhr.org](mailto:info@ippfwhr.org) • Website: [www.ippfwhr.org](http://www.ippfwhr.org)

## **Jamaica AIDS Support for Life (JAS)**

Dedicated to preserving the dignity and rights of persons living with HIV/AIDS; and helping in the fight against the spread of HIV and AIDS by providing education, and by empowering people to respond positively to the challenges.

4 Upper Musgrave Avenue  
Kingston 10  
Phone: 978-2345 • Fax: 978-7876  
Email: [info@jamaicaaidssupport.com](mailto:info@jamaicaaidssupport.com)  
Website: [www.jamaicaaidssupport.com](http://www.jamaicaaidssupport.com)

## **Jamaica Constabulary Force**

Includes the Centre of Investigation of Sexual Offenses and Child Abuse, which encourages the reporting of child abuse and sexual offences. Offers counseling and public education to promote awareness of child abuse and sexual offences. If child sexual abuse or violence is suspected, contact one of the following Centres for assistance, or you may call the Hotline at: 876-926-7318

## **Jamaica Constabulary Force Headquarters:**

3 Ruthven Road, Kingston 10

### ***There are six Centres located across the island:***

Spanish Town Police Station

Main St., St. Catherine • Phone: 876-984-3166

Portmore Police Station

Greater Portmore, St. Catherine • Phone: 876-949-8399

Morant Bay Police Station

St. Thomas • Phone: 876-982-2233

St. James Divisional Headquarters

St. James • Phone: 876-952-3186

May Pen Police Station

Clarendon • Phone: 876-986-2208

St. Ann's Bay Police Station

St. Ann • Phone: 876-972-2331

## **Jamaica Red Cross**

Since 1948, Jamaica Red Cross has responded to the needs of Jamaicans.

Main areas of work are Disaster Preparedness and Response; Youth Development; Communications and Dissemination of Humanitarian Principles and Values; and Health and Care. Jamaica Red Cross Headquarters is located in Central Village, St. Catherine, between Spanish Town and Kingston.

76 Arnold Road, Kingston 5

Phone: 876-984-7860 • Fax: 984-8272

Email: [jrcs@infochan.com](mailto:jrcs@infochan.com)

Websitewww.jamaicaredcross.org/new/index.php

## **Ministry of Education and Culture (MOE)**

Provides a system which secures quality education and training for all persons in Jamaica, and achieves effective integration of educational and cultural resources to optimise individual and national development.

2a National Heroes Circle, Kingston 4

Phone: 922-1400 • Fax: 888/-991-2070

Websitewww.moey.gov.jm

## **Ministry of Health and Environment (MOH)**

The Ministry and related organizations making up the public health system is mandated to care for the nation's health, and is responsible for healthcare delivery across the island.

2-4 King Street, Kingston

Phone: 876-967-1101 • Fax: 876-967-7293

Email: [webmaster@moh.gov.jm](mailto:webmaster@moh.gov.jm)

Website [www.moh.gov.jm](http://www.moh.gov.jm)

## **The National AIDS Committee (NAC)**

A private non-governmental organization established in 1988 by the Minister of Health to co-ordinate the national response to the AIDS epidemic in Jamaica.

2-4 King Street, Kingston

4th Floor; Oceana Building

Phone: 876-967-1100 / 876-967-1105 • Fax: 876-967-1280

AIDS/STIs Toll Free Helpline: 1-888-991-4444 • Email: [infochan@nacjamaica.com](mailto:infochan@nacjamaica.com)

Website: [www.nacjamaica.com](http://www.nacjamaica.com)

## **National Family Planning Board (NFPB)**

A statutory agency of the Ministry of Health and Environment with responsibility for promoting and implementing family planning, and family life education activities.

National Family Planning Board

5 Sylvan Avenue, P.O. Box 287

Kingston 5

Phone: 876-968-1627 or 876-968-1629 • Fax: 876-968-1626

Email: [jnfpb@jnfpb.org](mailto:jnfpb@jnfpb.org) • Website: [www.jnfpb.org](http://www.jnfpb.org)

## **Pan American Health Organisation (PAHO)**

An international public health agency working to improve health standards as part of the United Nations system. Serves as the Regional Office of the World Health Organisation (WHO), and as the health organization of the Inter-American System.

PAHO/WHO Representative

Old Oceana Building, 7th Floor

2-4 King Street, Kingston

Phone: 876-967-4626 / 876-967-4691 • Fax: 876-967-5189

Email: [e-mail@paho.org.jm](mailto:e-mail@paho.org.jm) • Website: [www.jam.paho.org](http://www.jam.paho.org)

## **Population Council**

Conducts research, and publishes reports on population trends, contraceptives, and sexual and reproductive health issues around the world.

One Dag Hammarskjold Plaza  
New York, New York USA 10017  
Phone: 212-339-0500 • Website: [www.popcouncil.org](http://www.popcouncil.org)

## **Sexuality Information and Education Council of the United States (SIECUS)**

Advocates for global access to comprehensive education about sexuality, and sexual and reproductive health programmes and services. Provides technical and training assistance, and organisational capacity building to promote development of global comprehensive sexuality education, and related sexual and reproductive health and rights initiatives.

