



TRAINING

MANUAL



BODY TALK

Sexual and
relational rights
for young people
with disabilities



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MANUAL

Sexual and
relational rights
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CONTENT

5

36

64

100

127

169

200

GLOSSARY ICONS



Plenary Presentation

(e.g. powerpoint lecture by trainer or participants)



Time



Plenary reflection & discussion

(e.g. statements to discuss about)



Specific notes & tips



Role Play

(e.g. condom demonstration, different situation based upon cases from participants)



Game

(including icebreakers and other playful activities to relax or focus)



Small Group Activity

(e.g. drawing lifelines)



Individual Activity

CHAPTER 1

WELCOME AND INTRODUCTIONS

WELCOME AND INTRODUCTIONS

BUILDING BLOCK 1

Welcome & introductions



BUILDING BLOCK 2

Group values



BUILDING BLOCK 3

Intersectionality



This chapter consists of three blocks of an hour or more. The first building block is for welcoming and introductions. The second building block is focused on creating a safe and encouraging learning environment for the participants. Finally, the third building block is about intersectionality - where participants learn more about privilege and discrimination and the power attached to this. This chapter was designed as the first half day of a training that lasts for a week. For training courses or workshops that last shorter, you can keep the introduction session short with a quick introduction round and an explanation of the training. Keep in mind to take enough time for setting ground rules and creating a safe space (building block 2) as it is vital to have a safe and good group atmosphere to discuss topics that can be sensitive.



WELCOME AND INTRODUCTION

INTRO

In this session, participants and facilitator(s) will engage in activities get to know each other, fostering a comfortable and collaborative learning environment. The expectations, knowledge and skills of participants will be (dis)covered.

OBJECTIVES

In this building block participants will:

1. Get to know each other; facilitators and other participants;
2. Arrive at consensus on objectives for the training and how participants can contribute to ensure that these objectives are met;
- 3. Feel safe to actively participate.**



WELCOME AND INTRODUCTION

TIME	TOOLS AND MATERIALS	ACTIVITIES
ACTIVITY 1		
 10 min	Opening & introduction <ul style="list-style-type: none"> Name tag for every participant (or use tape to write names on and stick it to your chest) Markers Slide deck Laptop Projector Use your own slides 	 Plenary presentation Introduction of the facilitator, main objectives of the Body Talk project and this training.
ACTIVITY 2		
 20 min 10 participants	Opening & introduction <ul style="list-style-type: none"> Optional: Icebreaker Optional: SRHR bingo → see <i>handout 1.1 SRHR Bingo</i> Adjusted for parents: <ul style="list-style-type: none"> → see <i>handout 1.2: Pass the hoop</i> 	 Small group activity Common ground. Introduction of participants.
 30 min 15 participants		
ACTIVITY 3		
 20 min 10 participants	Bring and take <ul style="list-style-type: none"> Markers Green cards; 1 for each participant Red cards; 1 for each participant 	 Small group activity Personal learning objectives and knowledge or skills to share.
 30 min 15 participants		

BUILDING BLOCK 1

ACTIVITY 1



Opening and introductions



INSTRUCTIONS

- > Stand in front of the participants and make sure everyone is well seated.
- > Introduce yourself and the organization that you represent. Describe the room you are in. Explain the objectives and outline of the training.
- > Explain that the **overall aim** of Body Talk manual is to contribute to the increase of the number of trained professionals on SRHR knowledge and skills, access to accurate information and communication to children and young persons with a disability.
- > Mention that **participants will learn** how to communicate on topics related to sexual & reproductive health. At the end of this training, they will be able to deliver a Body Talk Training of Trainers or support children and young persons with a disability between 12-25 in their sexual development. This is important to ensure that children and young persons with a disability are able to make well-informed choices about their bodies, relationships and sexual health.
- > Tell the participants that their thoughts, opinions and experiences will be respected and regarded as valuable input for this training. We all are learning daily from our own experiences and those of others. Additionally, stress that we all have our unique professional and personal knowledge and experiences. By sharing these during this training we will learn from each other and may find solutions for our own or each other's challenges.
- > Participants do not need to feel embarrassed if they notice that others have knowledge or experiences that they do not have. All of us may discover new knowledge or experiences during this training. >>

BUILDING BLOCK 1

ACTIVITY 1



> Meaningful youth participation in Ethiopia.
RUTGERS 2014

- > **Explain that this is participatory training:** all input matters!
- > In this training, **learning by doing and discussing** is the main strategy. You could learn from the way the trainers discuss these topics and do this later in the same or your own style.
- > Through 'learning by doing' they will have a clear and vivid picture of what is needed to communicate professionally on sexual and reproductive health with others
- > Make sure that the participants understand that you have not come here to tell them exactly what to think about sexuality, what to communicate on related issues and how to do this. This training will introduce a comprehensive approach of sexual & reproductive health for children and young persons with a disability. Explain that this vision is based on Universal Human Rights and is evidence based, which means that it is grounded in solid social and medical research. The culturally sensitive and gender reflective input of professionals working with children and young persons with a disability is included.

BUILDING BLOCK 1

ACTIVITY 1

TRAINERS OF FACILITATORS



Opening and introductions



SPECIFIC NOTES & TIPS

- The information is free from cultural or religious bias. In addition, the training aims to increase insights into the local socio-culturally determined norms, values, attitudes, practices and expectations regarding sex, sexuality, gender (roles) and relationships especially in relation to disability rights. This understanding and insight can assist the participants and trainers in analysing the main challenges the participants face in their work and how to address these.

BUILDING BLOCK 1

ACTIVITY 1

Opening and introductions



SPECIFIC NOTES & TIPS

FACILITATORS OF TEACHERS



- Explain here as well what the course will not entail, e.g., full written lessons to provide sexuality education, or information that should be given by health care providers and specialists. Emphasize that this training will focus on skills to understand the sexuality and sexual development of children and young persons with a disability, and how to communicate about these topics with them in an educational setting. Mention that later during the training, they will focus on referral as well for those questions posed that are not suited for them to answer.

PROFESSIONALS IN HEALTH CARE OR SOCIAL WORK



- Explain here as well what the course will not entail, e.g., specific medical information that should be given by specialized doctors. Emphasize that this training will focus on skills to understand the sexuality and sexual development of children and young persons with a disability, and how to communicate about these topics with them in a health care setting, during screenings or (home) visits. Mention that later during the training, they will focus on referral as well for those questions posed that are not suited for them to answer.

BUILDING BLOCK 1

ACTIVITY 2



10 participants



15 participants

TRAINERS OF FACILITATORS



Getting to know each other



INSTRUCTIONS

- Ask the participants to divide themselves into pairs. Encourage them to pair up with somebody they do not yet know.
- Let the pairs know they have 10 minutes to introduce themselves and find as many things in common with the other as possible.
- At the end of the 10 minutes, ask each pair to introduce themselves according to the things they had in common.

SPECIFIC NOTES & TIPS

- This is just one of the many exercises you can do for the participants to get to know each other a bit better. If you have more experience in facilitating trainings, you can pick an introduction game from your own repertoire.
- For training and workshops that only last for a day or less, keep the introduction part short and quick. Choose, for example, for a quick presentation, a fast energizer to get to know each other but make sure to always focus on creating a good, safe and inclusive group atmosphere. More information on how to do so will follow in the building blocks “group values” and “safe spaces”.

BUILDING BLOCK 1

ACTIVITY 2

Getting to know each other



SPECIFIC NOTES & TIPS

FACILITATORS OF PARENTS



- Pick for parents an energizer that has as main theme their caregiving role for their children and young persons with a disability. For example: Pass the Hoop or find one yourself.

→ **Handout 1.2 Pass the Hoop**

PROFESSIONALS IN HEALTH CARE OR SOCIAL WORK



- For teachers and professionals in health care or social work, you can take the energizer from the top or pick another one. The aim of this activity is for people to get to know each other better, create a safe space together for learning. Additionally, you can approach the energizer from the angle as above with the parents: with the child centred in mind.

BUILDING BLOCK 1

ACTIVITY 3



10 participants



15 participants

Bring and take



INSTRUCTIONS

- > All the participants receive a yellow and green card and a marker.
- > The trainer asks them to write down the answers to the following questions
 - **Yellow:** what do you hope to take away from here?
 - **Green:** what do you bring to this session?
- > After all the answers have been written down, the participants read their cards out loud and give their cards to the facilitator. The facilitator clusters them while sticking them to a flip chart.
- > After everyone shared their cards, the facilitator summarizes the commonalities and differences.
- > Then, make a link to the sessions you will facilitate as a trainer. Make clear what aspects of the cards are going to be addressed and when, so participants know what they can expect.

BUILDING BLOCK 1

ACTIVITY 3

Bring and take



SPECIFIC NOTES & TIPS

TRAINERS OF FACILITATORS



- Given the fact that you are not only training the facilitators in communication about sexuality in combination with disability, but also in training skills, encourage them to also include cards on that aspect.

FACILITATORS OF PARENTS



- Encourage parents to write down what they hope to take away from here on the one hand, based on (potential) challenging situations or questions that they encounter at home or in their surroundings that they would like to talk about in this training. On the other hand, encourage them to bring in good practices from their own experiences.
- **These cases can help in future sessions, for example during role plays, so if the cases are not specific enough take some time to discuss them further to understand the context.**

BUILDING BLOCK 1

ACTIVITY 3

Bring and take



FACILITATORS OF TEACHERS



- Encourage teachers to write down what they hope to take away from here, on the one hand, based on cases that they or colleagues have come across in educational settings when discussing SRHR in relation to disability. These cases can also be potential, or what they fear to come across that they want to be weaponed too. On the other hand, encourage them to bring in good practices from their own experiences.
- **These cases can help in future sessions, for example during role plays, so if the cases are not specific enough take some time to discuss them further to understand the context.**

PROFESSIONALS IN HEALTH CARE OR SOCIAL WORK



- Encourage participants to write down what they hope to take away from here, on the one hand, based on cases that they or colleagues have come across in health care settings when discussing SRHR in relation to disability. These cases can also be potential, or what they fear to come across that they want to be weaponed too. On the other hand, encourage them to bring in good practices from their own experiences.
- **These cases can help in future sessions, for example during role plays, so if the cases are not specific enough take some time to discuss them further to understand the context.**



> Community volunteer Mamun in Bangladesh. RUTGERS 2020



GROUP VALUES

INTRO

When discussing topics and issues around sexual and reproductive health and rights, it is important to establish a safe and inclusive learning environment together. During this building block, the group will together define group values to create a pleasant, inclusive and safe atmosphere. Participants are invited to step out of their comfort zone and make mistakes in order to learn.

OBJECTIVES

In this building block participants will:

1. Create a safe space together for everyone to actively participate in the training session;
2. Jointly produce rules of the game for an inclusive, safe learning experience;
3. Implement how sensitive themes or questions can be brought up anonymously, answered and then discussed safely in a group session



GROUP VALUES

TIME	TOOLS AND MATERIALS	ACTIVITIES
ACTIVITY 1		
	<p>Rules of the game</p> <ul style="list-style-type: none"> • Scarf/cloth to blindfold • Table free to stand on, in front of the group • Chair next to the table for the helping volunteer to step on • Flipchart • Markers • Red piece of paper (<i>as a safety card</i>) <p>Optional:</p> <ul style="list-style-type: none"> • Slide deck • Laptop • Projector • Use your own slides 	 <p>Plenary presentation Rules of the game</p>
ACTIVITY 2		
	<p>Introducing the question box</p> <ul style="list-style-type: none"> • Sticky notes or small pieces of paper for all participants • Pens for all participants • Empty cookie jar, shoe or other box (<i>to be used as question box during the training</i>) 	 <p>Plenary presentation Introduction of the question box</p>

BUILDING BLOCK 2

ACTIVITY 1



Rules of the game



INSTRUCTIONS

- Ask the participants if someone is willing to volunteer for this exercise, without saying what for.
- Once there is a volunteer, ask the person if they can jump of a table, blindfolded. The person is, however, allowed to ask someone to help and assist.
- Ask who the volunteer likes to invite to help (to see who they trust).
- If the participants cannot stand on a table, ask them to move from one place in the room to another. It is also possible to think of another disability inclusive exercise, or ask the group to come up with one.

DEBRIEF

- After the volunteers are done doing the exercise, ask the group to reflect on how they think this exercise is a metaphor for the training setting.
- Then, draw the circles of comfort (see above) on a flip over or show it on a PowerPoint slide. Explain that learning happens when you dare to step out of the comfort zone into the stretch zone. That zone is beyond the horizon of that what we know or are used to (comfort zone), so that means that we need to allow ourselves to make mistakes. To leave your comfort zone, to dare to make mistakes and to look beyond your horizon can be difficult, especially with topics related to SRHR. >>



Rules of the game



- Invite the group to consciously step into the stretch zone.
- Ask the participants how to make this a safe space - what does everyone need in order to participate? (For example, let each other speak, silly questions do not exist, etc.).
- Ask the participants what other rules they can think of to introduce a supportive learning environment (for example, no use of mobile phones and laptops during the sessions, starting on time, etc.).
- As a last question, ask the participants what is needed in terms of preferred communication and inclusion methods for everyone to participate in this training (for example, use of pronouns, accommodations in terms of communication for persons with a disability).
- As a facilitator, write down these “rules of the game” on a flipchart sheet and stick it to the wall, where it will stay until the end of the training.
- After the rules are written down, explain that you also understand that there may be moments when it is difficult to step beyond your comfort zone. For example, when a topic can trigger something, or when you’re just not comfortable with it. Introduce the red card that you hand out to lay around the room on different tables. Explain that if someone is feeling uncomfortable or has difficulty with a topic or a discussion, the participant can put up that card or give it to the facilitator. The red card does not mean that we will then leave the discussion to rest, but we will discuss how to continue the conversation, and what is needed for everyone to feel safe and supported while doing so.

BUILDING BLOCK 2

ACTIVITY 1

TRAINERS OF FACILITATORS



Rules of the game



SPECIFIC NOTES & TIPS

- Instead of only hanging them in the room on a flipchart, you can also enter the rules of the game later during the session in a power point slide. It is great to reflect occasionally on the rules of the game, for example when starting a new day or during reflection at the end of the day.
- Invite the participants and future facilitators to also reflect upon what they need in order to create a safe environment for them to participate or to facilitate.
- In case no one mentions this, emphasize that pictures and filming is not allowed, or ONLY after full consent of participants as sometimes very sensitive topics are discussed.
- Stress the following key messages to the group after the discussions:
 - **You are invited to step out of your comfort zone and make mistakes to effectively learn.**
 - **We make the safe, inclusive, environment together.**
 - **SRHR is a sensitive topic, and at the same time possible to talk and learn about.**
 - **Confidentiality is important, everything that is discussed during the training, will not be discussed outside of it.**

BUILDING BLOCK 2

ACTIVITY 2



Introducing the question box



INTRODUCTION

As sexuality, gender and relations are very personal topics. Asking questions about these in a group training session may be a challenge for participants. The question box is used to enable all of them to ask professional or personal sensitive questions anonymously.

- Present a box in which participants can drop folded sticky notes or other small papers. These papers can be used if they have written questions about sensitive topics.
- The facilitator emphasizes that there are no silly questions. We all have had different messages about sexuality, gender or relationships from family, friends or school and have used different information sources to learn about these. Therefore, we do not have the same level of knowledge nor share similar experiences, not only when it comes to sexual & reproductive health, relationships, gender, but also on all other parts of life.
- In this training all of us will have the chance to ask questions to increase our knowledge about sexuality, gender and relationships. As a facilitator of Body Talk meetings for parents, teachers and health care professionals, you could use this same tool.

INSTRUCTIONS

- Suggestions: take a cookie box or jar filled with cookies or other sweets to share with the participants in the introductory meeting. When the box is empty you can use it for the participants to put in their notes with anonymous questions. >>

Introducing the question box



- Hand out a sticky note or small piece of paper to the participants.
- Ask them all to write down one question that they want you about sexuality, gender, relationships, anything. Do not write your name on the paper!
- Personal questions to you as a facilitator are allowed as well but it is you in the end that decides whether you wish to answer these.
- Collect all notes from the box.
- Tell the participants that you will answer a few of their anonymous questions to give them an idea of how to do this. In Body Talk Sessions with parents, teachers or healthcare workers they could do this similarly.
- Answer a few questions. Before you give the answer, ask if anyone of the participants knows how to reply to this question. If nobody knows, do it yourself.
- After answering a few questions, you tell the participants that the other questions will be answered later in this or the next training session(s).
- Encourage them to add more questions to the box during the training. Put the box on a table in the training room. Preferably in the back, so that participants could add new notes unnoticed, e.g., when leaving the room during breaks or entering afterwards. If you put the box in front of the room, some might feel uncomfortable when putting a question in the box while the rest of the participants and/or you as the trainer may notice.



Introducing the question box



SPECIFIC NOTES & TIPS

- There are different ways to encourage participants to make use of the question box during the training. For example:
 - After reading out a question, notice that it is a question that you have been asked by many others before.
 - Compliment the anonymous participant for the question asked.
 - If you do not know the answer, tell the participants that you will look for it on internet or ask a colleague and come back to this question in the next session after you have found an answer.
 - If it is a question about you personally read it out and ask the participants who would answer this question plenary if it would have been directed to them. And/or ask if they would understand if the question was too personal for someone to answer. Ask for an explanation. Also, point at the group agreements that you all made to make all participants, including you as the facilitator, feel safe during the training.





INTERSECTIONALITY

INTRO

This building block is about understanding intersectionality, more specifically the privileges we have or do not have in a society that give us power to participate in meetings, processes, decision making and the use of resources. The privileges one has or do not has, come with their identities. Often we are not aware of them. During this building block, the participants become aware of (their) identities and the influence it has on their lives.

OBJECTIVES

In this building block participants will:

1. Classify several elements of inequality (age, religion, sex, ability/disability, ethnicity/language, rural/urban, education level, etc.);
2. Recognize the layers of inequality in different contexts;
3. Recognize their own position in relation to different privileges;
4. Understand how power and privilege can affect our lives, even when we are not aware it is happening;
5. Differentiate both obstacles and benefits experienced in our life - making sure not to blame anyone for having more power or privilege or for receiving more help in achieving goals.



INTERSECTIONALITY

TIME	TOOLS AND MATERIALS	ACTIVITIES
ACTIVITY 1		
	<p>Privilege walk</p> <ul style="list-style-type: none"> • Enough space for the group to walk around → <u><i>Use handout 1.3: the powerwalk</i></u> <p>Adapted materials for parents:</p> <ul style="list-style-type: none"> • → <u><i>Handout 1.4: the Intersectionality Game</i></u> <p>Optional:</p> <ul style="list-style-type: none"> • Slide deck • Laptop • Projector • Use your own slides including the key messages from the debrief to share about privileges 	 <p>Game Discovering personal privileges and disadvantages along personal lifelines.</p>  <p>Plenary discussion</p>

BUILDING BLOCK 3

ACTIVITY 1



Privilege walk



INSTRUCTIONS

- **Prepare:** Clear all the tables and chairs to the sides before participants come in (chairs maybe still accessible to sit on while waiting for everybody to come in), so you have an ample space to work with for the privilege walk.

OR

- Find a good spacey place outside the training room where you can do the privilege walk, this can even be outside. When outside, you don't need to move tables and chairs, as you can throw the ball for the recap to one another across the tables.
- The aim is to experience how gender roles and social positions, and related expectations have an influence on your chances in life.
- The facilitator reads out different statements. All participants stand on a line (having space behind and in front of them to take steps) and take a step forward if their response to the statement is 'yes' or backward if their response is 'no', depending on statements read out loud by the facilitator.
- Use hand-out 1.3 when giving the instructions and execute the power walk.

→ **Handout 1.3: the powerwalk**

Privilege walk



DEBRIEF

- > Debrief with participants by asking them how this exercise was for them, how they felt and what they have learned.
- > After the debrief and reflection questions to the group, share the following key messages to share after this session
 - > It is important to note that persons with disabilities are not a homogenous group and depending on the type/severity of disability and social location, lived experience can vary vastly from person to person.
 - > Every person has **multiple identities, which intersect in varying ways**. Intersectionality refers to the complex, cumulative way in which the effects of multiple forms of discrimination (such as racism, sexism, ableism and classism) combine, overlap, or intersect.
 - > These overlapping identities create unique experiences of both privileges and marginalisation. Privileges come with identities we have - and we are often not aware of them. Additionally, privileges give us power.
 - > The access to privileges or the lacks therefore define the way we participate in meetings, processes, decision-making, resource usage, the information we receive, the services we can access, etcetera.
 - > We can choose to step out of a position with less privilege if we take the courage to do so (seeking allies, preparing ourselves with arguments or just by taking up the courage - it takes effort but is possible).
 - > We can choose to support others by opening a door for them with the privilege we have.
 - > Reflect on the specific barriers faced by persons with disabilities to participate in society or access SRHR. What do we learn from this exercise taking that into account?

BUILDING BLOCK 3

ACTIVITY 1

TRAINERS OF FACILITATORS



Privilege walk



SPECIFIC NOTES & TIPS

- **Note:** This is an activity that requires trust building and safety for participants; introducing this activity too early in the training or before building trust risks creating resentment and hurt that can inhibit further sharing and openness.

If you think it is too soon, replace this exercise with the one suggested for parents (see below) or create a fictional personality for each of the participants and ask them to answer the questions as their character. If you choose for this option, make sure that you:

- Mix characters, people from different backgrounds, with and without disabilities, of different ages and different gender identities.
- Stress that it is important that participants answer the above questions as their character.
- You can replace sensitive questions with others like, “you want to get married or form a relationship, if this is possible for you, place one step forward”. “You wish to (not) start a family. If you are not able to make your own well-informed decision about this, set a step backwards”. “How big do you consider the chance that you will experience physical violence or sexual violence based on your gender, ethnicity, age or sexual orientation in your life? Take a step backward if you think you will experience violence, and forwards if you think you will not”.

Note: these questions are mandatory to ask, as they shed light on the privileges and barriers related to SRHR for several groups in society. >>

BUILDING BLOCK 3

ACTIVITY 1



Privilege walk



- If you do go for the original exercise without adaptations, it's important to take time to have people tell their stories. Sometimes it can become emotional. Then it is always good to ask if others recognise similar feelings, in order to spread the emotion and make it part of the group system and not have it stay with one person.
- Put the key messages of the debrief in a power point slide when you share them with the group.

FACILITATORS OF PARENTS



- See **handout 1.4 of the intersectionality game for instructions.**

→ ***Handout 1.4: the Intersectionality Game***

- After the debrief, finish by drawing conclusions together. If not mentioned in some way, stress the following key take aways:
 - The value of identities changes depending on the context and the person.
 - Identities offer you either privileges or disadvantages leading to discrimination and exclusion. This is the basis of power inequalities.
 - Intersectionality goes beyond acknowledging the multiple forms of discrimination and recognizes that the different forms of discrimination may intersect with each other and result in overlapping and reinforcing barriers to opportunity.
- Have parents of children and young persons with a disability also reflect on the consequences of this exercises for the lives of persons with a disability, or for them as family members for persons with a disability. What do we learn from this exercise taking that in account? How do different identities on the pieces of paper hinder persons with a disability from participating in society?

BUILDING BLOCK 3

ACTIVITY 1

Privilege walk



FACILITATORS OF TEACHERS



- As a training for teachers is often given in a professional setting and not everyone might be comfortable sharing such personal information about themselves, do the exercise for parents with them, or do the original exercise with the adaptation of creating fictional characters.

PROFESSIONALS IN HEALTH CARE OR SOCIAL WORK



- As a training for professionals in health care or social work is often given in a professional setting and not everyone might be comfortable sharing such personal information about themselves, do the exercise for parents with them, or do the original exercise with the adaptation of creating fictional characters.



CHAPTER 2

A COMMUNITY BASED APPROACH TO DISABILITY SRHR

A COMMUNITY BASED APPROACH TO DISABILITY SRHR

BUILDING BLOCK 1

Understanding disability rights



BUILDING BLOCK 2

Community based rehabilitation and SRHR



This chapter consists of two building blocks of an hour or more. First, the participants will learn more about disability rights and the different ways disability is viewed in society. Afterwards, the focus will be on how sexual and reproductive health and rights are integrated in community based rehabilitation (CBR) and thus how everyone has to work together in a community based approach to ensure children and young persons with a disability can enjoy their Sexual and Reproductive Health and Rights (SRHR) and have access to related services and information.



UNDERSTANDING DISABILITY RIGHTS

INTRO

During this building block, participants learn more about what disability, impairment and barriers to inclusion are, which different models there are to approach disability and which legal frameworks are in place to protect the rights of children and young persons with a disability, especially their sexual and reproductive health and rights.

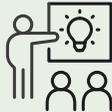
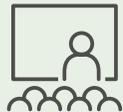
OBJECTIVES

In this building block participants will:

1. Be able to explain the difference between disability and impairment.
2. Understand barriers that children and young persons with a disability face in accessing, protecting and enjoying their sexual and reproductive health and rights.
3. Be aware of the (sexual and reproductive health and) rights of children and young persons with a disability.



