

**GET UP
SPEAK
OUT** for youth rights

AN ASSESSMENT OF THE INCLUSION OF INFORMATION ON SEXUAL RELATIONSHIPS AND PLEASURE IN SEXUALITY EDUCATION FOR YOUNG PEOPLE:

A Qualitative Pilot Study
in Tamale, Ghana

GHA SRHR Alliance
for young people

the
pleasure
project.

 aidsfonds

CHOICE FOR YOUTH & SEXUALITY

dance  life

 IPPF

 Rutgers

 Simavi

Supported by:



Ministry of Foreign Affairs

TABLE OF CONTENTS

3	ACKNOWLEDGEMENTS
4	WHAT IS THIS ABOUT? BACKGROUND
5	Why is a positive approach to sexuality important and what does the evidence tell us?
6	Why is this relevant for Ghana?
6	What more do we want to know?
8	HOW DID WE DO IT? METHODOLOGY
9	Limitations
10	WHAT DID WE FIND? PILOT STUDY FINDINGS
10	Curricula reviewed
10	CSE facilitators
12	Two facilitators with the same training but different attitudes
13	Learners
5	WHAT DO WE CONCLUDE? CONCLUSION AND RECOMMENDATIONS
16	Recommendations
17	ANNEXURE DATA COLLECTION TOOLS
17	Content analysis tool for curricula
19	Interview Guide for CSE Facilitators
21	Focus Group Discussion Guide for CSE Learners

ACKNOWLEDGEMENTS

This pilot study was made possible because of the Ghana SRHR Alliance's interest in reflecting on how they apply a sex-positive approach in their Comprehensive Sexuality Education (CSE) work within the Get Up Speak Out Programme (GUSO). The GUSO National Programme Coordinator (NPC), Kenneth Danuo, and his team, with the support of the National Steering Committee, provided all the support and coordination for the data collection and ethical approval required for this study.

The research team was led by Arushi Singh from The Pleasure Project, who worked with three young co-researchers from the Ghana SRHR Alliance – Martha Anabila, Maxwell Ayamber and Amanfo Richard – along with the GUSO Youth Country Coordinator (YCC), Irene Siaw. The YCC was also responsible for coordinating with alliance partners to mobilise respondents.

Valuable technical input was provided by Rosalijn Both, Researcher GUSO and Marijke Priester, Senior Policy Advisor GUSO, from the Netherlands. The conceptualisation of the study was done with strategic contributions from Anne Philpott, The Pleasure Project and Doortje Braeken, Global Advisory Board for Sexual Health and Wellbeing.

The pilot study and subsequent development of a pleasure audit tool has been the joint work of Rutgers – as consortium lead of the Get Up Speak out Programme – together with The Pleasure Project, an international organisation that envisions a world where sex is satisfying and safe; The Pleasure Project has been putting the 'sexy' into safer sex since 2004.

WHAT IS THIS ABOUT?

BACKGROUND

Get Up Speak Out (GUSO) is a five-year programme (2016-2020) implemented by seven SRHR country alliances (Ethiopia, Ghana, Indonesia, Kenya, Malawi, Pakistan and Uganda) and a consortium consisting of Rutgers, Aidsfonds, CHOICE for Youth and Sexuality, Dance4life, International Planned Parenthood Federation (IPPF) and Simavi. The programme is financed by the Dutch Ministry of Foreign Affairs under the SRHR Partnership Fund. The long-term objective of the GUSO programme is: 'All young people, especially girls and young women, are empowered to realise their SRHR in societies that are positive towards young people's sexuality'.

This is a report of the pilot study, or 'pleasure audit', that was conducted to understand and unpack what is meant by an environment that is 'positive towards young people's sexuality'; what role 'pleasure' plays in this; how pleasure is discussed, if at all; which contextual factors affect this discussion and how the sex-positive approach can be strengthened. The pilot study was conducted in Ghana and Kenya. This report presents the findings from the data collected in Ghana.

IPPF defines sexpositivity as an attitude that celebrates sexuality as a part of life that can enhance happiness, bringing energy and celebration. Sex-positive approaches strive to achieve ideal experiences rather than solely working to prevent negative experiences. At the same time, sex-positive approaches acknowledge and tackle the various risks associated with sexuality, without reinforcing fear, shame or taboo surrounding the sexualities of young people¹.

