Children and Adolescents Sexual and Reproductive Health Rights Toolkit

Activities Guide for Service Providers
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Unit One: A Point of Entry to the Rights of Children to Sexual and Reproductive Health

Objectives of the Unit:

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

- Understand the meaning of the concept of sexual and reproductive health.
- Estimate the importance of sexuality education for children and adolescents.
- Estimate the principle of the rights and understand the rights of adolescents to sexual and reproductive health.
- Understand their responsibilities regulating to the rights to sexual and reproductive health for children and adolescents.
- Understand the specifications of the services and user friendly centers for children and adolescents.
- Show knowledge of the marks of the effective counseling.

Introduction:

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

The participating service providers will be able to understand the connection of rights to responsibilities, and to understand their role in contributing to fulfilling these rights, because they act as an important part of the people assigned to perform duty. They will also understand the responsibilities and the role of parents - as fundamental caregivers - in providing the children’s rights and encouraging them to fulfill them.

Service providers will also discuss their beliefs and attitudes on the right to reproductive and sexual health for children and adolescents, and they will think how to provide an environment that encourages children and adolescents to enjoy their rights through user friendly services.

Because the objectives and activities of this Unit vary, we must be keen to implement all the activities sequentially. Yet, this may require dividing this Unit into a sufficient number of sessions in order to achieve the full objectives. 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; it acts as a base to approach the sexual and reproductive health with the subjects of rights.

The Rights and Duties
We proceed 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, survival and development.

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 services providers to contribute to consolidating the principle of rights and to fulfill them.

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

Exercise One: A Full-Circle Approach to Health

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

Duration: 30 minutes

Instruments: flip board papers, pens

Techniques: asking stimulating questions - working in groups – presenting – discussing

Steps:

1- We start by asking a general question: What is health? How to be healthy? We write the answers on the board, and we conclude the definition of holistic health.

2- We post the definition on the board. (See Information Guide, Section “Introduction to health concept development: from sickness-based approach to the holistic approach to the holistic approach of health” p...)

3- 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.

4- 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. (See Information Guide, Section “Factors underlying holistics health”, p…)

5- We ask them what does the right of human to health has to do with holistic health. We listen to the answers, and we 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.

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

**Exercise Two: Children’s Rights**

**Objective of the Exercise:** To remind service providers of children’s rights and to help them determine who is accountable for fulfilling the rights of children.

**Duration:** 45 minutes

**Instruments:** distributing paper No. 1 - (simplified version of the Convention on the Rights of the Child), flip board papers - thick pens

**Techniques:** working in groups – discussing

Background reading: The UN Child Rights Convention

**Steps:**

1- We divide the participants into groups, and ask every group to write on a big paper the list of the rights of children that they know.

2- After completing Step 1, we distribute the document of the simplified version of the Convention on the Rights of the Child (distributing paper No. 1), and we ask each group to read the briefed items of the Convention, and to put the number of the item next to the correct right out of the rights mentioned in step 1, without adding the missing rights after reading the document. They
are only asked to put the number of the item next to the correct right. We give them ten minutes to finish, and we encourage the positive competition between groups.

3- The groups present their work. Then, we ask about the missing rights in step 1.

4- We present and discuss the principles that are based on the UN CRC (See Information Guide, Section “The four general principles on the UNCRC”, p...)

5- We ask the groups: who is accountable for enjoying the whole rights? We discuss each item separately, and we clarify the responsibility of States, parents, non-governmental organizations, and the civil society, as well as the role of children in knowing their rights and applying them and the responsibility of all parties to enable them to do so.

Key Messages

- The effective relationship between children as holders of rights and the “people assigned to perform duty”, including service providers, relating to the rights of children require achieving the four general principles of the Convention on the Rights of the Child. The four principles are survival and growth, non-discrimination, child participation, and best interests of the child.

- The participation of children and adolescents and their active role in realizing their rights depend on the available opportunities to express their views and to influence decision-making in sectors affecting their life. It is our duty to provide these opportunities in our work.

- The participation of children requires developing the children’s trust, their knowledge of their rights, and their ability to protect themselves, taking into consideration their evolving (progressing) abilities. Thus, we must provide the opportunity to children to learn basic life skills and to apply them, and to empower them as individuals in the society and as active citizens and responsible members practicing their rights, enjoying them, and respecting the rights of others.
Simplified version of the Convention on the Rights of the Child

The Convention aims at setting standards for the defense of children against neglect and abuse they are facing on daily basis and at varying levels in all countries. The Convention is keen to make room for cultural and political differences and the material dissimilarities between States. The most important concern is the best interests of the child. Rights can be divided into three main groups:

**Enjoyment:**

The right to own property, and to get things or services (name, nationality, health care, education, rest and play, care for the disabled and orphans...).

**Protection:**

The right to be protected from all kinds of physical and psychological violence, abuse, neglect and exploitation (separation from parents, engaging in hostilities, commercial or sexual exploitation, physical or psychological abuse, harmful practices etc.).

**Participation:**

Child's right to be heard when making decisions that affect his/her life. With the development of his/her abilities, the child should get opportunities to participate in the activities of his/her society (freedom of speech and opinion, cultural, religious and linguistic activities...).

**Preamble:**

The preamble mentions the importance of the family in the organized development of the child; and the importance of the special guarantee and care, including appropriate legal protection before and after birth; and the importance of traditions and cultural values of each person in the child's development.

**Article 1: Definition of the child**

The child is a person below the age of eighteen, unless the laws set the legal age for adulthood younger.

**Article 2: Non-discrimination**

Every child should be given all the rights, without exception. The State must make sure every child, without exception, is protected from all forms of discrimination.

**Article 3: Best interests of the child**

In all procedures related to children, the best interests of children must be the primary concern.
**Article 4: Fulfillment of rights**

The States Parties undertake ensuring the fulfillment of rights found in the Convention.

**Article 5: Parents, family, community rights and responsibilities**

The States Parties shall respect the responsibilities and the role of parents and family, or other persons legally responsible for the child, in the upbringing of the child, and to provide this in a manner consistent with the growing capacities of the child.

**Article 6: Life, survival, and growth**

The child has an inherent right to live, and the State shall ensure the child's survival and growth.

**Article 7: Name and nationality**

The child has the right to a name since birth, to a nationality, and to know his parents and to be cared for by them.

**Article 8: Preservation of identity**

The State undertakes helping the child to re-establish personal identity if being deprived of it illegally.

**Article 9: Not separating a child from his parents**

The States Parties shall respect the right of the child who is separated from his parents to maintain a regular relationship with them. In the cases of separation as a result of arrest, imprisonment, or death, the State party shall provide information to the child or parents about the whereabouts of the missing family member.

**Article 10: Family reunification**

The States Parties shall consider the applications submitted by a child or his father to enter or leave a State Party with a view to re-unify the family humanitarianly. The child whose parents reside in different States has the right to maintain regular contacts with both.

**Article 11: The illegality of taking children out of their country and not returning them**

The States Parties shall take measures to face the kidnapping of children by one of the parents or by a third party.

**Article 12: Expressing views**

The States Parties shall ensure the child's right to express own views, which should be given all due consideration.

**Article 13: Freedom of expression and access to information**

The child has the right to request different types of information, to take them, and to impart them in different forms, including art, printing, and writing.
Article 14: Freedom of thought, conscience and religion

The States Parties shall respect the rights and duties of parents in guiding the child in exercising this right in a manner consistent with the growing capacities of the child.

Article 15: Freedom of association

The States Parties recognize the rights of the child to freedom of association, join them, and to freedom of peaceful gathering.