90 John Street, Suite 704  
New York, New York, U.S.A. 10038  
Phone: 212-819-9770 • Fax: 212-819-9776  
Website: [www.siecus.org](http://www.siecus.org) and [www.sexedlibrary.org](http://www.sexedlibrary.org)

## **United Nations Children’s Fund (UNICEF)**

Provides technical and financial assistance to the Government of Jamaica to help ensure that children’s rights are respected.

60 Knutsford Boulevard,  
8th Floor, Kingston 5  
Phone: 876-926-7584 • Fax: 876-929-8084  
Website: [www.unicef.org/jamaica](http://www.unicef.org/jamaica)

## **United Nations Joint Programme on AIDS (UNAIDS)**

The Joint United Nations Programme on HIV and AIDS brings together the efforts and resources of ten UN system organisations to address the global response to AIDS.

20, Avenue Appia  
CH-1211 Geneva 27, Switzerland  
Phone: + 41-22-791- 3666. • Fax: + 41-22-791-4187.  
Website: [www.unaids.org](http://www.unaids.org)

## **United Nations Population Fund (UNFPA)**

An international development agency that promotes policies and programmes to ensure that every pregnancy is wanted and safe, every young person is free of HIV and AIDS, and every girl/woman is treated with dignity and respect.

UNFPA Headquarters  
220 East 42 Street , New York, NY 10017 USA  
Phone: 212-297-5000 • Email: [unfpa@unfpa.org](mailto:unfpa@unfpa.org)  
Website: [www.unfpa.org](http://www.unfpa.org)

## **UNFPA Office of the English and Dutch-speaking Caribbean**

60 Knutsford Boulevard, 8th Floor  
Pan Caribbean Building, Kingston 5  
Phone: 876-906-8591 • Fax: 876-906-8593  
Email: [Jamaica.office@unfpa.org](mailto:Jamaica.office@unfpa.org)  
Website: <http://caribbean.unfpa.org>

## **University of the West Indies Advanced Training and Research In Fertility Management Unit**

Provides training, outreach, and clinical services, and conducts research in reproductive health and family life education throughout the Caribbean region.

P.O. Box 48  
Kingston 7  
Phone: 876-927-2481 or 876-927-1620, Ext.2304  
Fax: 876-927-0100  
Email: [atrfrm@uwimona.edu.jm](mailto:atrfrm@uwimona.edu.jm)  
Website: <http://www.mona.uwi.edu/fms/researchdept.htm>

## **The Women's Centre of Jamaica Foundation**

Promotes new approaches to problems associated with teenage pregnancy, especially in the area of interrupted education. Focuses on education, training, and developmental counseling to improve employment opportunities, and to delay unwanted pregnancies among youth.

42 Trafalgar Road  
Kingston 10  
Phone: 876-929-7608 / 929-0977 • Fax: 876-960-7551  
Email: [womenscentre@cwjamaica.com](mailto:womenscentre@cwjamaica.com)  
Website: <http://www.jamaica-kidz.com/womenscentre>

### **Women's Media Watch (WMW)**

Committed to reducing gender-based violence, and promoting gender equity, and gender-aware media, and communications. Provides training, professional development, media literacy, conflict resolution workshops, research, education, and advocacy.

14 South Avenue

Kingston 10

Phone: 876-926-0882 • Fax: 876-926-7079

Email: [wmwjam@hotmail.com](mailto:wmwjam@hotmail.com)

Website: [www.womensmediawatch.org](http://www.womensmediawatch.org)

### **World Association of Sexology (WAS)**

Promotes sexual health throughout the world by advocacy, networking, exchange of information, and advancing scientifically based sexuality research, sexuality education, and clinical sexology.

Website: <http://www.worldsexualhealth.org>

### **World Health Organisation (WHO)**

The coordinating authority for health within the United Nations system responsible for providing leadership on global health matters, shaping health research, providing technical support to countries, and assessing health trends.

Avenue Appia 20,

Switzerland, Geneva 27

Phone: + 41-22-791-2111 CH-1211

Fax: + 41-22-791-3111

Email: [info@who.int](mailto:info@who.int) • Website: [www.who.int](http://www.who.int)

For additional organisations and resources, see SIECUS' website at [www.siecus.org](http://www.siecus.org)

## **LOCAL HOTLINE AND REFERRAL CONTACTS**

### **Centre for the Investigation of Sexual Assault and Child Abuse (CISOCA)**

Phone 926-7318

CISOCA encourages reporting of child abuse and sexual offences. It offers counseling/education to promote awareness of child abuse and sexual offences.

### **Friends Hotline**

Phone: 1-888-991-4505

Youth can receive counselling, referral, and information on sexual and physical abuse, suicidal thoughts, and depression.

### **FAMPLAN Jamaica's Youth Sexual and Reproductive Health Hotline**

Phone: Y's Line 1-888-991-WISE (9473) Toll Free

This information and referral hotline answers young people's questions about sexuality and reproductive health issues, and operates from Monday-Friday 9 am to 4:30 pm.

### **Jamaica Foundation for Children**

Phone: 876-977-0040 or 876-977-6394 • Email: [jfc@cwjamcaica.com](mailto:jfc@cwjamcaica.com)

### **Jamaica Youth for Christ**

Phone: 876-929-7809

Jamaica Youth for Christ focuses on social/spiritual development of youth.

### **Family Life Ministries**

Phone: 876- 926-8101

Family Life Ministries blends spirituality into the counseling services.

