Children and Adolescents Sexual and Reproductive Health Rights Toolkit

Activities Guide for Parents
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Objectives of the Unit

At the end of the sessions of this Unit, parents will be able to:

- Identify the meaning of the concept of sexual and reproductive health
- Describe the importance of sex education for children and adolescents
- Describe the principle of the rights and determine the rights of adolescents to sexual and reproductive health
- Identify the responsibilities of children and adolescents regarding sexual and reproductive health

Introduction:

In this Unit, we will, along with the participants, define holistic health, and the sexual and reproductive health from the holistic view of health. We will also recall the rights of children, and conclude the rights relating to the sexual and reproductive rights, on the basis of the rights of children.

In addition, the participating parents will be able to understand the connection of rights to responsibilities, and will realize that they are an important part of the people assigned to perform duty, for they are fundamental caregivers. Accordingly, they will determine their duties and role in contributing to fulfilling the rights of children and adolescents and to encouraging them to practice their rights.

Parents also will review their beliefs and attitudes on sex education and will develop their understanding of sexual development and the needs of their sons and daughters, drawing on their livelihood. They will also strengthen their understanding of the right of children and adolescents to protection.

This Unit is a fundamental launching point to work on the basis of the matters relating to children’s sexual and reproductive health and rights, and it acts as a base / foundation to approach the sexual and reproductive health with the human rights.

The Rights and Duties

We proceed in our approach from the four principles, which form the basis of the Convention on the Rights of the Child (CRC) and reflect its essence, namely: participation, best interests of the child, non-discrimination, life and growth.
It is important to consolidate these principles in this Unit and to continue to recall them in the following units. Also, we should focus on the responsibilities and duties of parents to contribute to consolidating the principle of rights and to fulfill them.

Unit One: A Point of Entry to the Rights to Sexual and Reproductive Health

Exercise One: What does health and well-being mean?

Objective of Exercise: - To enable parents to understand holistic health and the factors affecting it.

Instruments: Two copies of pieces of papers, on which we write phrases about health - flip board papers, pens

Techniques: partnerships between two people - asking stimulating questions - working in groups – presenting – discussing

Duration: 45 minutes

Steps:

The activity has been designed in two forms: the first option can be followed in case the entire members of the group know how to read, and the second option can be followed in case some of them have difficulty in reading.

Option One:

1- We write / prepare on pieces of papers two copies of each of the phrases about health and well-being, and we put them in a bowl.

2- We ask the participants to pick one piece of paper, and we ask the participants who have the same phrase to find each other, to sit together, and to talk with each other about what does this phrase mean to them. (we give 10 minutes to finish)

3- We ask the group to gather in one circle, and we ask every two members having the same phrase to summarize what they have reached in their conversation, and we summarize the following:
“Health is integration of balance and well-being physically, psychologically and socially, and not merely the absence of disease or infirmity”.

4- We divide the participants into 3 groups and ask each group to choose between:

1) Physical health

2) Mental and emotional health

3) Social health.

We ask the groups to think about the factors that promote the chosen aspects of health.

5- Every group presents its work, and we urge the other groups to suggest additional factors. We discuss, make corrections where necessary, and summarize the importance of integrating the different aspects of health, as well as the importance of finding health-promoting factors.

6- We ask them what does the right of human to health mean, and how can we look at this right from the concept of holistic health? We listen to the answers and conclude by recalling the key messages.

The Phrases:

1. Health is not merely the absence of disease

2. Health does not mean only physical health

3. My psychological health is part of my general health and it affects my feeling of well-being

4. My social health is part of my general health and it affects my feeling of well-being

5. Expressing the feelings positively affect mental health

6. Positive relationships with people and dialogue with members of the family are things that have positive impact on my social health

7. Having a sense of self-confidence and self-esteem is an expression of mental health

Option Two:

1- We start by a question: What does it mean to be in a good condition and to feel healthy?

2- We listen to the answers of the participants and we pay attention if they focused on the physical health. We try to ask questions to stimulate conclusion: What about our psychological condition? What about our social well-being? How can we be in a good condition psychologically and socially?
3- We summarize the answers and discuss with the group:

Well-being is to be in a good condition; it means enjoying a satisfying condition physically, psychologically and socially.

4- We ask: What are the factors that promote the different aspects of health? We start to talk about the factors that promote the physical aspect of health, and then we move to talk about the factors that promote the psychological and social aspects. We deduce the interdependence of the impact of the affecting factors in the three aspects of health. We summarize the importance of integrating the different aspects of health and the importance of finding health-promoting factors.

5- We ask them what does the right of human to health mean and how can we look at this right from the concept of holistic health? We listen to the answers and conclude by recalling the key messages.

Key messages

- Health is integration of a full wellbeing physically, psychologically and socially, and not merely the absence of disease or infirmity.
- Holistic health is a concept based on a variety of factors, associated to the individual, his/her surrounding, and the environment that he/she lives in, which supports the physical, mental, psychological and social health.
- When considering the right to health, it is essential to understand that right in light of holistic health, which is affected by different factors at all levels.

Unit One: A Point of Entry to the Rights to Sexual and Reproductive Health

Exercise Two: Sexuality throughout the age phases

Objectives of the Exercise: To help parents understand sexuality and the phases of sexual development of children and adolescents.

Techniques: working in groups – presenting – discussing

Instruments: cards defining sexuality - flip board papers - thick pens
Duration: 30 minutes

Steps:

1- We divide the participants into small groups, and distribute to each group a card on which we write the definition of sexuality. We ask them to do the following:

- Proceeding from the definition of sexuality, you will look into the ideas, feelings, and behaviors relating to sexuality in the various age phases from infancy to adulthood. Try to divide the work according to the various age phases, and rely on your experiences as parents to conclude the expressions of sexuality you have noticed, and are still noticing, throughout your sons and daughters’ different stages of development.

2- We give some simple examples to motivate the participants, drawing on the information guide, paragraph: Sexual development of the child p... We say for example: “Remember how children starting from early age ask questions about their private organs and whether they are males and females, where do babies come from, and what does love means? Remember how they touch their private organs when they are too young to discover them. Also, remember what happens later in adulthood...”

3- The groups present their work, and we facilitate discussion, make corrections, provide scientific data where necessary, and summarize.