UNDERSTANDING DISABILITY RIGHTS

TIME	TOOLS AND MATERIALS	ACTIVITIES
ACTIVITY 1		
 <p>30 min</p>	<ul style="list-style-type: none"> • Flip over and markers • → <u><i>Handout 2.1 Definition of disability</i></u> • → <u><i>Handout 2.2 List of impairments</i></u> 	<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">  <p>1. Plenary discussion on the definition of disability.</p> </div> <div style="text-align: center;">  <p>2. Plenary presentation on differences between impairment and disability.</p> </div> </div>
ACTIVITY 2		
 <p>30 min</p>	<ul style="list-style-type: none"> • → <u><i>Handout 2.3 - Models of disability</i></u> • Flip over and markers • Post-its • Powerpoint slides with definitions (if needed) 	<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">  <p>3. Small group activity - Understanding disability.</p> </div> <div style="text-align: center;">  <p>4. Plenary discussion on societal beliefs.</p> </div> </div>
ACTIVITY 3		
 <p>30 min</p>	<ul style="list-style-type: none"> • → <u><i>Handout 2.4 - the Guttmacher definition of SRHR</i></u>, including a slide with the definition. • → <u><i>Handout 2.5 with relevant articles linked to SRHR from the CRPD</i></u> • → <u><i>Hand-out 2.6 Statements for Rights quiz</i></u>. These statements can be either read out loud, or presented on a screen. 	<div style="text-align: center;">  <p>5. Small group activity in understanding international and national frameworks that promote and protect the right of children and young persons with a disability.</p> </div>

BUILDING BLOCK 1

ACTIVITY 1



What is disability?



INSTRUCTIONS¹

- Write the word *disability* on a flip over with a circle around it.
- Ask the participants what they understand by the term disability and create a mind map on the flip over from the key phrases.
- Mention that it is important to explicitly say 'person with a disability', instead of 'disabled' or other derogatory terms. This is called people first language and is used to acknowledge the equal value of all human beings, without defining them by their disability only. Remind participants about this throughout the training if necessary.
- Share the definition of persons with a disability of the United Nations Convention of the Rights of Persons with Disabilities. You can either do this on a flipchart, or on a PowerPoint slide. Explain the difference between disability and impairments as well.
- Now that participants know the difference between a disability and an impairment, ask them to list the different impairments they know of, or came across in their work or daily lives.
- Conclude by explaining that children and young persons with a disability include a diverse range of persons and that the categorization of disabilities differs across countries based on societal and cultural beliefs, and what governments define as categories. If possible, give an example of countries with different definitions or categorizations.

¹ Based on Module 3: What is disability? Different types of disability of the Training Toolkit Inclusive Health for Disability Inclusion Advisers by See You Foundation <https://www.seeyoufoundation.nl/wp-content/uploads/2022/04/Inclusive-Health-Training-Toolbox-adjusted-version-4-2-2022.pdf>

BUILDING BLOCK 1

ACTIVITY 1

What is disability?



SPECIFIC NOTES & TIPS

TRAINERS OF FACILITATORS



- Explain to the participants that disability and impairments are used as the same words, although they mean different things. **Impairment** is the loss of a function of the body, whereas **disability** is when the persons who has an impairment is limited to participate on an equal basis with others in society, because of barriers.
- If the impairments that are being mentioned are limited to physical or visible impairments, ask the participants if they can also think of disabilities that are not immediately apparent.

FACILITATORS OF PARENTS



- You can also ask the participants to draw a person with a disability. This is especially a helpful exercise for persons with a hearing and speech disability or for participants that can't write or read.

BUILDING BLOCK 1

ACTIVITY 2



A rights-based approach to disability



INSTRUCTIONS²

- Divide the group in smaller groups or pairs.
- Ask the participants to share some of the common statements they hear in society about disability. For example, “oh the poor thing” or “he or she must have sinned”. Ask them to write one belief per post-it. Give them 5 minutes to do this exercise.
- Ask the group back to plenary.
- Discuss, through different sheets of flip-overs or PowerPoint slides, the different models of disability.
 - In the **Charity** model, children and young persons with a disability are persons to feel sorry for, and as people that need help from the goodness of our hearts.
 - In the **medical** model the focus is on treating or curing the impairment. It is focused on the individual level of a person with a disability, always looking for a fix.
 - In the **social** model, the focus is on the barriers that are put in society. The participation of a person is not limited by their impairment, but by the barriers in society. The emphasis in this model is on removing the barriers.
 - The **rights-based** model goes a step further than the social model and is focused on recognizing equal opportunities for children and young persons with a disability and participation on an equal basis with others as a matter of rights, meaning that governments and states are responsible and to be held accountable to ensure these rights are realized. >>

² Adjusted from and inspired by the manual Reclaiming SRHR of Women and Girls with Disabilities, developed by ARROW https://arrow.org.my/wp-content/uploads/2021/07/Training-Manual_Disability-Rights-Gender-and-SRHR-1.pdf

BUILDING BLOCK 1

ACTIVITY 2



A rights-based approach to disability



- After the explanation, ask the participants to stick their post-it to the model they think the belief is part of.
- Have a plenary discussion on the beliefs under each model. Ask participants why they choose the models they choose and discuss the following questions per model:
 - Does this model perpetuate stigma and discrimination, or does it support full and effective inclusion?

SPECIFIC NOTES & TIPS

TRAINERS OF FACILITATORS



- For the explanation of the different disability models, you can use the hand-outs as mentioned in the recommended materials in the beginning of this chapter.
- If there are little to no post-it's under the rights-based or social model, have a group discussion to write down and/or think of statements that would fit under these models of understanding disability.
- Often, there is a bit of confusion about what is wrong with charity/compassion and what is wrong with medical services. Stress that there is nothing wrong with empathy or rehabilitation services, but that it is about how we reduce people to one particular aspect and that under these individualistic models, people are reduced as objects. Give some space for discussion if needed. >>

A rights-based approach to disability



- Share the following key messages:
 - Some models lean more towards the disability being the problem of the individual. These models continue to be the most dominant ones through which society views disability. However, this stigmatizes persons with a disability and allows that others can make decisions on behalf of children and young persons with a disability. Additionally, it stimulates behavior that further encourages stigmatization of children and young persons with a disability, for example by addressing them with their impairments (for example, calling someone a deaf person, or an idiot, or retarded). The social and rights-based model of disability build on each other and focus on the environment as the main issue that puts up barriers that prevent children and young persons with a disability to participate on an equal basis with others.
- Ensure that you - as a facilitator - are comfortable and agree with the concept in this activity. Participants often have questions about the models and the differences between them. As trainer, you need to be comfortable with the differences in approaches before you facilitate this training and exercise, because participants may want to challenge aspects before accepting them.
- Try to avoid saying that medical and charity approaches are 'bad' and that the social model is 'good' or 'better'. This is too simplistic and may provokes strong reactions from people who have followed the individual models (charity and medical models) to disability throughout their career. However, it is important to finish that the social and rights based model is in line with the UN Convention on the rights of persons with disabilities and sexual and reproductive health and rights. >>

BUILDING BLOCK 1

ACTIVITY 2

A rights-based approach to disability



- For most participants, the social model as a way to approach disability will be new. As mentioned earlier, it is likely that the facilitator will receive a lot of questions that challenge these concepts. World Vision International listed the most common questions and answers for you, which can be found in **handout 2.3** models of disability, Q&A about the models.
- Sometimes this topic can be sensitive, as a facilitator reiterate the rights-based approach is inclusive for all kinds of religions and non-discriminative and non-violent perspectives. This training aims to teach participants how to handle a diverse context with different perspectives, norms, values and experiences. Everyone can use this information to make their own choices.

FACILITATORS OF PARENTS



- In principle, you can follow the instructions when doing this exercise with the parents. Instead of asking how they view disability, emphasize how they think others see them or their family or their child with a disability. As this can get personal and emotional, take the time for these stories. If this is the case it is always good to ask if others recognize similar feelings, in order to spread the emotion and make it part of the group system and not have it stay with one person.
- In the debrief, ask the parents via which model they and their children are currently approached by teachers and professionals in health care and social work. If this is according to the medical or charity approach, have them reflect on how or what should change or is needed in order to follow the social inclusive and rights-based model. If they already mention the social-inclusive and human rights-based model to disability, ask them for examples and have them share good practices.

BUILDING BLOCK 1

ACTIVITY 2

A rights-based approach to disability



SPECIFIC NOTES & TIPS

FACILITATORS OF TEACHERS



- Follow the instructions of the original exercise. In debriefing after the conclusion, ask teachers how they currently approach or view children and young persons with a disability in their work. If this is according to the medical or charity approach, have them reflect on how or what they can change or would need in order to follow the social inclusive and rights-based model. If they already use the social-inclusive and human rights-based model to disability, ask them for examples.

PROFESSIONALS IN HEALTH CARE OR SOCIAL WORK



- Follow the instructions of the original exercise. In debriefing after the conclusion, ask the healthcare workers how they currently approach or view children and young persons with a disability in their work. If this is according to the medical or charity approach, have them reflect on how or what they can change or would need in order to follow the social inclusive and rights-based model. If they already use the social-inclusive and human rights-based model to disability, ask them for examples.



Understanding disability rights and SRHR³



It is important for all groups to realize what the rights of children and young persons with a disability are, especially their sexual and reproductive health and rights. When people become aware of the rights children and young persons with a disability have, they can be held accountable or hold other people accountable when violating those rights. Additionally, they learn more about what role they play in making sure that children and young persons with a disability can enjoy their sexual and reproductive health and rights. It is therefore important to know what sexual and reproductive health and rights are.

INSTRUCTIONS

- Write the word *sexual and reproductive health and rights* on a flip over with a circle around it.
- Ask the participants what they understand by the term and create a mind map on the flip over from the key phrases.
- Share the definition of SRHR from the Guttmacher Lancet. See **handout 2.4** for the definition in recommended materials in the beginning of this chapter. You can either do this on a flipchart, or on a PowerPoint slide.
- Now that participants know the definition of SRHR, ask them if they can give examples of how they themselves enjoy the right to sexual and reproductive health. >>

³ Adjusted from and inspired by on Module 5: Legal Frameworks of the Training Toolkit Inclusive Health for Disability Inclusion Advisers by See You Foundation <https://www.seeyoufoundation.nl/wp-content/uploads/2022/04/Inclusive-Health-Training-Toolbox-adjusted-version-4-2-2022.pdf>



Understanding disability rights and SRHR



Sessions about legal frameworks are often very dry, detailed and are difficult to understand if you do not work with them daily. Additionally, the relevant frameworks can be very context specific. As the most important objective of a session like this is creating awareness of the rights, reflecting on your own role in ensuring these rights and understanding the underlying human rights principles. Here are some suggestions on how to address this topic during your session.

- Potential work methods to think of:
 - Plenary brainstorm on what national legal frameworks/laws/regulations they already know for children and young persons with a disability?
 - Plenary brainstorm on what national legal frameworks/laws/regulations they already know that relate to sexual and reproductive health and rights?
 - A reflection on the synergies (or discrepancies) between the above mentioned frameworks, laws and regulations related to.
 - Make a quiz with statements or questions instead of a presentation, for example about the national legal frameworks/laws/regulations relevant in your context, sexual and reproductive health and rights and/or the CRPD articles that link to SRHR (see ***handout 2.5***).

BUILDING BLOCK 1

ACTIVITY 3

Understanding disability rights and SRHR



SPECIFIC NOTES & TIPS

TRAINERS OF FACILITATORS



- Tell facilitators that will train other groups that, before designing this session, they should ask themselves the question “what do participants really need to know on the practical implications for their own work?” as this guides you in the way information should be provided. See below some tips and tricks on proposed working methods with parents, teachers and health care providers.

FACILITATORS OF PARENTS



- For parents, it works best to make a quiz with statements on different rights their children have that can be answered with true or false in relation to SRHR. Have a small plenary discussion on the outcomes of each of the statements. Why did they answer true or false, were these rights ever violated, how do they talk with their children about the rights that they have? Make it playful and reflective!

Understanding disability rights and SRHR



SPECIFIC NOTES & TIPS

FACILITATORS OF TEACHERS

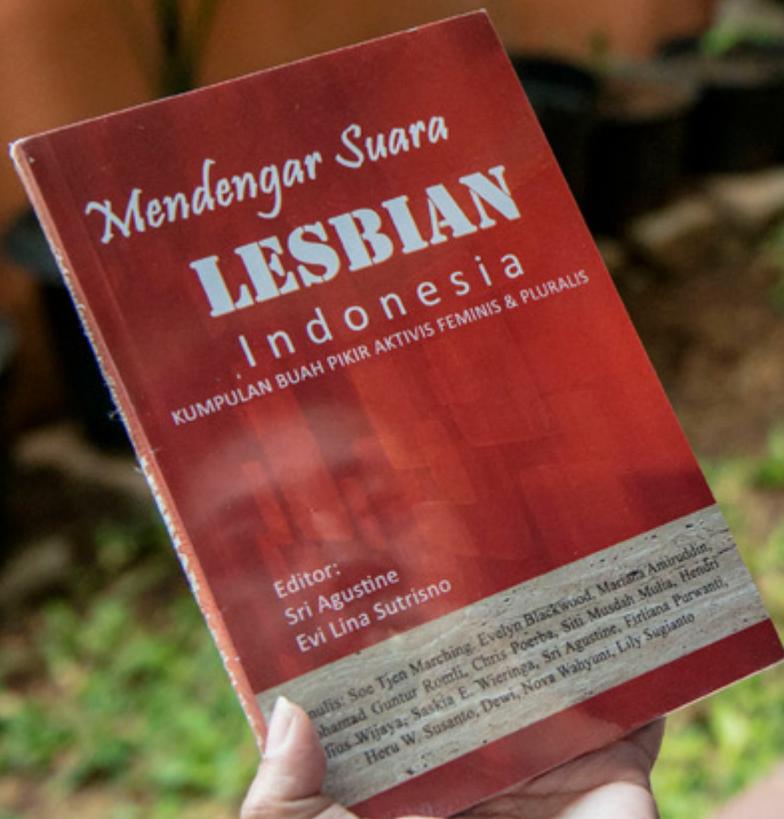


- Before designing this session, ask yourself the question “what do participants really need to know on the practical implications for their own work?”. What does a teacher need to know about rights, which articles are particularly important in order to provide inclusive sexuality education?
- Have them ask questions based on real life experiences where they were not sure what to do or how to act.

PROFESSIONALS IN HEALTH CARE OR SOCIAL WORK



- Before designing this session, ask yourself the question “what do participants really need to know on the practical implications for their own work?” What does a health professional really need to know about rights, which articles are particularly important in order to give more disability inclusive services?
- Have them ask questions based on real life experiences where they were not sure what to do or how to act.





COMMUNITY BASED REHABILITATION AND SRHR

INTRO

In this building block, participants will learn about community-based rehabilitation and reflect upon their role within the community based rehabilitation framework.

OBJECTIVES

In this building block, participants will:

1. Recognize the key concepts of community-based rehabilitation.
2. Interpret and organize their role in community based rehabilitation pillars.
3. Exemplify how SRHR fit into the components of community based rehabilitation.
4. Recall the concepts of the Community Based Rehabilitation matrix.
5. Derive ways on how SRHR can be incorporated in the different components of the CBR Framework by looking it from the perspective of a child with a disability and the different life phases.
6. Understand that they need to work together in order to ensure children and young persons with a disability have access to SRHR information and services and can enjoy and protect their SRHR.



COMMUNITY BASED REHABILITATION AND SRHR

TIME	TOOLS AND MATERIALS	ACTIVITIES	
ACTIVITY 1			
 <p>15 min</p>	<p>Understanding CBR</p> <ul style="list-style-type: none"> • Markers • Post-its or writing cards • → <i>Handout 2.7 of CBR framework</i> • Powerpoint slide 	 <p>Individual activity</p> <p>Participants will explore the concept of community-based rehabilitation and learn the essence and importance of collaboration and referral.</p>	 <p>Optional: Small group activity</p> <p>Participants will explore the concept of community-based rehabilitation according to case stories and learn the essence and importance of collaboration and referral.</p>
ACTIVITY 2			
 <p>60 min</p>	<p>CBR and SRHR</p> <ul style="list-style-type: none"> • Materials • Markers • Post-its or writing cards • → <i>Handout 2.7 of CBR framework</i> • Powerpoint slides with questions for reflection, or five prints of the questions 	 <p>Small group activity</p> <p>With help of reflection questions, facilitators and trainers will learn how SRHR is integrated in CBR.</p>	 <p>Optional: Small group activity</p> <p>Parents, teachers and professionals in health care and social work will learn more about available SRHR services and who to turn or refer to based on cases from the handout (or by presenting cases from own experience).</p>

BUILDING BLOCK 2

ACTIVITY 1



Understanding of CBR



INSTRUCTIONS

- Hand out three cards or post its to all the participants.
- The facilitator will ask the participants to write their perceptions and thoughts about Community Based Rehabilitation. They can be asked for the meaning of CBR, but also what themes they think it encompasses. Watch this video as an introduction before writing down the responses: https://www.youtube.com/watch?v=o5G4w1xug3Q&ab_channel=EnablementLtd.
- The facilitator will read the responses out loud and compile the common responses together.
- Ask the participants to relate what is happening in their own countries/communities to the video they just saw and the responses they wrote down.
- After grouping the different answers, give a summary of the definition of community based rehabilitation, before moving to the plenary presentation. Explain that it is a community development strategy that aims to enhance the quality of life for children and young persons with a disability and their families and ensure their inclusion and participation in the community and is implemented through the combined efforts of children and young persons with a disability, their families, community stakeholders, including NGOs and relevant governmental bodies, in particular those responsible for health, education, vocational and social services.
- The facilitator hands out the CBR matrix to all the participants. >>



Understanding of CBR



- Explain the following points in a PowerPoint presentation:
 - Community based rehabilitation, or CBR, is a community development strategy that aims to enhance the quality of life for children and young persons with a disability and their families to ensure their inclusion and participation in the community.
 - Community-based rehabilitation (CBR) was initiated by the World Health Organization (WHO) as a strategy to increase access to rehabilitation services at the community level for children and young persons with a disability.
 - It evolved into a broader and multisectoral approach to improve the equalization of opportunities and social inclusion of children and young persons with a disability in community based processes and is a way to operationalize the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD).
 - It is implemented through the combined efforts of children and young persons with a disability, their families and communities, and relevant government and non-government health, education, vocational, social and other services.
 - It taps and harnesses locally available resources, including children and young persons with a disability, their families and the communities and uses a grassroots approach to guide development priorities. It mobilizes local capacities and resources and uses the strengths and structures within communities.
 - The CBR matrix is comprised of five components: Health, Education, Livelihood, Social and Empowerment. Each of its five components have its own elements.
 - Explain that SRHR is linked to all of the five components, as it is cross-cutting. For example, the CBR-component Education can be linked to SRHR by saying that youth with disabilities have the right to age-appropriate sexuality education. As facilitator, you can think of links from your context with the other components.

Understanding of CBR



SPECIFIC NOTES & TIPS

TRAINERS OF FACILITATORS



- The framework is rather theoretical. As it is important to know for future facilitators what CBR is, in order for them to work with it, ask them to mention examples of programs they know of where multiple pillars work together to ensure disability inclusion.
- Include a discussion on CBR workforce: who are doing CBR in your area. This varies per country (background of workforce, payment, profile, training background and needs, social and technical support).
- It would be interesting for participants to do a mapping of stakeholders involved in CBR and SRHR in their village, ward, district, province, country. What are roles and responsibilities of each and how are they connected? Draw a map to indicate where they are, what they do etc.
- Make sure to at least bring across the following key messages
 - It takes a village to raise a child - everyone has to work together to make sure children and young persons with a disability are included.
 - SRHR is relevant to all pillars of CBR and thus cross-cutting, but also everyone's responsibility.

BUILDING BLOCK 2

ACTIVITY 1

Understanding of CBR



SPECIFIC NOTES & TIPS

FACILITATORS OF PARENTS



- Instead of explaining the whole theoretical model, give pragmatic examples of CBR by telling stories of children to help people connect and to identify roles in support so children with a disability and their family are included in society and have access to essential services. They can do so by sharing their own stories. What were moments in the lives of their children with a disability where they needed support, who took which responsibility, how were they connected?

FACILITATORS OF TEACHERS



- Ask, for example by watching the video referred to earlier, what they understand as community based rehabilitation. Show the figure from **handout 2.8**, where the child with a disability is central and supported by different sectors. Zoom in on the education sector and discuss what they see as their role in the upbringing and development of children and young people with a disability and with whom they should work together in order to ensure children and young people with a disability are included.

BUILDING BLOCK 2

ACTIVITY 1

PROFESSIONALS IN HEALTH CARE OR SOCIAL WORK



Understanding of CBR



SPECIFIC NOTES & TIPS

- Ask, for example by watching the video referred to earlier, what they understand as community based rehabilitation. Show the figure from **handout 2.8**, where the child with a disability is central and supported by different sectors. Zoom in on the health sector and discuss what they see as their role in the upbringing and development of children and young people with a disability and with whom they should work together in order to ensure children and young people with a disability are included.

BUILDING BLOCK 2

ACTIVITY 2



SRHR in CBR



INSTRUCTIONS

- Divide the group in five smaller group. Each of the groups represents one of the CBR domains.
- Ask participants to - for their appointed CBR domain - give an example of how SRHR is integrated in one or more of the elements under the key components or domains. They can use the following guiding questions:
 - For which element(s) can you make a link to SRHR?
 - Can you mention examples of activities that are SRHR related and fall under the domain?
- After 5-10 minutes, ask people to report back their findings.
- Time to look at referral! Ask the groups to find out, for their pillar, which stakeholders are working on SRHR?
 - Are those governmental or non-governmental organizations?
 - Which components or elements do they cover?
 - Who do they collaborate with? Is that a disability organisation?
 - Are there elements or major life domains that are not yet covered?

DEBRIEF

- Ask the participants what this means for the groups they will train.

BUILDING BLOCK 2

ACTIVITY 2

SRHR in CBR



SPECIFIC NOTES & TIPS

FACILITATORS OF PARENTS



- As parents do not have to understand CBR, but mostly the key-principles behind it, have them experience who can support them and is also responsible for supporting in the provision of information and services to sexual and reproductive health and rights for their children. Do they know people, or organisations, from the different domains that they can or should be able to turn to when they need help, support or information about the SRHR of their children and young persons with a disability.
- Present the sub-domains under social and empowerment and have parents reflect **on how these elements relate to SRHR.**

FACILITATORS OF TEACHERS



- **Discuss with teachers how educations, and the elements listed under “education” in the CBR pillar relate to SRHR.**
- Have the participants reflect from “their pillar” with whom they should or can work together in providing SRHR information and services to children and youth with a disability. Have them reflect upon current collaborations with organisations, instances and persons from the other sectors. Is there collaboration what are they collaborating on and what could be they do better?
- Can they give an example from a case where SRHR played a role, how did they handle these cases?

BUILDING BLOCK 2

ACTIVITY 2

PROFESSIONALS IN HEALTH CARE OR SOCIAL WORK



SRHR in CBR



SPECIFIC NOTES & TIPS

- **Discuss with health care providers how health, and the elements listed under “health” in the CBR pillar relate to SRHR**
- Have the participants reflect from “their pillar” with whom they should or can work together in providing SRHR information and services to children and youth with a disability. Have them reflect upon current collaborations with organisations, instances and persons from the other sectors. Is there collaboration what are they collaborating on or what could be they do better?
- Can they give an example from a case where SRHR played a role, how did they handle these cases?



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CHAPTER 3

VALUE CLARIFICATION

BUILDING BLOCK 1

Gender norms and sexuality



BUILDING BLOCK 2

Value Clarification



VALUE CLARIFICATION

This chapter consists of two building blocks of respectively three and two hours or more. First, the participants will learn more about sexuality, gender, individual & social norms. Afterwards, the focus will be on aligning and clarifying values. A value clarification (VC) is a starting point of and the basis for the cooperation between partners. Once the shared norms and values regarding SRHR and disability inclusion in the participating partners are clear, the partners have a common professional ground to start with the development, implementation and evaluation of the different interventions and activities.





GENDER NORMS AND SEXUALITY

INTRO

In this session participants will learn basic information about sexuality, gender, individual & social norms regarding these topics. With this knowledge they will comprehend shared norms and values regarding sexual reproductive health & rights for young people with a disability that are at the heart of Body Talk.

