

# MEETING REPORT

## Connections Training of Trainers Workshop

March 14-19  
Siem Reap, Cambodia



**For UNICEF, UNFPA & UNESCO**

## Acknowledgements

The Connections Training of Trainer workshop was hosted by the Ministry of Women's Affairs, Cambodia and supported by UNICEF Asia-Pacific Shared Services Centre, UNFPA Asia-Pacific and UNESCO Asia-Pacific. Appreciation is extended to the meeting report writers Dr Helen Cahill and Ms Sally Beadle from the Youth Research Centre, The University of Melbourne. Layout, design and photos by Ms Sally Beadle.

# 1. Background

*Connections* is an adolescent and parent programme that helps girls and their mothers to become more confident and comfortable to talk about gender, relationships and sex. The programme provides information and life-skills around issues including puberty, growing up, relationships, dating, sexuality, pregnancy prevention, gender rights, alcohol use and parent-to-adolescent communications.

One of the challenges that continues to be reported in many countries is the social and cultural resistance to talking openly about sex and sexuality. *Connections* was designed to address this challenge by helping women and adolescent girls to create their own conversations about this very personal part of life. The programme covers both the biological aspects of sex, and broader relational aspects such as peer and romantic relationships, love, reproduction, gender rights, HIV, risk-taking and peer influence. The programme is conducted in a highly participatory format in order to enhance skills, explore social and cultural challenges and build social support between the participants.

The *Connections* programme is based on *Creating Connections*, a programme developed for the Vietnam Women's Union. It was funded by Ford Foundation and developed in partnership with staff from the WARC centre within the Women's Union, the Youth Research Centre of the University of Melbourne, Australia and the Center for Creative Initiatives in Health and Population, Vietnam. The original proposal for *Creating Connections* was developed with support from WHO and UNAIDS with the objective to improve the dialogue on sexuality and HIV prevention for adolescent girls in the context of a changing social environment.

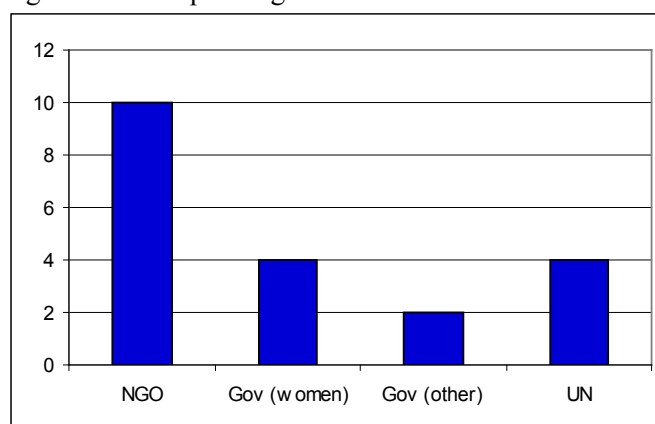
Following promising evaluation results from the Vietnam pilot study, the regional UNICEF and UNFPA offices invested in a refinement of materials and the expansion of the programme into several countries. In September 2010, the Laos Women's Union hosted a meeting in Vientiane to introduce the curriculum to Laos, Cambodia, Myanmar, Bangladesh and Nepal. Following a positive response to the programme from these additional five countries, UNICEF, UNFPA and new partner UNESCO agreed to support a training of trainer (ToT) workshop in Siem Reap, Cambodia in March 2011. UNESCO support included translation of the program materials and curriculum into Burmese, Khmer and Vietnamese.

A regional ToT workshop was hosted by the Ministry of Women's Affairs, Cambodia with technical and training support provided by Dr Helen Cahill and Ms Sally Beadle of the Youth Research Centre, University of Melbourne. It was conducted in Siem Reap, Cambodia, March 14-18, 2011. This document reports on the content and evaluation of the training of trainer workshop.

## 2. Participants

The training included over 40 participants from Cambodia, Myanmar, Vietnam, Bangladesh and Nepal. Participants were from government ministries, NGOs and UN offices within these countries (see Figure 1). Participants included potential trainers for the program as well as program support staff. Participants included three medical doctors who were able to assist with some of the information sessions throughout the week.

Figure 1: Participant organizational affiliation







### 3. Brief Agenda

#### DAY 1

Registration

Welcome and Official  
Opening (Minister of  
Women's Affairs)

Introduction to Connections

Sampling Lessons  
Lessons 1: Exploring Gender  
Roles  
Lesson 2: Changes at Puberty  
Lesson 3: The Menstrual  
Cycle

Other tips:  
Using the facilitator manual  
Making the group feel  
welcome  
Using games to build trust  
and reinforce messages

#### DAY 2

Sampling Lessons  
Lessons 4: Reproduction  
Lesson 5: Sexual  
relationships  
Lesson 6: Contraception

Other tips:  
Approaching sensitive issues  
Dealing with personal and  
group embarrassment  
Using role play as a training  
technique  
Hearing from all participants  
Differences between  
the girls' and mothers'  
curriculum

#### DAY 3

Sampling Lessons  
Lessons 7: Unprotected sex  
& unplanned pregnancy  
Lesson 8: Sexual health, STIs  
& HIV  
Lesson 9: Alcohol & safety  
Lesson 10: Gender & rights

Other tips:  
Dealing with issues of denial  
Adapting the program to  
country context, norms, laws,  
availabilities

#### **DAY 4**

Welcome to local Khmer girls and mothers

Needs analysis with girls and mothers

Practice training by participants

Sampling Lessons  
Lesson 11: Communication skills

6pm-9pm Thursday night training event – participants practice facilitation

#### **DAY 5**

Sampling Lessons  
Lesson 12: Problem-solving skills

Leadership & management issues

Focussing on running your own train the trainer event

Monitoring & Evaluation

Providing program support

Completion and evaluation

# Day 1

## Meeting Opening

The meeting was officially opened by Her Excellency Dr Ing Kantha Phavi, Minister for Women's Affairs Cambodia. On behalf of the Government of Cambodia and the Ministry of Women's Affairs, Dr Phavi welcomed participants to the meeting and thanked the UN for their support.

Dr Phavi spoke about the progress that has been made in Cambodia in the area of sexual and reproductive health but acknowledged that there are still many challenges and that social and cultural norms continue to contribute to gender inequality. Women and girls are disadvantaged and many have limited knowledge to protect themselves.

Dr Phavi highlighted Cambodia's significant achievements in combatting HIV/AIDS but that there was a need to respond to a second wave of HIV, mainly presenting in high risk populations. She pointed out the importance of knowledge and highlighted the *Connections* programme as a positive step towards facilitating communication and helping women and girls.

Dr Phavi thanked the UN for their support and stressed that collaboration between government, UN, development partners and civil society is crucial to address the challenges associated with sexual and reproductive health. Dr Phavi wished the five-day workshop every success.



Dr Ing Kantha Phavi, Minister  
for Women's Affairs Cambodia

## Advancing development of adolescent girls and boys in Cambodia with support from the United Nations

Anne Le Maistre, Head of UNESCO Cambodia, delivered the opening remarks on behalf of the UN partners. She reinforced the importance of improving communications between mothers and daughters to break the silence on issues of sex and sexuality. Ms Lenaistre, expressed her appreciation to the Ministry of Woman's Affairs for hosting the meeting. She highlighted the remarkable progress gained in Cambodia in combatting HIV/AIDS through partnerships. However, a second wave of HIV, especially concentrated amongst most at risk and most vulnerable populations, highlights the continuing need to invest in prevention.

Ms Le Maistre thanked the representatives from Cambodia, Vietnam, Bangladesh, Nepal and Myanmar for their participation and wished the workshop great success.



Ms Anne Lenaistre, Head,  
UNESCO Cambodia

# Sharing *Creating Connections*: The Vietnam Women's Union Story

Madame Tran Thanh Binh, Vice President of the Vietnam Women's Union (VWU) spoke about the history of the project in Vietnam and highlighted this meeting as an opportunity for Vietnam to share a successful programme with other countries.

