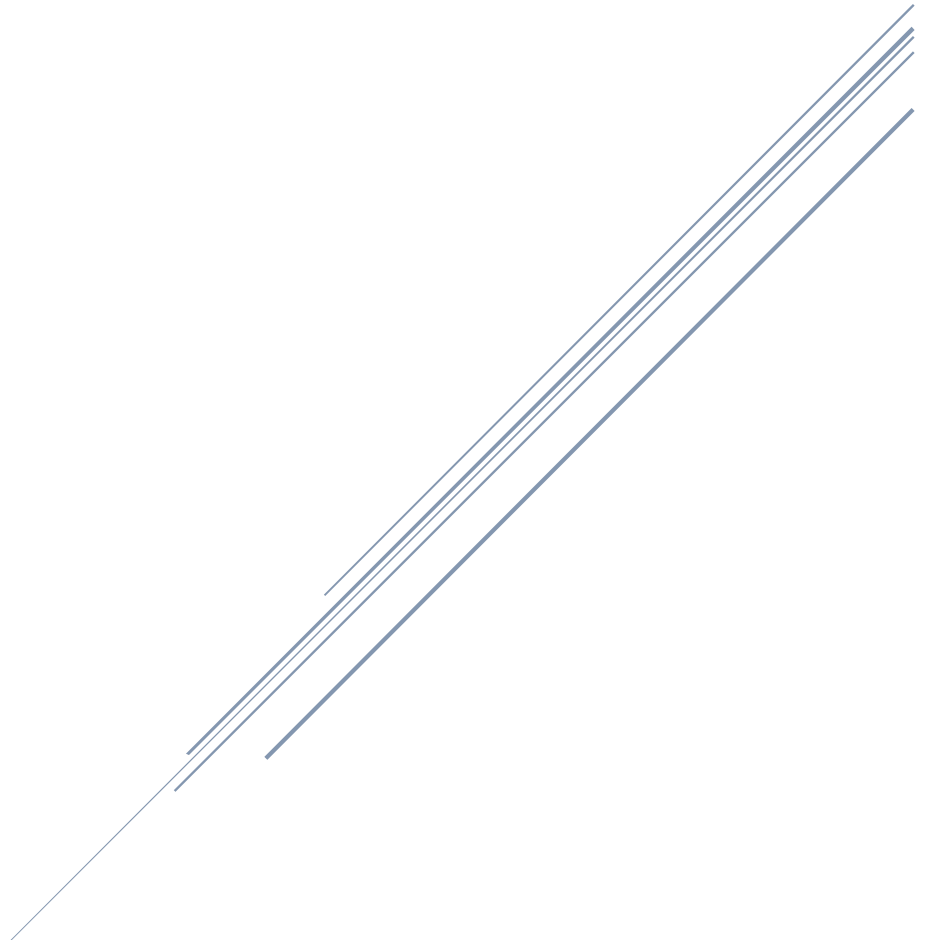




# PLEASURE-POSITIVE APPROACH TO TEACHING SEXUALITY EDUCATION AMONG ADOLESCENTS

**Training module**



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## ACRONYMS

<b>CSE</b>	<b>Comprehensive Sexuality Education</b>
<b>SRHR</b>	<b>Sexual and Reproductive Health and Right</b>
<b>HIV</b>	<b>Human Immune Virus</b>
<b>STDs</b>	<b>Sexually Transmitted Diseases</b>
<b>STIs</b>	<b>Sexually Transmitted Infections</b>
<b>GBV</b>	<b>Gender Based violence</b>
<b>SGBV</b>	<b>Sexual and Gender Based Violence</b>

## **Introduction**

Sexuality and reproductive health (SRH) challenges are among the key problems affecting the wellbeing of girls and women in developing countries. In most lands with limited resources, women and girls are unable to access the needed Sexual and Reproductive Health services.

In Rwanda, Sexual and Reproductive Health problems are on the increase, despite school and community-based interventions that have sought to reduce them in this population. Currently, more than 25% of girls aged 15-19 in Rwanda have their first sexual experience by the age of 15 and 15% of births occur to teenage mothers. About 15% of births in Rwanda occur to mothers below 20 years of age and this is mostly due to unwanted and unplanned pregnancies. STIs are common among women and girls in Rwanda. A recent study revealed that, nearly half of young women who have STIs in Rwanda do not seek treatment mostly because they do not know their rights, did not want other people to know, did not know where to go or thought it cost too much. Niyongere C blames this state of affairs on both girls and women, not having enough information about conception, pregnancy, as well as safe and reliable family planning methods. Rwanda often uses a disease prevention model to promote SRH among women and girls.

This disease prevention model is effective in lands where people are empowered and have the necessary knowledge, attitudes, and skills to utilize SRH services. However, women and girls in Rwanda are significantly influenced by religious beliefs on the way they think, and the choices of life they make. Therefore, the use of this disease prevention model has created a gap in access and utilization of these services in this group. In addition, this model leaves out the key players in Sexual and Reproductive Health among women and girls in Rwanda, the community, parents, and the school.

The model does not emphasize rights promotion activities such as SRH rights education, policies on SRH information, Education and Communication activities for example; counseling for the schoolchildren, sensitizing the community on the needs of

women, and empowering parents to bring up their children in a manner that will enable them to deal with these SRH issues. Subsequently, in the unmet reproductive health abstract, we highlight the shortfalls in the current model and practices being used to provide Sexual and reproductive (SRH) services to women and girls in Rwanda and suggest the promotion of the rights approach in order to enhance the contribution of SRH services on the wellbeing of women and girls. We emphasize the development of appropriate psychological, social-cultural, and physical resources in both women and girls that will enable them to practice their rights to access available SRH services.

The current SRH programs and practices do not empower women and girls to navigate their way to and negotiate for what they need for their well-being as individuals, and collectively within communities. The prevailing religious beliefs and myths about family planning have disempowered women and girls to develop attitudes, values and skills to utilize available SRH services.

Informal ways such as Faith-based organizations, family and school SRH training activities and use of SRH materials like young talk magazines in schools and communities can reach all and create capacity among women and girls in terms of knowledge of SRH rights, and effective engagement skills for utilizing these services more fully.