Article 16: Privacy and reputation

No one should intervene in the child’s private life, family, or correspondence. The law should protect the child in this regard.

Article 17: Access to information and mass media

The States Parties shall ensure the child getting information from various sources. Special attention should be given to the needs of minorities, to which the child belongs, and to encourage the development of guidelines on the protection of children from information and materials that could harm their interests.

Article 18: Parental responsibility

Both parents share responsibility for bringing up the child, and the States Parties should provide support to parents in assuming responsibility for raising children.

Article 19: Abuse and neglect (whether within the family or anyone else who look after the child)

The States parties must protect children from all forms of abuse, and must provide access to social programs and support services to achieve this.

Article 20: The alternative care in the absence of the parents

The States Parties shall ensure alternative care for the child in accordance with their national laws, and they shall give due consideration to provide continuity in the child’s religious, cultural, linguistic and ethnic background when providing alternative care.

Article 21: Adoption

The Member States shall ensure that the competent bodies are alone competent to adoption and disallowing the adoption of a child in another country, but only if care was not provided for the child in any manner in his homeland.

Article 22: Refugee children
The Member States must provide special protection for refugee children. To achieve this purpose, they must cooperate with the international agencies, and to work to reunite children who are separated from their families.

**Article 23: Children with disabilities**

The States Parties recognize the right of the disabled child to special care and education, and to enjoy living full and decent life.

**Article 24: Health Care**

The States Parties recognize the right of the child to have access to preventive health care and treatment, as well as abolishing traditional practices that could be harmful to the health of the child, gradually.

**Article 25: Periodic review**

The States Parties recognize the right of the child who is placed by special authorities for care, protection, or treatment, to a periodic review of the situation.

**Article 26: Social Security**

Every child has the right to benefit from social security.

**Article 27: Standard of living**

The parents bear the primary responsibility for ensuring adequate living conditions for the growth of the child, even when a parent is residing in a country other than the State where the child lives.

**Article 28: Education**

The States Parties recognize the right of the child to a free primary and vocational education, and the need to take measures to reduce dropout rates in schools.

**Article 29: Goals of Education**

Education should develop the child’s personality, talents, and preparation for responsible life, respecting human rights and the cultural and national values of the country of the child and of other countries.

**Article 30: Children of minorities and indigenous groups**

The right of the child who belongs to a minority or indigenous groups to enjoy own culture and use own language.

**Article 31: Play and leisure**

The child has the right to play, to join recreational activities, and to participate in cultural and artistic life.

**Article 32: Economic exploitation**
The child has the right to be protected from all forms of harmful work and of economic exploitation.

**Article 33: Drug substances**

The States Parties should take appropriate measures to protect children from the use of narcotic drugs and psychotropic substances, and to prevent the use of children in the production of such materials and distribution.

**Article 34: Sexual exploitation**

The States Parties undertake protecting children from sexual exploitation, including prostitution, and child pornography.

**Article 35: Abduction, sale and trafficking**

The States parties are obliged to prevent the abduction, the sale, or the trafficking of children.

**Article 36: Other forms of exploitation**

Children should be protected from all forms of exploitation that could harm the welfare of the child.

**Article 37: Torture, punishment, and detention**

No child should be tortured or sentenced to death or life imprisonment.

**Article 38: Armed Conflicts**

The States Parties shall ensure that people under fifteen should not take a direct part in a war, and shall refrain from recruiting any person who is under fifteen.

**Article 39: Recovery and Reintegration**

The States Parties undertake reeducating and socially reintegrating a child who is a victim of exploitation, torture, or armed conflicts.

**Article 40: Juvenile Justice**

Every child accused of breaking the penal law has the right to fair treatment in consistent with raising his sense of dignity.

**Article 41: Rights of the Child in other Covenants**

This Convention has nothing called the rights of children in other international laws.

**Article 42: Dissemination of the Convention**

The States Parties undertake to spread the principles and provisions of the Convention between the adults and children on an equal basis.

**Article 43-54: Implementation**
These articles state the need to form a Committee on the Rights of the Child to undertake the task of supervising the implementation of this Convention.

Note: The titles of the articles were simplified, and are not part of the terms of the Convention. You can review the full Convention via the following URL:

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

Exercise Three: Sexuality throughout the age phases

Objectives of the Exercise: To help services providers understand sexuality and the stages 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 participant 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, look into the ideas, feelings, and behaviors relating to sexuality in the various age stages from infancy to adulthood. Try to divide the work according to the various age phases, and rely on your experiences to conclude the children and adolescents’ expressions of sexuality you have noticed.

2- We give some simple examples to motivate the participants, drawing on the information guide, Section development of the sexual identity child p.... We say for example: “Remember how children starting from early age ask questions about whether they are males and females, where do babies come from?Remember how they discovered their private organs when they were too young. 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.

Sexuality:

Sexuality forms one aspect of humanity, which is inherent in human life. It combines the terms sex, social identity, role, sexual orientation, eroticism, pleasure, intimacy, and reproduction with each other. Sexuality is an expression of ideas, imaginations, desires, beliefs, attitudes, values, behaviors, practices, roles and relationships. Although sexuality may include all these dimensions, but they are not all exercised or expressed. Sexuality is the interaction between the biological, psychological, social, economic, political, cultural, ethical, legal, historical, religious and spiritual factors. (WHO)

Key Messages
Our ability to understand and sympathize with the different aspects of sexuality in the life of beneficiaries - including the children and adolescents – will help us deal with matters concerning it in a way that goes beyond the subject of sexual behavior, and sexual intercourse/acts.

The sexual development and the accompanying feelings and behaviors are normal and extend to all phases of life. As service providers, it is necessary to encourage the parents to adopt the attitudes and positive ways to deal with their sons and daughters during their journey to discover the body, feelings, and to think of relationships.

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

Exercise Four: Sexuality Education – Attitudes and Practices

Objective of the Exercise:

- To enable services providers to discuss and to reinforce their positive attitudes on sexuality education.
- To help them enhance their skills of discussion relating to the importance of sexuality education.

Duration: 60 minutes

Techniques: working in groups – presenting – asking stimulating questions for discussion - exchanging experiences – role-playing– evaluating

Instruments: flip board papers – thick pens – board

Steps:

1. We divide the participant into groups, and ask each group to answer the following questions depending on what we concluded in the previous exercise:
   - In your opinion, what is sexuality education?
   - What should it include?
   - What are its merits?
   - How do these merits relate to children's rights?
At what age should we start sexuality education?

Who would be in charge of doing so?

2- The groups present their work, and then we discuss and introduce the definition of sexuality education and some information on it where necessary (see information guide p....)

3- We encourage them to associate sexuality education with the rights of children, but we do not expand the sexual and reproductive rights in this exercise, for we will be expanding them later in a next exercise because of their importance and complexity.

4- We ask the participants about their experience on matters relating to sexuality education, whether within their work or their personal life (in the event that they have sons and daughters, or have an educational role with children within the extended family). We listen to the experiences and stress on respecting all the expertise and experiences of all participants, and we disallow any evaluation of the different ideas of the participants. We promote critical thinking through stimulating questions.

5- We ask two volunteers to participate in a role-playing game.

- The first volunteer plays the role of an advocate, and the second volunteer plays the role of a resister. The rest of the participants act as observers.

- We ask the advocate to recall the reasons and merits of sexuality education drawing on everything we have discussed in the previous steps of the activity. We explain to him/her that his/her task is to persuade the resister of the importance of affording sexuality education to children and adolescents.

- We ask the resister to think about the reasons preventing him/her from providing sexuality education, drawing on the challenges that he/she knows and on examples from within the scope of his/her work.