A card defining Sexuality:

- Sexuality forms one aspect of humanity, which is inherent in human life.
- It is an expression of our humanitarian identity, and is linked to our thought, feelings and body.
- It includes all the feelings, thoughts, and behaviors relating to whether we are males or females, whether we are attractive, and whether we do feel affection to others and feel love. Sexuality also relates to relationships, including intimacy, sexual physical activity, and pleasure. It is also related to our ability to reproduce.
- Sexuality is a composition of our values, beliefs, behaviors, appearance, and feelings, and is affected by our socialization.
- The means by which the individual, a male or a female, expresses his/her sexuality as an identity are affected by the cultural and social factors.
- Sexual intercourse is just a way to express sexuality, and there are many other ways through which one can live and express sexuality without indulging in sexual intercourse, such as living out fantasies or expressing ideas and/or feelings.
To the Facilitator:

If there were difficulties faced in reading and writing, we thus read each phrase written in the card defining sexuality and we discuss it with the group. Then, we carry on the steps of the exercise in the form of discussion and dialogue. We can do this in all the exercises that require reading or writing. Also, there should be available facilitators during the sessions of working with the parents, so that to be able to drop by them in order to help them during group working that requires some reading or writing.

We might be asked by participants how to answer questions from children, facilitator should be prepared. Could require an extra session for parents on how to respond to their children.

Key messages
- The sexual development and the accompanying feelings and behaviors are normal and extend to all the phases of life.
- Our ability to understand and sympathize with the different aspects of sexuality in the life of our sons and daughters help us respond to their needs and questions in an appropriate manner, because their needs do not stem only from a desire of knowledge about sexual practices, but extend to include their need to understand all aspects of sexuality, including their identity as males and females, and their need to understand the thoughts and feelings associated with it.
- As parents, it is necessary to adopt positive attitudes and ways to deal with our sons and daughters during their journey to discover the body and feelings and to think of relationships. This will help us build on their values, responsibility and ability to take informed decisions, free from fear and ignorance on the topics of sexual and reproductive health.

Document for Facilitator: How do we deal with sexual development of children?

Unit One: A Point of Entry to the Rights to Sexual and Reproductive Health

Exercise Three: How do we see sex education for children and adolescents?

Objective of the Exercise:
- To enable parents to discover their views and attitudes on sex education.
- To help parents develop positive attitudes on sex education for children and adolescents.

**Techniques:** working in groups and participating (or debating) – discussing

**Instruments:** working paper No. 1 - papers – pens – board

**Duration:** 45-60 minutes

**Steps:**

1. We divide the participants into working groups, and we distribute to them the working paper No. 1 - (common attitudes and sayings about sex education for children).

2. We ask each group to discuss the different views on these attitudes and sayings.

3. Each group presents the different views, and the result of discussion reached by it. Then, we discuss with the large group.

4. We make room for discussing all the fears, and we reassure the participants. We clarify the themes by using educational and scientific signs and props. We draw on the below mentioned paper for the facilitator: “Arguments supporting the positive attitudes on sex education”.

**Additional suggestions for the Exercise:**

- We can divide the participants into 6 groups, each group composed of two or three members (if the number of participants allows doing so), and we give each group one of the six sayings.

- We can also add to these sayings and attitudes according to what we believe to be suitable based the challenges faced by the issue of sex education on the ground, in the cultural framework relating to each group.

- We can divide the participants randomly into two groups, one “agreeing” group and the other “disagreeing” one, before we distribute the sayings; these attitudes should not necessarily be the participants’ real ones. We debate in the form of a role-playing game, and each group try to defend its idea, so that not to embarrass the participants. The supportive arguments of attitudes used by them come as a result of the “role” they play as “agreeing or disagreeing”. This discussion (debate) helps us listen to the different views and forms an opportunity for everyone to think about and explore his/her true attitudes and beliefs.
To the facilitator:

Changing the attitudes and beliefs requires sufficient time and could not be done through a “magic stick”. This may require from the participants to pass through several experiments throughout the exercises of all the guide’s units, especially the next exercise. It is therefore important to be patient and to accompany the participants in this path, respecting the abilities of the individuals in the group and the rhythm of each group as a whole.

Some participants from the parents might ask the facilitator on advices to provide sexual education to their children so we need to be prepared for this through extra reading, Facilitator document number 3. Be careful of the exercise objective and the time that is allocated for the exercise, might need an extra session.

Unit One: A Point of Entry to the Rights to Sexual and Reproductive Health
Exercise Four: How do we see sex education for Children and Adolescents? Working paper No. 1

Common erroneous attitudes and sayings about sex education for children

The following is a list of some common erroneous sayings about sex education for children and adolescents. We think about our different opinions and we participate within the group. We keep a list of ideas that we discussed in the form of head notes.

Sayings

1- Sex education leads to early sexual relations.
2- Sex education robs children of their “innocence”.
3- Sex education is against our culture or religious values.
4- Educating children and adolescents on sexuality is a role of the parents and family.
5- Parents object to including sex education in schools.
6- Sex education may be useful for youth, but not for younger children.

Paper for the facilitator 2: Arguments supporting the positive attitudes on sex education
1- **Sex education leads to early sexual relations**

Studies around the world show that sex education does not lead to early sexual relations. On the contrary, in many cases it may contribute to postponing sexual relations and raising the level of awareness and responsibility concerning sexual behavior.

2- **Sex education robs children of their “innocence”**

Without access to scientifically correct and precise information, suitable for the age of the child and remote from judgments, according to the stages, until gradual completion and fulfillment of their knowledge, children and adolescents will often receive messages that are contradictory, or sometimes harmful and dangerous, from peers or the media or other information sources. Good sex education is that which achieves a balance between assuring correct information and encouraging values and positive relationships.

3- **Sex education is against our culture and religious values**

It is important that sex education be adapted to local cultures by involving and supporting care providers in the community concerned. Decision-makers and spiritual leaders are also concerned in developing forms of sex education. However, there is also a need to change some social norms and harmful acts that conflict with human rights and increase the chances of exposure to health risks.

4- **Educating children and adolescents on sexuality is a role of the parents and family**

All parties concerned with the health of children and adolescents over the fundamental role of the parents as a source of information, support and care, in forming a healthy approach to sexuality and the relationships of their sons and daughters. The role of non- governmental organizations (NGOs), and governments through the ministries concerned (Ministry of Education, Ministry of Social Affairs, Ministry of Health), is to support and complement the role of the parents.