The challenges and Prospect needs of adolescents in Rwanda have negatively affected their access to important life development opportunities such as education, employment, and community participation. Women and girls in Rwanda need interventions that establish, promote, and reinforce appropriate SRH rights, skills, and values. Women and girls with appropriate SRH knowledge, skills, and values, may not be influenced by myths and negative beliefs.

It is within this background that HAGURUKA, a Rwandan civil society organization plans to mobilize, empower, build and strengthen adolescents, in faith-based schools, about SRHR. Haguruka will use a pleasure-positive approach to provide Sexual and

reproductive (SRH) services to young people in Rwanda and suggests the promotion of the rights approach in order to enhance the contribution of SRH services to the well-being of young people.

***Keywords: Sexual and Reproductive Health; Safe sex; Enjoyment; Consent***

### **Who is this module for?**

This module aims to equip children and young people with knowledge, skills, attitudes and values that will empower them to; realize their health, well-being and dignity, develop respectful social and sexual relationships, consider how their choices affect their own well-being and that of others, and understand and ensure the protection of their rights throughout their lives.

### **Training Approach**

This manual is designed to facilitate learning opportunities in which participants recognize and understand comprehensive sexuality education through a human rights and pleasure perspective, appreciate the dignity of adolescents in relation to decide independently about SRHR, and realize opportunities to advocate for better access SRHR services. This manual provides units and activity sessions that prompt dialogue, critical thinking around adolescent SRHR.

### **Principles of learning**

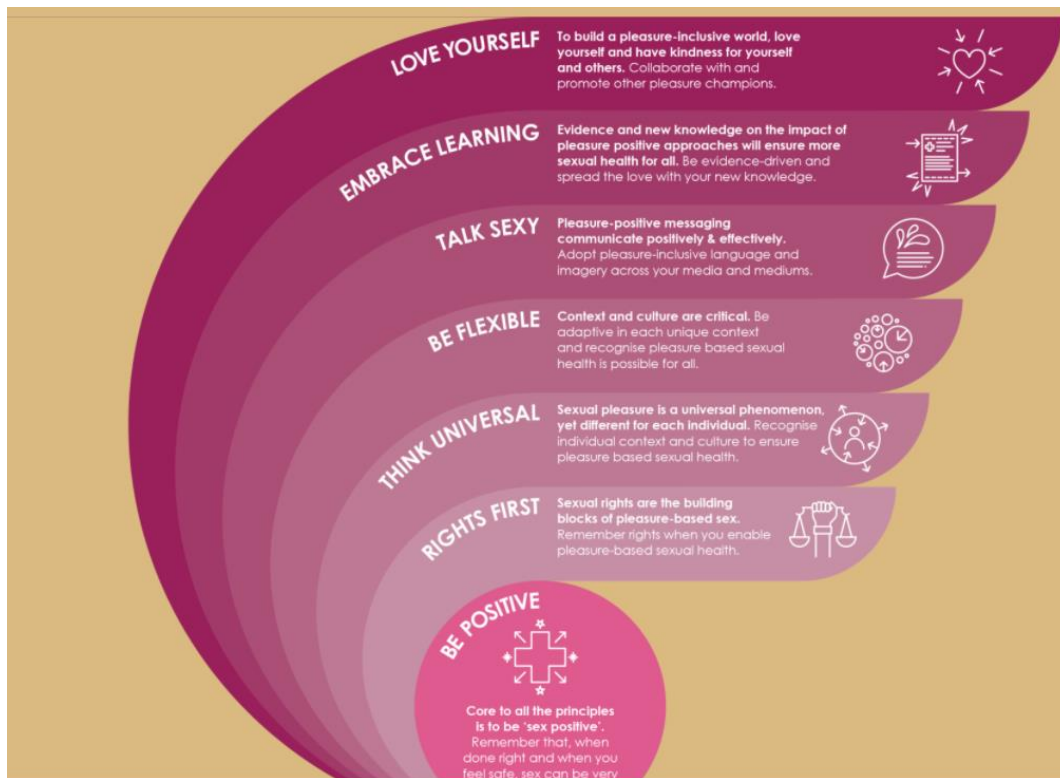
- **Safety:** For the participants to fully engage with the material and process, learners must feel comfortable and safe. Therefore, facilitators must work throughout the training to develop and deepen the relationships within the group and encourage positive, constructive participation of all.
- **Immediacy:** Participants gain the most from training when they are able to apply the new learning as quickly as possible. It is important that participants have the

opportunity to practice using and applying the new concepts, knowledge, and skills as part of the training. This can be done through role-plays, teaching other participants, and discussion groups through which they apply the information to practical situations. Additionally, the purpose of training is to impact participants' lives following the training. To that end, as part of the course, action plans can be developed during the course to support post-training activities.

- **Relevance:** Learners work to stay more engaged in training if they are able to see the impact that it will have on their current experience. Facilitators should facilitate learners relating the content to their lives, articulating their own problems through which to examine the content and develop strategies and tools to affect their conditions.
- **Respect:** It is critically important for the facilitator to demonstrate respect for the learner and their experience. This can be done through active listening, communicating appreciation, affirming that participants are responsible for their learning, and inviting their input and feedback. Conversely, facilitators should avoid activities that may embarrass participants and mediate any situations in which another participant is disrespecting a learner.
- **Inclusion:** Participants in the room are the right participants for that training. The facilitator's role is to nurture a positive environment in which all are able to learn and contribute. The facilitator should design the training so that it is accessible to all participants including those with disability. This can be done by using small groups to ensure that all voices are heard and intervening with participants that are dominating the session. The diverse experience of all learners makes the training richer.
- **Engagement:** Participants will learn the most and gain the most from the training if they are able to be active learners throughout. This can take various forms within the training: quiet (reflection and contemplation), noisy (pair and group

discussions), active (role-plays and games). If participation is low during large group activities, the facilitator can switch to pair-work that will require full participation. Switching between types of activities and including icebreakers are useful in helping participants stay engaged.