6- After finishing the role-playing game, we ask the observers to evaluate the role played by the advocate (and the resister if possible). We discuss and summarize with the group the basic points of learning.

Key Messages

- Sexuality 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 sexuality education, the better this was.
Sexuality education is the primary responsibility of parents, and it is our duty as service providers to help them develop their abilities so as to be able to do so, to cooperate with them, and to complete their educational role in our institutions.

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

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

Exercise Five: Defining Sexual and Reproductive Health

Objective of the Exercise: Increase service providers’ knowledge of the concept of sexual and reproductive health

Duration: 45 minutes

Techniques: brainstorming – working in groups – presenting

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

Steps:

1. We ask the participants their opinion of the meaning of the term “reproductive health” by way of brainstorming. We write the answers on the flip board, summarize them, and then post the definition of the reproductive health on the board depending on the information guide-paragraph: Basic concepts in sexual and reproductive health p...

2. We affirm that reproductive health entails much more than the health of the reproductive system and its functions; it is a broad concept that involves a sense of health and well-being in matters relating to the social and psychological side of sexuality and reproduction. It also relates to the various services that meet people’s many and diverse needs in this regard.

3. We divide the participants into groups, and we recall with them the concept of sexuality, which we discussed in Exercise Three. We explain that many people associate the term “sexuality” with the term “sex” or “sexual intercourse”, and therefore it is important that service providers differentiate between the two concepts. Depending on this, we ask the groups to define sexual health, with the distinction between it and reproductive health.

4. The groups present their work, and we post on the board the definition of sexual health from the information guide - paragraph: Basic concepts in sexual and reproductive health p...
5. We explain the difference between the reproductive health and the sexual health; many people enjoy sexual health without experiencing reproduction. We clarify the correlation between the two concepts, for the sexual health and reproductive health are two interconnected and intertwined concepts; hence the combined term “sexual and reproductive health” incorporating all aspects of sexuality including reproduction.

**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” incorporating all aspects of sexuality, including reproduction.
- Sexual and reproductive health requires having a positive and respectful view of sexuality.
- Man’s sexual and reproductive rights should be respected, protected, and applied so that to attain the sexual and reproductive health and to maintain it.

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

**Exercise Six: Sexual and Reproductive Health and Children’s Rights**

**Objectives of the Exercise:** To help service providers discover 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:** Handout 2 - Handout 3 – papers – pens - flip charts - highlighters


**Steps:**

1. We write on the board the following rights:
- The right to health care
- The right to information
- The right to protection
- The right to non-discrimination
- The right to participation
- The right to learning and education
- The right to privacy
- The right to opinion
- The right to live and grow to the highest standard

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, See Information Guide, Section“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 discuss the dissimilarity and diversity in the options relating to sexuality i.e. the diversity in viewing the relationships and in the emotional and sexual attitudes, the diversity in values, as well as in the way of viewing reproduction. We stress the need to respect this diversity on the basis of the principle of non-discrimination. (See information guide, Section “Respect and appreciation of diversity” p...)

5. We distribute to the participants the document of sexual and reproductive rights - (distributing paper No. 2), and the document of the international texts relating to sexual and reproductive rights - (distributing paper No. 3), and we ask them to read them individually.

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

To the facilitator:

☐ It is important to be patient and to respect the experiences of the participants and their situations, because changing the positions on the rights relating to sexual and reproductive health for children and adolescents may require giving the participants additional tests and exercises from the guide.
Focus on the right to non-discrimination to understand the diversity and to accept the dissimilarity, which forms a rich source.

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 service providers to respect this right and to work based upon it.

Unit One: A Point of Entry to the Rights of Children to Sexual and Reproductive Health
Exercise Six: Children’s Rights
Handout 2

Sexual and Reproductive Rights

Reproductive Rights:

- The right of couples and individuals to decide freely and responsibly the number, spacing and timing of their children.
- The right of men and women to be informed and to have access to safe, effective, affordable, and acceptable methods of family planning.
- The right to access all services relating to reproductive health, including treatment of infertility, prevention and treatment of sexually transmitted infections, prevention of miscarriage, safe abortion, and treatment of breast cancer and cancers of the reproductive system.
- The right to be fully informed about reproductive and sexual health, health problems, and risk factors.
- The right to care throughout pregnancy and childbirth, and to mental health and counseling services.
The right to be shielded from physical abuse and gender-based violence, such as female genital mutilation.

The right to attain the highest possible standard of reproductive health.

**Reproductive Rights before Puberty:**

- The right to be shielded from physical abuse
- The right to sound nutrition and to primary health care
- The right to protection from early marriage
- The right to learn and to access primary health information, including on reproductive health.

**Sexual Rights**

Sexual rights rest on recognition of the following:

- The right to knowledge, education, and health services relating to sexual relations.
- The right to protection from sexual harassment, assault and gender-based violence.
- The right to non-discrimination because of sex and gender.
- The right to express affection and sexual inclination without incurring discrimination or abuse because of this.
- The right to enjoy a sexual life suitable for the particular norms and culture of the individual.
- The right to privacy and personal freedom, including the right to choose a partner in marriage without coercion, and the right to sexual dignity and voluntary sexual relations.
- The right to be shielded from and treated of sexually transmitted infections.
- The right to attain highest possible standard of sexual health and access to reproductive health services.
- The right of individuals to participate in the development and implementation of policies that are adopted regarding their health and well-being, including their sexual and reproductive health.

**Unit One: A Point of Entry to the Rights of Children to Sexual and Reproductive Health**
The International texts relating to sexual and reproductive health for children and adolescents – Review


“The Committee calls upon States parties to develop and implement, in a manner consistent with adolescents’ evolving capacities, legislation, policies and programs to promote the health and development of adolescents by […] (b) Providing adequate information and parental support to facilitate the development of a relationship of trust and confidence in which issues regarding, for example, sexuality and sexual behavior and risky lifestyles can be openly discussed and acceptable solutions found that respect the adolescent’s rights (article 27 par. 3)”.

United Nations Committee on economic, social and cultural rights - Commentary / General Comment No. 14 (11 August 2000): Substantive issues arising from the implementation of the International Covenant on economic, social and cultural rights

“The Committee interprets the right to health, as defined in Article 12.1, as an inclusive right, extending not only to timely and appropriate health care, but also to the underlying determinants of health, such as […] access to health-related education and information, including on sexual health and reproductive health”.

“[…] It is also important to undertake preventive, promotive and remedial action to shield women from the impact of harmful traditional cultural practices and norms that deny them their full reproductive rights”.

International Conference on Population and Development (ICPD) Program of Action (POA)

“[…] Educational efforts should begin within the family unit, in the community and in the schools at an appropriate age […]” (Paragraph 7.37)

“In the light of the urgent need to prevent unwanted pregnancies, the rapid spread of AIDS and other sexually transmitted diseases, and the prevalence of sexual abuse and violence, Governments should base national policies on a better understanding of the need for responsible human sexuality and the realities of current sexual behavior.” (Paragraph 7.38)

“Recognizing the rights, duties and responsibilities of parents and other persons legally responsible for adolescents to provide, in a manner consistent with the evolving capacities of the adolescent, appropriate direction and guidance in sexual and reproductive matters, countries must ensure that the
programs and attitudes of health-care providers do not restrict the access of adolescents to appropriate services and the information they need, including on sexually transmitted diseases and sexual abuse. [...] these services must safeguard the rights of adolescents to privacy, confidentiality, respect and informed consent, respecting cultural values and religious beliefs.” (Paragraph 7.45)

“Countries, with the support of the international community, should protect and promote the rights of adolescents to reproductive health education, information and care and greatly reduce the number of adolescent pregnancies”. (Paragraph 7.46)

“[...] Adolescents must be fully involved in the planning, implementation and evaluation of such information and services with proper regard for parental guidance and responsibilities.” (Paragraph 7.47)

“Programs should involve and train all who are in a position to provide guidance to adolescents concerning responsible sexual and reproductive behavior, particularly parents and families, and also communities, religious institutions, schools, the mass media and peer groups. Governments and non-governmental organizations should promote programs directed to education of parents, with the objective of improving the interaction of parents and children to enable parents to comply better with their educational duties to support the process of maturation of their children, particularly in the areas of sexual behavior and reproductive health.” (Paragraph 7.48)

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

Exercise Seven¹: Our Personal Beliefs and Attitudes on Matters relating to Sexual and Reproductive Health

Objective of the Exercise: To help service providers develop their awareness of their attitudes on matters relating to sexual and reproductive health

Duration: 30-45 minutes

Techniques: a stimulating game for discussion

Tools:

Steps:

1. We post cards in the room, on which we write: “I approve, I disapprove, I am unsure”, and we ask the participants to stand in the middle.