OBJECTIVES

In this building block participants will:

1. Have acquired basic knowledge of the concepts sexuality, gender, social and individual norms regarding these topics.
2. Know several approaches (health, human rights, religious, scientific...) that form a basis of value building.
3. Understand the concepts of gender & biological sex and the differences between them and the bio-psycho-social approach of sexuality.
4. Understand the socially constructed nature of gender norms, how these are enforced, and their influence within their society. >>



GENDER NORMS AND SEXUALITY

- 5 Understand how gender and sexual norms and values affect people’s sexual health.
6. Interpret SRHR topics from different perspectives.
7. Apply the knowledge learned with a professional attitude as Body Talk trainers and/or facilitators.

TIME	TOOLS AND MATERIALS	ACTIVITIES
ACTIVITY 1		
	<p>The gender box</p> <ul style="list-style-type: none"> • Flip charts • Pens, pencils or colored markers • Post-it notes or small pieces of paper in different colors • Slide deck • Laptop • Projector • Use your own slides, including the information below • It is all in one curriculum: → <u>Unit 2 Gender page 39-54, 64, 74-77</u> 	<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">  <p>Plenary reflection and discussion Participants learn how gender norms are socially constructed and connected with sexuality.</p> </div> <div style="text-align: center;">  <p>Plenary presentation Participants learn the basic concepts about gender.</p> </div> </div>



GENDER NORMS AND SEXUALITY

TIME	TOOLS AND MATERIALS	ACTIVITIES
ACTIVITY 2		
 <p>60 min</p>	<p>Aspects of sexuality</p> <ul style="list-style-type: none"> • Flip charts • Pens, pencils or colored markers • Slide deck • Laptop • Projector • Use your own slides, including the information below. • It is all in one curriculum: → <u>Unit 3 Sexuality, page 79-101</u> 	<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">  <p>Plenary reflection and discussion Participants understand what sexuality is and what factors affect personal sexual development and experiences.</p> </div> <div style="text-align: center;">  <p>Plenary presentation Participants learn about a bio-psycho-social approach of sexuality.</p> </div> </div>
ACTIVITY 3		
 <p>60 min</p>	<p>Circles of sexuality</p> <ul style="list-style-type: none"> • Flip charts • Pens, pencils or colored markers • → <u>Handout 3.1: Circles of Sexuality</u> 	<div style="text-align: center;">  <p>Small group activity and plenary discussion Participants learn how sexuality is linked to power and agency.</p> </div>
ACTIVITY 4		
 <p>60 min</p>	<p>Clarification of gender and sexual norms and values</p> <ul style="list-style-type: none"> • Flip charts • Pens, pencils or colored markers • → <u>Handout 3.2: Gender and Sexual Norms and Values</u> 	<div style="text-align: center;">  <p>Plenary activity and discussion. Participants learn how sexuality is linked to power and agency.</p> </div>

BUILDING BLOCK 1

ACTIVITY 1



The Gender Box



INSTRUCTIONS

- Facilitator instructions: This session provides a good starting point to discuss gender norms and how they are enforced. It can be used and adapted for different groups - young men, young women, mixed youth groups, adults, people with diverse Sexual Orientation, Gender Identity and Expression and Sex Characteristics (SOGIESC) or coming from different classes/castes. The idea is to connect the findings with SRHR when doing the session.
- Divide the group into males and females, young and older people, different sexual or gender identities, people belonging to different castes/classes, etc.
- Ask the respective groups to brainstorm a list of words that come to mind when they hear the phrase “*Act like a man/boy*” (for the men or people who identify as such) or “*Act like a woman/girl*” (for the women or people who identify as such). Explain that this is not a list of things they think are true, but the messages children receive about what they must do ‘*to act like good boy/man*’, ‘*to act like a good girl/woman*’.
- Ask the groups to write or draw the different ideas or concepts about what it means to be a ‘good’ man or a ‘good’ woman on **post-it-notes** (these can be different colours for the separate groups) and then stick them on the flipcharts with the title **Act like a man** or **Act like a woman**.
- Ask a representative of each group to present. In plenary, people can add comments if they want. Write the new ideas on post-it-notes and put them on the flipcharts. >>

BUILDING BLOCK 1

ACTIVITY 1



The Gender Box



- Draw a box around the two lists on the flipcharts, and say “This is a man box”, and “This is a woman box”. You can then ask:
 - Does this seem familiar?
 - Ask participants to share experiences and feelings related to the messages.
 - Ask how it feels to fit or not fit into these boxes - do they fit exactly or not at all.
 - These boxes represent society’s expectations of males and females and the binary nature of these. The responses of individuals or groups to the following questions will add another useful dimension to the discussion but are unlikely to challenge the idea that rigid gender norms can be harmful.
- Grab a flipchart. Write Disadvantages/Dislikes as heading on the flipchart. Grab another flipchart. Write Advantages/Likes as heading on this flipchart.
- Ask the group what the disadvantages are of following these rules and staying in the box. Write the responses on post-its under the heading Disadvantages/Dislikes related to stepping out of the box.
- Ask the group if there are any Advantages/Likes to following these rules and fitting into the box? Write the responses to this question on another flipchart or next to the post-it-notes under the heading Advantages/Likes of staying in the box.
- Are there any advantages to stepping out of the box? Write the responses on another flipchart or next to the post-it-notes under the heading Likes/advantages to stepping out of the box. Or write the responses around the outside of the box. >>

BUILDING BLOCK 1

ACTIVITY 1



The Gender Box



- Ask: Are there any dislikes/disadvantages/costs to stepping out of the box? Write the responses on flipchart paper under the heading Disadvantages/costs relate to stepping out of the box.
- You can finish this step by reminding participants that there is more that binds us together than separates us. We all want a healthy, fulfilled and happy life, where everybody can realise their dreams and enjoy friends, families, children, etc.

SPECIFIC NOTES & TIPS

TRAINERS OF FACILITATORS



- Emphasize that the term “gender” refers to boys as well as to girls.
- Use concrete examples of gender issues from your own setting. Recognizable examples help participants understand that gender is more than an abstract idea.
- Keep emphasizing that boys, as well as girls, can benefit from less rigid gender norms and arrangements.
- Within a given culture, as well as between cultures, gender dynamics take different forms. Be sensitive to the nature (and variability) of gender dynamics in your local cultural setting. Start with examples of inequality and discrimination that participants recognize (like racism or stigma associated with HIV and AIDS). Such examples help students understand inequality and discrimination as they relate to gender. >>

BUILDING BLOCK 1

ACTIVITY 1

The Gender Box



- The topic of gender roles may generate defensiveness or hostility. Plan ways to diffuse potential arguments and maintain open and respectful discussion.
- Recall that many learners have experienced violence. Discussing the topic calls for sensitivity and planning. Establish a safe learning environment. Provide appropriate support and referral as needed. Support learners' efforts to process their feelings.
- Challenging our own attitudes, or the norms of people around us, can be difficult or confusing. But it is possible and can be empowering. Foster a safe environment for open discussion.
- Consider separating men and women for some activities. Later you can bring them together for shared discussion.



Aspects of Sexuality



INSTRUCTIONS

- On the flipchart/smartboard write the word SEXUALITY.
- Divide the group into the same subgroups as done in **Activity 1**.
- Give each small group a flip over sheet and a marker, preferably a different color per group. Each group should assign one participant to be the writer or drawer.
- As every group to write down every word or draw every image that they think about when they read "SEXUALITY". There is no "wrong" or "right", it is an exposition of what this word or image means to them. Participants can use all terms they know: from abstract, private words to medical terms or street language as long as the other participants in their small groups are in agreement with it. If you want, you can make this a competition; the group that has written most words or images on the sheet, wins.
- Allow the participants 10 minutes to write (use a stopwatch).
- When 10 minutes are over, ask each group to tape their sheet(s) on the wall.
- Invite the participants to look at the different sheets briefly (5 minutes).
- Ask them:
 - How did they experience doing this brainstorm on sexuality in a small group?
 - Did they read words/associations that are new to them?
 - Do they have questions to the other groups? >>

BUILDING BLOCK 1

ACTIVITY 2



- **Material:**
Handout 3.1
Gender and sexuality

Aspects of Sexuality



- Tell them that talking about sexuality with other people might feel unfamiliar and sometimes uncomfortable. This is common to most people even those who talk about sexual health for their profession. Ask the participants if they had this feeling during the brainstorming activity. If they do and someone feels comfortable enough, ask this participant when that feeling happened. Could they explain why this happened?
- If applicable, tell the participants that they will learn more about comfortable professional communication about sexual health in Body Talk Session 4. In safe role plays they will practice this as well.
- Link participants answers to the fact that sexuality has a broad and comprehensive definition. To be comprehensive it is important:
 - that programmes do not only focus on 'sex' (the act itself) but emphasize the broader meaning of sexuality. This means that programmes should acknowledge that sexuality is defined different for men and women in societies.
 - to address diversity among young people; the broad variation in identities, expressions, behaviours and feelings of attraction we see in human sexual orientation and gender identity/expression and sex characteristics (SOGIESC) worldwide.
 - to emphasize the importance of forming healthy consensual relationships.
 - to support young people to gain self-esteem and understanding how to protect their physical and emotional well-being. For example, by helping them understand the consequences of having sex and the importance of consensual, safe, positive, pleasurable sexual experiences when they are ready for it.
 - to inform young people about their sexual and health rights and resources for information, psycho-social or medical care and support when they need it.
- Explain shortly the bio-psycho-social aspects of sexuality.



Aspects of Sexuality



INSTRUCTIONS

Introduction of the bio-psycho-social approach to sexuality

- The bio-psycho-social approach to sexuality is a professional view of sexuality, used by many therapists to localize the root of some sexual problems. It is very useful for sexuality education, and it is also a method to summarize a very complex matter: human sexuality.
- This professional view does not exclude other views, such as religious or cultural views on sexuality. Rather, it acknowledges the diversity of personal, institutional, cultural and religious definitions of sexuality. It may broaden your perspectives, enabling you to communicate on sexuality in many different settings and groups.
- In this approach sexuality is split in/has three components: 1) biological, 2) psychological and 3) social-cultural. To explain this, ask the participants which words in the “word-cloud” refer to biological aspect of sexuality. For example, the genitals, sexual intercourse (pro-creation), STIs and pregnancy. Pleasure and other sensations and emotions such as nervousness, excitement, insecurity etc. can be grouped under “psychological aspects of sexuality”. Sexual family norms or religious norms are a few of the many social aspects of sexuality. Likewise, gender norms that teach men that they should initiate sex and women should not, are based on norms and values in a community. These can affect your sexual development,
- The exercise in this session shows how people can have different interpretations of sexuality. There is not one answer to what sexuality is. It is a very personal and therefore subjective concept that can be defined in many different ways. ‘Acceptance’ is therefore very important.



Aspects of Sexuality



SPECIFIC NOTES & TIPS

- Educators can help young people understand how sexuality relates to well-being and health.
- Address the positive aspects of sexuality, but keep in mind that many adolescents do not want to have intercourse, and many are simply not yet developmentally or socially ready to have sex. Be clear that a safe and comfortable sexual relationship requires a certain maturity and power to negotiate for oneself; emphasize especially the importance of mutuality and respect.
- Plan time to discuss sexual consent in a meaningful way. Many people feel ambivalent about what they want or confused about their partner's wishes. Explore ways to ensure mutual consent.
- A facilitator's own values should not interfere with teaching about sexuality. Remain neutral and avoid imposing your personal values on learners. You may wish to look for resources or support to help you reflect on your areas of discomfort or conflict regarding sexuality.
- Facilitators may feel moments of embarrassment in discussing sexuality. Thorough preparation helps.
- Help your students understand and feel comfortable with the correct terms for body parts. If you are teaching in a language that lacks scientific terms for certain body parts, using the most appropriate term with ease is helpful. >>

Aspects of Sexuality



- Use respectful terms and avoid hurtful language, particularly in regard to same-sex attraction, sexually active girls, and young people who do not conform to conventional gender norms.
- Topics related to sexuality – for example, sexual abuse and AIDS – may raise disturbing or intense feelings. Participants should not feel pressured to disclose information about their own sexual experiences. Facilitators must support them appropriately and respect their confidentiality. They must also be aware, however, of legal reporting requirements related to disclosure of abuse of a minor.
- To foster a safe environment for open discussion, consider separating men and women for some activities and then bringing them back together for shared discussion.
- Some topics may be viewed as controversial in your setting. Consult as needed about your curriculum.

BUILDING BLOCK 1

ACTIVITY 3



› Material:

Handout 3.2
Gender and Sexual
Norms and Values

Circles of sexuality



INSTRUCTIONS

Explain that this activity will explore the concept of sexuality and the way in which sexuality is at the core of comprehensive SRHR programmes.

Draw 5 circles of sexuality on a flip chart or show the PowerPoint slide.

Present the 5 circles and explain:

- › Sexuality is an important component of human life. The sexual act for reproduction is similar for nearly all living creatures but only humans attribute values, customs, and meanings to sexuality that go beyond procreation.
- › Sexuality also includes how we feel about our bodies, how we give and receive pleasure, and how we express romantic feelings, among other things.
- › Unfortunately, in many cultures, people receive different messages about sexuality. Men's sexuality is seen as impulsive and uncontrollable, while women's sexuality is seen as passive and controllable. These contrasting messages often have negative implications for how men and women relate to each other in intimate and sexual relationships. These negative implications are even stronger if you do not fit into the binary categories of "men" or "women".
- › It is therefore important that everyone, regardless of their gender identity, have opportunities to talk comfortably about sexuality and develop the skills to communicate with their partners about sexuality.
- › The full concept of an individual's sexuality encompasses five dimensions, represented by the circles. Power is placed at the centre of these as it refers to the power of an individual to live their sexuality in all its dimensions.

BUILDING BLOCK 1

ACTIVITY 3



Circles of sexuality



INSTRUCTIONS

When all the circles are placed together, they encompass a comprehensive definition of sexuality. This definition is used as basis of this Body Talk programme & several other SRHR interventions.

Divide the participants into 6 groups. Explain that 5 groups will be assigned a sexuality circle and 1 group the power & agency in between these circles. All groups answer these 2 questions for the aspect of sexuality in the circle assigned to them. Below these questions are formulated for the group that discusses Power & Agency. Other groups answer these for the concept in their circles, respectively.

- I) As a teenager did you learn about power & agency? If yes, what did you learn? Was this information useful for you? Please explain if you want.
- II) Name a few benefits & challenges of teaching young people about power & agency in the context of sexual health.

After 15 minutes ask each group to present their circle and summarize their discussions in five minutes.

Ask the participants what they have learned from this exercise.

BUILDING BLOCK 1

ACTIVITY 4



> **Material:**

Handout 3.1
Circles of Sexuality

> **Material:**

Handout 3.2
Gender and Sexual
Norms and Values

Clarification of gender and sexual norms and values



INSTRUCTIONS

It is important that the facilitator selects statements from **Handout 3.1** that are relevant for the context. The facilitator can also decide to give participants an assigned opinion which they have to defend (discussions line-up). The instructions for this methodology can be found below.

- > In large letters, print or write 'agree' and 'disagree' on separate flipcharts. You can do this in advance of the session.
- > Display the flipcharts around the room, leaving enough space between them for a group of participants to stand near each one.
- > Select statements that are relevant for the context and which you consider will provoke discussions (see **Handout 3.2**). The number of statements depend on how lengthy the discussions are. You can either write down the statements on a flipchart or show them one by one on a PowerPoint. You can do this before the session.
- > Read a statement out loud. After reading the statement, ask participants to choose where they stand and then physically go to the flipchart that expresses their view. Also explain they can stand somewhere on the line, so not either agree or disagree, but in between is also possible.
- > Ask a few participants to share in plenary why they choose to stand where they stand. Allow participants to change their position during the discussions. >>



Clarification of gender and sexual norms and values



- First allow the groups to have an internal discussion about why they are standing by the cards they have chosen. Afterwards you can have a broader discussion between the different groups. Allow participants to change their position.
- In the discussion, address the gender stereotypes, false assumptions and myths that the statements represent. Try to provide examples on how they are damaging to both women/girls and men/boys.
- End with a conclusion on this value: can the group agree on accepting this value as a value for the training? Proceed to the next statement if you feel everything has been said.
- After you have finished discussing the statements ask participants for a brief reflection. You can ask the following questions:
 - What observation do you have about your own and/or the group's responses to the statements?
 - Were you sometimes tempted to follow the majority of the group and did you/did you not?





VALUE CLARIFICATION

INTRO

A value clarification (VC) is a starting point of and the basis for the cooperation between partners. Once the shared norms and values regarding SRHR and disability inclusion in the participating partners are clear, the partners have a common professional ground to start with the development, implementation and evaluation of the different interventions and activities.

In a participatory manner the participants will develop a set of professional norms and values that guides them in the development of common projects and interventions and in working with the target groups of this project.

OBJECTIVES

In this building block participants will:

- Frame messages related to SRHR in a positive way.
- Self-reflect on their personal and their professional norms and values.
- Value sexual behaviour from different perspectives regardless of their personal opinion.
- Discuss SRHR topics in a respectful way, sensitive to religious, cultural, sexual and gender diversities.



BODY TALK VALUE CLARIFICATION

Identify perceptions and assumptions about young people in general and young people with a disability specifically. Articulate how these perceptions and assumptions may affect their interactions with young persons with a disability and the delivery of SRHR information and services to them.

- Come to a shared understanding and professional definition of SRHR for young persons with a disability as represented by the Body Talk program.
- Apply the knowledge learned with a professional attitude as Body Talk trainers and/or facilitators.

TIME	TOOLS AND MATERIALS	ACTIVITIES
ACTIVITY 1		
	<p>Risk-based versus pleasure approach of SRHR</p> <ul style="list-style-type: none"> • Flip charts • Pens, pencils or colored markers • Handout • Slide deck • Laptop • Projector • Internet connection • YouTube video 	 <p>Plenary reflection and discussion</p> <p>Participants gain insight into the value of the pleasure approach in public health interventions, including promotion of safer sex.</p>



BODY TALK VALUE CLARIFICATION

TIME	TOOLS AND MATERIALS	ACTIVITIES
ACTIVITY 2		
	<p>Framing positive messages</p> <ul style="list-style-type: none"> • Handout • Slide deck • Laptop • Projector <p>Internet connection</p> <ul style="list-style-type: none"> • YouTube video: • Body Talk Slides “Messaging” <p>ALTERNATIVE</p> <p>A positive approach to sexuality</p> <ul style="list-style-type: none"> • Pens, pencils or colored markers • Flip charts • Tape 	 <p>Small group activity, plenary reflection Participants understand how to frame SRHR messages positively and the value of this positive approach.</p>
ACTIVITY 3		
	<p>Sex Education Debate</p> <ul style="list-style-type: none"> • Pens, pencils or colored markers • Post-it notes or small pieces of paper in different colors • Tape • Question box 	 <p>Plenary group activity & discussion Participants practice debating about different views of sexuality education.</p>

BUILDING BLOCK 2

ACTIVITY 1



Risk-based approach versus pleasure approach

INSTRUCTIONS

- Take two flipcharts. Write one on flipchart 'risk-based approach' and on another flipchart 'pleasure approach'. Ask participants what a risk-based (or fear-based) approach means and what they think a pleasure approach means. Ask them to give some concrete examples of a risk-based or pleasure approach. Write down the answers per flip chart.
- Ask the participants to share their reflections on the two approaches. Ask participants if participants think something needs to be added to the flipchart based on the information in the handout.
- Present the four videos listed below of different sexual health campaigns designed by various organizations in order to prompt reflection among participants on the risk-based and pleasure approaches.
- It is useful to analyse sexual health campaigns as they offer clear representations of both approaches. It is recommended to use videos that are related to the context or country that you work in.



Risk-based approach versus pleasure approach

INSTRUCTIONS

Four videos on sexual health campaigns:

→ *From the US Centers for Disease Control, PrEP - an HIV prevention option*

→ *From the Test Bangkok campaign, Bottoms up or, Birthday Surprise*

→ *From RFSU (a Swedish sex education organization), WEEKDAY x RFSU - Be Carefree, Not Careless - Keep a condom in your 5th pocket*

→ *From the NYC Department of Health, #PlaySure*

- Ask everyone to score each video from 1 to 10 in terms of the approach they use to promote sexual health (1 represents a 100% risk-based approach, and 10 represents a 100% pleasure approach).
- After presenting the four videos, ask each participant to give their score. The group obtains the scores of each video and ranks them accordingly.
- Possible guiding questions for group discussions:
 - In which video was the pleasure approach most apparent? In which one was the risk-based approach most apparent? Why?
 - What is more important as a message - pleasurable sex or safer sex? Or both?
 - Ask the participants what they have learned from this exercise.
 - Ask the group how they think this exercise relates to their context or work. What is the approach that the group (as an alliance or programme team) would like to stick to? Why and/or how?

BUILDING BLOCK 2

ACTIVITY 2



Framing positive messages

INSTRUCTIONS

- Split the group into five teams.
- Ask each team to develop between three and five bullet point messages using both the risk-based approach and pleasure approach for a topic that is randomly assigned to them. You can ask the group which topics they would like to discuss, but some of the topics that can be used for this exercise are:
 - Sexual diversity
 - Sexual relationships in adolescence
 - Masturbation
 - ContraceptionIf the groups need more guidance you can show the example of condom use and different language on ***handout 3.2***.
- After 30 minutes, ask each team to present their message.
- Possible guiding questions for group discussions:
 - Which approach was easier to use when developing these messages? Why?
 - Does the pleasure approach mean that we have to avoid conveying information on biological aspects related to sexuality?
 - What does the pleasure approach mean to you, after doing this exercise?
 - Think about the possible opposition/negative reactions you might receive.

BUILDING BLOCK 2

ACTIVITY 2



Framing positive messages



INSTRUCTIONS

Optional small group assignment: Develop a response to these (15 minutes).

- Conclude with discussing the importance of testing messages and continuing to monitor how messages “land” in the communities (also to prevent and manage opposition). You can ask participants the following:
 - How can messages be tested?
 - Why is this important?

BUILDING BLOCK 2

ACTIVITY 3



Sex Education Debate

INSTRUCTIONS

- Draw an imaginary line across the room explaining that one end is “agree”, the other is “disagree” and the middle is “unsure”. It is useful to have cards or paper with “agree”, “disagree” and “unsure” statements written out and pasted near the area.
- The facilitator reads out the statements below one at a time and, according to what the participants feel about the statement, they should stand on the line and then explain why they feel that way.
 - Comprehensive sexuality education destroys traditional values.
 - Emergency contraception should be made easily available to all young women.
 - All victims of sexual assault or abuse are female.
 - Safe, legal abortion/menstrual regulation should be available to every young woman who wants it.

STEPS FOR DISCUSSION LINE-UP

- Divide the group into two. Ask both groups to line up, facing each other. Both groups should be facing the people of the other group.
- Explain the exercise to the group. Underline that their arguments need to be short. >>



Sex Education Debate



- Show the first statement to the group. Tell group one that they are in favour of the statement and group 2 against. Now the discussion can start:
 - person 1 of group 1 shares one argument in favour of the statement. Once the person shared the argument the person can take a step back.
 - Then person 1 of group 2 shares an argument against the statement, in response to person 1 of group 1. This person also takes a step back after presenting the short argument
 - Then person 2 of group 1 shares an argument in response to person 1 of group 2. Et cetera.
 - Do this until everybody could share an argument. They cannot repeat arguments that are already provided by people before, so the group has to be creative.

- Now the group has heard many arguments both against and in favour of the statement. Ask the group on which side they would choose to stand in favour or against the statement? Ask them to go there.

- Here you can either:
 - have a short discussion about why people choose a certain side - not too long as arguments have already been provided during the exercise - and then move on to the next statement.
 - if you need to agree on the value as platform/alliance/organisation/etc. you can try to all get to one side (if this is not yet the case). This can be done by persuading those that do not agree with the value until everybody can accept a certain value. Then you can get to an agreement on this certain value.



Sex Education Debate

TALKING POINTS FOR THE FACILITATOR

➤ **Comprehensive sexuality education destroys traditional values.**

This is what many of those who oppose comprehensive sexuality education say. Remember, traditional values are not always positive and they often violate the rights of women (e.g. child marriage). Instead of imposing values, CSE encourages young people to explore their own values and empowers them to live accordingly. CSE also promotes respect, non-discrimination, the importance of health and overall education and development - these can only be positive.

➤ **Emergency contraception should be made easily available to all young women.**

Those who oppose emergency contraception (EC) mistake it for abortion and also think it will encourage unsafe sex. Neither of these is true: it is not abortion because it acts before pregnancy occurs; recent studies have shown that easy access to EC does not promote unsafe sex or promiscuity but introduces young people to comprehensive SRH services. Moreover, it is unethical to deny young women EC, because then you are forcing them to risk an unwanted pregnancy.

