Children and Adolescents Sexual and Reproductive Health Rights Toolkit

Information Guide
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Glossary
Introduction

Dear facilitator,

This guide offers the principle information on sexual reproductive health themes for adolescents and children and related rights that you need to implement work sessions with children, parents and service providers. Therefore, it serves you as a scientific reference that you base upon to reinforce your knowledge of the addressed subjects during work sessions.

The guide includes the main messages and information related to the subjects of the package, which you need during your work to implement the package activities. You can benefit from it to prepare PowerPoint slides or any other tools that you need to develop.

But! If our knowledge of reproduction and sexual subjects needs development, this guide doesn’t replace other references (refer to the list of other resources and sources at the end of each unit). It presents a brief vision and some of us may need for more detailed information.

The guide is divided into four interconnected and interrelated units:

☑ Unit one: entrance to the healthy, sexual and reproductive rights
☑ Unit two: adolescence phase- our growing bodies
☑ Unit three: personal hygiene
☑ Unit four: adolescence phase- the social and psychical changes and life skills
Unit 1: A Point of Entry to the Rights of Children to Sexual and Reproductive Health and Defining Sexual and Reproductive Health

At the end of the sessions of this Unit, the participants would be able to:

- Describe the importance of sexuality education for children and adolescents.
- Understanding the meaning of the concept of sexual and reproductive health.
- Show knowledge of the rights of children and adolescents to sexual and reproductive health.

Introduction of health concept development: from sickness-based approach to the holistic approach of health

The concept of health remained for many years very limited, confined to the meaning of “absence of illness” without considering personal, social, genetic, biological, environmental, political and economic factors affecting the health of the individual and the health of the community in general and being affected by both. As the concept of health evolved the perception of health evolved and became a fundamental human right. Health depends on the way in which the human being adapts to his/her surroundings, starting from his/her family, social and professional environment. This environment is constantly changing, thus rendering health a dynamic concept that keeps evolving.

Accordingly, the World Health Organization (WHO) defines health as the good health situation that is physically, psychologically and socially integrated. It is not the absence of illness or weakness.

Factors Underlying Holistic Health:

The concept of holistic health rests on a variety of factors that relate to the individual, his/her surroundings and the environment in which he/she lives, and that support physical, psychological, emotional and social health. Children and adolescents have a vital role to play in improving their health and the health of their community.

The factors affecting health may be summarized as follows:

✓ Personal factors - There is a set of individual factors that are protective and help the person to reinforce his health:

A healthy way of life that includes

☑ proper nutrition
- exercise
- culture
- environmental concern
- non-violence
- positive thinking
- initiative
- a sense of happiness and security
- ambition.

- Social Factors - There is a set of social (and cultural) factors that are protective and help to reinforce the health of individuals and societies:
  - a good personal economic situation
  - healthy workplaces and dwellings suited for the needs of individuals and their families
  - sound interpersonal relations rooted in participation
  - supporting, respecting and safeguarding rights and values
  - cultural habits and traditions that reinforce good health
  - coexistence, understanding and respect between groups of the population
  - gender equality.

- Genetic and Biological Factors - There is a set of biological/physiological and genetic factors that might be protective, so they help to reinforce the health of individuals and societies; or might be dangerous and pressing, so they negatively affect the individual health. The most prominent factors are:
  - The health situation: existence of health problems
  - The health situation of the family: date of illness in the family

- Environmental Factors - There is a set of environmental factors that might be protective, so they help to reinforce the health of individuals and societies; and might be dangerous and pressing, so they negatively affect individuals' health. The most prominent factors are:
  - Work places and accommodations that meet the needs of individuals and their families
  - Availability of natural resources and wealth, their fair allocation, and rational and balanced exploitation
  - a clean environment

- Political and Economic Factors - There is a set of political and economic factors that might be protective, so they help to reinforce the health of individuals and societies; and might be dangerous and pressing, so they negatively affect individuals' health. The most prominent factors are:
  - Good economic situation/employment safety/ job vacancies
  - presence of legislations and official policies that support and advance health
  - correct exploitation of natural resources and wealth
  - correct, fair and balanced distribution of the State budget
  - economic and financial policies that accommodate the needs of society and the majority of its segments.
Health Services - The affordable adequate health services form protective factors for the health of individuals and societies:
- availability of health services for all, going beyond physical health
- social, psychological, environmental, prevention and treatment services, all combined and attuned to the needs of the community.

The four general principle of the UNCRC

The duty bearers are those who have duties within the UNCRC and other international conventions related to human rights. The state is considered to be charged with the fundamental duty. Parents and those who take care of children are charged with the duty and have specific responsibilities towards children. They are sometimes so-called secondary duty bearers.

The effective relation between the children as right owners and “those duly charged” towards the rights of children requires the assurance of the four general principles of the convention on the right of the child. The four principles are: survival and development, non-discrimination, the child participation, and devotion to the best interests of the child.

These principles are based upon human rights principles and are taking into consideration the children situation and their evolving capabilities.

Survival and development:

While remaining is directly related to the right of children in life, the right of children to growth must be understood from its wider conception; i.e. including the physical, psychological, emotional, social and spiritual growth of the child. The state – as a fundamental duty charged- is responsible for children remaining and their growth to the maximum. When the state cannot perform its responsibilities, the NGOs, civil society and private associations need to support the state and to accomplish these responsibilities through presenting the logistic, technical and material support.

Non-discrimination:
Indiscrimination assumes the respect of differences, varieties and diversity in all life sides: gender and social types, options, affiliations (religious, ethnic, cultural…), shape, health situation, capabilities, etc. the united nations conventions on the rights of the child focuses on cancelling discrimination in three cases are: against children, against specific groups of children, and against society as a whole.

**Participation:**

Participation as mentioned in the United Nations convention on the rights of the child is the children and youths obtainment of an opportunity to express their opinions, affect decisions making, and make change in sectors affecting their lives. Children participation shall be with their approval and desire including those most vulnerable to danger and difficult circumstances as well as those who are from different capabilities and ages in all related issues. Workers with children must understand their developing capabilities, appreciate their skills for themselves (according to the level of their understanding and capability to participate), create a space and an opportunity to make hear the voices of children within their families and societies, and make sure that the children know their rights and capability to protect themselves. It is a must to give the children the opportunity to acquire and implement important life skills and enable the children as individuals in society and responsible and effective citizens.

**The best interest of the child:**

This principle deals with every dimension of the child life and assesses what is important to the child and what is important to ensure decent and happy life for him/her taking into consideration his/her conditions. That means, when taking any decision affecting the child life, the impact of this decision must be measured to be sure that the best interests of the child is the most important consideration.

**Respect and appreciation of diversity**

Right to non-discrimination starts from the need of individuals to feel equality in rights, opportunities, dignity and value. For this to be realized it is important to disseminate a culture related to the acceptance, respect and appreciation of the difference and diversity in addition to having in practice laws and policies that diminish discrimination,

Diversity is a concept that embrace acceptance and respect it requires that we understand that each individual is a unique person and to acknowledge our different individual characteristics and appreciate it as well as group characteristics. Some characteristics and ways of living makes the individuals or the groups differentiated from each other. Some of the characteristics are: age, culture, ways of thinking, capacities (physical, educational, logical etc), talents, economic background, educational level, gender identity, ethnicity, geographical background, spoken language, social status (married, single, cohabitation), physical appearance, political affiliation, race, religious beliefs, sexual orientation. Different ways of living of which the way we choose our housing, our diets, preference of different dishes, ways of celebration of different festivities, nature of activity that individuals prefer to practice (hobbies etc), schools that children go, games that they prefer, type of specialization of work for grown up, ways of getting dressed, ways of expressing and taking care of ourselves.
Diversity is about exploring and living these differences in characteristics and ways of living in a safe, positive and embracing environment. Our mutual understanding for each other and overcoming the simple fact of tolerance to the celebration to rich dimensions of diversity existing in each individual or group.

In our days we find more diversity around us for due to many factors:
- People travel in their countries much more than before
- People are more often going to work or live in other countries
- When people move to other countries they add their diversity to this new place in many ways (food, music, arts, are some faces of diversity)
- Some people who have different cultural background may marry and have children and like this there will be a marriage of culture which produce new form of culture

The sense of humanity and the capacity to accept, respect and appreciate diversity grows in people since the childhood and it develops through the life experiences through all the ages. Since childhood is formative/learning period in a human's life the family is considered one of the most important resources for the child to learn how to respect diversity. As a child get affected by the way his/her parent look to ways they deal with diversity and messages they transmit through their practices, reactions, opportunities that they open to him to explore diversity in his/her life and environment.

Benefit of diversity:
- Everyone can learn about each other’s culture and learn new and useful things
- Everyone can share and enjoy many of these differences
- Everyone with their different capacities can cooperate to make the place where they live a better place for everyone
- Children can learn new games and new skills other than the one they know

Difficulties related to diversity:
- Some people are afraid from diversity and consider it as a threat
- Some people are afraid of change
- Some people want everyone to be the same as themselves
- Some people don’t accept the idea that others don’t share the same belief as themselves
- Some people behave in a tough way regarding people who look different than them, some of these ways can be prejudices, racism and sexism.

Prejudices is when someone makes a judgement of a person or a group before knowing the person or group. Generalization and stereotype way of looking at issues enhance prejudices, for. Ex when we think “all women are ‘like this’”, “all people from the same country is ‘like this’”.

Racism is when we don’t give a fair opportunity to a person or a group because of their race or color of skin.

Sexism is when a person or a group are not given fair opportunities because of his/her sex (female/male) or gender (girl/boy, woman/man)
Basic Concepts in Sexual and Reproductive Health:

Introduction

We are procreated and born sexually, that is, each of us has a sex (male or female). With the development of the child and his/her growth, the sexual aspect also grows. The child has the right to arrive at the knowledge and protection necessary for his/her sexual health. Thus, sexual health concerns children as much as anyone else. But why also talk about reproductive health?

Mention “reproductive health” and what comes to mind is giving birth. As children presumably do not marry or bear children before puberty, we might think that reproductive health and the rights relating to it do not concern children.

In truth, the knowledge and positions that children come to acquire about reproductive health will protect you; on them will hinge how they act and behave in future.

Terminologies and concepts:

Sex: Those biological characteristics of males and females that determine reproductive physiological functions. The term carries two meanings:

1. Biological classification into two groups: male and female.
2. act of sexual activity, including sexual intercourse.

Gender:

- The social and cultural side of the biological sexual affiliation for a women or a related to the characteristics, opportunities and roles of being male or female.
- The social type is acquired through the social upbringing and is developed to meet the changes of the social, political and cultural environment.
- It is related to what is expected, appreciated and permitted for man and woman in a specific framework.

People are born male or female (sex). They learn how to become young women and young men, then become women and men (gender).