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¹ Exercises 1 and 2 for service providers were inspired by the “Training Methodology for Integrated Counseling on Reproductive Health and Family Planning”, Jordan, 2006.
2. We read one of the phrases in the list below, and we ask the participants to select one of the three places (I approve, I disapprove, I am unsure), according to their position on the phrase, and to stand next to it.

3. We ask some of the participants at each place to express the reason why they have chosen this position. We inform them that we will not discuss the ideas, and that we will postpone this to the next exercise.

4. We ask if anyone wants to change his/her place after hearing the opinion why each participant chose his/her position. Anyone can change his/her place without any argument, before moving to the next phrase.

5. We repeat the same process with the rest of phrases.

### List of beliefs

1. Unmarried adolescents should not indulge in sexual acts.
2. Most women afflicted with sexually transmitted diseases are those enjoying sexual freedom.
3. There is no such thing as rape in marriage.
4. Women have the right to refrain from sexual intercourse with her partner if she suspects he is carrying a sexually transmitted disease.
5. Persons afflicted with HIV should not indulge in sex.
6. Indulging in sex without sexual intercourse is not considered real sex.
7. Anyone can lead a normal and satisfactory life as a bachelor.
8. Educating the adolescents on the condom will encourage them to indulge in sex.
9. Most uneducated women are unable to take decisions concerning their sexual life and reproductive health.
10. If the service provider feels uncomfortable in dealing with homosexual people, is it acceptable to transfer these people to other service providers.
11. The age of 14 is a very early age for an adolescent to indulge in sex.
12. Schools should provide sexuality education for children before puberty, as of age 9.
13. In most cases it is no use discussing with adolescents the condom, because they will never use it.
14. The parents of an adolescent girl have the right to know that their daughter is indulging in sex if they knew of this from her.
To the facilitator

✓ We affirm that there is no right or wrong answer and people answer according to their beliefs. The objective of the exercise is to help participants discover their different views and to review them.

✓ We remain neutral as possible during the exercise, so that the participants are not influenced by our responses, and we try to keep balance between the various views presented.

✓ We make sure that all the participants have taken their decisions, whether for, against or uncertain. This will help them know / identify their beliefs, and sharing their beliefs before others will help arouse their awareness as to how they will affect their interactions with the beneficiaries and with others.

Key Messages

Each and every one of us has different beliefs, attitudes and values on matters relating to sexual and reproductive health. Therefore, we as service providers should be aware of these beliefs, attitudes, and values so that to be able to understand their potential impact depending on the method and quality of providing the service, if we were to adopt the approach of the rights of sexual and reproductive health in our work.

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

Exercise Eight ²: Discussion of beliefs and attitudes that may affect the quality of our work

Objectives of the Exercise:

- To enhance service providers’ awareness of the impact of their personal beliefs and values on consultations they provide to the beneficiaries.

² Exercises 1 and 2 for service providers were inspired by the “Training Methodology for Integrated Counseling on Reproductive Health and Family Planning”, Jordan, 2006.
- To help service providers evaluate their ability to give suitable counsel to children and adolescents on the basis of the rights.

**Duration:** 30-45 minutes

**Techniques:** discussing and participating

**Tools:** none

**Steps:**

1. After discovering the various views of the group on some beliefs in the previous exercise, we ask the participants to return to their seats, and we facilitate discussion on the following questions:
   - Does every individual of the group have the same beliefs? Why?
   - Why are we as service providers concerned about being aware of our personal attitudes and beliefs regarding sexual and reproductive health?
   - What happens when service providers and beneficiaries have different values and beliefs concerning various issues relating to sexual and reproductive health?
   - What can you do as service providers when you feel uncomfortable talking to beneficiaries because of your beliefs on issues of sexual and reproductive health?

**Key Messages**

As service providers, it is necessary:

- Not to let our personal beliefs and attitudes on issues of sexual and reproductive health influence beneficiaries, for this will not lead us to our goal, which is “meeting the needs of beneficiaries as a right to their receiving suitable services”.

- To show full respect and understanding for the beliefs and attitudes of beneficiaries that may be different from our own attitudes.

- To recall the importance of not imposing our beliefs on beneficiaries, and if we are unable to do this or feel uncomfortable, then we can transfer the beneficiary to another person so that to be able to exercise his/her right and to enjoy it.

- To make the beneficiary feel an atmosphere of trust, and to give assurance that confidentiality and privacy will be maintained, and to show interest and ability to listen.

- To recall the sexual and reproductive rights, and to work based upon them
The interaction of children and adolescents with service providers begins the moment the beneficiary enters the door of the center or clinic. Therefore, it is essential to pay attention to the first encounter, including verbal communication (tone of voice, terms used, etc...) and non-verbal communication (gesticulation, facial expressions, unconcealed reactions, etc...) in order to assure an atmosphere of comfort and trust that encourages the beneficiary to request the service and follow-up enhancement of his/her health.

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

Exercise Nine: Marks of the Effective and Friendly Consultation for Children and Adolescents

Objective of the Exercise: To enhance service providers' knowledge of the basic skills for providing consultation to children and adolescents in an effective and close way.

Duration: 30 minutes

Techniques: dialogue: participating and discussing – presenting

Tools: Handout 4

Steps:

We facilitate dialogue workshop on the marks of effective consultation and individual and professional skills that service providers should enhance so as to provide the best of service consistent with the approach of holistic health and the way of rights.

We summarize the ideas and make corrections where needed, and it is possible that we draw on the “characteristics of effective counsel” from the information guide p....
The person who provides should:

- listen well and speak clearly
- show understanding of the feelings of the clients and of what they say
- show the clients that their feelings are normal no matter what their type
- be very adept in health information and the characteristics of the age phase of the clients
- ask open-ended questions that lead to the goal
- show respect and appreciation for the clients
- probe the feelings of the clients and extent of their knowledge
- use simple language that is comprehensible to the clients according to their ability to understand
- appreciate the abilities of the clients and help them develop their health-related skills
- facilitate for clients their taking their own decisions by providing the best in health guidance
- build confidence with the clients and reassure them as much as possible
- understand the situation of the clients and sympathize
- be truthful
- be aware of norms and beliefs and extent of their influence on the work of the clients
- provide an environment that is supportive/safe and comfortable
- encourage clients to ask questions
- be cautious in use of the word “why”, which may place clients in a defensive position and make them feel that he/she is passing judgment on them or reproaching them
- make sure that the clients understand his/her questions; if they do not understand a question, then pose it in a different way
- be patient
- listen in an effective and attentive way, that is:
  - He/she should not only listen to what the clients say but also to how they say it
  - He/she should be aware of the body language of the clients (facial expressions, movements of the body, way of sitting, glances, etc.) and the tone of their voice, or their silence
  - He/she should direct conversations to accord with the pace of the clients (quickly, slowly, moderately, etc.)
  - He/she should rephrase the words of the clients to make sure their thoughts and feelings are understood
  - He/she should maintain eye contact with the clients when this is suitable
  - He/she should show interest in the clients by looking at the whole personality of each
  - He/she should make sure that his/her body language reflects the extent of his/her interest
  - He/she should pay attention to physical space and moral space (neither too near nor too far; estimate the situation)
  - He/she should wait after posing a question, tolerate any resulting silence, and encourage clients to continue the conversation
  - He/she should look to the needs of the clients and estimate the factors affecting them
  - He/she should ensure privacy and confidentiality, and provide a transfer to services that are outside the scope of his/her specialization, where called for and achievable
  - He/she should be mindful to contain his/her feelings, especially the negative, and pay attention that “wounds are not opened” without also “dressing” them.