➤ **All victims of sexual assault or abuse are female.**

While most of the reported cases of sexual abuse involve young women, we should be aware that there is a significant proportion of young men subjected to sexual abuse. Often, they are too afraid to discuss this because of the social concepts of masculinity and related stigma associated with men being victims (concept of machismo). Supporting them is crucial if we are to meet their needs and rights. >>

BUILDING BLOCK 2

ACTIVITY 3



Sex Education Debate



- **Safe, legal abortion/menstrual regulation should be available to every young woman who wants it.**

It is a universal human right that women should be able to decide whether or not to have children and have autonomy over their own body. This iplicate that legal abortion should be available. However, for several reasons many countries do not legalize abortion.Those who object to abortions on moral grounds can choose to continue with a pregnancy leaving other women free to exercise their right to choose a safe abortion. No one should be forced to become a mother.





A positive approach to sexuality

INSTRUCTIONS

- To enable the participants to understand the concept of a positive approach to sexuality, ask them to define both a positive and a negative (restrictive) approach to cooking. The topic of cooking is selected because this is closer to their daily experiences than talking about sexuality. Ask the participants what information and approach would motivate and demotivate them to go to a cooking class.
- Following are some of the possible outcomes, which can be summarized on a sheet:

Positive approaches:

- *being able to taste the food*
- *receiving information on ingredients and the quantities to be used, and on how to conserve ingredients and food*
- *being provided with cooking utensils*
- *having a good teacher: one who inspires and motivates participants to do it well, with humour, and who is in a good mood, explains well, is friendly, and offers the participants plenty of opportunity to ask questions*



A positive approach to sexuality

INSTRUCTIONS

Restrictive approaches:

- > *not being given full information, nor answers to questions*
 - > *being told by the teacher before cooking some snacks that the snacks that will be prepared are very unhealthy or make people fat or sick*
 - > *questions or participants not being taken seriously by the teacher*
 - > *being punished when making a mistake*
 - > *teacher showing no interest in participants or ridiculing their opinions or lack of knowledge*
-
- > Then ask the participants to apply the approaches above to sexuality education: what happens to young people when a teacher tells, for example, that having sex before marriage is very bad or that it is very risky and unhealthy because it can cause HIV or unwanted pregnancy?
 - > After a few examples of both positive and restrictive ways of addressing sexuality as compared to those applied to the cooking class, ask the participants to define what a positive and a negative approach to sexuality education is. This is to make them understand what difference a particular approach to sexuality makes for the motivation of young people to learn about and discuss this topic and for the effectiveness of the sex education as well. In a restrictive approach, sexuality is simply defined as being good sex or bad sex. By this narrow definition, we would not pay respect to others and their culture or personal opinions. Also, the people who receive restrictive sexuality education would not get complete information and would be afraid to ask questions.



A positive approach to sexuality



INSTRUCTIONS

- To create more specific understandings of these different approaches, divide the participants in four groups. Ask each group to take 10 minutes to describe both positive and restrictive approaches with regard to one of the topics below (or others, if these are more relevant to the group). All groups should write both approaches on a sheet and tape this to the wall when finished.
 - condom use
 - sex before marriage
 - masturbation
 - sexual pleasure
- Comment shortly on the results and ask questions for clarification when needed.
- Conclude this exercise with a description of a one-way approach (e.g., a presentation on HIV prevention explaining only the ways of transmission and the importance of using condoms for protection) and a comprehensive approach to sexuality education (e.g., a HIV prevention class including condom demonstration, condom negotiation skills and other relevant information and skills).
- Explain to the participants that approaching sexuality and related topics from a positive perspective might create a conflict between what they personally believe and feel and their professional skills. It is important that they leave their personal ideas behind and give open and complete answers to the (young) people they are working with. >>



A positive approach to sexuality



- If their personal feelings get in the way of their professional job, it is professional to know this, to know their boundaries and limitations in communicating with youth and, if they can, find ways to solve these.
- Conclude this session by saying that if it is difficult for the participants to give this type of open communication on sexuality because of their personal feelings, they can ask their superiors to work with another group or on another topic. When trainers/teachers show their personal (negative) feelings or restrictive attitudes about sexuality to the (young) people they are working with, this might influence the information given. After all, from a rights-based perspective, all (young) people should receive full information to enable them to take their own decisions regarding sexuality.

CHAPTER 4

SEXUAL DEVELOPMENT OF YOUNG PEOPLE

SEXUAL DEVELOPMENT OF YOUNG PEOPLE

BUILDING BLOCK 1

**Body functions,
care and self-image**



This chapter consists of three building blocks of an hour or more. The first building block will teach participants about the sexual development of young people. This consists not only of the physical changes that people undergo, but also the mental and social-emotional changes that form young people to adults. Secondly, more in-depth info will be given on sexual orientation, gender identity and expression (SOGIE), and participants will learn that everyone has their SOGIE. Lastly, we focus on forming healthy interpersonal relationships, which includes sexual and romantic ones.





BODY FUNCTIONS, CARE AND SELF-IMAGE

INTRO

This building block describes to participants the development of and the physical changes that children and youth with disabilities undergo in relation to sexual and reproductive processes (e.g., menstrual cycle, ability to achieve pregnancy, etc.). Likewise, appropriate care of the body and its sexual functions will be discussed.

This building block will provide participants with an avenue to discuss the diversity of bodies and factors that affect body- and self-image for young people and young people with a disability.

OBJECTIVES

In this building block, the participants will:

1. Discuss at least two physical changes, and two cultural or social changes that young people experience at puberty and how these vary for girls and for boys.
2. List at least two ways that knowing about their bodies can promote sexual health and well-being. >>



BODY FUNCTIONS, CARE AND SELF-IMAGE

3. Describe the male and female sexual and reproductive systems and how fertilization and reproduction occur.
4. Adopt positive approaches towards sexual development during puberty and adolescence.
5. Demonstrate how body diversity is shaped by social norms, values, and public images.
6. Identify and discuss supportive factors that may contribute to the psychosocial well-being of a child/youth with a disability as they navigate their own image.
7. Demonstrate positive attitudes in relation to body diversity and self-image.
8. Discuss how gender norms affect body image.
9. Explain body & reproductive autonomy as described in UNCRPD Article 23.
10. Explain examples of body-autonomy-violation in a community.



BODY FUNCTIONS, CARE AND SELF-IMAGE

TIME	TOOLS AND MATERIALS	ACTIVITIES
ACTIVITY 1		
 <p>30 min</p>	<p>Clothesline</p> <ul style="list-style-type: none"> • Clothesline (rope or jute string), • Clothespins • 1/4 sheets of paper in 3 colors • Markers in 3 colors • 3 large sheet colored paper (28.5 x 22 inches) • Tape • Scissors • → <i>HANDOUT 4.1 Key messages puberty</i> • → <i>HANDOUT 4.3 Talking to your kids about sex</i> • → <i>HANDOUT 4.5 Creating a safe atmosphere in your classroom</i> 	 <p>Small group activity, plenary discussion</p>
ACTIVITY 2		
 <p>45 min</p>	<p>Lifelines</p> <ul style="list-style-type: none"> • Mirror • Childhood picture of each participant • Markers in 3 colors, • 5 large sheet colored paper (28.5 x 22 inches) • Laptop • Projector • Use info link and handout for slides • → <i>Rutgers brochure Sexual Development 0-18</i> • → <i>HANDOUT 4.2 boys, girls and puberty</i> 	 <p>Small group activity, plenary discussion</p>



BODY FUNCTIONS, CARE AND SELF-IMAGE

TIME	TOOLS AND MATERIALS	ACTIVITIES
ACTIVITY 3		
 <p>30 min</p>	<p>Body Functions</p> <ul style="list-style-type: none"> • A4 papers cut in 4 • Markers • Tape • → <i>HANDOUT 4.1 Key messages puberty</i> 	 <p>Game</p>
ACTIVITY 4		
 <p>30 min</p>	<p>Body Care & Hygiene</p> <ul style="list-style-type: none"> • Ear plugs and/or blindfold (if participants have or work with children with visual and/or hearing challenges) 	 <p>Role play, plenary presentation</p>
ACTIVITY 5		
 <p>45 min</p>	<p>Shaping of body image & self-esteem</p> <ul style="list-style-type: none"> • Meta cards/sticky notes • Markers • Slide deck • Laptop • Projector • Use handout for slides • → <i>Handout 4.4 Key messages body image</i> 	 <p>Individual assignment, plenary presentation, roleplay</p>

BUILDING BLOCK 1

ACTIVITY 1



Clothesline



INSTRUCTIONS

- Start with an introduction of this building block:
 - Set/repeat group agreements for safety.
 - Participants will learn about the difference of sex, sexual orientation, gender identity and expression. At the end of this training, they will be able to deliver this topic to young people with disabilities, parents and community volunteers.
 - Make sure that the participants understand that they might have to set aside their religious beliefs during the training. This training will introduce a new way of understanding sexuality, expression of oneself and preference. Explain that this vision is based on Universal Human Rights, and evidence-based which means that it is grounded in solid social and medical research.

- A clothesline will be attached in the room using rope or jute string.

- 3 colored pieces of paper will be attached to the board or on the wall
 - 1 labelled *Changes experienced by a girl*
 - 1 labelled *Changes experienced by a boy*
 - 1 labelled *Changes experienced by all young people*

- Split the participants in 3 groups.

- Each group will be given 5-10 1/4 sheets of paper and a marker. Give every group a different color of paper and marker. >>

BUILDING BLOCK 1

ACTIVITY 1



Clothesline



- Give the following instructions:
 - Group 1 will be asked to write on the sheets of paper *any* body changes that they think a girl and/or boy undergoes during puberty/adolescence. They will not specify if the change is undergone by a boy or a girl.
 - Group 2 will be asked to write on the sheets of paper *any* change in feelings that they think a girl and/or boy undergoes during puberty/adolescence. They will not specify if the change is undergone by a boy or a girl.
 - Group 3 will be asked to write on the sheets of paper *any* change in how people may treat boys and girls as they go through puberty and adolescence. They will not specify if the change is undergone by a boy or a girl.
- After 5 minutes the participants will pin their papers on the clothesline.
- When all papers are pinned on the line, group 1 looks at the papers that group 2 made. Group 2 will be looking at the sheets of group 3. Group 3 reads those of Group 1. Give the following instructions:
 - If they do not understand what or why is written on the sheet, put a question mark on it.
 - Is there some change missing for a group? Take a sheet with the same color as that of those they are looking at and write the missing physical/mental/social change on it using the colored marker or your own group.
 - All papers should be pinned on the clothesline after 5 minutes.
- All groups should categorize the changes and past each sheet on one of the 3 large colored sheet posted on the wall. >>

BUILDING BLOCK 1

ACTIVITY 1



Clothesline



- Discussion.
 - a. Looking at the 3 sheets and the changes: are these correctly pasted? Or is there anything that you would change?
 - b. What could you conclude about these changes?
Include the following, if the participants do not think about these:
 - The body changes between boys and girls are not the same as they have different body parts (vulva, vagina, penis, testicles, breasts, ovaries, womb). However, some are similar, e.g. hair in armpit and around genitals.
 - Mental & social changes are similar between sexes and may vary amongst boys and girls respectively. The way boys, girls and others are encouraged to express and communicate about these is different in families and/or communities.

BUILDING BLOCK 1

ACTIVITY 1

Clothesline



SPECIFIC NOTES & TIPS

TRAINERS OF FACILITATORS



- Tell participants that young people are often sensitive about whether they are “normal.” Focus on the wide range of what is natural and avoid using such words as “abnormal” and “unnatural.”
- Using the technical terms for body parts will help your participants feel more comfortable.
- Keep in mind that human sexual behavior is greatly influenced by social factors such as their attitudes about gender issues. A number of the fact sheets at the end of this volume provide additional details on the topics covered in this unit.

FACILITATORS OF PARENTS



- Check ***Handout 4.3***: do's & don'ts for talking with your kids about sex.

BUILDING BLOCK 1

ACTIVITY 1

Clothesline



SPECIFIC NOTES & TIPS

FACILITATORS OF TEACHERS



- This activity can be done in the classroom as well.
- Check ***Handout 4.5***: how to create a safe atmosphere in your classroom.
- Many teachers are more accustomed to presenting technical information. However, resources such as fact sheets can convey such information efficiently, allowing teachers to use their limited time to focus on topics that require thinking and dialogue.

PROFESSIONALS IN HEALTH CARE OR SOCIAL WORK



- This activity can be done with health workers as well.
- Professionals working with young people individually: check ***Handout 4.3*** on how to talk to kids about sex. This can be relevant in this context as well.
- Professionals working with young people in groups: check ***Handout 4.5*** on how to create a safe atmosphere in your classroom.
- Health care professionals or social workers might be more comfortable with using medical and technical definitions and information. Let them know that it is important that this information is also discussed in an informal way, so that it can be communicated to everyone in a comfortable manner.

BUILDING BLOCK 1

ACTIVITY 2



Lifelines



INSTRUCTIONS

- Set/repeat group agreements for safety.
- Participants will learn about the difference of sex, sexual orientation, gender identity and expression. At the end of this training, they will be able to deliver this topic to young people with disabilities, parents and community volunteers.
- Make sure that the participants understand that they might have to set aside some of their religious beliefs during the training. This training will introduce a new way of understanding sexuality, expression of oneself and preference. Explain that this vision is based on Universal Human Rights, and evidence-based which means that it is grounded in solid social and medical research.
- Ask participants to bring a mirror and a childhood/youth photo.
- Each participants sticks/attaches a photo next to the mirror.
- Ask participants to reflect and compare themselves in the mirror and with the photo.
- Ask participants to compare the changes that happened during childhood/youth (in the photo) and the present (physically, emotionally and socially).
- Everyone experiences changes from birth to adulthood. Changes can occur physically, emotionally, and socially and can be experienced in the family and environment. Give an example of the change that occurred. >>

BUILDING BLOCK 1

ACTIVITY 2



Lifelines



- The participants will be divided into 5 groups (Depending on the number of participants).
- The group consists of ages of:
 - Group of 0 - 5 years
 - Group of 6 - 9 years
 - Group of 10 - 14 years
 - Group of 15 - 19 years
 - Group of 20 - 24 years
- Groups will discuss changes that happen during these ages in positive experiences and negative experiences that exist in themselves. They will write these on a large paper.
- Ask the participants to have a carousel discussion at each table for 10 minutes for each group.
- Participants provide input to the results of each group's discussion.
- The trainer/facilitator draws conclusions from the participants' discussions.
- Briefly explain with PowerPoint presentations about the lifelines from birth to adulthood
Share key messages from ***Handout 4.3***, include functions of the body parts and their proper care as the child/adolescent undergoes puberty/adulthood.

BUILDING BLOCK 1

ACTIVITY 2

Lifelines



SPECIFIC NOTES & TIPS

TRAINERS OF FACILITATORS



- Share key messages from **Handout 4.3**, include functions of the body parts and their proper care as the child/adolescent undergoes puberty/adulthood.

FACILITATORS OF PARENTS



- Check **Handout 4.3**: do's & don'ts for talking with your kids about sex.

BUILDING BLOCK 1

ACTIVITY 2

Lifelines



SPECIFIC NOTES & TIPS

FACILITATORS OF TEACHERS



- This activity can be done in the classroom as well.
- Check ***Handout 4.5***: how to create a safe atmosphere in your classroom.
- Many teachers are more accustomed to presenting technical information. However, resources such as fact sheets can convey such information efficiently, allowing teachers to use their limited time to focus on topics that require thinking and dialogue.

PROFESSIONALS IN HEALTH CARE OR SOCIAL WORK



- Professionals working with young people individually: check ***Handout 4.3*** on how to talk to kids about sex. This can be relevant in this context as well.
- Professionals working with young people in groups: check ***Handout 4.5*** on how to create a safe atmosphere in your classroom.
- This activity does not require a technical or medical lens. Rather, health care or social workers should use language that is easily understandable to patients.

BUILDING BLOCK 1

ACTIVITY 3



Body functions



INSTRUCTIONS

“WHO AM I” GAME:

- Make an inventory of all body parts that the participants want to include in this game.
- Agree upon the name for each body part. All participants should be okay with the terms suggested. Explain that using “street language” for sex organs can make feel people uncomfortable and resistant to talk about sexual health.
- Write the name of 1 body part on 1/4 A4 paper piece and stick it on the back of the participant (make sure they can't see the content of their paper). Each participant has 1 piece of paper.
- Participant need to go around while people give them hints by describing the function of a body part on their paper until they figure out the right answer.
- E.g.: Hint: This body part is where sperm is created -->Answer: Testicles
- The game ends when all of the participants know all the body parts on their paper.

ALTERNATIVE VERSION

- Participant will ask other people Yes/No questions about the function of the body part in their paper.

BUILDING BLOCK 1

ACTIVITY 3

Body functions



SPECIFIC NOTES & TIPS

TRAINERS OF FACILITATORS



- Ask participants to use words that all feel comfortable with.
- This activity is a short introduction about the importance of language used in conversations about sexuality. In CHAPTER 7 participants will learn more about it and practice communication styles.

FACILITATORS OF PARENTS



- Check ***Handout 4.3***: do's & don'ts for talking with your kids about sex.

BUILDING BLOCK 1

ACTIVITY 3

Body functions



SPECIFIC NOTES & TIPS

FACILITATORS OF TEACHERS



- This activity can be done in the classroom as well.
- Check ***Handout 4.5***: how to create a safe atmosphere in your classroom.
- Many teachers are more accustomed to presenting technical information. However, resources such as fact sheets can convey such information efficiently, allowing teachers to use their limited time to focus on topics that require thinking and dialogue.

PROFESSIONALS IN HEALTH CARE OR SOCIAL WORK



- Professionals working with young people individually: check ***Handout 4.3*** on how to talk to kids about sex. This can be relevant in this context as well.
- Professionals working with young people in groups: check ***Handout 4.5*** on how to create a safe atmosphere in your classroom.

BUILDING BLOCK 1

ACTIVITY 4



Body care and hygiene



INSTRUCTIONS

- Puberty is a time of rapid physical growth, so taking care of one's body is especially important.
- Divide the participants into groups. Each group will have two volunteers: one will play as the parent/teacher/care professional, and the other will play as the adolescent going through puberty.
- Use blindfolds & ear bugs for participants who are going to facilitate sessions for parents or professionals who work with hearing and/or visible challenges. In this way, they can practice specific instructions for these specific adolescents.
- The volunteer playing as the parent/caregiver will try to explain to the other volunteer how to care for their genital organs (and for girls, during menstruation).

After the activity, the facilitator will ask both volunteers to share their insights and feelings during the activity. The facilitator will also give feedback on the roleplaying activity.

BUILDING BLOCK 1

ACTIVITY 4

Body care and hygiene



SPECIFIC NOTES & TIPS

FACILITATORS OF PARENTS



- Check ***Handout 4.3***: do's & don'ts for talking with your kids about sex.
- For more information: have a look at ***Unit 6 in 'It's All One Curriculum'***.

FACILITATORS OF TEACHERS



- This activity can be done in the classroom as well.
- Check ***Handout 4.5***: how to create a safe atmosphere in your classroom.
- Many teachers are more accustomed to presenting technical information. However, resources such as fact sheets can convey such information efficiently, allowing teachers to use their limited time to focus on topics that require thinking and dialogue.

BUILDING BLOCK 1

ACTIVITY 4

PROFESSIONALS IN HEALTH CARE OR SOCIAL WORK



Body care and hygiene



SPECIFIC NOTES & TIPS

- Professionals working with young people individually: check ***Handout 4.3*** on how to talk to kids about sex. This can be relevant in this context as well.
- Professionals working with young people in groups: check ***Handout 4.5*** on how to create a safe atmosphere in your classroom.



Shaping of body image & self esteem



INSTRUCTIONS

- Body image is how we think about our bodies, and learning to be comfortable with our own bodies is an important process of exploring one's identity and building one's self-esteem.
- Emphasize that we are constantly faced with notions of what is beautiful and who is beautiful (or not good-looking) that are shaped by ideas that involve race, ethnic groups, size, color of one's skin, and disability. This is shaped by our relatives, peers, media and other aspects of our (sub)cultures.
- Hand out meta cards and ask the participants to write down which are the things that influence their confidence and being comfortable about their body.
- Explain: body confidence is influenced by factors from you as an individual, your community (family, peers, others) and the society at large (social and other media, stories). Ask some participants to label a few meta cards with one of these factors.
- Explain why it is important to have a positive body image using ***Handout 4.3***.



Shaping of body image & self esteem



INSTRUCTIONS

Roleplay: Strengthen positive body images:

- Divide the participants in sub-groups (maximum 4 persons).
- Each group thinks about remarks or other suggestions to strengthen positive body images for family members or people they work with.
 - Which situations did you experience or heard/read about in which a positive body image was challenged.
 - What can you say or do in this situation - or in general - to make someone feel better about their body?
- The facilitator will group the participants into four. The participants will role play how they would strengthen positive body images across different groups:
 - Persons with disabilities
 - Young men
 - Young women
 - Elderly

Shaping of body image & self esteem



SPECIFIC NOTES & TIPS

TRAINERS OF FACILITATORS



- Check **Handout 4.3**: do's & don'ts for talking with your kids about sex.

FACILITATORS OF TEACHERS



- This activity can be done in the classroom as well.
- Check **Handout 4.5**: how to create a safe atmosphere in your classroom.
- Many teachers are more accustomed to presenting technical information. However, resources such as fact sheets can convey such information efficiently, allowing teachers to use their limited time to focus on topics that require thinking and dialogue.

BUILDING BLOCK 1

ACTIVITY 5

PROFESSIONALS IN HEALTH CARE OR SOCIAL WORK



Shaping of body image & self esteem



SPECIFIC NOTES & TIPS

- Professionals working with young people individually: check ***Handout 4.3*** on how to talk to kids about sex. This can be relevant in this context as well.
- Professionals working with young people in groups: check ***Handout 4.5*** on how to create a safe atmosphere in your classroom.
- It is important for healthcare workers and social workers to know that they can have a positive impact on a young person's body image and self-esteem. Careful considerations on how to communicate with young persons is therefore crucial.



CHAPTER 5

SEXUAL AND REPRODUCTIVE HEALTH OF YOUNG PEOPLE WITH A DISABILITY

BUILDING BLOCK 1

**Sexual reproductive health
of young people**



BUILDING BLOCK 2

**Sexual Development
of young people with a
disability**



SEXUAL AND REPRODUCTIVE HEALTH OF YOUNG PEOPLE WITH A DISABILITY

This chapter consists of 2 building blocks. The first building block will teach participants about Sexual and Reproductive Health and Rights (SRHR) of young people. In the second building block we will focus on similarities and differences in SRHR needs between young people with and those without a disability. Through role play participants will have a first exercise in how to talk with them about friendship, flirting and consent.





SEXUAL REPRODUCTIVE HEALTH OF YOUNG PEOPLE

INTRO

This unit explains how people’s sexual health and emotional well-being are connected to their ability to exercise their human rights (for example, their rights to education and freedom of expression). These rights extend to protecting one’s body, sexuality, and health.

Sexuality and reproduction can be sources of deep satisfaction, pleasure, and fulfillment in people’s lives. Sex may also lead to health problems, however, if both partners do not ensure that they protect themselves, and each other, from unintended pregnancy and infection, including HIV. One key step to improving people’s sexual and reproductive well-being is ensuring that they have access to information and services. Another step is to create more just social conditions – including gender equality and respect for people’s rights – that enable all people to control the circumstances under which they have sex.



SEXUAL REPRODUCTIVE HEALTH OF YOUNG PEOPLE

OBJECTIVES

In this building block, the participants will:

1. Identify five basic rights of every human being, including two that are sexual or reproductive rights.
2. Discuss at least two circumstances in which people are able to exercise their sexual or reproductive rights and two in which they cannot do so.
3. Explain how their situation may affect their sexual or reproductive health.
4. Discuss, for at least two rights, what responsibilities the state has for protecting, respecting, and fulfilling these rights, and what responsibilities individuals have.
5. Understand the importance of respect in human interaction, including in romantic and sexual relationships.
6. Discuss their own feelings about whether treating people unequally is fair.
7. Discuss key issues regarding access to sexual and reproductive health services (including for pregnancy and childbirth) in their setting.
8. Discuss the rights of all people to protect themselves against STI's and HIV.
9. Are able to define a sexually healthy person.
10. Recognize the common challenge young people face when discussing SRH.



SEXUAL REPRODUCTIVE HEALTH OF YOUNG PEOPLE

TIME	TOOLS AND MATERIALS	ACTIVITIES
ACTIVITY 1		
 45 min	What is Sexual Reproductive Health? <ul style="list-style-type: none"> • 1/2 sheets of A4 paper in 3 colors • Markers (1 per participant) • Scissors • → <u>HANDOUT 5.1 Key messages sexual reproductive health</u> 	 Individual & group activity, plenary discussion & explanation
ACTIVITY 2		
 45 min	Defining a sexually healthy person <ul style="list-style-type: none"> • Flip chart • Markers • Tape • → <u>HANDOUT 5.1 Key messages sexual reproductive health</u> 	 Small group activity, plenary discussion
ACTIVITY 3		
 30 min	Common SRH challenges of young people <ul style="list-style-type: none"> • Flip chart • Markers • Tape 	 Small group activity, plenary discussion



SEXUAL REPRODUCTIVE HEALTH OF YOUNG PEOPLE

TIME	TOOLS AND MATERIALS	ACTIVITIES
ACTIVITY 4		
 45 min	Human rights & young people <ul style="list-style-type: none">• Flip chart• Markers• Tape• → <u>HANDOUT 5.2 Young people and sexual rights</u>	 Small group activity, plenary discussion

BUILDING BLOCK 1

ACTIVITY 1



What is sexual reproductive health (SRH)?