5- **Parents object to including sex education in schools**

Parents play a fundamental role in shaping the first understanding of sexual identity in their sons and daughters, and shaping their understanding of social ties. On the other hand, children and adolescents spend a large part of their life in educational institutions and schools. We therefore consider these institutions an environment suitable for their children to learn about subjects relating to sexual health. When these institutions are qualified to do this, children and adolescents can develop their values, skills, and knowledge to make responsible choices in their social lives and sexual health. In many cases parents are the strongest supporters of quality sex education programs within schools.

6- **Sex Education may be useful for youth, but not for younger children**

To pursue the principle of learning themes and goals suitable for each age group is a very important matter, as is the need for flexibility and taking into consideration the specificity of local communities and their cultural frameworks. Sex education is not only about sexual relations. It includes many topics important for the child; among them are skills in acquaintance with the body and with feelings and understanding them, how to take care of his/her body and protect himself/herself, and develop self-confidence. All this occurs gradually, according to the age level and growth and development of the child.
Exercise Five: What Did I Used to Know?

Objectives of the Exercise:

- To help the parents enhance their appreciation of the importance of sex education for children and adolescents
- To help the parents develop awareness of the connection of sex education to children’s rights, especially the right to knowledge, sex education, and the right to protection.

Instruments: individual anticipation- creative expression (writing or drawing) - discussing

Tools:

Duration: 45-60 minutes

Steps:

1- Before we start, we explain to the participants that they will anticipate individually, and we reassure them in advance that the memories of the participants will not be shared within the group, but the discussion will be in general to draw conclusions and to learn lessons.

2- We ask the participants to close their eyes, relax in their seats, and take a deep breath that is at the same time calm, until they feel calm. (We give time until everyone calms down without being in a rush).

3- We ask them to go back in their memories, and remember as much as possible when they were young people on the brink of puberty. We help them imagine and remember through the following phrases:

- Try to remember what it was that you knew about puberty.
- Were you prepared sufficiently for the changes that you will face?
- Did you feel comfortable when these changes began?
- Where did you get the information from?
- Did you have incorrect information on the topics relating to reproductive and sexual health? (Menstrual cycle, pregnancy, wet dreams, masturbation, sexually transmitted infections, etc...)? Did some of this erroneous information and beliefs remain with you to adulthood?
- Were you exposed to the risks that you were saved from by coincidence (sexual harassment, possibilities of transmittal of infection, possibility of unplanned pregnancies, risk of early marriages, etc...)?
- Did you feel worried for not knowing certain things?
- Were the elements of protection available then, enabling you to traverse the stage of puberty and adolescence safely?

4- We ask the participants to open their eyes quietly, and to write or draw in front of them what they want out of what they anticipated. (we give 10 minutes to finish this)

5- We facilitate the participation and discussion within the group about the following questions:

- How did you feel during the exercise?
- From your personal experiences, do you think that it is important to start educating children on the topics of sexual and reproductive health early? When?
- Do you consider that accessing appropriate information and early education are among the factors for protection from the risks relating to sexual and reproductive health?
- Do you consider this to be one of the rights of the child?
- What are some other factors of protection in your view? Do these factors of protection also fall under the rights of the child?
- Do you feel comfortable talking with your sons and daughters about topics relating to sexual and reproductive health? What are the knowledge and skills that you need for this?

To the facilitator:

- Because this exercise is accurate and sensitive, it is possible that some participants would experience strong feelings and emotions as a result of the memories. We try to contain the situation and to give enough time to express feelings, even if we had to extend the time.
- It is important to have in-depth knowledge of the rights of the child and the responsibilities of the parents regarding these rights, so that to feel comfortable during the discussion.
- We can turn some of the questions of the discussion into working groups.

Key messages:

- Sex education provides an opportunity to reinforce the values of children and adolescents, and acts as a factor to protect them from problems or risks that they may be exposed to due to the lack of knowledge and deficiency of skills. Therefore, the earlier we start with sex education, the better it was.
Sex education is the primary responsibility of parents. There are institutions and centers that can provide support for the parents to develop their abilities to provide suitable sex education for their sons and daughters, and these centers and institutions can complete the educational role of parents.

All children have the right to appropriate sex education, including having access to information, guidance and learning life skills, in order to develop their ability to protect themselves, to make sound decisions, and to bear responsibility.

Unit One: A Point of Entry to the Rights to Sexual and Reproductive Health
Exercise Six: Defining Sexual and Reproductive Health

Objective of the Exercise: To enable parents to understand what is meant by sexual and reproductive health

Techniques: brainstorming – working in groups – presenting

Tools: paper - pens - flip board papers - thick pens – board

Duration: 45 minutes

Steps:
1. We write on the board the definition of health: “Health is an integration of balance and well-being physically, psychologically and socially, and not merely the absence of disease or infirmity”.

We remind the participants of what we discussed during the first exercise - What does health and wellbeing mean - which dealt with the definition of health and the factors affecting it, and we ask:

Now, if we want to think about what is meant by sexual and reproductive health, do you also think about the different and integrated aspects (physical, psychological and social) in terms of sexuality and reproduction? What does it mean to enjoy sexual and reproductive health?
2- We write the answers on the flip board, and we summarize them. Then, we present on the board the definition of reproductive health and sexual health, from the information guide-paragraph: Basic concepts about sexual and reproductive health - p...

3- We explain the difference between the reproductive health and the sexual health; many people enjoy sexual health without being able to reproduce or having desire to do so. Also, we clarify the correlation between the two concepts, for the sexual health and reproductive health are two interconnected are intertwined concepts; hence the combined term “sexual and reproductive health” is emerged from both of them.

-Key messages

- Reproductive health is integration of complete well-being physically, psychologically, and socially in all matters relating to the reproductive system, its functions and processes.
- Sexual health is integration of physical, emotional, intellectual, and social well-being relating to all aspects of sexuality.
- Sexual health and reproductive health are two interconnected and intertwined concepts; hence the combined term “sexual and reproductive health” emerged from both of them. There are services that meet the different needs of people in this regard, including providing guidance and information that will help them take decisions on all matters relating to the subject of sexuality and reproduction.
- Man’s sexual and reproductive rights should be respected, protected, and applied so that to enjoy the sexual and reproductive health and to maintain it.

Unit One: A Point of Entry to the Rights to Sexual and Reproductive Health

Exercise Seven: Children’s Rights

See Activities Guide for Service Providers-Unit One, exercise two: Children’s Rights -

Unit One: A Point of Entry to the Rights to Sexual and Reproductive Health

Exercise Eight: Sexual and Reproductive Health and Children’s Rights

Objectives of the Exercise: To help parents indentify the rights relating to sexual and reproductive health for children and adolescents.