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

**Exercise Ten: How to Provide Service to the Children and Adolescents- Role-Playing**
Objective of the Exercise: To help the service providers develop their skills in providing consultation and service in sexual and reproductive health to children and adolescents in an effective and close way.

Duration: 45-60 minutes

Techniques: role-playing game– evaluating

Tools: none

Steps:

1. Proceeding from the summarizes of the previous exercise on the marks of effective child-friendly counseling, we divide the participants into small groups and ask each group to select one of the situations they may face with the children and adolescents from among the beneficiaries in terms of consultation on topics relating to sexual and reproductive health.

2. We ask them to prepare a scenario in broad outline, and simple personal details (such as the age of the child or adolescent...), to help them play roles on the situations they chose. Implementation would be impromptu, to enable the players of the role of “service providers” to respond spontaneously to the situation and test their skills, instead of preparing beforehand and being ready for the answers and how to deal with who plays the role of the beneficiary child or adolescent...

3. We ask those who play the role of “service providers” to try to bring to bear the skills discussed in the previous exercise.

4. Every group plays its role respectively, and we ask the rest of the participants to evaluate the role of “service provider” after each group presentation. We lead the discussion and summarize with the participants the basic points of learning, and we make corrections where necessary.

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

Exercise Eleven: How can our Centers be User friendly Centers for Children and Adolescents?

Objective of the Exercise: To help service providers to discover ways to make their centers user friendly for children and adolescents.

Duration: 30-45 minutes

Techniques: working in groups – presenting - discussing

Tools: 

Steps:
1. We divide the participants into groups, we ask each group to think of possible steps that may be taken to make the centers they work in closer to children, whether these steps mean physical matters (tools, equipment, posters, reading resources, walls color in waiting areas, etc....) or moral (method of reception, active participation of the children and adolescents, privacy and confidentiality etc....)

2. Every group presents the result of its work. We summarize with the participants the basic points. We draw on the information guide, Section “Children and adolescents – friendly services” p....

Key Messages

 The child-friendly centers are the 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.

 The user friendly services for children and adolescents rest on the overall understanding of what children and young people need in a specific community or region, and what they want, rather than what the service providers believe to be necessary for them.

 In order to make our centers friendly centers for children and adolescents, we must translate the principles into practical steps that materialize in the physical environment of the center (the area - healthy features- the form of the rooms and decor - available materials...) and the moral environment (the service providers’ approach - the quality and form of service...). Also, we must periodically assess the needs of children and the effectiveness of services and the center in partnership with the children themselves.

Unit Two: Adolescence - Our Growing Bodies

Objectives of the Unit

At the end of the sessions of this Unit, the service providers 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.

Introduction

In this Unit, we will recall with the participants 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 participating service providers 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 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 service providers to contribute to helping the adolescents enjoy this right, through helping their parents or through helping the adolescents themselves.

As for the skills, the service providers will develop their abilities to provide to children and adolescents close consultation, respecting their evolving abilities. They will also develop their ability to convey suitable information to parents, children and adolescents on the physical changes and sexual development in adolescence.

Unit Two: Adolescence - Our Growing Bodies

Exercise One: Adolescence

Objectives of the Exercise:

- To help service providers ponder their positions and attitudes toward adolescence.
To enable them to determine what adolescence is.

**Techniques:** brainstorming – pondering and participating – working in groups - presenting – discussing

**Tools:** flip board - papers - pens – wide pens

**Duration:** 45 minutes

**Steps:**

**Introduction:** In this exercise, we will discover what adolescence is in general and we will address in a later exercise the changes that occur in detail.

1- We start by a question: “When we hear the word adolescence, what is the first thing that comes to our minds”? We write the words on the board.

2- We ask the participants: “What is the word or expression out of these words that relate to adolescence in your environment best”? We put a circle around the word or words.

3- We ask each participant: When you recall your adolescence, what is the word out of those words that describe this phase of your life best?

4- We summarize and point out that the view of adolescence varies from one individual to another and from one environment to another, and that it is necessary not to limit our view of adolescence to the challenges and problems, but to remember that adolescence is a stage full of opportunities, potentials, and evolving abilities.

5- We divide the participants into groups, and ask them to determine what adolescence is, when does it start and end, and what its main phases are.

6- The groups present their work. We discuss and summarize, and provide the definition of adolescence and its phases (see information guide, Sections “What is adolescence?” and “Phases of adolescence” p...).

**Key Messages**

Adolescence is an important period of human life; it may extend to seven years or more. All thorough these years, the abilities of the adolescents would evolve, their commitment to the society would increase, and their values would start to take shape. Therefore, it is important to have a positive view of an adolescent respecting and valuing his/her energies and abilities to develop positively, as well as his/her role as an active member in the community.
To the Facilitator

It is important to focus on the positive view and to encourage the replacement of the negative words that describe the challenges in adolescence with more positive words.

Unit Two: Adolescence - Our Growing Bodies

Exercise Two: Physical Changes

Objectives of the Exercise:

- To help service providers recall the physical changes in adolescence faced by boys and girls.
- To assist service providers develop their skills in providing child-friendly consultation on the physical changes.

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 underneath the clothes pins (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 ask them to 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. Each participant has to 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 change 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 the participants if there are missing changes, and then we add them. We ask about the common changes faced by boys and girls.

6. We divide the participants into groups, and ask each group to arrange the changes experienced by the boy and the 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. (See Information Guide, Section “Signs of physical puberty”, p…) Then, we ask what is causing these changes, and we talk about the role of hormones in causing and accelerating these changes.

8. We ask two volunteers to create a framework to play roles between a service provider and a child almost becoming an adult (where, when, who!). We ask them to create an impromptu scene in which the provider of service prepares the child to the physical changes that he/she will be experiencing, and answers his/her questions. We ask the provider of service to recall the principles and skills of providing child-friendly consultation that we discussed and practiced in the previous unit.

9. The group plays the role of an observer, and we evaluate the performance of the “service provider” for learning. Therefore, we encourage them to start evaluating the positive points and then we move on to the gaps that should be improved.

10. We repeat playing the roles with volunteers / other volunteers but with a different frame (i.e. if the roles played in the first frame were with a girl, we ask this time to play them with a boy). We repeat the evaluation process, and then we finalize by discussing the potential challenges in the implementation on the ground.

**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.

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

**Exercise Three: Genitalia and their functions**

**Objectives of the Exercise:**
To help service providers review their information on the functions of the genital organs of the male and female.

To help them strengthen their skills in conveying the suitable child-friendly information to children and adolescents on the functions of the genitalia.