INSTRUCTIONS

- Give each participant three pieces of paper (half A4 format) and a marker. Don't explain the purpose of the exercise yet. Try to get in a relaxed and informal mood.
- Ask participants to individually write spontaneously in capitals 1 word per paper, that pops into their minds when they hear the term 'Sexual Reproductive Health' (SRH) without (too much) thinking.
- Tell them the words CANNOT be 'Sexual' 'Reproductive' or 'Health'.
- Form a circle with participants in which they 1 by 1 put down their papers in the middle defining SRH.
- Invite one participant who would like to share first his/her word with the group. This person lays one of his/her papers down on the ground and explains why this word relates to SRH.
- Ask clarifying questions like:
 - What do you mean with this word and how does it relate to SH according to you? How does it relate to Sexuality, Reproduction or (un)Health(y)?
 - Is it a gender difference or a practice?
 - What kind of practice?
 - et cetera...
- Start a group discussion. Discuss and arrange the cards into clusters with the participants. >>

BUILDING BLOCK 1

ACTIVITY 1



What is sexual reproductive health (SRH)?



- Invite participants to join papers with a similar or same word. Be critical about this similarity and ask them to explain why they have joined the words in one group.
- Invite a new participant to share his/her view with a new aspect of SRH and repeat the procedure of explaining, clarifying questions, defining the exact place and joining with similar words. Cluster the different words/aspects of SRH.
- Discuss the overall pictures as a definition of SRH and look at important or missing aspects like relationships, interaction, intimacy, love, gender, pleasure, excitement, et cetera. If possible: consider together with participants if there are differences in the input of different genders.
- Present the definition of the UNFPA on sexual reproductive health (***Handout 5.1***) and ask the participants to read this.
- Ask the participants if someone could explain this broad definition and link it with the results of the small group cluster exercise.
- Sexual health is much more than prevention of illness and problems alone, it is also supporting healthy behavior and supporting mental, spiritual and psychological health resulting in well-being.
- Conclude on a final definition to be further used in the training and in the development and implementation of sexuality education. The final definition should also count for young people, without skipping the aspects such as rights, gender and pleasure.

BUILDING BLOCK 1

ACTIVITY 1

TRAINERS OF FACILITATORS



Clothesline



SPECIFIC NOTES & TIPS

- Try to avoid words like “natural”, “abnormal” or “normal” to describe aspects of sexuality that are, in reality, nothing more than cultural conventions or norms that we have adopted.
- As facilitator, try to park your own moral judgements and invite participants to the same. Everything that comes up with should be discussable.

BUILDING BLOCK 1

ACTIVITY 2



Defining a sexually healthy person



INSTRUCTIONS

- Split the participants in 2 groups, divide them by sex, gender and/or age.
- Ask each group of participants to define a sexually healthy young person. One participant writes the groups' definition on a flipchart.
- After 10 minutes tape the flipcharts of both groups on the wall or put them on the floor so all participants can read them.
- Responses may include:
 - Having accurate information.
 - Being able to express their sexuality positively and pleurably.
 - Having opportunities for love and intimacy.
 - Having access to safe and respectful sexual and reproductive health care.
 - Sexual health encompasses psychological and social health in addition to physical health.
 - Being able to make decisions and act to protect themselves from sexually transmitted infections (STI's), unwanted pregnancy and other negative outcomes.
- However, it is likely that some of the responses are also influenced by personal opinions and/or moral judgements like:
 - To abstain from sex until marriage.
 - To be faithful, only have one partner.
 - To use contraceptives. >>



Defining a sexually healthy person



- Ask both groups if they have questions about the definitions on the other slide. If they do, allow the other group to answer these.
- Ask both groups to see similarities and differences. Can they explain these?
- Discuss the experience. Some discussion questions may include:
 - What did you learn about your views on sexually healthy young people compared to those of the other group of participants?
 - How do we consider sexual health differently for young people in comparison to adults? What does this tell us about our views on young people's sexuality?
 - Some definitions included moral judgement on what is 'right' sexual health and what is 'wrong' sexual health for young people. What does this tell us about our views on young people's sexuality?
 - Some definitions focused on avoiding harmful outcomes, such as disease or pregnancy, instead of positive aspects of sexuality, such as love, pleasure and intimacy. Why might some people focus on the negative instead of the positive aspects?
 - If you would have been asked to write the definition of a sexual healthy young person with an intellectual disability, would the outcomes of this activity be the same? Ask both groups to explain their answers.
 - Solicit and discuss any outstanding questions, comments or concerns with participants.
 - Conclude with the notion that sexual reproductive health is similar for all people. However, the circumstances, and the phase in sexual development may be different. Also, share a reflection on the role of NGO staff, teachers, providers etc. to provide non-judgemental and non-moral information and/or services.



Common SRH challenges of Young People



INSTRUCTIONS

- Introduce this activity with the following text:
'We all have children and/or work with young people and we all have the same objective: increasing the sexual health of young people. But what do you think are SRH questions that young people have? As soon as we are clearly aware of the questions and major SRH challenges of young people, we can start supporting a healthy sexual reproductive development. That's why I want to start with this group activity. What exactly are the major SRH challenges of your children or those you work with? Let's first discuss this in small groups.'
- Divide the participants into small groups (groups of 4-5 members). Preferably groups mixed with people of different organizations.
 - If you work with parents, divide them into small groups of fathers, respectively mothers.
 - If possible, group parents with children in a similar age group.
- Let the participants discuss the most common SRH problems they encounter with their children or young people at work. Let them make a list of the 3 most important problems, to be written on a flip over.
- All groups have to present their list of 3 challenges. Ask clarifying questions and ask them to make it as concrete as possible. Other groups can also ask clarifying questions. For example:
"Are these challenges...:
 - specific for this generation young people or for your generation (and those before) as well?"
 - specific for boys, girls, other genders or all young people?" >>

BUILDING BLOCK 1

ACTIVITY 3



Common SRH challenges of Young People



- Try to group challenges in 3 categories: physical (body), psychological (feelings, emotions) and social (norms, values).
- Save the final lists of challenges and use these again in Activity 1 of the next Building Block.
- Ask the participants what they could do to help young people overcome the challenges mentioned.
- Conclude with showing overlaps, similarities and differences according to different groups of young people, family, school and/or healthcare setting.

BUILDING BLOCK 1

ACTIVITY 3

Common SRH challenges of Young People



SPECIFIC NOTES & TIPS

TRAINERS OF FACILITATORS



- If the participants have difficulties naming some challenges, mention a few live events, such as: awareness of body changes in puberty, being in love, doubts about whether you are going to be a 'real man or woman', wondering how you can become a parent or how to prevent this, seeing romantic scenes or erotic pictures for the first time, etc.

FACILITATORS OF PARENTS



- Ask them if they remember similar challenges when they were young. If they do, ask them what they would have needed then to overcome these.

BUILDING BLOCK 1

ACTIVITY 3

Common SRH challenges of Young People



SPECIFIC NOTES & TIPS

FACILITATORS OF TEACHERS



- Ask them as well if they can identify what sexual health challenges for young people their school considers as most important to address.
- Ask them if they remember similar challenges when they were young. If they do, ask them what they would have needed then to overcome these.

PROFESSIONALS IN HEALTH CARE OR SOCIAL WORK



- Ask them as well if they can identify what sexual health challenges for young people their organisation considers as most important to address.
- Ask them if they remember similar challenges when they were young. If they do, ask them what they would have needed then to overcome these.



Human rights and young people



INSTRUCTIONS

- Ask the participants what they think sexual and reproductive health and rights are. You can do so by letting them say it out loud in plenary, but if you feel the group is less comfortable with speaking up yet or there is a need for mixing up methods, hand out post-its and ask them to write down 3 words they associate with SRHR.
- Then, explain what SRHR are. State, at least, the following:
 - These are part of The Universal Human Rights.
 - Making your own and well-informed choices and decisions regarding your body, life, sexuality.
 - Respecting the decision and choices of others.
 - Health and safety are important, but well-being and pleasure should be equally emphasized.
- Invite participants to individually read ***Handout 5.3***.
- Make 5 groups by letting them count the numbers 1 up to 5 and by asking them to join groups with people with the same number (all 1's join, all 2's join, et cetera).
- Appoint each of the five rights (as mentioned in ***Handout 5.3***) to one of the five groups in order to discuss this right (group 1 right 1; group 2 right 2; et cetera). Ask them to discuss the appointed right during 15 to 20 minutes and ask them to appoint someone within the group who will lead the discussion and who will present the outcomes of the discussion in plenary.
- Close the discussion with a plenary presentation and discussion by all five groups on the five rights. Conclude which action points have to be taken into account for planning to be taken up in the near future and who will be responsible for what.

BUILDING BLOCK 1

ACTIVITY 4

TRAINERS OF FACILITATORS

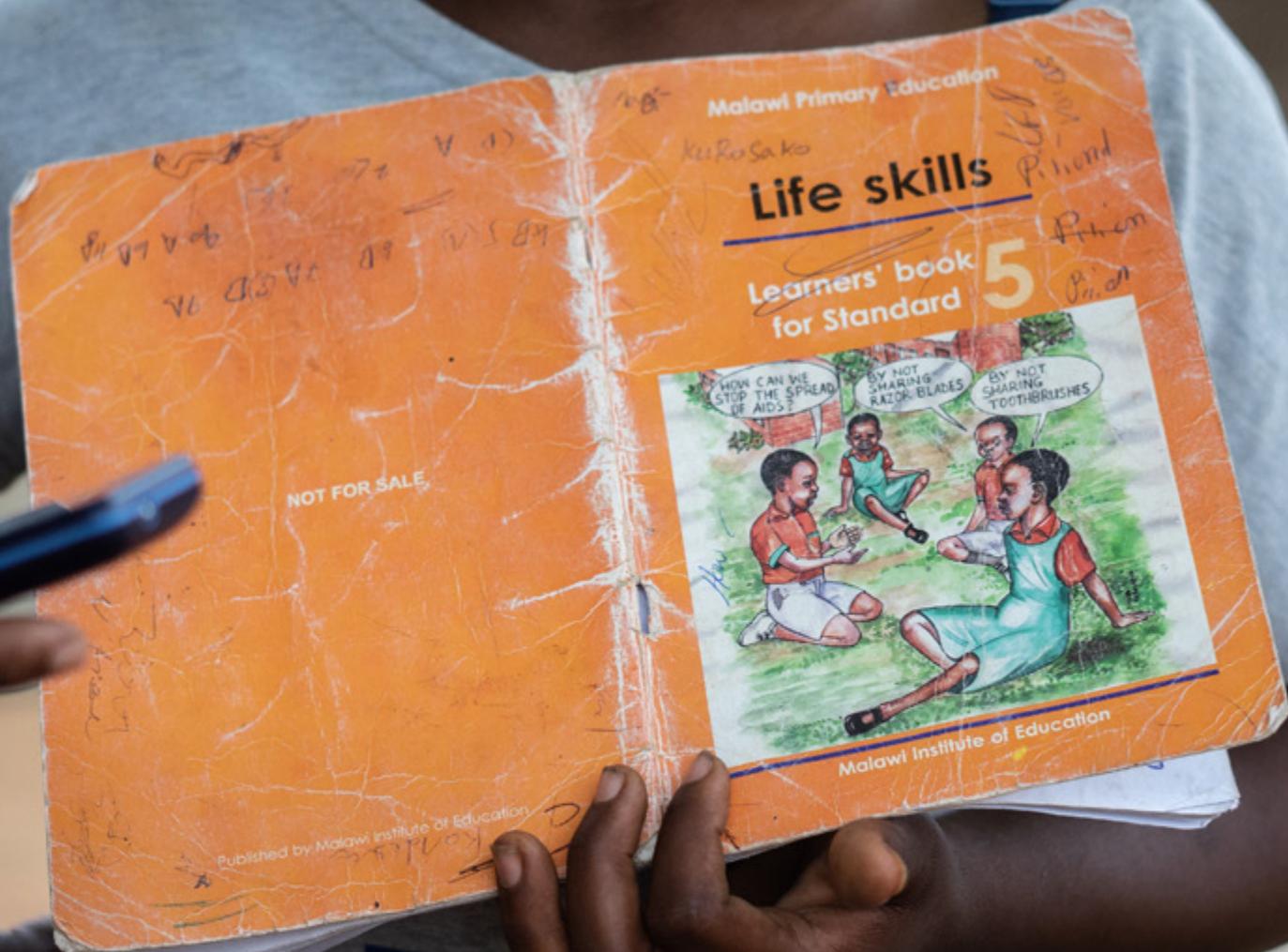


Human rights and young people



SPECIFIC NOTES & TIPS

- Most participants may not be aware of these sexual reproductive rights for young people. In daily life - at home, school or health care center - not many people will be talking about or addressing these. Inform your participants that these rights are signed for and respected by the vast majority of countries in the world. By signing these, a government agrees to implement and protect these rights for the people in their countries. For young people, it is enough to know that these rights acknowledge the sexual reproductive needs of them and their peers all over the world. For parents and professionals these rights indicate that it is okay to provide young people with information about sexual and reproductive health.



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SEXUAL DEVELOPMENT OF YOUNG PEOPLE WITH A DISABILITY

INTRO

The trainers and participants get to know about sexual development, puberty, and personal hygiene of young persons with a disability.

OBJECTIVES

In this building block participants will:

1. Differentiate the sexual development of young persons with and without a disability;
2. Explain and communicate about sexual development of young persons with a disability;
3. Discuss how biological (physical health & medication); psychological (self-image and intellectual ability) and sociological (gender & other social norms) affect SRH of persons with a disability;
4. Explain how these aspects may affect individual sexual development, expression and experiences of (young) people with a disability; >>



SEXUAL DEVELOPMENT OF YOUNG PEOPLE WITH A DISABILITY

5. Respond respectfully and positively to SRH questions, needs and challenges that are specific for (young) people with a disability;
6. Recognize the key components & positive influences of healthy friendships (trust, sharing, respect, support, empathy and solidarity);
7. Define flirting and dating, and its characteristics;
8. Recognize a variety of emotions they might experience when dating;
9. Identify strategies to have a safe dating(skills);
10. Understand the concept of sexual consent;
11. Appreciate the importance of consent in dating or other romantic or sexual situations.



SEXUAL DEVELOPMENT OF YOUNG PEOPLE WITH A DISABILITY

TIME	TOOLS AND MATERIALS	ACTIVITIES
ACTIVITY 1		
 <p>45 min</p>	<p>SRH challenges of young people with disabilities</p> <ul style="list-style-type: none"> • Flip chart • Markers • Tape • → <u>HANDOUT 5.4 Sexual development of young people with a disability</u> 	 <p>Individual & group activity, plenary discussion & explanation</p>
ACTIVITY 2		
 <p>45 min</p>	<p>Sexuality education for YPWD</p> <ul style="list-style-type: none"> • Flip chart • Markers • Tape • → <u>HANDOUT 5.5 SRHR needs of YPWD</u> • → <u>HANDOUT 5.6 Sexuality education for young people with a disability</u> 	 <p>Small group activity, plenary discussion</p>
ACTIVITY 3		
 <p>60 min</p>	<p>Role plays</p> <ul style="list-style-type: none"> • Instructions for roleplays • → <u>HANDOUT 5.7 ACTIVITY 3a Friendship</u> • → <u>HANDOUT 5.7 ACTIVITY 3b Flirting & dating</u> • → <u>HANDOUT 5.7 ACTIVITY 3c Consent</u> • → <u>HANDOUT 5.7 ACTIVITY 3d Cases consent</u> 	 <p>Role plays, plenary discussion</p>



SRH challenges of Young People With a disability



INSTRUCTIONS

- Present the list of SRH challenges for young people as prepared in Activity 3 (Building Block 1).
- Ask the participants what they know about disability and the types of disability. Wait until the participants have shared what they know about disabilities and then provide the definition of disability.
- Divide the participants in 2 or 3 groups by gender (or age, if it is a group of same sex participants).
- Ask 1 group to check if this list of challenges would change if it was one of young girls with a disability. The other group will check this for young boys with a disability. If there is a third group and it is appropriate ask them to check the list for young people of a different (or: third) gender with a disability.
 - Participants should make an overview of differences and/or similarities in bio-psycho-social challenges between young people with and those without disabilities. They can write these on the same flip over or a new one.
- After 15 minutes, ask the groups to stop. Participants should read ***Handout 5.4*** Sexual development of young people with a disability.
- After all participants have read the Handout, ask the groups to look at the flip-over of another group. Check the list of challenges and refine those or add new ones based on the information you just read in ***Handout 5.4***. >>

BUILDING BLOCK 2

ACTIVITY 1



SRH challenges of Young People With a disability



- All groups have to present their renewed list of SRH challenges. Ask clarifying questions and ask them to make it as concrete as possible. Other groups can also ask clarifying questions.
For example:
“Can you explain...:
 - If young people with and those without a disability share the same SRH challenges?”
 - Do young people with a disability have specific sexual health challenges that other young people do not have? If so, are these similar for boys and girls or sexe-/gender specific?”
- Conclude with showing overlaps, similarities and differences according to different groups of young people, family, school and/or healthcare setting.
- S9. Save the lists of SRH challenges for young people with a disability. These will be used for the next activity.

BUILDING BLOCK 2

ACTIVITY 1

SRH challenges of Young People With a disability



SPECIFIC NOTES & TIPS

TRAINERS OF FACILITATORS



- If the participants have difficulties naming some challenges, mention a few live events, such as: awareness of body changes in puberty, being in love, doubts about whether you are going to be a 'real man or woman', wondering how you can become a parent or how to prevent this, seeing romantic scenes or erotic pictures for the first time, etc.
- Make the link explicit between the previous building block and this one and focus that many challenges are universal for both young people with and without a disability but that young people with a disability experience that development differently due to their impairment.

BUILDING BLOCK 2

ACTIVITY 2



Sexuality education for Young People with Disabilities



INSTRUCTIONS

- Present the list of SRH challenges young people with a disability as prepared in Activity 1 (Building block 2).
- Divide the group into smaller groups of 5 to 6 people.
- Ask the participants to read ***Handout 5.5*** Sexual reproductive health needs of young people with a disability.
- After all participants have read it, let these Handouts be discussed in the group. Each should make an inventory of questions about these needs. Questions should be written on a flip over.
- Both groups put their flip over with questions on the wall. The facilitator asks if some of the questions could be answered by the participants of the other groups.
- Take some time to answer the questions on the lists.
- Explain the barriers that people with a disability face in accessing SRHR services and information. Explain that:
 - They are often not treated as having sexual and reproductive desires and needs;
 - That misunderstanding and social prejudices leave them excluded;
 - Consequently, they are more vulnerable to the violation of their rights, think of violence, harmful practices, forced abortion and sterilization. >>



Sexuality education for Young People with Disabilities



- Ask the group what myths and stigmatizing beliefs they know about SRHR for persons with a disability. Let them brainstorm for 10 minutes.
- Ask the participants to read ***Handout 5.6*** Sexuality education for young people with a disability.
- Based on hand-outs, ask the groups to discuss what challenges they face in providing information to young persons with a disability about sexual health.
 - If the participants are working in health care, ask them what challenges they face in providing SRH services to young persons with a disability.
- The facilitator makes an overall inventory of the challenges.
- Tell the participants that in the next activity a few topics of SRH-education will be elaborated for young persons with disabilities. In these activities the participants will learn how to overcome some of the challenges when they provide young persons with disabilities with information about their SRH.

BUILDING BLOCK 2

ACTIVITY 2

Sexuality education for Young People with Disabilities



SPECIFIC NOTES & TIPS

TRAINERS OF FACILITATORS



- Convey the following key messages:
 - SRHR is a part of everyone's life, no matter how your body is shaped.
 - SRHR and SRHR for persons with disabilities is highly subjective to myths.

PROFESSIONALS IN HEALTH CARE OR SOCIAL WORK



- When training health care professionals, stress the fact that persons with disabilities are found in all the (key) populations they already provide (sexual and reproductive) health services to and therefore cannot be seen as a separate target group. They are just as well part of other sectors of society often targeted by SRH services, such as children out of school, women and girls, people belonging to the LGBTQI+ community and those living with HIV/AIDS.

BUILDING BLOCK 2

ACTIVITY 3A



Friendship



INSTRUCTIONS

- Introduce this activity as a roleplay. Ask 2 participants to play parents, teachers or healthcare workers who will start a talk with a young person with a disability about friendship. Give the 2 volunteers ***Handout 5.7 ACTIVITY 3a Friendship*** and give them 10 minutes to read the instructions for preparing a short conversation about friendship with the young person.
- If both volunteers have prepared their conversation, ask them to perform this. Either one of them can do this or they can both play the parent/teacher/healthcare worker.
- Ask 2 participants to mention the tops (things they did well) and tips (things to improve). The rest of the participants are the young person(s) to whom the parent/teacher/healthcare worker will talk. They do not have to respond, only if they are asked something.
- The role play takes maximum 15 minutes.

BUILDING BLOCK 2

ACTIVITY 3A

TRAINERS OF FACILITATORS



Friendship



SPECIFIC NOTES & TIPS

- Share the following key messages:
 - Friends are
 - people that we feel close to (classmate, living in neighbor...)
 - people who have similar interests (playing games, reading book...)
 - people who care about us (sharing snacks, going to school together, never look down us...)
 - people who we can trust (sharing thoughts and feelings...)
 - people who offer support and understanding when we really need it (helping with homework, never tears you...)
 - How can we be a good friend?
 - share our interests and activities
 - trust each other and be honest
 - share our thoughts and feelings
 - respect each other's opinions and beliefs
 - try to relate to how the other person feels
 - be sincere with each other
 - accept each other for who we are
 - encourage and support each other
 - commit to the friendship
 - People can have many friends or just a few. Friendships based on trust, sharing, respect, empathy and solidarity help people feel good about themselves.
 - Friends sometimes can feel angry with each other and still be friends.
 - Friends sometimes hurt each other's feelings and then forgive each other.
 - Friends can be male and female.
 - Friends can be younger and older.

BUILDING BLOCK 2

ACTIVITY 3A

Friendship



SPECIFIC NOTES & TIPS

FACILITATORS OF PARENTS



- With parents of YWD, facilitate participants to think about friendships in their childhood and encourage them share about their norm or expectation about friendships of their children (identify the “generation distance” or “generation gap” in friendship definition). Example: Nowadays, some parents don’t allow children to have heterosexual friendships (boy-girl friendships) because they think that their children are falling in love, and at this time, this is not yet encouraged. Example: children need to focus to complete their homework and get good grades. Going outside with friends is a waste of time.
- The connection between teachers and their children with a disability is also a relationship. Have parents reflect on these relationships upon the values respect, compassion and human rights.

PROFESSIONALS IN HEALTH CARE OR SOCIAL WORK



- The connection between teachers and youth with a disability is also a relationship. Have teachers reflect on these relationships upon the values respect, compassion and human rights.
- When working with children with disabilities, the exercises from **Handout 5.7** **ACTIVITY 3a Friendship** can be used to.

BUILDING BLOCK 2

ACTIVITY 3B



Flirting and dating



- Introduce this activity as a roleplay. Ask 2 participants to play parents, teachers or healthcare workers who will start a talk with a young person with a disability about flirting and dating. Give the 2 volunteers ***Handout 5.7 ACTIVITY 3b Flirting and dating*** and give them 10 minutes to read the instructions for preparing a short conversation about flirting and dating with the young person.
- If both volunteers have prepared their conversation, ask them to perform this. Either one of them can do this or they can both play the parent/teacher/healthcare worker.
- Ask 2 participants to mention the tops (things they did well) and tips (things to improve). The rest of the participants are the young person(s) to whom the parent/teacher/healthcare worker will talk. They do not have to respond, only if they are asked something.
- The role play takes maximum 15 minutes.

INSTRUCTIONS

- Being open to a relationship involves meeting new people and trying new things. Flirting and dating enable people to experience and learn about companionship and intimacy, giving people a chance to know a potential romantic or sex partner. In this activity participants clarify the differences between flirting and dating and manage to have dating safety. Facilitators have an opportunity to know more about the terms that young people describe dating and romantic relationships and the norm of flirting and dating from the participant's perspective.