Duration: 45-60 minutes
Techniques: working in groups - presenting - reading individually - participating and discussing

Tools:

Steps:

1. We write on the board the following rights:

<table>
<thead>
<tr>
<th>The right to health care</th>
<th>The right to non-discrimination</th>
<th>The right to privacy</th>
</tr>
</thead>
<tbody>
<tr>
<td>The right to information</td>
<td>The right to participation</td>
<td>The right to opinion</td>
</tr>
<tr>
<td>The right to protection</td>
<td>The right to learning and education</td>
<td>The right to live and grow to the highest standard</td>
</tr>
</tbody>
</table>

2. We divide the participants into groups, we ask them to answer the following:

- Proceeding from the definition of sexuality and our understanding of the stages of sexual development of children, and from the definition of sexual and reproductive health as well as our understanding of the rights of children, we try to extract the rights relating to sexual and reproductive health for children and adolescents. We think of examples associated with each of the rights listed on the board.

3. The groups present their work, and we add where necessary, drawing on the information guide - paragraph: Sexual and reproductive rights in light of the Convention on the Rights of the Child - p...

   We concentrate on the right to non-discrimination and its correlation with the practices that relate to gender i.e. social discrimination between the boy and the girl on the basis of what society expects of both of them.

4. We ask about their role as parents in contributing to fulfilling these rights. We listen to the answers, and we summarize the key messages.

Key messages

The enjoyment of sexual and reproductive health is not just a need for children and adolescents, but also a right enshrined within the concept of the universal right to enjoyment of the highest attainable standards of life, health, and growth. It is our duty as parents to respect this right and to work based upon it.
Unit Two: Adolescence - Our Growing Bodies

Objectives of the Unit

At the end of the sessions of this Unit, the parents will be able to:

- Describe the physical changes that occur in puberty and adolescence.
- Describe the genital organs and their functions.
- Show knowledge of sexual development associated with adolescence.
- Adopt positive approaches on matters relating to sexual development in adolescence.
- Show knowledge of the rights and duties of children and adolescents to information and education on the genital organs, their functions and processes.
- Show the ability to convey information on the physical changes in adolescence and on the sexual processes effectively.

Introduction

In this Unit, we will recall with the participating parents the physical changes that begin in adulthood faced by boys and girls, the functions of the genital organs, and the development of sexual and reproductive processes, such as the menstrual cycle, ability to achieve pregnancy, wet dreams and masturbation. The parents will also be able to review their concept of virginity.

In addition to deepening the knowledge about the body and its sexual functions, we will discuss the importance of having a positive view of the body and the importance of valuing its reproductive functions, such as valuing the importance of the menstrual cycle and considering pregnancy in a humanitarian manner.

This Unit will be focusing on the right of children and adolescents to information and suitable education on the body and its functions, and the right to demand this. The Unit will also focus on the duties of parents to contribute to helping their sons and daughters enjoy this right.
As for the skills, the parents will develop their abilities to answer the questions and to fulfill the needs of their sons and daughters on matters relating to the physical changes and sexual development in adolescence, in a way respecting their growing abilities.

Unit Two: Adolescence - Our Growing Bodies

Exercise One: When I was an Adolescent

Objectives of the Exercise: a preparatory exercise to discuss topics relating to adolescence

- To prepare the parents to discuss topics relating to the health of their sons and daughters.
- To help the parents recall the needs of their sons and daughters during adolescence and to understand them.

Techniques: playing a game – discussing

Tools:

Duration: 20 minutes

Steps:

Option One – playing a game and then discussing

1- We put chairs; the number of chairs will be less than the number of participants by one, and we ask them to sit in a circle, leaving one person standing in the middle without a chair.

2- We explain:

- The person who does not have a chair to sit on have to stay in the center of the circle and say:

  “When I was an adolescent, I used to ...., and everyone who used to do the same as me should change his/her place now”.

  (Ex: I used to smoke, to ride a bike or anything that was distinguishing my way of thinking and my behaviors at that stage)
- If what we heard applies to us, we have to change our places. Then, the person who was in the center of the circle have to find an empty chair to sit on, and thus someone else becomes in the center of the circle without a chair. He continues the exercise and says again: “When I was an adolescent, I used to …, and everyone who used to do the same as me should change his/her place now”.

3- We can begin with ourselves as facilitators to start the exercise, and we continue until we feel that the group is ready to move to the next exercise. We make room and encourage all members of the group to enable each participant to speak at least once or more.

4- After we finish the game, we facilitate the discussion about the following questions:

- How did you feel during the exercise?
- Does this remind you of the needs and behaviors of your sons and daughters today?
- What can we learn/conclude from this exercise?

**To the Facilitator**

- ✓ We can do the same exercise, but about things that the participants used to dislike when they were adolescents.
- ✓ This exercise helps the participants to understand the needs of their sons and daughters in adolescence through remembering their selves when they were in the same age. Therefore, we drew the attention of the participants to this after finishing the exercise.

**Option Two – Discussion**

If we find that the parents are not willing to participate in an activity that requires movement, we can start directly by encouraging them to remember their adolescence and to think of the most prominent things that they used to like and those that they used to dislike as well. We move on after the exercise of anticipation to the discussion and we address questions previously mentioned.
Exercise Three: The Physical Changes

Objectives of the Exercise:
- To develop parents’ knowledge of the physical changes in adolescence.
- To develop parents’ positive view on the child’s growing body.

Techniques: playing a game – working in groups – role-playing – discussing

Tools: clothesline – clothes pins - papers – flip board papers – thick pens

Duration: 60 minutes

Steps:
1. We attach a clothesline in the room, and put a bowl containing the clothes pins underneath (we prepare this before we start the session). We attach two paper posters to the wall or on the board, on which we write the following titles: on the first we write “The changes experienced by the girl”, and on the second we write “The changes faced by the boy”.

2. We ask each participant to write on several papers the physical changes that begin in adulthood and that develop throughout adolescence. We think about the boy and the girl, and to write every change in one separate sheet of paper, without specifying whether this change is experienced by the boy or the girl. We write at least 6 changes.

3. We ask the participants to hang their papers on the clothesline.
4. We ask each participant to choose 3 papers other than those hung by him/her, and to put them in their proper place on the board. We ask another participant to look at the remaining papers on the clothesline and to find out if there are any unmentioned changes on the board (it is likely that there will be some redundancy). We ask him/her to add it in its proper place.