Sexuality:

Sexuality forms one of the humanitarian aspects accompanying the person for ever. It combines sex, identity of social type, role, sexual approach, sexual excitement, pleasure, intimacy and procreation. Sexuality is expressed in ideas, imaginations, desires, beliefs, attitudes, values, practices, roles and relations. Although sexuality may include all these dimensions, it is not all practiced or expressed. Sexuality is affected by the interaction of biological, psychological, social, economic, moral, legal, historical, religious and spiritual factors (WHO).
The term of “sexuality” mentions that sex is not a rigid concept but a part of the personality structure instead of “the sexual identity” term. Sexual life is multidimensional: like the sexual behavior, sexual attitudes, sexual imagination and ideas… sexual life is not just a behavior but feelings, ideas and beliefs. This term is also used to show dynamism: sexual growth is a continuous process that doesn’t just specify our sexual tendency and desire but our social, emotional and sexual identity. It also identifies our sexual affiliation and the way we act with the other sex and with ourselves from humanitarian starting points. Hence, sexuality identity is valuable because it contains all humanitarian values.¹

**What is Sexual Health?**

Sexual health is a kind of physical, emotional, intellectual and social welfare in matters of sexuality (i.e. all that is related of being males or females). It doesn’t only mean the absence of illness, weakness and sterility. Sexual health requires a respectful and positive vision to sexuality and sexual relations as well as the likelihood of safe and pleasant sexual experiences away from violence, coercion and discrimination. To reach and maintain sexual health, it is a must to respect, protect and implement the human sexual rights (source: WHO).

**What is Reproductive Health?**

Reproductive health is an integral part of the concept of holistic health and the Primary Care Program. The ICPD (Cairo, 1994) agreed to define reproductive health as “a state of complete physical, psychological and social well-being, not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes”. Reproductive health is meant with:

- that people are able to have a satisfying and safe sex life
- that people have the capability to reproduce and the freedom to decide if, when and how often to do so.
- The right of men and women to know and use the means regulating fertility that they choose and which don’t contradict law and legitimacies
- The right to get the adequate health care services enabling the woman to safely pass pregnancy and reproduction period and assuring for the spouses the best opportunities to deliver a healthy child.

Reproductive and sexual health includes these characteristics and aspects, in its holistic concept, that cannot be realized without departing from a juristic principle ensuring the right of every one including children and adolescents to enjoy the reproductive and sexual health.

According to the international conference of citizens and development, Reproductive and sexual rights include the human rights recognized in the international laws and charters related to human rights including the international declaration of human rights.

**What are Reproductive Rights?**

Reproductive rights rest on recognition of
the right of couples and individuals to decide freely and responsibly the number, spacing and timing of their children
- The right of couples and individuals to take decision related to reproduction free of coercion, violence and discrimination
- the right of the man and woman to be informed and to have access to safe, effective, affordable and acceptable methods of family planning
- the right of access to 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 child birth, 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:
- right to be shielded from physical abuse
- right to sound nutrition and primary health care
- right to protection from early marriage
- right to learn and access primary health care information, including information on reproductive health.

What are Sexual Rights?

Enjoying sexual rights requires equality between men and women concerning sexual relationships and reproductive matters and mutual respect between couples for the integrity and dignity of one another and the consent of sexual practices and the shared responsibility of these practices and its consequences. Sexual rights rest on recognition of the following:

- right to access knowledge, education and health services relating to sexual life
- right to be shielded from sexual harassment and assault and gender-based violence
- right to freedom from discrimination because of sex and gender
- right to express affection and sexual inclination without incurring discrimination or abuse because of this
- right to enjoy a sexual life suitable for the particular norms and culture of the individual
- 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
- right to be shielded from and treated for sexually transmitted infections
- right to attain the highest possible standard of sexual life, including access to reproductive health services.

Attention should also be drawn to the right of individuals to participate in drafting and implementing policies that decide on their health and well-being, including sexual and reproductive health.

According to the United Nations convention, the child is every individual who didn’t exceed 18 years old. All states ratified the convention unless the United States and Somalia.

The rights of the child are interconnected and constitute a single indivisible whole. The following is a brief overview of some of the rights shown in the CRC, summarizing the basic starting points of the rights approach to sexual and reproductive health for children. Proceeding from the principle of integration and indivisibility, these rights should be viewed in terms of their interconnectedness.

**Right to Freedom from Discrimination (Article 2)**

This Article takes note of the right of children to freedom from discrimination of any kind, including discrimination because of sex. All rights, including those relating to the sexual health of children, apply to males and females equally without discrimination. This right includes protection from all forms of gender based violence and discrimination and protection of sexual abuse and all form of social stigma, including the stigmatizing of persons living with the human immune deficiency virus (HIV) and acquired immune deficiency syndrome (AIDS).

**Right to the Maximum in Life, Health, and Growth (Articles 6, 24, 36)**

Neglecting the sexual aspects of the health of the child may render him/her vulnerable to risks that could threaten his/her life and affect his/her health and growth, not only the physical but also the psychosocial. An example of this is vulnerability to early pregnancy and affliction with HIV, AIDS and other sexually transmitted infections. Hence the right of the child to receive health care and the services necessary for prevention of anything prejudicial to his/her health, including sexual and reproductive health, and for treatment in the event of exposure to any health hazard.

**Right to Protection from Exploitation and Maltreatment (Articles 19, 34)**

The lack of knowledge of the child of his/her right to reject maltreatment and to his/her right to protection from it render him/her vulnerable to physical and moral harm. This can adversely affect his/her physical, social and mental health, and thus would also affect future sexual and reproductive health. An example is acts relating to genital mutilation of girls and premature sexual encounters because of early marriage or because of sexual abuse.

**Right to Freedom of Expression and Participation in Social Life (Articles, 12, 15)**

Children have the right to have their views taken into consideration when adults take decisions that are prejudicial to them. An example of violation of this right is early marriage and what it entails in violations of other rights after exposing the physical, mental and social health of the child to pressures and danger, depriving him/her of opportunities to learn and play and exercise activities suitable for his/her natural growth according to his/her age. Children also have the right to participate in drafting and implementing policies that decide on their health and well-being, including sexual and reproductive health.

**Right to Access Information and appropriate education (Articles 13, 17, 29)**
Children have the right to access suitable information and material relating to sexual and reproductive health, as acquiring inadequate or erroneous information leads to distorted notions and formation of mistaken attitudes that may lead them to erroneous practices endangering their health. This right should be secured by rendering access to the information from within the family, the school and institutions that provide health/social services. Article 29 describe the “learning should be toward the development of the child’s personality and respect of human rights” quote… , and since education and raising awareness are at the same value as the formal education this means that the child has the right to receive sexuality education that empower them to make informed and appropriate decisions and to learn life skills and protect themselves.

Right to Privacy (Article 16)

Children have the right to privacy, and therefore the right to guarantee of confidentiality in matters of care and sexual health services provided them or their families.

How to respond to the needs and rights

Based upon the aforementioned rights and principles, the duty bearers (including fundamental keeping care) must scientifically and effectively meet to children and adolescents needs and enable them to enforce their rights. To achieve that, it requires affording the responsible information, sexuality education and all children and adolescents friendly services (like counseling, medical examinations and health care, protection from violence, to be trained on life skills to make healthy decisions…)

Sexuality education (sexual education)

- Holistic sex education takes into consideration the child, his needs and growth levels as well as the parents and their needs and values in addition to the society and its values. Sex education in its holistic concept is not limited to just providing the individual with scientific information and experience related to sexual issues but to build the personality of the child -be male or female- to be self confident, trust his entourage and suitable with his society. Therefore, sexuality education is not merely the process of conveying scientific information but is the product of a continuous relationship and care between the child and the close environment particularly and the wide environment generally. It is the trend of a continuous contact suitable with the children needs, interests, fears and feelings. Holistic sexuality education provides children with accurate information besides trying to acquire them positive attitudes to accept their sexualities including their roles as males, females and human beings who have their importance within the family and society.

- Whatever is your position from sexuality education as a principle, it will affect your behavior towards the child be male or female and it will contribute to build his ideas about himself, his capabilities, identity and environment, and will therefore contribute to his nurture regardless it was right or wrong, planned or random. We have all been sexually educated with attitudes and information from various sources and types but they have affected our sexual vision, identity, positions, beliefs and behavior.

- Sexuality education in our society is often accompanied with different aspects like fear or shyness and diffidence, confusion and prevention (prevention of information and behaviors), unawareness and wrong beliefs, silence and punishment, and most of the time they judge issues through this fear, shyness or wrong beliefs. Many of us keep in mind the linkage of sex with fear, holiness or vice, it is a
“terrifying” subject related to silence, and sometimes we are confused and we feel shy or regret because of feelings that are deeply rooted in us through our education and dealing with the sex issue. We reflect that in our actions with our children and with the development of their sexual (sexuality) identity. Thus, we stand unable to explain the sexual identity and the positive positions of this identity with its diversities and differences, and in front of the children building of healthy relations based upon mutual understanding and respect of feelings and needs.

- The firmly presented domestic sexuality education protects the children from the unsuitable information they get from irresponsible outside sources, encourages the development of voluntarily behavior restrictions of desires and stimulus, and promotes the feeling of individual and social responsibility.

The Development of Sexual Identity of Children:

In order to provide sexuality education which is appropriate to the evolving capacities and needs of children it is important to understand the development of sexual identity in children as well as gender identity.

Theories agreed that the person is “sexual” since the conception of the fetus until his death. Nevertheless, the shape and content of his sexuality differ and transform from an age cycle to another.

The sexual identity and gender identity are intertwined and equivalent at the same time: gender identity is linked to the differences of behaviors between male and female and to their expected roles within their society. Sexual identity is influenced by the biological structure of sexual organs, hormones and other factors and is an internal psychological feeling of the individual towards masculinity or femininity. The sexual identity and gender identity are developed at the same time because they are affecting each other though their difference.

What are the stages that the child goes through to form his sexual identity?

Childhood phase is the period from 0 age until 18 years old, according to United Nations convention on the rights of the child. Following are the most prominent levels of sexual identity development through the different stages of the child growth.

The first year:

The first year of growth is characterized that the child recognizes the world around him through his five senses and identifies himself through his sensory experiences. His body is a part of the surrounding which natural curiosity pushes him to know and the pleasure that his sensory experiences with the surrounding afford including his body.

2 - 5 years:

When the parents start to train their child on controlling the processes of urination and defecation, his curiosity increases to discover his sexual organs and experience the pleasure that happens due to their dalliance. The explanation of the children feeling with pleasure is that the sensory and nervous ends of sexual organs have been completed. Children (males and females) practice the self sexual pleasure very much
during this phase more than any other phase of childhood. This behavior is natural because it makes them feel relaxed and reposed but this feeling differs from the sexual pleasure that adults feel because the children don’t have the sexual desire but they repeat the dalliance of their organs due to the pleasure they have previously experienced.