BUILDING BLOCK 2

ACTIVITY 3B

TRAINERS OF FACILITATORS



Flirting and dating



SPECIFIC NOTES & TIPS

- Share the following key messages:
 - Courtship and dating refer to social interaction with others who could become romantic or sex partners.
 - **Flirting** is acting towards someone as if you could be in love, but without serious intentions. It conveys a superficial and light-hearted feeling.
 - **Dating** means when two people go out to explore a possible relationship and explore it in public as a couple. They spend time together and get to know each other before committing themselves to a relationship (find a suitable partner). Dates are short-lived, but the flirting can go on and on. You can flirt with anyone, but dating is over when you fully commit to a person and spend your time with your partner.
- What do flirting and dating offer?
 - They give people a chance to develop interpersonal skills. These skills include recognizing, honouring, and expressing their own feelings; recognizing the feelings of others; and developing an understanding of what they value, enjoy, and appreciate in another person.
 - They give people a chance for companionship and new experiences.
 - They give people a chance to gradually get to know a potential romantic or sex partner.
- In some settings, parents decide the age at which their children may begin dating and forbid their children dating at school age.
- Customs and values about dating differ among families and cultures.
- Families may have different standards for boys and girls about dating.

BUILDING BLOCK 2

ACTIVITY 3B

FACILITATORS OF PARENTS



Flirting and dating



SPECIFIC NOTES & TIPS

- In this game, facilitators explore the norm and perspectives of participants about flirting and dating and should act as moderator for a controversy point of view.

Below are some suggestions for questions to unpack the norm:

- At what age people start flirting and dating?
- What do flirting and dating offer?
- How do dating and courtship start?
- Whom do people court, date, or “go out” with?
- What do people do and how do people feel?
- Who pays for expenses on a date?
- Is sexual or intimate physical contact part of dating?

BUILDING BLOCK 2

ACTIVITY 3C



Consent



- Introduce this activity as a roleplay. Ask 2 participants to play parents, teachers or healthcare workers who will start a talk with a young person with a disability about consent. Give the 2 volunteers ***Handout 5.7 ACTIVITY 3c Consent*** and give them 10 minutes to read the instructions for preparing a short conversation about consent with the young person.
- If both volunteers have prepared their conversation, ask them to perform this. Either one of them can do this or they can both play the parent/teacher/healthcare worker.
- Ask 2 participants to mention the tops (things they did well) and tips (things to improve). The rest of the participants are the young person(s) to whom the parent/teacher/healthcare worker will talk. They do not have to respond, only if they are asked something.
- The role play takes maximum 15 minutes.

INSTRUCTIONS

- Consenting means agreeing to do something. Giving sexual consent means agreeing to have sex. All people have the right to give or withhold sexual consent and all people have the responsibility to respect their partner's right to give or withhold such consent. In this building block, participants learn about the concept of sexual consent and appreciate the importance of consent in any sexual situation.

BUILDING BLOCK 2

ACTIVITY 3C

Consent



SPECIFIC NOTES & TIPS

TRAINERS OF FACILITATORS



- Share the following key messages:

Consent is

- An enthusiastic yes!
- An agreement made with another person where both people have all the information.
- A situation where all boundaries are discussed and respected.
- Permission given without feeling pressured to do so.
- Always *reversible* (you can change your mind).
- A decision made by people who are not under the influence.

FACILITATORS OF PARENTS



- With teachers/parents, the facilitator can use the video → **"Tea and consent"**
- The facilitator modifies the acronym of Consent characteristic (FRIES) into mother tongue language for better memorisation or easy language for those with intellectual disabilities.
- Have parents reflect on the concept of consent and whether or not they practice that or teach that to their children. Ask them to reflect by showing or mentioning examples.

BUILDING BLOCK 2

ACTIVITY 3C

Consent



SPECIFIC NOTES & TIPS

FACILITATORS OF TEACHERS



- With teachers/parents, facilitator can use the video → "Tea and consent"
- The facilitator modifies the acronym of Consent characteristic (FRIES) into mother tongue language for better memorisation or easy language for those with intellectual disabilities.

PROFESSIONALS IN HEALTH CARE OR SOCIAL WORK



- Have them reflect upon the importance and implementation of asking consent to their clients/patients with a disability. Do they ask for consent themselves?

BUILDING BLOCK 2

ACTIVITY 3D



Consent (case studies)



INSTRUCTIONS

- Tape the 'Guidelines for giving meaningful consent in a situation involving sex' ***Handout 5.7*** ***ACTIVITY 3d Cases Consent*** on the white board so all of the participants can see (or give each of participants a factsheet). Go through each bullet and explain them to the participants.
- Form small groups so that each group has a different case study. Select and give each group one case study. Explain:
 - All groups have ten minutes to discuss the case study, prepare a short (two-to-three) minute skit and consider which of the guidelines for consent are met or not met in this situation.
 - One person will read the case study to the entire class, two others can act it out and one or two people will explain which guidelines for consent are met and which are not.
 - Ask a group to present the case study, the skit and its collective opinion about whether or not the person in the case study was able to give free and informed consent.
 - Ask who agrees or disagrees with the group's opinion of whether the consent guidelines were met. Discuss until an agreement is reached about the correct answer.

BUILDING BLOCK 2

ACTIVITY 3D

TRAINERS OF FACILITATORS



Consent (case studies)



SPECIFIC NOTES & TIPS

- Modify case study to be suitable and meaningful for participants, including using names that are relatable.
- Key messages:
 - All people have the right to give or withhold sexual consent. All people have the responsibility to respect their partner's right to give or withhold such consent.
 - As young people mature, their capacity to give meaningful consent evolves.
 - At any moment, you are entitled to change your mind about what feels acceptable or to speak up if you believe you are not being fully understood and respected. You can say no to a sexual experience even after it has started.
 - It is never okay to force someone to have sex they don't consent to.
 - You have the right to say no to sex if you don't want to, without feeling guilty.
 - Forced sex is a sign of an unhealthy relationship.

BUILDING BLOCK 2

ACTIVITY 3D



Consent (case studies)



USE THE SAME GROUPS OF 4

Step 1: Spread the cases listed below over the different groups. Ask the groups to discuss the case assigned to them (10 min):

- A girl with a physical disability (no right arm) (18 years old) believes no man wants to marry her because she has an incomplete body. She is very depressed and her mother brings her to a health center for advice. What will be your suggestion to the girl?
- A young girl with a visual impairment comes to a health center with irregular menstruation. During the discussion the healthcare worker finds out that the girl does not know which products to use and how to clean herself properly. (She lives alone with her grandfather, after her parents left her at a young age). What will be your suggestion to the girl?
- A young boy with a hearing impairment comes totally upset to your health center. He has wet dreams but thinks that he is peeing in his bed at night. His mother gets furious every time she sees his wet bed. She hits him. He thinks that other boys, those who can hear, are not urinating in their bed. What will be your suggestion to the boy?

Step 2: Ask each group to present the case they discussed and share the suggestion for their case. If multiple groups discussed the same case, ask one group to present that case, and the other groups to share their solutions only. Discuss amongst the entire group what discussion they think would be best and why (25 mins).

BUILDING BLOCK 2

ACTIVITY 3D



Consent (case studies)



KEY POINTS

- Provide youngsters with a disability detailed information.
- They often take what is said literally and therefore sometimes do not understand nuances or concealing language.
- They can maybe repeat what they heard but may not fully understand it. It is therefore good to check whether they have understood the message.
- Use understandable direct language and check whether your clients with disabilities have really understood the information.
- They can have a negative body image and therefore a different sexual development.
- They can have a disharmonious development and a discrepancy between cognitive development and socio-emotional development and therefore a different sexual development and sexual feelings.



CHAPTER 6

RECOGNIZING AND RESPONDING TO (SEXUAL) ABUSE AND GENDER BASED VIOLENCE

BUILDING BLOCK 1

Recognize sexual harassment/violence/abuse, including cat calling, sexting and sextortion

165
min

BUILDING BLOCK 2

Responding to abuse

105
min

RECOGNIZING AND RESPONDING TO (SEXUAL) ABUSE AND GENDER BASED VIOLENCE

This chapter consists of two building blocks of an hour or more. In the first building block, emphasis is placed on understanding and recognising sexual abuse and gender-based violence. This is a crucial first step, before going into the second building block. During the second building block, participants will focus on how to respond to abuse in terms of care and referral.





RECOGNIZE SEXUAL HARASSMENT/ VIOLENCE/ABUSE, INCLUDING CAT CALLING, SEXTING AND SEXTORTION

INTRO

This building block will go deeper into understanding different forms of sexual harassment, violence and abuse. Furthermore participants will learn how to recognise signs of abuse and how to follow up.

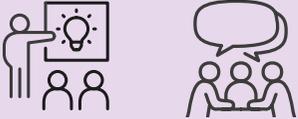
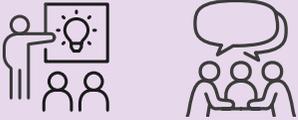
OBJECTIVES

In this building block, the participants will:

1. Build understanding on: different forms of abuse and violence, some of which are unique to women with disabilities; spheres in which abuse and violence may occur; factors which increase vulnerability; and the barriers in accessing justice.
2. Learn the different spectrums of abuse and harassment in different settings.
3. Gain knowledge on what constitutes sexual harassment and offensive sexual behaviors, their signs, and effects.
4. Describe primary and secondary prevention of sexual harassment, violence, and abuse.
5. Describe and identify ways by which sexual harassment, violence, and abuse towards persons with disabilities can be prevented.



RECOGNIZE SEXUAL HARASSMENT/ VIOLENCE/ABUSE, INCLUDING CAT CALLING, SEXTING AND SEXTORTION

TIME	TOOLS AND MATERIALS	ACTIVITIES
ACTIVITY 1		
 <p>60 min</p>	<p>Understanding sexual harassment, abuse and gender based violence</p> <p>Materials:</p> <ul style="list-style-type: none"> • → Handout 6.1 forms, and spheres where violence occurs • Markers • Flipchart 	 <p>Plenary reflection & discussion, Small group activity</p>
ACTIVITY 2		
 <p>30 min</p>	<p>Recognising signs of abuse</p> <p>Materials:</p> <ul style="list-style-type: none"> • → Handout 6.2 with signs to recognize abuse <p>Optional for teachers:</p> <ul style="list-style-type: none"> • → Handout 6.3 - recognising signs for professionals <p>Optional for healthcare professionals:</p> <ul style="list-style-type: none"> • → Handout 6.3 - recognising signs for professionals 	 <p>Small group work, Plenary reflection & discussion</p>
ACTIVITY 3		
 <p>30 min</p>	<p>Myth Busting on sexual violence</p> <p>Materials:</p> <ul style="list-style-type: none"> • → Handout 6.4 statements for myth busting 	 <p>Small group activity, Plenary reflection & discussion</p>



RECOGNIZE SEXUAL HARASSMENT/ VIOLENCE/ABUSE, INCLUDING CAT CALLING, SEXTING AND SEXTORTION

TIME	TOOLS AND MATERIALS	ACTIVITIES
ACTIVITY 4		
 <p>45 min</p>	<p>Preventing sexual abuse</p> <p>Materials:</p> <ul style="list-style-type: none"> • → Handout 6.5 primary and secondary prevention • Call bell • Powerpoint presentation with statements <p>Optional for teachers:</p> <ul style="list-style-type: none"> • → Handout 6.6 - strategies to share with clients/students with a disability <p>Optional for healthcare professionals:</p> <ul style="list-style-type: none"> • → Handout 6.6 - strategies to share with clients/students with a disability 	 <p>Small group work, Plenary presentation</p>

BUILDING BLOCK 1

ACTIVITY 1



Understanding sexual harassment, violence and abuse



INSTRUCTIONS

- The facilitator will invite the participants to identify common ground rules for the small group discussion. These may include:
 - Creating an environment of optimal trust and mutual respect by ensuring that everyone is comfortable with expressing their thoughts and insights.
 - Avoiding personalized comments that can lead to defensiveness and confrontation among participants.
 - Being clear that anything that is shared will be received with open-mindedness and confidentiality.
- The facilitator will introduce *Word Map* as the preparatory activity for this module.
- The facilitator will write SEXUAL HARRASSMENT AND ABUSE on the whiteboard (or blackboard, whichever is available).
 - Participants will be asked to define/describe sexual harassment and abuse in two to three words (e.g., catcalling, inappropriate touching, etc.).
- This activity is intended to show to the participants that sexual harassment and abuse fall into a continuum and that it is a topic that is worth discussing, especially when considering children and youth with disabilities.

BUILDING BLOCK 1

ACTIVITY 1



Understanding sexual harassment, violence and abuse



- After this exploring exercise, discuss the following concepts via a powerpoint presentation.
 - Abuse - is a range of actions and behaviours that are forceful intimidating, hurtful or would cause injury. Abuse can be psychological, emotional, verbal, physical, sexual, or even economic.
 - “Treatment with cruelty or violence, especially regularly or repeatedly.”
 - Harassment - Any unwelcome conduct of a sexual nature that can be verbal, non-verbal or physical in nature.
 - Assault - Infliction of offensive physical contact or bodily harm or the threat or attempt to inflict such conduct or harm.

- After this introduction to the concepts, divide the group in smaller groups.

- Ask the groups to identify a list of:
 - What forms of abuse, violence and harassment they know
 - Situations and spheres people with a disability can experience assault, harassment or abuse
 - By whom they experience abuse
 - What heightens the vulnerability of persons with a disability to abuse.

- After the groups are done discussing, have them present their findings. Add to those findings, by sharing conclusions and missing elements from ***handout 6.1***.

BUILDING BLOCK 1

ACTIVITY 1



Understanding sexual harassment, violence and abuse



DEBRIEF

- How do other intersecting forms of social exclusion heighten vulnerability and increase marginalisation?
- How do violence and abuse relate to SRHR?
- Discuss the consequences of sexual abuse and harassments towards persons with a disability.

Understanding sexual harassment, violence and abuse



SPECIFIC NOTES & TIPS

TRAINERS OF FACILITATORS



- Please note that discussing these topics can be difficult and triggering for people. Be mindful that the participants may have undergone themselves many of the forms of violence being discussed in the session. Have in place a mechanism for trauma management and referrals, by having someone in the room that can listen to/comfort/advise and refer a participant that is reliving trauma and needs to talk.
- If participants in the room only mention instances of direct violence, encourage them to think of forms of violence which cannot be seen, so called in-direct violence. Indirect forms of violence may be difficult to grasp as a form of violence. Provide examples and solicit opinions from participants about how the situation could be considered as abusive and violent. Other examples of sexual violence that can be added if not mentioned: rape (any sexual penetration without consent irrespective of how slight, this could be vaginal, anal, oral with anybody part or object) within marriage or dating relationships; rape by strangers; systematic rape during conflict; unwanted sexual advances or sexual harassment, including demanding sex in return for favors; sexual abuse of people with a disability; sexual abuse of children; forced marriage or cohabitation, including the marriage of children; denial of the right to use contraception or to adopt other measures to protect against sexually transmitted diseases; forced abortion; violent acts against the sexual integrity of women, including female genital mutilation and obligatory inspections for virginity; forced prostitution and trafficking of people for the purpose of sexual exploitation; fondling or unwanted sexual touching forcing a victim to perform sexual acts, such as oral sex or penetrating the perpetrator's body; unwanted sexual related phone calls, text messages, or digital interaction; sending sex pictures, threatening to send sex pictures to others; Verbal sexual harassment; Acid violence
- **If an instance of violence is being shared by a participant ensure that they feel they are being heard and believed, and their experiences are respected.**

BUILDING BLOCK 1

ACTIVITY 2



Recognising signals of abuse



INSTRUCTIONS

- When raising awareness of disability-inclusive child safeguarding with staff, partners, consultants and trainers, it is important to discuss how signs of abuse may differ among and between children with disabilities. This is especially important as generally accepted signs of abuse can, but may not necessarily be, an indication of harm in children with disabilities.
- Divide the group in three. Each group is going to list signs that could indicate abuse:
 - Group 1: signs that can be observed by a change in appearance or behaviour
 - Group 2: Signs that can be observed in the interaction between child and responsible adult
 - Group 3: Signs observed in children that generally indicate abuse but may not for children with disabilities
- After some time, ask the groups to report back in plenary.
- Add things that have not been mentioned from ***handout 6.2*** to make the lists complete.

BUILDING BLOCK 1

ACTIVITY 2

Recognising signals of abuse



SPECIFIC NOTES & TIPS

TRAINERS OF FACILITATORS



Stress the following key take-aways:

- **One sign doesn't mean that a child was sexually abused**, but the presence of several suggests that you begin asking questions and consider seeking help.
- **Some of these signs can emerge at other times of stress** such as during a divorce, death of a family member, problems at school or a traumatic event.
- **Anyone can be an offender.** Offenders come from all classes, ages, cultures, ethnic and religious backgrounds. They can be homo- or heterosexual, men or women, old or young (including other children).
- **Physical warning signs are rare.** If you see these, bring the child immediately to a doctor.

FACILITATORS OF PARENTS



- With parents, you can start discussing how they think they would recognize abuse within their children, or if it did happen how they did recognize it. Are there, based on the handout, signs they did not think of or they recognise thinking back? Are they more aware of certain signs that they will pay more attention to in the future? Also stress the key-take aways above.

BUILDING BLOCK 1

ACTIVITY 2

Recognising signals of abuse



SPECIFIC NOTES & TIPS

FACILITATORS OF TEACHERS



- Teachers are a bit further away from people with a disability than trainers or parents. To discuss signs teachers can pick up, look at **handout 6.3** - signs of child abuse for professional. Please be mindful that this information is intended to be used by professionals who work with children to identify signs of potential child sexual abuse. It is not intended to be used in the workshops with children and/or to be discussed with children directly.

PROFESSIONALS IN HEALTH CARE OR SOCIAL WORK



- Health care professionals are a bit further away from people with a disability than trainers or parents. To discuss signs health care providers can pick up, look at **handout 6.3** - signs of child abuse for professional. Please be mindful that this information is intended to be used by professionals who work with children to identify signs of potential child sexual abuse. It is not intended to be used in the workshops with children and/or to be discussed with children directly.

BUILDING BLOCK 1

ACTIVITY 3



Myth busting - Perceptions and beliefs around sexual violence



INSTRUCTIONS

- Divide the class into groups of 4-5 persons.
- Distribute the ***handout 6.3*** with the statements to the groups.
- Ask the participants to rate their level of agreement or disagreement for each statement - first individually without discussion.
- After this, ask the group to discuss what they rated and why.
- During plenary, ask the groups to share their main discussion points (without revealing who said what).
- Ask groups to not repeat what the previous groups have said, and only add new points.

Myth busting - Perceptions and beliefs around sexual violence



SPECIFIC NOTES & TIPS

TRAINERS OF FACILITATORS



- Bare in mind that the above statements are myths. Although these myths say or show that something is generally thought to be true, it is not in fact true and highly dependent on how it is described. Share the key message that abuse and intercourse without consent is **never** something to be tolerated - also not for persons with a disability.
- Share the following key messages
 - Although women are the majority of victims of sexual violence, men can become victims of sexual violence as well. Aspects like living with a disability, or coming from poorer areas, increase the likelihood of becoming a victim of sexual abuse.
 - In most cases of sexual assault, the perpetrator is someone the victim knows, and perhaps knows well, such as a current or former intimate partner, or a relative.
 - Sexual assault is an aggressive act motivated by power and control.



Preventing sexual harassment, violence and abuse



INSTRUCTIONS

1. 5 SECOND RULE (15 MINS.)

- The facilitator will group the participants into 2 teams. Each team will be given a call bell.
- The rules of the game are simple. Each team will be given 5 seconds to answer a specific question/topic. Once the member of the team has given their answer, they will press the call bell. The objective is to give the answer/s within 5 seconds.
- The facilitator can use the following question points:
 - Mention one way by which sexual harassment/abuse/violence can be prevented in public.
 - Mention one way by which sexual harassment/abuse/violence can be prevented at home.
 - Mention one way by which sexual harassment/abuse/violence can be prevented at school.
 - Mention a reason by which sex education can reduce sexual harassment/abuse/violence in persons with disabilities.
 - Mention a policy that could help reduce the incidence of sexual harassment/abuse/violence in persons with disabilities.
 - Mention a (specific) barrier (as discussed in the previous section), what can you do to help prevent sexual harassment/abuse/violence in persons with disabilities?



preventing sexual harrassment, violence and abuse



INSTRUCTIONS

2. INTEGRATED LECTURE (30 MINS.)

- The facilitator will begin the discussion by describing primary and secondary prevention of sexual abuse/harassment/violence. Use **handout 6.5** for the explanation by presenting definitions on a powerpoint.
- The facilitator will proceed to discuss ways by which sexual abuse/violence/harassment can be prevented. They will also summarize the teams' answers from the 5 Second Rule activity.
- Debrief with sharing these strategies to reduce the risk for sexual abuse/violence/harassment towards persons with disabilities include:
 - Ensure access to communication methods (e.g., phone).
 - Allow children and young people with disabilities and caregivers/parents/teachers/other agencies to have access to basic information on sexual violence, personal safety, and personal boundaries.
 - Reduce isolation of the person with a disability by including them in community programs.
 - Create an individualized safety plan for the person with a disability.
 - Engage the person with a disability by giving them the means to identify and protect themselves from sexual abuse.

BUILDING BLOCK 1

ACTIVITY 4

preventing sexual harassment, violence and abuse



SPECIFIC NOTES & TIPS

TRAINERS OF FACILITATORS



- Remember that the solution to prevent sexual violence is not in isolating young women and forbidding them to move around. It is in creating healthy spaces for young women and men to express themselves and treat each other with respect. Note that sexual violence is never the survivor's fault.
- It is the responsibility of the whole community, and especially possible perpetrators, to prevent rape or sexual assault and create a safe environment.

FACILITATORS OF PARENTS



- Besides the tips mentioned above, it is important to stress to parents that they can support their children in preventing violence, abuse and harassment by telling their children the following:
 - Teach your children that their body is theirs and that you can always say no to touching, hugging, kissing, etc. when you do not feel comfortable.
 - Teach your children that their body parts must be taken care of.
 - Teach your children that they need to trust someone in case of expected abuse and that they need to find help or express their concerns to a family member (parent or else) or people that they trust.
 - Additionally, use information from **handout 6.7** to guide parents better in how to prevent abuse. Instead of presenting this information on a slide, ask them how they currently prevent abuse and add the missing bits after the exercise, or turn the handout into a quiz.

BUILDING BLOCK 1

ACTIVITY 4

preventing sexual harrassment, violence and abuse



SPECIFIC NOTES & TIPS

FACILITATORS OF TEACHERS



- Teachers may want to give prevention strategies to their students. Ask them first what strategies they would come up with themselves. Add to the list they came up with from ***handout 6.6***.
- Have teachers work on a list of organisations that can provide information and support in case one feels threatened or is already abused. Also consider child helplines and other accessible forms of support to reach out to for children with different types of disabilities.

PROFESSIONALS IN HEALTH CARE OR SOCIAL WORK



- Health care professionals may want to give prevention strategies to their clients. Ask them first what strategies they would come up with themselves. Add to the list they came up with from ***handout 6.6***.
- Have health care workers work on a list of organisations that can provide information and support in case one feels threatened or is already abused. Also consider child helplines and other accessible forms of support to reach out to for children with different types of disabilities.



RESPONDING TO ABUSE

INTRO

Even if we try very hard to keep children and young people with a disability safe from abuse and harassment, there will be cases where it happens. It is important to know as a trainer, but also to convey information to parents, teachers and health care professionals, how to adequately handle cases of abuse in addition to the child safeguarding and protection policies that are in place in for example schools.

OBJECTIVES

In this building block, participants will:

1. Be equipped on steps to be taken in the event of abuse and violence, including knowing how to support children and youth with a disability.
2. Receive practical guidance on steps to be taken in case of abuse and violence, especially sexual violence; and to identify barriers in accessing justice and to develop collective strategies to address barriers



RESPONDING TO ABUSE

TIME	TOOLS AND MATERIALS	ACTIVITIES
ACTIVITY 1		
 <p>45 min</p>	<p>Responding to abuse</p> <p>Materials:</p> <ul style="list-style-type: none"> • Make a list of credible local organisations that can provide different forms of support including psychological assistance, health care, and assistance with filing cases. Use <u>handout 6.8</u> 	 <p>Small group work, Plenary reflection and discussion</p>
ACTIVITY 2		
 <p>30 min</p>	<p>Talking to survivors of sexual abuse</p> <p>Materials:</p> <ul style="list-style-type: none"> • → <u>Handout 6.8</u> • Self-developed role play stories for situations between someone who is abused (and by whom) and a teacher/parent/health care provider/trainer 	 <p>Plenary reflection and discussion, Role play</p>

BUILDING BLOCK 2

ACTIVITY 1



Responding to abuse



INSTRUCTIONS

- Divide the participants in four small groups.
- Have the groups discuss the barriers that people with disabilities face in accessing justice after abuse - also consider barriers that lead to not reporting at all.
- Afterwards, have the groups discuss ways in which the different barriers can be reduced.
- Have the participants make a list of organisations they know of that people can reach out to for support when faced with gender-based violence and abuse. Many of these organizations work on accessibility and can support with providing accessibility services required at different stages of reporting, litigating, and accessing other support services. Use ***handout 6.8*** resource mapping for groups to make a mapping.