5. We read the two lists together, and we ask: Are there any changes that you have missed? Then, we ask: What are the common changes faced by a boy and a girl?

6. We divide the participants into groups, and ask each group to arrange the changes experienced by a boy and a girl sequentially starting from the change that occurs first and then those that occur last.

7. The groups present their work. We make corrections where necessary. Then, we ask what is causing these changes, and we talk about the role of hormones in causing and accelerating these changes. (See Information guide, paragraph: Hormones, p…)

8. We ask: How do children see these changes? Do we view their growing bodies positively? How do our comments on the changes affect the view of our sons and daughters of their selves, even if your comment was just a joke? We discuss and summarize the key messages.

**Key messages:** Both the child and adolescent have the right to understand the physical changes that he/she experiences so that to feel comfortable with his/her body and to view it positively. It is our duty as parents to enhance his/her positive view of the body to help him/her accept these changes.

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**Unit Two: Adolescence - Our Growing Bodies**

**Exercise Four: Getting to know our bodies**

**Objectives of the Exercise:**

- To develop parents’ knowledge of the genital organs of male and female
- To develop parents’ appreciation of the importance of the right to know about the body

**Techniques:**
**Tools:** Two boards - chalk / pens to write on the boards - two pots - pieces of papers - posters of the male and female reproductive system

**Duration:** 45 minutes

**Steps:**

1. We prepare the two boards and put each one in one corner of the room. We divide each board into two parts (we draw two columns) and we write on the first column the word Male and on the second one the word Female.

2. We put in two pots two true copies of the pieces of paper, on which we write the names of the genital organs of the male and female.

<table>
<thead>
<tr>
<th>Male (internal and external) Genitalia</th>
<th>Female External Genitalia</th>
<th>Female Internal Genitalia</th>
</tr>
</thead>
<tbody>
<tr>
<td>Testicles</td>
<td>Vagina</td>
<td>Ovaries</td>
</tr>
<tr>
<td>Scrotum</td>
<td>Pubic</td>
<td>fallopian tubes</td>
</tr>
<tr>
<td>Epididymis</td>
<td>Labia Majora</td>
<td>Uterus</td>
</tr>
<tr>
<td>Vas deferens</td>
<td>Labia Minora</td>
<td>Cervix</td>
</tr>
<tr>
<td>Seminal Vesicles</td>
<td>Opening of the Vagina</td>
<td>Vagina</td>
</tr>
<tr>
<td>Prostate gland</td>
<td>Hymen</td>
<td>Egg</td>
</tr>
<tr>
<td>Cowper's glands</td>
<td>Bartholin's glands</td>
<td></td>
</tr>
<tr>
<td>Penis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Semen and sperm</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. We divide the participants into two teams / two groups - Group A and Group B.

4. Each team will, within a period of 10 minutes, paste the pieces of paper on the board after determining whether the name of each organ written on a piece of paper is under the genitalia of the male or female.

5. After the time ends, we ask them to stop and read together to determine which of the two teams is the winner.
6. We make corrections and explain if there are any mistakes, and we attach the posters on the board (a male reproductive system poster, and female reproductive system posters)

7. We divide the two groups into smaller ones, and launch a competition among the groups about the functions of these organs. We explain to the groups that they should discuss with all the members of one group before they ask the right to answer.

8. We name each organ in turn and we take the answer of the fastest group asking the right to answer (via a sound, upon which we agree).

9. We make corrections and we add information where necessary. We collect the final marks on the board and announce the winning group.

10. We ask: *Is there any new thing learned by each participant today in this exercise? What is it?* We listen to the answers and summarize the basic points of learning.

11. We ask: *Why is it important for children and adolescents to recognize the genital organs of both sexes?* We listen to the answers and summarize children’s benefit of knowing the genital organs and functions, and the rights associated with them.

| To the facilitator: | The game of competition helps to overcome shyness, because talking about the genital organs in our society is of highly sensitivity. |
|

**Key messages**

- The child or adolescent’s knowledge of his/her body provides him/her with self-esteem and a sense of comfort. The child or adolescent has the right to recognize his/her body including the private parts to appreciate it, respect it, and to protect it from dangers. It is our duty to provide this knowledge for our sons and daughters, and to strengthen their ability to enjoy this right.

- The child or adolescent has the right to know more about his/her body, as well as about the body of the opposite sex, because obscurity surrounding it generates in his/her imagination thoughts and impressions that may remote from the truth and create in him/her fears or unwarranted judgments about his/her body and the body of the opposite sex.

- The sexual differences between males and females are integrated; girls do not have incomplete organs, but only have different organs. They, thanks to their differences and to the integration of their functions with the functions of the opposite sex, provide the ability to reproduce.
Unit Two: Adolescence - Our Growing Bodies
Exercise Five: Developing our Knowledge of the Menstrual Cycle and Menstruation

Objectives of the Exercise:
- To help parents develop their knowledge of the phases of the menstrual cycle and how menstruation occurs (monthly period)
- To help them adopt a positive view on the menstrual cycle and menstruation
- To help them develop their ability to prepare their daughters to receive the first menstruation, and their ability to guide them on ways to take care of their health during menstruation

Duration: 60 minutes

Tools: board – thick pens - poster of the stages of the menstrual cycle

Techniques: asking stimulating questions – explaining and discussing

Steps:

1- We explain: *We will share our knowledge of the menstrual cycle and menstruation in order to deepen our knowledge of them and to be able to answer better the needs and questions of our sons and daughters on the subject.*

2- We attach the poster of the "phases of the menstrual cycle", and we ask the participants: *What we know about the stages of the menstrual cycle? How is the menstrual cycle related to pregnancy? What is fertility, and what is menstruation (monthly period)?* We listen to the answers, encourage discussion, and make corrections where necessary.

3- We explain the phases of the menstrual cycle and how menstruation occurs. We help the participants to conclude at each stage of explanation, and we encourage them to ask additional questions.

4- We ask: *What is the importance of the menstrual cycle in the life of the girl? How should boys see it?* We listen to the answers, and clarify that knowledge about the menstrual cycle will help boys and girls to determine the period of fertility and to organize pregnancy due dates in the future or to avoid unwanted pregnancy.

5- We ask: *Do all girls have the first menstruation at the same age?* We listen to the answers, and we stress that the date of the first appearance of menstruation varies from one girl to another, and that a girl should not worry if menstruation did not appear before the age of 16. After the age of 16, if the first menstruation did not appear, we consult a specialist doctor.
Is the menstrual cycle regular during adulthood? (Does it come every month and on time)? We listen to the answers, we confirm that menopause or irregular menstrual cycle, and thus stopped or irregular menstruation is a normal appearance after the first menstruation during puberty, and that the menstrual cycle will be organized with time and the date of menstruation becomes almost constant.

