



United Nations
Educational, Scientific and
Cultural Organization

Capacity Building in Comprehensive Sexuality Education Community Outreach:

A Manual for Programmers in Schools and Communities

Advocating in Schools and Communities for CSE and Youth Friendly Services
across Eastern and Southern Africa

Acknowledgments

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AT THE RIGHT TIME, IN THE RIGHT WAY!

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Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Therapy
ARVs	Antiretroviral Medicines
CSO	Community Service Organisation
CSE	Comprehensive Sexuality Education
ESA	Eastern and Southern Africa
ESARO	Eastern and Southern Africa Regional Office
HIV	Human Immunodeficiency Virus
HTC	HIV Testing and Counselling
OI	Opportunistic Infection
PEP	Post Exposure Prophylaxis
PLHIV	People/Person Living with HIV
PMTCT	Prevention of Mother-To-Child Transmission
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
STI	Sexually Transmitted Infection
YFS	Youth Friendly Services

Glossary of Key Technical Terms

Adolescent: According to the WHO definition of adolescent: “A person aged 10 to 19 years old”.

Adolescent-friendly services: Adolescent-friendly health services are defined in this document as health services which do not discriminate or intimidate and are accessible, acceptable, affordable and appropriate for adolescents and young people. This definition is founded on the WHO Operational Guidelines on HIV Testing of Infants, Children and Adolescents for Service Providers in the Eastern and Southern African Region.

ARVs and ART: ART is the name for treatment with ARVs. ARVs are the medicines people living with HIV take to stay well and healthy. ARVs consist of the various drugs used to treat HIV; they differ for different ages. A person’s ARVs can also change over time, depending on their body’s response.

Caregiver: A caregiver is any person giving care to a child in the home environment. The primary caregiver is the main person who lives with a child and provides regular parenting care. This often includes family members, such as parents, foster parents, legal guardians, siblings, uncles, aunts and grandparents or close family friends. Secondary caregivers include community members and professionals, such as nurses, teachers or play centre minders, who interact with a child in the community or visit them at home, but do not necessarily live with the child. Child and youth caregivers include children and youth who are caring for other children, ill parents and relatives and/or heading households.

Child: This document uses the definition of a child from the SADC Strategic Framework and Programme of Action (2008-2015) for Comprehensive Care and Support for OVCY, taken from the UN Convention of the Rights of the Child: “Every human being below the age of 18”

Continuum of care and support: An integrated system of care for children from pregnancy to delivery, the immediate postnatal period and childhood through adolescence. Such care is provided by families, and communities through outpatient services, clinics and other health facilities.

Life skills: Psychosocial, interpersonal and self-management skills that help people make informed decisions, communicate effectively and cope with adversity.

Paediatrics: As applied in this document, this refers to the medical care of children.

PEP: Post-exposure prophylaxis (PEP) is short-term antiretroviral treatment to reduce the likelihood of HIV infection after potential exposure, either occupationally or through sexual intercourse. Within the health sector, PEP should be provided as part of a comprehensive universal precautions package that reduces staff exposure to infection hazards at work.

PMTCT: Prevention of mother-to-child transmission PMTCT (also known as prevention of vertical transmission) refers to interventions to prevent transmission of HIV from a mother living with HIV to her infant, during pregnancy, labour, delivery, or breastfeeding.

Psychosocial support: This is a continuum of care and support that addresses the social, emotional, spiritual and psychological well-being of a person and influences both the individual and the social environment in which they live.

SRH: A state of complete physical, mental and social well-being – not merely the absence of disease or infirmity – in all matters relating to the reproductive system and to its functions and processes. Reproductive health therefore 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 if, when and how often to do so. Implicit in this last condition are the rights of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for fertility regulation that are not against the law; and the right of access to appropriate healthcare services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant (WHO).

A Guide to this Manual

Purpose

This manual is intended as a resource for all stakeholders involved in comprehensive sexuality education (CSE) roll-out and support in- and out-of-schools. It hopes to further encourage the multi-sectoral and multi-stakeholder initiatives that can lead to successful implementation of comprehensive sexuality education programmes at regional, national and local levels.

Specifically, this toolkit aims to:

- Increase capacity at community level to develop CSE programmes that engage communities and increase the reach and effectiveness of CSE programmes.

Background

UNESCO and its partners – UNAIDS, UNFPA, UNICEF and the WHO – have already set out the rationale for comprehensive sexuality education as well as core topics and learning outcomes that are age-specific and appropriate. Two evidence-informed guidelines are readily available and provide the background information for CSE programmes globally.

Efforts to localise and contextualise these standards are ongoing, with many programmes at national and local levels underway.

Who can use this manual?

There are two primary target groups for the roll-out of this manual, across all UNESCO operational areas¹.

- Schools working with civil society organisations (CSOs) to deliver CSE in school classes, clubs or as part of an outreach programme.
- CSOs working with out-of-school youths and communities to bridge the knowledge gap and support uptake of youth friendly services.

However, anyone supportive of community engagement on comprehensive sexuality education and the provision of youth friendly services (YFS) can use this toolkit.

Its broad dissemination and use is encouraged.

¹ There are 16 project countries mentioned in the Terms of Reference. Focus countries are Lesotho, Malawi, Mozambique, Tanzania, Uganda and Zambia. Network countries are Angola, Botswana, Burundi, Ethiopia, Kenya, Namibia, Rwanda, South Africa, Swaziland and Zimbabwe.

How to use this manual

This manual is both a facilitator guide and a practitioner's manual. Orientation through the manual, together with other materials in the *Engaging Communities in CSE Toolkit* should be conducted as part of a workshop or orientation meeting. A suggested programme can be found on page viii.

The manual has three parts.

- *Module 1: Building an Understanding* – focuses on knowledge sessions and takes programmers through the rationale behind and for the promotion of CSE teaching and supportive youth friendly services in eastern and southern Africa. Outreach and support for CSE must necessarily be purposeful to be able to effectively engage communities and champion adolescent sexual and reproductive health and rights (SRHR).
- *Module 2: Understanding Young People's Sexual and Reproductive Health and Rights* is an activity based module that ensures everyone has the correct information to support young people and champion their information and service rights.
- *Module 3: Working with Multiple Stakeholders to Support CSE and Youth Friendly Services* provides some strategies, practical advice and good practice examples when working with different stakeholders and community groups.

A Suggested Programme for Engaging Communities in Comprehensive Sexuality Education Toolkit

Module 1 BUILDING AN UNDERSTANDING – CSE IN SCHOOLS AND COMMUNITIES ACROSS EASTERN AND SOUTHERN AFRICA (Approximately 3-4 hours)			
Session	Time	Activity	Resources
1.1	30 minutes	Knowledge Session on CSE Concepts and Topics Action Reflection Technique- Brainstorm	List of recommended CSE topics in Annex Section
1.2	30 minutes	Knowledge Session on CSE in schools and communities Action Reflection Technique- Experience sharing	Info on CSE eForum run by SAfA-IDS and UNESCO
1.3	30 minutes	Knowledge Session on causes of limited engagement on CSE Action Reflection Technique- Buzz Groups	Flash cards, pens, sticky stuff/tape – flip chart or wall space
1.4	45 minutes	Knowledge Session on consequences of limited engagement on CSE Action Reflection Technique- Buzz Groups	Fact sheet on adolescent health in eastern and southern Africa in annex section
1.5	45 minutes	Knowledge Session on benefits of community engagement on CSE Action Reflection Technique- Managed Discussion	Outputs from Session 1.2
Module wrap up – 30 minutes			
Module 2 UNDERSTANDING AND SUPPORTING YOUNG PEOPLE SRHR (Approximately 6 hours)			
Session	Time	Activity	Resources
2.1	30 minutes	Knowledge Session on challenges faced by young people during adolescence Action Reflection Technique- Group Reflection	Tables and facts from Knowledge session text
2.2	30 minutes	Knowledge Session on challenges faced by young people during adolescence Action Reflection Technique- Experience sharing	Anyone in the room that has run a CSE or SRHR club
2.3	120 minutes	Knowledge Session on sessions to include in CSE clubs (14 suggested topics)	Each activity has key issues, age appropriate activities and learning objectives to share and discuss
2.4	120 minutes	Knowledge Session on planning your own CSE clubs (a 4 step process)	Outcomes from session 2.2 An activity planning template on page 46 Flip chart paper, notebooks, pens and pencils
Module 3 WORKING WITH MULTIPLE STAKEHOLDERS TO SUPPORT CSE AND YFS (Approximately 6 hours)			
Session	Time	Activity	Resources
3.1	45 minutes to 1 hour	Knowledge Session on why work with multiple stakeholders Action Reflection Technique- Reviewing the community toolkit	The Engaging Communities in CSE Toolkit
3.2	45 minutes to 1 hour	Knowledge Session on working with and through schools Action Reflection Technique- Experience sharing	Flip charts, pens Outcomes from sessions 2.3 and 2.4 can help
3.3	45 minutes to 1 hour	Knowledge Session on working with health care providers Action Reflection Technique- Brainstorm	Flip charts, pens Youth friendly Service sheet on page 53
3.4	45 minutes to 1 hour	Knowledge Session on working with parents and caregivers Action Reflection Technique- Buzz groups and plenary discussion	Flip charts, pens Checklist on page 56
3.5	45 minutes to 1 hour	Knowledge Session on working with parents and caregivers Action Reflection Technique- Buzz groups and plenary discussion	Flip charts, pens Checklist on pages 59-60
3.6	45 minutes to 1 hour	Knowledge Session on working with parents and caregivers Action Reflection Technique- Experience sharing	
Training wrap up – 45 minutes			

MODULE 1: Building an Understanding – CSE in Schools and Communities Across Eastern and Southern Africa

In order for CSE programmers to provide effective support and advice to communities, they must first understand what comprehensive sexuality education is all about, why it is needed and the challenges faced, as well as the benefits that communities can derive from engaging with it.

TIME FOR THIS MODULE: 3 TO 4 HOURS

MODULE OBJECTIVES:

By the end of this module, participants should be able to:

- Identify the different stakeholders involved in delivering CSE and their different roles
- Understand how each stakeholder can support school and community programmes to become more effective and efficient
- Engage the different stakeholder groups at community level using appropriate strategies
- Share appropriate information with each stakeholder group
- Begin to develop and action plan for engagement.

1.1 Summary of Key Concepts and Topics

Time: 30 minutes

KNOWLEDGE SESSION:

UNESCO defines sexuality education as “an age-appropriate, culturally relevant approach to teaching about sex and relationships by providing scientifically accurate, realistic, non-judgmental information. Sexuality education provides opportunities to explore one’s own values and attitudes and to build decision making, communication and risk reduction skills about many aspects of sexuality” (International Technical Guidance on Sexuality Education, Vol 1, Unesco, 2009). Furthermore, through CSE “children and young people become equipped with the knowledge, skills and values to make responsible choices about their sexual and social relationships in a world affected by HIV” (UNESCO 2009a, p3).

Comprehensive sexuality education therefore involves a holistic approach to teaching and learning on issues relating to human development and sexuality. The primary goal of sexuality education is to support children and young people to become equipped with the knowledge, skills and values to make responsible choices about their sexual and social relationships in a world affected by HIV (UNESCO 2009).

Throughout this toolkit, a simplified definition of CSE that can be readily understood by communities is used: *Comprehensive sexuality education, or CSE, is about providing children and young people with age-appropriate information, care and support relating to their healthy development and their sexuality.*

Starting with key concepts of family, friendships, relationships and responsibility, from a child’s early years (five to eight years), onwards through maturation into a young adult (18 years and above), CSE enables the gradual build-up of the information and knowledge necessary to develop the skills, values and attitudes needed for a full and healthy life, as well as to reduce sexual and reproductive health risks. The current status of young people in ESA countries shows that CSE has the potential to make significant improvements in the health and futures of young people.

Young people aged 10 to 24 years make up a third of the population of eastern and southern Africa (UNFPA, 2012c); this proportion is likely to grow in the coming years. Given that young people today are the region’s future and will drive development, our major focus must be on ensuring that young people are healthy, productive and enjoy the full range of their human rights, as this will support the economic and social development of the region as a whole.

At present, young people face a number of urgent health issues that must be addressed. Prevalence of HIV remains a major concern, with 430,000 new infections in young people aged 15 to 24 years every year (*Young People Today: Time to Act Now. ESA Commitment: One Year In Review, 2013-2014*, UNESCO); i.e. every hour 52 young people become infected across the region. Of these new HIV infections, 60% are in young women, highlighting continuing gender disparities and the need to focus particular attention on ensuring gender equality across the region (ibid.). Young women must enjoy the same rights and opportunities as young men.

Early pregnancies also place a further burden of responsibility on young women. In a number of countries in the region, one in five girls has started childbearing by the age of 17, and 10% of all births in the region are to girls aged 15-19 years, often with serious health consequences (ibid.).

In most eastern and southern African (ESA) countries, the age of consent for sex is above 16 years, while the minimum legal age for marriage is above age 18. Despite these restrictions, however, over 10% of girls had their sexual debut before the age of 15, and 34% of women aged 20–24 years old were married or in a union by the age of 18 (UNFPA, 2012). Early pregnancy and marriage have serious long term consequences for women, their families and societies, including reducing the number of women completing their education, entering the productive working environment and contributing to the household and national economies. There are also serious health risks associated with early pregnancy, with increased likelihood of complications for both mother and child.

Between 15 and 35% of women also report having experienced sexual violence at some point in their lives² although the actual figures are likely to be higher, since cultural factors and weak legal structures lead to significant under-reporting of sexual abuse.

Risky sexual behaviours are also common among young people across the region. In several countries, more than 10% of young women report having been involved in a relationship with an adult more than 10 years older (intergenerational sex), putting them at increased risk of sexually transmitted infections (STIs), including HIV, and making it particularly difficult to negotiate condom use. Transactional sex (the exchange of sex for money, gifts or services) is also common and, again, makes negotiating for safer sex more challenging and less likely. (*Cross-generational and Transactional Sexual Relations in Sub-Saharan Africa: Prevalence of Behavior and Implications for Negotiating Safer Sexual Practices*, ICRW/PSI, 2002).

Knowledge levels of HIV and safer sex behaviours in the region are low, with less than 40% of young men and women demonstrating desirable levels of knowledge about HIV prevention³. Low knowledge levels are a key factor contributing to high rates of unintended pregnancy, sexual abuse, HIV and sexually transmitted infections (STIs), which have major economic and social impacts at the individual level, as well as being a major burden on the limited financial resources of countries in the region.

All young people have the right to live full and healthy lives and to have control over their own sexuality and health. Parents, caregivers, teachers, religious and traditional leaders, youth group leaders, CSOs and others involved in the care and protection of children and young people have a duty to fully prepare them for the reality of the contemporary world through appropriate education and skills building. Working together to ensure the provision of CSE to all children and young people can help to ensure that we fulfill this duty.

2, 3 YOUNG PEOPLE TODAY: Time to Act Now. ESA Ministerial Commitment

Scientifically accurate, culturally and age-appropriate, gender sensitive and life skills-based CSE can provide young people with the knowledge, skills and capacity to make informed decisions about their lifestyle and sexuality, helping them to live healthier and more productive lives. Evidence also shows that effective CSE can lead to:

- Delayed sexual debut in young people.
- Increased use of safer sex methods – including condoms and contraceptives – by sexually active youth.
- Reduced number of sexual partners and reduced risk-taking during sexual encounters among adolescents and young people who are sexually active.

ACTION REFLECTION:

Ask the group to brainstorm all the different topics they know of, that CSE covers. List them all on a flip chart. There is a list of topics in the Annex section to help.



1.2 Overview of CSE in Schools and Communities across Eastern and Southern Africa

Time: 30 minutes

KNOWLEDGE SESSION:

Despite there being a 2011 ESA Ministerial Commitment on comprehensive sexuality education and sexual and reproductive health services for adolescents and young people to promote the roll-out of CSE in ESA, the actual implementation of this commitment by many ESA countries has been slow and inconsistent. The Commission on Population and Development (CPD) embraced CSE in 2012 and reaffirmed the 1994 International Conference on Population and Development in Cairo. Resolutions calling on governments to provide young people with comprehensive education on human sexuality, sexual and reproductive health, gender equality and human rights, to enable them to deal positively and responsibly with their sexuality were also approved (CPD 2009 Resolution 2009/1, para 7; CPD 2012 Resolution 2012/1, para 26).

Although all countries in the region have policies or strategies integrating and promoting life skills-based HIV education for young people, operationalisation of these strategies and policies has been weak, while budgeting for their implementation has not been prioritised. Without clear guidance for schools and teachers, teaching of sexuality education has, to a great extent, been dependent on the priorities and capacities of schools and individual teachers, with some topics being excluded as teachers respond to cultural and religious norms, and to their own personal attitudes and beliefs. Many teachers also report lack of confidence in teaching about sexuality, heavy workloads, prioritisation of academic and examinable subjects by school authorities and parents, and a lack of teaching aids, as barriers to effective CSE in schools. In addition, CSE is often incorporated into other subjects such as biology, health sciences or life skills, making it difficult to ensure that adequate time is given to CSE issues. This also hampers the development of specific CSE curriculum and lessons plans (*YOUNG PEOPLE TODAY: Time to Act now*, UNESCO, 2013).

The focus of teaching in schools has tended to be around HIV and AIDS awareness, which often simply promotes abstinence only, neglecting important information on preventive strategies for sexually active youth, including the correct and consistent use of both condoms and contraceptives (dual protection). School-based teaching has generally not been very strong on gender, gender identity, socially constructed gender roles and human rights, while references to sexuality tend to be based on fear, making it difficult for young people experiencing challenges or confusion to seek help and advice from teachers.

Primary education enrolment has increased significantly across the region in recent years and many more primary school-aged children than ever before are in school. Many of these children will, therefore, receive some teaching on HIV issues, although at primary level, content will likely focus on understanding what HIV and AIDS are, knowing that stigma and discrimination are wrong and understanding how HIV is transmitted. Secondary school enrolment continues to lag and many young people drop out before completion, often before receiving any formal education on HIV, STI and pregnancy prevention methods, relationship guidance, or communication and negotiation skills building.

With limited knowledge on sexuality, these young people are vulnerable to the unintended consequences of sex, which can have negative impacts on both health and livelihoods.

Many CSOs have developed strong youth sexuality education programmes, focused primarily on out-of-school and older youth. Out-of-school youth are a priority group as they tend to be more financially vulnerable and, as a result, are more vulnerable to unsafe sexual practices. Being outside the public education system, they are also at risk of not receiving any formal sexuality education, so policy around the provision of sexuality education for this group has tended to be more flexible.

Engaging older children in HIV, sexual reproductive health and sexuality programmes is also less controversial than engaging younger age groups. Community and CSO-led programmes are generally based on the peer education model or engaging out-of-school youth in centre- or group-based education interventions, often combining this with income generating initiatives or skills building for economic empowerment.

According to research conducted by UNESCO (2012), very few countries have had significant success in mobilising parental and wider community support for CSE, despite the fact that this is vital to the success of implementing CSE programmes.

ACTION REFLECTION

Ask the group to share their experiences of CSE in- and out-of-school. This is a good way to share and learn from other experiences and begin to build a community of practice amongst programmers. Note the names and key points from the projects shared on a flip chart. This will encourage reflections later.

Share information about the Regional CSE eForum on the SAfAIDS website below, for those who wish to subscribe.

The Eastern and Southern Africa Regional eForum on Engaging Communities on the Important issue of comprehensive sexuality education for adolescents is managed collaboratively by SAfAIDS (www.saf aids.net) and UNESCO Eastern and Southern Africa CSE eForum Resource Team (www.youngpeopletoday.net). Email: esaregionalcse@forums.healthdev.org. For details of how to access discussions archives: <http://forums.healthdev.org/read/?forum=esaregionalcse> ESA Regional CSE eForum 2014.

1.3 Causes of Limited Community Engagement

Time: 30 minutes

KNOWLEDGE SESSION:

Cultural perceptions and social norms regarding talking to children and young people about sexuality and relationships are a major barrier to community engagement in CSE. There is also conflict about whose role it is to teach children and young people about healthy behaviours, values, morals and ensuring good SRH. Parents, caregivers and families remain the primary source of information and guidance on issues around SRH, relationships and forming healthy values and attitudes although traditionally, aunties or grandmothers played the role of passing this information on to younger generations. With new family structures emerging (smaller family units, single parent families, child- and grandmother-headed households, among others), for many, these traditional strategies for passing on information are no longer available.

Similarly, with new and emerging risks and issues associated with sexuality and SRH, as well as new, protective measures against HIV and STIs, some family members do not feel equipped to provide the level of information young people need, or may not themselves be knowledgeable about some of the issues. Parents whose children are in school may believe they are receiving the information they need during biology, health sciences, life skills and other lessons and believe that further engagement is unnecessary. Others may feel it is the role of churches and religious leaders to guide children and young people with regard to fostering healthy values and attitudes. Whilst all these actors involved in children's lives play a vital role in shaping them, systematic methods must be in place to ensure that all children receive comprehensive education on sexuality and SRH and that they are well equipped to live healthy and productive lives.

The provision of CSE by schools and CSOs does not replace existing strategies for providing children and young people with information on sexuality. Rather it is intended to supplement them so that young people receive a holistic and rounded education on sexuality and SRH.

Misconceptions, myths and misinformation regarding the provision of CSE to children and young people are also rife. Some people believe that talking to young people about sex and SRH will encourage them to start engaging in sex. However, evidence has shown the opposite to be true. Children and young people exposed to CSE tend to postpone engaging in sexual intercourse for longer, are more likely to use protective and safer sex measures when they do so, and are less likely to engage in risky sexual behaviours.

ACTION REFLECTION

Form small buzz groups of three or four participants. Ask the buzz groups to discuss, from their own experiences, why communities do not always engage in CSE or support youth friendly services (YFS). Give each group three cards and ask them to prioritise and write up three reasons. Collect the cards and read them out and group the common ones together on a flip chart/wall.



1.4 Consequences of Limited Community Engagement

Time: 45 minutes

KNOWLEDGE SESSION:

Limited community engagement in CSE results in children and young people receiving inconsistent and conflicting information on SRH, sexuality and gender, which leads to confusion. This confusion is heightened in an environment where young people are exposed to many different influences from the media (including social media), friends, community and family members and religious leaders. Ideally, all actors with a role in guiding children and young people's sexuality education will reinforce the same messages, values and attitude development. This also ensures that young people know where they can go for more information, or to address questions or concerns.

Without systematic and planned community engagement, some children and young people may be missed out. Those who drop out of school or who are not engaged in out-of-school groups or activities may miss important stages in their sexuality education process. Particularly vulnerable, are children in child-headed households, young people with special needs and young married couples.

Ultimately, when we are unable to provide the children and young people in our communities with a comprehensive sexuality education we are failing them and making them vulnerable to health, social and economic risks.

ACTION REFLECTION

In the same buzz groups, ask participants to list the consequences of no CSE in schools and no YFS in the community. As before, ask each group to consider the issues under both topics and give each six cards – three for no CSE and three for no YFS. Collect the cards from each group and list them all under the two headings (remove duplicates).

Discuss the fact sheet on adolescent health in eastern and southern Africa located in the Annex section.

1.5 Benefits of Community Engagement

Time: 45 minutes

KNOWLEDGE SESSION:

School-based CSE programmes are vital but are not sufficient alone. Sexuality education should be carried out in diverse settings and with consistent messaging, taking programmes and services to where the youth are. Many of the young people most in need of information and education are not in schools; for example, married girls, homeless youth, migrants and refugees, young people in remote rural areas, people of varied sexual orientation or gender identity, many young people with special needs and those living in conflict zones.

Engaging diverse community groups and actors helps ensure that gaps in the current provision of sexuality education are filled. For example, CSOs can engage hard-to-reach groups and can also support CSE in schools where teachers' capacity to provide CSE is limited by heavy workloads; community leaders and religious leaders can help to build parental and community support and consistent messaging for CSE, by publicising the important health and development gains CSE offers children and young people; health workers can be engaged to provide expertise on specific issues; young people in need of SRH services can be referred to health workers for support, etc.