## Pleasure approach principles



## Materials to be used

Scissors, masking tape, chalkboard, chalk, flip chart paper and markers, handouts for the learners should be available. Learners should have notebooks to use for note taking and working on various activities. There should be a 'Question Box' a 'Suggestion Box' an 'Anonymous boxes' in the classroom. Read the questions or suggestions daily and discuss on them the following day.



## **Goals of Sexuality Education**

The primary goal of sexuality education is that adolescents and young people become equipped with the knowledge, skills and values to make responsible choices about their sexual and social relationships.

### **The objectives of sexuality education are**

- To increase knowledge and understanding.
- To explain and clarify feelings, values and attitudes.
- To prompt dialogue, critical thinking around adolescent SRHR.
- To promote and sustain risk-reducing behaviour that may lead to different consequences including teen pregnancies, and getting STIs.

## **First exercises with participants before diving into the module**

### **Talking about Fears**

Synopsis: It is important to acknowledge that participants may have fears and anxieties in relation to discussing sexual matters. This activity provides an opportunity to articulate these in a non-threatening way and for trainers to provide reassurance.

Objective: To acknowledge participants' concerns about discussing sex and pleasure.

Ask each participant to take a piece of paper and a pen and to complete (in silence) the following sentence: The thing that scares me most about talking about sex and pleasure here is..... When everyone has done this, gather all the pieces of paper and redistribute them among participants ensuring that no one has his or her own paper.

Ask each participant, in turn, to read out what is written on the piece of paper they are holding. Ask them to do this slowly so that you can note down the key points, which emerge. When this is completed, talk through the concerns offering reassurance as

appropriate. Explain that the group will decide for itself a set of ground rules or working agreements that will help people to feel safe enough to participate to the degree that they feel able.

Tips for trainers: To distribute the pieces of paper, you could use the 'snowball fight' technique, i.e. ask participants to crunch their pieces of papers into balls and throw these around at each other like a snowball fight. Once all the papers have been distributed around the training space, participants can pick up the ball of paper next to them to read aloud.

### **Ground-rules**

Synopsis: This exercise is meant to establish an open, non-judgmental and safe working environment amongst the participants. The working agreement arrived at through this exercise will enhance ownership over the workshop as well as over personal learning among the participants.

Objective: To establish a set of working agreements that will facilitate participation

Together in a constructive way, it will be important to have a set of ground-rules or working agreements, which are a kind of contract between all the members of the group.

These should cover issues such as confidentiality, listening to each other, allowing everyone to participate, etc. Divide the participants into fours and fives and ask each small group to discuss and agree on three agreements that they will propose to the remainder of the group.

Ask them to consider specifically what will be needed in order for people to feel able to talk in this setting about sex and pleasure (e.g. assumptions about people and disclosure). When the small groups have completed this task re-assemble in plenary

and ask the groups to tell the others their rules in turn and see if the others agree to them or not.

All those rules which are agreed to by everyone should be written on a sheet of paper stuck on the wall and left there as a reminder to participants throughout the course.

Processing – ask participants:

- How did it feel to participate in that activity?
- What did you learn from the activity?

## **Comfort Continuum**

Synopsis: This exercise goes deeper into participant's attitudes towards discussing sex and pleasure. It enables participants to discuss their boundaries, comfort zones, and learn from each other's levels of confidence.

Objective: To explore participants' comfort with talking about sex and pleasure

Explain that this is a continuum which ranges from completely agree at one end of the line to completely disagree at the other. You can stick sheets of paper accordingly at each end of the continuum.

Explain that you will call out a series of statements and that participants should place themselves immediately on the line in relation to how they feel in response to the statement. When everyone has placed himself or herself on the line, participants should have a brief conversation with whoever is standing nearest to them as to why they have each placed themselves where they are. When this conversation dies down call out the next statement.

- I feel relaxed at the prospect of talking about sex and pleasure during this workshop.
- I think I know more than enough already about sex and pleasure.
- Sexual pleasure matters more to men than to women.

- Pleasure is the main reason why people have sex.

Tips for trainers: You can try a variation on this exercise by asking specific participants at different parts of the line to share in the plenary why they are placed where they are. This enables a broader discussion with the group and more opinions to be aired, as well as ensuring that people at opposite ends of the spectrum are also able to hear each other's views.

## **Facilitator's notes**

### **PUBERTY**

In this topic, we learn what puberty is, the changes that adolescents go through during puberty both physical and emotional.

**Objective:** Adolescents to understand their bodies and know that what they are going through is normal, natural, and basic tips on what to do during so changes.

Puberty is the time when a child moves through a series of significant, natural, and healthy changes. These physical, psychological, and emotional changes are a **sign that a child is moving from childhood towards adulthood**.

The average age for girls to begin puberty is 11, while for boys the average age is 12 but it is different for everyone, so do not worry if your child reaches puberty before or after their friends. It is completely normal for puberty to begin at any point from the ages of 8 to 14. The process can take up to 4 years.

#### **First signs of puberty in girls.**

The first sign of puberty in girls is usually that their breasts begin to develop.

It is normal for breast buds to sometimes be very tender or for one breast to start to develop several months before the other one.

Pubic hair also starts to grow, and some girls may notice more hair on their legs and arms.

## Later signs of puberty in girls

After a year or so of puberty beginning, and for the next couple of years:

- girls' breasts continue to grow and become fuller.
- around 2 years after beginning puberty, girls usually [have their first period](#)
- pubic hair becomes coarser and curlier
- underarm hair begins to grow – some girls also have hair in other parts of their body, such as their top lip, and this is completely normal
- girls start to sweat more
- girls often get [acne](#) – a skin condition that shows up as different types of spots, including whiteheads, blackheads and pus-filled spots called pustules
- girls have a white [vaginal discharge](#)
- girls go through a growth spurt – from the time their periods start, girls grow 5 to 7.5cm (2 to 3 inches) annually over the next year or two, then reach their adult height
- most girls gain weight (which is normal) as their body shape changes – girls develop more body fat along their upper arms, thighs and upper back; their hips grow rounder and their waist gets narrower

## After about 4 years of puberty in girls

- breasts become adult-like
- pubic hair has spread to the inner thigh
- genitals should now be fully developed
- girls stop growing taller