6- We ask about the physical and psychological symptoms associated with menstruation, and the methods of taking care of the health and personal hygiene during menstruation. We correct the methods of care associated with false information in case they were found, using the information guide, paragraph, “The symptoms associated with menstruation”, p. ..., and paragraph “Taking care of the body during menstruation”, p. ... (We can also do these steps as a group working).

7- We ask what is the new thing learned by each participant, and summarize with them the key messages and points of learning.

**Key messages**

- Masturbation is a normal and important occurrence in the life of every girl. It is a sign of her sexual maturity, and this means that she has become able to have children when she decides so (with her partner) in the future.

- Timing of the first menstruation differs; it may appear between the ages of 9 and 16, depending on the nature of the body of the girl, which differs from one girl to another.

- Our sons and our daughters have the right to understand the menstrual cycle and know how menstruation occurs, in order to help girls feel confident and be comfortable with their bodies, to help boys understand what is happening with the girls, and to help both of them understand fertility time in women when they want and decide together to become parents in the future.
Unit Two: Adolescence - Our Growing Bodies
Exercise Six: Date of Next Menstruation

See Activities Guide for Adolescents - Unit Two, Exercise Five: Date of next menstruation.

Unit Two: Adolescence - Our Growing Bodies
Exercise Seven: Why to have Children? How pregnancy occurs?

Objectives of the Exercise: To enhance parents' ability to answer the questions of their daughters and sons about pregnancy and reproduction.

Duration: 90 minutes

Tools: “How pregnancy occurs” poster - papers - pencils – crayons

Techniques: Questions and discussion – face to face participations - explanation - individual expression through writing or drawing

Steps:

1- We start the exercise by asking a series of general questions:
   - Why do we bring children? Is it necessary to have children as a result of love only?
   - Can we decide and organize when to have children or it happens by chance?

2- We listen to the various participations, and then we summarize the key messages about the humanitarian side of pregnancy and reproduction (a love relationship - a joint decision - maturity and responsibility)

3- We attach the poster of “How pregnancy occurs”, and ask: Based on our knowledge and experiences, let us share and summarize how pregnancy occurs?! We listen to the answers, and explain when necessary, drawing on the information guide paragraph: “How pregnancy occurs”, p. ..., and then we ask: How can we explain the issue of pregnancy and reproduction to children and adolescents? We listen to the answers, and we summarize the key messages.

4- We ask the participants what are the new things that they have learned after the participation and explanation. We summarize with them the basic points of learning and we write them on the board.
**Key messages**

- People usually have children, when they are in love and feeling attraction, so that life continues. Usually, a joint decision is taken between a man and a woman to have children. They both bear the responsibility of raising the children, care about them, and love them. They also provide their children with all the material needs in order to enjoy life, grow, and develop.

- Pregnancy can happen at any time starting from puberty, if the convergence of an egg with a sperm was done in the middle of the menstrual cycle. However, a couple does not indulge in a sexual relation only to have children, even if they love each other, but only when they are old and mature enough to bear the responsibility for reproduction.

**Unit Two: Adolescence - Our Growing Bodies**

**Exercise Eight: Wet Dreams and Masturbation**

**Objectives of the Exercise:**

- To help parents develop their understanding of the wet dreams as a natural result of the sexual growth of the body

- To develop their knowledge and ability to deal positively with the subject of masturbation with their sons and daughters

**Techniques:** asking stimulating questions for discussion – discussing

**Tools:** a paper on which we write True (√) – a paper on which we write False (×) – a list of phrases.

**Duration:** 45 minutes

**Steps:**

1. We post in the room two cards in opposite directions; we write on the first True (√) and on the second False (×), and we ask the participants to stand in the middle.

2. We read one of the phrases in the list below, and we ask the participants to choose their positions according to whether they believe the phrase or information is true or false.
3. We announce the correct answer immediately after the participants set their positions.

4. We repeat the same process with the rest of phrases. We can do the same exercise on the form of a competition between groups.

5. After finishing, we return to the circle, and facilitate discussion on the following questions:
   - Do you still have concerns about wet dreams or masturbation?
   - How can we answer the questions of our sons and daughters about wet dreams and masturbation?
     What are the key messages that we must transmit to them so that to have a good view of the issue and not to feel embarrassed or guilty?
   - How can adolescents discharge their sexual energy in different ways in addition to masturbation?

### The Phrases

- Masturbation is having sex individually to reach orgasm through fondling genital organs (True)
- Frequent masturbation delays the physical growth of adolescents (False)
- Masturbation increases cystic acne (False)
- Masturbation is something immoral (False)
- Masturbation is a normal and interim practice in adolescence (True)
- The boys feel the need to masturbate while the girls don’t (False)
- Masturbation helps adolescents to identify their bodies (True)
- Masturbation can cause infertility (False)
- Sport exercises might reduce the frequency of masturbation (True)
- The frequency of masturbation may increase if the adolescent was continuously exposed to seductive talk and views (True)
- The social relations contribute to shifting the focus from the self pleasure to the relationship with the other (True)
- Wet dream is to reach orgasm uncontrollably during sleep, and it is often associated with sexual dreams (True)
- Wet dreams come as a result of changing the proportion of cholesterol in the body in adolescence (False) [ratio of hormones]
- Wet dreams occur only in males (False) [ it is a phenomenon that exists in females, which leads to the hydration of the vaginal area]
Key messages

- Wet dreams are quite normal and occur as a result of the sexual growth in adulthood. It is important to be sure that our sons and daughters have a good view of the issue.
- Masturbation is a normal practice in adolescence among boys and girls.
- The child or adolescent has the right to discover his/her body, and should respect and protect it.
- It is our duty to assure our sons and daughters about masturbation and not to make them feel guilty.
- If the adolescent is practicing masturbation extensively, keeping in mind that the sexual pressure is an energy that could be discharged in a constructive and innovative ways, we should encourage them to take advantage of practicing other activities to discharge the energy and to acquire healthy outcomes beneficial for their happiness.