## **Children First**

9 Monk Street, Spanish Town,  
St. Catherine  
Phone: 876-984-0367 • Fax: 876-984-2839  
E-mail: kidz@cwjamaica.com

Children First provides Remedial Education, Counseling, Homework Assistance, Recreational Activities, Life Skills Training, Career Guidance, Youth Advocacy Training, and Child Rights Education.

## **Hibiscus Jamaica**

Phone Helpline (offers information and advice):  
876-928-5337

Works with women and their children imprisoned because of drug crimes.

## **National Family Planning Board (N.F.P.B.)**

Phone: 968-1619, 968-1634 or 968-1635.

The N.F.P.B. is part of the Ministry of Health, and implements family planning, and family life education through education, programming, clinics, counselling, and policies. The services include the Marge Roper Counselling Service that provides family planning, and family life education counselling by trained nurses or counsellors. N.F.P.B. offers contraceptive distribution, physical, and gynecological examinations.



## SEXUALITY, AND SEXUAL AND REPRODUCTIVE HEALTH TERMS

**Abortion:** Termination of pregnancy before the foetus has become capable of sustaining an independent life outside the uterus. An abortion can occur either spontaneously, when it is called a spontaneous abortion or miscarriage, or by deliberate intervention, when it is called an induced abortion. The stage at which a foetus is considered viable varies according to different national and state laws.

**Abstinence:** Sexual abstinence is a conscious decision to avoid certain sexual activities or behaviours. Different people have different definitions of sexual abstinence. For some, it may mean no sexual contact. For others, it may mean no penetration (oral, anal, vaginal) or only “lower-risk” behaviours such as safer sex where no body fluids are exchanged between partners. People of all ages, genders, and sexual orientations can choose to be abstinent at any time in their lives.

**Abstinence-only education (Abstinence-only; Abstinence-only-until-marriage and Fear-based education):** These programmes emphasise abstinence from all sexual behaviours and do not include important information about contraception or disease-prevention methods. Abstinence-only-until-marriage emphasise abstinence from all sexual behaviours outside of marriage. If contraception or disease-prevention methods are discussed, these programmes typically emphasise failure rates and often present marriage as the only morally correct context for sexual activity. Fear-based programmes include abstinence-only and abstinence-only-until-marriage programmes that are designed to control young people’s sexual behaviour by instilling fear, shame, and guilt. These programmes rely on negative messages about sexuality, give false or distorted information about condoms and STIs, and promote biases based on gender, sexual orientation, marriage, family structure, and pregnancy options. Abstinence-only education promotes abstinence from all forms of sexual activity until marriage, and presents abstinence as the only way HIV infections and unintended pregnancies can be prevented. It does not discuss issues relating to contraception, sexuality, or sexual and reproductive health which are included in comprehensive sexuality education programmes. It should be noted that abstinence is taught as one option for safer sex in comprehensive sexuality education programmes.

**Acquired immunodeficiency syndrome (AIDS):** AIDS is a diagnosis given to a person with certain indicator diseases, such as pneumonia and certain cancers, during the late stage of infection with the Human Immunodeficiency Virus (HIV). AIDS occurs after HIV has steadily weakened the body’s defense (Immune) system until it can no longer fight off the life-threatening illnesses that are indicative of AIDS.

**Adolescence:** The period of transition from childhood to adulthood, describing both the development to sexual maturity and to psychological and relative economic independence. The World Health Organisation defines adolescence as from the ages of 10–19 years, with further divisions for early adolescence: 10–14 years, and late adolescence: 15–19 years.

**Adolescent sexual health:** Becoming a sexually healthy adult is a key developmental task of adolescence. Sexual health encompasses sexual development, reproductive health, and such characteristics as the ability to develop and maintain meaningful interpersonal relationships; appreciate one's own body; interact with both genders in respectful and appropriate ways; and express affection, love, and intimacy in ways consistent with one's own values. Adults can encourage adolescent sexual health by providing accurate information and education about sexuality, fostering responsible decision-making skills, offering support and guidance in exploring and affirming personal values, and modeling healthy sexual attitudes and behaviours.

**Advocacy:** A campaign or strategy to build support for a cause or issue. Advocacy is directed towards creating a favourable policy environment, by trying to gain people's support, and by trying to influence or change laws and legislation.

**Age of Consent:** The age at which one is considered legally old enough to decide to have sexual intercourse. In Jamaica the legal age of consent is \_\_\_\_\_.

**Anal Sex:** Putting the penis inside a partner's anus is called anal sex.

**Anorgasmia:** The inability to have an orgasm, which can be due to physical, traumatic, hormonal or psychological reasons.

**Anti-Retroviral Therapy (ART):** Anti-retroviral therapy is the course of medications or drugs taken to fight HIV. Other terms that mean the same thing are HAART (Highly Active Anti-retroviral Therapy), "anti-retroviral drugs," "HIV treatment," "medications," "drug regimen," and "HIV drugs." Although ART is effective in fighting the virus from destroying the immune system, which leads to the illnesses associated with HIV and AIDS, ART is only a treatment, and not a cure for HIV or AIDS.

**Anus:** The opening from the intestine to the outside of the body in males and females, where faeces come out and are eliminated from the body.