## First signs of puberty in boys

- the first sign of puberty in boys is usually that their testicles get bigger and the scrotum begins to thin and redden
- pubic hair also starts to appear at the base of the penis

## Later signs of puberty in boys

After a year or so of puberty starting, and for the next couple of years:

- the penis and testicles grow and the scrotum gradually becomes darker
- pubic hair becomes thicker and curlier
- underarm hair starts to grow
- boys start to sweat more
- breasts can swell slightly temporarily – this is normal and not the same as ["man-boobs"](#)
- boys may have "wet dreams" (involuntary ejaculations of semen as they sleep)
- their voice "breaks" and gets permanently deeper – for a while, a boy might find his voice goes very deep one minute and very high the next
- boys often develop [acne](#) – a skin condition that shows up as different types of spots, including whiteheads, blackheads and pus-filled spots called pustules
- boys go through a growth spurt and become taller by an average of 7 to 8cms, or around 3 inches a year, and more muscular

### **After about 4 years of puberty in boys**

- genitals look like an adult's and pubic hair has spread to the inner thighs
- facial hair begins to grow and boys may start shaving
- boys get taller at a slower rate and stop growing completely at around 17 years of age (but may continue to get more muscular)
- most boys will have reached full adult maturity by the age of 18

### **Emotional changes in puberty**

Puberty can be a difficult time for young people. They are coping with changes in their body, and possibly acne or body [odor](#) as well, at a time when they feel self-conscious.

Puberty can also be an exciting time, as young people develop new emotions and feelings.

Nevertheless, the "emotional rollercoaster" they are on can have psychological and emotional effects, such as:

- unexplained mood swings
- low self-esteem
- aggression
- depression

## 1. Feeling overly sensitive

During puberty, since your body undergoes many changes, it is common to feel uncomfortable about them and become overly sensitive about your physical appearance. As a result, you may feel irritated quite easily, lose your temper or feel depressed. It will be useful to be aware of the changes in your behavior and talk about it with someone that you are comfortable talking to.



## 2. Looking for an identity

Since you are in the process of becoming an adult, you may feel inclined to figure out what makes you unique as a person. There is also a general tendency that you associate more with your friends than your family members. Psychologically, it may be because your friends are going through a similar phase as you. You may try to figure out how you are different from others and how you fit into the world. This may eventually lead to some sort of a struggle to become more independent of your parents and family.



### 3. Feeling uncertain

Since you are not completely an adult and are not a child anymore, puberty can potentially lead to uncertain times. As a transition phase, you may begin to wonder and think about new and unfamiliar aspects of life such as career, livelihood, and marriage. Since all of this is new and unfamiliar when you start thinking along with these directions, you may feel uncertain about the future.

This uncertainty becomes more evident when the expectations that people close to you have from you also change. You may be expected to take on greater responsibilities than what was expected from you as a child. Eventually, you will grow into your new roles and become more certain about yourself, but this process will take its own time depending on how you respond to this situation.





#### 4. Peer pressure

With the onset of puberty, your conversations with your friends will increase. You peer-group and you are likely to be influenced by what you see around you in popular media and the culture that is represented through them. You might often notice what is in and what is out in terms of the way you dress, your language, and even your behavior depending upon what you see.

This may be uncomfortable at times and would probably even change your likes and dislikes. It is also one of the ways in which you struggle to fit in with your peers. These events can lead to a gap between what is perceived as appropriate by your parents and your friends.



## 5. Conflicting thoughts

Since you are somewhere in between as a teenager during puberty, you may feel stuck between how you were as a child and how you wish to be as an adult. For example, you might want to be more independent and at the same time, might look for support from your parents. Another example could be along the lines of whether you wish to give up on the interests that you had as a child to be able to fit in with your friends. As a result, you may feel conflicted and look for clarity.



## 6. Mood swings

To add to the uncertainty and conflicting thoughts, you may also experience frequent and sometimes extreme changes in your mood. For example, sometimes your mood will swing from feeling confident and happy to feeling irritated and depressed in a short span of time. These frequent swings in how you feel are called mood swings. They may occur due to shifting levels of hormones in your body and other changes taking place during puberty.



## 7. Feeling conscious about self

The onset of puberty can vary on an individual basis. Therefore, the way you grow may be different from the way your friends grow. This can make you conscious about the way you are growing up and your body.

These experiences are more pronounced for girls because they develop faster and earlier than boys do. In addition, the changes in their bodies such as the development of breasts and the widening of hips are more noticeable. This may make them feel more conscious about their body in presence of their peers of the same age group.



## 8. Getting sexual feelings

Puberty is also the phase after which you develop sexual maturity. Sexual maturity is the stage of your life when you can have children. One aspect of sexual maturity is being curious about sex and also about the bodies of people that you are attracted to. With the onset of puberty, it is normal for a boy or a girl to be sexually attracted to people that they would want to be more than 'just friends with.

You may also feel sexually excited by normal everyday activities such as reading a romantic novel or watching a romantic scene on television. These feelings are normal and there is nothing to feel guilty about. You may have many questions about sex. It is a good idea to talk to a mature adult (like your mother, father, guardian, doctor, or counselor) with whom you are comfortable discussing sex. You should get your questions answered and should stay informed on safe sex.

## Reflective activity

Ask adolescents to make circles of 10 students each circle, in each circle ask them to share both physical and emotional changes that they identify with from what they have been taught, then ask them to share experiences that they learned that had thought were peculiar to them.

Remind adolescents that within the circle, it is a safe space and they should share experiences, answer and ask questions freely. The facilitator should also affirm adolescents on the great work of listening and participating in this session with words like: “great work, thank you, and what you have experienced is normal and I am proud of you for sharing”.

### **Case study**

Sarah is 14yrs old. Since puberty kicked in her breasts have grown, her hips are curvier and she has become self-cautious, especially with the way she walks. She also has crush on Tom. Every time she sees him at school, she gets very excited. According to what we have learned is Sarah normal or she is being immoral? Why?