Vietnam, like many other countries in the region, is increasingly paying attention to the needs of adolescent girls. Since April 2007 with financial assistance from Ford Foundation and help from UNAIDs and WHO, University of Melbourne and local NGOs in Vietnam, the *Creating Connections* project has been developed with the aim to increase knowledge and facilitate connections between mothers and children to talk about sexuality, reproductive health and HIV. Clubs are increasingly involving fathers and an adolescent boys' programme is currently in pilot phase.

Monitoring and evaluation has shown that the model of clubs for mother to talk with their children has proved to be effective. This is largely attributed to the project working on a family model which is core to Vietnamese society.

Based on the project's success, the VWU has developed a plan to educate five million mothers to talk to their children about sexual and reproductive health. This has gained support from other government agencies.

Madame Tran said that the VWU believe it is important to learn from other countries and share experiences of good practice. She wished all countries involved every success with the programme.



Madame Tran Thanh Binh  
Vice President, Vietnam  
Women's Union

## Partnerships and sharing good practice: Connections across the Asia-Pacific

Ms Margaret Sheehan, Regional Youth and Adolescent Specialist, UNICEF Bangkok, spoke about the success of the *Creating Connections* programme in Vietnam and thanked the Vietnam Women's Union for sharing their model of good practice. She acknowledged the importance of programmes that help girls and mothers become more confident in the areas of sexual and reproductive health, especially in many of the countries involved where there continues to be silence around sexuality. There is a need to challenge social norms and encourage dialogue that allows girls and mothers to have access to information that they need.

Ms Sheehan acknowledged the presence of senior women from Vietnam and Cambodia and stressed that it was important to have the support of senior people working at a government level. She highlighted the work of Dr Helen Cahill, the mastermind behind the participatory pedagogy employed in *Connections* and lead author of the curriculum.

The importance of prioritising adolescent girls in development programming is increasingly recognised by the international development community. In March 2010, the UN issued a joint statement calling for accelerated efforts to fulfill the human rights of marginalized adolescent girls. The statement sent a strong message that the UN and its partner organizations believe empowering adolescent girls can bring



about desired changes in the world. Subsequently, an interagency working group on adolescent girls was established in the Asia Pacific Region to accelerate work with adolescent girls in the region, *Connections* is one of their focus projects.

Ms Sheehan wished all participants well for the week and for their future work on the *Connections* project.



Ms Margaret Sheehan, Regional Adolescent Expert, UNICEF,



*Ms Anne Lenaistre, Head, UNESCO Cambodia, Ms Sarah Knibbs, UNFPA Representative Cambodia, Ms Margaret Sheehan, Regional Adolescent Expert, UNICEF, Her Excellency Dr Ing Kantha Phavi, Minister for Women's Affairs Cambodia, Madame Tran Thanh Binh Vice President, Vietnam Women's Union, Dr Helen Cahill, Trainer, University of Melbourne.*



# Training of Trainer Methodology

An interactive and participatory training methodology was employed throughout the ToT, reflecting the pedagogy used in the *Connections* Programme. Participants sampled each of the programme activities and exercises and were then given the opportunity to discuss facilitator techniques and skills; and to challenge the appropriateness of the approach for each particular target group. They discussed the ways in which the programme and its scenarios could be modified to reflect local grassroots issues and to respond to differing social and cultural contexts. As well as engaging with the sessions from the curriculum, participants were coached on various aspects of facilitation. Participants were also given an opportunity to conduct sessions of the workshop towards the end of the week.

## Structure of the sessions

Helen Cahill, lead facilitator for the week, welcomed all participants. Helen began by providing a brief overview of the structure of the lessons. She explained the programme's underlying aim to building friendship and connections between the participants as well as knowledge and skills. She outlined the structure of the programme session which has been designed to achieve these goals:

1. Each session starts with a welcoming game

2. Each session teaches different information

Throughout the 13 sessions, girls and women are presented with comprehensive information on a range of relevant topics including gender, rights, puberty, menstruation, reproduction, contraception, alcohol, sexually transmitted infections and HIV.

3. Each session includes skills building activities. Throughout the sessions, women and girls build skills in:

- Problem-predicting and Problem-solving
- Communication with children, peers and partners
- Asserting choices
- Help seeking
- Listening and communication

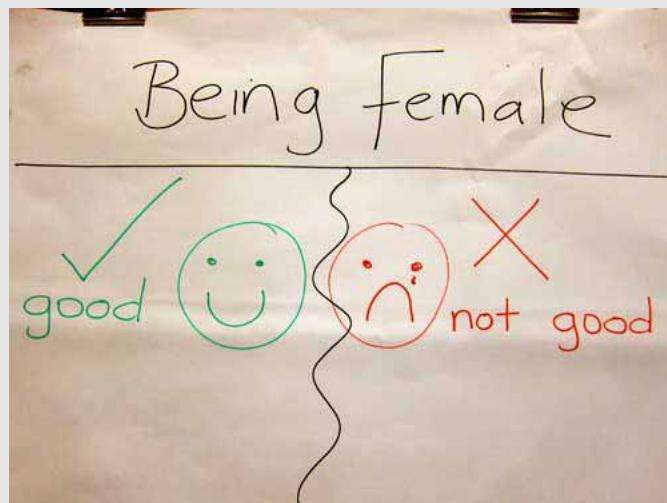
4. Each session allows for questions, reflection and feedback. This includes time for participants to reflect on key messages in the session and ask any questions.

## The Purpose of Introductory Games

An important feature of the *Connections* Curriculum is the use of games at the beginning (and often at the end) of each session. Games engender a spirit of fun and help to build positive group dynamics. Participating in the games assists women and girls to generate the confidence to talk together about sensitive issues. Each of the games houses key messages which are relevant to the topics be addressed. The open discussion invited in response to the games provides opportunity for the participants to identify those cultural strengths and underlying values which can assist them to transact caring and responsible relationships in the face of change, challenge or adversity.

## Sampling Session 1: Exploring Gender Issues

- Setting expectations
- Getting to know each other
- Exploring Gender Issues - the positives and negatives of being female
- Women's worries for children's futures
- Additional activities from the girl's programme



## Focussing on objectives of programme

Each session of the curriculum starts with a list of objectives. These are a guide for facilitators in running the lesson.

## Sampling Session 2: Changes at Puberty

- Changing Bodies
- Talking about Puberty
- Questions and stories
- Additional activities from the girl's programme



# Importance of participatory exercises

Participatory tasks are designed as part of the curriculum. These activities give the group members a chance to build their relationships with each other. It is important that these activities are not replaced with lecture-style presentation. While knowledge is important, *Connections* aims to give participants an opportunity to practice taking action in a given situation. The participatory exercises are central to this. As facilitators, it is essential to encourage participation from everyone. Small group activities often work well to encourage maximum participation. Shy participants often feel more comfortable talking in a pair or a small group than in front of the whole group.

## Sampling Session 3. The Menstrual Cycle

- Talking about menstruation
- Building the story
- Hygiene and personal care: products and practices
- The absorbency test
- Talking about Feelings
- Additional activities from the girl's programme

## Practicing the information components

An important task of trainers in the *Connections* programme is providing groups with information throughout the sessions. This includes explaining biological topics such as menstruation and reproduction. It is important that Trainers are confident about their knowledge in these areas. They can revise the knowledge before each session by looking over the lesson materials and making sure that they are understood. Trainers and facilitators can also consult other trusted sources as it is good to know more than what you are about to teach.

In Session Three (The Menstrual Cycle), country groups were given their first opportunity to practice delivering information. Groups were assigned different topics including:

- Explaining the menstrual cycle
- Explaining & demonstrating sanitary pads
- Explaining & demonstrating tampons
- Explaining & demonstrating re-usable cloths

Each group took turns in presenting the information to the group with Helen providing facilitator coaching throughout. Many of the groups came up with innovative methods of presenting, thus demonstrating their



skills as trainers.

## What does it mean to be a facilitator?

Main part of the job of facilitators is to make people feel welcome and feel at ease. It is important to set the expectations that the group will work together, mix with each other and encourage each other to participate. There are many things that facilitators can do to help build a friendly atmosphere. Helen discussed various techniques with the group.