This phase is also characterized by the children interest in others' bodies through the daily questions and observation. This curiosity might be expressed by playing the “Doctor game” and sometimes taking off their clothes and the clothes of dolls to discover what exists under them. They may express their desire to get married without knowing the real meaning of marriage. In addition to discover their bodies with the same gender through "peer" behaviors like the females' examination of their sexual organs among themselves or the nudity of two children and approach of their sexual organs to the degree of touch. All that is considered natural.

In this phase, children learn the names of various sexual organs; therefore, it is important to teach the child the correct nominations and allow him to understand them. For example, “vulva” is the used nomination of the external sexual organs of the female and “penis” is the nomination of the male organ. The child may use the popular nominations but he must aware of the correct nominations because the popular nominations might have various meanings in different societies, causing embarrassment for the child and sometimes for the parents when the child utters the terms before others; and the use of the correct nominations will grant the child a positive message of his body and his various organs.

Children pose “from where I came?” and other questions related to the differences of shape and behavior between the two genders like “Mum has big breasts” and “why my sister doesn’t have a penis?” Here the parents find themselves on the brink whether to tell the child the right answer or to let him acquire the information which might be distorted from other children.

The parents' reactions are of paramount importance and play a central role in forming the sexual identity of the child. If the reaction was violent (shouting, anger or punishment) and negative (ignorance, confusion and change of subject) or oppressive (vice, it is prevented to touch the organs, when you grow up you will understand…), it would negatively affect the child and would lately play a role in his vision towards his body and sexuality.

At the gender identity level, children apply the prevailing concepts through playing: the girls play with the doll and the boy plays with the car and trucks. Here, the parents and the educational frameworks where the child interacts (nursery, the big family) contribute to devote these concepts through the differing dealing with males and females like the colors and styles of clothes and types of games. Later on, at three years old, children develop their gender identity and start to deal with themselves and with others on the base of their social gender and use terminologies to express the differences.

About 4 years old, children start to classify events or actions according to gender. If someone used the lipstick or has long hair, she must be a woman according to the child as he doesn’t understand at this phase the fix structural difference. For example, the child thinks that if the hair of the male grows, he will become a female. In this context, the parents play an important role in fixing these conceptions since the roles that the
mother and father play at home crystallize his vision of gender role. In the traditional family for example, the child will understand that the mother is responsible for domestic cleaning and she's responsible for taking care of him (washing, sleeping, etc). If the father was responsible of washing dishes, the child would think that washing dishes is of male's responsibility.

6 - 9 years:

At this phase, curiosity continues to discover and understand these changes; children may be engaged in observing and touching their organs, show them to others or looking at the organs of others, they may practice the self pleasure. All that is natural and is part of the sexuality education. At this phase, children start using the sexual terminologies to sometimes curse their friends or be proud of their sexual information before their friends.

At this age, children understand the acceptable and unacceptable behaviors in the society. The role of parents is to discipline the language and behaviors of children through reinforcing their understanding of acceptable terminologies and behaviors and discarding the unacceptable ones. In terms of gender identity, at 7 years old, the child realizes that his gender is fixed as a male or female regardless of the external appearance and shape. In more advanced phases, the external appearance crystallizes for males and females; and some females may begin with the phase of early adolescence.

According to the latest data of the WHO, Adolescence phase starts from 9 until 14 years old. Some signs like the growth of breast and pubic hair may appear before 10 years old at girls.

10 -12 years:

During this phase, the sexual development is active and quick with the appearance of puberty signs. These changes may cause for them embarrassment and unrest that make the child in tendency to introversion. The need to practice the self sexual pleasure grows.

Questions on the changes at children distinguish this phase and they would be difficult for parents to discuss these subjects.

Children may seem physically mature but they remain children according to their biological age, as well as their spiritual and emotional puberty.

12 – 18 years:

At this phase, the physical growth becomes complete and sexual imaginations and wet dreams become active at males and females.

Moodiness resulting from changes of hormones may lead to tensions between the child and his parents. The sexual identity becomes fixed, interest in external appearance and the reaction of others upon it increases, and the interest to make intimate relations with another person increases.

It must be noted that the last two phases have a particular importance because they form "the level of adolescence" that witnesses the sharpness of emotional and physical changes which is presented in Unit 4.

Child Friendly Services

Child friendly services or services that children and adolescents trust rest on the holistic understanding to what infants and youths need and desire in the specific zone or society more than what service providers think is necessary. They also rest on a deep understanding and respect of youth fact in a way that creates
trust of children and adolescents towards these services from a side and feeling satisfied because these services meet their demands from another side. It worth be noted that the children and adolescents use of the infants and adolescents - friendly services don’t rest on infants capability to reach these services but also on their knowledge of the available services and all that is related to them (fears related to secrecy and privacy, work hours and services providing, fear from discrimination especially if the adolescent is sexually active…)

Some conditions that encourage the use of centers/services:

1. **Child and adolescent SRH services are available and accessible:**
   - Accessible location (e.g. near school).
   - Convenient opening hours for both female and male children and adolescents (e.g. after school, weekends, during holidays). Hours are advertised.
   - Separate space and/or hours set aside for children and adolescents.
   - Services are free or at rates affordable for children and adolescents.
   - Drop-in appointments are welcome and served within an appropriate time-period.
   - Services are provided without consent of parents or spouses.
   - Services are provided to children and adolescents of any age, sex and marital status.
   - Qualified female and male staffs are available.

2. **Child friendly rooms are conducive to the provision of appropriate support.**
   - Rooms ensure privacy, both visual and auditory.
   - Rooms are inviting, comfortable, clean and safe.
   - Rooms are accessible by children with disabilities.
   - Ambiance/design of the room is gender-neutral.

3. **IEC materials are directed at the SRH needs of children and adolescents, culturally appropriate and child/adolescent friendly.**
   - Attractive to children and adolescents (clear and vivid pictures; colors and graphics; fonts etc)
   - Appropriately address the culturally sensitive aspects of SRH.
   - Consider the varying literacy levels of children and adolescents.
   - Address boys and girls, male and female adolescents.
   - Available in the languages of the target groups.
   - Displayed and available to take away at education, health and other community structures

4. **Service providers create child/adolescent-friendly atmospheres.**
   - Demonstrate necessary communication and professional skills for working effectively with children and adolescents.
   - Use a positive, non-judgmental and respectful manner.
   - Encourage the expression of concerns, invite questions, discuss options and allow children and adolescents to make their own decisions.
   - Provide adequate time for child and adolescent – service provider interaction.
   - Adhere to principles of privacy and confidentiality. This is widely publicized amongst children and
adolescents.

5. **SRH services are safe for children and adolescents.**
- All services providers have implemented code of conducts and child protection policies for their staff that include a transparent, confidential mechanism to submit complaints or feedback about SRH services.

**The effective role of child friendly SRH services**

Children or adolescents have right to access quality services in relation to sexual reproductive health. These services help them:

- ✓ protect their present health and strengthen it
- ✓ understand their needs
- ✓ teach them how to shoulder their responsibilities as to their reproductive and sexual health
- ✓ shield against early and unplanned marriage
- ✓ shield against serious health problems and premature death due to the complications of pregnancy or unsafe abortion
- ✓ avoid incurring sexually transmitted infections
- ✓ enable the taking of informed decisions in reproductive health
- ✓ enhance their life skills in matters of reproductive and sexual health, such as how to resist dangerous habits and behavior harmful to health (how to refuse and say no), and how to negotiate, take decisions, and assert one's self
- ✓ assure a safe and healthy future.

There is no country in the Arab world presenting detailed services of reproductive and sexual health in a way that meets the demands of youths and adolescents in this field. Therefore, youth uses these services in small quantities -if available- where the use of reproductive health services through the primary health care centers in Lebanon didn’t exceed 3% of adolescents who are under 15 years old and 8% of those who are between 15 and 16 years old.¹

The small use of youth to reproductive and sexual health services may have several reasons: unawareness of these services existence, unsuitability of services centers times with the time of those seeking benefit, fear from the social disgrace, inability to hold the expenses of the services, the distance and difficulty to reach the centers, and non-recognition of the services quality and respect of secrecy and privacy.

Additional resources and documents to review for Unit 1:

- WHO website arabic
- UNICEF CRC Arabic full text
- About Child rights UNICEF
- Beijing declaration UN

¹
Unit Two: Adolescence - Our Growing Bodies

At the end of the sessions of this Unit, the participants would be able to:

- Describe the reproductive organs and their functions
- Describe the physical changes that occur during adulthood and adolescence
- Show knowledge of the sexual development accompanying adolescence

Definition of adolescence

Adolescence refers to the individual nearing physical, mental and psychosocial puberty.
It is an age phase marked by transformation and transfer of the child from a type of relations characterized by near complete dependence on the family and confinement of his/her relations to a considerable extent within its scope or under its watch and direct supervision, to a different type that is characterized by a wider scope of relations and referral authorities and graded transfer from dependence to independence. Thus, adolescence is a stage of rapid transformations and sudden changes.

The duration of what is called “adolescence” differs from one society to another. In some it is short, in others long, but it is important that we realize that it begins with the first signs of puberty, which on the whole begin at age 11 and end with the completion of biological changes, that is, age 18. Thus, adolescence involves at least seven years of the individual’s life.

Adolescence differs from one individual to another and from one geographic environment to another. It also differs according to the different patterns of culture the adolescent is raised in.

Phases of adolescence:

Scientifically, the period of so-called “adolescence” differs from a society to another. It is short in some societies while it is long in others. Therefore, some scholars divided it into three phases are:

1. The first phase of adolescence (11-14 years old) is distinguished with quick biological changes
2. The middle phase of adolescence (14-18 years old) is the phase of biological changes completion
3. The late phase of adolescence (18-21 years old) where change in the appearance of youth and his/her behaviors is completed

Factors affecting the identification of the female adolescent characterizations and specifications of male and female adolescents as individuals living in a specific society are as follows:

- Variables resulting of the individual characteristics of the adolescent himself/herself
- Variables related to the family characterizations since it is the most important institution where the adolescent lives during childhood and adolescence
- Variables related to the social frameworks like the school, media, work market, and the network of the economic, social and cultural institutions
- Variables related to the social systems, prevailing roles, culture and traditions, values, interaction spaces, change dynamics and the available opportunities

Signs of physical puberty

Puberty forms the biological appearance of adolescence phase. It is accompanied with a series of changes that appear in the genital organs in addition to the secondary sexual characteristics:

Hormones

Pituitary, endocrine, thyroid and renal glands play an important role in the secretion of hormones that control the appearance of feminine features, the woman feelings, menses regulation, pregnancy, procreation and secretion of milk in the breasts. The most important of those hormones is the estrogen that ovaries at woman secrete and testicles at man secrete in small quantities. All female hormones work in an integrated
and balanced manner and any defect in their work leads to health damage. **Estrogen or female hormone** plays a fundamental role in shaping the primary and secondary genital organs, regulating the monthly period as well as affecting many other organs like bones, brain, vessels, skin, etc.