Gasore is 14 with talking (verbal) disability, some children at school insult him because of his disability but he loves school so he ignores them and still comes to school. He has a wet dream for the first time and is confused because his friends have limited sign language skills so they have never really discussed about it. Is what he is going through normal? What should he do and whom should he talk to?

### **Key message**

The facilitator to emphasize that all most all changes that happen during puberty are normal and they is no need to feel bad, guilty and sad. If anything stands out from what has been discussed the adolescents should talk to trusted elders, counselors or doctors.

## **RELATIONSHIPS AND SEX**

In this topic, we shall discuss relationships, sex, having safe sex, sex rights, consent, what good friendships should look like, and bodily autonomy.

**Objective:** to empower adolescents with information to make independent responsible choices about their friendship and feel empowered to discuss their likes and dislikes.

Having healthy relationships is a vital part of a person’s overall wellbeing, and our adolescents are no different. Adolescents need positive connections with parents, family, peers, teachers, coaches, and other authority figures.

Positive and healthy relationships are marked by honesty, respect, trust, and open communication. Positive relationships nourish us emotionally and help us feel connected.

All relationships, not just the romantic ones, need to be worked at to make them a success, and some compromise and effort are required to maintain them so that they stay healthy and fulfilling.

In romantic relationships, sex means different things to different people. When most talk about 'having sex' they are usually referring to sexual intercourse (or penetrative sex) some call it making love.

During adolescence one starts to become more sexually aware, it is natural to be curious about sex. One might learn about it by exploring their own body, and then learn more within a relationship. As you experience and learn more, you will find what you are comfortable with, what you like, what feels right, and, importantly, what feels safe.

Keep in mind that it is possible to be sexual without having intercourse. Things like kissing; touching, rubbing and stroking are all things that feel good too. Knowing about all of these options can help you make informed choices that are best for you. Working out what your decision is prior to potentially intimate situations with a partner is a good start to healthy sexual development. Delaying or postponing having sexual intercourse may indeed be a good choice for many reasons.

## **Sexual feelings**

When you are sexually attracted to someone and they are attracted to you, you may reach a point when you want to express this physically. When you are with someone you like a lot, kissing is fun. You may wonder if you are going to know how to kiss, but usually people work it out together, and improve with practice.

You may also like holding hands and cuddling, feeling the closeness of each other's bodies, or touching each other's genitals. Physical attraction may lead to decisions about having sex (intercourse). The best sex usually takes place within a well-developed, trusting relationship when both people are sure and ready.

Sex and love are not the same things. It is possible to have strong feelings of love and affection for someone and not be at all sexual. The opposite is also true: it is possible to be physically involved with someone in a sexual way, without love being a part of it.

People can be sexually involved out of curiosity, or because they think it will make them feel good, or they think it will bring them closer. It is a mistake to have sex with someone in the belief that it will make someone love you because it will not. Being or feeling pressured to have sex for that or any other reason is a recipe for disappointment and hurt. Being sexually involved changes your feelings about your partner and yourself. It is important to talk about what you are doing together.

## **Keep the lines of communication open**

Communication is important for healthy relationships and it is often the poor communication that makes things go wrong. This is particularly important when it comes to discussing sex and having the confidence to tell your partner what you like and what you want and listening to what they want too. It is essential that consent is both given and received and that you are able to communicate about safer sex and contraception.

Good communication means being able to share feelings about whether you are happy and comfortable with your physical involvement, or unhappy and uncomfortable. If you feel under any sort of pressure, it is important to be able to express this and to stop at any time.

This also goes with consenting or agreeing to participate in sexual activity. Before being sexual with someone, you need to know if they want to be sexual with you too. It is also important, to be honest with your partner about what you want and do not want. Consenting and asking for consent is all about setting your personal boundaries and respecting those of your partner and checking in if things are not clear. Both people must agree to sex every single time for it to be consensual.

**Key message:** Without consent, sexual activity (including oral sex, genital touching, and vaginal or anal penetration) is sexual assault or rape.

## **Decision making about sex**

Is sex right for you?

Sex is right for you when you and your partners have discussed and freely, without any pressure consented to having it

Sex is not right for you if you do it just because you think everyone around you is doing it, or because you think, you 'should'. If you have sex because you are pressured or under the influence of drugs and alcohol, you will likely regret it later.

You may feel happier expressing your affection for someone just by kissing, cuddling, and caressing. It is quite normal for couples to enjoy this kind of closeness and affection long before they are ready for intercourse. It is good to have a strong, clear sense of what you want before you go beyond your comfort zone.

When to have sex is one of the very important decisions in your life. Do not be in a hurry to make this decision. There is nothing wrong with taking your time and saying no to things that make you feel uncomfortable or unsure. You may find it helps to talk it over with a trusted adult.



Some things to think about if you are considering having sex:

- Am I having sex because it is what I want? (it is important to have sex when both partners want to have it)
- Am I doing it because my partner is constantly pressuring me to have sex and is it right to have sex just because your partner wants it if you don't feel like it? (one should only have sex if they are ready and sure they want to)
- Is the sex going to be safe?
- Do you have condoms?
- Do you have other forms of contraception?

### Safety is sexy



### What is safe sex?

Safe sex means having sexual contact in ways that reduce the chances of becoming pregnant or contracting a sexually transmitted infection (STI) or Sexually transmitted disease. Moreover, it means protecting the health of both you and your partner

Sex can be enjoyable and fulfilling but does feel more enjoyable when it is safe. For example, using a condom during sex increases one's sense of comfortability and safety making sex so much more enjoyable.

Not having sexual intercourse and only kissing, cuddling, massaging, and rubbing each other's bodies is also completely safe.

## **Reproductive choices.**

Adolescents have the right to have access to reproductive health and rights information and services.

Adolescents' knowledge and access to reproductive health services is important for their physical and psychosocial wellbeing. It has been found in an earlier study that the lack of knowledge about the consequences of unprotected premarital sex among adolescent females predisposed them to unwanted pregnancies, unsafe abortion and its complications, and sexually transmitted infections.