**Barrier Methods:** Barrier methods of contraception prevent pregnancy by physically blocking the entrance of sperm into the uterine cavity. One barrier method, the male or female condom, helps to protect against sexually transmitted infections, including HIV infection. Barrier methods include cervical caps, condoms, diaphragms, female condoms, spermicides, and sponges.

**Birth Control:** The term used in the early days of modern family planning, also called contraception. It refers to all methods of preventing pregnancy, including abstinence.

**Bisexual:** Having emotional and sexual desire for, or engaging in sexual activity with people of both genders.

**Body Image:** The images and attitudes one has about their own body and appearance. Many young people have negative, distorted images of their own body, due to the false images of perfect bodies that are often popularised by the media.

**Breasts:** Although both males and females have breasts, it is the mammary glands on the female's chest which can produce milk after a woman gives birth. Women's breasts are unique in size and shape, and can change over the course of their lives. For some women, one breast can be larger than the other. Breasts can be thought of as sex organs because they can be sexually sensitive, may respond to sexual touch, and can be the source of sexual pleasure.

**Buttocks:** The part of the male and female body at the top of the legs, where the anus is located.

**Cervix:** The bottom part of the uterus, which extends down into the vagina. The opening of the cervix, called the os, is where sperm swim through into the uterus. It also expands during labor to allow the baby to come out during birth.

**Child Abuse:** Sexual abuse/assault against a child by an older person, who is most often known and trusted by the child. Sexual abuse by an adult is never the fault of a child.

**Clitoris:** The highly sexually sensitive external female sex organ that has no known reproductive function. The clitoris has many nerve endings, making it very sensitive to touch. When stimulated, the clitoris fills with blood, and gets slightly larger and erect. The clitoris is usually located between the inner folds of the labia minora (inner lips) at the top point where the labia minora meet, and is protected by the clitoral hood (a piece of skin that surrounds and protects the clitoris). The main function of the clitoris is to provide sexual pleasure in the female.

**Comprehensive Sexuality Education:** An age-appropriate, culturally sensitive, and comprehensive approach to sexuality education that include programmes providing medically accurate, realistic, and nonjudgmental information. Comprehensive sexuality education provides opportunities to explore one's own values and attitudes, and to build decision-making, communication, and risk-reduction

skills about all aspects of sexuality. Comprehensive sexuality education promotes critical thinking, self-actualisation, and behavioural change through gaining knowledge about the body, healthy sexuality, relationships, sex abuse, pregnancy, HIV and sexually transmitted disease prevention, and many other topics regarding human sexuality, and sexual and reproductive health and rights. A comprehensive sexuality programme will respect the diversity of values and beliefs represented in the community, and will complement the sexuality education children receive from their families, religious and community groups, teachers, and healthcare professionals.

**Conception:** The moment the egg is fertilised; or when the fertilised egg attaches to the lining of the uterus and pregnancy begins.

**Condom:** A sheath of thin latex rubber, plastic, or animal skin worn on the penis during sexual intercourse to prevent pregnancy and sexually transmitted infections, including HIV. Only latex and plastic condoms protect against HIV and STIs. Animal skin condoms only help prevent pregnancy and do not protect against HIV. The female condom is a sheath with flexible rings at each end that is inserted into the vagina. It provides protection against pregnancy and many sexually transmitted infections, including HIV.

**Contraceptive Effectiveness:** The extent, usually expressed as a percentage, to which a contraceptive method reduces the chance of conception. *Theoretical effectiveness*, or perfect use, refers to the efficacy of the method in laboratory conditions. *User effectiveness*, or typical use is a measure of protection that takes into account human error or failure to use the method correctly.

**Counselling:** Counselling is a process by which a person is helped to identify her or his sexual and reproductive health needs, and to make the most appropriate decisions about how to meet them. Counselling is characterised by an exchange of information and ideas, discussion, and deliberation. Counsellors should be trained to actively listen and be non-judgmental when discussing sexual and reproductive issues with others.

**Dual Protection:** Dual protection is protection against both unintended pregnancy and sexually transmitted infections, including HIV. For sexually active individuals, a condom is the only device that is effective for dual protection. Dual protection can also be achieved by using condoms with another method of contraception, referred to as dual method or double protection. Dual protection is of particular relevance when interventions are focused on groups in vulnerable situations such as young people, sex workers etc.

**Ejaculation:** In the male, ejaculation is the release of semen through the penis. Ejaculation often happens at the same time as orgasm, which is the highly pleasurable peak of sexual excitement.

**Embryo:** A fertilised egg up to eight weeks old.

**Emergency Contraception (EC):** A method of contraception available in selected pharmacies without a doctor's prescription that is used to avoid pregnancy after sexual intercourse that was unprotected due to forced sex, lack of use, or failure of condoms or a contraceptive. EC Pills should be taken as soon as possible after unprotected sex, and are thought to prevent ovulation, fertilisation, and/or implantation of a fertilised egg. EC is not effective once the process of implantation of a fertilised egg has begun, and will not cause abortion. Research indicates that ECs can prevent pregnancy up to five days (120 hours) after unprotected intercourse, although effectiveness is higher the sooner EC is taken after the act of unprotected sex.

**Empowerment:** The ability to achieve one's full potential in society, and shape one's life according to one's own aspirations. The process of empowerment involves changing power relations and the forces that marginalise girls and women, and other disadvantaged groups. The goal of empowerment is to challenge subordination, discrimination, and inequality, and to enable the disadvantaged to gain control of resources and decision-making.