**Pituitary gland hormones**

(1) Activating hormones of Ganadotrophins

These hormones are secreted from the anterior pituitary gland. They directly affect the secretion of sex hormones from specific glands (testicles at males and ovary at females)

(a) Luteinizing hormone (LH)

LH is secreted from the pituitary gland and its secretion is controlled by the hypothalamus. It is responsible for ovulation and the secretion of Estrogens and progesterone hormones from the ovary after ovulation at females.

At males, LH increases the production and secretion of the testosterone from the testicle which in turn maintain the formation of spermatozoon.

(b) Follicle Stimulating Hormone (FSH)

FSH like the LH is secreted from the anterior pituitary gland. This hormone is responsible for the sliding of estrogens from the ovary of females.

FSH plays at males an important role in the primary levels of spermatozoon formation.

(2) Prolactin

The prolactin is secreted from the anterior pituitary gland at males and females. As to male, this hormone doesn’t have any physiological function. As to female, it works in participation with the estrogens during the physiological active phase on the growth of feminine organs particularly the breast.

During the Follicular phases of the monthly period, the prolactin is low while it is high during the Luteal phases.

During pregnancy, prolactin gradually increases in blood with the continuity of pregnancy to attain the maximum after reproduction. This increase prepares the breast to form milk for feeding the newborn. Prolactin gradually decreases after reproduction to reach its natural level in approximately four weeks.

**Sex Hormones**

Sex glands are considered from the organs with two functions where they product germ cells and sex hormones.

There is a close relation between these two functions since the high local focus of sex hormones is necessary to product the genital cells.

The ovaries create the ovum, estrogens and progesterone

The testicles create spermatozoon and testosterone. These sex hormones are unevenly secreted from the suprarenal gland. The sex gland secretes its hormones under the regulatory and functional effect of the pituitary gland and hypothalamus. These hormones operate at the nuclear level.

The natural function of the sex gland is proliferation and therefore maintenance of type.

(1) Male Sex Hormones:
(a) Testosterone
The testosterone is of male sex hormones. This hormone is secreted from the testicles and the suprarenal gland in small quantities. The secretion of the aforementioned male sex hormones is controlled through the pituitary gland by the secretion of LH where it is send to the testicle so it alarms the primary bacterial cells; thus, it is split to form millions of spermatozoon.

Effects of the testosterone:
The most important effect of the testosterone is the difference between the mature man and the little child since the testosterone is responsible for the appearance of the primary and secondary sexual characteristics or traits at the mature man.

(2) Female sex hormones:

(a) Estrogens
The estrogens hormone is secreted by the ovary under the influence of LH and FSH. The estrogens hormone is responsible for the growth of the female sex organs functions and is also responsible for facilitating the fertilization process and preparing the uterus for pregnancy. These hormones play a fundamental role in identifying the specifications and behaviors of females; thus, we find the body full with a greasy phase under the skin that gives the body its roundness, softness and vigor. There are parts with abundant portion of fat like the breast, rump, legs, etc. the voice becomes soft and the basin widens taking a suitable form for the function that will perform. These hormones play also a simple role in proteins formation as well as the increase of calcium concentration in the blood.

(b) Progesterone
The progesterone is secreted from a specific part of the ovary called corpus Luteum during the Luteal phase (it is during the completion of ovum in the ovary).

The progesterone hormone is necessary to prepare the uterus for ovum sowing process by blood supplying of the padded membrane, making it ready for the process of fixing the injected ovum. The progesterone hormone maintains pregnancy and works against the estrogens in specific organs like vagina and cervix where it works to sow ovum in the ovary as it is important to regulate the monthly period at females.

**What Are the Signs of Puberty in Boys?**

- Rapid increase in growth, especially in height and weight.
- Growth of the bones, increase in their thickness, and broadening of the shoulders.
- Increase in growth of muscles and their strength.
- A change in the pitch of the voice, becoming deeper.
- Hair growth in the armpits and pubic zone (lower part of the abdomen between the thighs), and on the chest and face.
- Increased secretions of the sweat glands and sebaceous glands, rendering his complexion oilier and pimples may appear on the face.
- Growth of the reproductive organs: enlarged penis and testicles, production of sperm and the semen in which the sperm swim. The development of erection and start of sperm ejaculation.

The development of sexual sensations and wet dreams.
**What are the Signs of Puberty in Girls?**

- Rapid increase in growth, especially in height and weight.
- Growth in the bones of the pelvis and rounding of the hips.
- Increased muscle growth.
- Growth of the breasts.
- Hair growth in the armpits and public zone (lower part of the abdomen between the thighs).
- Increased secretions of the sweat glands and sebaceous glands, and accumulation of fat in certain zones.
- Start of production of mature ova (egg cells) and start of the menstrual cycle.

Beginning of vaginal discharge

The development of sexual sensations and wet dreams.

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Physical growth of the adolescent boy and girl reaches completion gradually. Each individual grows at a different rate, and individuals do not necessarily go through all the changes at the same times.

For the most part, puberty in girls begins between ages 10 and 12, while the start of puberty among boys is later by a year and a half, that is, between ages 12 and 14.

Hormonal fluctuations and physical changes in the adolescent stage have a powerful influence on self-image, mood, and relationships.

Physical growth reaches high level in the early and middle phases and is so-called puberty mutation where additional increases in weight and length as well as growth of muscles occur (especially at males where their shoulders become wider than the females) while the basin at females becomes more expanded than males. The supposed physical growth of females is completed at 18 years old including the growth of long bones though bones bulks don’t reach their peak except of some years later (normally at 20 years old).

Sexual or biological puberty starts during the early phase of adolescence under the effect of hormones. One of the clear changes is the appearance of secondary sexual characteristics like growth of under-arm and pubic hair. Since the early phase, the genital organs and breasts at females take shape. Wet dreams start at male adolescents while sexual dreams start at female adolescents. Menses at females start between 9 until 16 years old; sometimes, it is late because of malnutrition. However, children and adolescents feel pleasure when touching their genital organs. Curiosity of female adolescents towards knowing about the formation of the fetus until his delivery increases.

Sex hormones and other hormones control these sexual biological changes, resulting in a problem that keeps adolescents awake which is acnes. Sexual puberty is fully completed at the late phase of adolescence i.e. at 18 or 19 years old. And sometimes acnes can develop as a result of the growing sebaceous glands. Acnes are skin eruption that inflicts both males and females and takes often the shape of red pimple. “Acnes” appear on the skin where there are many greasy cells like the face, back, shoulders and chest causing disturbance for males and females.
The reproductive system of male and female

The following the description of the different organs that form the reproductive system of the male and a brief explanation of its basic functions:

| **Testicles:** | are situated at the lower part of the abdomen between the legs. They are surrounded by a flexible cyst of skin called scrotum. The testicle is a reproductive gland with an oval form; it includes semen tubes. The testicles functions are to produce spermatozoon and secrete male sex hormones responsible for the secondary male sexual characteristics (harshness of voice, hair growth, etc) |
| **Scrotum:** | or scrotum cyst is a flexible cyst of skin that surrounds testicles. It helps to prepare the suitable temperature for producing spermatozoa. The temperature is lower than the body temperature of 3 to 4 degrees. |
| **Epididymis:** | a thin long tube where mature spermatozoon are stored and it transmit them from the testicle to the testis |
| **Testis:** | a tube that extends around the urinary and is combined with the uric canal to form a common reproductive and uric canal called “urethra”. Its function is the transmission of spermatozoa from epididymis to the urethra. |
| **Seminal vesicles:** | glands that secrete a part of the spermatozoon and are related with testis where the last meets the uric canal. |
| **Prostate gland:** | surrounds the urinary and is related to seminal vesicles. Its function is to secrete a part of spermatozoa. It also helps in ejaculation and pushing of spermatozoa to outside. |
| **Cowper’s glands:** | are at the lower part of the urinary and secrete alkalanic liquid during sexual excitement in order to clean the urethra from the remnants of acid urine. |
| **Penis:** | the male sexual organ responsible for the transmission of spermatozoa to the female’s vagina. Urine canal from where urine and spermatozoon go out passes through the penis. At the bottom of the penis exists a duplicate portion of skin that may lead to inflammatory if not repeatedly cleaned and is generally removed by Circumcision |
| **Spermatozoon:** | a liquid that facilitates the movement of semen |
| **Semen:** | is the male reproductive cell. It cannot be seen without the microscope. There are 60 millions semen in 1 mlm of spermatozoon. One spermatozoon is enough to be united with the ovum (female cell) to form the fetus. |

Female reproductive system

- **The external reproductive organs:**

External reproductive organs are located at the lower of the girl’s basin. They are smooth like the rest of the body until puberty when hair begins to grow upon them leading to cover them.

The following the description of the different organs that form the external part of the female reproductive system and a brief explanation of its basic functions:
**Vulva**: the part that includes the external reproductive organs and the opening of urethra

**Public region**: a flexible greasy textile covered with hair and is extended upon the pubis

**Labia majora**: are thick prominent flaps of skin which fundamental mission is the protection of the external reproductive organs. Their external surfaces are colored and hair covers them at puberty while their internal surfaces are smooth and contain a lot of perspiration and sebaceous glands.

**Labia minora**: are smaller flaps of skin. They are located under labia majora. Their fundamental mission is the coverage and protection of urethra and vagina openings in addition to the role of sexual feeding in girls.

**Clitoris**: is a small, solid and circular sensitive organ that is located at the upper part of labia majora and which mission is to lead the female to the sexual feeding.

**Opening of vagina**: the menstrual blood and fetus goes out through and it receives the penis during the sexual intercourse.

**Hymen**: is a thin part of textiles covering the vagina opening. The menstrual blood goes through and it could be torn during the first sexual intercourse but some remain after several times of sexual intercourse.

**Bartholin’s glands**: are located at both inner sides of vagina and they secrete mucous substance that helps during the sexual intercourse.