Additionally, where there is no formal policy or curriculum on CSE in a school, sexuality education tends to be inconsistent and can be influenced by factors relating to the individual teacher or to the school. Community engagement can help push for standardisation of CSE in schools and teacher-training institutions and provide support for areas that cannot be covered in schools.

Community leaders and groups, CSOs, parents and caregivers, religious leaders and health providers working together can provide a sound basis of CSE for all children and young people in the community. They can support each other to bridge gaps in information and services, or in areas where they lack confidence, they can encourage referrals.

ACTION REFLECTION

Ask the groups to look again at the list produced in session 1.4. How can these consequences be turned into opportunities or benefits?

Discuss in plenary.

During the discussion, list all the actions that can be taken to address the problems. These form the basis of action strategies.

WRAP UP OF MODULE 1 (30 minutes)

Building from all the discussion in the module, ask the group to list all the benefits of CSE for young people and communities. List their answers on a flip chart. These form the basis of positive messaging when engaging communities.

MODULE 2: Understanding and Supporting Young People's SRHR

In order for CSE programmers to provide effective support and advice to communities, they must first understand and be able to explore the SRHR needs of young people generally, and in their specific communities of operation.

This module provides an overview of key SRHR issues faced by young people across eastern and southern Africa during adolescence. It also discusses activities and topics that can be used to engage young people, with CSE clubs being an ideal way to boost curriculum topics, engage out-of-school youth and provide a platform for multiple stakeholder involvement.

TIME FOR THIS MODULE: 6 HOURS

MODULE OBJECTIVES:

By the end of this module, participants should be able to:

- Indicate the key skills for effective communication
- Set up and run a CSE club (and adapt it to their local context)
- Build sessions on critical SRH areas to support young people with much needed CSE information and skills.

2.1: Challenges Faced by Young People During Adolescence

TIME: 30 minutes

KNOWLEDGE SESSION:

CHALLENGES FACED BY YOUNG PEOPLE DURING ADOLESCENCE

How do we define adolescence?

'Adolescence' is understood in different ways in different cultures, but almost everywhere, it is seen as a time of transition between childhood and adulthood. It is characterised by the physical and emotional changes associated with puberty, as well as being a period of preparation for adulthood.

This programme defines 'youth' as young people between the ages of 10 and 24 years. Adolescence is a unique stage of development within this period. Adolescents are neither 'big kids' nor 'little adults', but have specific needs of their own.

The stages of adolescent development

Adolescence can be categorised into three overlapping developmental stages: from ages 10–15, 14–17, and 16–19 years. This overlap of ages is important, because the changes are not fixed and happen at different ages and times for each young person.

Adolescents are neither 'big kids' nor 'little adults', but have specific needs of their own.

Adolescence is a unique stage. Adolescents are very different from adults and children, and these differences have important implications for the realisation of their SRHR.

In 'Early Adolescence' (10–15 years old), an adolescent:

- Begins puberty (this is a time of rapid physical growth)
- Begins to experiment (sexually, as well as with different hobbies, foods, friendships, activities)
- Begins to think differently and more broadly about themselves (defining their own identity)
- Is more influenced by people beyond his or her own family, especially peers
- Is very concerned with image and acceptance by peers.

In 'Middle Adolescence' (14–17 years old), an adolescent:

- Continues growing and developing physically
- Starts to challenge rules and test limits
- Develops more 'thinking' or analytical skills
- Develops more understanding and awareness of the consequences of his or her behaviour
- Is strongly influenced by peers, especially in terms of image and social behaviour
- Has an increasing interest in sex; starts having romantic, intimate, or sexual relationships, or engaging in masturbation.

In 'Late Adolescence' (16–19 years old), an adolescent:

- Reaches physical and sexual maturity
- Develops their sexual identity
- Has a greater ability to express thoughts, feelings, and ideas
- Can increasingly make independent decisions
- Is concerned about and plans for the future – career, family, marriage, etc.
- May become more comfortable with own body image
- May be less influenced by peers as opposed to individual friendships.

ADOLESCENT VULNERABILITIES

How are adolescents physically vulnerable?

- Adolescent girls are more susceptible to STIs (including HIV) because their cervixes (cervix: the neck of the womb) are still forming and growing and are more susceptible to infection.
- Young adolescent males may be more vulnerable to STIs, including HIV, particularly if they are not circumcised – because they are more likely to experiment with different partners than older/married men.
- Adolescents are growing quickly and need a nutritious diet. Because of their increased energy needs, they are susceptible to nutritional deficiencies.
- The sexual needs of young people with special needs may be dismissed because they are thought of as not having sexual desires and needs.

Condom and contraceptive use may be more difficult for young people because society thinks they should not be sexually active, and because they lack the courage and negotiating skills to demand them.



How are adolescents emotionally vulnerable?

- Adolescence is a time when mental health disorders can emerge (or be recognised), particularly those associated with anxiety.
- Adolescents often lack assertiveness and good communication skills, making it difficult for them to express their needs to adults and to deal with peer pressure.
- Adolescents may feel pressure to ‘fit in’ with their peers and to adopt the same behaviours as them.
- Adolescents are more vulnerable than adults to sexual, physical, and verbal abuse because they are less able to prevent or challenge these displays of power.

- Sometimes communication and relationships between adolescents and adults are challenging because adults may still see adolescents as children.
- Adolescents may not have the maturity to make good, rational decisions.
- Young people's changing hormone levels during puberty can have emotional impacts including stress, anxiety, mood swings, depression and anger.
- Young people first experience sexual attraction and desire during adolescence. They may also experience their first love, first relationship or first sexual encounter. This can be an emotional time for young people as they have not previously experienced these feelings, which can be very intense.
- Young people's relationships are usually less stable than those of adults.

How are adolescents socially vulnerable?

Young people are more influenced by their friends and peers and, as a result, may engage in risky behaviours because of peer pressure to do so.

Young people often depend on their parents or caregivers (for money, housing, etc.) and therefore are not always able to make independent decisions.

- During adolescence, young people's need for money often increases (as they want to fit in with their friends, be fashionable, engage in independent activities) yet they have little access to money or employment. This may lead them to feel that their only option is to work in dangerous situations. For example, young women may engage in transactional or commercial sex, to earn money or in exchange for goods, or enter into relationships with sugar daddies or mummies.



- Physical changes during puberty mean that adolescents have a greater need for cleanliness and hygiene than before. Poverty and economic hardships can increase health risks because of poor sanitation, lack of clean water, and the inability to afford/access health care, medicines and sanitary wear.
- Taking alcohol or abusing other substances exposes young people to greater risk; they may do things they would not otherwise do, such as having sex, or having unprotected sex.
- Disadvantaged adolescents are at greater risk of substance abuse.
- Young women often face gender discrimination, which affects: how food is shared; access to health care; adherence to care; the ability to negotiate safer sex; and education and employment opportunities.
- In many societies, a girl is only recognised as an adult when she marries or has a child. Some young women marry very young to escape poverty, but may find themselves in another, more difficult, situation.
- Adolescents may not have the skills or confidence required to negotiate condom use or to access contraceptives.
- Not all adolescents know or understand their legal right to access SRH services that ensure their privacy and confidentiality.
- Some adolescents are particularly vulnerable, such as those living with HIV or with special needs, children living on the streets, sex workers, child labourers, refugees, juvenile offenders, those orphaned, and other neglected and/or abandoned youth.
- The sexual needs of adolescents with special needs may be dismissed because they are thought of as not having sexual desires and needs.
- Young people living with HIV need access to treatment and care. Sometimes this does not happen because they or their guardians do not know how to deal with this, or because they fear stigma and discrimination.
- Young people born and living with HIV need to have their HIV status disclosed to them early so that they are better equipped to deal with any stigma, and learn sooner rather than later about treatment, adherence and staying healthy for a good future.



Special challenges and vulnerabilities faced by young people living with HIV

- Adolescents living with HIV are often blamed for engaging in perceived 'risky behaviour', resulting in stigma and discrimination, whereas small children living with HIV are usually treated as 'innocent victims'.
- Young people living with HIV need to take an active role in their adherence to both clinical care and medicines.
- Young people living with HIV are dealing with their physical, psychosocial, emotional and sexual development on top of dealing with their HIV status – which can cause confusion and may even result in denial. Parental involvement can be a very positive factor in providing care and treatment to young people.
- Adolescents eventually have to transition to adult care and treatment. Without adequate planning, support, and follow-up, they can drop out of medical care during this period.
- A young person's physical and mental development can be affected by HIV and other infections and diseases.
- Some people think that adolescents living with HIV should not be having sex. As a result, adolescents living with HIV may hide their sexuality or may be unable to access the required SRH services.
- Young people may lack the skills to understand medicine side effects, treatment options and regimen requirements.
- Younger adolescents may need support to take medicines and adhere to care and treatment.
- Young people may just be starting to think about their future careers, getting married, and having a family. When they are living with HIV, this is even more complicated than for an uninfected young person.
- Adolescents living with HIV face peer pressure and want to be the same as their peers, even though this may be difficult.



Youth-friendly services

Young people face challenges accessing health care for a number of reasons, including: lack of required financial resources; feeling embarrassed to ask about sensitive subjects; not trusting health care professionals; or because of issues such as clinics being open only during school hours. For adolescents living with HIV, there are additional challenges, including there being insufficient providers with expertise in HIV and adolescence. Young people may also be nervous of approaching SRH services because of fears about the level of confidentiality.

Healthcare providers can help make clinics and health facilities more ‘youth friendly’ and help link young people to SRH and HIV care and treatment services by doing the following:

- Getting involved in how youth SRHR programmes are designed
- Giving input and feedback from the adolescent clients’ perspective
- Making sure all clients are welcomed and treated equally (boys, girls, married, unmarried, youth living on the streets or with special needs, etc.)
- Ensuring that peer support groups and group education activities/discussions are available to young people
- Making sure young people, especially young people living with HIV or with special needs know about the services offered at the clinic
- Explaining educational materials or health-related information in easy-to-understand language that young people can ‘hear’
- Helping local SRH clinics to form linkages with schools, youth clubs, and other youth-friendly institutions.

ACTION REFLECTION

Ask the groups to discuss and reflect on the following points. This will help the group identify their own barriers to supporting young people.

Ask 'How can we help?', after each statement.

- Adolescence – the period between 10 and 19 years of age – is a time of transition between childhood and adulthood. Adolescents are a very mixed group that includes young people of different ages, needs, and stages of development. They need support at the right time in the right way.
- Adolescents may be more vulnerable to emotional trauma, to mental health disorders and other medical problems, like sexually transmitted infections.
- Adolescents are dealing with many rapid physical, mental, emotional, and sexual changes, which can cause changes in their relationships, problem solving abilities, and general way of thinking.
- Young people living with HIV differ from adults and children living with HIV because of the physical and emotional changes that occur during this stage of development.
- Young people living with HIV have some unique needs compared to adults, and also have some special challenges. Communities can help these young people overcome their challenges by providing support and referral where needed, without prejudice or judgement.
- Communities are important because they provide the working environment for providers and recipients of SRH information and SRH services.
- Communities living with HIV are important in supporting young people living with HIV or special needs, including providing adolescent clients with emotional support, sharing their own experiences with care and treatment and acting as good role models.
- Young people living with HIV and those with special needs can have increased difficulty accessing health care. Communities can help make clinics and health facilities more youth friendly and help link young people living with HIV or special needs, to SRH services.

Adolescents are dealing with many rapid physical, mental, emotional, and sexual changes, which can cause changes in their relationships, problem solving abilities and general way of thinking

Steps to *Active Listening*

Start the New Year with a promise to really listen to your child. It's not always easy, but here are some steps to help.



Be Open to Their Feelings and Needs

Really listen and don't jump to a quick decision.

Get the Facts

Ask for more information.

Say it Again

Repeat what you understand your child to be asking.

Share Feelings

Be honest.

Sum it up

Say what you and your child have agreed to.

2.2 Tips for Establishing a CSE Club in Your School or Community

Time: 30 minutes

KNOWLEDGE SESSION:

When and Where?

It is very important to consider how to ensure that your CSE club is as accessible as possible for the children and young people you are targeting. Some things to consider are:

- The club needs to be held in a location young people can get to safely – somewhere that is within walking distance from your target audience and where children and young people will not feel intimidated.
- Hold CSE club sessions at a time when children and young people can attend – perhaps straight after school, or during lunch break.
- Attending CSE club sessions should not interfere with children and young people's other responsibilities – children and young people may be expected to do homework, help with household chores, attend church at certain times, etc. – try to find a time that will not interfere with these things.
- Privacy and confidentiality are very important – young people will be less inclined to speak up about issues of concern if they are worried about being heard by others outside of the club – either other young people who may tease them, or adults and parents.

Before setting a place and time to hold the CSE club sessions, speak to as many children and young people as possible to get their thoughts on where and when to hold them – fitting in with their recommendations as much as possible will increase the likelihood of their attending regularly.

Approvals

You may need to get certain approvals before starting a CSE club. These may include:

- If it is a school CSE club and there is no specific CSE policy in place detailing what is expected, you may need to discuss your plans and the curriculum with the school authorities and head teacher to get their approval. You may need to have your proposed curriculum approved by a Ministry of Education representative or other person of authority.
- If you are running an out of school CSE club, you may need to discuss your intentions with community leaders and authorities.



- You may need to seek consent from parents or legal caregivers of children and young people before engaging them in CSE sessions, particularly if the children are under 16 years of age. Get written consent if possible – for example, by asking parents and caregivers to sign a consent form.

Sessions – what to include

A central component of successful CSE programmes is that they must be culture and context relevant, as well as age appropriate.

- Adapt lesson guides to suit the specific cultural and community context of the group you are teaching.
- Develop different curriculum content and activities for different aged children and young people – and hold different sessions for children of different ages and young people.
- Use local case studies, examples and statistics to make the issues more relevant to the group you are working with.
- Evidence has shown that CSE is most successful when the curriculum includes at least 13 sessions and sessions are at least 50 minutes long.

ACTION REFLECTION

Are there any CSE clubs in the area already? Who is running them? What are they talking about? Who are they for? If there are no CSE clubs, HIV clubs and health and hygiene clubs (or other) could be a starting point. Build on what is already there

A note on facilitating CSE clubs

As a facilitator, organiser or just a supporter of a CSE club in your community, it is really important to consider what your own prejudices, fears and concerns around CSE might be. You may also need some support to fully understand the benefits of the club and the dangers of only giving out selected information.

As facilitator, organiser or supporter of a CSE club consider:

What you know about CSE

What you do not know about CSE

What your worries and fears are

What are the issues in your community that you know about

What young people themselves say, and of course,

Where you can get additional information for any questions they may have.

Taking time to reflect on your own needs will make sure the club is run harmoniously. Conflict arises where there is a lack of information!

2.3 Suggested Framework for CSE Club Curriculum

Time: 2 Hours

KNOWLEDGE SESSION

This section details a suggested framework for curriculum for a CSE club, based on the UNESCO international guidelines for CSE and tailored to key issues and challenges faced by children and young people in eastern and southern Africa. The curriculum is divided into 13 Activities, based on international standards for CSE that have been found to be effective.

Key learning points and suggested activities or discussion points have been included for each topic – for different aged children and young people. You can conduct the activities suggested for younger children with older groups as well, in addition to the activities suggested for them. Remember that all young people are different – some may be more mature for their age and others less mature – you will need to know the individuals in the groups you are working with and conduct the activities accordingly.

You can adapt this curriculum framework to include other topics and issues in line with the priority needs and issues faced by children and young people in your community.

Activity 1: Relationships – Understanding Different Kinds of Relationship

Key issues:

Young people experience a lot of changes – emotional, physical and social – as they grow up, particularly during puberty. The new feelings young people experience, including attraction, desire and lust can be confusing. This activity aims to help children and young people to understand new feelings and emotions that they may experience and to encourage them to act and respond to them in responsible and healthy ways. Key issues to highlight in this activity are:

- Young people may experience feelings of desire, sexual attraction, arousal and lust towards their friends and others. These emotions are the result of normal hormone changes as the body grows, develops and matures, both for reproduction and emotionally. Most people are able to control these emotions and not act on them.
- Feelings of lust, attraction and desire are different from feelings of love.
- Whilst the body may be physically capable of sex and reproduction, most young people are not emotionally ready for the potential negative consequences of sex, or pregnancy. Physically, young women's bodies are often not ready to cope with the hazards of pregnancy and delivery. They are more likely to experience physical problems during delivery and may even die. Financially, young people are unprepared for the needs of bringing up a child.
- There are many ways to express feelings of attraction and intimacy with another person that do not include sexual activity, such as holding hands, talking, hugging and kissing.

- Young people rarely use contraception during their first sexual encounter – this is a major risk as it exposes them to unplanned pregnancy, STIs and HIV.
- Young people can become pregnant and be infected with HIV or an STI **the first time** they have sex.
- Date rape and forced sex is an increasing problem for young women. Young women need to be aware of the dangers and take steps to avoid them by going out with partners in a group and watching their drinks to make sure they are not spiked with drugs or alcohol. Party food may also be spiked with drugs.
- Waiting for the right person who loves, respects and cares for you, makes sex much more meaningful, enjoyable and special.



Suggested activities

The following activity and discussion suggestions may be useful in supporting understanding about different kinds of relationships.

Children and young people under 15 years old:

- Ask the group to list the following relationships: parent; sibling; friend; boyfriend/girlfriend; husband/wife. Then ask them to identify different ways that they can show love, caring or affection in each relationship. Ask everyone to share their answers and discuss as a group. Highlight that whilst boyfriends and girlfriends, husbands and wives, may engage in sexual activity, this is not the only way that love and affection can be shown.
- Ask the group to answer the following question – ‘What qualities are important to me in a long term relationship or marriage?’ Again, ask group members to share their answers. Highlight the importance of love, caring, solidarity, mutual respect, providing support, trust, honesty, commitment and responsibility in long term relationships and marriage.

Children and young people above 15 years old:

- Ask the group: What are the risks involved in rushing into a sexual relationship? Ask them to list as many as they can. Discuss answers as a group. Key issues to highlight are: unplanned pregnancy; HIV and sexually transmitted infection; the risks of having anal sex to avoid getting pregnant, not being emotionally ready for a relationship (or the potential consequences); date rape; not being emotionally or financially prepared for the potential consequences of sex; not being confident enough to insist on contraceptive use; your ‘first time’ being with someone who may not be interested in a long term and committed relationship with you.
- Ask the group to write down answers for the following questions: Many young people do not use contraceptives the first time they have sex. Why might this be? What can you do to make sure that you are not at risk if, and when, you first engage in sexual activity? Discuss answers. Highlight the importance of discussing contraceptives and safer sex practices before engaging in sex with a partner (and before becoming intimate with them); to agree on a contraceptive method that you both agree to use. Also suggest that young people who feel they may end up engaging in sexual activity should carry a condom with them to be on the safe side (although they must also know how to use it correctly – and check the expiry date).

Key learning objectives:

- Love, friendship, infatuation and sexual attraction involve different emotions – rushing into a sexual relationship in which partners do not love, care for, respect and support each other leads to emotional hurt and makes it harder to negotiate for safer sex practices.

- Any partner or friend who encourages you to have unprotected sex does not care about your wellbeing.
- Growing up means taking responsibility for oneself and others – including ensuring that one’s own health and the health of any partner is protected; and taking responsibility for one’s own safety when going out with friends.
- If you are unsure about anything or worried about a relationship becoming sexual before you are ready – ask an adult you trust for help and advice.

Activity 2: Relationships – Risky Relationships

Key issues:

Certain relationships put young people at greater health risks. This Activity looks at dynamics within relationships, as well as other influences and how these can impact on young people’s ability to protect their health and decision making ability. Key issues to highlight in this Activity are:

- Being married at a young age increases a girl’s chance of becoming HIV positive by more than 75%, compared to sexually active, unmarried girls (UNFPA 2012). Girls who marry young are often unable to negotiate condom use or abstinence and often have a low level of knowledge regarding the risks of sex.
- They may also not complete their education due to early marriage, which puts them at economic risk. Not finishing school reduces opportunities for employment and income generation, often making the girls financially dependent on their husbands, which further reduces their ability to negotiate safer sex.
- Teenage pregnancy remains high across sub-Saharan Africa. Among the 14.3 million adolescent girls around the world who gave birth in 2008, one in every three was from sub-Saharan Africa (UNDP 2010). Early and teenage pregnancy have both health and economic impacts on girls. Health-wise, young girls are at much greater risk of complications during pregnancy and childbirth, including new-born and maternal death.
- In developing countries, the risk of dying during childbirth is twice as high for women aged 15 to 19 as it is for women in their 20s, and five times greater for girls under the age of 15. (UNFPA 2005). Economically and socially, early and teenage pregnancy can lead to isolation from the family and community, as well as having to drop out of school, thereby not completing their education and having reduced employment opportunities as a result.
- Intergenerational relationships are relationships between an adult and a child, and where the age gap means a difference in sexual experience and power.



Intergenerational relationships and marriages usually occur between young girls and older men. Sometimes this is the result of forced child marriages. The young partner in an intergenerational relationship is at high risk of unplanned pregnancy, STI and HIV infection, because of an imbalance of power and decision making between the older, more experienced partner and the young, inexperienced partner. The older partner is also likely to have had more sexual relationships, increasing their risk of having been exposed to STIs or HIV. This also increases the risk of passing on STIs or HIV to the younger partner.

- Sexual concurrency – having more than one sexual relationship over the same period creates a sexual network, which puts all partners at risk. If anyone within the relationship becomes infected with an STI or HIV, all partners, including their additional partners, are put at risk.

Suggested activities

The following activity and discussion suggestions may be useful in supporting understanding about risky relationships.

Children and young people under 15 years old:

- Ask group members to list as many reasons as they can for why young girls and boys may not complete their education. Ask them also to list what the impacts of not completing school are. Discuss their answers as a group. Highlight that engaging in sex early can lead to unplanned, early pregnancy, which has major life-long impacts.
- Ask group members to draw themselves now, in five years time and in 10 years. Now ask them to detail the picture with all the things they would like to achieve now, in five years time and in 10 years time. Discuss the differences for boys and girls. They might consider things that they would like to achieve at school, in their community; the job they would like to do, whether they would like to marry and have a family in the future – any hopes and aspirations that they have. Once they have done that, ask them to write down the things that they will need to do in order to achieve those things – the stepping-stones. For example, if they dream of being a doctor in the future, they will need to do well at school, be accepted into university and complete their university degree, etc. Ask group members to share their pictures with the rest of the group – then ask them how getting pregnant early (or their girlfriend getting pregnant, for the boys), might affect their chances of achieving all that they hope to achieve.

Children and young people above 15 years old:

- Ask the group to draw a sexual network diagram. They should start with a young unmarried couple in the middle and link each one to other possible partners they may have (e.g. small house girlfriend, sugar daddy or sugar mummy, transactional sex relationship, one-night stand, etc.). Once they have completed their diagrams, ask them to consider the possibility of HIV being introduced into the network through one of the sexual transactions – what would happen? Discuss this as a group.
- Ask group members to draw sketches of their parents, friends and teachers. Now ask them to imagine they had to tell each of those groups that they were pregnant. How would they all react? What would happen to them?

Key learning objectives:

- Early and teenage pregnancy have major long-term impacts for young people – on their health as well as on their future livelihoods.
- Responsible young people consider the consequences of their actions – they must be prepared to deal with the possible consequences.
- A loving, healthy relationship is one in which both partners have an equal say in decisions that affect them both.
- Considering and dealing with the consequences of actions – including raising a child, in the case of pregnancy – is the responsibility of both partners.