**Techniques:** working in groups - presenting through role-playing games – discussing

**Tools:** distribute papers No. 4, 5, & 6, male reproductive system poster and female reproductive system poster (external and internal organs) - flip board and papers - thick pens - colored paper, crayons.

**Duration:** 60-90 minutes

**Steps:**

1. We divide the participants into 3 groups, and distribute to each group one of the three documents (distributed papers No. 4, 5, & 6): male reproductive system – female reproductive system (external organs) – female genitalia (internal organs).

2. We ask each group to prepare a presentation to a group of children or adolescents to familiarize them with the names and functions of the different genital organs in accordance with the document they have. We ask them to determine the age, and the specifications of the target group. We also ask them to explain to children and adolescents in a friendly close way, taking into account and respecting their evolving abilities and their right to education and knowledge.

3. We give each group the poster relating to the reproductive system that it will present, to rely on during the show. Each group is free to devise other means for the purposes of clarification or presentation.

4. Every group presents its work, and the rest of the participants play the role of the children or the adolescents depending on the category identified by each group, and they participate in asking the facilitators questions during the show.

5. We discuss and evaluate the method of presentation, and we correct the information where necessary. (See information guide, Section “Male and Female reproductive systems” p...). Then, we discuss the challenges during the implementation on the ground. We conclude by recalling the right to know that help children and adolescents to grow, to protect their bodies, and to respect the bodies of others.

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To the facilitator:

The participation of service providers in recalling information make them more interested in the learning process. We try to make this exercise a chance to learn and not to evaluate the participants’ knowledge, which we encourage.
Key Messages

- The child or adolescent 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 strengthen the ability of the child or adolescent 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.

- It’s important to transmit positive messages on the differences between male and female sexual reproductive organs and this is due to the variations and complementarity of their functions:

Unit Two: Adolescence - Our Growing Bodies

Exercise Four: Explaining the Sexual Developments for the Children and Adolescents

Objectives of the Exercise:

- To help service provider review their information on the sexual developments in adolescence.

- To assist them strengthen their skills in conveying suitable friendly information to children and adolescents on these developments.

Techniques: working in groups – presenting through the role-playing game – discussing

Tools: sexual and reproductive developments and processes cards, distribute paper No. 7 - (the phases of the menstrual cycle), “menstrual cycle” poster, “how pregnancy happens” poster, flip board and papers – thick pens - colored papers and crayons.

Duration: 120 minutes

Steps:

1. We divide the participants into 4 groups, and distribute to each group one of the four cards that we prepare earlier, on which we wrote information (see information guide p...) on the following four topics:
- The first card: the phases of the menstrual cycle
- The second card: health care and personal hygiene during menstruation
- The third card: wet dreams
- The fourth card: how pregnancy happens

2. We ask each group to prepare an activity for a group of children or adolescents to explain the topic of the card that they have. We ask them to identify the age, and the specifications of the target group – they should choose a method close to children and adolescents to implement the activity, and respect their evolving abilities and their right to education and knowledge. Each group should identify the themes that it wants to address through the activity.

3. We give examples on some of the methods / techniques of implementing the activities with children and adolescents (quiz - drawing - a story and a discussion ...). Each group is free to choose its techniques to implement the activity provided that it serves the purpose of the activity and contributes to achieving it the best way.

4. We give the group that has the card “the phases of the menstrual cycle” the poster “menstrual cycle” and the distributed paper No. 7 - (the phases of the menstrual cycle), based upon which it should rely during the implementation of the activity. We also give the group that has the card “how pregnancy happens” the poster “How pregnancy happens”.

5. Each group carries out its activity, and the rest of the participants play the role of the children or adolescents depending on the category identified by each group, and they interact with the facilitators who are leading the activity prepared by each group.

6. We review the key messages identified by each group, and we evaluate whether the objective of the activity was achieved or no. We also evaluate the method used to implement it and whether the information was appropriate for the target group or no. We correct the information where necessary (see information guide, Section on menstruation, wet dreams and how pregnancy occurs p...), and then we discuss the challenges during the implementation on the ground.

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To the facilitator:

During the evaluation of the activities carried out by service providers, we are keen to draw their attention to the humanitarian, (social and emotional) side of matters relating to pregnancy, the accompanying desire for that, and the ability to take decisions and to bear responsibility. We are also keen to draw their attention to the fact that pregnancy and reproduction carry a fundamental value which is the gift of giving life. We encourage the participants to convey this value to the children and adolescents, and not to limit their selves to talking about pregnancy as a purely scientific topic. The same goes for the menstrual cycle and menstruation; we focus on the importance of promoting the children...
and adolescents’ positive view of them, for they are a sign of fertility and of the ability to reproduce, and this empowers the girl to become a mother in the future

Unit Two: Adolescence - Our Growing Bodies

Exercise Five: Masturbation

Objectives of the Exercise: To help service providers develop their knowledge and ability to answer questions from parents and adolescents on masturbation.

Techniques: stimulating questions for discussion – discussing

Tools: one card labeled as true – one card labeled as false

Duration: 45 minutes

Steps:

1. We attach in the room two cards in opposite directions: one labeled as “true”, and the second labeled as “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 position depending on what they believe to be true or false in the phrase or information.

3. We announce the correct answer immediately after the participants set their positions. (See Information Guide, Section on masturbation, p…)

4. We repeat the same process with other the phrases. The same exercise could be done as a competition between groups.

5. After we finish, we return to the circle, and we facilitate discussion on the following questions:

   - How does the society consider the issue of masturbation?
   - How can we explain to parents the issue of masturbation?
   - Some adolescents feel guilty after masturbation, what can we say to them in order to alleviate this sense?
   - 

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)

**Key Messages**

- 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 correct the misconceptions about masturbation with parents and the adolescent, and to reassure them about it.
- 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 Six: The Concept of Virginity

Objectives of the Exercise: To help service providers develop their knowledge of the concept of virginity.

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. Man 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. 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, Section on virginity and hymen p...)

6. After we finish, we ask the participants how to answer the questions of the parents and adolescents on the hymen.
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 (True)
- Some girls are born with a completely closed hymen, and this prevents the flow of menstrual blood (True)

Key Messages

- We as service providers have to enhance people’s understanding of the real concept of virginity, and to encourage them to separate the subject of virginity from the subject of breaking the hymen. We also encourage them not to discriminate 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 Three: Personal Hygiene

Objectives of the Unit

At the end of the sessions of this Unit, the service providers 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 participants 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 children and adolescents 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, service providers will develop their ability to convey themes on personal hygiene to children and adolescents and their parents, and will create activities for this aim.

Unit Three: Personal Hygiene

Exercise One: Methods to Take Care of the Personal Hygiene

Objective:

- To help service providers to review their information on the suitable methods to take care of the personal hygiene.
- To help them think of the factors that hinder children and adolescents from taking good care of their personal hygiene, and to find suitable solutions.
Techniques: asking stimulating questions for discussion – discussing

Tools: one card labeled as true – one card labeled as false

Duration: 45 minutes

Steps:

1. We attach in the room two cards in opposite directions: one labeled as “True”, and the second labeled as “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 depending on what they believe to be true or false in the phrase or information.

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 as a competition between groups.