**Erection:** A term for when blood rushes into the spongy tissues of the penis causing it to swell, and become larger and harder. Males get erections for many different reasons, including sexual stimulation. When a male has an erection, it may or may not lead to ejaculation. It is never necessary for a male to ejaculate just because he has an erection.

**Fallopian Tubes:** Part of the female reproductive system, these are the two thin tubes that convey the eggs or ova between the ovaries and the uterus. Once an egg is released from the ovary, it travels down the fallopian tube into the uterus. If fertilisation happens, the sperm and egg usually meet and unite in the fallopian tube.

**Family Life Education (FLE):** An educational process that helps young people in their physical, social, emotional, and moral development, as they prepare for adulthood and parenthood, as well as for social relationships in the context of family and society. FLE programmes often are integrated into existing curricula, and emphasise traditional values and the family. They often exclude sexuality and reproductive health issues in order to avoid political or religious opposition.

**Family Planning:** The conscious effort of couples or individuals to plan for, and attain their desired number and spacing of children. Family planning is achieved through contraception, and through the treatment of involuntary infertility.

**Foetus:** A fertilised egg in the womb that has grown beyond eight weeks.

**Gender:** Gender refers to the economic, social and cultural attributes associated with being male or female in a particular point in time (WHO 2001). It may also refer to a person's biological, social, or legal status as male or female.

**Gender Equality:** Equal representation of women and men. Gender equality does not imply that women and men are the same, but that they have equal value, and should have equal treatment.

**Gender Equity:** Equal opportunities for women and men, and the application of fairness in all gender issues, including the power structures and social divisions of labour. In the area of reproductive health, where women bear the largest share of the costs, dangers and burdens, it is usually thought equitable that women should have a greater share in the decision-making.

**Gender-Based Violence:** In 1993, The United Nations General Assembly adopted this as the definition of violence against women: "any act that results in... physical, sexual, or psychological harm or suffering to women, including threats of such acts... It encompasses... physical, sexual and psychological violence... in the family, including battering, sexual abuse of female children in the household... marital rape... non-spousal violence and violence related to exploitation; physical, sexual and psychological violence occurring within the... community, including rape, sexual abuse, sexual harassment and intimidation at work, in educational institutions and elsewhere; trafficking in women and forced prostitution; and physical, sexual, and psychological violence perpetrated or condoned by the state..."

**Gender Identity:** Gender identity is the internal feeling individuals have about their gender, or gender role, and their private internal sense of whether they are male or female. It is usually a self-concept of a person's own sense of maleness or femaleness, and a person's gender identity usually matches their biological sex. Sometimes a person's gender identity is neither completely male nor female, or is a combination of being male and female, or their identity may not match their biological sex. This is called being transgender.

**Gender Roles:** A person's outward expression of who they are as males or females, which is often based on the prevalent cultural and social norms and attributes about what is acceptable feminine or masculine roles and behaviours.

**Gender Role Stereotypes:** Gender role stereotypes are unrealistic and rigid gender role expectations that often **lock** people into certain roles and behaviours based solely upon their biological sex. Examples of gender stereotypes include that all men don't cry, and that all women are weaker and subordinate to men.

**Genitals:** The sexual and reproductive organs of females and males. In females, the genitals include the vulva, clitoris, labia, vagina, and internal organs such as the uterus, ovaries, and fallopian tubes. In males, the genitals include the penis, testicles, scrotum and internal organs such as the vas deferens, seminal vesicles, Cowper's gland and prostate glands.

**Heterosexism:** The assumption and or bias that everyone is or should be heterosexual.

**Heterosexual:** Having emotional and sexual desire for, or engaging in sexual activity with people of the other gender.

**Highly Active Anti-Retroviral Therapy (HAART):** The name given to effective HIV treatment regimens recommended by leading HIV experts to aggressively suppress HIV replication, symptoms, and progress of HIV disease. It is important to remember that HAART is not a cure, only a treatment, and that there is currently no vaccine or cure for HIV.

**High-Risk Pregnancy:** A pregnancy that has significant health risks associated with it. High-risk pregnancies are more likely in women below 18 years or over 34 years of age, or women who have had three or more live births, or women who give birth within 24 months of a previous live birth.

**Homophobia:** Having unfounded fear and hatred of people who are gay, lesbian, or bisexual. Homophobia has been the cause of violence against homosexuals and bisexuals in some countries.

**Homosexual:** Having emotional and sexual desire for, or engaging in sexual activity with people of the same gender.

**Human Immunodeficiency Virus (HIV):** The virus that causes AIDS. HIV may be transmitted by exchange of HIV-infected body fluids such as semen, vaginal fluid, blood, or breast milk. HIV can be transmitted through having unprotected sexual contact, sharing needles, and from mother to child (either before or during birth, or through breast feeding.) While some individuals experience mild HIV-related disease soon after infection, nearly all remain well for years. As HIV gradually damages their immune system, without treatment, they will eventually develop opportunistic infections of increasing severity.

**Immune deficiency:** A breakdown of the immune system's functioning that causes a person to be susceptible to *opportunistic* diseases that they would not ordinarily develop, such as pneumonias and certain types of cancers.

**Immune system:** The body's natural defense system against infections and diseases caused by invading foreign germs and agents such as microbes, fungi, parasites, and viruses.