Unit Two: Adolescence - Our Growing Bodies

Exercise Nine: The Concept of Virginity

Objectives of the Exercise:

- To help parents develop their knowledge of the concept of virginity.
- To help parents be aware of the necessity of separating the issue of virginity from the issue of breaking the hymen

Techniques: general questions - working in groups – presentation - discussion – competition

Tools: none

Duration: 45 minutes
Steps:

1. We start by asking: What do we mean by virginity? We listen to the answers, and we wait all the answers to finish before we correct the misconceptions. We draw their attention to the following:

   Virginity is a broad concept and is not limited to the presence of the girl's hymen; it is a state prior to any relationship whether it was emotional or sexual, and it applies to boys and girls. A person must be prepared to move from virginity to the stage of establishing relationships. There are a lot of sexual practices that do not affect the hymen, and this means that the girl is no longer in a state of virginity, although she is maintaining the hymen.

2. We divide the participants into groups and we ask each group to consider the cultural factors that promote associating the subject of girl's virginity with the hymen. Additionally, we ask them to consider the effects of the girl's mental and social health due to this stressful factor.

3. The groups present their work, and we discuss gender differences between boys and girls, relating specifically to the subject of virginity, and we associate it with the right of non-discrimination.

4. We launch a competition between the groups for the subject of the hymen / vaginal membrane. The groups have to think of every statement and to determine whether this statement is true or false. The group giving the correct answer first gets a mark.

5. We discuss each idea directly after obtaining the answers. (See information guide paragraph: the concept of virginity and the hymen/ vaginal membrane, p. ...)

6. After we finish, we ask the participants how to answer the questions of their sons and daughters on the hymen. We listen to the answers, understand the fears, encourage the parents, and summarize the key messages.

The Statements

- If the girl did not bleed during the first sexual intercourse, this means she was not virgin (False)
- There are different types and forms of the hymen (True)
- If the girl rode a bike or did extensive gymnastic moves, she will lose the hymen (False)
- Some types of the hymen are not completely broken after the first sexual intercourse (True)
- Menstrual blood passes through the hymen, and this means that it is not completely closed
Some girls are born with a completely closed hymen, and this prevents the flow of menstrual blood (True)

Key messages

- It is important to separate the subject of virginity from the subject of breaking the hymen, to raise our sons and daughters on the idea of separating between the two issues, and to recall the right to non-discrimination between a boy and a girl on matters relating to virginity.
- Choosing to remain virgin or not to remain so should be a mindful and watchful choice.

Unit Two: Adolescence - Our Growing Bodies

Exercise Ten: Explaining the sexual developments of our sons and daughters

Objectives of the Exercise: To help parents develop their ability to explain the sexual developments of their sons and daughters

Techniques: playing roles – evaluating and discussing

Tools: none

Duration: 60 minutes

Steps:

1. We divide the participants into 3 groups, and we ask each group to choose a topic from the following three topics, about which to prepare a scenario: wet dreams - the menstrual cycle and menstruation - pregnancy and reproduction –

2. Two volunteers from each group play the following roles: the role of a Child or an Adolescent, and the role of a parent. The one who is playing the role of “a parent” have to explain to the adolescent or child the topic chosen by the group, to answers his/her questions.

3. After each group finishes the role-playing game, we ask the players of the roles about their feelings during the exercise. Then, we evaluate with the group the method used by the participants who played the role of “a parent”, and whether it was relevant to the growing
abilities of the child or adolescent. We encourage the evaluation of the positive points, and then we move on to the gaps that should be improved.

Unit Three: Personal Hygiene

Objectives of the Unit

At the end of the sessions of this Unit, the parents will be able to:

- Describe the importance of taking care of the personal hygiene.
- Identify the suitable means to take care of the personal hygiene.
- Show the ability to address themes about the importance of the personal hygiene and its methods.

Introduction:

In this Unit, we will refresh our memory on the methods to take care of the personal hygiene, and we will think with the participating parents of the factors that hinder children and adolescents from taking well care of their personal hygiene, as well as the suitable solutions to reduce these factors. We will also discuss the importance of encouraging the sons and daughters to take care of the personal hygiene, which works as a factor protecting and preventing their health, including that of their genitalia.

As for the skills, the parents will develop their ability to convey themes on personal hygiene to their sons and daughters.
Unit Three: Personal Hygiene

Exercise One: Methods to Take Care of the Personal Hygiene

See Activities Guide for Service Providers, Unit Three, Exercise One: Methods to take care of the personal hygiene -

Unit Three: Personal Hygiene

Exercise Two: Help Conveying Information on Personal Hygiene

See Activities Guide for Service Providers, Unit Three, Exercise Two: Help Conveying Information on Personal Hygiene

Unit Three: Personal Hygiene

Exercise Three: Talk to our sons and daughters about the Personal Hygiene

Objective: To help parents develop their ability to guide their sons and their daughters about the personal hygiene

Techniques: role-playing game- evaluating and discussing

Tools: none

Duration: 45 minutes

Steps:
1- We divide the participants into groups, and we ask each group to prepare a scenario to play roles on the hygiene of the genital organs and/or taking care of the body during menstruation (for girls).

2- Two volunteers from each group play the following roles: the role of a Child or an Adolescent, and the role of a parent. The player of the role of “a parent” have to explain to the adolescent or child the methods of taking care of the hygiene of the genital organs, and to answer his/her questions, as well as how to take care of the body during menstruation.

3- After each group finishes the role-playing, we ask the players of the roles about their feelings during the exercise. Then, we evaluate with the group the method used by the participant who is playing the role of “a parent”, and whether it was relevant to the growing abilities of the child. We encourage staring the evaluation of the positive points and then we move on to the gaps that should be improved.

Unit Four: Adolescence - Psychological and Social Changes and Life Skills

Objectives of the Unit

At the end of the sessions of this Unit, the parents will be able to:

- Identify the most prominent psychological and social changes that occur in adolescence.
- Identify the most supportive and protective factors that contribute to improving the psychological-social well-being for the adolescents.
- Show knowledge of the rights and duties of protection and growth.
- Adopt positive approaches for dealing with their sons and daughters.
- Identify the characteristics of the supportive person and the attributes of the friendly centers/services for children and adolescents.
- Identify the resources that can provide assistance and services on sexual and reproductive health for children and adolescents.
- Stress the right of their sons and daughters to demand assistance and to obtain services relating to sexual and reproductive health.
- Show the ability to communicate effectively with their children and to provide support and assistance on matters relating to sexual and reproductive health.
Introduction:

As a launching point in this Unit, we will recall and understand with the participating parents the intellectual, psychological, and social changes in adolescence among boys and girls, as well as the role of socialization in increasing some gender differences, which could put pressure at this phase. We will also think of the methods to help reduce discrimination between them drawing on the right of non-discrimination.