The phrases

1. We can replace a toothbrush with a mouthwash to brush our teeth. (False)

2. The best bathing frequency is once every two days. (False)

3. We should drink plenty of water. (True)

4. Deodorant prevents people from sweating. (False)

5. Deodorant is better than antiperspirant. (True)

6. It is better to wear cotton underwear. (True)

7. It is necessary to change the underwear regularly and to thoroughly wash it with soap and water. (True)

8. To take care of the face and to deal with the cystic acne, we should wash our face twice daily with warm water and a soap that contains natural oils. (True)

9. Washing our hand with soap and water prevents the transmission of germs through the hands to the body, and this therefore protects us from being exposed to diseases. (True)

10. It is not necessary to use bath sponge. (False)

11. It is important to change pads during the menstrual cycle every hour and a half at least. (True)

12. Bathing during menstruation (menstrual cycle) is healthy and restores blood circulatory. (True)
13. It is necessary to dry the genital area well to prevent fungal infections. (True)

14. To maintain the cleanliness of the genitalia and to avoid infections, the vagina should be cleaned from the back to the front. (False)

15. It is not necessary to take a shower after a wet dream or after masturbation. (False)

16. The soap used by a girl to wash her genital organs must be free of colorants and perfumes in order to preserve the natural balance of acidity of the vagina. (True)

17. The natural acidity of the vagina protects against increasing fungal infections that cause allergy or irritation. (True)

5. After we finish, we return to the circle, and we facilitate discussion on the following questions:

   - What are the main factors that hinder an adolescent from taking care of his/her personal hygiene properly?
   - How can we contribute to reducing these factors?

**Key Messages**

Knowing about the personal hygiene encourages the adolescents to adopt the suitable methods to take care of their hygiene, and this protects and prevents the health, including the health of their genital organs.

**Unit Three: Personal Hygiene**

**Exercise Two: Help Conveying Information on Personal Hygiene**

**Objectives of the Exercise:** Help service providers develop their abilities to convey themes on personal hygiene to children, adolescents and their parents.

**Techniques:** working in groups - an artistic expression – discussing

**Tools:** paper - pencils - crayons - watercolors - scissors - cardboard and colored papers – adhesive glue

**Duration:** 60 minutes

**Steps:**
1- We divide the participant into groups and we ask each group to choose one of the following topics:
   - Clean hair
   - Clean body
   - Clean feet
   - Clean complexion
   - Clean private parts
   - Clean teeth

2- We ask the participants to talk within each group about the sound practices that adolescents can make a habit of in order to maintain their personal hygiene, within the topic chosen by the group.

3- We ask the groups to summarize these practices within key messages they would direct to children and adolescents, and other key messages meant for parents, in the form of a brochure.

4- The groups present their brochure, and then we make corrections and present what was uncovered by service providers in their work, drawing on the information guide p....

5- We discuss the risks involved in neglect of personal hygiene in each of the topics that we have been working on.

To the facilitator:

We encourage service providers to think of the methods that are suitable for females and those that are suitable for males, and to use the proper language without discrimination between males and females.

Unit Three: Personal Hygiene

Exercise Three: Innovating Educational Activities on Personal Hygiene

Objectives of the Exercise: To help service providers develop their abilities in conveying themes on personal hygiene to children, adolescents, and their parents.

Techniques: Innovating and implementing activities (working in groups) – evaluating and discussing
**Tools:** papers - pens – flip board papers – thick pens - colored cardboard - scissors - watercolors - crayons - light ball - colorful ropes and ribbons - magazines - stapler - resources for personal hygiene – the brochures, which they made in the previous exercise.

**Duration:** 90 minutes

**Steps:**

1. We ask the participants to divide themselves into groups, and then we ask each group to choose one of the target categories (children – adolescents – parents) and to devise an activity to be implemented with this category in order to encourage the participants to adopt the suitable methods and practices to take care of the personal hygiene.

2. We give them 30 minutes to prepare. We ask them not to apply an exercise that they already know, but to develop a special exercise building on what they know of special exercises on personal hygiene, and to think how to take advantage of the brochures they made in the previous exercise.

3. We provide them with the available tools that they can use to implement their activities.

4. We encourage them to associate the personal hygiene with the sexual and reproductive health depending on the target category chosen by each group.

5. Each group carries out its activities one after the other and the rest of the participants play the role of the children, the adolescents or parents, and interact with the activity.

6. We evaluate the activity of each group after finishing it. We evaluate whether the goal was achieved or no, as well as the appropriateness of the way to children, adolescents, or parents according to the target category identified by each group.

7. We encourage the groups and we congratulate them for their achievement.

**Unit Four: Adolescence - Psychological and Social changes and Life Skills**

**Objectives of the Unit**

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

- Identify the most prominent psychological and social changes that occur in adolescence.
- Identify the most support and protection 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 adolescents and their parents.
- Show the ability to help in dealing with the changes that occur in adolescence, and in developing the ability of the adolescents.

**Introduction:**

As a launching point in this Unit, we will recall and understand with the participants 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 methods to help promote the right of non-discrimination within the work of service providers.

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, we will consider the needs of adolescents and their abilities, in order to understand the factors that affect the estimation of their selves.

As for the skills, service providers will develop their abilities to provide consultation to parents and adolescents on the psychological and social matters relating to adolescence, and will also develop their abilities to implement activities that promote life skills for the adolescents in order to enjoy their rights to protection and to psychosocial-social well-being.

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

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

**Objectives of the Exercise:**

- To help service providers enhance their knowledge of the psychological and social changes in adolescence.

- To help service providers know the gender differences which put pressure on the life of the adolescent.

- To help service providers think of the methods that help them promote the right to non-discrimination within the field of the work.

**Techniques:** Working in groups - displaying – discussing

**Tools:** papers - pens – flip board papers – thick pens
**Duration:** 90 minutes

**Steps:**

1. We divide the participant into 4 groups, and we ask two groups to think of the psychological and intellectual changes (feelings - view of the self and the body - the ideas and conflicts - interests - intellectual capacities...), and the social changes (options - relationships - roles and responsibilities...) which are experienced by the boys during the two phases of adulthood and adolescence, and to summarize them as head notes. We also ask the other two groups to think of the same changes experienced by girls.

2. We recall that adulthood is part of adolescence, which extends for years, and we encourage the groups to think of the changes that occur all through this phase from infancy to adulthood.

3. The groups present their work. We encourage during the presentation the recalling of the positive changes, and we also encourage the replacement of the words that negatively describe the adolescents with alternative positive ones. (See Information Guide, Section on social and psychological changes in puberty, p…)

4. We conclude with the participants the common changes among boys and girls, and then we discuss the gender differences i.e. the different changes between boys and girls especially at the social level (society’s expectations from both, the roles and responsibilities entrusted to them, and the pressure imposed by these changes on each of them). Then, we discuss the role of socialization in promoting these differences.

5. We ask the participants to return to their groups, and to think what they can do in the context of their work in order to contribute to reducing some of the differences in the gender roles that put pressure on the adolescent’s life and that limit his/her chances to enjoy the right to non-discrimination.

6. The groups present their work, and then we ask all the participants: What are the ideas currently available in your institutions? What is the possibility of including and implementing the additional ideas, which result from the work of groups in your future plans?

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**Key Messages**

- Psychological and social changes occur in an adolescent due to the natural growth, and the environment of the adolescent contributes to giving these changes positive or negative directions depending on its view of the adolescent and adolescence.

- Socialization contributes to promoting some gender differences between boys and girls, and this may affect their ability to enjoy their right to non-discrimination on the basis of all their rights as individuals in the society.

- It is our duty as service providers to note this in our approaches, programs, and activities.
Unit Four: Adolescence - Psychological and Social Changes

Exercise Two: Protective Factors and Support

Objectives of the Exercise:

- To help service providers develop their understanding of the supportive and protective factors that contribute to improving the life of adolescents.
- To help service providers recall the rights and duties relating to protecting the adolescents from the problems and risks.