Activity 3: Values, Attitudes and Skills – Influences on Decision Making

Key issues:

Values are strong beliefs that people hold about important issues. They are influenced by our families, communities, religious beliefs and friends, among others. A person's values shape the decisions they make, but other things, including the media and friends, also influence decision making. This Activity aims to help young people consider the different influences on their decision making and whether these influences are positive or negative. Key issues to highlight in this Activity are:

- Different power relations within a relationship influence our ability to make healthy and responsible decisions. These can be the result of gender dynamics (gender inequality in many eastern and southern African countries means that women have, or feel they have, less 'say' in decisions than men); or age dynamics (younger partners in intergenerational relationships tend to have less power in decision making than older partners). Unequal power in a relationship – for whatever reason – makes it hard for the partner with less decision making power to stand by their values and make healthy and responsible decisions.
- Peer pressure is pressure that young people feel from their friends to do something that is considered 'cool' or that will make them more popular, even though it may be bad for them or put them at risk. Giving in to peer pressure is the result of young people wanting to fit in with others their age and not wanting to be seen as different. Young people may also relent to peer pressure because they fear being bullied, teased or excluded. Peer pressure can also be positive – encourage young people to form groups where positive values are reinforced by the group.
- Some young people experiment with alcohol and drugs during their teenage years (often as a result of peer pressure). Alcohol and drugs affect one's ability to make healthy and responsible decisions – and may encourage young people to take risks that they would not take if they were sober.



Suggested activities

The following activity and discussion suggestions may be useful in supporting understanding about decision-making and the different influences and pressures that young people experience – as well as how to deal with these pressures.

Children and young people under 15 years old:

- Ask group members to list three things that they consider to be their strongest values (suggestions might be: always doing my best; always respecting others' opinions; being kind to others; respecting my body and health above everything else, etc.). Then ask them to consider how they have developed these values – who or what has influenced them? Ask group members to share their answers if they are willing to do so. Are there common values across the group?
- Ask group members to get into small group of three to four people. Ask them to develop a role play where all but one of the group members is pressuring the other to do something they don't want to do (you can let groups decide on the issue or give suggestions: going against their parents' wishes; skipping school; bullying someone else, etc.). Ask group members to develop the role plays so that the person being pressured eventually gives in and does whatever it is they are being pressured into. Give group members some time to develop and practice their role play, then ask each group to present their role plays to the rest of the participants. Ask the following questions:
 - o What do you think about the young people who were pressuring the one person into doing something they do not want to do, or which put them at risk? Was it fair of them? Does pressuring someone into doing something fit with your values?
 - o How would the young people pressurising the other feel if something bad happened to that person (e.g. they were expelled for misbehaving at school)? What impact would that have on their future lives, knowing that they had played a part in encouraging someone to do something against their wish, that resulted in them being hurt?
 - o What strategies can you think of to stand up to peer pressure?
 - o Who would you prefer to be – someone who pressurises others, or someone who stands by their values?

Children and young people above 15 years old:

- Ask group members to think about any time they have felt pressured into doing something against their will – something that went against their values, beliefs or morals. What did they do? Ask group members to share their thoughts if they are willing to do so. Ask them whether they would do anything differently if given the chance again? Also ask if they have ever pressured someone else into doing something against their will? What was the outcome? Would they do things differently if they could?

- Ask group members to get into small groups of three to four people. Ask them to develop a role play where all but one of the group members is pressuring the other to do something they don't want to (you can let groups decide on the issue, or give suggestions: engaging in sex; smoking a cigarette; drinking alcohol, etc.).
- Ask group members to develop the role plays so that the person being pressured eventually gives in and does whatever it is they are being pressured into. Give group members some time to develop and practice their role play, then ask each group to present their role plays to the rest of the participants.

Ask the following questions:

- o What do you think about the young people who were pressuring the one person into doing something they do not want to do or which put them at risk? Was it fair of them? Does pressuring someone into doing something fit with your values?
- o How would the young people pressurising the other feel if something bad happened to that person (e.g. the person pressurised into drinking alcohol fell and hurt themselves, or someone pressurised into sex was infected with HIV)? What impact would that have on their future lives, knowing that they had played a part in encouraging someone to do something against their wish, that resulted in them being hurt?
- o What strategies can you think of to stand up to peer pressure?

Key learning objectives:

- Good friends do not encourage you to do something that is against your values or that may put you at risk of harm.
- Standing up to peer pressure and maintaining your values makes you a stronger, more responsible person.
- The potential consequences of doing something which puts you at risk are much worse than feeling like you are not cool in the eyes of others.
- Good friends respect your decisions and values.
- You can seek help if you are feeling pressured into doing something you don't want to do – speak to a trusted adult for help and advice.



Activity 4: Values, Attitudes and Skills – Learning to be Assertive

Key issues:

Being self-assured, having high self-esteem, being confident and being assertive help to prevent us being pressured into doing something that we do not want to do or that puts us at risk. It is very important to be able to say 'no' and to stand by it. Key issues to highlight in this Activity are:

- Young people will face a number of pressures from friends, partners and sometimes, strangers, encouraging them to do something against their will or that might put them at risk. Being able to say 'no' assertively and with confidence is very important and helps to protect us from risk.
- Being encouraged to do something intimate might make us feel flattered. However, it is important not to let 'feeling special' rule your decisions.
- If someone is encouraging you to do something against your will, they are likely to have done the same to others – this is a risk alert.
- You have a right to decide whether, who, when, and how you engage in sexual activities – anyone who pressurises you or forces you into doing anything against your will is in the wrong.

Suggested activities

The following Activity and discussion suggestions may be useful in supporting understanding about the importance of learning to be assertive.

Children and young people under 15 years old:

- Ask group members to think about what it means to be self-confident, self-assured, assertive and to have high self-esteem. What are the benefits of these qualities? What can we do to build these skills?
- Ask group members to get into the same small group of three to four people that they were in for the previous Activity. Ask them to re-work their role play (where all but one of the group members is pressuring the other to do something they don't want to) but this time, the person being pressurised says 'no'. Give group members some time to develop and practice their role play, then ask each group to present their role plays to the rest of the participants.

Ask the following questions:

- o How did this role play make you feel compared to the one in the last Activity?
- o What do you think of the person who said 'no'? How do you think their families would feel if they knew how they had stood up to peer pressure?
- o Who would you prefer to be – someone who pressurises others, or someone who stands by their values?

Children and young people above 15 years old:

- Ask the group members to list any examples of when they may need to demonstrate assertiveness. Perhaps some of them can provide examples of times when they have been assertive. Have a group discussion about this.
- Ask group members to get into the same small group of three to four people they were in during the previous Activity. Ask them to re-work their role play (where all but one of the group members is pressuring the other to do something they don't want to do) but this time, the person being pressurised says 'no'. Give group members some time to develop and practice their role play, then ask each group to present their role plays to the rest of the participants. Ask the following questions:
 - o How did this role play make you feel compared to the one in the last Activity?
 - o What do you think of the person who said 'no'? How do you think their families would feel if they knew how they had stood up to peer pressure?
 - o Who would you prefer to be – someone who pressurises others, or someone who stands by their values?

Key learning objectives:

- Good communication is essential to personal, family, romantic, school and work relationships.
- Effective communication can help children and young people refuse unwanted sexual pressure and abuse by people in positions of authority and other adults.
- Being able to say 'no' assertively protects us against doing things that we do not want to do or that puts us at risk – including when someone is giving us unwanted sexual attention.
- There is always someone, or some where, you can go to for help if you are being pressured into something which puts you at risk.
- Anyone who gives you unwanted sexual attention, including touching you or making comments – as well as forcing themselves on you – is doing something that is illegal and against your rights – you must seek help.



Activity 5: Culture, Society and Human Rights – Understanding Gender

Key issues:

A person's gender refers to the roles, responsibilities and characteristics expected of them because they are either a man or a woman. Gender roles and expectations differ from society to society and culture to culture. This Activity aims to build an understanding among young people about what gender is and the impact that gender expectations might have on their decisions. Key issues to highlight in this Activity are:

- Gender roles are socially constructed – we are not born with them. Most of us are born either male or female and grow up to identify as male or female. The roles and responsibilities expected of us are the result of cultural and social norms and pressures – and can be changed. It is important to note that some people are born with both male and female sex characteristics (intersex) – or may have internal sex organs that differ from the external. These people may not identify with the sex they were assigned at birth. There are also some people who grow up feeling they are in the wrong body – male identifying as female or female identifying as male (transgender). Such people may have particular difficulty in fitting in with society's gender roles, but they have the same rights as everyone else – to be treated equally and to access their sexual and reproductive health and rights.
- Gender roles and expectations can influence our relationships and decision making capacity. In many societies, women have less power in relationships and decisions, which puts them at risk. We all have a duty to stamp out gender inequality.
- Responsible, caring men take a stand against gender inequality and treat women as equals in all areas of their lives – as colleagues, in relationships and in communities.
- Equality of all people, whatever their gender, is a basic human right.
- Gender inequality is the root cause of gender-based violence.

Suggested activities:

The following activity and discussion suggestions may be useful in supporting understanding about gender roles and expectations, gender dimensions within a relationship, and gender-based violence.

Children and young people under 15 years old:

- Ask the group members to think about what they consider to be women's roles and men's roles – in their families as well as in their communities. Ask everyone to share their answers then have a group discussion asking the following questions: Why do we think of certain things as women's roles and others as men's roles? What are the risks of this? What can we do to change these perceptions?
- Ask group members to think about stories they have heard about when their parents or grandparents were young. Were the gender roles, responsibilities and expectations any different then? What has changed? What caused these changes? How can we support further change to ensure that everyone is seen as equal?

Note: You can also assign this as a homework activity – asking group members to discuss gender roles with their parents and other family members to gain an idea of the changes that have occurred.

Children and young people above 15 years old:

- Ask the group members to think about examples of gender inequality that they – or people they know – have experienced. What was the cause of this inequality? How did this make them feel? Have a group discussion about this.
- Ask group members to list as many ways as they can think of, that gender inequality puts women at risk in their community. Encourage them to think about situations within the family, the community, and workplace, as well as with regard to legal issues and cultural practices. Have a group discussion.

Key learning objectives:

- Gender is a socially constructed concept that can be changed; it has changed over time.
- Gender inequality reduces women's ability to negotiate for healthy practices within a relationship, which puts them at risk.
- We all have a responsibility to promote gender equality and stand against gender inequality
- Equality is a basic human right.

Activity 6: Culture, Society and Human Rights – Harmful Practices

Key issues:

Many cultural practices are positive and promote cultural cohesiveness and togetherness. However, a number of cultural practices and social norms put people at risk, particularly in the context of HIV. This Activity aims to build an understanding of those practices and norms that are harmful and to promote change.

Key issues to highlight in this Activity are:

- Culture and cultural practices can be, and in many instances are, positive. Identifying and addressing potentially harmful cultural practices and social norms should not be seen as an attack on culture but as an attempt to solidify positive practices, whilst protecting people from the potential risks of harmful practices.
- Every culture has different practices and norms. The following practices are examples of those carried out in some countries in eastern and southern Africa that carry risks: wife inheritance in the context of HIV can expose additional people to HIV infection, if the husband died of an AIDS related illness; child marriage exposes children to the risks of sexual activity – including pregnancy – before they are physically or emotionally ready (and can lead to incomplete education); female genital mutilation (FGM) causes serious health risks and is illegal in most countries; polygamy can expose people to the risk of STI and HIV infection; bride price and forced marriage create a perception of women as commodities, which fuels gender inequality and disparity. These are some examples, but there may be others from your community which you can highlight.
- Socially accepted norms can also be harmful, for example, that men hold the dominant role in a family or household and therefore have more ‘say’ in decisions; sexual concurrency – the idea that men need to show their manliness by having many partners; the concept that women are responsible for issues regarding the family, including family planning. Again, these are some examples, but you may want to highlight other social norms that are specific to your community.
- Every person has a right to access their sexual and reproductive health rights including deciding when, how and with whom, to engage in sexual relations; when to have children, as well as how many and with whom; access to sexual and reproductive health services and information; and the right to protect themselves from the unintended consequences of sex.
- Sexual abuse (which includes unwanted touching, harassment and comments, as well as rape), is illegal and puts the person being abused at risk of STIs, HIV and unintended pregnancy, as well as emotional trauma.
- Rape includes sodomy (anal sex) and can happen to both boys and girls.
- Practicing anal sex in order to avoid pregnancy or maintain virginity is a risky sexual practice. The skin around and inside the anus can easily tear, increasing the risk of STIs and HIV.

Suggested activities

The following activity and discussion suggestions may be useful in supporting understanding about harmful cultural practices.

Children and young people under 15 years old:

- Ask the group members to think about cultural practices in their community that may feed into gender inequality. Ask them to list as many as possible, then ask them to share their thoughts. Have a group discussion. After each person shares their ideas, ask: how might this affect gender equality? How might it put people at risk?
- Ask group members to think about how cultural practices can change. What action can we, as individuals and as a group, take to promote positive cultural practices and change harmful cultural practices?

Children and young people above 15 years old:

- Ask group members to get into groups of two and list what they consider to be the most harmful cultural practice in their community (if they are stuck, you can assign different cultural practices to different pairs). Then ask them to list the impact of that cultural practice on: ability to plan pregnancy; risk of STIs and HIV; and impact on a relationship. Discuss the answers as a whole group.
- Ask group members to consider a scenario where a friend is at risk of sexual abuse. What advice would they give? Where could their friend go for support? Discuss answers and highlight community services in place for people who are at risk of, or who have experienced, sexual abuse.

Key learning objectives:

- All forms of sexual abuse and gender-based violence by adults, young people and people in positions of authority, are a violation of human rights.
- Everyone has a responsibility to advocate for gender equality and speak out against human rights violations, such as sexual abuse, harmful practices and gender-based violence.
- There are trusted adults who can refer you to services that support victims of sexual abuse and gender-based violence.

Activity 7: Human Development – Understanding Puberty

Key issues:

Puberty can be a confusing and difficult time for young people. Providing them with information on the physical, social and emotional changes they are likely to experience, means they will be better prepared to deal with the challenges they may face. This Activity aims to provide an understanding of the changes that young people will experience during puberty. It may be useful to separate the CSE club participants into boy and girl groups for this Activity. Key issues to highlight are:

- Change during puberty is normal – some people may experience change earlier or later than others – this is normal.
- Experiencing new sexual feelings during puberty is normal.
- Every person is unique, special and beautiful in their own way – it is not healthy to compare yourself to others.
- Girls and boys need to be prepared for puberty – girls need to know how to deal with menstruation (and have sanitary pads at hand in order to do so) and boys need to be aware that they might experience wet dreams and erections, as well as understand about menstruation.
- Share changes during puberty for both girls and boys with the group.
- Some parts of the body are private and it is important that everyone respects this.

Early adolescence

Girls around 9-13 years
Boys around 11-15 years

At this time, young people:

- Are going through puberty
- Think a lot about their bodies and worry about how they look
- Start to pull away from parents
- Start to hang with friends, wanting to be more with a group
- Think mostly about stuff from their every day lives

Middle adolescence

Girls around 13-16 years
Boys around 14-17 years

At this time, young people:

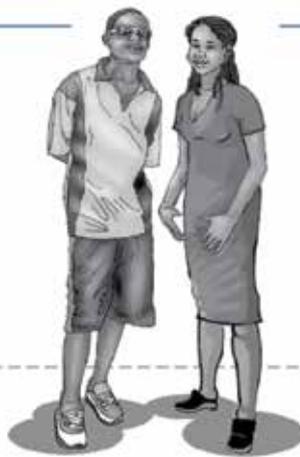
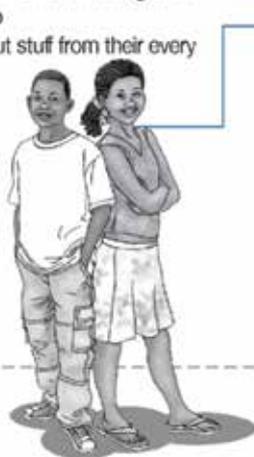
- Are getting more independent, wanting to do their own thing
- Like to be with their friends
- Care about what their friends do and think
- Start to test out relationships
- Start to think about things they don't live every day and wondering, "what if...?"

Late adolescence

Girls around 16 years and up
Boys around 17 years and up

At this time, young people:

- Are doing their own thing, are their own person
- Know who they are
- Can be in a caring romantic relationship
- See who they are as an adult
- Form better and close relationships
- Are comfortable with how they feel as a man or a woman and know who they are attracted to



Suggested activities:

The following Activity and discussion suggestions may be useful in supporting understanding about changes during puberty. This activity is suitable for all ages:

- Ask group members to list the changes they know of that will occur during puberty. Then ask them to share their answers and make sure to fill in any gaps.
- Ask group members to draw a picture of themselves and indicate what about themselves they love most. Highlight that this can include things about their appearance (e.g. I have nice eyes), as well as about their personality (e.g. I am a kind and generous person). Group members do not need to share their pictures. Instead, write all the names of the group members down on a piece of paper, mix them out and distribute them. Then ask each group member to write one nice thing about the person whose name is written on the piece of paper they received. Collect all the answers anonymously and ask different people to read them out.

Key learning objectives:

- Change during puberty is normal and is nothing to be ashamed of.
- Many young people are curious about, and explore, their own bodies during puberty – this is normal.
- Unwanted sexual attention and harassment of girls during menstruation and, indeed, at all other times, is a violation of their privacy and bodily integrity.
- Unwanted sexual attention and harassment of boys is a violation of their privacy and bodily integrity.
- It is important to respect the privacy of all people, especially young people who are dealing with puberty.
- Every person is different and unique – this is part of what makes them special and beautiful.

Activity 8: Human Development – Understanding Reproduction

Key issues:

Puberty represents the growth of a child to a young adult, signaling a number of developmental changes in the body that lead to sexual and reproductive maturity. However, being able to reproduce does not necessarily mean a young person is ready to reproduce.

This Activity aims to build understanding of how the reproductive system works. Key issues to highlight in this Activity are:

- Explain the stages of reproduction (from conception to birth).
- Explain the function of sexual and reproductive organs, for both males and females.
- The sex of a foetus is determined by the male sperm that fertilises the egg.
- Not all couples can become pregnant – and this is no fault of either partner – there are different solutions for couples who cannot become pregnant, including adoption, surrogacy and fertility treatment.
- Being able to reproduce comes with new responsibilities for both men and women.
- Reproductive responsibility and the prevention of unplanned pregnancy are the responsibility of both partners.

Suggested activities

The following activity and discussion suggestions may be useful in supporting understanding reproductive functions of the body.

Children and young people under 15 years old:

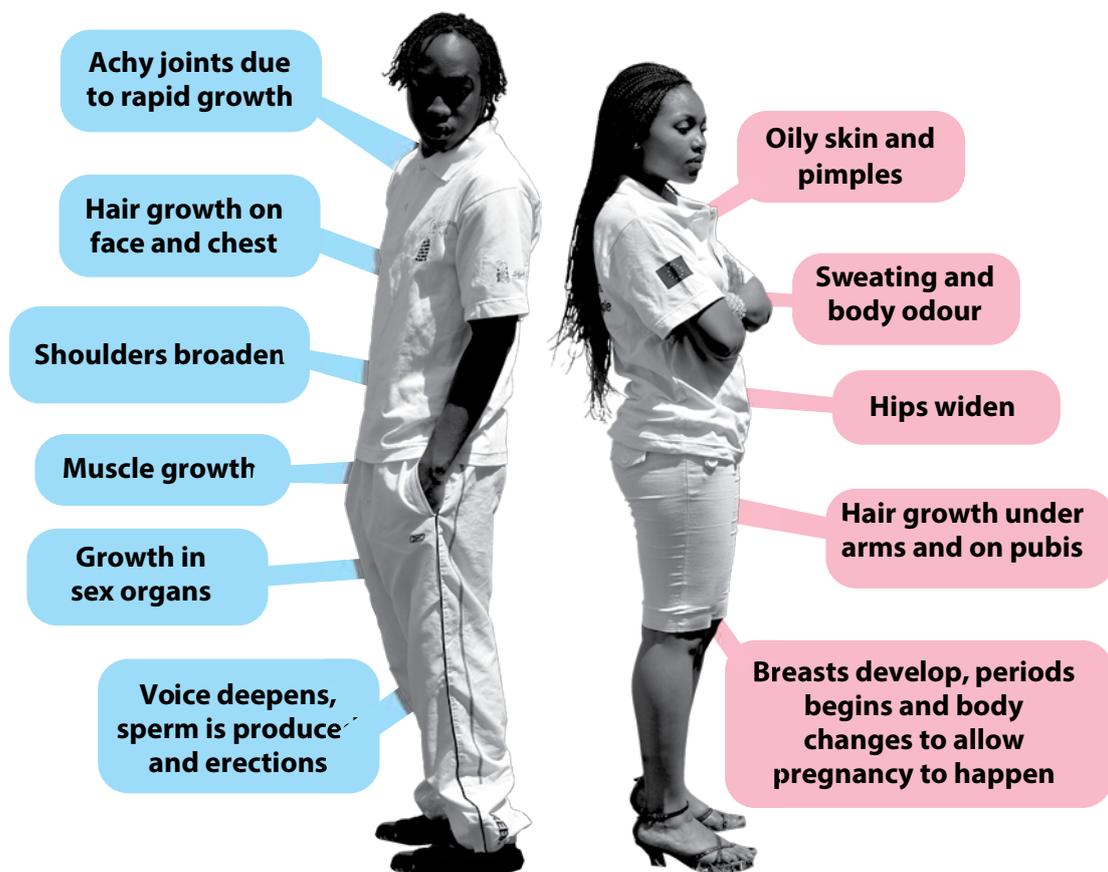
- Ask group members to draw a picture showing their understanding of reproduction. You may want to ask group members to hand this in to you in private so that you can look over the pictures and correct any misconceptions – again, in private.
- Ask group members to list the rights and responsibilities of men and women with regard to reproduction. What do they think each partner has a right to and a responsibility for? Have a group discussion about this.

Children and young people above 15 years old:

- Make a 'secret questions' box – give everyone a piece of paper and ask them to write a question – or more than one question – that they have about reproduction, including any services that they may need and are not sure where to get. Collect the questions in a closed box and pick them out one by one, answering them as you go. Keep the box in an accessible location so group members can add new questions; after each Activity, set aside some time to go through and answer questions.
- Having good sexual and reproductive health is about seeking medical advice and care when you need it – either for preventative measures or treatment. Ask group members where in the community they could go if they were concerned about their sexual and reproductive health.

Key learning objectives:

- Being physically able to reproduce does not mean that a person is ready for a baby.
- Puberty signals a transition to adulthood, which comes with new risks and responsibilities.
- Unprotected sex can lead to unplanned pregnancy, STIs and HIV infection.
- Prevention of unplanned pregnancy is the responsibility of both partners.



Activity 9: Sexual Behaviour – Consequences of Sexual Activity

Key issues:

This Activity aims to help young people to understand the potential consequences of sex and the responsibilities that go with those consequences. Key issues in this Activity are:

- The consequences of engaging in sexual behaviours are real and come with associated responsibilities.
- Engaging in sexual activity with someone is a very intimate and personal activity that should only occur with someone you truly trust, respect and love.
- Unprotected sex can lead to unplanned pregnancy, STIs and HIV infection – all of which can have major life-long impacts.
- Both partners should have an equal say in how to protect against the unintended consequences of sex – and share the responsibility of dealing with any unintended consequences.
- Sexual orientation – who we feel attracted to – is different for everyone and may vary throughout our lives. Some people may be attracted to those of the same sex as them – they have the same rights to equality and access to sexual and reproductive health as everyone else.

Suggested activities

The following Activity and discussion suggestions may be useful in supporting understanding of sexual behaviour and its consequences.

Children and young people under 15 years old:

- If you haven't already done so, make a secret questions box for young people to ask questions about sexual behaviour.
- Ask group members to list at least three reasons why it's better to wait before engaging in sexual relations with someone. Ask them to consider physical, social, emotional and financial reasons. Have a group discussion about this.

Children and young people above 15 years old:

- Ask group members what they would advise their own future children with regard to sexual relationships – ask them to imagine they are having a conversation with their future child. What advice would they give them? If group members are willing to do so, ask them to share their answers and have a group discussion about this.
- Fantasies and desires are normal. However, most people do not act on their desires, attractions and fantasies. Ask group members what coping strategies they can think of to overcome physical desire and urges. If group members are willing to do so, ask them to share their ideas. If not, share other ideas with the while group.

Key learning objectives:

- People have physical responses to sexual stimulation. This is natural, but these feelings do not need to be acted upon. There are ways to control them, including masturbating, which is a normal part of learning about one's own body.
- People have different ideas and preferences when it comes to sexuality and relationships. It is important to have respect for all people, whatever their race, religion, gender or sexual orientation. Intolerance causes unnecessary tension and aggression in a community.