## Introduction to The facilitator's manual

The session materials for the Connections Girls Clubs and Women's Clubs provide a detailed guide for the facilitator. However, facilitators are also provided with a detailed facilitator manual which provides additional advice about how to manage the participatory process. The Facilitator's Manual includes guidance on:

- Setting rules and expectations
- Building and maintaining positive group relationships
- Managing the venue and the resources
- Making adjustments to the programme
- Protecting privacy
- Reflective listening skills
- Dealing with difference in views
- Personal comfort and embarrassment
- Dealing with gender and power issues
- Managing the knowledge components
- Using role-play
- Dealing with concerns about participants
- Collecting data for evaluation
- Programme implementation
- Support from project team



# Day 2

## Sampling Session 4: Reproduction

- Sharing myths and funny stories about where babies come from
- Reading the kids story book
- What do we call those body parts? Terms for parts of the male and female anatomy
- Making Boys, Making Girls
- Additional activities from the girl's programme



## Talking about sensitive issues

As Helen Cahill explained, talking about topics such as puberty and reproduction can be embarrassing and many people are uncomfortable talking openly about these things.

Trainers should encourage facilitators to work on increasing their confidence to talk about these topics before the session. They can do this by preparing with another facilitator and talking about the topics together first, or by practicing telling friends and family members what the session will be about.

Trainers can assure facilitators that it is acceptable to tell the group that they are a little embarrassed but that they believe it is very important to take the courage to talk about these issues and we should not let embarrassment stop us. This provides a good model for them to apply their own courage. While talking about sensitive issues takes practice, using techniques such as games and humour can also help people feel more at ease.

## Sampling Session 5: Decision making & Relationships

- Talking about sexual expression
- What do I say?
- Fishbowl role-play
- Additional activities from the girl's programme

# Teaching about sex

A common question that arises in the context of SRH programmes is: Will teaching about SRH and contraception make adolescents more likely to become sexually active? Research suggests this is not the case. On the contrary, improved education and access to good SRH information is associated with delayed sexual initiation, fewer partners and better use of protection. Participants were directed to the introductory materials which provide a short overview of the evidence-base about effective sexuality education.

## Sampling Session 6: Contraception

- Information about contraception
- Advantages and Disadvantages of different forms of contraception
- Talking about contraception
- To tell or not?
- Additional activities from the girl's programme



## Contraception availability in countries

Trainers were advised to talk to facilitators about locally available contraception. It is not advisable to emphasise or encourage methods that are not available or to miss out methods that are available. Country groups were encouraged to talk about: What is available in your country? Is availability different in rural and urban areas? What contraception is accessible/cheap? Where is it sold/distributed? What are facilitator's roles in advocacy?

## Coaching on role-play

A common participatory technique used in the *Connections* curriculum is role-play. Helen Cahill explained that best way to give everyone the chance to develop their skills and confidence through role-play is to have them all working at once. This way, every pair or group can try out the scene without the pressure of an audience. After they have done this, facilitators can call for volunteers to role-play in front of the group. When showing scenes to the group, it is advisable to keep the scenarios short – a flavour of what is going on in the scene is usually enough to promote discussion. Facilitators can then ask for play to stop to discuss the scene or use one of the techniques below to develop skills and understandings. During the activities that use role-play (for example Changes at puberty, How are babies made? and “I think I might be pregnant”), Helen spent time coaching the trainers on various techniques that can be used to convey messages and explore options. Techniques include:

- Snapshots
- Role-swap
- Re-play
- Interview
- Advice to a character
- Coaching
- Hidden Thoughts



# Adolescents in the Asia-Pacific: Sexual & Reproductive Health

To give trainers some context, Helen provided a presentation which included SRH statistics from around the Region. The presentation highlighted shared challenges that countries face as well as country-specific issues. The following information was included (See appendix 3 for a full copy of the PowerPoint).

## ***When do young people become sexually active?***

Sexual activity begins for most men and women in the later teenage years (ages 15-19 years). For girls in most countries in the region, sexual activity occurs inside of marriage. On the other hand, for boys, most sexual relationships during teenage years are non-marital, start earlier than for girls, and may be with sex workers. Where sex before marriage is not accepted for girls there is a higher incidence of first sex with sex workers.

## ***Do young people have access to contraception?***

Married adolescents: 46% of married adolescents in South Central and Southeast Asia want to avoid a birth in the next two years. However, among married adolescents who do not want a pregnancy, 54% are not using any contraceptive method, 14% are using a traditional method and only 32% are using a modern contraceptive method.

Unmarried sexually active adolescents: Many countries have laws or social stigma that prevents unmarried people accessing reproductive health services or people under 18 accessing services without parental consent. Transport, cost, availability and social norms also affect access to these services.

## ***Is sexual violence a common problem?***

Sexual violence is under-reported: many women feel shame and fear rejection by their families and communities as 'dishonoured', soiled or unmarriageable. Sexual violence perpetrated by husband is more common in child marriages. Victims of sexual violence often suffer severe long-term health damage: fistulas (tears in the vagina, bladder and rectum that cause incontinence); uterine prolapse or ruptures; infertility; STI's, HIV, as well as post-traumatic stress disorder and other psychological damage.

## ***Unsafe abortions***

Compared to adults, adolescents are more likely to delay abortion, resort to unskilled persons to perform it, use dangerous methods and present late when complications arise. Abortions are sought by both married and unmarried adolescents. In developing countries, more than half (55%) of abortions are unsafe. UNFPA reports that although officials are reluctant to state the exact numbers, the estimated maternal mortality rate in Myanmar is 360 per 100,000 live births. Many of these deaths are attributed to the complications arising from unsafe abortions. Unsafe abortion mainly endanger women in countries where abortion is highly restricted by law or not easily accessible.

## ***Do girls get the education they need to stay safe?***

Most do not. Many SRH programmes do not reach adolescent girls. In many countries the poorest girls marry younger, are not in schools, may not be literate, have the largest workload, the fewest friends, the least mobility, and are the most isolated. They are the least likely to be reached by school education. They need specific targeted programmes. They need them before they become sexually active.

# Homework: Purchasing contraceptives

As a homework exercise, participants were divided into small groups and asked to spend some time in the evening going out and purchasing condoms. Each group was given \$US5 and assigned two Cambodian colleagues to help them with language. They were asked to report back on the experience.

This was a good opportunity to experience the embarrassment that stops many young people accessing contraceptives. Groups were asked to report back on their experiences the following day.

Groups reported mixed experiences. The female groups experienced more embarrassment than the male groups, but generally most had a positive experience, despite a little nervousness. Many commented that this was a good exercise to highlight the challenges that people face accessing contraceptives, even if they are widely available at shops and pharmacies.



# Day 3

## Understanding the evidence-based approach informing the programme

Helen Cahill explained that good programming takes guidance from prior research into what works. As such, *Connections* takes an evidence-based approach to teaching about gender and sexual and reproductive health (SRH). The programme designers looked at research which identifies the key elements of effective programmes as well as the features of less effective, ineffective or harmful programmes. The designers then use this knowledge to avoid the mistakes or weaknesses identified and to take guidance from what has been shown to work.

Helen outlined several features of effective and ineffective SRH programmes. These are summarised in the table below.

Effective SRH programmes:	
Avoid:	Include:
<ul style="list-style-type: none"><li>• Scare tactics</li><li>• Knowledge-only approaches</li></ul>	<ul style="list-style-type: none"><li>• Relevant knowledge</li><li>• skills development and rehearsal through participatory approaches</li><li>• Positive focus to create a sense of possibility about making health choices</li><li>• Providing friendly social support, developing collective empowerment</li><li>• Including critical thinking around social pressures relating to gender roles</li></ul>

## Sampling Session 7: Unprotected Sex and Unplanned Pregnancy

- Information about the morning after pill and abortion
- Role-play: I think I am pregnant
- Exploring the social and emotional responses

# Modifying the programme

*Connections* is designed to be flexible across settings. While most of the material is suitable to use across contexts, sometimes it is important to alter scenarios to ensure that they are relevant to local situations, and to the particular group members. Scenarios should also be responsive to social and cultural norms. Content areas may need some modification so as to include local laws or regulations, and to provide information about local services and resources. It is unwise to focus on methods of contraception that are unavailable in local areas. Facilitators are central to this process as they are often best placed to assess local context and local needs. When modifying the programme it is important to be guided by the evidence-base about effective sexual and reproductive health programmes.