**Urethra opening**: is the exit of urine for outside the body and is completely separated from the vagina opening.

The following the description of the different organs that form the internal part of the female reproductive system and a brief explanation of its basic functions:

- **The internal reproductive organs**: 
  - **Vagina**: a muscular canal that connects the external opening of vagina with the uterus. Its length is 10 cm and it is padded with a thick wall able to prolong when necessary example during pregnancy to allow the fetus passage. Blood secretion passes through during menses to go out.
  - **Cervix**: is the lower part of the uterus related to vagina. Sperm cells enter through it and menstrual blood goes out.
  - **Uterus**: a hollowed pyramidal organ which is in size approximately like the fist. It is padded by many muscular surfaces that are able to be expanded, allowing the carriage of fetus. After pregnancy, it came back to its normal size.
  - **Fallopian tubes**: there is one tube on every side of the uterus. The tube represents the passage that the mature ovum goes through from the ovary to arrive to the ovum. It occurs in it the meeting of ovary with the sperm cell. The length of each tube is 10 cm. the opening of the tube is near from the ovary in the shape of horn with lashes.
  - **Ovaries**: two glands with the form of almonds. Each one is located on a side of the uterus lower to the fallopian tubes. The ovary has the function of secreting a mature ovum monthly and secreting the female hormones responsible for the secondary female characteristics.
  - **Ovum**: is the female reproductive cell.

**Sexual maturation and the development of sexual processes**

**A- The Menstruation Cycle:**
The menstruation cycle is the number of days from the first day the blood of menses appears until the first day of the next menses. The monthly cycle is usually 28 days long, but it varies from one adolescent girl to another. Its duration may vary from 22 to 35 days.

As for ovulation (migration of the ovum or egg cell from the ovary to the fallopian tube), it usually occurs on day 14 of the monthly cycle, that is, about half way through it. The regularity of the monthly cycle is affected by the health and psychological state of the adolescent girl.

- Menses (the Monthly Period)

It is also called menstruation. It is a natural event in the life of every girl. It is a sign of her sexual puberty and beginning of her transformation from a girl to a mature woman. The timing of the first menses varies. It appears between ages 9 and 16, depending on individual biological factors and environmental factors affecting biological growth.

Menses (monthly period) is a periodic discharge of blood and mucus from the uterus to outside the body through the vaginal opening. It occurs about once a month and is the result of the sloughing of the thin endometrial lining of the uterus if fertilization does not occur, that is, if mature ovum and sperm do not meet. Menses usually lasts 3-7 days.

The color and quantity of the menses changes from the first day to the last. It begins as brownish, then as blood discharge increases with time, it becomes more reddish, finally returning to the brownish color at the end of menses.

The first menses usually occurs without prior warning but the girl can usually expect the occurrence of the first period within a year or two from the beginning of her breasts develop. When the pubic hair and hair under the arms grows it shows that the first period coming soon. Also she can notice right before the first period some vaginal discharge.

The monthly cycle may become interrupted for sometime after its first appearance, then it becomes regular again until it stabilizes on a familiar frequency. So we should not worry about this because it’s very normal! If appearance of the first menses does not occur by age 16, a physician should be consulted.

The stages of the monthly cycle:

The following is a brief description of a regular menstruation cycle of 28 days:

Day 1: Beginning of menses
Day 14 (mid-point of menstruation cycle): Egg maturation and release to fallopian tube
Day 18 (five days after ovulation): Egg goes through the uterus. If it is fertilized it becomes a fetus that grows in the uterus, if not menses begin after two weeks.
Day 24 (seven days after previous phase): The lining of the uterus start to break down
Day 28 (five days after previous phase): Menstruation cycle end and the menses start again in the first day of the new menstruation cycle (blood that was suppose to nourish the fetus is released from the body if pregnancy does not occur).

Symptoms accompanying menses (monthly cycle):

Seven days before menses, symptoms appear in girl. They differ from a girl to another. In the following the most prominent symptoms:
In the event of severe bleeding during menses or continuation of menses for a long time, a physician should be consulted, as severe bleeding can lead to anemia.

Factors Leading to Disturbances in the Monthly Cycle:

- illness
- a long and tiring trip
- change of residence
- large or rapid weight gain or weight loss
- sudden change of routine and stress.

Body Care during Menses:

- Bathe daily to stimulate the circulatory system, to let the blood flow painlessly, and to remove the disagreeable odor.
- Also do exercises to stimulate blood circulation and reduce the pain.
- Keep the genital zone clean to avoid infection. The vulva is cleaned first, from the front, then back to the cleft of the anus; this will prevent germs from the anus from reaching the reproductive organs.
- Use suitable feminine pads or tampons (made of cotton material and unscented), and change them frequently (every 2-3 hours if possible).
- Pay attention to proper diet.
- Avoid hot water tubs, because this increases pelvic congestion and uterine bleeding.

B- Occurrence of pregnancy

It is true that pregnancy occurs due to a biological process but it is an issue related to many accompanying feelings and the idea of life continuing. When dealing with children and adolescents, it is necessary to talk about pregnancy and reproduction as a value and a life-generating subject. It is normally the result of a common decision between the parents and a fruit for a relation based upon love and understanding. Therefore, we don’t focus only on the biological side.

From physiology side, what happens is the following:

- When children reach puberty, the pituitary gland secretes more hormones that stimulate the ovaries and testicles, which lead to the permanent production of sperms and the ovaries produce a single ovum each month.
- The mature ovum migrates in the direction of the fallopian tube and continues to move in the fallopian tube.
During this time, the lining covering the uterus grows, becoming thicker and richer in blood, in preparation to receive the fertilized ovum in the event that fertilization took place.

In sexual intercourse, that is, the sexual relationship between the man and woman based on physical contact between them and penetration of the male organ (penis) into the vagina, semen containing millions of sperm cells is ejaculated into the vagina. These cells try to reach the fallopian tube to make contact with the ovum through the cervix of the uterus.

Pregnancy begins when one of the sperm cells succeeds in penetrating the ovum ready for fertilization in the fallopian tube.

The sperm penetrates the outer wall of the ovum to its inner. At that point the ovum is considered fertilized and impregnated.

Immediately the cells inside the fertilized ovum begin begins to divide and with it begins the first phase of conception of the fetus.

If no fertilization between egg cell and sperm cell occurs, the lining covering the uterus begins to separate and is expelled in the form of bleeding of the monthly cycle.

The Signs of Pregnancy:

- interruption of menses and halt to the monthly cycle
- pain in the breasts and enlargement in their size
- nausea and sometimes vomiting
- a need to urinate more than usual
- fatigue.

C- Wet dream

Wet dreams is the unintentional reach of sexual peak (orgasm) when being asleep and which is generally linked to sexual dreams. Wet dreams start at the early phase of adolescence and may continue even after adolescence. The cause of wet dreams is the changes of hormones fixing in the body during adolescence. Many people consider wet dreams sexual climax that happens to males where unintentional ejaculation occurs because of the testicles activity in producing spermatozoon. It worth be noted that wet dreams phenomenon and reaching unintentional climax exists also at females where they are unintentionally excited when being asleep, causing wetting in vagina.

D- Masturbation

What is masturbation?

The practice of masturbation means the person’s touch of his reproductive organs to reach the sexual pleasure or simply to feel happy. Our bodies are formed in a way that allows us to enjoy a part or more to reach climax. As to males, pleasure parts lie in the testicles and penis. As to females, these parts lie in the breasts, nipple, clitoris and/or vagina. Pleasure parts include very sensitive nerves, meaning that touching these parts may lead to feel happy and pleased exactly as their names show.
Sometimes, masturbation may lead to the maximum pleasure and excitement; therefore, reaching climax. Pleasure parts are motivated by the strong and pleasant contractions of genital organs, leading to climax. Climax is represented at males by ejaculation and the flow of a liquid from vagina at females.

**Is the practice of masturbation harmful?**

Over years, masturbation was controversial in a number of societies. It was wrongly explained due to legends. Definitely, you have heard one of them. Medically, masturbation practice is safe i.e. it doesn’t cause harm for you. It is a natural trait in the person sexual life. For adolescents, it is natural process for self discovery and sexual expression. It is safer than sexual intercourse with others in order to liberate the sexual energy pressure which reaches the maximum during puberty and adolescence.

**Messages about misconceptions and wrong information on masturbation:**
Masturbation does not cause any harm to the health, therefore:
- It is not true that masturbation may cause blindness
- It is not true that masturbation makes growing the hair on palms
- It is not true that masturbation is only practiced by failures
- It is not true that masturbation makes the penis of bigger size
- It is not true that the male will be empty of semen if practice masturbation
- It is not true that people won’t be able to procreate if they practice masturbation
- It is not true that adolescents won’t grow if they practice masturbation
- It is not true that acnes will grow or hair will fall out if a person practices masturbation

**How many times can masturbation be practiced?**

Generally, it is not recommended to overdo any life issues because it may lead to negative results. This issue is applicable to masturbation. If adolescents feel that they have intense recourse to masturbation and that this issue is affecting the daily life like going to school or going out with friends, this means that masturbation became negative for their life. It is necessary that this way of sexual expression doesn’t influence their life. It must stay reasonable like other practices.

Sexual pressure is an energy that can be developed and released in creative and effective means. If adolescents feel huge energy inside them, they can benefit from it by practicing other activities to release their energy and acquire healthy and useful results for their happiness. People in surrounding the adolescent (parents, teachers, counselors etc.) play a very effective role in encourage the adolescent to practice activities that he/she likes and to help him develop his/her unique personality. The following are some examples of activities that adolescents might care about and which help them release energy in a constructive way:

- Practicing sports
- Reading a book, magazine or newsletter specific to youth. Reading helps the brain to calm down.
- Joining a youth clubs like the Red Cross or Red Crescent section of youth. When they become volunteers they meet people of the same age who are active in the same field and participate in social occasions to help people in their society.
- Developing and practicing talents (drawing, writing poems or playing music) It is important that adolescents take their time to discover what they like and what they are good in and to practice an
activity that expresses their personalities where they can excel in. It's also important that we provide them the opportunity to do so and to encourage them.

Let’s remember that adolescents in this period of their lives start to make decisions that affect their future. Thus, it is important to accompany them and support them to discover their potential and develop them

Virginity concept and hymen/ fiber of vagina

What is virginity?

It is the situation preceding any emotional and/or physical relation. It is not related to hymen as several sexual relations can be done without touching the hymen; that doesn’t mean that the person is virgin anymore. Virginity applies to boy and girl. One of the important factors distinguishing between male and female in this issue is that the boy doesn’t have any sensory sign (like hymen at female) that shows that he had sex. Based upon the aforementioned, it is necessary to separate the concept of virginity from the hymen and it is better to call it the fiber of the vagina.

Hymen: it is a thin fiber of skin that closes the opening of vagina. It contains a very small opening that allows the blood of menses to go out. Hymen can be broken during the first intercourse but some residue remains after several intercourses. The shape and form of the hymen differs from girl to girl. Generally the hymen is soft and non-transparent but sometimes it might be thick and elastic difficult for defloration. The word hymen is derived from the Latin word mentioning Hymynos who’s according to an old Greek mythology is the lord of marriage.