Activity 10: Sexual Behaviour – Risky Sexual Behaviours

Key issues:

Sexual and relationship decisions can put young people at risk. There are certain sexual practices and behaviours that are particularly risky. This Activity looks at risk factors with regard to sexual relationships.

Key issues to highlight in this Activity are:

- Whilst it might seem like a one-off risk, engaging in sexual activity before you are ready, and without contraceptives, puts you and your partner at risk of major long-term consequences.
- Transactional sex is common in eastern and southern Africa. Transactional sex is the exchange of sex or sexual favours for commodities of some kind – this can be money, services, favours, good grades or many other things. It affects both boys and girls. Transactional sex puts both partners at high risk of STI or HIV transmission.
- Anyone who is approached for transactional sex or sex in exchange for favours must seek help as soon as possible – it is illegal and against your rights to be coerced into sex for any transactional reason.
- The more sexual partners you have, the greater your personal risk of HIV and STIs, as well as that of your partners.

Suggested activities

The following activity and discussion suggestions may be useful in supporting a better understanding of risky sexual behaviours.

Children and young people under 15 years old:

- Ask the group to list three or more examples that they know of, which are risky sexual encounters. Discuss these. What can young people do to avoid these risks?
- Ask group members to consider a situation where someone older than them approached them for sex, with the promise of favours. Ask them what they would do? Where could they go for help?

Children and young people above 15 years old:

- Ask group members to list three or more risky sexual scenarios, why they are risky and what they could do to reduce risk.
- Ask group members to consider where they could go to for help if they are being pressurised into sex. Have a group discussion, listing all the places and people, in the community where they can go for help.

Key learning objectives:

- Whilst desire and attraction may make you think it's a good idea to engage in sexual relations, it is much better to wait for someone for whom you feel more than just desire and attraction.
- There are a lot of places you can go to for help if you are concerned about forced sexual activity or sexual abuse – it is vital that you seek this help.
- Masturbation is a normal, healthy and safe way to satisfy sexual desire.

Activity 11: Sexual Behaviour – Consequences of Sexual Activity

Key issues:

This Activity aims to help young people to understand the potential consequences of sex and the responsibilities that go with those consequences.

Key issues in this Activity are:

- The consequences of engaging in sexual behaviours are real, and come with associated responsibilities.
- Engaging in sexual activity with someone is a very intimate and personal activity that should only occur with someone you truly trust, respect and love.
- Unprotected sex can lead to unplanned pregnancy, STIs and HIV infection – all of which can have major life-long impacts.
- Unexpected pregnancy can prevent you continuing your school work; you may even drop out of school to care for the child, or have to go to work to support the baby.
- Both partners should have an equal say in how to protect against the unintended consequences of sex – and share the responsibility of dealing with any unintended consequences.

Suggested activities

The following activity and discussion suggestions may be useful in supporting understanding of sexual behaviour and the consequences.

Children and young people under 15 years old:

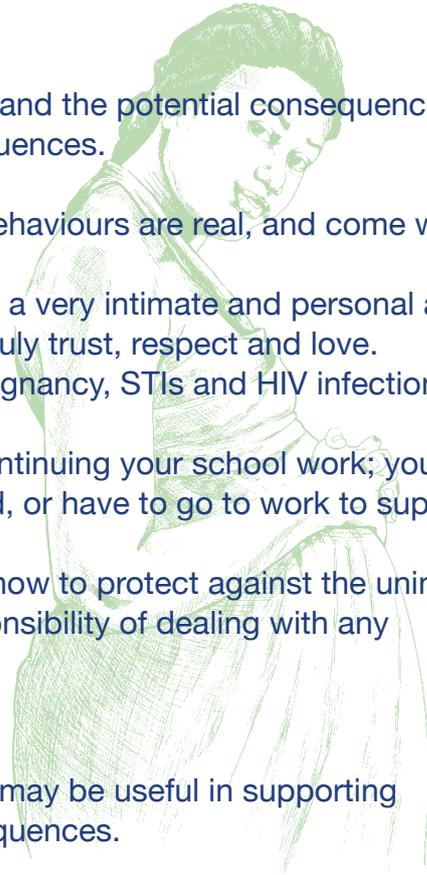
- If you haven't done so already, make a secret questions box for young people to ask questions about sexual behaviour.
- Ask group members to list at least three reasons why it's better to wait before engaging in sexual relations with someone. Ask them to consider physical, social, emotional and financial reasons. Have a group discussion about this.

Children and young people above 15 years old:

- Ask group members what advice they would give their own future children with regard to sexual relationships – ask them to imagine they are having a conversation with their future child. What advice would they give them? If group members are willing to do so, ask them to share their answers and have a group discussion about this.
- Fantasies and desires are normal. However, most people do not act on their desires, attractions and fantasies. Ask group members what coping strategies they can think of to overcome physical desire and urges. If group members are willing to do so, ask them to share their ideas. If not, share other ideas with the whole group.

Key learning objectives:

- People have physical response to sexual stimulation. This is natural but it does not need to be acted upon. There are ways to control these feelings, including masturbation, which is a normal part of learning about one's own body.
- People have different ideas and preferences when it comes to sexuality and relationships. It is important to respect for all people, whatever their race, religion, gender or sexual orientation. Intolerance causes unnecessary tension and aggression in a community.



Activity 12: Sexual and Reproductive Health – Understanding Sexual and Reproductive Health Rights

Key issues:

Having good sexual and reproductive health is vital for a person's health and well being. This Activity explores what we mean by sexual and reproductive health rights, and why they are important.

Key issues in this Activity are:

- Sharing information about what every person's sexual and reproductive health rights are.
- Understanding what is meant by having good sexual and reproductive health.
- Understanding what it means to have a right to good sexual and reproductive health.
- Knowing that all young people have a right to sexual and reproductive health services and information.
- Understanding that seeking sexual and reproductive health services and information is a sign of responsibility.
- It is also your right to choose NOT to have sex.

Suggested activities

The following activity and discussion suggestions may be useful in supporting understanding of sexual and reproductive health rights and their importance. These activities are suitable for all ages.

- Ask group members to list all the sexual and reproductive health rights that they know of or have heard about. Then ask them to share their answers. Ask: why is it important that we are able to access these services?
- Ask group members to think of any examples that they can of when someone's sexual and reproductive health has not been upheld. What could they do? What would they hope to be able to do?

Key learning objectives:

- Every person in the world is entitled to good sexual and reproductive health and the upholding of sexual and reproductive health rights.
- Every person is entitled to access the sexual and reproductive health services and information they need to make responsible decisions and stay healthy – young people, both in- and out-of-school – can hold their governments accountable to these commitments.
- Anyone who goes against your rights is going against human rights legislation as well as against national guidelines and standards.
- Sexual activity can have impacts that are life-long.

Activity 13: Sexual and Reproductive Health – Understanding and Preventing Unplanned Pregnancy

Key issues:

Unplanned and early pregnancy remains too high in the continent and often results in poor health outcomes for both mother and child. Early pregnancy often results in the mother dropping out of school, or missing classes, leading to poor social and economic outcomes for the whole family. This Activity supports understanding about pregnancy, preventing pregnancy and knowing when you are pregnant. Key issues in this section are:

- Pregnancy carries a lot of responsibility, which both partners need to be ready, willing, and able, to take on, before deciding to become pregnant.
- There are a number of ways to prevent pregnancy. The most effective is abstinence. The most risky is unprotected anal sex as the skin around and inside the anus can easily tear, increasing the likelihood of STIs and HIV.
- Masturbation can provide release of sexual feelings without the risk of unplanned pregnancy or sexually transmitted infections. It is not harmful and can help delay first sex.
- Share information about the different types of contraceptive available locally and the benefits and drawbacks of each; include information on emergency contraception.
- Abortion is illegal in many eastern and southern African countries and illegal or unsafe abortion is never an option – it is likely to result in a lot of major health issues for both the child and mother. Unsafe abortion is when any substance is eaten or drunk or inserted into the vagina, or any other item is inserted into the vagina outside of a health centre or by an untrained medical practitioner.
- If someone becomes pregnant through rape or force, there are ways in which to support the woman – including provision of emergency contraception. It is important to seek help as soon as possible, as emergency contraception works best if used within three days of possible exposure to pregnancy. Boys also need to understand about emergency contraception and ensure their partner obtains it, if they need it.

Suggested activities

The following activity and discussion suggestions may be useful in supporting understanding of pregnancy; avoiding unplanned pregnancy; and sources of help in case of unplanned pregnancy.

Children and young people under 15 years old:

- Ask group members to list at least three things that they wish for their future child (examples may include a good education, a good job, close relationships with family members, a stable and loving environment created by devoted parents, etc.). Are these things possible now? What steps can they take to ensure that they achieve all that they hope to, for their future children? Have a group discussion about this.
- Ask group members to list three ways in which they can prevent unplanned pregnancy. Ask group members to share their answers and have a group discussion about this.

Children and young people above 15 years old:

- Ask group members to make a brief summary of the pros and cons of different contraceptive methods. Ask them to make notes on which are the most suitable for unmarried, sexually active young people; married young people, and unmarried people who do not plan to become sexually active.
- Access to contraceptives is a right of all people, including young people. Ask group members to list where they could go for advice and support, as young people not in a relationship and not planning to be sexually active, but wanting more information; young people in a relationship looking for contraceptive solutions; young people not in a long term relationship but wanting to be prepared.
- Abortion is illegal in many countries, resulting in some young women seeking unsafe abortions. Discuss when, how and why this happens and the risks young people face, in terms of their health and the law.
- **Dual protection** is important – this means using condoms to protect against STIs and HIV, as well as another contraceptive method to protect against unplanned pregnancy.

Key learning objectives:

- Access to contraceptives is a basic human right to which every person is entitled.
- Abstinence is the safest way to protect against unplanned pregnancy and HIV.
- Planning to avoid unplanned pregnancy, and dealing with pregnancy, is the responsibility of both partners.
- Different contraceptives have different benefits. The only one that protects against unintended pregnancy, STIs and HIV is the condom (male or female – when used correctly and consistently).
- When in a long term relationship, it may be advisable to use dual protection – this means using a long term contraceptive (like the oral pill) in conjunction with condoms. Using both means that, if you have a condom accident, you have back-up protection against unplanned pregnancy.
- It is vital to remember that pregnancy and childbirth have long term impacts – both parents need to be ready for it.

Activity 14: Sexual and Reproductive Health – Understanding and Preventing HIV and STI Infection

Key issues:

HIV and STI infections are still too common when one considers how easily prevented they are. It is vital to scale up condom awareness, acceptability and uptake, particularly among young people, who present our best chances for change. This Activity supports understanding of HIV and how it is passed from one person to another – as well as how it can be prevented.

Key issues in this section are:

- STIs and HIV are most commonly spread through unprotected sexual contact.
- Understanding HIV and its progression: HIV is a virus that attacks the body's immune system, making it more susceptible to other (opportunistic) infections.
- Explain the signs and symptoms of different STIs – including risk factors.
- Today, with HIV treatment – antiretroviral medicines (ARVs) - HIV positive people can live healthy, long and fulfilled lives. It is vital that every person knows their HIV status so they can take steps to stay HIV negative, or to access the treatment, care and support they need to live a long, healthy and fulfilled life.
- It is also vital that anyone intending to become, or who is already pregnant, seeks medical support to ensure that their child is not at risk of being born with HIV.
- Abstinence is the safest way to prevent against STIs and HIV infection. However, for people for whom this is not a viable or practical solution, correct and consistent condom use offers a high rate of protection.
- If someone is exposed to HIV accidentally – through a caring accident or as a result of rape, or a condom accident, they must seek medical attention urgently. There is medicine – PEP (post exposure prophylaxis) – that can be taken to reduce the risk of infection after exposure.
- Stigma and discrimination against anyone, including because they are living with HIV, is always wrong and is against their human rights.

Suggested activities

The following Activity and discussion suggestions may be useful in supporting understanding of STI and HIV transmission, prevention and treatment.

Children and young people under 15 years old:

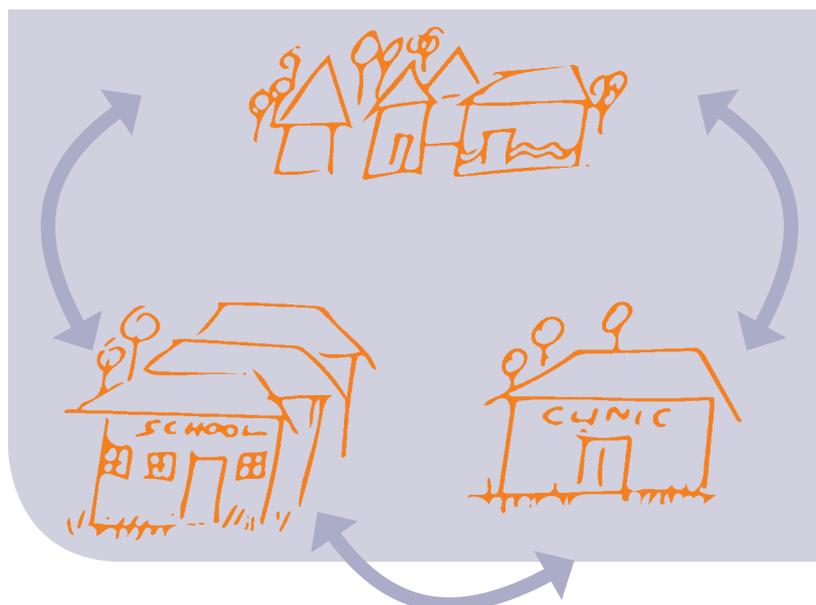
- Ask group members to list three ways they know of to prevent onward transmission of HIV. Ask group members to share their answers and have a discussion about this.
- Ask group members to get into pairs. Ask them to develop a role play where they are friends and one of the two friends discloses to the other that they are HIV positive. How does the person react? In a supportive way? How could they be more supportive? What is the effect of not being supportive?

Children and young people above 15 years old:

- Ask group members to get into pairs – they are going to pretend to be in a relationship. Ask them to develop a role play where one partner tells the other that they are HIV positive. How does the person react? In a supportive way? How could they be more supportive? What is the effect of not being supportive? What can a couple do to make their relationship work, even if one of them is living with HIV?
- Ask the pair to consider the idea that they are in a serodiscordant relationship (one is HIV negative, one is HIV positive) . Ask them to discuss whether it is possible for the HIV negative partner to remain negative and if so, how? Ask them to identify the body fluids that pose a risk of HIV transmission. Ask pairs to share their thoughts, and then have a group discussion on how to make a serodiscordant relationship work and how to protect a baby from HIV infection.

Key learning objectives:

- Condoms are the only contraceptive that protect against STIs, HIV infection and pregnancy.
- Anyone who is sexually active should go for routine STI and HIV screenings every six months; the earlier any STI is detected, the better the treatment outcomes.
- With the right care and treatment, people living with HIV can live long, healthy and fulfilled lives. It is vital that everyone knows their HIV status so that they can access the treatment and support they need.
- Correct and consistent condom use is vital to protect against HIV and STIs. Show group members how to put on a condom correctly using a model penis, or something else that is roughly the size and shape of a penis (a cucumber, banana or even a broom handle, as well as a female condom. You can use a box with a hole cut in it to represent the vagina.
- Stigma and discrimination against people living with HIV is very harmful and makes it much harder for people to access the services they need to stay healthy – it is a human right of every person, whatever their health status, to be treated equally.



2.4 Plan Your Own CSE Clubs

TIME 2 HOURS

KNOWLEDGE AND ACTIVITY SESSION

Session 2.3 took you through 14 possible activities to hold with children below and above 15 years. This session pulls all that learning and discussion together. You may need to adapt these to suit the young people in your community and identify any local issues that need special attention.

This is your opportunity to put together knowledge and activity sessions tailored to your group's needs. In your area there may be a lot of teen pregnancies, alcohol abuse or even some risky cultural practices, such as widow cleansing or coming-of-age ceremonies that encourage young boys and girls to have unprotected sex. CSE clubs are an opportunity to engage young people, parents and others in the community to influence harmful cultural and social practices and take a united stance against behaviours that put children and the whole community at risk.

Step 1: A good way to get started is to use a SWOT/C tool. This is explained in the table below. It also links with the reflections under 2.2.

List all the issues facing young people in your community and then prioritise the list. If you can, include young people themselves in this discussion so you gather everyone's thoughts on what the problem (and the solution) could be.

External Environment around supporting Comprehensive Sexuality Education in the community	
Strengths	Opportunities
e.g. what has been done already? Are there any trained people/teachers, school outreach? etc.	e.g. Are there already HIV or SRHR programmes? Are there already HIV or health clubs?
Internal Environment for engaging communities comprehensive sexuality education	
Weaknesses	Threats/constraints
e.g. is there a CSE curriculum in school? Is it being used? Why/why not? Are teachers or others trained? Are there NGOs and others who can help? etc.	e.g. are there cultural practices that work against CSE? Are there people with strong beliefs who can hold back discussion?

MODULE 3: Working with Multiple Stakeholders to Support CSE and Youth Friendly Services

There is a lot of experience in CSE and SRHR programmes, as well as innovations and standards in youth friendly service provision, across eastern and southern Africa. However, these efforts are often limited in reach – especially geographically – under-resourced, and not shared within countries, or beyond country level.

This module aims to share experiences, build on the discussions in Module 1 and share some strategies and examples of effective programming, as a practical step forward for participants to engage communities.

TIME FOR THIS MODULE: 6 HOURS

MODULE OBJECTIVES:

By the end of this module, participants should be able to:

- Express a common understanding of CSE
- Unpack CSE and the topics/subjects it covers
- Know more about CSE in the region, including some shared experiences of CSE initiatives
- Understand the challenges faced in implementing CSE in schools and community
- Know the benefits of CSE and be able to articulate these to stakeholders
- Be part of a community of learning and practice on CSE in eastern and southern Africa.

3.1 Why Work with Multiple Stakeholders?

Time: 45 minutes to one hour

KNOWLEDGE SESSION

Although the school setting provides an excellent opportunity to reach a large number of children and young people with CSE in a formal setting, teachers already face heavy workloads and tight deadlines to meet targets for examinable subjects; they need support from the wider community.

Sexuality education can take place in a variety of settings, both in- and out-of-school, and is most successful when an integrated and harmonised approach is embraced. In different contexts, different people have the opportunity and responsibility to provide various aspects of sexuality education for young people.

The nature of a person or group's contribution depends on their relationship, role and expertise in relation to young people. For example, parents are best placed to provide guidance on values, attitudes and beliefs, as well as providing continuity of individual support in relation to sexuality issues.

School-based CSE programmes provide for sharing information and skills development support in more formal ways, through lessons within a standard curriculum that can be gradually built upon as school children mature.

Community-based projects and peer-based learning programmes provide opportunities for young people to access advice and information in less formal ways and from people whom they may find easier to approach. Media, such as television and radio, can be engaged to help raise wider public awareness of CSE issues and to create talking points or conversation starters.

Political leaders and ministries can support scaled up CSE for young people and children, by encouraging the development and implementation of policies and guidelines specifying issues that should be included in CSE and detailing the actors who should be engaging in sexuality education. They can also promote certain messaging. By implementing policies and guidelines, authorities can remove the burden of responsibility and blame from schools, CSOs and other groups.

Religious and traditional leaders are the custodians of culture in communities. Perceptions of cultural and social norms can create barriers to young people accessing SRH information and services, so by supporting and promoting the values of CSE, traditional and religious leaders can help gain public support for programmes, making sure that content is both socially and culturally acceptable.

Healthcare providers and community health workers also have a vital role to play in providing advice, information and services at an individual level when needed, as well as ensuring that SRH services are available and accessible to young people. The provision of youth friendly services (YFS) is a vital component for health providers so that young people can access the services they need, having learned about them through CSE.

There is a strong focus within CSE programmes to ensure that they are country- and context-specific and appropriate. When all key stakeholders work together to provide a continuum of care for children and young people, including disseminating consistent messaging, CSE content is more applicable to the specific situations faced by children and young people in the community and information and services are more easily accessible.

ACTION REFLECTION

Ask the group to look through all the community tools in the Engaging Communities in *Comprehensive Sexuality Education Toolkit*. Make sure everyone has all the pieces (Use the Toolkit Guide as a checklist). Discuss the different pieces.

3.2 Working With and Through Schools to Engage Communities on CSE

Time: 45 minutes to one hour

KNOWLEDGE SESSION

While schools programmes are intended for school-going children and CSOs' work has generally focused on out-of-school youth, the content and aims of teaching are broadly similar.

Together, CSOs and schools can reach more children and provide more opportunities to engage communities. Community members, parents, caregivers, health workers, religious and traditional leaders and other stakeholders involved in preparing children and young people for adulthood, can be supported to reach consensus on the importance of CSE if sensitised by schools and from within communities simultaneously. Learning topics and objectives need to be harmonised with in- and out-of-school programmes as well as with the concerns, values and cultural contexts of particular communities.

Improved co-ordination between schools and CSOs is vital to ensuring effective partnership and collaboration regarding the roll out of CSE. This can be supported with the development of CSE policies and agreements that state the roles of each partner, the mutual goals of CSE implementation and agreed content and topics. Content taught through CSE should be based on agreed international and regional guidelines and standards. Having a formal CSE policy in place will make this easier.

ACTION REFLECTION

Ask the group to share their own examples of how schools and community have worked together. Have there been any policies or directives? Who has issued them? How can they help? If there are no examples, ask the group to brainstorm possibilities and list these on a flip chart for discussion.

Review the concept of CSE clubs (if it has not already been raised). CSE clubs are an excellent way of bringing multiple stakeholders together in action. Schools, CSOs, service providers, parents/caregivers and community leaders all have a role to play, either by supporting their establishment in school or out of school, providing resources, encouraging young people to attend or participating as experts and service providers.

3.3 Working with Health Care Providers to Support Youth Friendly Service Provision in the Community

Time: 45 minutes to one hour

KNOWLEDGE SESSION

Healthcare providers are pivotal in ensuring that young people can access the SRH services they need and to which they are entitled. Part of CSE is informing young people about the services available to them and supporting their access to these services.

By engaging health workers, CSE programmers in- and out-of-school can support the integration of youth friendly SRH services that prioritise the needs and concerns of young people within the community health system. CSE practitioners working with children and young people gather important insights into why young people do or do not access the SRH services they need. By relaying this information to health providers (whilst maintaining the confidentiality of the young people concerned), CSE programmers can help health providers to overcome potential barriers that young people face in accessing SRH services. Schools and school staff are respected by community members, and can act as an intermediary between parents and service providers.

Health care providers are also important resources for CSE programmers to support knowledge building on CSE. Working closely and creating linkages with health workers also helps to establish an effective referral system – so that CSE programmers who encounter children or young people with specific individual needs which they are not able to cater for, can refer them to health or medical practitioners for additional support.

CSE programmers need to remember that, like them, service providers and parents may also have issues with adolescents receiving and accessing information and services to do with sexual and reproductive health.

Successful strategies

- Training support is critical for health staff, so include them in any school-based or community level capacity building on CSE and SRH. Do not assume they know!
- Let them play their expert role – even without youth friendly training, healthcare practitioners, whether specialised medical practitioners or community-based extension staff, have important information. Invite them along as guest speakers whenever you can to build good working relationships.
- Include young health professionals in the system – either new trainees or at community level – this will make them much more approachable to in- and out-of-school youth.
- When talking to parents, find a mature and respected health professional who is a champion for adolescents – this will carry more weight.

Some practical advice

Remember that health practitioners are parents too, and that they have their own concerns for their children and families – talk to them about this, give them time to share their concerns

- Healthcare practitioners are busy people and treating and supporting adolescents might not seem like a priority – share the facts and figures. Leave IEC materials behind for when they do have time to read and reflect.
- Mobile services are effective for hard-to-reach groups (not just far away groups) and are ideal for young people too who may be shy or, who, because of stigma, are unwilling to go to the health facility
- Opening hours are critical if youth are to attend. When do young people have their free time?