## Sampling Session 8: Safety and Sexual Health

- Moving the Message
- Talking about Trust
- Information about Sexually Transmitted Infections
- Condom demonstrations and practice
- Condom Interview Game
- Additional activities from the girl's programme



## Giving formative feedback

Throughout the programme, it is useful for facilitators to gather some formative feedback so as to compare their reading of the group with their own experience of the programme. A feedback tool is provided in the facilitator manual. Trainers should encourage facilitators to use it. If there would prefer to lead a reflective discussion with the group, questions could include:

- *What have you enjoyed?*
- *What could be improved about the programme?*
- *What sort of activities did you find most useful?*
- *Who would you recommend this programme for?*

## Sampling Session 9: Alcohol and safety

- Behaviour Change
- Information about alcohol
- Risk Ranking
- Fortune Sticks Game
- Additional activities from the girl's programme

## Sampling Session 10: Gender and Rights

What are our rights?

Rights in Context

Dilemmas

Additional activities from the girl's programme

## Exploring cultural issues related to gender roles

Trainers must emphasise to facilitators that they should not make gender or race-based comments. The facilitator needs to model a respectful approach. The patterns in gender relationships can be the hardest to change. Some of the participants in *Connections* will be exploring the issue of difference in power or status in their own relationships. The facilitator's job is to ask questions, rather than to give advice.

## Handling questions beyond your knowledge

There will often be difficult questions and facilitators are not expected to be experts in every area. If facilitators cannot find the answer to a question, they are recommended to be honest: tell the participant that they do not know, but will try to find out. If the facilitator is unable to find the answers, they should let them know.

# Day 4

## Welcome local Khmer Girls and Women

On Day 4, six local girls and six mothers were invited to attend the meeting. This provided an opportunity to model some of the activities from Session 13 – the joint girls and mothers session, and also to practice the process of collecting information from potential target groups so as to better attune the programme to meet their needs and contexts.

Following an introductory game, two focus groups were run – one with the girls and one with the mothers. The focus groups were facilitated in Khmer by Cambodian participants. Groups were asked to present on their discussions which was translated into English for the wider group.

## Needs analysis with girls and women

The following excerpts were drawn from the needs analysis conducted with girls and mothers groups.

### Adolescent girls

#### *1. What kind of information would young girls like to know?*

- We would like to know more about HIV/AIDs, sexuality, STIs
- We also would like to know if we have sex without using the condom, what is the impact/effect?
- We also want to know about skills in negotiating with our partners
- We would like to know about birth spacing and also the effects of having early pregnancy

#### *2. When should girls learn about these things?*

- There are many ages that girls should learn about these things:
- 24
- When they get married – around the age of 18
- Also when they are younger, around the age of 14 as this is when changes start to happen for girls and boys.

#### *3. Who would you like to learn from?*

Mothers, because these are the people we are closest to. Also our grandmothers, aunties and older sisters, these are people we are comfortable to learn from.

#### *4. What kind of traditions are challenging for you?*

- In our society, being a good girl, you must live under the control of family. The family that has good reputation are not allowed to talk about sexuality
- Information from parents is limited
- We face judgement if we look for information
- We are still young, people think we are not yet at the right age to get access to these information





# Mothers

## ***1. What are some of the challenges that mothers face?***

- We find it difficult to talk to our husbands about SRH
- As a mother we are quite shy to talk about sexuality and reproductive health and other topics
- We are household mothers so we have quite limited understanding of sexuality and reproductive health
- We don't have confidence in talking about sexuality and reproductive health issues.
- We are quite busy with household work and income generation activities so we do not think of the importance of talking about these issues
- In addition, since we are mothers, we do not have good general education
- Limited education, coupled with limited information about SRH, we are not confident enough to even talk to our sons, when we have sons.
- Regarding these challenges, we do face difficulties, especially when our husbands ask us to have sex. Since we are not brave enough to talk, often we face difficulties and feel unhealthy and tired, but if we don't agree it leads to problems within the family.
- If we don't agree to our husbands, often it leads to violence



## ***2. What would help mothers to talk to their husbands and children about SRH?***

- As you know, for many people, if we don't know we are not confident to talk, but if we have knowledge, we find it easier to talk with the husband and the children.
- We should be provided with the opportunity through education, through a short course or training workshop. Even though there are short courses available, not all mothers receive education.
- There should be opportunities for mothers to access this information through courses, media, TV, workshop, or going to the health centre to get access to this information.
- Other means of receiving information is through dissemination activities or desensitisation activities in the communities. These could be done through MOWA or other NGOs, this would be useful to provide information to the mothers about sexuality issues and also to husbands about consequences of sexual violence"
- Based on experiences in the past, dissemination only reaches women groups, there needs to be opportunities for males, our husbands to participate in the information and dissemination activities.



## ***3. Mothers are very busy, what is the best way to reach them to give this information that they need?***

- Even though we are quite busy, pregnant mothers sometimes need to go to the health centre, when they go they will have some time to access information. Also, we are not busy the whole day, we do have some free time when we could access some information through media or TV. Also when we have lunch together in the family we could start the discussion among the members.
- Based on my experience, the best way is that you should go through the local authority, especially the council of the local authority. If you inform them that there will be activities running in the local community, they will inform the community. You also need to inform about the topic of the dissemination, then the mothers will know and they will be ready to come and join.

# Thank you and farewell to Mothers and Girls

As well as contributing to the focus groups, girls and mothers engaged in a sample activity from the joint girls and mothers session. They also played games with the group and talked about key messages.

The group expressed their gratitude to the girls and mothers for visiting and sharing their views. Both the girls and mothers said that they had enjoyed the experience and were very interested in future involvement in the programme.

## Sampling Session 11: Communication Skills

- Using “I Statements” to express your concerns
- Reflective listening
- Talking games
- Additional activities from the girl’s programme

In Session 11, participants were introduced to the concepts of reflective listening and “I statements” and engaged in practicing these skills. These are also key skills for facilitators to use in leading group discussion.

## New SRH Resources available in the Region

Justine Sass, UNESCO’s Regional Advisor for HIV/AIDS presented on two recent publications:

### ***International technical guidance on sexuality education: An evidence-informed approach for schools, teachers and health educators***

Available online through UNESCO’s HIV and AIDS clearinghouse:  
<http://hivaidsclearinghouse.unesco.org>

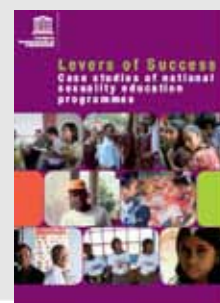
Part 1: Rationale for SRH education – Includes overview of published research, examples of curriculum and programme experience across the world, evidence for the impact of SRH education on behaviours, explores characteristics of effective programmes .

Part 2: Topics and learning objectives – Lays out what is considered as a basic minimum package. Advocates to start SRH very young – 5 years old, up to 18 years old and above. Addresses: information, values attitudes and social norms, responsibility.



### ***Levers of success: Promising case studies of SRH programmes in the region and beyond***

This publication looks at the factors that contribute to successful implementation of effective school-based sexuality education at regional, country or local levels. The term levers of success is used to describe the conditions and actions that have been found to be conducive to the introduction or implementation of sexuality education. The report presents promising case-studies of Sexual and Reproductive Health Education initiatives from the Asia-Pacific Region and around the world.



## Future planning

Margaret Sheehan spoke about the need to countries to start planning for the future of the programme. She suggested that the UN could offer support for some things on request from countries and suggested that all further planning this year will happen at a country (not regional) level. Any requests to the UN should come from the partners at country level.

Margaret also emphasised the importance of monitoring and evaluation and encouraged countries to ensure that processes for this were in place.

She asked for countries to each prepare a one page plan including key ideas, next steps and implementation plans.