*“As adolescents, we have to make choices between not having sex until we are married, or if we cannot wait we have to use contraceptive methods that would prevent us from becoming pregnant”.*

## **Contraception (birth control)**

Planning to become sexually active is a major decision that should be well thought of and discussed. If two people decide to have sex, it is important for both partners to talk about contraception options and to consistently use contraception whenever having sex. The responsibility for contraception should be shared equally between partners.

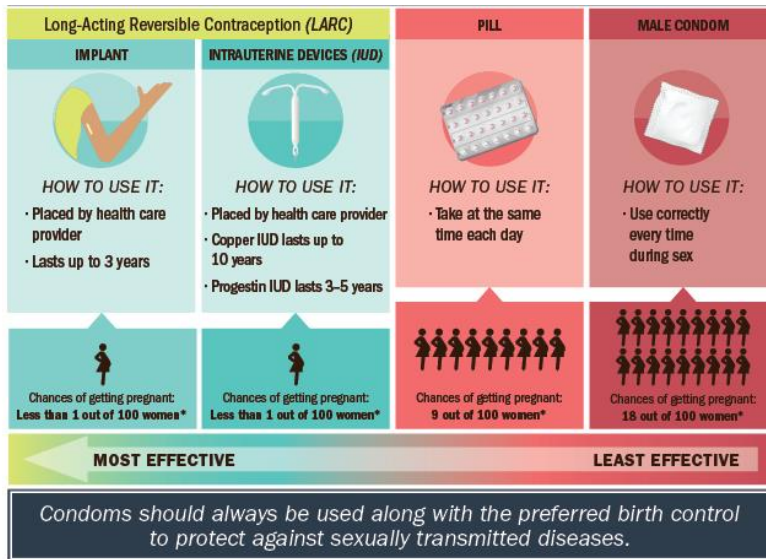
Contraception does not just protect one from unplanned pregnancy and STIs but gives both partners the freedom of enjoying sex without worry which makes sex all the more enjoyable.

There are many different types of contraception and it can be confusing to decide which method is right.

Common contraceptive options for girls and women also include

- Condoms
- Contraceptive pill, which must be taken at the same time every day
- Implant, a small plastic rod implanted under the skin of the arm that slowly releases hormones.





Safer sex really starts right at the beginning – with talking to your partner and being sure that you both are ready and want to have sex.

### Keeping safe:

Everyone has a right to feel safe at all times; however, there may be times when we do not feel safe. Adolescents have a right to say 'no', especially if they are being asked to do something or go somewhere that makes them feel uncomfortable, unsafe, or scared.

If you are in this situation, listen to your instincts, act if you can, and talk about it with someone.

### **Case Study**

Mukashema, a senior three student, is from a very religious family. Her mother is a pastor; her father is church deacon, her and her brother sing in the church choir. Mukashema has a boyfriend and they have talked about having sex, they have agreed to have safe sex. She feels ready to do it. According to you, what should she do?

Mucyo wants to have sex but his partner has asked him to use a condom and he does not want to because Claude, his best friend, told him that when one uses a condom they do not enjoy sex very much.

### **Key message**

Sex is good and can be very satisfying when it is safe. Having sex is one's right and if the person feels safe and ready to have sex they should be able to do it.

If a person, feels like waiting on having sex – they should, but it should be a personal decision not forced by others.

### **Coping with a break-up**



Healing after a broken relationship is difficult. The way you feel depends slightly on whether you have been 'dumped' or you did the dumping. People who have been through both say that being dumped is much worse – not surprisingly. It is a blow to your self-esteem. Nevertheless, in either case, it is not easy.

After you have ended your relationship, one big question is whether you can remain friends with your ex. There is no clear answer to that question. It depends on you, your ex, and how the relationship ended. What worked for your best friend might not work for you, so trust your instincts.

Here are some tips on how to cope with your breakup:

- Think about what went wrong, but do not obsess over it. Do not fight your feelings – accept them, and let them out gently. It can be hard to stop thinking about it, but try to take your mind off it as much as you can. Remember that your end goal is to move on.
- Meet with friends and share your feelings. There is no better cure for a broken heart than sharing your feelings with good friends. You can meet and pour your heart out.
- Get rid of negative emotions. If you still feel angry with your ex a few months after breaking up, remind yourself that it's in the past now and it is time to let go. Get rid of things that remind you of your partner – things like the gifts they gave you or cards they made. It is sad, but it can help you move on.
- Care for yourself. Eat well, sleep well, and take many exercises. Do things that make you feel better – like going for a walk in the park or getting together with your family. A little bit of tender loving care goes a long way in the healing process.
- Get a new hobby. Try learning how to cook or play the piano. Find things to do to fill in your spare time. Keeping your mind and body busy is an essential part of healing. You might also meet new people with similar interests when you join a group or club.
- Be positive. It might sound unbelievable, but it is perfectly possible that you will find someone else who will love you again.
- Do not turn to drink or drugs. Stay away from alcohol and other non-prescription drugs. They will do you more harm than help you heal.
- Watch out for signs of depression. If you think you are falling into depression, let someone know. Get help. Contact helplines or counselors. Below is a list that will help you.

## CONSENT



We have heard saying that girls say yes when they mean no. In addition, this was used to tame girls/women. In the cultural context of Rwanda, women are not supposed to show that they have any interest in sex; if you do, you are considered as immoral. Therefore, men always think that when the girl says no, she really means yes. Moreover, this has bred a culture of rape and sexual assault that is acceptable in the culture, sometimes the women think it is normal to be sexually abused.

This topic is to teach adolescents both boys and girls that each of them has the right to agree or disagree to sexual intercourse and that they have the right to stop whenever they no longer feel comfortable or interested in the act.

**SEX – CONSENT = RAPE**

# CONSENT



Freely Given  
Reversible  
Informed  
Enthusiastic  
Specific

 Planned Parenthood®

**Consent is easy as FRIES:**

- **Freely given.** Consenting is a choice you make without pressure, manipulation, or under the influence of drugs or alcohol.