**Impotence:** The lack of the ability of a male to become erect or sustain an erection.

**Incest:** Illegal sexual contact or activity between members of the same family, or those related by blood close kinship, for whom such intimacy is forbidden by custom, law, or religious tradition.

**Infertility:** When a male and/or female is biologically unable to have children. Infertility is often defined as the inability of couples of reproductive age who are having sexual intercourse without contraception to establish pregnancy within a specified period of time. This can be due to disorders of the male or female reproductive systems, or untreated reproductive tract infections.

**Intersexed:** A person born with ambiguous sex organs, neither fully female nor fully male; sometimes erroneously referred to as a hermaphrodite. It is impossible for a person to be born with both fully functional male and female sex organs.

**Lesbian:** A homosexual woman.

**Masturbation:** Masturbation, also called autoeroticism, is a natural, common, and non-harmful means of sexual self-pleasuring that may be engaged in by individuals of all ages and sexual orientations. It can be a way of exploring and becoming comfortable with one's body and enjoying one's sexuality, whether or not in a sexual relationship. No one should be made to feel guilty for choosing (or not) to masturbate; but it is appropriate for parents/guardians, educators, and other adults to make it clear that masturbation should only be done in private.

**Masturbation with a partner:** Many people think of masturbation as something people do alone, but some people choose to touch their own genitals in front of a partner as a shared sexual experience. Masturbation with a partner is one type of safer sex activity that can be used to avoid sexually transmitted infections and/or pregnancy.

**Menarche:** The start of a girl's first menstruation.



**Menopause:** The time when a woman starts having hormonal changes, ceases having her menstrual periods, and stops being able to reproduce. Menopause usually occurs between the ages of 45 and 55.

**Menstrual Cycle:** The cycle of time, measured in days, between two consecutive menstrual periods, which is calculated by counting days starting from the first day of one's period to the first day of the next period.

**Menstruation:** The downward flow and discharge of blood, fluid, and tissue that are passed out of the uterus through the vagina during the menstrual period, which usually lasts from three to five days. A female does not menstruate while she is pregnant.

**Mons Pubis:** The fleshy pad of skin where most of a woman's pubic hair grows, which also protects the pubic bone in women.

**Mother-to-child transmission:** Transmission of HIV from a woman who is known to be HIV-infected, to her infant during pregnancy, delivery, and/or breast-feeding.

**MSM:** Men who have sex with men.

**Mutual Sexual Monogamy:** When sexual partners are mutually sexually monogamous, they have sexual relations exclusively with each other, and no one else. When sexual partners who do not currently have a sexually transmitted infection or HIV remain mutually monogamous, they greatly reduce their risk of becoming infected with an STI/HIV. Unfortunately, sexual partners may not always tell the truth about whether they have been exclusively sexually faithful with their partner; thus they may be putting their partner at risk of infection with STIs/HIV. For this reason, it is always important to use condoms or other risk-reduction methods when one is uncertain about the sexual activity and/or sexual, or drug history of one's sexual partner(s.)

**Nipples:** The tips of both the male's and female's breasts which contain many nerve endings that can be sensitive to stimulation. Nipples can become erect from sexual or other stimulation. When a woman breastfeeds, milk comes out of her nipples.

**Oral sex:** The act of stimulating a partner's genitals with the mouth is called oral sex. Mouth-to-penis oral sex is called fellatio and mouth-to-vulva oral sex is called cunnilingus.

**Orgasm:** The peak of sexual arousal, when the build up of muscular tension throughout the body is suddenly released resulting in a euphoric, highly pleasurable feeling that may involve the whole body. For men, orgasm usually occurs at the same time as ejaculation. In women, orgasm has nothing to do with reproductive functions, or whether or not she gets pregnant; it is purely a function of pleasure.

**Ova:** These are the female reproductive cells, also called eggs that contain the female's genetic material. Ova (plural) are found in the two ovaries. It is the ovum (one cell) that unites with a male sperm cell during fertilisation.

**Ovaries:** The two female internal reproductive organs that store and release ova or eggs, as well as female hormones. The two ovaries are located on either side of the uterus and commonly release one ovum a month about two weeks before a woman's next menstrual period.

**Ovulation:** The release of an egg (ova) from an ovary. The ovaries commonly release one ovum a month about two weeks before a woman's next menstrual period. If a woman is sexually active, and has unprotected vaginal sex, she is most fertile (most likely to become pregnant) right before, during, and immediately following ovulation. Once the egg is released from the ovary, it is swept up into one of the two fallopian tubes where, if sperm is present, the egg may be fertilised. Once fertilised, the egg travels down the fallopian tube where it enters the uterus. If the fertilised egg attaches itself to the lining of the uterus, then the female is considered to be pregnant. If the egg is not fertilised, and no pregnancy occurs, the lining of the uterus is no longer needed, and is shed during the next menstrual period.

**Pelvic Inflammatory Disease (PID):** PID is an inflammation of the internal pelvic organs, especially the uterus and fallopian tubes in a female, and possibly the prostate gland or vas deferens in the male. PID may be caused by an infection with a sexually transmitted disease that goes untreated. PID is associated with chronic abdominal pain, menstrual disturbances, tubal (ectopic) pregnancy, and infertility.