ACTION REFLECTION

Ask the group to define youth friendly services. Discuss and share the three point definition in the box below.

Now ask the group to list the characteristics of youth friendly services, in other words, what is needed for a health service to be called youth friendly. List these on the board and draw from the box on the next page to round up the brainstorm.

YOUTH FRIENDLY SERVICES

Youth friendly SRH services (YFS) are services that:

- Effectively attract young people.
- Meet the varying needs of young people comfortably and responsively.
- Succeed in retaining these young clients for continuing care.

Provider characteristics for YFS:

- Staff trained in youth-friendly SRH: Providers who are trained to work competently and sensitively with young people are often considered the single most important condition for establishing youth-friendly services.
- All staff demonstrate respect and concern for young people: Young people often report that they are afraid of SRH services because a provider previously shouted at them, or criticised them for being sexually active.
- Privacy and confidentiality are honoured: Young people report that privacy and confidentiality are extremely important to them when making decisions about whether or not to seek SRH services.
- Adequate time is allocated for client and provider interaction: Adolescents are often shy about discussing issues related to SRH and may need to be encouraged to speak freely. Providers should assume that it will take more time for an adolescent to disclose their problems than it would for an adult, so it is important to allocate time appropriately.
- Peer counsellors are available: Many young people report that they feel more comfortable talking to people their own age about sensitive issues, although for more technical issues, they tend to prefer adult providers.

Health facility characteristics

- Separate space or special times set aside for young clients: Creating separate space, special times, or both, for adolescent clients appears more important for certain clients, such as younger adolescents, first-time clinic users, non-sexually active clients and marginalised young people, who are especially suspicious of mainstream health care.
- Convenient hours for young people: To increase access to SRH services, clinics must be open at times that are convenient for young people to attend. Such times include late afternoons (after school or work), evenings and weekends.
- Convenient location: Although some young people prefer to go outside their immediate community for care to avoid being seen, most young people cannot afford to travel long distances to access services.
- Adequate space and sufficient privacy: Both examination rooms and counselling rooms should offer auditory and visual privacy. Interruptions during the client visit should also be kept to a minimum.
- Comfortable surroundings: Young people often prefer environments that are clean, have adequate seating, and are decorated with cheerful colours and IEC materials. Young people are often not comfortable in overly sanitised environments.

3.4 Working with Parents and Caregivers to Support CSE and Youth Friendly Services

Time: 45 minutes to one hour

KNOWLEDGE SESSION

Parents and caregivers play a key role in maintaining primary responsibility for supporting the children in their care to develop healthy values regarding sexuality and relationships. Young people can have a discussion about their attitudes and views and learn important lessons from their parents and caregivers.

Being an informal setting, sexuality education at home provides an opportunity for children to interact with adults in a relaxed environment and at a time when they feel comfortable. Parents, caregivers, children and young people can also take advantage of opportunities provided by issues seen on television or on social media, heard on the radio or read in a newspaper, for example, as an opportunity to initiate conversation. Parents and caregivers are also more likely to be able to notice changes in their children that may be the result of SRH concerns or confusion and are, therefore, better placed to raise issues of concern with their children.

In schools, the interaction between teachers and young people takes a different form and is often provided in organised blocks of lessons. This format tends to be better suited to providing impartial information and facts, rather than advising on individual issues.

Younger children naturally look to their parents, caregivers and older siblings for guidance and direction – this provides an opportunity for families to transfer healthy values and principles. Parents and caregivers can influence children and young people's concepts of healthy relationships and communication between partners in the way that they behave in their own relationships.

By engaging parents and caregivers in sexuality education, CSE practitioners can encourage them to take advantage of the many opportunities they have to reinforce the CSE messages and information. This is vital for consistency and to avoid confusion. When parents and caregivers are supportive of their children's CSE, the children are also more likely to approach them with any questions or concerns they may have – or to clarify anything they may have learnt through CSE in more formal settings.

The most effective comprehensive sexuality education acknowledges the different contributions each setting can make. School programmes that involve parents, notifying them what is being taught and when, can support initiation of dialogue at home.

Successful strategies

Working with women and girls

- Identify and work with local women's organisations – they are already trusted and established.
- Use peer-to-peer and support group structures to discuss and open up dialogue on CSE.
- Focus on concrete, realistic and practical solutions – it may take time for attitudes on CSE to change.
- Raise women's consciousness on important CSE issues.
- Empower and encourage women and girls to be change agents themselves – removing barriers to girls' education, health and economic opportunities may be easier entry points to get discussion going.
- Women and girls do not always get access to all the information that is available, so target them specifically with relevant facts.
- Literacy levels for some women and girls may be low, so communication methods must take this into account.
- Girls' economic independence or low knowledge and economic dependence will hold back any efforts to support them with information and behaviour change support.
- Use existing platforms and forums e.g. church groups, burial societies, care groups and others.
- Identify and work with influential women.

Working with men and boys

- Use a peer-to-peer based strategy to engage men and boys – men and boys like their own spaces to talk openly on important issues.
- Make discussions of CSE relevant to them – their 'Men as Protectors' role, their roles as fathers and boys, or as future husbands.

Some practical advice

- Remember that men (and women) are not a homogeneous group; they have different perspectives, experiences and interests with regard to SRH and comprehensive sexuality education for their children.
- Be creative. Involve the different groups in generating messages that will encourage support and engagement.
- Go where men and women are – local sport events, farmers' markets, workplaces (men), churches, homesteads, mothers clubs (women).

ACTION REFLECTION

Step 1: Put the groups into small buzz groups to discuss the different ways that schools and CSOs can get parents involved. Each group should make two lists, one for the ways schools can involve parents and the other on how CSOs can engage parents. Ask the groups to write down and share three main approaches under each topic. List them all together in plenary. Are there any common strategies that can bring schools and CSOs together? List them as common strategies.

Step 2: Now ask the group to consider some of the barriers they may face. In the same buzz group, ask participants to list some questions as part of a checklist on engaging parents and caregivers. Use the list below to stimulate discussion or cross reference a list of questions shared.

Checklist of questions to consider when working with parents and caregivers

- What are the local barriers to supporting CSE? Limited knowledge, myths not facts, cultural practices?
- Who is most at risk of not accessing CSE information? Younger in-school? Out-of-school? Children with special needs?
- What are the existing groups and structures that parents and caregivers already participate in? How can they be involved on CSE issues?
- What are women's and men's views on CSE? What are the similarities and differences?
- Are there local health groups, women's or men's groups that you can partner with?
- What do women/men stand to lose/gain with CSE at school and in the community?

3.5 Working with Community Leaders

Time: 45 minutes to one hour

KNOWLEDGE SESSION

There are many community leaders (and opinion leaders) we need to work with on CSE issues. This group are also called 'gatekeepers'. There are three main types of leader (sometimes these leaders are more than one or all of these):

- Religious leaders
- Traditional leaders
- Political leaders.

Religious leaders: play a major role in guiding public opinion about what is, and is not, acceptable and appropriate. When in doubt, community members often look to religious leaders for leadership on issues around morality, values, beliefs and practices.

When addressing an issue such as sexuality education for children and young people, around which there are stigma and taboos, the engagement of religious leaders is vital in gaining wider community buy-in and support. Religious beliefs are a major factor in the taboo around discussing sex and relationships with young people – people may think that it is wrong in the eyes of God to do so. People are much more likely to listen and be accepting of CSE programmes if their religious leaders speak out on the importance of CSE for the health and future of the community's children.

In addition, engaging religious leaders helps to ensure that the content is in line with the specific sociocultural and religious context. Young people who attend church are also more likely to be open to CSE in the knowledge that their religious leaders are supportive.

Traditional leaders: such as village elders, chiefs and traditional healers too, are the custodians of culture in a community. Community members look to them for guidance on what is and is not culturally acceptable.

Traditional healers can also be engaged around issues of drug abuse. Sometimes, these can be modern drugs (e.g. viagra for improved sexual performance) and sometimes traditional (e.g. herbs to make the vagina tighter that increase risks of tearing and infection).

Talking to children and young people about sex and relationships may be considered by some in the community as 'against cultural practices', particularly implementing CSE in school settings as, traditionally, this may be seen as the role of parents, family members and community leaders. However, with changing family structures and, in many cases, the associated breakdown of traditional strategies for passing this information on to young

people – as well as new risks and emerging prevention strategies – CSE practitioners must find ways to fill the gaps. Engaging traditional leaders, building understanding, gaining their support for CSE programming and encouraging them to promote the importance and benefits of CSE will help to gain wider buy-in within the community.

Being the custodians of culture, traditional leaders also have a vital role to play in shaping CSE programming in the community to ensure that it is culturally and context-specific.

Political leaders: are responsible for policy implementation and legislation in the country. As such, it is vital to engage them in discussions about, and plans to, roll out CSE programming in communities. Political leaders can help CSE practitioners to overcome conflict regarding the implementation of CSE programmes as they are the community authority on what has been agreed nationally or regionally.

Engaging political leaders is also vital to developing community-specific or school-specific (particularly with regard to government schools) policies and guidelines relating to CSE. After gaining the support of political leaders in institutionalising CSE policies, practitioners can use the policy to quickly gain the support of other groups. A CSE policy also takes responsibility and potential ‘blame’ off the individual or institution – making CSE a mandated requirement.

Political leaders also have many opportunities to reach a large audience with information. They can take advantage of this to promote the importance and benefits of CSE.

Meaningfully engaging political leaders ensures that CSE practitioners are acting on strategies which have been committed to and endorsed by government.

Each of these groups may require different approaches to get them on board, with each adding different support to CSE and YFS support

ACTION REFLECTION

Step 1: Put the group into small buzz groups of three or four and discuss the different ways that schools and CSOs can get community leaders involved. Each group should make two lists; one for the ways schools can involve communities, and the other on how CSOs can engage community leaders. Ask the groups to write down and share three main approaches under each topic. List them all together in plenary. Are there any common strategies that can bring schools and CSOs together? List them as common strategies. Use the table of successful strategies and practical advice to wrap up the discussion.

Step 2: Now ask the group to consider some of the barriers they may face. In the same buzz group, ask participants to list some questions as part of a checklist to engaging community leaders.

Successful strategies

Practical advice

RELIGIOUS LEADERS

- Work with trusted individuals within the congregations who can facilitate introductions and set a positive tone.
 - Channel your work through a recognised central body within the religious institutions such as church unions.
 - Demonstrate respect for established leaders and protocols – first work to earn their support.
 - Develop good working relationships with religious leaders by seeking to understand their perspectives as well as their priorities; then you will earn the opportunity to talk about CSE issues .
 - Get to know the different religious sects well, understanding the subtle differences among religious groups.
 - Seek to work through and strengthen existing community groups rather than creating parallel groups and processes to work on issues of CSE.
 - Develop simple and positive messages that will resonate with the religious group – consult religious leaders to produce IEC materials that can be shared for distribution to their structures and congregations.
- Be respectful of religious institutions and leaders.
 - Ground discussions on CSE/SRH in both legislative and religious principles that are supportive.
 - Consider developing a sermon guide on key CSE topics.
 - Be optimistic and patient; change takes time.
 - Avoid coming across as judgemental and confrontational.
 - Do not try to fix things, instead help people help themselves.
 - Dress and behave appropriately to demonstrate respect for religious customs and ways of life.
 - Rights-based language can sometimes alienate religious groups – keep it simple.
 - Anticipate opposition – prepare to respond respectfully and constructively.
 - When leaders decide to speak to their communities, offer support as needed (you can attend events to answer questions).
 - Consider a letter to the community on CSE from the church.

Successful strategies

Practical advice

TRADITIONAL LEADERS

- The traditional leadership structure is usually hierarchical; programmers should begin by working with the highest ranking chief to get their buy-in.
 - Encourage traditional leaders to decide on, articulate and widely share an actionable commitment towards CSE.
 - Facilitate a shared platform for education and discussion among traditional leaders and their respective courts.
 - Support traditional leaders and their communities to come up with clear referral pathways when young people's health and SRH issues come up (especially on critical areas of abuse).
 - Offer support on difficult issues.
- Always demonstrate respect for traditional leaders and local cultural practices.
 - Have a clear appreciation of the structure and operation of traditional courts.
 - Develop an understanding of customary laws as they relate to young people, women and more specifically, to information about relationships and sex.
 - Use a cultural dialogue model that supports positive practices around sexuality and health.
 - Keep traditional healers informed of new drugs and their dangers, if misused. Also work with them and talk about the risks of some of the traditional medicines and practices, especially around using unsterilised razor blades, etc.

POLITICAL LEADERS

- Increase political leaders' awareness on existing and new legislative and constitutional provisions for CSE and adolescent SRHR.
 - Work with political leaders and policy makers to influence policy changes that are in line with the constitution.
 - Support the work of political leaders who monitor implementation of laws and policies to identify gaps and inform actions around community engagement on CSE.
- Identify and know well the policies, laws, guidelines and other documents that support CSE and adolescent SRHR.
 - Provide statistical briefs at regional and national level.
 - Summarise declarations and policies and produce knowledge briefs on key topics.
 - Identify and work with existing allies in parliament to help generate awareness and support in parliament.
 - Engage parliamentarians who are neutral on the issue.
 - Promote (in the media) and celebrate any steps taken by political leaders to support community engagement on CSE that have had positive outcomes.

3.6 Working with the Media to Share Accurate Information on CSE and Youth Friendly Services

Time: 45 minutes to one hour

KNOWLEDGE SESSION

The media offers powerful tools which can be used to influence public opinion, either positively or negatively. Media such as TV, radio, Internet (social media) and newspapers, reach huge audiences, so their impact on public opinion is also significant. These communication channels are especially attractive to young people so they provide an excellent channel to reinforce messages. Celebrities also have a big influence on young people which, again, can be either positive or negative, so it is important that CSE programmers engage them to sensitise them on key CSE issues.

Media stories and broadcasts are trying to grab peoples' attention so they can be sensationalist, exaggerating certain aspects of stories or leaving out some of the facts to make for a better story. For this reason, many people discuss the contents after reading an article, watching a show or hearing something on the radio – this continues spreading the information and helps people to internalise the messages.

Engaging the media is vital to ensuring that messaging received by children and young people is consistent and in line with CSE goals. Contradictory messaging can cause massive confusion amongst young people and harm good work done by CSE practitioners.

There are also risks associated with the media and many adults are concerned that their children are being exposed to negative influences or inappropriate content through the TV, Internet, radio and other channels. This makes engaging the media and gaining their support all the more important, to ensure that it is a force for good.

Successful strategies

- Devise a media advocacy plan that includes: campaign objectives (educational and action-oriented goals); simple clear messages and supporting IEC materials. Match media to target audience (radio/TV/ phones/social media), media strategy/plan with resources, track the plan as you implement, and evaluate the impact during and after.
- Map out specific activities to support advocacy.
- When working with journalists and artists, develop a press release and have a briefing document and preparatory session in advance, so that messages are accurate, clear and consistent.
- Work with media houses that have a large following for wide coverage.
- Create a media calendar and take advantage of family, children's and cultural days to engage communities on CSE.

- Leverage the credibility and appeal of well known celebrities, artists and high profile people.
- Identify the different community groups and target messages at each – answer simple questions such as why should parents, men or leaders care about CSE?
- Use different messages and media to community on CSE – be creative and inclusive.
- Develop supporting or use existing IEC materials (so include a minimum budget for reproduction).

Some practical advice

- Always remember that what works for one group may not for another
- Keep your message simple and POSITIVE
- Campaign activities don't always have to be serious – they can also be fun and interactive
- Use supporting statistics and evidence – but keep it simple (e.g. say 'one in ten people' rather than 10%)
- Ensure posters and materials are placed in appropriate places and that radio and TV shows are aired at the best times for the target group
- Always collect relevant data and analyse trends in the media during a campaign
- CSE has lots of topics – do not try to tackle them all at once, pick the issues most important to the community or the country generally. One issue at a time!

ACTION REFLECTION

Step 1: Ask the group to share their own examples of media programmes that support comprehensive sexuality education, sexual and reproductive health and rights for young people, as well as youth friendly services. List all the local programmes and other programmes from the region. Discuss what has worked in each and why, and put these on a flip chart titled 'things to do'. Then ask participants what they did not think worked and why and write these on a flip chart titled 'what to avoid'.

Step 2: Now create a checklist for working with the media that can guide implementation. Use the list below to assist discussion and wrap-up.

Checklist of questions to consider when working with the media

- What is this campaign all about? What are you hoping to achieve? Who are the different audiences you hope to engage? What media does each group have access to? What kinds of campaign activities would each group respond to best?
- What natural opportunities exist for promoting your campaign goals and messages?
- Are there organisations and alliances that you can partner with to support your campaign?
- What actions can you plan to mobilise others to take action?

Conclusion session

Time: 45 minutes

KNOWLEDGE SESSION

If we are to stem the surge in new HIV infections in young people across the two regions, engaging communities on CSE to support youth friendly service provision and uptake is one of the most urgent challenges we have in eastern and southern Africa. Despite progress in treatment, care and support to adults and young people alike, the wider social, economic and cultural environment remains the greatest barrier to the good health of young people and future communities.

52% of all new infections among young people occur
in the ESA region – UNFPA

If we are to improve community engagement on CSE and improve the quality of CSE programming, information is critical. Many young people grow to adolescence and adulthood without much knowledge about their reproductive health and sexuality – communities play a significant role in this situation.

Fewer than 40% of young people have the basic
information about HIV – and only 7% of grade 6
primary school pupils reached desirable levels of
knowledge – SACMEQ 2010

UNAIDS has three bold results to achieve its target of 30% reduction in new HIV infections in young people by 2015:

- At least 80% of young people in- and out-of-school to have a comprehensive knowledge of HIV.
- Young peoples' use of condoms during their last sexual intercourse needs to double.
- Young peoples' use of HIV testing and counselling services needs to double.

Community engagement in CSE is a critical link.

ACTION REFLECTION

Participants must begin to make plans towards engaging communities on CSE and should spend time discussing this. At the start of this module, the Community Tools from the *Engaging Communities in CSE* toolkit were shared. Ask the group to return to those IEC materials. How can they use these materials in their action plans? How do each start or support conversations and dialogue at community level? Discuss the role and function of each (note that some may have more than one role and function). There is a CSE Action Planning Matrix in the annex section that can help.

ANNEXES

This section of the manual contains the following:

- A list of CSE topics for programmers in- and out-of-school.
- A fact-sheet on adolescent health in eastern and southern Africa.
- Information on how to run a CSE club.
- A CSE action planning matrix.

A list of CSE topics for programmers in- and out-of-school

The curriculum for comprehensive sexuality education is broken down by the International Technical Guidelines on Sexuality Education (UNESCO) into six broad topics, or concepts, as follows:

1. Relationships
2. Values, attitudes and skills
3. Culture, society and human rights
4. Human development
5. Sexual behaviour
6. Sexual and reproductive health

Each of these topics or concepts is then further broken down into sub-topics, as follows:

1. Relationships <ul style="list-style-type: none">• Families• Friendship, Love and Romantic Relationships• Tolerance and Respect• Long-term Commitment, Marriage and Parenting	2. Values, Attitudes and Skills <ul style="list-style-type: none">• Values, Attitudes and Sources of Sexual Learning• Norms and Peer Influence on Sexual Behaviour• Decision-making• Communication, Refusal and Negotiation Skills• Finding Help and Support
3. Culture, Society and Human Rights <ul style="list-style-type: none">• Sexuality, Culture and Law• Sexuality and the Media• Understanding Gender• Gender-Based Violence including Sexual Abuse, Exploitation and Harmful Practices	4. Human Development <ul style="list-style-type: none">• Sexual and Reproductive Body Parts• Reproduction• Puberty• Body Image• Privacy and Bodily Integrity
5. Sexual Behaviour <ul style="list-style-type: none">• Sex, Sexuality and the Sexual Life Cycle• Sexual Behaviour and Sexual Response	6. Sexual and Reproductive Health <ul style="list-style-type: none">• Pregnancy Prevention• Understanding, Recognising and Reducing the Risk of STIs, including HIV• HIV and AIDS stigma, Care, Treatment and Support

Within each topic, the information is structured to suit the needs and learning levels of different age groups of children. The age groups are divided as follows:

- 5–8 years
- 9–12 years
- 12–15 years
- 15–18 + years.

As such, the issues and ideas that a child aged five to eight years in the topic of relationships is age-appropriate and will be built on as the child grows up. This section outlines the key issues that children of each age group will learn and understand in each of the six central topics.

Relationships

Learning Objectives for 5–8 year olds	Learning Objectives for 9–12 year olds
<p>Family – Define the concept of ‘family’</p> <p>Understand: that different kinds of families exist; needs and roles of different family members; how society influences male and female roles in the family; role of families in teaching values to children</p>	<p>Family – Describe the roles, rights and responsibilities of different family members</p> <p>Understand: families can promote gender equality; the importance of communication between parents and children; family members guide children’s decisions and values; how poor health can affect families</p>
<p>Friendship, Love and Romantic Relationships – Define a ‘friend’</p> <p>Understand: different kinds of friendships; importance of trust, sharing, empathy and solidarity; different kinds of relationships; love can be expressed in different ways; disability or health status is not a barrier to forming friendships or relationships</p>	<p>Friendship, Love and Romantic Relationships – Identify skills needed for managing relationships</p> <p>Understand: different ways to express friendship and to love another person; friendships and love help people feel good about themselves; relationships can be healthy or unhealthy – gender equality is a part of healthier relationships, abuse is an example of an unhealthy relationship</p>
<p>Tolerance and Respect – Define ‘respect’</p> <p>Understand: that tolerance, acceptance and respect are key to healthy relationships; every person is unique and valuable; every person deserves respect; making fun of people is harmful</p>	<p>Tolerance and Respect – Understand the concepts of stigma, intolerance, harassment, rejection and bullying</p> <p>Understand: bullying, stigma or discrimination of, anyone on the basis of health status, colour, origin, sexual orientation or other differences is never ok; we have a responsibility to defend people who are being bullied</p>
<p>Long-term Commitment, Marriage and Parenting – Explain the concepts of ‘family’ and ‘marriage’</p> <p>Understand: Some people choose marriage partners, others have arranged marriages; separation and divorce; different family structures affect children’s living arrangements; forced marriages and child marriages are harmful.</p>	<p>Long-term Commitment, Marriage and Parenting – Explain the key features of long-term commitments, marriage and parenting</p> <p>Understand: Laws and cultural practices shape how marriage, partnerships and having children are organised in society; every person has the right to decide whether to become a parent; parenting comes with responsibilities; adults can become parents in several ways – intended and unintended pregnancy, adoption, fostering, use of fertility technologies and surrogate parenting.</p>

Learning Objectives for 12–15 year olds

Family – Describe how responsibilities of family members change as they mature

Understand: Love, co-operation, equality, caring and respect are important for all healthy relationships; as they grow, children are influenced more by friends; growing up means taking responsibility for oneself and others; conflicts and conflict resolution in families

Friendship, Love and Romantic Relationships – Differentiate between different kinds of relationships

Understand: The difference between love, friendship, infatuation and sexual attraction; friends can influence one another positively and negatively; close relationships sometimes become sexual; relationships are affected by gender roles; relationship abuse is linked to gender inequality

Tolerance and Respect – Explain why stigma, discrimination and bullying are harmful

Understand: stigma and discrimination are harmful; stigma can be self-inflicted; everyone has a responsibility to speak out against bias and intolerance; support mechanisms for people experiencing stigma and discrimination

Long-term Commitment, Marriage and Parenting – Identify responsibilities of marriage & long-term commitments

Understand: Successful marriages and long-term commitments are based on love, tolerance and respect; early marriage, child marriage and teenage parenting often have negative social and health consequences; culture and gender roles impact upon parenting

Learning Objectives for 15–18+ year olds

Family – Discuss how sexual and relationship issues can impact on the family

Understand: family members' roles may change when a young person discloses an HIV-positive status, becomes pregnant, refuses an arranged marriage or discloses their sexual orientation, support systems which family members can turn to in times of crisis; overcoming family crises

Friendship, Love and Romantic Relationships – Identify relevant laws concerning abusive relationships