- **Reversible.** Anyone can change their mind about what they feel like doing, anytime. Even if you have done it before, and even if you are both naked in bed.
- **Informed.** You can only consent to something if you have the full story. For example, if someone says they will use a condom and then they do not, there is no full consent.
- **Enthusiastic.** When it comes to sex, you should only do stuff you WANT to do, not things that you feel you are expected to do.
- **Specific.** Saying yes to one thing (like going to the bedroom to make out) does not mean you have said yes to others (like having sex).

You get the final say over what happens with your body. It does not matter if you have hooked up before or even if you said yes earlier and then changed your mind. You are allowed to say, “Stop” at any time, and your partner needs to respect that.

Consent is never implied by things like your past behavior, what you wear, or where you go. Sexual consent is always clearly communicated – there should be no question or mystery. Silence is not consent. In addition, it is not just important the first time you are with someone. Couples who have had sex before or even ones who have been together for a long time also need to consent before sex, every time.

## Guiding questions

*What do you understand by consent?*

*Is it right for a girl/boy to agree to sex and then in the middle of it says stop, should this stop be respected?*

*Is it right to have sex with a partner if they are intoxicated?*

Consent is an agreement between participants to engage in a specific activity or procedure. Children according to the legal age of specific countries are not allowed to give consent.

While the legal definitions of consent may vary by location and circumstance, the general concept is always the same: Consent is an ongoing process of discussing boundaries and what you are comfortable with.

Consent is an agreement between participants to engage in sexual activity. Consent should be clearly and freely communicated. A verbal and affirmative expression of consent can help both you and your partner to understand and respect each other's boundaries.

Consent cannot be given by individuals who are underage, intoxicated, or incapacitated by drugs or alcohol, asleep or unconscious. If someone agrees to an activity under the pressure of intimidation or threat, that is not considered consent because it was not given freely. Unequal power dynamics, such as engaging in sexual activity between teacher and student, also mean that consent cannot be freely given.

### **How does consent work?**

When you are engaging in sexual activity, **consent is about communication**. Moreover, it should happen every time for every type of activity. Consenting to one activity, one time, does not mean someone gives consent for other activities or for the same activity on other occasions. For example, agreeing to kiss someone does not give that person permission to remove your clothes. Having sex with someone in the past does not give that person permission to have sex with you again in the future. It is important to discuss boundaries and expectations with your partner prior to engaging in any sexual behavior.

### **You can change your mind at any time.**

You can withdraw consent at any point if you feel uncomfortable. One way to do this is to clearly communicate to your partner that you are no longer comfortable with this activity and wish to stop. Withdrawing consent can sometimes be challenging or difficult to do verbally, so non-verbal cues can also be used to convey this. The best way to ensure that all parties are comfortable with any sexual activity is to talk about it, check in periodically, and make sure everyone involved consents before escalating or changing activities.

### **What is enthusiastic consent?**

Enthusiastic consent is a newer model for understanding consent that focuses on a positive expression of consent. Simply put, enthusiastic consent means looking for the presence of a “yes” rather than the absence of a “no.” Enthusiastic consent can be expressed verbally or through nonverbal clues, such as positive body language like smiling, maintaining eye contact, and nodding. These clues alone do not necessarily represent consent, but they are additional details that may reflect consent. It is necessary,

however, to still seek verbal confirmation. The important part of consent, enthusiastic or otherwise, is checking in with your partner regularly to make sure that they are still on the same page.

Enthusiastic consent can look like this:

- Asking permission before you change the type or degree of sexual activity with phrases like “Is this OK?”
- Confirming that there is reciprocal interest before initiating any physical touch.
- Letting your partner know that you can stop at any time.
- Periodically checking in with your partner, such as asking, “Is this still okay?”
- Providing positive feedback when you are comfortable with an activity.
- Explicitly agreeing to certain activities, either by saying “yes” or another affirmative statement, like “I’m open to trying.”
- Using physical cues to let the other person know you are comfortable taking things to the next level (see note below).

Note: Physiological responses like an erection, lubrication, arousal, or orgasm are involuntary, meaning your body might react one way even when you are not consenting to the activity. Sometimes perpetrators will use the fact that these physiological responses occur to maintain secrecy or minimize a survivor's experience by using phrases such as, “You know you liked it.” In no way does a physiological response mean that you consented to what happened. If you have been sexually abused or assaulted, it is not your fault.

Consent does NOT look like this:

- Refusing to acknowledge “no”
- A partner who is disengaged, nonresponsive, or visibly upset
- Assuming that wearing certain clothes, flirting, or kissing is an invitation for anything more
- Someone being under the legal age of consent, as defined by the state
- Someone being incapacitated because of drugs or alcohol Pressuring someone into sexual activity by using fear or intimidation

- Assuming you have permission to engage in a sexual act because you've done it in the past

### **Case studies**

Uwanyirigira went to a party with her friends both a boys and girls. During the party they got drunk and the next morning when she work up, she realized she was not dressed and it was like something had happened, when she asked her friend a boy what had happened he said they had had sex the last night.

It is wrong and considered rape when someone has sex with an intoxicated person because she cannot consent since her not in her right mind.

### **Key Message**

Sexual intercourse should be between two partners who have both agreed to every stage of the activity they are participating in, should one partner (boy or girl) want to stop whatever is going on for any reason it should stop or else it is considered rape.

Sex is healthier and much more enjoyable and will have more positive out comes if both partners have agreed to have it at all stages.

Both partners talking and agreeing at every stage during sex makes it easier to have safe sex.

Girls or boys should not feel pressure to have sex just because partner/friend/classmate buys them gifts. They should only have sex when they feel ready to have it.

### **Sexual and gender-based violence**

Gender-based violence (GBV) refers to acts that hurt, threaten, violate, force or restrict someone, and which are based on a gendered power structure. This gendered power structure uses perceptions of masculinity and femininity to create a rank order of gender, resulting in a power imbalance.

Both men and women can be survivors/victims or perpetrators of GBV. However, statistics show that men perpetrate the majority of all GBV against women and girls.



A significant part of GBV is sexual violence: violence as a sexual expression of power and control, which has nothing to do with sexuality. Sexual violence includes rape, sexual abuse and sexual harassment.

What is sexual assault?