**Penis:** The external male sex and reproductive organ located between a male's legs. The penis consists of the head, also called the glans (which is the most sexually sensitive part of the male genitals), and the shaft or the body. The shaft is made up of soft spongy tissues into which blood flows when a male is sexually excited. This blood flow causes the penis to become hard or erect. When the penis becomes hard, the male is said to have an erection.

**PLWA:** Person or People living with HIV/AIDS

**Pre-Ejaculatory Fluid:** (Also called love drops or pre-cum.) The liquid that oozes out of the penis during sexual excitement before ejaculation.

**Puberty:** The phase in which a girl becomes a woman and a boy becomes a man that is marked by emotional and physical changes of the body such as breast development and menstruation in girls, and facial hair growth and ejaculation in boys.

**Reproductive Health:** In 1994, the International Conference on Population and Development (ICPD) adopted the following definition of reproductive health: "Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system... Reproductive health... implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide... when... to do so...the right of men and women to be informed and to have access to safe, effective, affordable... methods of family planning... and the right... to appropriate health care... reproductive health ... also includes sexual health, the purpose of which is the enhancement of life and personal relations and not merely counselling and care related to reproduction and sexually transmitted diseases."

**Reproductive Rights:** In 1994, the International Conference on Population and Development (ICPD) adopted the following definition of reproductive rights: "Reproductive rights... rest on the... basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information... to do so, and the right to attain the highest standard of sexual and reproductive health. It also includes their right to make decisions concerning reproduction free of discrimination... and violence...The promotion of... these rights for all people should be the fundamental basis for government... policies and programmes in the area of reproductive health, including family planning."

**Reproductive Tract Infection (RTI):** General term for infections affecting the reproductive organs, which, if left untreated, can cause infertility.

**Safer Sex:** Any sexual practise that aims to reduce the risk of unintended pregnancy, or passing HIV and other sexually transmitted diseases/infections from one person to another. Examples are non-penetrative sex and vaginal intercourse with a condom. During unsafe sex, fluids that can transmit HIV, and other sexually transmitted infections (semen, vaginal fluid, breast milk, or blood) may be introduced into the body of the sex partner.

**Scrotum:** The scrotum is the pouch of skin that holds the two male reproductive organs, called the testicles. The scrotum has the ability to adjust the temperature of the testicles by moving them closer to or farther away from the body in order for healthy sperm production to take place.

**Semen:** The collection of fluids that comes out of the penis when a male ejaculates made up of sperm cells (the male reproductive cells) and fluids from several internal glands (Cowper's, and Prostate Glands, and the Seminal Vesicles) that help the sperm cells move, and provide them with nutrients.

**Sex:** Sex refers to the biological characteristics that define humans as female or male. These sets of biological characteristics are not mutually exclusive as there are individuals who possess both, but these characteristics tend to differentiate humans as males and females (WHO 2002). The word sex is also used as general term to mean "sexual activity."

**Sexual and Reproductive Health Services:** Methods, techniques, and services that contribute to sexual and reproductive health and well-being through preventing and solving reproductive health needs or problems. All people have a right to information, education, and healthcare services that promote, maintain, enhance, and restore sexual health.

**Sexual Health:** The United Nations defines sexual health as: "the integration of the somatic, emotional, intellectual, and social aspects of sexual being, in ways that are positively enriching and that enhance personality, communication and love ... and thus the notion of sexual health implies a positive approach to human sexuality, and the purpose of sexual health care should be the enhancement of life and personal relations, and not merely counselling and care related to reproduction and sexually transmitted diseases."

**Sexual Intercourse:** Penetrative sexual behaviours, including oral sex, anal sex, and penile-vaginal sex.

**Sexual Orientation:** The overall term that is used to describe people's emotional, physical, and/or romantic attractions to other people. The most common labels are heterosexual, homosexual, or bisexual. Heterosexual or "straight" is used to describe people who are attracted to and fall in love with people of another gender/sex. Homosexual ("lesbian" for females and "gay" for males) is used to describe people who are attracted to and fall in love with people of the same gender/sex. The term bisexual is used to describe people who are attracted to and fall in love with people of either the same or another gender/sex. Though some societies find it hard to accept, homosexuality and bisexuality are a universal part of human sexuality.

**Sexual rights:** The definition of sexual rights agreed upon at the Fourth World Conference on Women, states that: “The human rights of women include their right to have control over and decide freely . . . on matters related to their sexuality, including sexual and reproductive health, free of coercion, discrimination and violence. Equal relationships between women and men in matters of sexual relations and reproduction, including full respect for the integrity of the person, require mutual respect, consent and shared responsibility for sexual behaviour and its consequences.”

**Sexuality:** A broad term that encompasses the multiple realms of anatomy, physiology, and biochemistry of the sexual response system; identity, orientation, roles, and personality; and thoughts, feelings, and relationships. Sexuality is influenced by ethical, spiritual, cultural, and moral concerns. Sexuality extends from birth to death, although it is expressed in different ways through the life cycle. Sexuality is a fundamental part of being human, and is worthy of dignity and respect. It encompasses the sexual knowledge, beliefs, attitudes, values, and behaviours of individuals.

**Sperm:** Short for spermatozoa, these are the male reproductive cells that carry the male’s genetic material. Males usually release millions of sperm each time they ejaculate. In order for a pregnancy to happen, one sperm cell needs to unite with one egg cell, which is called fertilisation. Fertilisation usually takes place in the fallopian tubes.