Understand: People can be taught skills to identify abusive relationships; there are laws against abuse in relationships; people have a responsibility to report abusive relationships; support is available for people in abusive relationships

Tolerance and Respect – Explain why it is important to challenge discrimination against those perceived to be 'different'

Understand: Discrimination impacts negatively upon individuals, communities and societies; in many places, there are laws against stigma and discrimination

Long-term Commitment, Marriage and Parenting – Identify physical, emotional, economic, and educational needs of children and associated responsibilities of parents

Understand: Marriage and long-term commitments are both rewarding and challenging; children's wellbeing can be affected by parents' relationships; there are many factors that influence why people decide to have children or not

Values, attitudes and skills

Learning Objectives for 5–8 year olds	Learning Objectives for 9–12 year olds
<p>Values, Attitudes and Sources of Sexual Learning – Define and identify personal values</p> <p>Understand: Values are beliefs held by individuals, families and communities which guide decisions about life and Relationships; individuals, peers, families and communities may have different values</p>	<p>Values, Attitudes and Sources of Sexual Learning – Identify sources of values, attitudes and sexual learning</p> <p>Understand: Parents teach children their values; values and attitudes from our families and communities are the sources of our sexual learning; values influence sexual behaviour and decisions; cultural values affect gender roles and equality</p>
<p>Norms and Peer Influence on Sexual Behaviour – Define a ‘peer pressure’</p> <p>Understand: Influence from peers (people from the same age group) exists in many different forms; influence from peers can be good or bad</p>	<p>Norms and Peer Influence on Sexual Behaviour – Describe social norms and their influence on behaviour</p> <p>Understand: Social norms influence values and behaviour, including sexually; negative social pressure can be challenged by being assertive</p>
<p>Decision-making – Identify good and bad decisions and their outcomes</p> <p>Understand: Individuals can make their own decisions; decisions have consequences; decision-making is a learnable skill; adults can help children and young people to make decisions</p>	<p>Decision-making – Apply the decision-making process to address problems</p> <p>Understand: Decision-making is a process; decisions have consequences and these can often be anticipated; there are many influences on decisions; trusted adults can be a source of help for decision-making</p>
<p>Communication, Refusal and Negotiation Skills – Understand different types of communication</p> <p>Understand: All people have the right to express themselves; communication is important in relationships; there are different ways of communicating; being able to communicate ‘yes’ and ‘no’ protects one’s privacy and rights</p>	<p>Communication, Refusal and Negotiation Skills – Demonstrate examples of effective and ineffective communication</p> <p>Understand: Effective communication uses different styles and can be learned; being assertive is an important aspect of communication; gender roles can affect communication; negotiation requires mutual respect, co-operation and compromise</p>
<p>Finding Help and Support – Identify ways for people can help each other</p> <p>Understand: All people have the right to be protected and supported; community members can and should help each other; trusted adults can be sources of help and support</p>	<p>Finding Help and Support – Identify problems and relevant sources of help</p> <p>Understand: There are different sources of help and support; some problems may require asking for additional help; sexual harassment or abuse needs to be reported to a trusted source of help</p>

Learning Objectives for 12–15 year olds	Learning Objectives for 15–18+ year olds
<p>Values, Attitudes and Sources of Sexual Learning – Describe own values in relation to SRH issues and provide examples of how personal values affect personal decisions and behaviours</p> <p>Understand: It is important to know one’s own values, beliefs and attitudes and how they impact on the rights of others; tolerance of, and respect for different values, beliefs and attitudes</p>	<p>Values, Attitudes and Sources of Sexual Learning – Explain how to behave in ways that are in line with own values</p> <p>Understand: Young adults develop their own values which may differ from their parents; parent-child relationships are strengthened when parents and children talk about their differences and respect each other’s rights to have different values; all relationships benefit when people respect each other’s values</p>
<p>Norms and Peer Influence on Sexual Behaviour – Explain how peer and social pressures influence sexual decisions and behaviour</p> <p>Understand: Peer pressure can affect sexual decisions; being assertive means knowing how to say ‘yes’ and ‘no’</p>	<p>Norms and Peer Influence on Sexual Behaviour – Demonstrate skills in resisting peer pressure</p> <p>Understand: It is possible to make mature and responsible decisions about sexual behavior; people can resist negative peer influence in their sexual decision-making</p>
<p>Decision-making – Evaluate positive and negative outcomes of decisions and apply the decision-making process to SRH concerns</p> <p>Understand: Emotions, alcohol and drugs affect decision-making; outcomes of decisions must be considered; decisions now affect health and life plans</p>	<p>Decision-making – Identify potential legal, social and health consequences of sexual decision-making</p> <p>Understand: Sex can have negative consequences on self and others, National laws affect what people can and cannot do; international agreements about SRHR can support access to SRH services</p>
<p>Communication, Refusal and Negotiation Skills – Demonstrate confidence in using negotiation and refusal skills</p> <p>Understand: Good communication is essential in all relationships; effective communication can help people refuse unwanted sexual pressure; gender roles influence negotiation in relationships</p>	<p>Communication, Refusal and Negotiation Skills – Able to effectively communicate personal needs and sexual limits</p> <p>Understand: Consensual and safer sex requires good communication skills; assertiveness and negotiation skills can help one to resist unwanted sexual pressure or reinforce the intention to practice safer sex</p>
<p>Finding Help and Support – Identify appropriate sources of help</p> <p>Understand: Shame and guilt should not prevent seeking help; there are safe places where people can access support for SRH, including for abuse; a good source of help maintains confidentiality and protects privacy</p>	<p>Finding Help and Support – Demonstrate appropriate help-seeking behaviour</p> <p>Understand: Assertiveness is a necessary skill for seeking help; everyone has the right to affordable, factual, and respectful assistance that maintains confidentiality and protects privacy</p>

Culture, society and human rights

Learning Objectives for 5–8 year olds	Learning Objectives for 9–12 year olds
<p>Sexuality, Culture and Law - Identify sources of our information about sex and gender</p> <p>Understand: Families, individuals, peers and communities are sources of information about sex and gender; values and beliefs from families and communities guide understanding of sex and gender</p>	<p>Sexuality, Culture and Law – Identify norms, human rights and laws which support SRH and be open to others’ opinions about sexuality</p> <p>Understand: Culture, society, human rights and laws influence understanding of sexuality; all cultures have norms and taboos related to sexuality and gender that have changed over time; each culture has specific rites of passage to adulthood</p>
<p>Sexuality and the Media – Identify forms of media & know the difference between reality and non-reality</p> <p>Understand: Television, the Internet, books and newspapers are different forms of media; all media present stories which may be real or imagined</p>	<p>Sexuality and the Media – Identify how men / women are represented in media & describe the impact of media on values and behaviour relating to sex and gender</p> <p>Understand: The media represents men and women positively or negatively; the media influences values and attitudes concerning gender and sexuality</p>
<p>Understanding Gender – Define Gender</p> <p>Understand: Families, schools, friends, media and society teach us about gender and gender stereotypes</p>	<p>Understanding Gender – Explore ways in which gender inequality is driven by boys and girls, women and men</p> <p>Understand: Social and cultural norms and religious beliefs influence gender roles; gender inequalities exist in families, friendships, communities and society; human rights promote equality</p>
<p>Gender-Based Violence, Sexual Abuse and Harmful Practices – Describe positive and harmful practices & define sexual abuse</p> <p>Understand: There are positive and harmful practices that affect health and wellbeing; Human rights protect all people from sexual abuse and gender based violence; Forced sex and sexual touching are forms of sexual abuse; sexual abuse is always wrong</p>	<p>Gender-Based Violence, Sexual Abuse and Harmful Practices – Explain how gender roles contribute to sexual abuse; describe gender-based violence and demonstrate communication skills in resisting sexual abuse</p> <p>Understand: Traditional beliefs and practices can be a source of learning; honour killings, bride killings and forced marriages are harmful practices; there are ways to seek help in case of sexual abuse and rape; assertiveness and refusal skills can help to resist sexual abuse.</p>

Learning Objectives for 12–15 year olds	Learning Objectives for 15–18+ year olds
<p>Sexuality, Culture and Law – Identify cultural norms and messages relating to sexuality and identify laws and regulations affecting SRHR</p> <p>Understand: International agreements based on human rights provide guidance on SRH; cultural factors influence what is considered acceptable and unacceptable sexual behaviour in society</p>	<p>Sexuality, Culture and Law – Explain the concepts of human rights related to SRH</p> <p>Understand: Agreements and laws protect against child marriage, female genital mutilation/cutting, age of consent, sexual orientation, rape, sexual abuse, and access to SRH services; respect for human rights requires us to accept people of differing sexual orientation and gender identity; culture, human rights and social practices influence gender equality and roles</p>
<p>Sexuality and the Media – Identify unrealistic images in the media concerning sexuality and sexual relationships and describe impacts of these images on gender roles</p> <p>Understand: Media influences ideas of beauty and gender stereotypes (roles); pornography relies on gender stereotyping; media influences self-esteem</p>	<p>Sexuality and the Media – Assess the influence of media on sexuality and sexual relationships and identify how media can impact positively on safer sexual behavior and gender equality</p> <p>Understand: Negative and inaccurate mass media portrayals of men and women can be challenged; media can influence behaviour positively and promote gender equality</p>
<p>Understanding Gender – Explain the meaning and provide examples of gender inequality and discrimination</p> <p>Understand: Personal values influence one’s beliefs about gender inequality and discrimination; gender equality promotes equal decision-making about sexual behaviour and family planning; different and unequal standards sometimes apply to men and women</p>	<p>Understanding Gender – Identify personal examples of the ways in which gender affects people’s lives</p> <p>Understand: Sexual orientation and gender identity are widely understood to be influenced by many factors; gender inequality influences sexual behaviour and may increase the risk of sexual coercion, abuse and violence</p>
<p>Gender-Based Violence, Sexual Abuse and Harmful Practices – Identify strategies for reducing gender-based violence, including rape and sexual abuse</p> <p>Understand: All forms of sexual abuse and gender-based violence are a violation of human rights; everyone has a responsibility to report sexual abuse and gender-based violence; there are trusted adults who can refer you to services that support victims of sexual abuse and gender-based violence</p>	<p>Gender-Based Violence, Sexual Abuse and Harmful Practices – Demonstrate ability to argue for the elimination of gender role stereotypes and inequality, harmful practices and gender-biased violence</p> <p>Understand: Everyone has a responsibility to promote, or advocate for gender equality and speak out against human rights abuses such as sexual abuse, harmful practices and gender-based violence</p>

Human Development

Learning Objectives for 5–8 year olds	Learning Objectives for 9–12 year olds
<p>Sexual and Reproductive Body Parts – Know the difference between male and female bodies</p> <p>Understand: Everyone has a unique body; cultural ways of seeing bodies; boys and girls have different bodies; some body parts are considered private</p>	<p>Sexual and Reproductive Body Parts – Describe the sexual and reproductive organs and their functions</p> <p>Understand: Boys and girls experience changes during puberty; it is common to have questions about sexual development</p>
<p>Reproduction – Describe where babies come from</p> <p>Understand: Babies are formed when an egg and sperm cell combine; reproduction includes a number of steps, including producing the egg, fertilisation of the egg, pregnancy and delivery of the baby; a woman’s body undergoes changes during pregnancy</p>	<p>Reproduction – Describe how pregnancy occurs and how it can be prevented & Identify basic contraceptive methods</p> <p>Understand: Unprotected sex can lead to pregnancy, STIs and HIV; abstinence and using contraceptives can prevent STIs, HIV and pregnancy; health risks associated with early marriage, pregnancy and birth; planning pregnancy for HIV-positive women</p>
<p>Puberty – Describe how bodies change as people grow and describe key features of puberty</p> <p>Understand: Puberty is a time of physical and emotional change that happens as children grow and mature</p>	<p>Puberty – Describe the process of puberty and how the sexual and reproductive system matures</p> <p>Understand: Puberty and reproduction; social, emotional and physical changes during puberty; importance of hygiene; changes in women (menstruation and need for menstrual aids) and men (wet dreams)</p>
<p>Body Image – Know that bodies are all different</p> <p>Understand: All bodies (including those with disabilities) are special and Unique; everyone can be proud of their body</p>	<p>Body Image – Know that cultural ideals of appearance are different to reality</p> <p>Understand: Factors that determine how we look; a person’s value is not determined by their looks; ideas of attractiveness change over time and differ between cultures</p>
<p>Privacy and Bodily Integrity – Describe the meaning of ‘body rights’</p> <p>Understand: Everyone has the right to decide who can touch their body, where, and in what way; all cultures have different ways of respecting privacy and bodily integrity</p>	<p>Privacy and Bodily Integrity – Define unwanted sexual attention and know ways of resisting it</p> <p>Understand: Privacy becomes more important as we mature; unwanted sexual attention and harassment is a violation of privacy; communicating to friends, parents and teachers about menstruation is nothing to be ashamed of; being assertive is a way of refusing harassment and sexual attention</p>

Learning Objectives for 12–15 year olds	Learning Objectives for 15–18+ year olds
<p>Sexual and Reproductive Body Parts – Understand the biological aspects of sex and social aspects of gender</p> <p>Understand: How and when a baby’s sex is determined; effect of hormones on the development of reproductive parts and sexual functions; influences on our ideas of sex, gender, puberty and reproduction</p>	<p>Sexual and Reproductive Body Parts – Describe the sexual and reproductive life cycle of men and women</p> <p>Understand: Men and women’s bodies change over time, including their reproductive and sexual capacities and functions</p>
<p>Reproduction – Describe signs and stages of pregnancy and childbirth</p> <p>Understand: Signs and symptoms of pregnancy; confirming pregnancy; developmental stages of a foetus; steps for healthy pregnancy and safe birth; risks resulting from poor nutrition, drugs, alcohol and smoking during pregnancy</p>	<p>Reproduction – Know the difference between reproductive and sexual functions and desires</p> <p>Understand: Mutual consent is vital before sex; risk-reduction strategies to prevent unintended consequences of sex; changes to sexual and reproductive functions during life; infertility and ways to overcome this</p>
<p>Puberty – Describe similarities and differences between girls and boys during puberty and know the difference between puberty and adolescence</p> <p>Understand: Stress due to changes during puberty; people experience puberty at different times; adolescence is the time between puberty and adulthood</p>	<p>Puberty – Describe the emotional and physical changes in puberty that occur as a result of hormonal changes</p> <p>Understand: Male and female hormones differ and influence the emotional and physical changes that occur over one’s lifetime</p>
<p>Body Image – Describe how feelings about one’s body can affect health, self-image and behaviour</p> <p>Understand: The size and shape of body parts do not affect reproductive or sexual ability; appearance can affect how people behave towards us; using drugs to change body image can be harmful; seeking help for body image disorders</p>	<p>Body Image – Identify culture and gender role stereotypes and how they can affect people and their relationships</p> <p>Understand: Unrealistic standards about bodily appearance can be challenged; one’s body image can affect self-esteem, decision-making and behaviour</p>
<p>Privacy and Bodily Integrity – Identify ways to stay safe from sexual harm</p> <p>Understand: Everyone has the right to privacy and bodily integrity; everyone has the right to be in control over what they will and will not do sexually; the Internet and cell phones can be a source of unwanted sexual attention</p>	<p>Privacy and Bodily Integrity – Describe how society, culture, laws and gender roles affect social and sexual behavior</p> <p>Understand: International human rights affirm the right to privacy and bodily integrity; men’s and women’s bodies are treated differently and this may impact upon social and sexual interactions</p>

Sexual Behaviour

Learning Objectives for 5–8 year olds	Learning Objectives for 9–12 year olds
<p>Sex, Sexuality and the Sexual Life Cycle – Explain the concept of private parts of the body</p> <p>Understand: Most children are curious about their bodies; it is natural to explore parts of one’s own body</p>	<p>Sex, Sexuality and the Sexual Life Cycle – Describe sexuality in relation to the human life cycle</p> <p>Understand: Humans can enjoy their sexuality throughout life; masturbation does not cause physical or emotional harm but should be done in private; importance of talking to a trusted adult about sexuality</p>
<p>Sexual Behaviour and Sexual Response – Explain that sexual activity is a way for adults to show care and affection to each other</p> <p>Understand: Adults show love, care and intimacy for each other in different ways, including kissing, hugging, touching and sexual behaviours; children are not ready for sexual contact with others</p>	<p>Sexual Behaviour and Sexual Response – Describe male and female responses to sexual stimulation</p> <p>Understand: Physical responses to sexual stimulation; sexual feelings during puberty; non-sexual ways of show love, care and attraction; need for emotional and physical maturity before sex; sexual relationships carry risks and need careful consideration</p>
Learning Objectives for 12-15 year olds	Learning Objectives for 15-18+ year olds
<p>Sex, Sexuality and the Sexual Life Cycle – Explain ways in which sexuality is expressed across the life cycle</p> <p>Understand: Sexual feelings, fantasies and desires are natural but not all people act on them; interest in sexuality may change with age; everyone needs to be tolerant of and have respect for the different ways sexuality is expressed</p>	<p>Sex, Sexuality and the Sexual Life Cycle – Define biological, social, psychological, spiritual, ethical and cultural components of sexuality</p> <p>Understand: Sexuality is complex and includes biological, social, psychological, spiritual, ethical and cultural components; sexuality can be enjoyable when expressed respectfully</p>
<p>Sexual Behaviour and Sexual Response – Describe common sexual behaviours & the key elements of the sexual response cycle</p> <p>Understand: Abstinence is the safest way to avoid pregnancy, STIs and HIV; safer sexual behaviours, condoms and other contraceptives reduce risk of pregnancy, STIs and HIV; assertiveness skills help to avoid risky sexual activity; it is every person’s responsibility to report sexual coercion and harassment</p>	<p>Sexual Behaviour and Sexual Response – Define key elements of sexual pleasure and responsibility</p> <p>Understand: The consequences of engaging in sexual behaviours are real, and come with associated responsibilities; good communication can enhance a sexual relationship; both sexual partners are responsible for preventing unintended pregnancy, STIs and HIV; many adults have periods in their lives without sexual contact with others</p>

Sexual and Reproductive Health

Learning Objectives for 5–8 year olds	Learning Objectives for 9–12 year olds
<p><i>Pregnancy Prevention – Realise that not all couples have children</i></p> <p>Understand: All people regardless of their health status, religion, origin, race or marriage status can raise a child and give it the love it deserves; children should be wanted, cared for, and loved; some people are unable to care for a child</p>	<p><i>Pregnancy Prevention – Describe key features of pregnancy and contraception</i></p> <p>Understand: Not having sex is the most effective form of contraception; correct and consistent use of condoms reduces risk of unintended pregnancy, HIV and STIs; the decision to use a condom/ contraceptive is the responsibility of both men and women; there are common signs and symptoms of pregnancy, and tests to confirm it; pregnancy at an early age can have negative health and social consequences</p>
<p><i>Understanding, Recognising and Reducing the Risk of STIs, including HIV – Describe ‘health’ and ‘disease’</i></p> <p>Understand: People can make choices and behave in ways which keep them healthier; the immune system protects the body from diseases and helps people to stay healthy; some diseases can be passed on from one person to another; some people who have a disease can look healthy; all people regardless of their health status – need love, care and support</p>	<p><i>Understanding, Recognising and Reducing the Risk of STIs, including HIV – Know how STIs and HIV are passed on, treated and prevented & Build safer sex communication skills</i></p> <p>Understand: Ways in which HIV can be passed from one person to another – and ways that it is not; condoms reduce risk of HIV infection; post-exposure prophylaxis reduces risk of HIV infection after accidental exposure; STI testing and treatment; HIV testing and treatment; communication, negotiation and refusal skills help young people to stay safer and resist unwanted sexual pressure</p>
<p><i>HIV and AIDS Stigma, Care, Treatment and Support – Identify the basic needs of people living with HIV</i></p> <p>Understand: All people need love and affection; people living with HIV can give love and affection and can contribute to society; people living with HIV have rights and deserve love, respect, care and support; there are medical treatments that help people to live positively with HIV</p>	<p><i>HIV and AIDS Stigma, Care, Treatment and Support – Describe the emotional, economic, physical and social challenges of living with HIV</i></p> <p>Understand: HIV and AIDS affect family structure, roles and responsibilities; finding out one’s HIV status can be emotionally challenging; positive and negative consequences of disclosing one’s HIV status; effects of stigma, including self-stigma; HIV disease progression; treatment for HIV is a life-long commitment which can come with challenges</p>

AT THE RIGHT TIME, IN THE RIGHT WAY!

Learning Objectives for 12–15 year olds

Pregnancy Prevention – Describe methods of preventing pregnancy and understand personal vulnerability to unintended pregnancy

Understand: The benefits and drawbacks of different forms of contraception – including abstinence which is the most effective method to prevent unintended pregnancy; where to access contraceptives; rights of young people to access contraceptives or condoms

Understanding, Recognising and Reducing the Risk of STIs, including HIV – Identify ways of reducing the risk of HIV and STI infection; Explain how culture and gender affect personal decision-making regarding sexual relationships & demonstrate skills in negotiating safer sex and refusing unsafe sexual practices

Understand: Different STI and HIV prevention and safer sex methods – including abstinence; increased risks of relationships with older men or women; sexual health services; how positive living can help people living with HIV; influence of culture, gender and peer norms on sexual behavior; effect of alcohol and drug use on risk taking

HIV and AIDS Stigma, Care, Treatment and Support – Understand, and explain the importance of, living positively with HIV

Understand: CSE for people living with HIV can support them to practice safer sex and to communicate with their partner(s); people living with HIV have the right to express their love and feelings, marry and start a family if they choose to do so; support groups exist for people living with HIV; discrimination against people on the basis of their HIV status is illegal

Learning Objectives for 15–18 year olds

Pregnancy Prevention – Describe personal benefits and possible risks of methods of contraception and show confidence in discussing and using different contraceptive methods

Understand: Contraceptive use can help people who are sexually active plan their families which has benefits for societies; some contraceptive methods may cause side effects; all contraception, including condoms and emergency contraception, must be used correctly

Understanding, Recognising and Reducing the Risk of STIs, including HIV – assess risk reduction strategies and show safer sex communication and decision-making skills

Understand: Factors that may make it difficult for people to practice safer sex; some risk reduction strategies offer dual protection against both unplanned pregnancy and STIs, including HIV; decisions about risk reduction strategies are influenced by one's self-esteem, perceived vulnerability, gender roles, culture and peer norms; communication, negotiation and refusal skills can help young people to resist unwanted sexual pressure or reinforce the intention to practice safer sex, including the correct and consistent use of condoms and contraceptives

HIV and AIDS Stigma, Care, Treatment and Support – Describe the concept and causes of stigma and discrimination of people living with HIV

Understand: Stigma and discrimination against individuals and communities can prevent access to education, information and services, increasing vulnerability; people living with HIV are often powerful campaigners for their own rights, which can be strengthened with support from others; people living with HIV can provide support, care and information to young people because of their own experience

Fact Sheet

Young People Today. Time to Act Now

Why adolescents and young people need comprehensive sexuality education and sexual and reproductive health services in eastern and southern Africa

The demographic dividend

- Adolescents and young people (aged 10-24) make up an estimated 33% of the total population of the eastern and southern Africa (ESA) region. This equates to 158 million now and is expected to grow to 281 million by 2050.
- Young people will drive development in the region for the next two decades. Ensuring that they are well educated and healthy is a priority for the advancement of the region.

The challenges in the ESA region:

- 430,000 young people are infected with HIV per year (50 per hour)
- Young women are still disproportionately affected compared to young men
- 2.6 million young people aged 15-24 are living with HIV in eastern and southern Africa
- HIV knowledge levels among young people remain below 40%
- Teenage pregnancy rates still remain high, and by age 17, at least 1 in 5 young women have started childbearing in 6 of the 21 countries
- Maternal mortality is among the leading causes of death for adolescent girls.