Types of hymen

The first form: is the annular form. It has the same form of the normal circle. It is the most widespread form.
The second form: is the riddle hymen. It is characterized by the existence of a number of near openings that allow the descending of liquids but it is difficult because it doesn’t allow the entrance of anything in the size or bigger than the match stick.
The third form: is the duplicate hymen where it has two near openings that are not necessarily similar. This hymen is in the middle of the opening where it divides the opening into two and is not on the sides.
The fourth form: the serrated or zigzag form. It is linear with protrusions on both sides but it is comfortable for females more than other forms.
The fifth form: is the lunar form. It takes the form of a crescent and it doesn’t represent the guttural or the serrated.
The sixth form: is the guttural form. It looks like the first form but it differs in size as it is smaller and takes the shape of a ring because of the equal sides.

Rarely, the girl is born with a plugged hymen, preventing the falling out of menses. Therefore, surgery is necessary to create a small hole to drain the accumulated menstrual blood within the girl.
Additional resources and documents to review for Unit 2

- Training manual on adolescence health (3rd edition) - ministry of higher education - OPT-2008 Arabic
- Student training manual – dealing with gender based violence in schools USAID (2009) Arabic + link
- Kidshealth.org
- ARC SRHR
- IPPF It’s all one pack
- Teachingsexualhealth.ca/teacher/lesson
Unit Three: Personal Hygiene

At the end of the session of this Unit, the participants would be able to:

- Describe the importance of paying attention to the personal hygiene
- Identify the suitable ways to take care of the personal hygiene

Ways of taking care of personal hygiene

Cleanliness is a basic physiological need shared by all creatures. Man is distinct for having advanced its methods. Personal hygiene aims at developing habits that help the human being safeguard his/her health and do away with habits that breed conditions for the spread of disease. Personal hygiene also assures the human being an appearance that makes him/her feel confident and able to communicate with his/her milieu.

Cleanliness during puberty and in adolescence is very essential due to the following reasons:

- the increase in glandular activity and thus in the discharges of the body
- the start of menses or the monthly cycle for adolescent girls
- increased interest in presentable appearance among adolescent boys and girls.

Increased discharges from the body: Perspiration (discharge of fluids and salts) is a natural process. The evaporation of perspiration is a way of keeping the body cool. The human being also perspires as a result of going through various reactions and feelings, such as tension. Perspiration causes discharge of a disagreeable odor resulting from a certain type of gland in the armpits, around the nipples, around the penis, and in the cleft of the anus. It also results from the activity of other glands spread throughout the body, including the hands and face. As a rule, these glands begin to work with the onset of puberty. If perspiration increases without cleaning, it clogs the pores of the skin, which contributes to formation of boils and pimples.

Clean body: The body should be kept clean, bathed with soap and water daily if possible, or at least twice a week, especially after perspiring and tiring. This is so as to prevent accumulation of perspiration, discharges and dirt on the skin, especially in its folds (armpits, between the toes, etc.). The pubic zone and rear should be washed daily. Attention should also be paid to drying the skin with a personal towel, because moisture contributes to fungal infections of the skin. The eyes should be washed well, and the nose cleaned constantly with a clean kerchief. Using deodorant instead of anti-perspirant on the armpits helps reduce perspiration odor and does not clog the pores of the skin.

It is also important to use materials that are natural, alcohol free and free of aluminum and paraben, and environment friendly.

It is of very importance that every individual have his/her own personal towel that no one else may use. This is to avoid spread of any type of germs, bacteria or fungi. Also, the feeling that we have private things for intimate use helps us understand and respect the meaning of privacy and intimacy.

Clean complexion: It is important to wash the face every day with water and dry it well. It is preferable not to use any commercial scented soaps as they cause dryness of the skin. It is also recommended that
adolescent girls avoid frequent application of facial cosmetic powder, especially as the powders used by adolescent girls at an early age are often cheap and unhealthy and have a harmful effect on the complexion of the face. In particular, powders and perfumes that cause irritation of the skin on exposure to sunlight should be avoided.

**How to deal with acnes**

Usually, acnes disappear with time when the body growth is completed between 16 and 25 years old (this duration may be longer due to the person). Most of youths try to get rid of them by various means.

The use of cream doesn’t usually help to get rid from acnes but it may increase the problem especially is the one using it is allergic to it. The cleaning of face, hands and body with water and soap more than one time daily prevents the accumulation of greasy secretions, dust and dead cells that plug the pores of greasy glands.

It is important to avoid the use of creams that claim the removal of these pimples a medical consultation. It is necessary to go to specialists if pimples proliferated. The use of creams to hide acnes plugs the pores of the skin so the situation deteriorates.

**Clean hair:** Keep hair that is healthy. Hair should be washed twice a week or more, depending on its condition (oily hair, for example, sometimes needs more than two washes a week). It is important that hair be washed with hot water and soap, then rinsed well with water to remove the soap or shampoo so as to avoid dandruff. It should then be dried well. Combing or brushing hair every day stimulates blood circulation in the scalp. It is very important that every individual have his/her own private comb or brush.

**Clean sexual organs:**

For boys:

- Urinate fully and do not delay urination, this can cause inflammation.
- Wipe after urination with a tissue and the organ can be washed with warm clean water.
- Wash the sexual organ at least once a day with water and soap and after activities that produce sweat and perspiration like sports.
- Wash hands with water and soap after taking care of the sexual organs and anus.
- Bath or wash after having a wet dream or after masturbation.
- Removing pubic hair is not necessary but if a boy decides to do so it’s important to use an appropriate method to remove pubic hair for example use clean, disinfected blades, read the instruction manuals and pay attention to any irritation in which case they should consult a health specialist.
- Dry well the sexual organ because germs can grow easily in wet skin.
- Avoid using any products, oil or cream, around the sexual organs without prescription.

For girls:

- Wipe or wash sexual organ and anus after each toilet visit.
- Start cleaning the vulva from the front towards to the back (direction of the anus). This avoids carrying the germs from the anus to the vulva.
• Wash the sexual organ at least once a day with water and soap and after activities that produce sweat and perspiration like sports.
• Wash hands with water and soap after taking care of the sexual organs and anus.
• Bath or wash after having a wet dream or after masturbation
• Removing pubic hair is not necessary but if a girl decides to do so it's important to use an appropriate method to remove pubic hair for example use clean, disinfected blades, read the instruction manuals and pay attention to any irritation in which case they should consult a health specialist.
• Dry well the sexual organ because germs can grow easily in wet skin.
• Avoid using any products, oil or cream, around the sexual organs without prescription.
• Avoid entering water or soap into the vagina as it has a self-cleaning process.
• Pay attention to the type of soap with which she washes the pubic zone. It should be free of coloring agents and unscented so as to safeguard the natural balance of the vagina's acidity that shields against fungal growth and therefore signs of allergy and irritation.

Clean undergarments: Undergarments should be constantly changed (every day and when needed) to safeguard cleanliness of the body, especially during menstruation for adolescent girls, along with cleaning the body daily with hot water and soap. Clothing that may produce allergy should not be used and should be replaced with clothing made from pure cotton and avoid tight undergarments. It is essential that there be no sharing of undergarments, even if washed well, first for reasons of health and second for reasons of privacy and intimacy.
In addition to this, it is also important to keep outer garments clean, because they complete general personal hygiene and a presentable appearance.

Cleanliness during menses: Refer to Unit 2 – taking care of the body during menses (p…)

Clean hands: Hands should be washed well with water and soap before and after meals or when preparing them, and after using the toilet, in order to prevent spread of germs from the hands to the mouth, food, or water. It is also important that we pay attention to cleanliness of the nails; clean short nails help prevent spread of germs.

Clean teeth: It is important to clean the teeth at least twice a day, and wash the mouth well after meals and before going to bed, because secretion of saliva lessens during sleep, thus contributing to proliferation of bacteria and germs because of the presence of food particles. These bacteria and germs secrete acids that contribute to eroding the enamel of the tooth, causing tooth decay.
The brush should be moved up down for the upper teeth, down up for the lower teeth. At the end it is important to clean the brush and leave it to dry. It is also possible to use floss, which ensures removal of food particles between the teeth. It is important that every individual have his/her own toothbrush and never share it with anyone. It is also important to use toothpaste that does not harm the gums; a mix of bicarbonate and salt can suffice.
Failure to take care of the mouth and teeth causes bad breath and leads to an unclean appearance. If this continues, it may lead to deformed and decayed teeth and gums due to decay and inflammation, in addition to the pains that result from this. This also contributes to bad breath and an unclean appearance of the teeth.

**Clean feet:** Choosing shoes that suit foot size and wearing cotton socks help keep the feet in good condition and prevent growth of corns on the toes. It is important that the feet be washed and dried well, especially between the toes, to prevent formation of fungi. When bathing, the feet may be scrubbed with a bath sponge (luffa) or special stone for sloughing dead skin off the feet.

**Additional resources and documents to review for Unit 3**
- TeachingsexualHealth.ca/media/lessons/diversity puberty hygiene
Unit Four: Adolescence – Physical and psychological changes, and life skills

At the end of the sessions of this Unit, the participants would be able to:

- Describe the psychological, emotional, and social changes experienced by children in puberty and adolescence
- Show ability to deal well with the changes accompanying puberty and adolescence
- Show ability to provide support and help on issue relating to sexual and reproductive health

Psychological, emotional, and social changes accompanying the physical puberty

Introduction

Adolescence may be enjoyable and harsh at the same time: opportunities increase but this doesn’t prevent adolescents from facing difficult various options and suffering from the accompanying feelings and concerns like the fear from the other gender; desire to have enough attraction, smartness and popularity; wearing modern clothes; and talking in a correct manner. Adolescence is the move from childhood to the adult age, causing pressures at the physical and psychical levels.

What makes the matters difficult for the adolescent is the duplicate relation that links them to the family and the social surrounding. The family and social surrounding perform one of the roles: being a space for renovation; therefore, they help adolescents to build a unique identity and life skills. Or, they become a block before the adolescent desire to realize himself/ herself.

Adolescents, be males or females, need specific skills like the capability of understand and understanding, effective contact and communication, and feeling of affiliation and linkage with the world around them.

The phase of adolescence beginning is the period where the persons develop their identity, competence and their belief to make change in their life and lives of others through linkage with others and with society. They need to understand themselves and the unique characterizations of adolescence beginning. They are in need for help and assistance to take sound decisions. Furthermore, they are in need for adults’ support and recognition of their roles. At the same time, they need independence and to make decision on their own.