**Testicles:** The two oval-shaped sex organs located just below the penis that are housed in a sac called the scrotum. The testicles produce the male reproductive cell called sperm and male hormones. For most males, one testicle is bigger than the other, and one hangs lower than the other.

**Transgender:** A person whose gender identity is neither male nor female, or is a combination of being male and female, or whose identity may not match their biological sex. Other words used to describe transgender also includes the terms “transsexual,” “drag king,” “drag queen,” “crossdresser,” “genderqueer,” or “tranny.”

**Transsexual:** A person who feels trapped in the wrong body and/or who wants to change the sexual anatomy they were born with, usually to that of the opposite sex, because it is in conflict with their gender identity.

**Transvestite:** People who dress in the clothing of the other sex for either entertainment, relief of stress, or erotic satisfaction.

**Urethra:** The tube that carries urine from the bladder to the outside of the body in both males and females. In males, semen also travels through the urethra to the outside of the body.

**Urethral opening:** The opening through which urine passes out of the body. In females the urethral opening is located within the vulva, below the clitoris and above the vaginal opening. In males the urethral opening is located at the tip of the penis. In males, semen also passes out of the body through the urethral opening.

**Uterus:** A pear-shaped internal organ made of muscle that is part of the female reproductive system. The uterus, sometimes called the womb, is where the foetus develops during pregnancy. The lining of the uterus is what is discharged as menstrual flow when a woman has her period.

**Vagina:** A hollow, tube-like opening between the uterus and the outside of the body sometimes referred to as the birth canal that is part of the female reproductive system. Most of the time, the walls of the vagina are very close together. The walls are made of muscle, and are able to separate or expand when something is inserted into the vagina, or when something comes out. The vagina is where a baby comes out during vaginal childbirth, where menstrual fluid comes out, where a tampon goes in during a woman's period, and where a penis is placed during sexual intercourse.

**Vaginal Fluid:** The mucus-like fluid that lubricates the vagina when a woman is sexually excited.

**Vaginal Intercourse:** Putting the penis inside a partner's vagina, also called, for many heterosexual couples, "having sex," or "doing it."

**Vulva:** The term for the collective external parts of female genitals, including the mons pubis, labia majora (outer lips), labia minora (inner lips), clitoris, urethral opening, and the opening to the vagina.

**Wet Dreams:** Sexual or erotic dreams occurring during sleep that causes ejaculation or orgasm.

**Withdrawal:** A less effective method of birth control that involves pulling the penis out of the vagina before ejaculation in order to avoid pregnancy. Withdrawal does nothing to prevent sexually transmitted diseases or HIV.

Many of the definitions used in this glossary have been developed and modified from other sources, including *Talk About Sex* (SIECUS 2005) and the International Planned Parenthood Federation's Glossary of Sexual and Reproductive Health Terms. (For additional terms see <http://glossary.ippf.org/GlossaryBrowser.aspx>)

## JAMAICAN SEXUAL SLANG TERMS

These sexual slang expressions that describe the current language and common terms for sexual words used by Jamaican youth were generated by a group of Jamaican adolescent peer sexuality educators during focus group discussions.

### **Vagina:**

Blackboard  
Black kitty cat  
Buff Bay  
Buffilous  
Candy shop  
Cho-Cho  
Cochi  
Comfort  
Cratches  
Cunt  
Fishie  
Fluff  
Fur burger  
Garage  
Garden of Eden  
Gizzada  
Ignition  
Nashi  
Needle eye  
One hand Full  
Pokey  
Promise Land  
Pum-Pum  
Punanny  
Pussy  
Saltfish  
Shield  
Sunshine  
Tomato  
Tunary  
Tunash  
Tun-tun  
Ukubit  
Warm spot

### **Penis**

Anaconda  
Big bamboo  
Buddy  
Chalk  
Cocky/cock  
Dick  
Hood  
Key  
Lollipop  
Long John  
Magic stick  
Manhood  
Pencil  
Ping  
Plank  
Popsicle  
Rod of correction  
Sword  
Taily  
Tanker  
Teapot

### **Sexual Intercourse**

A likkle piece  
Back shot  
Dugo dugo  
Frig  
Fuck  
Grind  
Hot wuk  
Jam  
Juc  
Mama and pappa  
Wine

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## **JAMAICA FAMILY PLANNING ASSOCIATION (FAMPLAN JAMAICA)**

Founded in 1957, the Jamaica Family Planning Association (FAMPLAN) is an affiliate of the International Planned Parenthood Federation (IPPF) dedicated to responding to the need for family planning, sexuality education, and sexual and reproductive health services for adolescents, men, and women. FAMPLAN works collaboratively with local and international organisations to provide comprehensive sexuality education; sexual reproductive health education and training; and access to high quality sexual and reproductive health services in rural and urban areas.

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## **THE SEXUALITY INFORMATION AND EDUCATION COUNCIL OF THE UNITED STATES (SIECUS)**

SIECUS affirms that sexuality is a fundamental part of being human, one that is worthy of dignity and respect. SIECUS advocates for the right of all people to accurate information, comprehensive education about sexuality, and sexual health services. Through education and training, policy and advocacy efforts, and information services, SIECUS works to create a world that ensures social justice and sexual rights.

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For sexuality education lesson plans and curricula: [www.sexedlibrary.org](http://www.sexedlibrary.org)



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