A. SEXUALITY EDUCATION

Educating girls must remain a priority

- Regionally, net enrolment in primary education is improving for both girls and boys (87%) However completion rates for primary school remain low in some countries (27% in Angola); as well as low transition rates to secondary school (14%)
- It's critical that school-based CSE starts early, i.e. in primary school, to reach young people before puberty and before they leave the formal education system. Sexuality education needs to be strengthened
- A 2011 review of sexuality education in 10 countries highlighted gaps or concerns in 70% of the topics reviewed in primary and secondary school.
- Gaps identified on information for key aspects of sex and sexual health; condoms and contraception and insufficient and contradictory messages on gender and human rights
- Two thirds of Grade 6 level learners (across 15 countries) did not have the minimal level of knowledge about HIV and AIDS (SACMEQ, 2009).
- National and donor support for sexuality education is increasing
- An increasing number of countries in the region are committing to scale-up of comprehensive sexuality education, including curriculum review, training of teachers, monitoring and evaluation and community involvement
- In six countries in the region (Lesotho, Malawi, Mozambique, Tanzania, Uganda and Zambia) donor support has advanced scale-up efforts. Over the next two and half years there are plans to reach 35,000 schools, 74,000 teachers and 15 million learners with good quality comprehensive sexuality education and sexual and reproductive health services

Reaching out-of-school learners

Success rates in reaching out-of-school learners with life skills and sexuality education is estimated below 50%.

B. SEXUAL AND REPRODUCTIVE HEALTH SERVICES

Access to sexual and reproductive health services

- Services are often withheld from young people because of age, marital or legal status
- Age of consent laws and policies are a major obstacle
- Judgemental and discriminatory attitudes among service providers are commonly experienced by sexually active young people attempting to access services

Contraception

- On average, modern methods of contraception meet approximately 50% of young people's family planning needs. Condom use amongst young people aged 15-24 is generally low
- Regional average: 34% of females, 45% of males
- Range: Namibia 74% – Madagascar 3%
- Condom supply in the region is extremely limited with only nine condoms per man per year made available through donor support. Education on condom use for young people is gaining acceptance
- Over 60% of adults in nine countries agreed that children aged 12-14 should be taught about condoms (Burundi, Ethiopia, Kenya, Malawi, Namibia, Rwanda, Swaziland, Uganda and Zambia).

Access to HIV services

- Access to HTC and to voluntary medical male circumcision has increased significantly through investments in scale-up of services and guidelines for targeting young people
- In Malawi and Zimbabwe, young people aged 15-24 are the largest group using HTC services (40% of all clients).

Antiretroviral treatment coverage

- Five countries have achieved coverage over 80%
- Rates of ART access for adolescents and young people are still difficult to determine
- Adolescents require particular support to avoid adherence problems or being lost to follow-up.

C. GENDER, RIGHTS AND CONTEXTUAL ISSUES

- Gender inequality, gender-based violence and child marriage are a major concern for the region, infringing on women's rights, limiting education achievements and increasing vulnerability to HIV and unintended pregnancy.
- However, the region shows high levels of commitment to address gender policy and programming challenges, e.g. the SADC Gender and Development Protocol.

Sexual and gender-based violence

Across the region, school-related gender-based violence is receiving increased attention in terms of its impact, not only on girls and young women but also on boys and men.

D. YOUNG PEOPLE TODAY. TIME TO ACT NOW: RECOMMENDATIONS

- Work together on a common agenda for adolescents and young people to deliver comprehensive sexuality education and SRH services that will strengthen regional and national responses to the epidemic and reduce new HIV/STI infections and unintended pregnancy
- Urgently review - and where necessary amend - existing laws and policies on age of consent to remove barriers to independent access to sexual and reproductive health services for adolescents and young people
- Make an AIDS-free future a reality by investing in effective, combination prevention strategies to build on current declines in HIV prevalence amongst young people in the region. Concerted efforts should be made to build the capacity of teachers/schools and health service providers, particularly in ensuring access to HCT and treatment
- Maximise the protective effect of education through Education for All by keeping children and young people in school. This reduces HIV risk, maternal mortality and improves gender equality. Equally, ensure access to educational opportunities for those living with HIV or those who become pregnant
- Initiate and scale-up CSE during primary school education to reach most adolescents before puberty, before most become sexually active and before the risk of HIV transmission or unintended pregnancy increases. Using agreed international standards, ensure that CSE is appropriate to age, gender and culture, is rights-based and includes core elements of knowledge, skills and values as preparation for adulthood, decisions about sexuality, relationships, gender and human rights, sexual and reproductive health and citizenship
- Integrate and scale-up youth-friendly HIV and SRH services to improve access and uptake. Services need to include condoms, contraception, HCT, HIV/STI treatment and care, family planning, post abortion care, safe delivery, PMTCT and other related services for young people in- and out-of-school
- Ensure that health services are youth friendly, nonjudgemental and confidential and that they reach adolescents and young people when they need it most. These services should be delivered with full respect of human dignity, and reflect the needs of young people considered most at risk, or sexual minorities. Reliable, affordable contraception must be made available as part of service delivery through public, private and civil society channels.
- Strengthen gender equality and rights within education and services, and intensify the focus on reducing sexual and other forms of violence against adolescents and young people¹
Ensure full and equal access to services for young men and women
- Jointly mobilise resources internally and externally by exploring new, innovative finance mechanisms and seeking technical and financial support from national and international sources to fulfil these commitments
- Ensure that the design and delivery of CSE and SRH programmes includes ample participation by communities and families - particularly adolescents and youth and civil society.

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<http://www.unesco.org/new/fileadmin/MULTIMEDIA/HQ/HIV-AIDS/pdf/ESAFactSheetcorrectedFinal.pdf>

How to Run a CSE Club

Tips for establishing a CSE club in your school or community

When and where?

It is very important to consider how to ensure that your CSE club is as accessible as possible for the children and young people you are targeting. Some things to consider are:

- The club needs to be in a location where young people can get to – somewhere that is within walking distance from your target audience and where children and young people will not feel intimidated
- Hold CSE club sessions at a time when children and young people can attend – perhaps straight after school or during lunch break
- Attending CSE club sessions should not interfere with children and young peoples' other responsibilities – children and young people may be expected to do homework, help with household chores, attend church at certain times, etc. – try to find a time that will not interfere with these things
- Privacy and confidentiality is very important – young people will be less inclined to speak up about issues of concern if they are worried about being heard by others outside of the club – either other young people who may tease them or adults and parents.

Before setting a place and time to hold the CSE club sessions, speak to as many children and young people as possible to get their thoughts on where and when to hold them – fitting in with their recommendations as much as possible will increase the likelihood of their regular attendance.

Approvals

You may need to get certain approvals before starting a CSE club. Approvals may include:

- If it is a School CSE Club and there is no specific CSE policy in place detailing what is expected, you may need to discuss your plans and the curriculum with the school authorities and leaders and get their approval
- If you are running an out of school CSE club, you may need to discuss your intentions with community leaders and authorities. You may need to have your proposed curriculum approved by a Ministry of Education representative or other person of authority
- You may need to seek consent from parents or legal caregivers of children and young people before engaging them in CSE sessions, particularly if the children are under 16 years of age. Get written consent if possible – for example, by asking parents and caregivers to sign a consent form.

Sessions – what to include

A central component of successful CSE programmes is that they must be culturally and context relevant, as well as age appropriate.

- Adapt lesson guides to suit the specific cultural and community context of the group you are teaching
- Develop different curriculum content and activities for different children and young people – and hold different sessions for different aged children and young people
- Use local case studies, examples and statistics to make the issues more relevant to the group you are working with
- Evidence has found that CSE is most successful when the curriculum includes at least 13 of these 15 sessions, and sessions are at least 50 minutes long.

Suggested framework for CSE Club Curriculum

This section details a suggested framework for curriculum for a CSE Club, based on the UNESCO international guidelines for CSE and tailored to key issues and challenges faced by children and young people in East and Southern Africa. The curriculum is divided into 15 sessions, based on international standards for CSE that has been found to be effective.

Key learning points and suggested activities or discussion points have been included for each topic – for different aged children and young people. You can conduct the activities suggested for younger children with older groups as well, in addition to the activities suggested for them.

You can adapt this curriculum framework to include other topics and issues in line with the priority needs and issues faced by children and young people in your community.

Session 1: Relationships – Understanding Different Kinds of Relationships

Key issues

Young people experience a lot of changes – emotional, physical and social – as they grow up, particularly during puberty. New feelings that young people experience, including attraction, desire and lust can be confusing. This session aims to help children and young people to understand new feelings and emotions that they may experience and to encourage them to act and behave in responsible and healthy ways. Key issues to highlight in this session are:

- Young people may experience feelings of desire, sexual attraction, arousal and lust towards their friends and others. These emotions are the result of hormone changes as the body develops, both sexually and for reproduction.
- Most people are able to control these emotions and not act on them.
- Feelings of lust, attraction and desire are different to feelings of love.
- Whilst the body may be physically capable of sex and reproduction, most young people are not emotionally ready for the potential negative consequences of sex – or financially ready to deal with pregnancy.
- There are different ways to express feelings of attraction and intimacy with another person which do not include sexual activity such as holding hands, talking, hugging and kissing.
- Young people rarely use contraception during their first sexual encounter – this is a major risk as it exposes them to unplanned pregnancy, STIs and HIV.
- People can become pregnant and/or infected with HIV or an STI the first time they have sex.
- Waiting for the right person who loves, respects and cares for you makes sex much more meaningful, enjoyable and special.

Suggested activities

The following activity and discussion suggestions may be useful in supporting understanding about different kinds of relationships.

Children and young people under 15 years old:

- Ask the group to list the following relationships: parent, sibling, friend, boyfriend/girlfriend, husband/wife. Then ask them to identify different ways that they can show love, caring or affection in each relationship. Ask everyone to share their answers and discuss as a group. Highlight that whilst boyfriends and girlfriends, and husbands and wives, may engage in sexual activity, this is not the only way that love and affection can be shown.
- Ask the group to answer the following question – ‘what qualities are important to me in a long term relationship or marriage?’ Again, ask group members to share their answers. Highlight the importance of love, caring, solidarity, mutual respect, providing support, trust, honesty, commitment and responsibility in long term relationships and marriage.

Children and young people above 15 years old:

- Ask the group: What are the risks involved in rushing into a sexual relationship? Ask them to list as many risks as they can. Discuss answers as a group. Key issues to highlight are: unplanned pregnancy, STI and HIV infection, not being emotionally ready for a relationship (or the potential consequences), not being financially prepared for the potential consequences of sex, not being confident enough to insist on contraceptive use, your 'first time' being with someone who may not be interested in a long term and committed relationship with you.
- Ask the group to write down answers for the following questions: Many young people do not use contraceptives the first time they have sex. Why might this be? What can you do to make sure that you are not at risk if, and when, you first engage in sexual activity? Discuss answers. Highlight the importance of discussing contraceptives and safer sex practices before engaging in sex with a partner (and before becoming intimate with them) to agree on a contraceptive method which you both agree to use. Also suggest that young people who feel they may end up engaging in sexual activities should carry a condom on them to be on the safe side (although they must also know how to use it correctly – and check the expiry date).

Key learning objectives:

- Love, friendship, infatuation and sexual attraction involve different emotions – rushing into a sexual relationship in which partners do not love, care for, respect and support each other leads to emotional hurt and makes it harder to negotiate safer sex
- Any partner or friend who encourages you to have unprotected sex does not care about your well being
- Growing up means taking responsibility for oneself and others – including ensuring that one's own health and the health of any partners is protected
- If you are unsure about anything or worried about a relationship becoming sexual before you are ready – ask an adult you trust for help and advice.

Session 2: Relationships – Risky Relationships

Key issues:

Certain relationships put young people at greater health risks. This session looks at dynamics within relationships, as well as other influences, and how these can impact on young peoples' ability to protect their health and decision-making capacity. Key issues to highlight in this session are:

- Being married at a young age increases a girl's chance of being HIV positive by more than 75 percent compared to sexually active, unmarried girls (UNFPA 2012). Girls who marry young are often unable to negotiate condom use or abstinence and, often, have a low level of knowledge regarding the risks of sex. They may also not complete their education due to early marriage which puts them at economic risk. Not finishing school reduced opportunities for employment and income generation, often making the girls financially dependent on their husbands, which further reduces their ability to negotiate safer sex.
- Teenage pregnancy remains high across sub-Saharan Africa. Among the 14.3 million adolescent girls across the world that gave birth in 2008, one of every three was from sub-Saharan Africa (UNDP 2010). Early and teenage pregnancy both have health and economic impacts on girls. Health-wise, young girls are at much greater risk of complications during pregnancy and child-birth, including new-born and maternal death. In developing countries, the risk of dying during childbirth is twice as high for women aged 15 to 19 as it is for women in their 20s and five times greater for girls under the age of 15 (UNFPA 2005). Economically and socially, early and teenage pregnancy can lead to isolation from the family and community as well as having to drop out of school, thereby not completing education and having reduced employment opportunities as a result.
- Intergenerational relationships are relationships in which a child has a relationship with an adult. Intergenerational relationships and marriages usually occur between young girls and older men. Sometimes this is as the result of forced child marriages. The young partner in an intergenerational relationship is at high risk of unplanned pregnancy, STIs and HIV infection because of an imbalance of power and decision-making between the older, more experienced partner and the young, inexperienced partner. The older partner is also likely to have had more sexual relationships, increasing their risk of having been exposed to STIs or HIV which also increased the risk of passing on STIs or HIV to the younger partner.
- Sexual concurrency having more than one sexual relationship at the same time, creates a sexual network which puts all partners at risk. If anyone within the relationship becomes infected with an STI or HIV, all partners – and their additional partners – are put at risk.

Suggested activities:

The following activity and discussion suggestions may be useful in supporting understanding about risky relationships.

Children and young people under 15 years old:

- Ask the group members to list as many reasons as they can for why young girls may not complete their education. Ask them also to list what the impacts of not completing school are. Discuss answers as a group. Highlight that engaging in sex early can lead to early pregnancy which has major life-long impacts. Ask group members to draw themselves now, in five years time and in 10 years. Now ask them to detail the picture with all the things they would like to achieve now, in five years time and in 10 years time. They might consider things that they would like to achieve at school, in their community, the job they would like to do, whether they would like to marry and have a family in the future – any hopes and aspirations that they have. Once they have done that, ask them to write down the things that they will need to do in order to achieve those things – the stepping stones. For example, if they dream of being a doctor in the future, they will need to do well at school, be accepted to and university and complete their university degree, etc. Ask group members to share their pictures with the rest of the group – then ask them how getting pregnant early might affect their chances of achieving all that they hope to achieve.

Children and young people above 15 years old:

- Ask the group to draw a sexual network diagram. They should start with a young unmarried couple in the middle and link each one to other possible partners that they may have (e.g. small house girlfriend, sugar daddy or mummy, transactional sex relationship, one-night stand, etc). Once they have completed their diagrams, ask them to consider the possibility of HIV being introduced into the network through one of the sexual transactions – what would happen? Discuss this as a group.
- Ask group members to draw sketches of their parents, friends and teachers. Now ask them to imagine they had to tell each of those groups that they were pregnant. How would they all react? What would happen to them?

Key learning objectives:

- Early and teenage pregnancy has major long-term impacts on young people – including on their health as well as their future livelihoods
- Responsible young people consider the consequences of their actions – they must be prepared to deal with the possible consequences
- A loving, healthy relationship is one in which both partners have an equal say in decisions that affect them both
- Considering and dealing with the consequences of actions is the responsibility of both partners – including raising a child in the case of pregnancy.

Session 3: Values, Attitudes and Skills – Influences on Decision Making

Key issues:

Values are strong beliefs that people hold about important issues. Values are influenced by our families, communities, religion, friends and other influences. A person's values shape the decisions they make, but decision making is also influenced by other things including the media and friends. This session aims to help young people consider the different influences on their decision-making and whether these influences are positive or negative. Key issues to highlight in this session are:

- Different power relations within a relationship influence our capacity to make healthy and responsible decisions. These can be the result of gender dynamics (gender inequality in many East and southern African countries mean that women have, or feel they have, less 'say' in decisions than men) or age dynamics (younger partners in intergenerational relationships tend to have less power in decision making than older partners). Unequal power in a relationship, for whatever reason, makes it hard for the partner with less decision-making power to stand by their values and make healthy and responsible decisions
- Peer pressure is pressure that young people feel from their friends to do something that is considered 'cool' or will make them more popular, even though it may be bad for them or put them at risk. Peer pressure is the result of young people wanting to fit in with others of their age and not wanting to be seen as different. Young people may also relent to peer pressure because they fear being bullied, teased or excluded
- Some young people experiment with alcohol and drugs during their teenage years (often as the result of peer pressure). Alcohol and drugs affect one's ability to make healthy and responsible decisions – and may encourage young people to take risks that they would not take if they were sober

Suggested activities:

The following activity and discussion suggestions may be useful in supporting understanding about decision-making and the different influences and pressures that young people experiences – as well as how to deal with these pressures.

Children and young people under 15 years old:

- Ask the group members to list three things that they consider to be their strongest values (suggestions might be always doing my best; always respecting others' opinions; being kind to everyone; respecting my body and health above everything else, etc). Then ask them to consider how they have developed these values – who or what has influenced them? Ask group members to share their answers if they are willing to do so – are their common values across the group?
- Ask group members to get into small group of three–four people. Ask them to develop a role play where all but one of the group members is pressuring the other to do something they don't want to (you can let groups decide on the issue or give suggestions: going against their parents' wishes, skipping school, bullying someone else, etc). Ask group members to develop the role plays so that the person being pressured eventually gives in and does whatever it is they are being pressured into. Give group members some time to develop and practice their role play, then each group to present their role plays to the rest of the participants.

Ask the following questions:

- What do you think about the young people who were pressuring the one person into doing something they did not want to do or which put them at risk? Was it fair of them? Does pressuring someone into doing something fit with your values?
- How would the young people pressuring the other feel if something bad happened to that person (e.g. they were expelled for misbehaving at school)? What impact would that have on their future lives, knowing that they had played a part in encouraging someone to do something against their wish, which resulted in them being hurt?
- What strategies can you think of to stand up to peer pressure?
- Who would you prefer to be – someone who pressurises others, or someone who stands by their values?

Children and young people above 15 years old:

- Ask group members to think about any time that they have felt pressured into doing something against their will – something that went against their values, beliefs or morals. What did they do? Ask group members to share their thoughts if they are willing to do so. Ask them whether they would do anything differently if given the chance again? Also ask if they have ever pressured someone else into doing something against their will? What was the outcome? Would they do things differently if they could?
- Ask group members to get into small group of three-four people. Ask them to develop a role play where all but one of the group members is pressuring the other to do something they don't want to (you can let groups decide on the issue or give suggestions: engaging in sex, smoking a cigarette, drinking alcohol, etc). Ask group members to develop the role plays so that the person being pressured eventually gives in and does whatever it is they are being pressured into. Give group members some time to develop and practice their role play, then each group to present their role plays to the rest of the participants. Ask the following questions:
 - What do you think about the young people who were pressuring the one person into doing something they did not want to do or which put them at risk? Was it fair of them? Does pressuring someone into doing something fit with your values?
 - How would the young people pressuring the other feel if something bad happened to that person (e.g. the person pressurised into drinking alcohol fell and hurt themselves or someone pressurised into sex was infected with HIV)? What impact would that have on their future lives, knowing that they had played a part in encouraging someone to do something against their wish, which resulted in them being hurt?
 - What strategies can you think of to stand up to peer pressure?

Key learning objectives:

- Good friends do not encourage you to do something that is against your values or that may put you at risk of harm
- Standing up to peer pressure and maintaining your values makes you a stronger, more responsible person
- The potential consequences of doing something which puts you at risk are much worse than feeling like you are not 'cool' in others' eyes
- Good friends respect your decisions and values
- You can seek help if you are feeling pressured into doing something you don't want to do – speak to a trusted adult for help and advice.

Session 4: Values, Attitudes and Skills – Learning to be Assertive

Key issues:

Being self-assured, having high self-esteem, being confident and being assertive help to prevent being pressured into doing something that we do not want to do or that puts us at risk. It is very important to be able to say 'no' and standing by it. Key issues to highlight in this session are:

- Young people will face a number of pressures from friends, partners and, sometimes, strangers encouraging them to do something against their will or which might put them at risk. Being able to say 'no' assertively and with confidence is very important and helps to protect us from risk
- Being encouraged to do something intimate might make us feel flattered. However, it is important not to let 'feeling special' rule your decisions
- If someone is encouraging you to do something against your will, they are likely to have done the same to others – this is a risk alert
- You have a right to decide whether, who, when and how you engage in sexual activities – anyone who pressurises you or forces you into doing anything against your will is in the wrong.

Suggested activities:

The following activity and discussion suggestions may be useful in supporting understanding about the importance of learning to be assertive.

Children and young people under 15 years old:

- Ask the group members to think about what it means to be self-confident, self-assured, assertive and to have high self-esteem. What are the benefits of these qualities? What can we do to build these skills?
- Ask group members to get into the same small group of three or four people that they were in during the previous session. Ask them to re-work their role play (where all but one of the group members is pressuring the other to do something they don't want to) but this time, the person being pressurised says 'no'. Give group members some time to develop and practice their role play, then ask each group to present their role plays to the rest of the participants. Ask the following questions:
 - How did this role play make you feel compared to the one in the last session?
 - What do you think of the person who said 'no'? How do you think their families would feel if they knew how they had stood up to peer pressure?
 - Who would you prefer to be – someone who pressurises others, or someone who stands by their values?

Children and young people above 15 years old:

- Ask the group members to list any examples of when they may need to demonstrate assertiveness. Perhaps some of them can provide examples of times when they have been assertive? Have a group discussion about this.
- Ask group members to get into the same small group of three to four people that they were in during the previous session. Ask them to re-work their role play (where all but one of the group members is pressuring the other to do something they do not want to) but this time, the person being pressurised says 'no' Give group members some time to develop and practice their role play, then each group to present their role plays to the rest of the participants.
- Ask the following questions:
 - How did this role play make you feel compared to the one in the last session?
 - What do you think of the person who said 'no'? How do you think their families would feel if they knew how they had stood up to peer pressure?
 - Who would you prefer to be – someone who pressurises others, or someone who stands by their values?

Key learning objectives:

- Good communication is essential to personal, family, romantic, school and work relationships
- Effective communication can help children and young people refuse unwanted sexual pressure and abuse by people in positions of authority and other adults
- Being able to say 'no' assertively protects us against doing things that we do not want to do or which puts us at risk – including when someone is giving us unwanted sexual attention
- There is always someone, or somewhere, you can go to for help if you are being pressured into something which puts you at risk
- Anyone who gives you unwanted sexual attention, including touching you or making comments – as well as forcing themselves on you – is doing something which is illegal and against your rights – you must seek help.

Session 5: Culture, Society and Human Rights – Understanding Gender

Key issues:

A person's gender refers to the roles, responsibilities and characteristics expected of them because they are either a man or a woman. Gender roles and expectations differ from society to society and culture to culture. This session aims to build an understanding amongst young people about what gender is and the impact that gender expectations might have on their decisions. Key issues to highlight in this session are:

- Gender roles are socially constructed – we are not born with them. We are born either male or female but the roles and responsibilities expected of us are the result of cultural and social norms and pressures – they can be changed
- Gender roles and expectations can influence our relationships and decision-making capacity. In many societies, women have less power in relationships and decisions which puts them at risk. We all have a duty to stamp out gender inequality
- Responsible, caring men take a stand against gender inequality and treat women as equals in all areas of their lives – as colleagues, in relationships and in communities
- Equality of all people, whatever their gender, is a basic human right
- Gender inequality is the root cause of gender-based violence.

Suggested activities:

The following activity and discussion suggestions may be useful in supporting understanding of gender roles and expectations, gender dimensions within a relationship and gender-based violence.

Children and young people under 15 years old:

- Ask the group members to think about what they consider to be women's roles and men's roles – in their families as well as in their communities. Ask everyone to share their answers then have a group discussion asking the following questions: Why do we think of certain things as women's roles and others as men's roles? What are the risks of this? What can we do to change these perceptions?
- Ask group members to think about stories they have heard about when their parents or grandparents were young. Were the gender roles, responsibilities and expectations any different then? What has changed? What caused these changes? How can we support further changes to ensure that everyone is seen as equal?