Most prominent changes during adolescence at emotional, psychical and social levels could be summarized as follows:

Mental/Cognitive Changes

- Development of mental and intellectual abilities.
- Emergence of logical thinking (deduction and inference).
- Increase in speed of achievement.
- Increased ability to learn and acquire skills.
- Greater level and length of attention span and concentration.
- Increased precision in analysis, opinion, criticism, and taking stands.
Psychosocial and Social Changes

- Hypersensitivity and overreaction, especially towards criticism and comments of others over the physical changes, thus affecting the adolescent’s image of self and body.
- Interest in external appearance, and considerable interest in the opposite sex; this is due to the hormonal fluctuations, accompanied by romantic and sexual feelings.
- Increased care and interest in social activities and friendship and the development of empathy with friends as well as the capacity to be affected by them and to affect them (friends).
- Seeking to develop independence and growing need for the adolescent to take some decisions and the development of his/her capacity to do so.
- The adolescent’s bid to assert himself/herself as special by opposing some norms, roles, and images of authority in the framework of shaping his/her individual identity. This is apparent from his/her ruminations in the search for self (who am I? what do I want? to whom do I belong?).
- The dual relationship that ties them to family and the social environment. The family and the social environment play one of two roles: either a space for renewal and thus help the adolescents build an individual identity and life skills, or an obstacle to the adolescent’s desire for self-realization.
- Moodiness in consequence of the pressures that he/she is going through.
- Contemplation and thinking about religious, social and political issues and choosing principles and creating his/her own life philosophy.
- Anxiety, instability, and thinking about the future.

The Most Prominent Matters Affecting an Adolescent’s Life:

Adolescents are not affected in the same way. Adolescence phase is affected by the experiences that the child passed through during former periods since growth and development is a long and lined process; therefore, factors of protection available since childhood are considered a fundamental pillar for fortifying the adolescent. The following are the most important issues affecting an adolescent’s life if the protective factors were not available during childhood:

- Inner conflict
  Conflict between inclination to independence from the family and the need to rely on it.
  Conflict between the residues of childhood and the demands of manhood and womanhood (social roles).
  Conflict between the adolescent’s inner drives and desires and society’s traditions.
  A cultural conflict or generation gap, between the generation of the adolescent, in his/her views and thoughts, and the previous generation (parents’ generation).

- Estrangement and rebellion
  The adolescent complains that his/her parents do not understand him/her, so he/she tries to break away from the positions, imperatives and desires of the parents, as a way of affirming and demonstrating his/her individuality and distinctiveness, and this requires opposing the authority of the parents because any hegemony or direction is intolerable belittlement of his/her mental abilities that have become essentially equal to those of the adult, and an underestimation of his/her alert spirit of criticism that prompts scrutiny of everything by the yardsticks of logic, and so rebellious, haughty, stubborn, nervous and aggressive behavior patterns appear in him/her.
Shyness and introversion
Too much pampering and too much sternness lead the adolescent to feel reliant on others for solving his/her problems, but the nature of the phase requires him/her to be independent from the family and self-reliant. His/her inner conflict becomes more pronounced, and so he/she withdraws from the social world into introversion and shyness.

Behavior described as “annoying”
It is caused by the desire of the adolescent to achieve his/her private ends without regard for the public interest, and so he/she screams, curses, steals, kicks the younger, fights with the older, damages property, argues over trivia, gets into trouble, violates the right of asking permission, and does not care for the feelings of others.

Nervousness and short temper
The adolescent behaves through his/her nervousness and stubbornness, desiring to achieve his/her demands by force and excessive violence. He/she is so tense as to cause considerable annoyance to those who are near. It should be mentioned that many scientific studies indicate a strong connection between the function of sex hormones and emotional interaction among adolescents; in other words, higher hormone levels at this stage lead to large mood swings that, among females, take the form of anger and depression.

Peer pressure
Peer pressure is a social pressure that peer practice on the adolescent to push him/her to adopt a kind of behavior, dressing or an attitude in order to be accepted to be part of the group. It is normal that adolescent have a group of friends this make him feel that he belongs and he is equal and safe but most of the time they face as individuals pressure of one or a group of friends and this pressure can have a negative effect on their life because it may make him discard or ignore some of his choices and personal values and adopt choices, attitudes, behaviours of other peers without having a critical thinking and being assertive. This fact can make him go through risky behaviours to his health and wellbeing (smoking, drug use, unprotected and irresponsible sexual experiences etc) or this can make him feel inferior since his following and not being able to express his real opinion. Adolescent can find himself infront of two choices in case he didn't have the sufficient skill to deal with matter:

- Either he respond to the pressure or effect
- Either he go away and loose his friends which make him subject to mockery and bullying

Some of the protective factors influencing an adolescent's life:
Protective factors are in three domains: personal characteristics, family relations and social supportive structures.
Personal characteristics that protect the adolescent grow through his interaction with his environment including his family and it becomes internal capacities (the capacity to practice life skills, talents…) the way he look towards himself (self appreciation, self confidence…).
Good family relationship is an important protective factor because the family can accompany the adolescent and prepare him from his childhood in an environment of communication and safety and understanding and it gives him the higher opportunities of participation and of learning basic life skill and developing himself.
In regard to social supportive structure, it concerns supportive friends, schools environment, the group to which the adolescent belongs (scout, music bands, sport teams…), the availability of community center and child friendly services, the existence of societal protective mechanism, the availability of places where adolescents can practice cultural, artistic and recreational activities. The more these systems take into
account adolescents need and its evolving capacities, the more it provides him the higher level of participation and opportunities to learn and grow and the more it become a protective factor in his life.

**Personal characteristics and capacities as protective factors:**

The concept of the self is considered as an initial protective factor for adolescents and it is related to self-consciousness, assertiveness, body image and self-esteem and all this will affect his/her self-confidence. The concept of the self is affected by the experiences of the adolescents since his childhood through his interaction with his surrounding including the family. Since developing and practicing life skills can play an important role in promoting the concept of the self in adolescents, adolescent has great opportunities to heal from scars from childhood or to strengthen the positive characteristics that he/she has developed. Life skills will empower him/her to deal with different life issues that's why life skills are considered essential protective factors in an adolescent’s life.

*The self concept* or individual identity is the individual’s view of himself. This view is shaped through the interaction of a set of factors particularly the interaction with the surrounding; the individual relations with others; the person explanation of his behavior; and his evaluation for his characteristics, capabilities and weakness. The self concept is the cornerstone for the growth of human personality. The person’s concept of himself highly affects its personal and social agreement with the surrounding; therefore, it leaves a big impact on the psychical situation and feeling of the individual. The self-concept is affect by the individual’s self appreciation and also affects it.

Self appreciation is the way individuals feel and value themselves. It affects their behaviors towards others and the results of their behavior. Self appreciation underestimation leads to self confidence, loose goals and miss opportunities. Be self-appreciated means that you are never angry from yourself as each one of us feels sometimes frustrated but the person with highly self-appreciation can accept his mistakes, learn and exceed them.

Persons who have a weak feeling in selves and weak appreciation for their principles, values, points of weakness and strength, find difficulty in forming their private opinions and most of the times they are unable from confronting others and expressing their positions and opinions.

The encouragement of adolescent to approach from himself; extend bridges with himself to recognize his values, dreams and fears; and give him a positive image of himself form a principal factor to make him safely exceed the level of adolescence and is qualified to normally move to “adulthood” to perform his role in society in an effective and positive manner.

The improvement or promotion of self appreciation help children and adolescents in:

- Evaluating their own capacities and feeling self confidence through the practice of activities in the daily life or while facing a new situation
- Accepting new challenges and trying new activities.
- Accepting and overtaking mistakes.
- To be more relaxed with others and to develop a sound and supportive relations.
- Reinforce their beliefs that they can succeed with their own style.
- To be the person they want to be.
- To be firm and refuse pressures that they don’t believe in and that they don’t want to.
Self appreciation in adolescents help them feel self confident in their daily life upon their evaluation of their own capacities. Their self confidence can show through:

- Feels relaxed and secure in almost all places
- Defends his personal beliefs in appropriate contexts
- Looks in a positive way towards the matters that he face specifically and towards the life generally
- Is ready to acquire new skills
- Doesn’t fear and doesn’t feel embarrassed from committing mistakes
- We enjoy his company
- Doesn’t glory himself or tries to affect others and shows himself
- Can easily make friendships

Self appreciation affects the body image and is affected by it therefore body image affect the self concept and reflect on the feeling of self confidence.

**Body Image:** Body image is the image created in a person’s mind about his/her body and the dimensions of its different parts as well as his emotions towards it and his idea of how others perceive him. The satisfaction or dissatisfaction of the body image depends on the judgment and evaluation of others and its related to the body type considered to be attractive, appropriate and perfect from the society’s point of view. In general, the more individual image is close to the criteria to the perfect body image in the society the more he feels satisfied about his body and in contrary the individual may face a problem if his perceived body image became distant from the ideal body image in the society the more his body image may be distorted and self esteem may decrease.

Children are less judgmental or concerned about their weight and body image but they are still affected by what adults say, do or how they react toward the subject of the body. Therefore body image in children is affected negatively or positively by their life experiences. If children are subject to mockery during playing or other social exchange whether it comes from peers or adults this can remain in their memories and affect the way they look to themselves and to their bodies especially if their level of self esteem was low. Usually children who are fat are subjected more often to such mockery and mockery can be related to the whole body or related one part of the body. Children usually go through a short period of relative dissatisfaction with their body image in early adolescence because of puberty growing changes and this considered normal that’s why it’s important to pay attention to what we say or how we react towards these changes.

**The factors affecting children’s body image and self appreciation:**

1) Parents and family:
Negative remarks from the members of the family have a negative effect on children’s body image. Remarks concerning their weight for example may prompt them to lose weight in an unhealthy way at an early age. Also, parents dieting and constantly talking negatively about their bodies sends strong messages of insecurity towards the children’s natural or anticipated body weight therefore developing negative feeling towards their bodies. Other factors include families’ unreasonable expectations, when these aren’t met children feel incompetent, frustrated and guilty and may resort to dieting and excessive exercising to control their body weight and relieve themselves from these feelings.

2) Friends and peers:
Peers play an integral role in building the body image during adolescence. Friends may provide emotional security and go through similar experiences sometimes. Therefore, they might encourage one another to unhealthy behavior such as abstaining from food or following unhealthy diets. Friendships have a direct impact on strengthening or breaking children’s self esteem.

3) Mass Medias and culture:
Mass Medias deceive girls into thinking that success requires them to be attractive, skinny and beautiful. They send a clear message that looks are more important than personality, character and social participation. Media can also affect boys’ body image since it promotes for a model which is the body of attractive men with muscles.