Then, we will move on to think of the supportive protective factors in order to improve the lives of adolescents, and we will recall together the rights and duties relating to protecting them from the problems and risks. In addition, the parents will consider the needs of adolescents and their abilities, in order to understand the factors that affect the estimation of their selves. The parents will enforce their awareness of the importance of teaching their sons and daughters the skills of life that strengthen their self-esteem and abilities to manage their life and to protect their selves.

As for the skills, the parents will develop their abilities to understand and support their sons and daughters and to provide consultation to them on the psychological and social matters relating to adolescence.

### Unit Four: Adolescence - Psychological and Social Changes

#### Exercise One: What has been changed as well?

See [Activities Guide for Service Providers, Unit Four, Exercise One: What has been changed as well?](#).

#### Exercise Two: Week and Strong points, and Fears and Hopes
See *Activities Guide for Service Providers, Unit Four, Exercise Two: Week and Strong points, and Fears and Hopes*

### Unit Four: Adolescence - Psychological and Social Changes

#### Exercise Three: Between the Past and the Present

**Objectives of the Exercise:**

- To help parents strengthen their ability to understand their sons and daughters
- To help parents recall the characteristics of the person supporting the children and adolescents

**Techniques:** relaxation and individual anticipation – written expression - participation and discussion

**Tools:** papers – pens

**Duration:** 45-60 minutes

**Steps:**

1. We ask the participants to close their eyes, relax in their seats, and take a deep breath that is at the same time calm, until they feel calm.

2. We ask them to go back in their memories and remember when they were adolescents. We help them to imagine and remember with the following statements:

   - **✓** What did I look like, and what was my outward appearance like? (my hair, height, favorite clothes…)
   - **✓** What were my interests? (Favorite places, books I read, films I saw, activities, hobbies…)
   - **✓** What were my most prominent concerns and difficulties at that stage? What is the fundamental change that took place in my way of thinking, and in my view of the future?
   - **✓** What was it like – the first time I felt feelings of love or infatuation? (Did my heart pound? Did I feel nervous?...)
✓ Who were the adults closest to me whom I trusted, consulted and told them some secrets or concerns? (family, relatives, teachers, neighbors, older brothers/sisters…)

✓ What were the qualities of these persons that made me comfortable to talk to them and consult them?

3- We ask the participants to open their eyes and then to write on a piece of paper the qualities that distinguished the persons they used to talk with about their private matters.

4- We facilitate discussion and participation on the following questions:

1. How did you feel during the exercise?
2. Do you still keep some of the same interests you used to have?
3. Do you find some similarity between your former interests and the present interests of your sons and daughters?
4. Do you find some similarities between the concerns and difficulties faced and experienced by your sons and daughters and those that you were experiencing during adolescence?
5. Can you share with us some of the qualities that distinguished the person or persons you used to trust and consult?
6. And now, do you feel that you have some of these qualities that may encourage your sons and daughters to talk with you about their questions and concerns?
7. What are the obstacles that still remain? How can we deal with them and overcome them?

To the facilitator:
- Give free scope to equal participation by everyone as much as possible, and encourage them to express their feelings.
- Participants may remember some painful or annoying situations or feelings even though the exercise looks for the positive matters (e.g., the person the participant used to trust died not long ago). We prepare ourselves to contain the feelings and to sympathize with the participants.
- We can change question 7 from the questions for discussion into a group working, thus encouraging participants to search for thoughts together and benefit from each other’s experiences.
- We offer occasional advice where needed, relying on the information guide, paragraph: Advice to Parents on How to Manage Discussion of Issues in Sexual and Reproductive Health with Their Sons and Daughters, p. ...

Unit Four: Adolescence - Psychological and Social Changes

Exercise Four: How to Help our Sons and Daughters
Objectives of the Exercise: To enhance parents’ skills to communicate with their sons and daughters.

Techniques: working in groups - playing roles – discussing

Tools:

Duration: 30-45 minutes

Steps:

1- We divide the participants into small groups, we ask each group to select a position from the positions that they may face with their sons or daughters, in terms of asking for knowledge about, or help on, topics relating to sexual and reproductive health.

2- We ask them to select the positions that they still face difficulty in dealing with them, to make the exercise an opportunity to develop their abilities and learning. We ask them to prepare a scenario in broad outline, and simple personal details related to the characters (e.g. age of the son or daughter ...), to help them play the roles on the positions they selected. We explain that the implementation would be impromptu, to enable the players of the role of “a parent” to respond spontaneously to the position and test their skills, instead of beforehand preparation and being ready to answer.

3- Each group plays its role in succession. We ask the rest of participants to evaluate the role of the “parents” after each group presentation. We lead the discussion and summarize with the participants the basic points of learning points, and make corrections where necessary.

To the Facilitator:
- We can re-play the same scenario more than once to try the suggestions and different ways of dealing with the same position, thus enhancing the chance of participants to benefit from the experiences of each other in dealing with the same position instead of just having one single way.

Unit Four: Adolescence - Psychological and Social Changes
Exercise Five: Network of Resources and Sources
**Objectives of the Exercise:** To help parents increase their knowledge of resources and sources of information and services available on sexual and reproductive health, and ways to utilize them.

**Techniques:**

**Tools:** Local resources on sexual and reproductive health services, educational books on topics relating to sexual and reproductive health for children.

**Duration:** 30-45 minutes

**Steps:**

1- We facilitate a dialogue session on resources and sources available in the local community that help parents access more information, and the education and skills that enable them to respond to the special needs of their sons and daughters with respect to their sexual and reproductive health.

2- We discuss with the participants the most important challenges that may hinder reaching these resources.

3- We ask for the most outstanding qualities that enable the centers that provide services to be friendly centers for children and adolescents i.e. ready to meet their needs in a manner that respects their developmental rights and privacy. We listen to the answers and add where necessary, drawing on the information guide, a paragraph: Child-friendly Centers, p. ...

**To the facilitator:**

- We can do this exercise in the form of group working,
- It is important that we get some of the resources (brochure from the centers - a list of centers – books that they can read to get more information) and put them on a table in the room designated for performing the activities, so that we can provide additional information to parents at the end of the session.

**Key messages**

- Child-friendly centers are centers that respect the rights of children and their growing abilities and work based upon them. They encourage children to exercise their rights and to enjoy them.