The term sexual assault refers to sexual contact or behavior that occurs without explicit consent of the victim. Some forms of sexual assault include:

- Attempted rape
- Fondling or unwanted sexual touching
- Forcing a victim to perform sexual acts, such as oral sex or penetrating the perpetrator's body
- Penetration of the victim's body, also known as rape

### **What is rape?**

Rape is a form of sexual assault, but not all sexual assault is rape. The term rape is often used as a legal definition to sexual assault that specifically includes sexual penetration without consent.

Victims are usually shy to report because they do not want anyone to know that something like this happened to them but it is important to talk to elder that you trust for example a teacher, parent, guardian or doctor and these cases should be reported to the authorities

### **Case study**

Mukamabano, a 17-year-old girl, was touched by her science teacher inappropriately. She was in class with her classmate, after the science lesson, the teacher asked her to help him carry some of the teaching materials. When they got to the staffroom, she and the teacher were alone, he asked to put the materials down, moved closer to her, and he started to touch her breasts and private parts.

Should she report the case? To whom should she report? What if the teacher denies it, the whole school finds out, and they make fun of her?

### **Key message**

Sexual violence happens to adolescents many times but due to the Culture of shaming and stigmatizing victims, many children and young people do not report these cases. Adolescents should be encouraged to report cases of sexual and gender-based violence.

### **Media**

This topic explores the effect of media on adolescents. Mass media is defined as those media that are designed to be consumed by large audiences through the agencies of

technology. An array of communication media reaches large numbers of the public, including radio, television, movies, newspapers, and magazines.

The Internet is a worldwide, publicly accessible network of interconnected computer networks that transmits information and services such as electronic mail, online chat, file transfer, interlinked web pages, and other documents of the World Wide Web.

Adolescents are vigorous users of the information broadcast in the media, and concern has been raised about the influence of media portrayals on sexual attitudes and the normative expectations of these adolescents at a critical developmental stage. The mass media and the Internet have their advantages in terms of providing necessary information for young people on sexual health and healthy sexual relationships, but many studies have shown that mass media negatively influences teens in their sexual behaviors.

Viewing sexual content can have moderate effects on sexual knowledge or attitudes; media creates an unrealistic expectation on sex life for adolescents making them feel different or not enough when they have their sexual experiences, which really affects their self-esteem.

### **Case study**

Peter watches different T.V shows, Instagram posts, Facebook with different romantic stories and sex scenes. On mass media, the boy meets the girl up to five times and they are already in love, kissing sometimes even having sex and she has been dating Antoinette for a year and she is not yet comfortable with kissing him or having sex. Does this mean that he does not love Antoinette?

### **Key message**

Adolescents should be encouraged to be cautious about the content they consume on the internet. They should talk about sex with elders they trust and what is good and safe with trusted elders instead of depending on the internet about their sex life.

## **STDs (STIs) and HIV**

What is an STD?

STD stands for sexually transmitted disease, also called sexually transmitted infections (STIs). STDs are infections that spread from person to person through sexual activity, including anal, vaginal, or oral sex. Bacteria, parasites, and viruses cause STDs.

Many health care providers use the term “infection” instead of “disease”, because a person with an infection may have no symptoms but still require treatment. When untreated, an STI can become a disease.

HIV is a sexually transmitted infection, but it can progress to a disease called acquired immunodeficiency syndrome (AIDS) when HIV infection is untreated with HIV medicines. Other examples of STDs are chlamydia, gonorrhea, human papillomavirus (HPV) infection, and syphilis.

What is the connection between HIV and other STDs?

Behaviors that put people at risk for HIV also increase their risk for other STDs. These behaviors include the following:

- Having sex without a condom.
- Having unprotected sex with many partners, especially anonymous partners.
- Having sex while using drugs or alcohol. Using drugs and alcohol can affect a person's judgment, which can lead to risky behaviors including having unprotected sex.

### **How can a person reduce the risk of getting an STD?**

Sexual abstinence (never having vaginal, anal, or oral sex) is the only way to eliminate any chance of getting an STD. However, if you are sexually active, use condoms correctly every time you have sex.

### **How can a person with HIV prevent passing HIV to others?**

Take HIV medicines daily. Treatment with HIV medicines (called antiretroviral therapy or ART) helps people with HIV live longer, healthier lives. One of the goals of ART is to reduce a person's viral load to an undetectable level. An undetectable viral load means that the level of HIV in the blood is too low to be detected by a viral load test. People with HIV who maintain an undetectable viral load have effectively no risk of transmitting HIV to their HIV-negative partner through sex.

If your viral load is not undetectable—or does not stay undetectable—you can still protect your partner from HIV by using condoms and choosing less risky sexual behaviors. Your partner can take medicine to prevent getting HIV.

### **What are the symptoms of STDs?**

Symptoms of STDs may be different depending on the STD, and not everyone will experience the same STD symptoms. Examples of possible STD symptoms include painful urination (peeing), unusual discharge from the vagina or penis, and fever.

## **What is the treatment for STDs?**

STDs caused by bacteria or parasites can be cured with medicine. There is no cure for STDs caused by viruses, but treatment can relieve or eliminate symptoms and help keep the STD under control. Treatment also reduces the risk of passing on the STD to a partner. For example, although there is no cure for HIV, HIV medicines can prevent HIV from advancing to AIDS and reduce the risk of HIV transmission.

Untreated STDs may lead to serious complications. For example, untreated gonorrhea in women can cause pelvic inflammatory disease, which may lead to infertility. Without treatment, HIV can gradually destroy the immune system and advance to AIDS.

## **Case studies on HIV and stigma**

David has been having unprotected sex with multiple partners, two weeks later he started to get a discharge from his penis and felt feverish. What should he do to protect himself and his sexual partners?

### **Key message**

While sex can be fun and pleasurable, it is more enjoyable if it is protected. Having safe sex is fun and reduces the risk of disease.

Should a person see any symptoms of an STD, they are advised to see a doctor and inform their sexual partners to see a doctor as well.

### **Conclusion**

Ask participants to share what they have learned from this module and to make an action plan on how they are going to do with the information

The action plan should include what they learned, the activity they are going to do, when they will do it, if they need any support and expected output.

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