4) Sexual abuse:
Sexual abuse may shatter children’s body image. Sexual abuse victims often live a painful experience with their bodies because it reminds them of a bad experience, they may also feel responsible for the abuse and regard their bodies as subjects for contempt and punishment. Girls victims of abuse at an early age may sometimes fear adolescence and puberty thinking they will be subject to more abuse during that stage and may resort to deprive themselves from food in order to stop their growth and the emergence of femininity.

5) Sports and physical education:
Although sports help maintain the weight in an efficient way in order to have the desired shape from both an esthetic and sportive point of view, the lack of physical education may lead children to hate sports. A large number of athletic children are ashamed of being seen in gym wear which may affect their self esteem and body image.

Life skills

Adolescence is a level of emotional and physical changes where it contains a lot of new feelings, challenges and questions. There are new expected roles within the family, new commitments in the school and new experiences with friends in addition to new feelings towards the other gender. The adolescent need to develop and practice sound life skills to be able to deal with these changes, to be safe and to take the sound options. The ability to practice life skills is considered one of the individual characterstics that the adolescent can develop as an important factor in his life but he cannot develop it without others because he needs to do it through interaction with his environment who plays an important role in opening the opportunities for the adolescent to learn and develop and practice life skills.

Life skills are techniques, means and capabilities that help the adolescent to deal with life attitudes and changes during adolescence and throughout other stages in life. The most prominent skills are: effective communication; addressing problems and dealing with pressures; decision making; and firmness and self assertion. The following are most important life skills and its domains:

Self-related skills

☑ Self consciousness and appreciation: ☑ Firmness and self assertion: the capacity of the adolescent to defend their opinions and rights.
☑ Identify goals: what an adolescent do to identify goals
Flexibility and ability to cope: how the adolescent confront life difficulties without losing energy and trust of future.

Way of living

Healthy life style: taking care of the environment, keeping a daily or weekly routine, taking care of nutrition and hours of rest, practicing sports or useful activities, taking care of personal hygiene, avoiding smoking, avoiding eating one type of food excessively, engaging excessively in the same activities, protecting themselves from engaging in risky behaviour.

Dealing with pressures and stress in a positive way: When the adolescent feel stress or annoyed from the family, school or friends the adolescent can decrease his uneasiness without hurting others. He can learn techniques that help in anger management and in expression of emotions in a positive way.

Prevention from diseases: The adoption of appropriate ways of prevention by the adolescent and the development of his knowledge of health issues.

Thinking-linked skills

Decision making skills:
Problem solving skills:
critical thinking skills:

Relations-linked skills

Effective communication with others: keys of good and healthy relations
The social skills: how do you develop your relations, partnerships and capability to accept others and show interests in them.
Conflicts resolution: effective methods to go out from deadlocks

Skills of administration and organization

Planning and organization
Good use of resources and time

Additional resources and documents to review for Unit 4

- Training manual on adolescence health (3rd edition)- ministry of higher education- OPT-2008 Arabic
- Student training manual – dealing with gender based violence in schools USAID (2009) Arabic + link
- ARC SRHR
- IPPF It’s all one pack
- Life skill manual for youth UNICEF Jordan
- SKOUN, WHO life skills manuals
**Annex A: Sample session form**

The first sessions will be different from the education sessions. First session introduction, getting to know each other, building trust and team work as well as collecting expectations and introduce the educational program in general and to put ground rules to ensure a good group work and that every individual feel comfortable and engaged. You can rephrase or revisit the groundrules as needed throughout the process of the session.

Concerning the educational sessions it complement each other and are building on each other in a consecutive way to accumulate knowledge and skills. The main sample for one session can be the following:

First – Introduction: Refresh the previous session and introduce the topic of the current session and conduct warm up exercise (15-20% of time dedicated to the session)

Second - Main activity: The group of exercises that accomplish the objective related to the topic of the session (60-70% of time dedicated to the session)

Third – Closure: Cooling down, feedback and evaluation (15-20% of time dedicated to the session)

Warming up aims to prepare the group and general ambiance, create specific rhythm for the group, increase concentration and attention and integration as well as enhancing the energy to start the main activity. Each one of the exercise can have specific objectives in addition to the general objectives of warm up.

Cooling down is important to close the session after the excitement that can be created during the session, and to contain ideas and feelings. It can be relaxation exercise or an exercise that helps closing the session and getting feedback.

**Annex B: Examples of exercises for icebreaker, warm-up, cool down and evaluation**

Introduction (can adapt, develop or create or use other exercises, or ask participants suggestions)

Important to be flexible sometimes prepare energizer but group needs something else right now, different reasons.
Getting to know each other exercises:
- Getting inspired by names
- A person who looks like me/A person who is different from me
- A picture I can introduce myself through

Team building and trust building exercises:
- The falling sheet
- The named ball
- Mirror
- Colombian hypnosis
- The lifeboat
- Shark and rock
- Companion in the dark
- I follow a voice I know and trust

Warm up exercises:
- Tornado
- Walking in the space with reversed instruction
- Wind blows

Cool down, closure, evaluation exercises:
- Childhood balloon
- Verbal feedback
- Written feedback
- Drawing of the group
- Level of satisfaction
- Creating an image with my body
- Drawing that express my feelings now

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**Annex C: Save the Children Child Protection Policy**

**Annex D: Consent form/letter for parents/caregivers**

**Annex E: List of centres and existing services**
Glossary

**Abstention:** refraining from having sex

**Acnes:** inflammation of skin that causes the appearance of pimples and it can be resulted from the blockage of pores, pollution and dirtiness

**Anus:** the opening through which go out the feces of the digestive system

**Breast:** an organ that grows around the nipple of the girl during puberty and is lately used to secrete milk when the child is born. The breast can be small or big due to every person.

**Clitoris:** a small organ above the vagina that creates the sexual pleasure

**Cervical cancer:** a kind of genital cancer that appears in the cervix which is the opening between the uterus and vagina

**Prevention:** an adopted method to prevent pregnancy

**Condom:** a rubber preservative mean used to prevent pregnancy as it performs the role of barrier between the ovum and semen. Male condoms are widely spread and are worn on the penis. Female condoms are put inside the vagina.

**Epididymis:** is a narrow and tightly-coiled tube inside the testicles where semen is made

**Estrogens:** hormone that excites sexual growth at females

**Erection:** the situation of penis when it solidifies so its size and shape change

**Ejaculation:** when semen falls out from the penis. The semen is composed of sperm and other liquids

**Fertilization (pregnancy occurrence):** meeting of semen and ovum that causes pregnancy

**Genital:** related to the part surrounding genital organs

**Reproductive system:** part of the system that links genital organs to each others

**Glands:** a group of body cells that produce a secreted material

**Gender:** a word used to describe the social differences between boys and girls or between men and women

**Gay:** persons who are sexually attracted to persons of the same gender

**HIV:** the inflammation sexually transmitted because of AIDS
**Hymen:** a membrane which partially closes the opening of the vagina and its size and thickness differ from a girl to another. This membrane is torn when practicing sex for the first time. It may lead for bloodshed at some girls.

**Masturbation:** when the person touches his sexual organs in order to reach sexual pleasure

**Menses:** menses period also known by the monthly period

**Menses period:** a monthly period that starts at puberty at girls when the ovum that the ovary creates goes out through the vagina if the semen doesn’t fertilize it.

**Nipple:** the small dark projection on the breast. Women use it after pregnancy to feed the child with milk

**Climax:** the reach of pleasure felt during sex relation or practice of masturbation

**Ovulation:** a monthly process that occurs for several days during which the ovum goes out from the ovary to cross the fallopian tube towards the uterus that is ready to receive the ovum through the proliferation of its walls by producing a lot of cells.

**Pregnancy:** a nine months period during which the ovum grows to become a fetus after being fertilized by the semen through sex.

**Penis:** the male sexual organ

**Monthly cycle:** a prevalent word of “menses period”

**Perspiration:** process of body cooling

**Previous symptoms of menses:** an expression used to describe the emotional and physical situations that female experiences every month before menses.

**Physiology:** related to the internal functions of the body

**Physical:** related to the external functions of the body

**Puberty age:** the growth level to move from childhood to puberty

**Pubic hair:** hair in the genital organs part

**Reproductive organs:** are the organs that allow reproduction. They include at females the ovary, vagina and uterus while they include the penis, testicles and surrounding glands at males.

**Scrotum:** external pouch of skin that contains the testicles

**Sexually-transmitted inflammatory:** transmitted inflammatory from a person to another through the connection of sexual organs

**Sexual relations:** entrance of the penis into the vagina
**Semen:** a material composed of sperm and other liquids that the testicles secrete and the glands around them

**Sperm:** sexual male cell. It is similar to the ovary of the woman with the difference of shape and size

**Cortisones:** chemical material existing in the pills. Some of them improve the performance of athletes but they have dangerous side effects.

**Pad:** a napkin put in the underwear to absorb blood and other materials that are secreted during menses

**Fattiness:** a greasy material that glands secrete for skin softening

**Sebaceous glands:** glands in the skin that secrete grease

**Sex hormones:** hormones that motivate the growth of sexual virtues

**Sexual organs:** organs that allow sexual intercourse. The vagina is the sexual organ at females while the penis is the sexual organ at males

**Valve:** a napkin put in the vagina to absorb blood and other materials that are secreted during menses

**Testicles:** male organs near the penis that work to produce semen

**Uterus:** female organ where the fetus grows during pregnancy

**Urethra:** the duct by which urine is conveyed out of the body, and which in male vertebrates also conveys semen

**Virginity:** the state of non-practicing sex

**Vulva:** opening of vagina

**Cognitive:** recognition, i.e. the capability to know that produces conception or imagination

**Fallopian tubes:** a pair of thin tubes that link the uterus to ovaries. These tubes convey the ovaries to the uterus as well as conveying semen from uterus towards ovary. Pregnancy generally occurs in the fallopian tubes

**Hormones:** a chemical material that arises in an organ or part of the body and is transmitted by blood to another organ or part. The hormone affects the activity of other organs or parts through the hormone work.

**Ovaries:** female sexual organs that create the ovaries and female sex hormones.

**Ovulation:** liberation of ovum from the ovary
**Pituitary body**: it is called sometimes the fundamental gland because it is one of the most important endocrine glands (i.e. the glands that directly secrete hormones inside vessels). Its role is to regulate the activities of other endocrine glands and control the way the body operates. Its size is like a grain of peas and is situated in the brain.

**Testosterone**: a steroid hormone stimulating development of male secondary sexual characteristics

**Vagina**: the muscular tube leading from the vulva to the cervix in women. It receives the penis when doing sex and plays the role of the passage that the fetus crosses during procreation and that menses goes through.

**Wet dreams**: also known as night secretion i.e. the ejaculation that happens when being asleep. This issue is natural and there is no need for anxiety from it.

**Estrogens**: a female hormone that ovary secretes and is responsible for the growth and cohesion of the secondary physical sexual characteristics.