## Practicing Facilitation

On Thursday evening, participants were given an opportunity to practice the facilitation skills they had learned. Country groups were allocated one or two activities and games to prepare and run throughout the evening. All presentation materials were provided. Groups facilitated the following activities and games:

Activity/Game	Curriculum	Country Leaders
Fruit Salad	Girls, Session 2: Changes for girls at puberty	Cambodia
Shrinking Life Raft	Girls, Session 6: Making decisions about sex	Myanmar
Talk about it	Girls, Section 10:	Bangladesh
Feelings Activity	Mothers, Section 3: Menstruation	Nepal
Condom relay:		Vietnam
Hunter and Prey	Girls, Session 7: Contraception	Vietnam
Who Caught it?	Girls, Session 9: Sexual Health, STIs and HIV	Cambodia



# Day 5

## Sampling Session 12: Problem-solving Skills

- Family support
- Predicting and Problem-solving
- Advice Panel
- Additional activities from the girl's programme



## Thinking about qualities of good facilitators

Country groups were asked to brainstorm aspects of being a good facilitator. Two groups presented their lists. Their ideas are recorded below.

*What are the skills that facilitators need? In the areas of:*

### **Organisation and planning**

Time management

Networks

Knowledge of potential target groups

### **Running games**

Sense of humour

Planning skills

Creativity

Confidence

Encouragement

Time management

### **Participatory activities and discussion**

Encouragement

Confidence

Conflict resolution



## Giving information

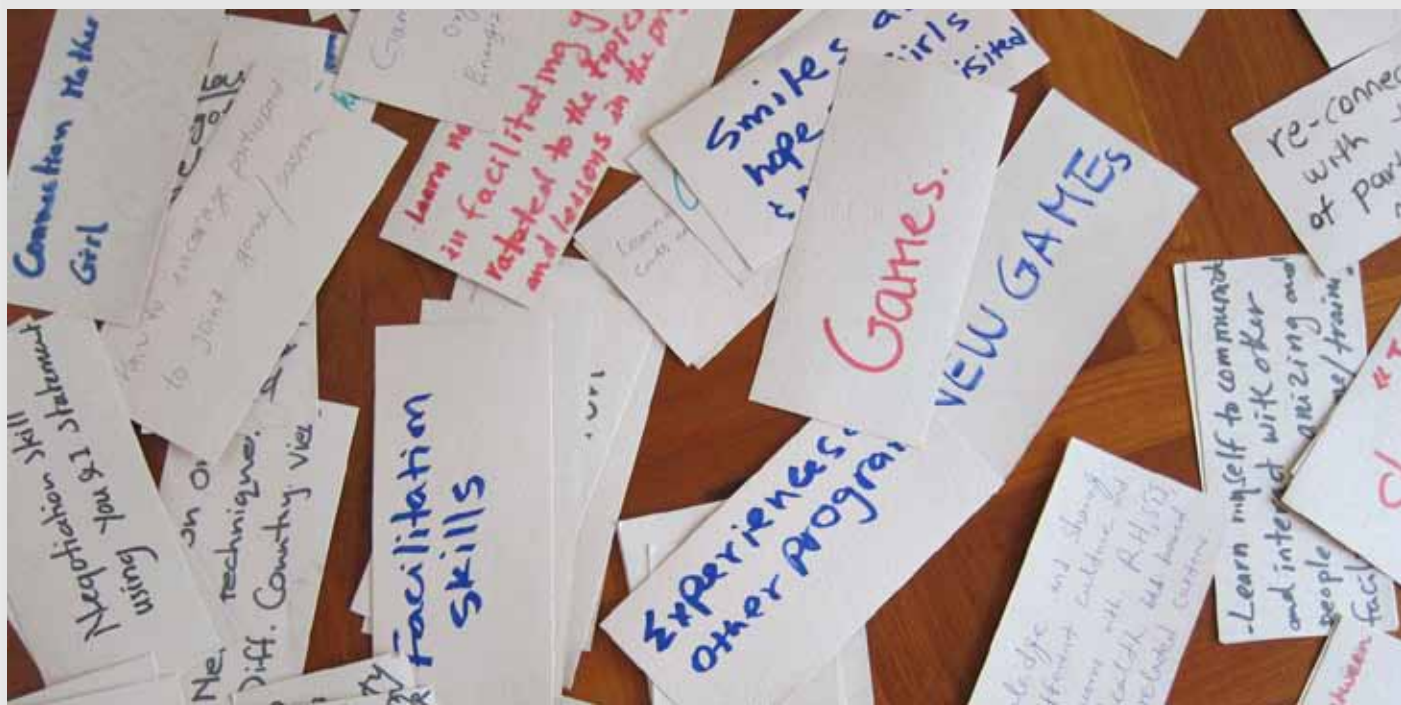
Knowledge  
Access to information  
Good resources

Helen also discussed the importance of monitoring and evaluation and gave tips on how to collect sound monitoring and evaluation data. Participants were referred to monitoring and evaluation tools provided in the *Connections* resource, and encouraged the group to collect pre- and post-test data using the instruments provided.

## Learning circle: What you liked and what you learned

For the final activity, participants were asked to think back on the week and identify areas that stood out for them during the training. These were written on cards and placed in a circle so that the group could move around and look at the combined responses. Each participant chose one card to comment on. Responses included:

- Good training management e.g. time, logistics etc.
- Learned contents related to SRH relating to daughters and mums
- Learning how to connect game and contents
- Participation of women and young girls was a powerful experience
- New games
- Facilitation skills
- Negotiation skills using I statement and you statement
- Link the game to the content of the lesson
- Role play involving all participants give more idea how to solve problems
- Can desensitise issue or activities by helping each other
- Gain new and more knowledge and skills on sexuality and reproductive health issues
- How to give clean and concise information to an activity
- The importance of fun in learning



# ToT Evaluation

Sally Beadle made a summary film-clip which included photos and video footage of the two days which was played for participants on the final day to help them review the programme before completing their evaluation. The video is available on the UNESCO website:

<http://www.unescobkk.org/education/hivaids/news/article/unesco-unfpa-and-unicef-supported-a-training-of-trainers-workshop-for-creating-connections-in-siem/>.

Evaluation data was collected about the 5-day training event via two feedback tools:

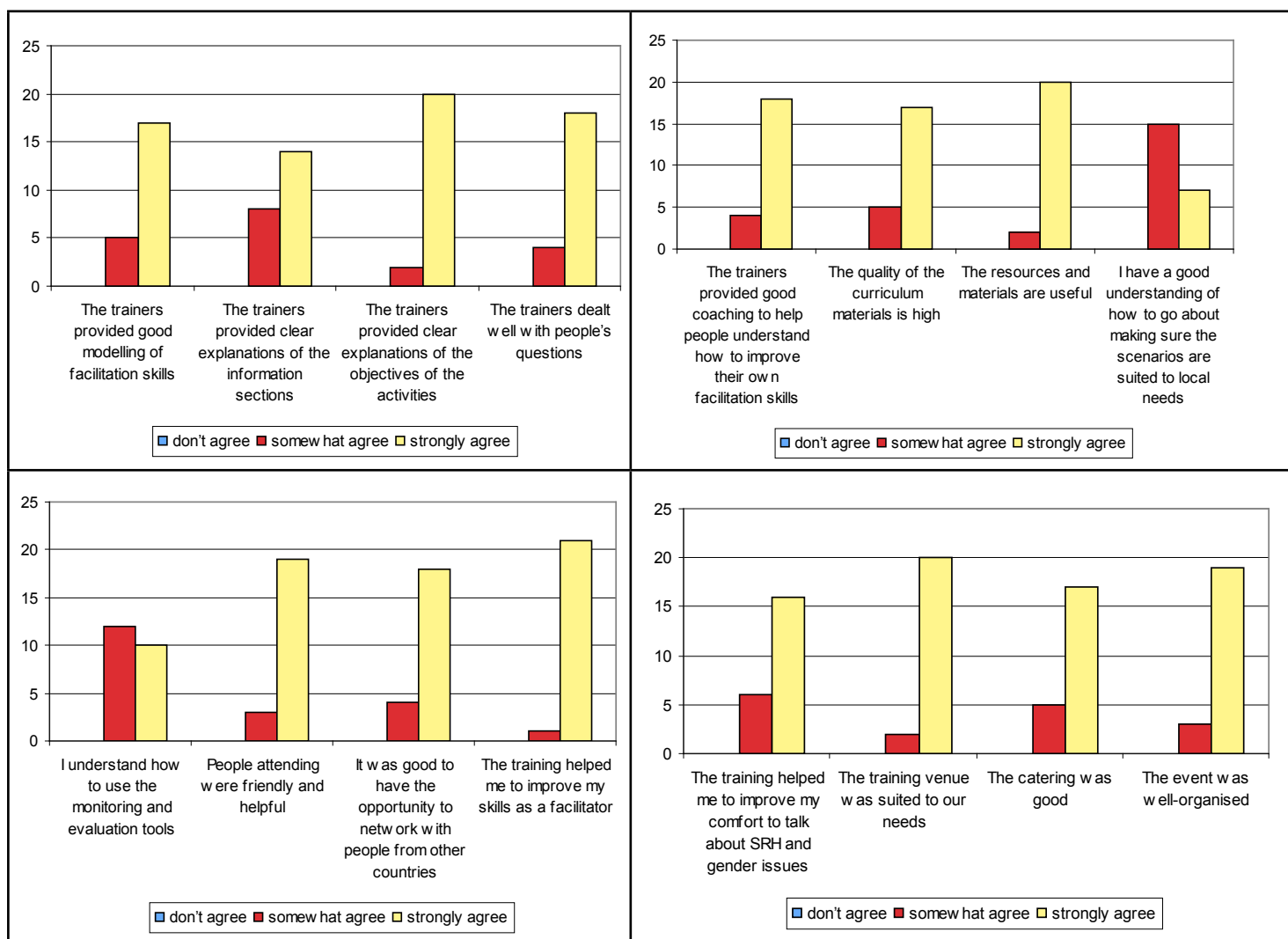
## 1. Trainer Skills Self-Assessment

This tool gave participants an opportunity to think about their facilitator skills before and after the 5-day training. Skill measured included: general facilitation skills, organisation of materials; programme content and methods/ The tool also asked participants to score themselves in terms of their ability to lead participatory activities and their confidence talking about SRH before and after the training.

In scoring their skill out of ten, participants indicated that they had increased their ability to lead participatory activities by an average of 2.05 points and their confidence in talking about SRH by an average of 2.1 points.

## 2. Training Evaluation

This tool was designed to get feedback on the overall training event. It asked for feedback on the facilitation of the event, methods used etc. It also asked participants to report what they liked best, what was most useful and what could be improved. The following tables summarise some of the results of this evaluation.



# Appendix 1: Participant Details

1	HE. Ing Kantha Phavi	Cambodia		Minister	Ministry of Women's Affairs
2	Ms. Sok Mony	Cambodia	12615299 koemhour_hour@yahoo.com	Cabinet	Ministry of Women's Affairs
3	HE. Im Sithe	Cambodia	012 869 804	Secretary of State	Ministry of Women's Affairs
4	Ms. Hou Nirmita	Cambodia	012 563 574 hnirmita@yahoo.com	Director Department	Ministry of Women's Affairs
5	Ms. Sengphal Davine	Cambodia	012 925 610 spdavine@yahoo.com	Officer of Department Health	Ministry of Women's Affairs
6	Ms. Tha Bonavy	Cambodia	092 337 389 tha_bonavy@yahoo.com	Officer of Department Health	Ministry of Women's Affairs
7	Ms. Maly Socheata	Cambodia	015 266 626 socheata.maly@gmail.com	Deputy Chief of Bureau	Ministry of Women's Affairs
8	Ms. Ea Sabon	Cambodia	017 471 951 easabon@yahoo.com	Chief Department Health	Ministry of Women's Affairs
9	Mrs. Yeang Sak-kony	Cambodia	012288695 sakkony_yeang@hotmail.com	Officer	Ministry of Culture and Fine Arts
10	Mr. Long Nilroath	Cambodia	012 796 769 nilroath@gmail.com	Education Officer	Ministry of Education Youth and Sport
11	Mr. Phan Phoap-kosal	Cambodia	012 439 143 arh_unit@kya-cambodia.org	Project Manager	Khmer Youth Association (KYA)
12	Mrs. Ek Tit Thida	Cambodia	ektithida@yahoo.com	Technical Staff	Ministry of Education Youth and Sport
13	Ms. Pen Mony	Cambodia	012 683 947 pmony24@yahoo.com	Coordinator	Combodian Community Living with HIV/AIDS (CCW)
14	Dr. Suon Bophea	Cambodia	012 95 95 36, sbohea@rhac.org.kh	Youth Health Program Manager	Reproductive Health Association of Cambodia
15	Ms. Krong Chanthou	Cambodia	012917342, chanthou.krong@actionaid.org	Program Officer	ActionAid Cambodia
16	Ms. Mok Kunthea	Cambodia	855-12-730-548, rfcdpst@yahoo.com	Program Officer	Rural Friend for Community Development
17	Ms. Heng Khim	Cambodia	92685987	Deputy Director	Provincial Department of Women's Affairs
18	Mr. Kim Bun Nat	Cambodia	17692939	Officer of Department of Women and Health (Driver)	Ministry of Women's Affairs

19	Ms. Tin Moe Wai	Myanmar	951-557675	Junior Teacher ( Life Skills )	Department of Educational Planning and Training
20	Dr. Tin Mar Aung	Myanmar	95159457 tmaung@unicef.org	Education Specialist ( Life Skills )	UNICEF , Myanmar
21	Mr. Zaw Tun Aung	Myanmar	0954-15165 sawmartin1@gmail.com	Project Manager ( EXCEL )	Karuna Myanmar Social Services (Yan-gon)
22	Mrs. Ashma Shretha Basnet	Nepal	9841356556 asbasnet@unicef.org	Communication Of-ficer	UNICEF , Nepal
23	Mrs. Kumari Rekha Poudel	Nepal	9845081476 rekha_poudel71@yahoo.com	Training Officer	VDRC - Nepal
24	Mr. Khem Raj Sapkota	Nepal	9845054677 krsapkota@vdrc.org.np	Executive Chairper-son	VDRC - Nepal
25	Ms. Sultana Ferdous	Bangla-desh	88028111898 sultana_f03@yahoo.com	Program Manager	Center for Mass Edu-cation in Science
26	Ms. Shaila Parveen Luna	Bangla-desh	8801727261511 spluna@unicef.org	Youth and Adoles-cent Development Officer	UNICEF
27	Ms. Tran Thanh Binh	Vietnam	lebinh61@gmail.com	Vice President	Vietnam Women's Union
28	Ms. Huynh Lan Phuong	Vietnam	0913014796 huynhlanphuong@yahoo.com	Team Leader/ HIV, Gender and Sexual-ity	ISEE
29	Ms. Pham Thi Hue	Vietnam	912969365 anhhungchaua2004@yahoo.com	Volunteer	Vietnam Women's Union in Hai Phong
30	Ms. Dinh Thi Phuong Nga	Vietnam	84986998427 nga@ccihp.org	Project Assistant	Center for Creative Initiative in Health and Population
31	Ms. Nguyen Thi Thanh Trung	Vietnam	84 913007500 trung@ccihp.org	Project Officer/ Re-searcher	Center for Creative Iniciatives in Health and Population
32	Ms. Hua Kim Thanh	Vietnam	0917333324 thanhpntn@gmail.com	Program Officer	Thi Nguyen Women's Union
33	Ms. Sally Beadle	Australia	61 409 414 696 beadles@unimelb.edu.au	Research Fellow	University of Mel-bourne
34	Dr. Helen Cahill	Australia	61 409 968 193 h.cahill@unimelb.edu.au	Deputy- Director, Youth Research Center	University of Mel-bourne
35	Ms. Margaret Sheehan	Thailand	66 88 601 0008 msheehan@unicef.org	Regional Youth and Adolescent Devel-opment Specialist	UNICEF Asia-Pacific Shared Services Center
36	Ms. Justine Sass	Thailand	66886310884 j.sass@unesco.org	Regional HIV and AIDS Adviser for Asia and the Pacific	UNESCO Bangkok
37	Ms. Anne Le-maistre	Cambodia	a.lemaistre@unesco.org	Representative	UNESCO Cambodia