Note: You can also assign this as a homework activity – asking group members to discuss gender roles with their parents and other family members to gain an idea of the changes that have occurred.

Children and young people above 15 years old:

- Ask the group members to think about examples of gender inequality that they – or people that they know – have experienced. What was the cause of this inequality? How did this make them feel? Have a group discussion about this.
- Ask group members to list as many ways as they can think of that gender inequality puts women at risk in their community. Encourage them to think about situations within the family, community, and workplace as well as with regards to legal issues and cultural practices. Have a group discussion about this.

Key learning objectives:

- Gender is a socially constructed concept which can be changed; it has changed over time
- Gender inequality reduces women's capacities to negotiate for healthy practices within relationships which put them at risk
- We all have a responsibility to promote gender equality and stand against gender inequality
- Equality is a basic human right.

Session 6: Culture, Society and Human Rights – Harmful Practices

Key issues:

Many cultural practices are positive and promote cultural cohesiveness and togetherness. However, there are a number of cultural practices and social norms which put people at risk, particularly in the context of HIV. This session aims to build an understanding of those practices and norms which are harmful and to promote change. Key issues to highlight in this session are:

- Culture and cultural practices can be, and in many instances are, positive. Identifying and addressing potentially harmful cultural practices and social norms should not be seen as an attack on culture but an attempt to solidify positive practices whilst protecting people from the potential risks of harmful ones.
- Every culture has different practices and norms. In some countries in eastern and southern Africa, the following practices are examples of those that carry risks: wife inheritance in the context of HIV can expose additional people to HIV infection if the husband died of an AIDS-related illness; child marriage exposes children to the risks of sexual activity, including pregnancy, before they are physically or emotionally ready (which can lead to incomplete education); female genital mutilation causes serious health risks and is illegal in most countries; polygamy exposes additional people to the risk of STI and HIV infection; bride prices and forced marriage create a perception of women as commodities which fuels gender inequality and disparity – these are some examples but there may be others from your community which you can highlight.
- Socially accepted norms can also be harmful, for example, that men hold the dominant role in a family or household and, therefore, have more ‘say’ in decisions; multiple concurrent partnerships; the idea that men need to show off their manliness by having many partners, the concept that women are responsible for issues regarding the family, including family planning – again, these are some examples but you may want to highlight other ‘social norms’ which are specific to your community.
- Every person has a right to good sexual and reproductive health rights, including deciding when, how and with whom to engage in sexual relations; when to have children as well as how many and with whom; access to SRH services and information and the right to protect themselves from unintended consequences of sex.
- Sexual abuse (which includes unwanted touching, harassment, comments as well as rape) is illegal and puts the person being abused at risk of STIs, HIV and unintended pregnancy.

Suggested activities:

The following activity and discussion suggestions may be useful in supporting understanding about harmful cultural practices.

Children and young people under 15 years old:

- Ask group members to think about cultural practices in their community which may feed into gender inequality. Ask them to list as many as possible, then ask them to share their thoughts. Have a group discussion. After each person shares their ideas ask: how might this affect gender equality? How might it put people at risk?
- Ask group members to think about how cultural practices can change. What action can we, as individuals and as a group, take to promote positive cultural practices and change negative cultural practices?

Children and young people above 15 years old:

- Ask the group members to get into groups of two and list what they consider to be the most harmful cultural practice in their community (if they are stuck, you can assign different cultural practices to different pairs). Then ask them to list the impact of that cultural practice on: ability to plan pregnancy; risk of STIs and HIV and impact on a relationship. Discuss answers as the entire group
- Ask group members to consider a scenario where a friend is at risk of sexual abuse. What advice would they provide? Where could their friend go for support? Discuss answers and highlight community services in place for people who are at risk of, or have experienced, sexual abuse.

Key learning objectives:

- All forms of sexual abuse and gender-based violence by adults, young people and people in positions of authority are a violation of human rights
- Everyone has a responsibility to advocate for gender equality and speak out against human rights violations such as sexual abuse, harmful practices and gender-based violence
- There are trusted adults who can refer you to services that support victims of sexual abuse and gender-based violence.

Session 7: Human Development – Understanding Puberty

Key issues:

Puberty can be a confusing and difficult time for young people. Providing young people with information on the physical, social and emotional changes they are likely to experience, they will be better prepared to deal with the challenges they may face. This session aims to provide an understanding of the changes that young people will experience during puberty. It may be useful to separate the CSE club participants into boy and girl groups for this session. Key issues to highlight in this session are:

- Change during puberty is normal – some people may experience change earlier or later than others – this is normal.
- Experiencing new sexual feelings during puberty is normal.
- Every person is unique, special and beautiful in their own way – it is not healthy to compare yourself to others.
- Girls and boys need to be prepared for puberty – girls need to know how to deal with menstruation (and have sanitary pads at hand in order to do so) and boys need to be aware that they might experience wet dreams and erections.
- Share changes during puberty for both girls and boys with the group.
- Some parts of the body are private and it is important that everyone respects this.

Suggested activities:

The following activity and discussion suggestions may be useful in supporting understanding about changes during puberty. This activity is suitable for all ages:

- Ask the group members to list the changes that they know of that will occur during puberty. Then ask group members to share their answers and make sure to fill in any gaps
- Ask group members to draw a picture of themselves and indicate what about themselves they love most. Highlight that this can include things about their appearance (e.g. I have nice eyes) as well as about their personality (e.g. I am a kind and generous person). Group members do not need to share their pictures. Instead, write all the names of the group members down on a piece of paper, mix them out and distribute them. Then ask each group member to write one nice thing about the person whose name is written on the piece of paper they received. Collect all the answers anonymously and ask different people to read them out.

Key learning objectives:

- Change during puberty is normal and is nothing to be ashamed of
- Many young people are curious about, and explore, their own bodies during puberty – this is normal
- Unwanted sexual attention and harassment of girls during menstruation and, indeed, at all other times is a violation of their privacy and bodily integrity
- Unwanted sexual attention and harassment of boys is a violation of their privacy and bodily integrity
- It is important to respect the privacy of all people, especially young people who are dealing with puberty
- Every person is different and unique – this is part of what makes them special and beautiful.

Session 8: Human Development – Understanding Reproduction

Key issues:

Puberty represents the growth of a child to a young adult, signaling a number of developmental changes in the body which lead to sexual and reproductive maturity. However, being able to reproduce doesn't necessarily mean a young person is ready to reproduce. This session aims to build understanding of how the reproductive system works. Key issues to highlight in this session are:

- Explain the stages of reproduction (from conception to birth).
- Explain the function of sexual and reproductive organs, for both males and females
- The sex of a foetus is determined by both parent's genes, soon after conception
- Not all couples can become pregnant – and this is no fault of either partner – there are different solutions for couples who cannot become pregnant, including adoption, surrogacy and fertility treatment.
- Being able to reproduce comes with new responsibilities for both men and women
- Reproductive responsibility, and the prevention of unplanned pregnancy, are the responsibility of both partners.

Suggested activities:

The following activity and discussion suggestions may be useful in supporting understanding the reproductive functions of the body.

Children and young people under 15 years old:

- Ask the group members to draw a picture showing their understanding of reproduction. You may want to ask group members to hand this in to you in private so that you can look over the pictures and correct any misconceptions – again, in private.
- Ask group members to list the rights and responsibilities of men and women with regards to reproduction. What do they think each partner has a right to and a responsibility for? Have a group discussion about this.

Children and young people above 15 years old:

- Make a secret questions box – give everyone a piece of paper and ask them to write a question – or more than one question – that they have about reproduction, including any services that they may need and are not sure where to get. Collect questions in a closed box and pick them out one by one, answering them as you go. Keep the box in an accessible location so group members can add new questions and, each session, set aside some time to go through and answer questions.
- Having good sexual and reproductive health is about seeking medical advice and care when you need it – either for preventative measures or treatment. Ask group members where they could go in the community if they were concerned about their sexual and reproductive health.

Key learning objectives:

- Being physically able to reproduce does not mean that a person is ready for a baby
- Puberty signals a transition to adulthood which comes with new risks and responsibilities.
- Unprotected sex can lead to unplanned pregnancy, STIs and HIV infection.

Session 9: Sexual Behaviour – Consequences of Sexual Activity

This session aims to help young people to understand the potential consequences of sex and the responsibilities that go with those consequences. Key issues in this session are:

- The consequences of engaging in sexual behaviours are real, and come with associated responsibilities.
- Engaging in sexual activity with someone is a very intimate and personal activity which should only occur with someone you truly trust, respect and love.
- Unprotected sex can lead to unplanned pregnancy, STIs and HIV infection – all of which can have major life-long impacts.
- Both partners should have an equal say in how to protect against the unintended consequences of sex – and share the responsibility of dealing with any unintended consequences.

Key issues:

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- Both partners should have an equal say in how to protect against the unintended consequences of sex – and share the responsibility of dealing with any unintended consequences.

Suggested activities:

The following activity and discussion suggestions may be useful in supporting understanding of sexual behaviour and the consequences.

Children and young people under 15 years old:

- If you haven't done so already, make a secret questions box for young people to ask questions about sexual behaviour.
- Ask group members to list at least three reasons why it's better to wait before engaging in sexual relations with someone. Ask them to consider physical, social, emotional and financial reasons. Have a group discussion about this.

Children and young people above 15 years old:

- Ask group members what advice they would give their own future children with regard to sexual relationships – ask them to imagine they are having a conversation with their future child. What advice would they give them? If group members are willing to do so, ask them to share their answers and have a group discussion about this.

- Fantasies and desires are normal. However, most people do not act on their desires, attractions and fantasies. Ask group members what coping strategies they can think of to overcome physical desire and urges. If group members are willing to do so, ask them to share their ideas. If not, share other ideas with the whole group.

Key learning objectives:

- People have physical response to sexual stimulation. This is natural but it does not need to be acted upon. There are ways to control these feelings, including masturbation, which is a normal part of learning about one's own body.
- People have different ideas and preferences when it comes to sexuality and relationships. It is important to respect for all people, whatever their race, religion, gender or sexual orientation. Intolerance causes unnecessary tension and aggression in a community.

Suggested activities:

The following activity and discussion suggestions may be useful in supporting understanding of sexual behaviour and the consequences.

Children and young people under 15 years old:

- If you have not already, make a secret questions box for young people to ask questions about sexual behaviour.
- Ask group members to list at least three reasons why it is better to wait before engaging in sexual relations with someone. Ask them to consider physical, social, emotional and financial reasons. Have a group discussion about this.

Children and young people above 15 years old:

- Ask group members what they would advise their own future children with regards to sexual relationships – ask them to imagine they were having a conversation with their future child. What advice would they give them? If group members are willing to do so, ask them to share their answers and have a group discussion about this.
- Fantasies and desires are normal. However, most people do not act on their desires, attractions and fantasies. Ask group members what coping strategies they can think of to overcome physical desire and urges. If group members are willing to do so, ask them to share their ideas. If not, share other ideas with the whole group.

Key learning objectives:

- People have physical responses to sexual stimulation. This is natural but does not need to be acted upon. There are ways to control these feelings, including masturbation which is a normal part of learning about one's own body.
- People have different ideas and preferences when it comes to sexuality and relationships. It is important to respect for all people, whatever their race, religion, gender or sexual orientation. Intolerance causes unnecessary tension and aggression in a community.

Session 10: Sexual Behaviour – Risky Sexual Behaviours

Key issues:

Sexual and relationship decisions can put young people at risk. There are certain sexual practices and behaviours which are particularly risky. This session looks at risk factors with regards to sexual relationships. Key issues to highlight in this session are:

- Whilst it might seem like a one-off risk, engaging in sexual activities before you are ready, and without contraceptives, puts you and your partner at major risk of long-term consequences.
- Transactional sex is quite high in eastern and southern Africa. Transactional sex is the exchange of sex or sexual favours for a commodity of some kind – this can be money, services, favours, good grades or many other things. Transactional sex puts both partners at high risk of STI or HIV transmission.
- Anyone who is approached for transactional sex or sex in exchange for favours must seek help as soon as possible – it is illegal and against your rights to be coerced into sex for any transactional reason.
- Having multiple sexual partners over the same period increases personal risk of HIV and STIs as well as partners' risk.

Suggested activities:

The following activity and discussion suggestions may be useful in supporting a better understanding of risky sexual behaviours.

Children and young people under 15 years old:

- Ask the group to list three or more examples that they know of which are risky sexual encounters. Discuss these. What can young people do to avoid these risks.
- Ask group members to consider a situation where someone older than them. approached them for sex, with the promise of favours. Ask them what would they do? Where could they go for help?

Children and young people above 15 years old:

- Ask group members to list three or more risky sexual scenarios, why they are risky and what could they do to reduce risk
- Ask group members to consider where they could go to for help if they are being pressurised into sex. Have a group discussion, listing all the places in the community, and people, they can go to for help.

Key learning objectives:

- Whilst desire and attraction may make you think it's a good idea to engage in sexual relations, it is much better to wait for someone with whom you feel more than desire and attraction towards.
- There are a lot of places you can go to for help if you are concerned about forced sexual activity or sexual abuse – it is vital that you seek this help.
- Masturbation is a normal, healthy and safe way to overcome sexual desire and attraction.

Session 11: Sexual behaviour – Consequences of Sexual Activity

This session aims to help young people to understand the potential consequences of sex and the responsibilities that go with those consequences. Key issues in this session are:

- The consequences of engaging in sexual behaviours are real, and come with associated responsibilities.
- Engaging in sexual activity with someone is a very intimate and personal activity which should only occur with someone you truly trust, respect and love
- Unprotected sex can lead to unplanned pregnancy, STIs and HIV infection – all of which can have major life-long impacts.
- Both partners should have an equal say in how to protect against the unintended consequences of sex – and share the responsibility of dealing with any unintended consequences.

Suggested activities:

The following activity and discussion suggestions may be useful in supporting understanding of sexual behaviour and the consequences.

Children and young people under 15 years old:

- If you have not already done so, make a secret questions box for young people to ask questions about sexual behaviour.
- Ask group members to list at least three reasons why it is better to wait before engaging in sexual relations with someone. Ask them to consider physical, social, emotional and financial reasons. Have a group discussion about this.

Children and young people above 15 years old:

- Ask group members what they would advise their own future children with regards to sexual relationships – ask them to imagine they were having a conversation with their future child. What advice would they give them? If group members are willing to do so, ask them to share their answers and have a group discussion about this.
- Fantasies and desires are normal. However, most people do not act on their desires, attractions and fantasies. Ask group members what coping strategies they can think of to overcome their physical desire and urges. If group members are willing to do so, ask them to share their ideas. If not, share other ideas with the while group.

Key learning objectives:

- People have a physical response to sexual stimulation. This is natural but does not need to be acted upon. There are ways to control these feelings, including masturbation, which is a normal part of learning about one's own body.
- People have different ideas and preferences when it comes to sexuality and relationships. It is important to respect for all people, whatever their race, religion, gender or sexual orientation. Intolerance causes unnecessary tension and aggression in a community.

Session 12: Sexual and Reproductive Health – Understanding Sexual and Reproductive Health Rights

Having good sexual and reproductive health is vital for a person's health and well being. This session explores what we mean by sexual and reproductive health rights, and why they are important. Key issues in this session are:

- Share information about what every person's sexual and reproductive health rights are.
- Understanding what is meant by having good sexual and reproductive health.
- Understanding what it means to have a right to good sexual and reproductive health.
- Knowing that all young people have a right to sexual and reproductive health services and information.
- Understanding that seeking sexual and reproductive health services and information is a sign of responsibility.

Suggested activities:

The following activity and discussion suggestions may be useful in supporting understanding of sexual and reproductive health rights and their importance. These activities are suitable for all ages.

- Ask group members to list all the sexual and reproductive health rights that they know of or have heard about. Then ask them to share their answers. Ask: why is it important that we are able to access these services?
- Ask group members to think of any examples that they can of when someone's sexual and reproductive health has not been upheld. What could they do? What would they hope to be able to do?

Key learning objectives:

- Every person in the world is entitled to good sexual and reproductive health and the upholding of sexual and reproductive health rights.
- Every person is entitled to access the sexual and reproductive health services and information that they need to make responsible decisions and stay healthy – young people, both in- and out-of-school, can hold their governments accountable to these commitments.
- Anyone who goes against your rights is going against human rights legislation as well as national guidelines and standards.
- Sexual activity can have impacts which are life-long.

Session 13: Sexual and Reproductive Health – Understanding and Preventing Unplanned Pregnancy

Unplanned pregnancy remains too high in the continent. This often results in poor health outcomes for the mother and child, as well as poor social and economic outcomes for the whole family. This session supports understanding about pregnancy, preventing pregnancy and knowing when you are pregnant. Key issues in this section are:

- Pregnancy carries a lot of responsibility which both partners need to be ready, willing, and able, to take on before deciding to become pregnant.
- There are a number of ways to prevent pregnancy. The most effective is abstinence.
- Share information about different the types of contraceptives available locally and the benefits and drawbacks of each – include information on emergency contraceptives .
- Abortion is illegal in most eastern and southern African countries and illegal or unsafe abortion is never an option – it is likely to result in a lot of major health issues for both the child and mother.
- If someone becomes pregnant through rape or force, or through a condom accident, there are mechanisms for which to support the woman – including emergency contraception – it is important to seek help as soon as possible as emergency contraception works best if used within three days of possible exposure.

Suggested activities:

The following activity and discussion suggestions may be useful in supporting understanding of pregnancy, avoiding unplanned pregnancy and sources of help in the case of unplanned pregnancy.

Children and young people under 15 years old:

- Ask group members to list at least three things that they wish for their future child (examples may include a good education, a good job, close relationships with family members, a stable and loving environment created by devoted parents, etc). Are these things possible now? What steps can they take to ensure that they achieve all that they hope to for their future children? Have a group discussion about this.
- Ask group members to list three ways in which they can prevent unplanned pregnancy. Ask group members to share their answers and have a group discussion about them.

Children and young people above 15 years old:

- Ask group members to briefly summarise the pros and cons of different contraceptive methods. Ask them to make notes on which are the most suitable for unmarried, sexually active young people; married young people and unmarried people who do not plan to become sexually active.
- Access to contraceptives is a right of all people, including young people. Ask group members to list where they could go for advice and support as young people not in a relationship and not planning to be sexually active but wanting more information; young people in a relationship looking for contraceptive solutions; young people not in long term relationship but wanting to be prepared.

Key learning objectives:

- Access to contraceptives is a basic human right which every person is entitled to.
- Abstinence is the safest way to protect against unplanned pregnancy.
- Planning to avoid pregnancy, and dealing with pregnancy, is the responsibility of both partners.
- Different contraceptives have different benefits. The only one that protects against unintended pregnancy, STIs and HIV is condoms (when used correctly and consistently).
- When in a long-term relationship, it may be advisable to use dual protection – this means using a long-term contraceptive (like the oral pill) in conjunction with condoms. Using both means that if you have a condom accident, you have a back-up plan in place
- It is vital to remember that pregnancy and childbirth have long-term impacts – both parents need to be ready.

Session 14: Sexual and Reproductive Health – Understanding and Preventing STIs and HIV Infection

STIs and HIV infections are still too common when one considers how easily prevented they are. It is vital to scale-up condom awareness, acceptability and uptake, particularly amongst young people who present out best chances for change. This session supports understanding of HIV and how it is passed from one person to another – as well as how it can be prevented. Key issues in this section are:

- STIs and HIV are most commonly spread through unprotected sexual contact
- Explain the progression of HIV: it is a virus which attacks the body's immune system, making it more susceptible to other (opportunistic) infections.
- Explain the signs and symptoms of different STIs – including risk factors. It is also vital that anyone intending to become, or who is already, pregnant, seeks medical support to ensure that their child is not at risk of being born with HIV.
- Today, with ART treatment for HIV, people can live very healthy, long and fulfilled lives. It is vital that every person knows their HIV status so they can take steps to maintain an HIV negative status, or access the treatment, care and support they need to live a long, healthy and fulfilled life.
- Abstinence is the safest way to protect against STIs and HIV infection. However, for people for whom that is not a viable or practical solution, correct and consistent condom use has a high protection rate.
- If someone is exposed to HIV accidentally – through a caring accident or as a result of rape, they must seek medical attention urgently. There is medicine – PEP – which can be taken to reduce the risk of infection after exposure.
- Stigma and discrimination against anyone, including because they are living with HIV, is always wrong and against their human rights.

Suggested activities:

The following activity and discussion suggestions may be useful in supporting understanding of STI and HIV transmission, prevention and treatment.

Children and young people under 15 years old:

- Ask group members to list three ways that they know of to prevent onward transmission of HIV. Ask group members to share their answers and have a discussion about this.
- Ask group members to get into pairs. Ask them to develop a role play where they are friends and one of the two friends discloses to the other that they are HIV positive. How does the person react? In a supportive way? How could they be more supporting? What is the effect of not being supportive?

Children and young people above 15 years old:

- Ask group members to get into pairs – they are going to be pretending to be in a relationship. Ask them to develop a role play where one partner tells the other that they are HIV positive. How does the person react? In a supportive way? How could they be more supportive? What is the effect of not being supportive? What can a couple do to make their relationship work, even if one of them is living with HIV?
- Ask the pair to consider the idea that they are in a serodiscordant relationship. They decide they want to have a child. Ask them to detail what they need to do in order to have a child and to safeguard the child's health, as well as the HIV negative partners' – and to avoid any additional infection to the partner living with HIV. Ask pairs to share their thoughts, and then have a group discussion on how to make it work in a serodiscordant relationship and how to protect a baby against HIV infection.

Key learning objectives:

- Condoms are the only contraceptive method that protect against STIs, HIV infection and pregnancy.
- Anyone who is sexually active should go for routine STI and HIV screenings – every six months – the earlier any STI is detected, the better the treatment outcomes
- People living with HIV can live long, healthy and fulfilled lives – with the right care and treatment – it is vital that everyone knows their HIV status so that they can access the treatment and support that they need.
- Correct and consistent condom use is vital in protecting against HIV and STIs. Show groups members how to put on a condom correctly using a model penis, or something else that is roughly the size and shape of a penis.
- Stigma and discrimination against people living with HIV is very harmful and makes it much harder for people to access the services they need to stay healthy – it is a human right of every person, whatever their health status, to be treated equally.

Important Words and Phrases

AIDS: Acquired Immune Deficiency Syndrome. AIDS results from untreated HIV and can lead to death. Antiretrovirals are used to treat HIV and prevent AIDS.

CSE: Comprehensive sexuality education provides children and young people with knowledge and skills relating to their development and sexuality.

Culture: This is defined as “modes of life, traditions and beliefs; perceptions of health, disease and death; family structures; gender relations; languages and means of communication” which are embraced by groups of people.

Gender: The socially and culturally assigned roles of being male or female. Gender roles are dependent on culture. It is possible to work towards changing the cultural pressures experienced by both males and females in their roles.

Gender-based violence: Gender-based violence (GBV) is violence directed at someone because of their gender – it can be in the form of sexual abuse, physical violence, economic or emotional or psychological abuse.

Gender equality: Gender equality refers to equal treatment of women and men in laws and policies and equal access for men and women to resources and services.

HIV: Human immunodeficiency virus – a virus that, left untreated, leads to AIDS.

PMTCT: Prevention of mother-to-child transmission of HIV. All couples planning to have a baby should go together for PMTCT services. They are free.

Sexuality: Refers to how people experience and express themselves as sexual beings. This can include their behaviour, actions and thoughts.

SRH: Sexual and reproductive health is the knowledge, skills and ability to make responsible, positive, informed and safe sexual choices – including choosing not to have sex.

SRHR: Sexual and reproductive health rights are the rights of all people to the information and services they need to protect their SRH. Rights come with responsibilities, including the responsibility to protect one’s own health as well as the health of others.

Youth Friendly Services: Youth friendly SRH services are specifically targeted to meet the needs of young people and ensure that service provision is accessible and confidential.

CSE Action Planning Matrix

CSE Objective (What you want to do/achieve)	Action required to achieve objective (How)	Those responsible (Who)	Timescale (When)	Anticipated action on engaging the community (Why)	Success measure (How we know its worked/working)	Comments	Evidence



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