Techniques: working in groups – presenting – discussing

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

Duration: 60 minutes

Steps:

1- We divide the participant into 4 groups, and we ask two groups to answer the following questions:
   - What is the nature of the problems and risks that the adolescents may be exposed to in our society?
   - What are the main factors that increase the likelihood of being exposed to these problems and risks?
   We also ask the other two groups to answer the following questions:
   - What are the factors that help the adolescents to traverse adolescence safely?
   - What are the factors that contribute to helping the adolescents enjoy this age, like the rest of the phases of life, and taking advantage of them for self-development and growth to the highest possible standard?
   We explain that we mean with growth all the humanitarian aspects (intellectual, psychological, social, and spiritual), and not only physical growth.

2- The groups present their work. We summarize the main factors of protection and support that should be available in the adolescent’s environment, as well as the main life skills needed
to be developed by the adolescent in order to enjoy this phase. (See Information Guide, Section Life Skills, p…)

3- We ask: What are the rights of the child and adolescents relating to what we have been discussing? Who is responsible for fulfilling these rights? We listen to the answers and summarize the key messages.

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**Key Messages**

**The factors of support and protection that should be provided in adolescence are various and numerous, the most prominent are:**

- The presence of understanding and supportive people that have the knowledge and skills that enable them to be so.

- The availability of policies and services that take into account the needs of adolescents and their rights.

- The availability of opportunities and programs to help the adolescents develop life skills.

- The interdependence and integration of individual efforts (parents and the adolescent) as well as the society related ones (private and governmental institutions, civil society...)

**Life skills include:** communication skills, skills of self-assertion and refusal, negotiation skills, conflict resolution, skills of expressing of feelings, anger management and adapting to stress skills, time management and achievement skills, decision making skills.

**Fulfillment of rights is the responsibility of everyone,** including the adolescents. It is our duty to develop their abilities to be able to do so.

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

**Exercise Three: The Adolescent: Strong and Weak Points**

**Objectives of the Exercise:**

- To help service providers enhance their understanding of the needs of adolescents.
- To help service providers understand the major factors affecting the adolescent’s self-esteem.

**Duration:** 45-60 minutes

**Techniques:** individual anticipation - artistic expression – discussion

**Tools:** papers - pens – flip board papers – thick pens - watercolors – crayons

**Duration:** 60 minutes

**Steps:**

1. We draw a large circle and divide it into 4 parts. We write in the first part the word fears, in the second part the word hopes, in the third part the word strong points, and in the fourth part the word weak points. We ask the participants to think individually about the four points relating to adolescents. We encourage them to think about themselves during adolescence and about adolescents today. Then, we ask them to fill the circle respectively from the first point to the fourth point.

![Diagram](https://via.placeholder.com/150)

2. We encourage the participants to express their ideas in the form of symbols and graphics, for the exercise is to have an individual anticipation. They do not necessarily need to write, because they will not share their anticipation with the rest of the participants, but they will take advantage of their anticipation to manage the discussion in general after the completion of this step. We provide them with the available tools to express: watercolors and crayons, and we give enough time for this step until everyone finishes anticipating and expressing.

3. We facilitate discussion on the following questions:

- What are the most prominent matters that constitute fears for adolescents?
- What are the most prominent matters sought by adolescents?
- What are the most prominent virtues, positive points, and energies that adolescents are endowed with?

- What are the factors that help the adolescents to esteem their selves?

- What are the most prominent matters that constitute weak points among adolescents, which they need to improve?

- What are the self-skills needed to develop their strong points that you have mentioned and to improve the weak points?

- What are the self-skills needed to traverse or deal with their fears, and to achieve their desires?

4. We summarize the points on the board, and we explain the importance of the availability of life-skills training to enable the adolescent to develop his/her ability to manage his/her life and to enjoy it. (See Information Guide, Section on self concept, p…)

**Key Messages**

- Understanding the hopes and aspirations of the adolescents and their fears help us to better understand their needs and to work with them on this basis.

- Understanding the strong and weak points of the adolescents, as well as the factors that promote their self-esteem, helps us to think of suitable activities or ways designed to provide an opportunity to adolescents in order to develop their strong points and improve their weak ones, and to strengthen their self-esteem and appreciation of others.

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

**Exercise Four: Assistance and Guidance in terms of the Psychological and Social Changes**

**Objective of the Exercise:** To help service providers develop their abilities in dealing with the psychological and social changes in adolescence.

**Techniques:** sharing experiences - working in groups – role-playing – discussing

**Tools:** none
Duration: 60 minutes

Steps:

1. We ask service providers to divide themselves into groups, and to talk about the most prominent positions and challenges they face in dealing with the psychological and social matters that annoy the adolescents and people around them. We also ask them to share and exchange experiments and experiences on approaches, methods and activities that were successfully applied to deal with the adolescents and their parents.

2. We ask each group to choose a definite position relating to assistance or guidance on a psychological-social issue and to play roles relating to it. The group chooses whether it wants to help a parent regarding any of his/her children or if it wants to work directly with the adolescent. We ask them to take one of the positions that still form a challenge in their work so that to make the exercise an opportunity to learn through practice.

3. We remind the groups of all the key messages that were listed in the exercises prior to this unit in order to benefit from them during the role-playing games, such as the role of the factors of support and protection, and the importance of understanding the strong points and the needs of adolescents and to enhance the life skills in order to help the adolescents enjoy well psychological and social status in adolescence.

4. Each group presents its own roles respectively. We ask the rest of the participants to evaluate the effectiveness of the role of the “service provider” depending on all what we have been developing of the knowledge and skills over the previous sessions and exercises. We facilitate the evaluation process and discussion, and we summarize with the participants the key points of learning, and make corrections where necessary.

To the facilitator:

Service providers may address one of the positions of role-playing on the subject of relationships in adolescence, so it is important to be prepared to help in this matter and to convey key themes: “It is natural that the adolescents feel attracted to others, and think of love. The feelings of a person are something private, and it is his/her right to experience his/her feelings. Every person has the right to non-discrimination because of his/her feelings, and his/her duties are to protect him/her self, body and feelings as well as to protect the body and feelings of others and to respect them”.

We draw the attention of service providers to the importance of knowing the starting and ending point of their role in providing guidance or assistance, especially if there were a need for transferring to more specialized services to ensure the best interest of the child.
Unit Four: Adolescence - Psychological and Social Changes

Exercise Five: Devising activities that promote life skills

Objective of the Exercise: To help service providers develop their abilities to devise and implement activities that promote adolescents’ life skills.

Techniques: planning and implementing activities – evaluating


Duration: 90 minutes

Steps:

1. We ask the participants to divide their selves into groups, and we ask each group to choose one of the topics of life skills, and to devise an activity for this topic to be implemented with a group of children or a group of adolescents so that to develop their skills.

2. We remind them of the different life skills, and we give them 30 minutes to prepare. We ask them not to apply an exercise that they already know, but to develop a special exercise building on what they know of special exercises relating to life skills.

3. We provide them with the available tools that they can use in implementing their activities.

4. We encourage them to associate the exercise they are working on with the topics of sexual and reproductive health if possible. We give an example of that, and we remind them that this is just an example and that they can do better than this:

   For example, when preparing an exercise that has to do with the skills of rejection, we can get a set of position that require having the ability to reject and we ask the children how they can say “no” in this situation, and to associate the topic with the sexual and reproductive health. We can possibly include one of the positions of a person asking a child to touch his/her private parts.

5. Each group carries out its activities one after the other and the rest of the participants play the role of the children or adolescents and interact with the activity.

6. We evaluate the activity of each group after finishing its own activity. We also evaluate whether the goal was achieved or no and the appropriateness of the way to the children or adolescents according to the target group identified by each group.

7. We encourage the groups and we congratulate them for their achievement.