38	Ms. Sarah Knibbs		knibbs@unfpa.org	Deputy Representative	UNFPA Cambodia
39	Ms. Hou Vimol	Cambodia	012 981 071 vimol@unfpa.org	National Program Officer-Gender, PD, RH local Gov't	UNFPA Cambodia
40	Mr. Soth Nimol	Cambodia	012 608 071 nimolkha@yahoo.com	Education Technical Assistant	UNESCO Cambodia
41	Mr. Heang Phat	Cambodia	012 440 669 pheang@unicef.org	Chief Siem Reap Zone Office	UNICEF Cambodia
42	Mr. Phok Sophea	Cambodia	077200667 sphok@unicef.org	Child Protection Officer	UNICEF Cambodia

## Appendix 2: Detailed Agenda

<b>Connections Training of Trainer Agenda</b> March 14th-18 <sup>th</sup> 2011, Conference Room 1 Apsara Angkor Hotel, Siem Reap, Cambodia		
DAY 1		
8.30	Registration of participants	Colleagues/staff from Ministry of Women's Affairs Cambodia
9.00	Opening Speech and Welcome to Cambodia Workshop	Her Excellency Dr Ing Kantha Phavi, Minister for Women's Affairs Cambodia
9.20	Advancing Development of Adolescent Girls and boys in Cambodia with support from the United Nations	Ms Anne Anne Lemaistre, Head, UNESCO Office Phnom Penh
9.30	Sharing Creating Connections: The Vietnam Women's Union Story	Madame Tran Thanh Binh Vice President Viet Nam Woman's Union
9.45	Partnerships and sharing good practice connections across the Asia Pacific	Ms Margaret Sheehan Regional Expert Adolescence UNICEF, Bangkok
10.00	A Warm Welcome to Participants	Dr Helen Cahill Youth Research Centre University of Melbourne
10.30	<b>Morning tea</b>	Foyer
	Introduction to the program	Helen Cahill
10.45	Sampling and discussing activities from Session 1: Exploring Gender Issues and Session 2: Changes at Puberty A focus on: <ul style="list-style-type: none"> <li>Objectives and methodologies of training and the program itself</li> <li>Setting norms and expectations</li> <li>Understanding and communicating the purpose of introductory games and participatory exercises</li> <li>Techniques for building a positive group environment</li> </ul>	
12.30	LUNCH	
2.00 PM	Sampling and discussing activities from Session 3: Menstruation <ul style="list-style-type: none"> <li>Introduction to The Facilitator's Manual</li> <li>Understanding the evidence-based approach informing the program</li> </ul>	Helen Cahill <i>with support facilitators and country experts</i>

	<ul style="list-style-type: none"> <li>• Dealing with sensitive issues</li> <li>• Building confidence to talk about sexuality and reproductive health</li> <li>• Techniques for encouraging participation</li> </ul> <p>Conversation about country models for planning and management.</p>	
DAY 2		
8.00 AM	<p>Sampling and discussing activities from lessons 4: Reproduction and Session 5: Decision-making and Relationships</p> <p>A focus on:</p> <ul style="list-style-type: none"> <li>• Giving clear and simple explanations during information giving components</li> <li>• Using props and drawing skills to support verbal explanation</li> <li>• Managing the timing of group activities</li> <li>• Understanding the importance of problem-solving exercises</li> <li>• The role of the facilitator in inviting critical thought</li> <li>• Making learning fun</li> </ul>	Helen Cahill <i>with support facilitators and country experts</i>
1.30- DAY 2 PM	<p>Sampling and discussing activities from Session 6: Contraception and Effective Communication</p> <p>A focus on:</p> <ul style="list-style-type: none"> <li>• Personal comfort in talking about sex</li> <li>• Making the contraceptives kit</li> <li>• Setting clear instructions for group task</li> <li>• Drawing back responses after group tasks</li> <li>• Using the role-play for assertiveness exercises</li> </ul> <p>A focus on use of role-play techniques in training</p> <ul style="list-style-type: none"> <li>• Using coaching, re-play and role-rotation during role-play</li> <li>• Using the role perspective to bring out different sorts of advice</li> <li>• Using humour in role-play</li> <li>• Practising leading group activities</li> </ul>	
DAY 3		
8.00 AM	<p>Sampling and discussing activities from Session 7: Help-Seeking and Supportive Friendships and Session 8: Safety and Sexual Health</p> <p>A focus on:</p> <ul style="list-style-type: none"> <li>• Encouraging Problem-identification and problem-solving</li> <li>• Dealing with difficult questions and sensitive issues</li> </ul>	Helen Cahill <i>with support facilitators and country experts</i>

	<ul style="list-style-type: none"> <li>• Group leadership skills</li> <li>• Giving formative feedback to co-trainers</li> </ul>	
1.30 PM	<p>Sampling and discussing activities from Session 9: Alcohol and safety, Session 10: Gender and Rights</p> <p>A focus on:</p> <ul style="list-style-type: none"> <li>• Understanding the need to avoid normalising of risk behaviours</li> <li>• Ways to share facilitation</li> <li>• Ways to modify the program to ensure it suits the needs and sensibilities of the local community</li> </ul>	
DAY 4		
8.00	<p>Welcome local girls and women to the meeting</p> <p>Sampling and allocating activities from the Women and Girls shared program</p>	
12.00	LUNCH	
1.30 PM	Sampling and discussing activities from Session 11: Communication and Problem-solving Skills	
4.00	BREAK	
6.00 9.00	DINNER WITH A DIFFERENCE	Participation from all participants Presentations, competitions, prizes!
DAY 5		
8.00 AM	<p>Sampling and discussing activities from Session 12: Problem-solving Skills</p> <p>A focus on:</p> <ul style="list-style-type: none"> <li>• Trainers demonstrating their leadership of activities</li> <li>• Provision of coaching and feedback for trainers on their training skills</li> <li>• Providing constructive feedback as co-trainers</li> </ul> <p>Logistics and Leadership of your program</p> <p>A focus on:</p> <ul style="list-style-type: none"> <li>• Running your own train the trainer event</li> <li>• Use of the monitoring and evaluation tools</li> <li>• Advocacy and programming</li> <li>• Providing program support</li> <li>• Considering policy Issues</li> <li>• Completion and evaluation</li> <li>• close</li> </ul>	<p>Helen Cahill <i>with support facilitators and country experts</i></p> <p>Ms Justine Sass Regional Adviser HIV and School Health, UNESCO Bangkok</p>
1.00	LUNCH	



# Appendix 3: PowerPoint Presentation From Day 3 – Adolescents in the Asia Pacific: Sexual and Reproductive Health



## When do young people become sexually active?

- Sexual activity begins for most men and women in the later teenage years (ages 15-19 years),
- For girls in most countries in the region, sexual activity occurs inside of marriage
- For boys, most sexual relationships during teenage years are non-marital, start earlier than for girls, and may be with sex workers
  - Where sex before marriage is not accepted for girls there is a higher incidence of first sex with sex workers

## Do young people have access to contraception?

### Married adolescents

- 46% of married adolescents in South Central and Southeast Asia want to avoid a birth in the next two years
- BUT among married adolescents who do not want a pregnancy:
  - 54% are not using any contraceptive method
  - 14% are using a traditional method
  - **Only 32% are using a modern contraceptive method**
- Adolescents are more than twice as likely as similar women aged 20–49 to have an **unmet need for modern contraception**.