Responding to abuse



SPECIFIC NOTES & TIPS

TRAINERS OF FACILITATORS



- Make a list of credible local organisations that can provide different forms of support including psychological assistance, health care, and assistance with filing cases.
- Some of the barriers are as follows:

Children with disabilities might be very dependent for their daily care on the person that is abusing them. Other reasons why persons with a disability may not go to report at all can be: the low awareness of signs of abuse - they might not recognise it themselves. There are also assumptions that the reporting will lead to nothing, so they do not bother to report, or they fear retaliation by the perpetrator. Lastly, survivors of abuse can be afraid of losing respect from the community, might face stigma and isolation or have empathy for the perpetrator. If survivors decide to go to report, they face a number of potential barriers:
- **Institutional Barriers:** Very few legal interventions look at specific needs of persons with disabilities in filing cases or in taking forward legal procedures. For example, provisions for reasonable accommodations, such as sign language interpreters, special educators, and access to information in native language, are often not in place at police stations and in courts.
- **Infrastructural Barriers:** Many court buildings, offices of lawyers and other legal service providers including government legal aid offices, One-Stop Crisis Centres, Victim Support Centres as well as police stations are not physically accessible for people with disabilities. Unfortunately, the same goes for transport systems. Further, hospitals services for testing, including DNA testing, are not accessible. >>

Responding to abuse



- **Attitudinal Barriers:** The attitude of officials and other actors within the justice system is often not disability-friendly. Similarly, even within local mediation systems, negative attitudes towards persons with disabilities persist.
 - **Lack of Coordination:** There is lack of coordination among relevant actors within the justice system, such as police stations, hospitals, crisis centres and other staff working on the ground.
 - **Lack of Information and Awareness:** There is lack of awareness regarding existing legal provisions, legal aid service among women with disabilities, particularly for women with disabilities living in rural areas, and indigenous women with disabilities.
 - **Rural Power Structures:** Rural power structures influence access to justice of people with disabilities. For example, dominant groups in local areas have influence over community level mediations and create barriers in accessing justice.
- In addition, marginalised women and girls with disabilities may encounter further barriers in the form of biased attitude of police officers and judiciary based on their caste, ethnicity, gender identity, particular forms of disability (such as psychosocial disability and intellectual disability), which draw on very harmful misconceptions of sexual promiscuity. These groups are also more likely to face violence from police officials when trying to report violence and in a large number of cases, their reports of violence are not registered by police.
- Given the large extent of these barriers, it is important invite speakers from local OPDs who can share good practices on reducing/overcoming barriers in access to justice and highlight some strategies that can be used by women and girls with disabilities.

BUILDING BLOCK 2

ACTIVITY 1

Responding to abuse



SPECIFIC NOTES & TIPS

FACILITATORS OF PARENTS



- Ask 2 - 3 volunteers to share the incidents of sexual violence they have (possibly) come across in their lives or those of their children, how did they know that they were dealing with sexual violence, what type of sexual violence this was, how they have dealt (or not) with these cases and the challenges they encountered, what they would possibly do different next time? How did the child/survivor feel now?

FACILITATORS OF TEACHERS



- Ask 2 - 3 volunteers to share the incidents of sexual violence they have (possibly) come across with students, how did they identify these cases, what type of sexual violence this was, how they have dealt (or not) with these cases and the challenges they encountered, what they would possibly do different next time? How did the student/child/survivor feel now?

BUILDING BLOCK 2

ACTIVITY 1

PROFESSIONALS IN HEALTH CARE OR SOCIAL WORK



Responding to abuse



SPECIFIC NOTES & TIPS

- Ask 2 - 3 volunteers to share the incidents of sexual violence they have (possibly) come across with clients, how did they identify these cases, what type of sexual violence this was, how they have dealt (or not) with these cases and the challenges they encountered. Also ask what they would possibly do differently next time? How did the student/child/survivor feel now?

BUILDING BLOCK 2

ACTIVITY 2



Talking to survivors of sexual abuse



INSTRUCTIONS

- Talking to someone who experienced (forms of) sexual abuse, can be difficult. It is important to practice what you say and do not say.
- Before moving to the handout, ask the room to come up with communication strategies of how they would discuss the abusive situation with a person with a disability, or a parent, teacher or health care provider that come mention suspected abuse.
- After jointly drawing up a list of strategies, present the strategies from **handout 6.9** talking to survivors of sexual abuse. This can be done by handing out the handout or by providing a PowerPoint presentation.
- Ask the participants if they can give examples by the tips and strategies.
- Next, divide the group in pairs. Have every pair do a role play. Each pair can decide themselves whether they want to make up the scenario themselves and what the scenario will be. It is about practicing the strategies and learning how to advice others to implement these strategies.
- Have the group practice different scenarios, and switch roles every 10 minutes.
- Reflect and report back on how it went. Which strategies did you learn and practice most, did you discover ways you felt safe or did you hear things that made you feel uncomfortable in the role play? Are there extra tips and strategies to be added to the list?

BUILDING BLOCK 2

ACTIVITY 2

Talking to survivors of sexual abuse



SPECIFIC NOTES & TIPS

TRAINERS OF FACILITATORS



- In preparation of this session, you can work on different scenarios for the role play yourselves. Make different ones. Differences in the scenarios can be in:
 - Relationship of the perpetrator to the child
 - Type and significance of abuse
 - The person that is considered safe: trainer/employee of organisation, parent, teacher, health care provider, etc.
- Discuss as key takeaways also other ways in which the survivors of abuse need support, such as:
 - The need to keep the information confidential
 - The need to accompany the survivor in going to the police or support organisations
 - The need for establishing good relations with support and legal organisations beforehand so that help can be asked immediately if something occurs. Something that will help with this is the risk mapping as mentioned in the preparation manual and the refer tool earlier in this chapter.

FACILITATORS OF PARENTS



- Focus on the role parents have in supporting their children with a disability after abuse and what steps they can take in following up.

BUILDING BLOCK 2

ACTIVITY 2

Talking to survivors of sexual abuse



SPECIFIC NOTES & TIPS

FACILITATORS OF TEACHERS



- Focus on the role teachers have in supporting their students with a disability after abuse and what steps they can take in following up.
- Use the ***Empowerment through advocacy wheel*** in defining next steps.

PROFESSIONALS IN HEALTH CARE OR SOCIAL WORK



- Focus on the role professionals in health care have in supporting their clients with a disability after abuse and what steps they can take in following up.
- Use the ***Empowerment through advocacy wheel*** in defining next steps.



CHAPTER 7

SKILLS DEVELOPMENT

SKILLS DEVELOPMENT

BUILDING BLOCK 1

Total communication



BUILDING BLOCK 2

**Characteristics of a good
sexuality educator**



BUILDING BLOCK 3

**Communication about
sexual health issues**



BUILDING BLOCK 4

**Developing accessible
information, education and
communication materials**



This chapter consists of four building blocks of an hour or more. Throughout this chapter, you will learn the skills needed in order to communicate about sexual and reproductive health and rights following a disability inclusive and human rights-based approach. Throughout this chapter you'll learn to develop yourself into a counsellor and sexual health educator, regardless of what your role or relationship is to young people with a disability.





TOTAL COMMUNICATION

INTRO

Like all young people, (young) people with a disability have sexual and reproductive health and needs. These are similar to (young) people without a disability. However, (young) people with a disability, might need another approach to explain SRHR issues as they can face specific developmental challenges regarding sexuality and reproduction. During this session, participants will learn about, and gain skills needed to communicate in a rights-based and comprehensive way with children and young people with a disability.

OBJECTIVES

After the session participants will be able to:

1. Explain what total communication entails and the importance of using effective total communication for SRH education for people with disabilities
2. Apply total communication skills: active listening techniques, body language, open-ended questions and praise, use of supportive communication tools when communicating with people with disabilities on SRH



TOTAL COMMUNICATION

TIME	TOOLS AND MATERIALS	ACTIVITIES
ACTIVITY 1		
 <p>25 min</p>	<p>Defining total communication</p> <ul style="list-style-type: none"> The following website for the definitions of total communication and examples. The following video on total communication: → https://www.youtube.com/watch?v=DBWIOOVS0e0 <p>Optional for parents</p> <ul style="list-style-type: none"> Find a video of a parent applying total communication to a child with a disability 	  <p>Plenary Presentation, Plenary reflection & discussion</p>
ACTIVITY 2		
 <p>25 min</p>	<p>Applying total communication</p> <ul style="list-style-type: none"> → Handout 7.1 of the communication needs and strategies to apply for: <ul style="list-style-type: none"> People with a visual impairment People with a speech impairment People who are deaf or hard of hearing People with a physical impairment People with an intellectual impairment People with learning disabilities People with psychosocial disabilities <p>Materials for parents</p> <ul style="list-style-type: none"> → Handout 7.2 with the written out scenarios Post-its to gather real-life scenarios from the participants 	  <p>Small group activity, Role Play</p>



TOTAL COMMUNICATION

TIME	TOOLS AND MATERIALS	ACTIVITIES
ACTIVITY 2		
	<p>Materials for teachers</p> <ul style="list-style-type: none"> • → Handout 7.3 with the written out scenarios • Post-its to gather real-life scenarios from the participants <p>Materials for health care professionals</p> <ul style="list-style-type: none"> • → Handout 7.4 with the written out scenarios • Post-its to gather real-life scenarios from the participants 	<p>Small group activity, Role Play</p>

BUILDING BLOCK 1

ACTIVITY 1



Defining total communication



INSTRUCTIONS

- Ask participants to read the materials on total communication and/or watch the video with them.
- Ask a volunteer in the room to explain to the other participants what total communication is and what the key characteristics are of total communication.
- Provide, via a power point presentation, the definition, key characteristics and the importance of total communication.
- Collect challenges from the room that they think parents, teachers, and professionals in health care and social work face when communicating with children and youth with a disability. These challenges can be collected plenary, when asking people to speak up. Write them down on a sheet of paper. Another way to gather these is to ask people to write them down on post its, stick them to a paper, group them and discuss them plenary.

BUILDING BLOCK 1

ACTIVITY 1

Defining total communication



SPECIFIC NOTES & TIPS

TRAINERS OF FACILITATORS



- Base this information for the presentation on the following **handout** on the website.

FACILITATORS OF PARENTS



- Try to find a video where total communication is applied by a parent to a child with a disability to make it more appealing and closer to their own experiences. Otherwise, it is also possible to explain the concept via a role play or interactive quiz.
- Additionally, instead of focussing on explaining the definition and key characteristics, have parents reflect upon elements of total communication that they currently apply at home with their children, and/or what they perceive as challenging in communicating with their children with a disability.

BUILDING BLOCK 1

ACTIVITY 1

Defining total communication



SPECIFIC NOTES & TIPS

FACILITATORS OF TEACHERS



- After showing the video and the presentation with key concepts, as developed above, ask teachers to reflect on how they currently use (or do not use) total communication methods in the classroom. Ask them to give examples of how they apply total communication.
- Afterwards, ask the teachers to share the challenges they experience in communicating with children and young people with a disability. Gather these challenges. These challenges can be about general communication in the classroom, but you can also ask for challenges experienced in discussing sexual and reproductive health and rights.
- When discussing challenges, gather from the group solutions to these challenges by asking the question how and which manners of total communication could help in solving the challenges experienced.

PROFESSIONALS IN HEALTH CARE OR SOCIAL WORK



- After showing the video and the presentation with key concepts, as developed above, ask the health care professionals to reflect on how they currently use (or do not use) total communication methods when providing services to children and young people with a disability. If available, ask them to give examples of how they apply total communication.
- Afterwards, ask the participants to share the challenges they experience in communicating with children and young people with a disability. Gather these challenges.
- When discussing challenges, gather from the group solutions to these challenges by asking the question how and which manners of total communication could help in solving the challenges experienced.

BUILDING BLOCK 1

ACTIVITY 2



Applying total communication



INSTRUCTIONS

- Start the activity with an icebreaker to enhance the feeling that the training is a safe space.
- Divide the group in groups of three.
- Provide everyone with ***handout 7.1*** on communication needs of persons with disabilities.
- Ask one person, a volunteer, in each group to select three points from the handout (i.e. talking slowly, giving examples, using pictures, etc). This person should not share with the other group members what they have selected.
- Ask the group to provide information about a topic related to sexual and reproductive health and rights (contraceptives, interpersonal relationships, etc) while applying the three aspects selected from the handout. They have three minutes to do so.
- After three minutes, the volunteer can tell the rest of the group which points were implemented. The group then give feedback by focussing on tops (what went well) and tips (what could be improved).
- Repeat the above three steps till everyone practiced total communication skills. Ask the group to pick new points from the handout every round.

BUILDING BLOCK 1

ACTIVITY 2



TRAINERS OF FACILITATORS



Applying total communication



DEBRIEF

- Ask the participants to summarize the session by asking them what key points they learned.
- Ask them to write down for themselves one behaviour in their communication they want to change or strengthen after this training and have them explain how they will do this.

SPECIFIC NOTES & TIPS

- If possible, try to arrange people with disabilities to be present in the session so participants can practice in real life. Also note that, for these people with a disability, scenarios and events can be triggering based on previous unpleasant experiences. Therefore, be mindful when including people with a disability in your training as resource persons.
- Provide the group with the following key messages if they did not come up during the debrief.
 - Children and young people with a disability each have different communication needs, apply the communication skills needed and suitable per disability.

BUILDING BLOCK 1

ACTIVITY 2

FACILITATORS OF PARENTS



Applying total communication



SPECIFIC NOTES & TIPS

- Divide the group in pairs. One is the child or young person with a disability, the other plays the parent.
- Provide parents with the handout that matches the disability of their children.
- Let the pairs have one of the following conversations with each other. Tell them, in doing so, that they must apply three aspects from ***handout 7.1***. The cases to discuss can either come from ***handout 7.2*** or have them select scenarios themselves.
- After five minutes, the professional in the role play can tell the other which points were implemented. The group then gives feedback by focussing on tops (what went well) and tips (what could be improved).
- Switch roles.
- Debrief according to the questions above.

BUILDING BLOCK 1

ACTIVITY 2

FACILITATORS OF TEACHERS



Applying total communication



SPECIFIC NOTES & TIPS

- Divide the group in pairs. One is the child or young person with a disability, the other plays the teacher.
- Provide everyone with a handout on communication needs of persons with disabilities.
- Each group gets one of the following role play scenarios. Tell them, in doing so, that they must apply three aspects from ***handout 7.1***. The cases to discuss can either come from ***handout 7.3*** or have them select scenarios themselves.
- Let the pairs have one of the above conversations. Tell them, in doing so, that they must apply three aspects from the handout. You can either hand out the scenarios random, or have them select one themselves from a list.
- After five minutes, the professional in the role play can tell the other which points were implemented. The group then gives feedback by focussing on tops (what went well) and tips (what could be improved).
- Switch roles.
- Debrief according to the questions above.

BUILDING BLOCK 1

ACTIVITY 2

PROFESSIONALS IN HEALTH CARE OR SOCIAL WORK

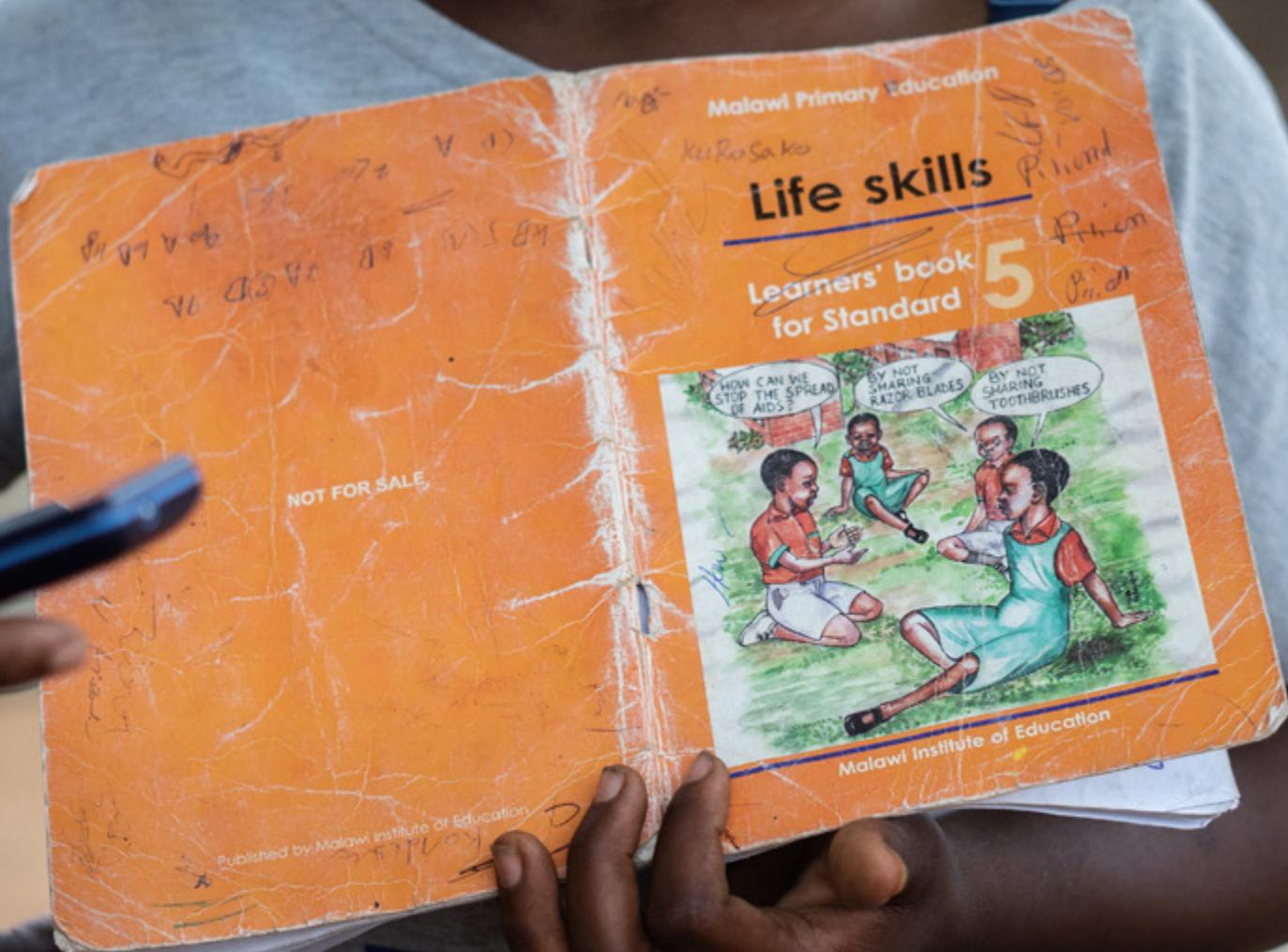


Applying total communication



SPECIFIC NOTES & TIPS

- Divide the group in pairs. One is the child or young person with a disability, the other plays the health care professional.
- Provide everyone with a handout on communication needs of persons with disabilities.
- Each group gets one of the following role play scenarios. Tell them, in doing so, that they must apply three aspects from ***handout 7.1***. The cases to discuss can either come from ***handout 7.4*** or have them select scenarios themselves.
- After five minutes, the professional in the role play can tell the other which points were implemented. The group then gives feedback by focussing on tips (what went well) and tips (what could be improved).
- Switch roles.
- Debrief according to the questions above.





CHARACTERISTICS OF A GOOD SEXUALITY EDUCATOR

INTRO

does not really matter what you are to a person with a disability, whether it is a Master Trainer that is mostly involved with training health care providers, teachers and parents, whether you're a peer-educator providing sexuality education to your peers or whether you are a parent, health care provider or parents: somewhere in your lives and roles you're gonna have to talk about sexuality education or answer questions of young people with disabilities and those around them about their sexuality and sexual development. In order to do so, it is important to develop some knowledge, attitudes and practices in how to discuss this matter.



CHARACTERISTICS OF A GOOD SEXUALITY EDUCATOR

OBJECTIVES

After this session, participants will:

1. Know about the important characteristics of a good sexuality educator
2. Become aware of their own competences as a sexuality educator
3. Understand the difference in teaching and facilitating
4. Know the difference between facts and opinions
5. Participants know how to give a message to young people about controversial/sensitive issues including facts



CHARACTERISTICS OF A GOOD SEXUALITY EDUCATOR

TIME	TOOLS AND MATERIALS	ACTIVITIES
ACTIVITY 1		
 <p>90 min</p>	<p>Defining characteristics</p> <ul style="list-style-type: none"> → <i>Handout 7.5 characteristics of a sexuality educator</i> 3 flipcharts: knowledge, attitude, practice Post its or other sticky cards that can be put on the flipcharts 	 <p>Small group activity, Plenary Presentation by participants</p>
ACTIVITY 2		
 <p>45 min</p>	<p>Facts and opinions</p> <ul style="list-style-type: none"> Flipchart Markers → <i>Handout 7.6 - facts and opinions</i> <p>Optional for teachers</p> <ul style="list-style-type: none"> Create a handout with myths about persons with a disability and their sexuality from the perspective of teachers or fellow students <p>Optional for healthcare professionals</p> <ul style="list-style-type: none"> Create a handout with myths about persons with a disability and their sexuality from the perspective of health care providers <p>Optional for parents</p> <ul style="list-style-type: none"> Create a handout with myths about persons with a disability and their sexuality from the perspective of parents, the community and the family 	 <p>Plenary presentation, Plenary reflection & discussion</p>



CHARACTERISTICS OF A GOOD SEXUALITY EDUCATOR

TIME	TOOLS AND MATERIALS	ACTIVITIES
ACTIVITY 3		
 <p>180 min</p>	<p>Controversial issues</p> <ul style="list-style-type: none"> • Flipchart • Markers • Sticky notes 	 <p>Plenary presentation, Small group activity, Plenary reflection & discussion</p>
ACTIVITY 4		
 <p>45 min</p>	<p>Messages and communication to young people about controversial messages</p> <p>Facts and opinions</p> <ul style="list-style-type: none"> • Pens • Paper 	 <p>Small group activity, Plenary presentation by groups</p>

BUILDING BLOCK 2

ACTIVITY 1



Defining characteristics



INSTRUCTIONS

- > Divide the group in three groups matching the three following categories: skills, attitudes, practices.
- > Give every group one big paper and ask them to write down essential elements they need to know, or do, in the category assigned to them.
- > After 20 minutes of brainstorming in the groups, hang the papers on the sticky wall and discuss the papers. Add the essential elements they missed from the list below.
- > After the discussion, let all the participants walk around the lists in the room and write on a piece of paper two characteristics they think they miss and want to improve during this training.
- > If time allows, ask a few participants to share their characteristics and ask them why they choose it. Additionally, you can ask how people can help in getting better at this characteristic.
- > Give the participants the ***handout 7.5*** that lists characteristics of a CSE/Body Talk facilitator. Give them time to read it and discuss in small groups if they miss some.
- > **Together the small groups should present in plenary the characteristics that they would add to the list.**
- > **Ask participants individually to check the list again and list 3 characteristics that they already have and 3 that they need to develop more. These are their individual learning objectives for the training.**

Defining characteristics



SPECIFIC NOTES & TIPS

TRAINERS OF FACILITATORS



- If the participants missed certain elements, Examples of characteristics that can be mentioned under the three categories are:
 - Knowledge: bio/psychological development of children, different aspects of sexuality, to know about body differences and body changes, reproduction, contraception and sexual health, how to build an (intimate) friendship relationship, about gender and sex, sexuality from a religious perspective, knowledge about the referral system.
 - Law and rights: the laws on sexual abuse, disability rights and consent, the right to sexual education, national and international laws.
 - Attitudes: positive attitude towards sexuality, positive attitude towards young people, acceptance of children's attitudes and behaviours, respect, open mind, critical thinking, awareness of own values and attitudes, non- judgmental, trustable, honest, confident, willingness to learn new things, empathetic, culturally aware and sensitive.
 - Skills: can use different methods: games, songs, etc, can cope with sudden things that happen, can communicate about sexuality, knows how to use the right language, knows how to deal with and identify cases of sexual abuse.
 - Characteristics: observer, analyzer, motivator, ability to have a positive attitude towards sexuality, reflector, emotionally intelligent.

BUILDING BLOCK 2

ACTIVITY 1

FACILITATORS OF PARENTS



Defining characteristics



SPECIFIC NOTES & TIPS

- Having access to information about sexuality is a right of young persons with disabilities. Before going into the skills they think are needed, clearly explain the important role parents have to play in providing access to that right and in providing sexuality education to their children, including children and youth with a disability. Parents can play a pivotal role in imparting accurate information and values to their children in a developmentally appropriate manner. Such communication can greatly improve their child's potential for making healthy decisions about sexuality. Therefore, it is important that parents understand the rationale for sexuality education and utilize many avenues of communication to reach children and adolescents.
- Reflect with parents also on the role of others in providing sexuality education - who else is co-responsible for providing them with skills to make informed-decisions? Which skills should these people have? Reflect on the skills, attitudes and practices above.