### Unmarried sexually active adolescents

- Many countries have laws or social stigma that prevents unmarried people accessing reproductive health services or people under 18 accessing services without parental consent
- Transport, cost, availability and social norms also affect access to these services

United Nations Population Fund (UNFPA), State of World Population 2003—Making 1 Billion Count: Investing in Adolescents' Health And Rights, New York: UNFPA, 2003

## Do Adolescents' Know enough about Safer Sex?

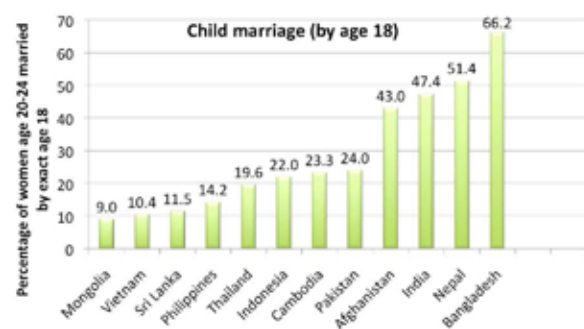
Knowledge of methods to reduce AIDS, females 15-24		
	Use condom %	Limit sex to one uninfected partner %
Indonesia (2002/3)	64.4	82.4
Bangladesh (2007)	51.1	50.8
Cambodia (2005)	90.1	88.0
India (2005/6)	60.6	73.8
Nepal (2006)	84.7	91.5
Pakistan (2006/7)	40.7	68.1
Philippines (2003)	50.7	83.9

Percent of 15-24 year old females who know that using a condom is a method to reduce the risk of AIDS  
Data from the Population Council 2009 Reports series: "The Adolescent Experience InDepth: Using Data To Identify And Reach The Most Vulnerable Young People"

## Does child marriage put girls at risk? YES

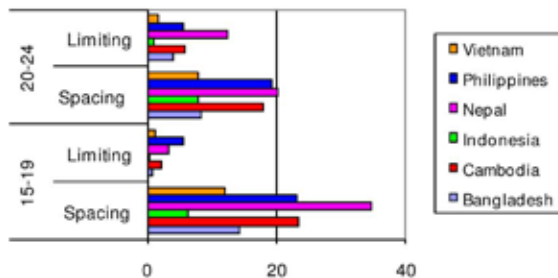
- Child wives find it hard to say no to sex or negotiate condom use
- Child brides are often under extreme pressure to prove their fertility
- Many will become pregnant before their bodies are mature enough to safely deliver a child
  - Girls under the age of 15 are five times more likely to die from maternal causes as those in their twenties
  - Girls aged 15-20 are estimated to be twice as likely to die in childbirth as those in their twenties
- Adolescent pregnancy in marriage is correlated with low education levels for girls, most won't complete secondary education

## How common is child marriage in Asia?

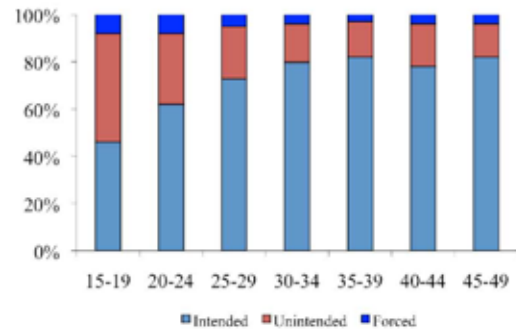


## What are the unmet needs for contraception in young married women?

### Unmet need in young married women



## How common is it for first sex to be forced or unintended? (Thai Data)

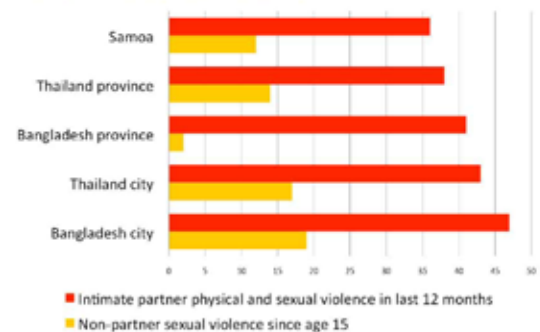


(adapted from Archvanitkul et al., 2005)

## Is sexual violence a common problem?

- Sexual violence is under-reported: many women feel shame and fear rejection by their families and communities as 'dishonoured', soiled or unmarriageable
- Sexual violence by husband is more common in child marriages
- Victims of sexual violence often suffer severe long-term health damage: fistulas (tears in the vagina, bladder and rectum that cause incontinence); uterine prolapse or ruptures; infertility; STI's, HIV, as well as post-traumatic stress disorder and other psychological damage

## How common is it for adolescent girls 15-19 to experience violence by sexual intimate-partner or non-partner sexual violence?



Source: unpublished data from WHO Multi-country Study in Tienjin and Levine 2009

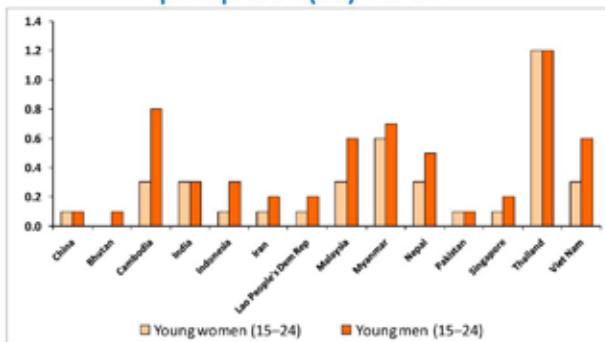
## Can 'faithful' women be at risk of HIV? YES

- In Asia women account for a growing proportion of HIV infections: from 21% in 1990 to 35% in 2009
    - HIV is spreading more widely, to the female partners of people who inject drugs, the clients of sex workers, and their other sex partners.
  - High HIV prevalence among men who have sex with men:
    - Myanmar = 29%
    - Laotian capital of Vientiane = 6%
  - Many men who have sex with men also have sex with women
  - What role do parents play in educating sons and daughters about how to stay safe?
- Data from World Aids report 2010

## Unsafe abortions

- Compared to adults, adolescents are more likely to delay abortion, resort to unskilled persons to perform it, use dangerous methods and present late when complications arise
- Abortions are sought by both married and unmarried adolescents
- In developing countries, more than half (55%) of abortions are unsafe
  - \*UNFPA reports that although officials are reluctant to state the exact numbers, the estimated maternal mortality rate in Myanmar is 360 per 100,000 live births. Many of these deaths are attributed to the complications arising from unsafe abortions (*The state of world population 2005*).
- At least 80,000 maternal deaths (approximately 13%) each year are caused by unsafe abortion.
- Unsafe abortion mainly endangers women in countries where abortion is highly restricted by law or not easily accessible.

## Are HIV Rates high amongst young people? (%) 2007



Source: UNAIDS, 2008 Report on the global AIDS epidemic

## Is HIV high amongst injecting drug users?

YES

- In Asia, on average around 16% of the people who inject drugs are living with HIV
- Prevalence is considerably higher in some countries:
  - Myanmar: up to 38% of Injecting Drug Users are HIV-positive
  - Thailand: 30 -50%
  - Parts of Indonesia: around 50%

## Do girls get the education they need to stay safe?

• MOST DO NOT

- Many SRH programs do not reach adolescent girls
- In many countries the poorest girls marry younger, are not in schools, may not be literate, have the largest workload, the fewest friends, the least mobility, and are the most isolated
- They are the least likely to be reached by school education
- They need specific targeted programs
- They need them before they become sexually active

## Will teaching about SRH and contraception make adolescents more likely to become sexually active?

No

- Improved education and access to good SRH information is associated with delayed sexual initiation, fewer partners and better use of protection
- Viewing of pornography is associated with earlier sexual initiation and more sexual partners

## What do Effective SRH education programs include:

### They AVOID:

- scare tactics
- knowledge-only approaches

### They INCLUDE:

- Relevant knowledge
- skills development and rehearsal through participatory approaches
- Positive focus to create a sense of possibility about making health choices
- Providing friendly social support, developing collective empowerment
- Including critical thinking around social pressures relating to gender roles

## More about the evidence-base

- As we go through the training
- In the introductory section of the manual
- In the **UNESCO (2009) International Technical Guidance on Sexuality Education**
  - Volume 1 The rationale for sexuality education
  - Volume 2 Topics and Learning Objectives
  - [http://portal.unesco.org/en/ev.php-URL\\_ID=47268&URL\\_DO=DO\\_TOPIC&URL\\_SECTION=201.html](http://portal.unesco.org/en/ev.php-URL_ID=47268&URL_DO=DO_TOPIC&URL_SECTION=201.html)