BUILDING BLOCK 2

ACTIVITY 1

Defining characteristics



SPECIFIC NOTES & TIPS

FACILITATORS OF TEACHERS



- Having access to information about sexuality is a right of young persons with disabilities. Teachers are role models and credible sources of information for students and their families, which means they have a big role to play. It is therefore important to be more comfortable with communicating about SRHR, what you need to know about notifying parents, and how to better understand your values.
- Reflect with teachers also on the role of others in providing sexuality education - who else is co-responsible for providing children and youth with a disability with skills to make informed-decisions? Which skills should these people have? Reflect on the skills, attitudes and practices above.

PROFESSIONALS IN HEALTH CARE OR SOCIAL WORK



- Having access to information about sexuality and having access to good care are rights of young persons with disabilities. Sexuality is considered an important aspect of holistic care, but research has shown that it is often not considered, as it should be, in health services. Addressing clients' sexuality requires a multidisciplinary approach and is not the responsibility of a single professional, meaning that it needs good collaboration between various stakeholders, such as teachers, parents and community leaders. Health care professionals therefore require education in the area of sexuality, regardless of their discipline.
- Reflect with health care providers also on the role of others in providing sexuality education - who else is co-responsible for providing children and youth with a disability with skills to make informed decisions? Which skills should these people have? Reflect on the skills, attitudes and practices above.



Facts & Opinions



INSTRUCTIONS

- > If young persons with disabilities are able to distinguish between facts and opinions, they are able to become critical citizens. The objective of this session is therefore to teach young persons with disabilities how to differentiate between facts and opinions. A critical citizen is the foundation of an independent future, for them personally and for the society.
- > Introduce the topic by explaining that when young people with disabilities are taught about sexuality, it is important to tell them as much information as possible. However, this information needs to be correct and fact-based. When discussing or teaching sensitive topics like the topic of 'sexuality' or 'sexual health' some people tend to use their opinions as if they are facts.
- > Before practicing **how** we can communicate with persons with disabilities, we will practice with separating opinions from facts. To help and guide young people to develop their own opinions and to support them in developing skills to make responsible decisions related to their SRH, we, educators and adults, have the important task to give them the correct information. They can use these facts to build on their own opinions. Opinions which are based on true and correct facts are stronger and more powerful.
- > What exactly is the difference between facts and opinions? Let's talk about that now....'
- > Write down on a flipchart paper in 2 columns FACT and OPINION. >>



Facts & Opinions



- Ask the participants to mention some characteristics of facts and write them down on the paper. At least the following characteristics must be mentioned:
 - Based on evidence.
 - Proved to be true and can be supported by evidence.
 - The evidence must be reliable and repeatable (with the same outcomes).
 - Cannot be discussed.
 - Maybe you do not agree with it, but you have to accept it (agree to disagree).

- Now ask the participants what the characteristics are of an opinion. Write them down in the second column. At least the following characteristics must be mentioned:
 - Opinion is a personal view or belief.
 - Is subjective.
 - Sometimes based on (true) evidence, but not always.
 - Sometimes based on morals, norms or a religion.
 - Opinion can be discussed.
 - People do not have to agree with an opinion, and they do not have to accept it but let's respect other opinions (as long as they do not violate human rights).

- To show the difference between facts and opinions by using ***handout 7.6***. Give some examples:
 - The world is flat. Is this a fact or an opinion?
 - Biologically men and women are different. Is this a fact or opinion?
 - Men are better creatures in this society. Fact or opinion?

- Conclude with emphasizing the importance of giving correct facts to Young People, especially when the information is related to SRH.

BUILDING BLOCK 2

ACTIVITY 2

Facts & Opinions



SPECIFIC NOTES & TIPS

TRAINERS OF FACILITATORS



- It is important that all the strategies are well-understood by the participants. Check, with every strategy that is discussed, if this is the case. This can be done, for example, by asking the participants for examples on how they can apply/did apply this in a situation.
- Together with the facilitators collect some websites and a social map of institutions where they and/or participants of their Body Talk workshops can go to for factual information about sexual reproductive health.

FACILITATORS OF PARENTS



- Discuss with parents facts and opinions based on the myths they hear or have themselves about the sexual development of their children with young people with disabilities. Are these facts or opinions? How can these myths be matched with facts?

BUILDING BLOCK 2

ACTIVITY 2

Facts & Opinions



SPECIFIC NOTES & TIPS

FACILITATORS OF TEACHERS



- Discuss with teachers facts and opinions based on the myths they hear or have themselves about the sexual development of their students with young people with disabilities. Are these facts or opinions? How can these myths be matched with facts? How do they handle countering opinions in the classroom?

PROFESSIONALS IN HEALTH CARE OR SOCIAL WORK



- Discuss with teachers facts and opinions based on the myths they hear or have themselves about the sexual development of their patients that are young people with disabilities. Are these facts or opinions? How can these myths be matched with facts?



Controversial issues



INTRO

After discussing and the explanation of Facts and Opinions, let's apply this to some sensitive SRH issues. Because especially with these sensitive issues, people tend to use more opinions than facts and tend to use their opinions as if they are facts.

INSTRUCTIONS

- Make a list of sensitive issues that are truly controversial. Write them on a flipchart.
- Be aware that sometimes participants will mention issues like 'sexual violence'. This may be a sensitive issue but is certainly not controversial in this group (or should not be). We assume all participants have the same view or opinion about this issue.
- The following issues must be mentioned at least:
 - Sexuality education as a task for parents only
 - Pre-marital sex
 - Homosexuality
 - Masturbation
 - Virginity
 - Extra-marital sex
 - Pornography
 - Prostitution, including issues of sharing of photos/videos with sexual content with a peer/aquaintance; issues of child online sexual abuse that involve grooming >>



Controversial issues



- Make a choice as facilitator of 4 (maximum 5) issues.
- Divide the participants in 4 (or 5) groups. Each group will discuss one of the sensitive issues.
- Tell the groups to discuss their topic in the following way:
 - List as many facts you know about this particular issue and write them on a big paper
 - Discuss your personal opinions and write them down anonymously.
- When all the groups are ready, they will present their papers.
- When they present the facts, make them aware if these are facts or not and if these are correct facts.
- Encourage them to give more facts. If nobody knows, the facilitator gives them a guideline of what kind of facts. A fact can be about:
 - Definition: What is it?
 - Demographic data: it exist (percentages)
 - Reason why: why do people do it?
 - (Dis)advantages
 - Legal aspects
 - Consequences for health
 - Relation with human rights
 - Consequences on disability discrimination >>

BUILDING BLOCK 2

ACTIVITY 3



Controversial issues



- When discussing the personal opinions, don't give any comment. Just notice the opinions. They cannot be discussed because they are opinions. Sometimes participants give extreme or negative personal opinions which are completely contradictory to what they say in the facts. This can be discussed with the participants.
- Be aware that this exercise takes at least half a day. In this exercise the facilitator has to know many correct facts and information. In this activity, the participants learn many new facts. It takes time and requires them to reflection.

BUILDING BLOCK 2

ACTIVITY 3

TRAINERS OF FACILITATORS



Controversial issues



SPECIFIC NOTES & TIPS

- **The facilitator must be aware that some participants can come with 'evidence' which is opposite the truth. Be careful with this and do not immediately dispel this kind of information. But offer the participants to have a look at it and get back to it later.**
- In some contexts, 'sexuality education as a task for parents only' might be a sensitive issue. Parents may not want teachers or health care workers to provide CSE to their child as they prefer to do this themselves. The facilitator should think about arguments (and facts) to convince that there are also benefits of CSE by teachers in class or health care professionals elsewhere. It is very important to mention that school staff, teachers and health care providers should always explain parents what they will tell and why. It can help to look for shared interest: a healthy, safe and positive, age-appropriate sexual development of their child.



Messages to young people about controversial/sensitive issues



INTRO

'Based on the previous exercise on sensitive and controversial issues, what kind of messages would you give about these issues to young people with a disability? Remember it is important to give as many fact and correct information as possible and avoid to give opinions as if they are facts.'

INSTRUCTIONS

- The same groups as in the last exercise will now formulate a message about their particular topic, keeping in mind that they have to stick to facts and have to avoid opinions.
- When they present their messages (which can be formulated in several sentences), the facilitator will give and check on the following guidelines/principles:
 - Are these facts (see guidelines in the previous activity) or opinions?
 - Is the message non-judgemental?
 - Is it non-fear-based?
 - Is it positive/motivating?
 - There should be a balance between +/- (facts)
 - Who is the target audience?
 - Is the message clear and understandable?





COMMUNICATION ABOUT SEXUAL HEALTH ISSUES

INTRO

This building block focusses on the specific communication skills that you need in discussing issues around sexuality that might sometimes be controversial with young people, or their environment. If you want more information on how to adjust that communication to be more disability inclusive, please go to building block 1.

OBJECTIVES

1. To learn several communication strategies to facilitate communication on sexual health issues in group and in individual settings
2. To practise different strategies that can be used to make oneself and clients feel at ease when communicating on personal topics such as sexual health issues
3. To discover which strategies fit best with one's personal and professional communication style
4. To experience how to handle difficult professional situations regarding communication about sexuality
5. To get more confident in openly communicating sexuality
6. To get aware of differences in individual views on sexuality



COMMUNICATION ABOUT SEXUAL HEALTH ISSUES

TIME	TOOLS AND MATERIALS	ACTIVITIES
ACTIVITY 1		
 <p>30 min</p>	<p>General strategies for safe and pleasant communication</p> <ul style="list-style-type: none"> • → Handout 7.7 with general strategies • Flipchart and markers <p>Optional for healthcare professionals:</p> <ul style="list-style-type: none"> • Handout 7.8 and 7.9 to apply counselling and communication from a health care perspective to clients with disabilities 	 <p>Plenary reflection & discussion, Small Group Activity</p>
ACTIVITY 2		
 <p>30 min</p>	<p>Identifying personal challenges</p> <ul style="list-style-type: none"> • Sticky notes • Markers • Flipchart 	 <p>Small Group Activity, Plenary reflection & discussion (e.g. statements to discuss about)</p>



COMMUNICATION ABOUT SEXUAL HEALTH ISSUES

TIME	TOOLS AND MATERIALS	ACTIVITIES
ACTIVITY 3		
	Role play <ul style="list-style-type: none">• Prepare context for the role play cases, including secret messages - see instruction.	 <p>Role Play (different situations based upon cases from participants)</p>



General strategies for safe and pleasant communication



INSTRUCTIONS

- Ask the group what strategies they use in their communication to make the conversations pleasant and give their talking partner the idea that it is a safe space to talk.
- Gather these ideas on a flipchart.
- Ask the participants in the group whether they can give an example of when they used that strategy.
- Share ***handout 7.6*** with the general strategies.
- Ask participants to read the handout. In small groups they should share questions about these or different suggestions. In each group one of the participants writes these down.
- After 10 minutes ask each group to present their questions and/or suggestions. If they have questions about a strategy, ask other participants if they could answer these. If no one can, the trainer will do so.

BUILDING BLOCK 3

ACTIVITY 1

General strategies for safe and pleasant communication



SPECIFIC NOTES & TIPS

TRAINERS OF FACILITATORS



- It is important that all the strategies are well-understood by the participants. Check, with every strategy that is discussed, if this is the case. This can be done, for example, by asking the participants for examples on how they can apply/did apply this in a situation.

FACILITATORS OF PARENTS



- Instead of the general strategies, go directly to the personal strategies. What do parents do, for example, to make their children and youth with a disability feel safe and heard when communicating with them? And which strategies do they use to get the information they need to understand the situation better? Are there things from the list above that they could practice with, or want to practice with?
- Do a role play, putting in practice those skills they want to learn.
- **In this session, all participants have thought about and considered strategies for communication on sexuality, respecting privacy and personal boundaries.**

BUILDING BLOCK 3

ACTIVITY 1

General strategies for safe and pleasant communication



SPECIFIC NOTES & TIPS

FACILITATORS OF TEACHERS



- With teachers, you can discuss both the general strategies, but it is also worth it to reflect upon their behaviour. How do they, for example, make children and youth with a disability feel safe and heard when communicating with them? And which strategies do they use to get the information they need to understand the situation better? Are there things from the list above that they could practice with, or want to practice with?
- Do a role play, putting in practice those skills they want to learn?
- **In this session, all participants have thought about and considered strategies for communication on sexuality, respecting privacy and personal boundaries.**

PROFESSIONALS IN HEALTH CARE OR SOCIAL WORK



- Focus with professionals in health care or social work specifically on client centered counselling. Potential exercises:
 - Ask questions about what the participants have read about client-centred counseling. Provide the definition, key characteristics and the importance of client-centered counselling.*
 - Share **Handout 7.8** and **7.9** on counselling and health care - client communication. Provide in-depth information on steps in counselling and what are key principles in counselling.
 - Have them reflect on what steps can be improved and they want to practice.
 - Do a role play, practicing the above skills.



Identifying personal challenges



INSTRUCTIONS

- > Hand out three post-it notes to each participant. Ask the participants to think about some topics, specific questions or situations that might be challenging for them to communicate about with the participants of their training. These are personal challenges for the participants. They should ideally come up with three situations.
- > If they cannot think of three situations, advise them to look back at their learning expectations filled out at the start of the training. These skills can also be practised in the role-plays that will be done in the next sessions.
- > When the participants have three challenges in mind they should write each of them on a different post-it note. This might be done anonymously.
- > As a facilitator, you group the challenges. In most trainings on communication about sexual health issues, the topics can be grouped in the following categories:
 1. **Knowledge questions** (e.g., 'what should I say if someone has the problem of premature ejaculation?').
 2. **Discussing positive issues** of sexuality, such as pleasure, desire and intimacy.
 3. How to **respond to personal questions** asked by the participant.
 4. Confrontation with stories or questions relating to **negative experiences** that the participants recognize, e.g., sexual violence, pain, fear and abortion.
 5. Issues concerning **religious beliefs and teachings**.
 6. **Sexual orientation** and related problems, e.g., attitude of relatives towards someone's homosexuality .
 7. **Combinations** of several categories; other issues. >>

BUILDING BLOCK 3

ACTIVITY 2



Identifying personal challenges



- Divide four flip-chart sheets in half by drawing a horizontal line on the middle of the sheet. Write down one of these categories in each half.
- Ask the participants to paste their post-its onto the sheets in the corresponding category.
- After this is done, read aloud all challenges in each category and, if possible, link them to each other.
- At the end, select a minimum of two categories that contain most post-its as the broad themes for the role-plays.

BUILDING BLOCK 3

ACTIVITY 2

TRAINERS OF FACILITATORS



Identifying personal challenges



SPECIFIC NOTES & TIPS

- After this is done, read aloud all challenges in each category and, if possible, link them to each other. At the end, select a minimum of two categories that contain most post-its as the broad themes for the role-plays.
- If the participants would like to practise challenges from more than two categories, encourage them to think of a situation in which these can be combined. For example, a professional consult on abortion can be linked to 1) a negative abortion experience of the professional and 2) religious-based guilt feelings about the unwanted pregnancy of the client (linking categories 4, 5 and 6).

BUILDING BLOCK 3

ACTIVITY 3



Performance of roleplay



INSTRUCTIONS

- Role-playing is a method that has been shown to be effective in training, through practising newly learned behaviour. Role-playing is specifically interesting when counselling, meaning that you are thinking together about how to tackle something and then trying it out. The trainer should try to 'sit on his hands' as much as possible and get young people to think and try things out for themselves. Scientific evaluations among young people, show that they find role-playing often an enjoyable part of the programme.
- Ask the participants to join one of four groups which will perform a role-play in the next training session. If necessary, assist the groups in suggesting some difficult situations.
- After the groups have been formed, the members should decide whether they want to develop the role of parent, teacher or health care professional (the participants of their Body Talk presentation or that of the Body Talk Facilitator(s)). After the members have agreed on this division and the theme/situation to be played, each group will split in two to prepare for the role-play separately.
- Make two roles per theme: Body Talk Facilitator and participant. For possible themes and roles, think about themes that are relevant for your context. In the role description of participant, there will be a secret message/assignment, which is not known by the facilitator nor the other participants. For example, the facilitator knows that the participant asks about whether or not masturbation is healthy. However, in the role description of the participant it is mentioned that they have seen a young person with a disability masturbating in the living/classroom or outside in a public space. And the second question is then how to prevent that a young person with a disability will do this. This is done to challenge the facilitator's communication and other skills. >>

BUILDING BLOCK 3

ACTIVITY 3



Performance of roleplay



- When the groups have decided who will perform the roleplay, bring together the participants separately and give them their specific role description, including the secret instructions. Tell them to think about strategies to surprise the facilitator. For this purpose they can use the information in their role description - inform them that it contains some extra details that are not given in the role description of the professional(s). If they rather come up with another surprising twist of the story, they are free to bring it up.
- Instruct the participants to prepare their roles separately, with one or more group members. These are allowed to back up those playing the roles; if a participant needs assistance to continue his role, they can demand a time-out for instructions by the others. The other participants, who are not in the role-play, will observe the facilitators in the role play and give suggestions or comments after the players have asked their opinion on how they performed.
- Those participants preparing the role of facilitator will have to prepare the conversation, based on the (limited) information given in their role description. They need to think of what to do to make communication with the other person easier, using the strategies learned in this training.

BUILDING BLOCK 3

ACTIVITY 3

Performance of roleplay



SPECIFIC NOTES & TIPS

TRAINERS OF FACILITATORS



- To assist them in preparing for this, you can ask them which strategies they use at work to make (young) people feel comfortable and accepted when communicating about sexuality. If the participants have no practical experience, ask them to describe which communication strategies could be helpful in order to feel at ease talking about sexuality with a professional.
- Give the participants sufficient time to prepare the roleplay for the training session.

FACILITATORS OF PARENTS



- Explain and prepare the exercise as above, but make role plays specific between parents - their children. Potential situations:
 - First menstruation/wet dreams
 - First sexual intercourse
 - Wanting to know where babies come from
 - Their sexual orientation and diversity
 - *Any other scenarios you can think of as a facilitator or heard when working with parents*

BUILDING BLOCK 3

ACTIVITY 3

Performance of roleplay



SPECIFIC NOTES & TIPS

FACILITATORS OF TEACHERS



- Explain and prepare the exercise as above, but make role plays specific between teachers - children and youth with disabilities. Potential situations:
 - Their sexual orientation and diversity
 - Sexual abuse
 - Relationships with peers
 - *Any other scenarios you can think of as a facilitator or heard when working with teachers*

PROFESSIONALS IN HEALTH CARE OR SOCIAL WORK



- Explain and prepare the exercise as above, but make role plays specific between health care providers and their clients with a disability. Potential situations:
 - Unwanted pregnancy
 - First sexual intercourse
 - Homosexuality
 - Virginity
 - Sexual abuse
 - *Any other scenarios you can think of as a facilitator or heard when working with health care professionals*



DEVELOPING ACCESSIBLE INFORMATION, EDUCATION AND COMMUNICATION MATERIALS

INTRO

As stated before, children and young people with a disability do not necessarily need different information regarding their SRHR as their peers without a disability, however their needs in how to access that information is different. In this building block, participants become aware what needs to be adapted in information, education and communication materials in a way that they can be understood by persons with different types of disabilities.



DEVELOPING ACCESSIBLE INFORMATION, EDUCATION AND COMMUNICATION MATERIALS

TIME	TOOLS AND MATERIALS	ACTIVITIES
ACTIVITY 1		
 <p>20 min</p>	<p>Communication methods and their suitability</p> <ul style="list-style-type: none"> • Flipchart • Markers • For reflection on suitable methods and communication strategies, handout 7.1 can be used here too 	 <p>Plenary reflection & discussion (e.g. statements to discuss about)</p>
ACTIVITY 2		
 <p>30 min</p> <p>For just explaining and reflecting</p>	<p>Developing accessible communication materials</p> <ul style="list-style-type: none"> • Bring information, education and communication materials about SRHR available in your context <p>Optional for teachers:</p> <ul style="list-style-type: none"> • Have them bring their own materials from classrooms that are currently used to teach sexuality education to young people with and without disabilities <p>Optional for healthcare professionals:</p> <ul style="list-style-type: none"> • Have them bring the materials that they currently use within the health care centre to provide information about SRHR 	 <p>Small Group Activity</p>
 <p>60 min</p> <p>more for creating new materials</p>		



Communication methods their suitability



INSTRUCTIONS

- Ask the group what type of communication methods they know. Write them down on a flipchart as an inventory.

- Make four flipcharts with the following communication methods.
 - Audio
 - Visual
 - Signs and gestures
 - Printed materials

- Ask the participants for examples of the communication methods. Also ask them to reflect upon the suitability of the communication forms for the different types of disabilities.

- After a couple of minutes of inventory per communication method, add the following information to the flipchart. You can also present this on a PowerPoint slide.
 - Audio: e.g., spoken text, a song, announcements over a speaker, a story being told, etc. Ideal for persons with a visual impairment.
 - Visual: e.g., a film or movie, dolls, drawings, flags. Ideal for all groups, except for people with a visual impairment.
 - Signs and gestures: e.g., sign language, braille, body language, etc. Suitable as a supported method of communication for most disabilities.
 - Printed materials: e.g., posters, leaflets, pictures. Excludes persons with visual impairments and most suitable for people with intellectual disabilities. Keep messages short and simple and use illustrations.

BUILDING BLOCK 4

ACTIVITY 1

Communication methods their suitability



SPECIFIC NOTES & TIPS

TRAINERS OF FACILITATORS



- If the inventory includes (one of) the below communication methods, compliment the group for mentioning them. If they missed all of them and/or grouped them differently, reflect on how the things they did mention fall under one of the four above mentioned communication methods.

BUILDING BLOCK 4

ACTIVITY 2



Developing accessible information, education and communication materials*



INSTRUCTIONS

- > Divide the group in smaller groups.
- > Give each group some of the information, education and communication materials about SRHR available that you brought.
- > Have each group reflect on the materials according to the following questions:
 - > Who will be able to understand this information in the way it is presented?
 - > Who is not able to understand the information in the way it is presented?
 - > How does the information reflect the needs of different people with different disabilities in the community? Will people with disabilities and their caregivers see themselves and their experiences and needs reflected in the materials?
 - > What should be adapted in order to make the materials more accessible?

* adapted from : Women's Refugee Commission. (2015). Building Capacity for Disability Inclusion in GenderBased Violence Programming in Humanitarian Settings: A toolkit for GBV Practitioners.

BUILDING BLOCK 4

ACTIVITY 2

Developing accessible information, education and communication materials



SPECIFIC NOTES & TIPS

TRAINERS OF FACILITATORS



- In preparing for this session, you can also ask the participants to bring their own materials for this session to reflect on.

FACILITATORS OF PARENTS



- Do the same exercise with parents as above, but take extra time to discuss practices and methodologies at home that they have used to discuss sexuality education with their children or within the family. What worked, what did not work? What could you do differently based on the tips and tricks that you heard from other parents and during this exercise?
- It would be fun and good if you make materials with parents that they can use at home.

BUILDING BLOCK 4

ACTIVITY 2

Developing accessible information, education and communication materials



SPECIFIC NOTES & TIPS

FACILITATORS OF TEACHERS



- Do the same exercise with teachers as above, but take extra time to discuss practices and methodologies in schools that they have used to discuss sexuality education with their students. What materials are available? What worked, what did not work? What could you do differently based on the tips and tricks that you heard from other teachers and during this exercise?
- It would be fun and good to create or adjust materials that they can use in the classroom.

PROFESSIONALS IN HEALTH CARE OR SOCIAL WORK

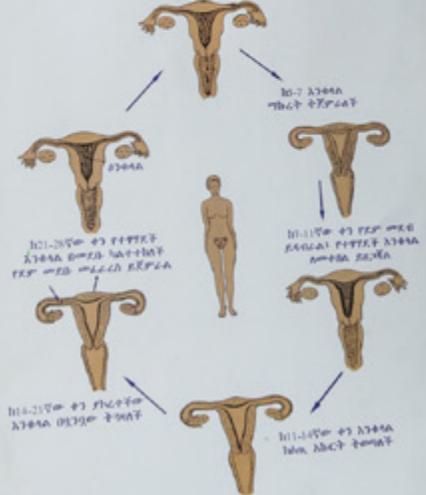


- Do the same exercise with health care providers as above, but take extra time to discuss practices and methodologies in their centra that they have used to discuss sexuality education with their clients. What materials are available? What worked, what did not work? What could you do differently based on the tips and tricks that you heard from other teachers and during this exercise?
- It would be fun and good to create or adjust materials that they can use in their work.



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Classification of maps
Based on purpose

map of ...
classified as ...
pos- maps
a map of which
relatively ...
topical
kind in lesser
ical & human
th.

A-
I-
D-
S-