The Pleasure Project's working definition of a pleasure-based approach is somewhat similar. However, it goes further than a sex-positive approach in that it advocates for larger goals and objectives of sexual health programmes to be focused on pleasure as a measure of sexual agency and empowerment:

A pleasure-based approach measures empowerment, agency, and self-efficacy by whether or not an individual has been enabled to know what they want, ask for it and request it of others, in relation to their sexuality, desires and pleasure.

The need for this pilot study arose spontaneously after a Youth Country Coordinator event organised by the SRHR alliances at the International Conference on Family Planning 2018 (Kigali, Rwanda), and was further discussed during the 2018 GUSO Coordinators week (Kisumu, Kenya). During both events, the GUSO Youth Country Coordinators concluded that it was important to feel comfortable about sharing personal perceptions regarding sex and sexuality, including nice experiences. The ability to share such perceptions, and the ability to create an atmosphere in which they are respectfully shared, needs to be better understood and could have more attention in the sexuality education delivered through GUSO. Empowering participants to think and express themselves through the framework of a positive approach to sexuality could bring a valuable element to CSE and the GUSO programme in general. The fact that they have more tools for implementing a sex-positive approach could also be used by the SRHR alliances to distinguish themselves from other SRHR organizations.

The decision was therefore made, in discussion with The Pleasure Project, to conduct an innovative pilot study to examine these issues and to document factors that enable a sex-positive approach. The Ghana SRHR Alliance asked for the pilot study to be conducted within their alliance. As far as we know, this is the first time that such a 'pleasure audit' has been undertaken. As a follow-up to this pilot study, a 'pleasure audit tool' will be developed, one that can be piloted with GUSO and then improved upon. This could then be used for other

1. IPPF (2016) *Putting sexuality back into Comprehensive Sexuality Education: making the case for a rights-based, sex-positive approach*, London: IPPF

SRHR programmes as well, to provide them with a sex-positive analysis, recommendations and perhaps a comparative score.

WHY IS A POSITIVE APPROACH TO SEXUALITY IMPORTANT AND WHAT DOES THE EVIDENCE TELL US?

The revised edition of UNESCO's International Technical Guidance on Sexuality Education² provides a conceptual framework for sexuality by emphasising that it is present throughout life; is a social construct, as sexual norms differ across cultures; is linked to power, including control over one's own body; and refers to sexual relationships. Therefore, CSE is a major tool for promoting sexual well-being and preparing children and young people for healthy and responsible relationships at the different stages of their lives.

Evidence from previous studies and programmes has shown the effectiveness of sex-positive or pleasure-focused education in terms of improved attitudes and health outcomes, such as condom use and other safer sexual behaviours.³ Programmes that include issues such as gender norms, psychological and social aspects of sexuality, sexual orientation, sexual expression and pleasure, violence and individual rights and responsibilities contribute to the attainment of goals for social health and development, livelihoods, gender equity, emancipation, communication and community well-being.⁴

Public health, including sex education initiatives, focuses on delivering safer sex messaging with an aim to reduce 'risk taking', assuming individuals make 'rational' sexual decisions based only on health considerations. However, there are other factors affecting sexual decision-making, including gender, culture, notions of intimacy and/or authenticity and desire. For example, having unsafe sex for economic survival, or because of the belief that it increases intimacy, could be a rational choice made by an individual.⁵ When discussions are limited to negative aspects of sexuality, they give young people an unrealistic view of sexual well-being as something that is separate from sexual pleasure. It also disconnects from how young people feel and think about sex, so such discussions do not appeal to them.

Taking a sex-positive approach, and encouraging discussions among young people about desire, sexual pleasure and confidence in negotiating consensual and pleasurable sex, promotes their empowerment. It can also increase young people's confidence in asking questions that may help them to protect their health, including potentially from abuse and exploitation.⁶ Sexuality education that promotes a sex-positive approach has a role to play in encouraging reciprocity in relationships, and in encouraging sexual practises that are safer and more equal.¹

A central issue in most sexuality education programmes is that they do not acknowledge everyone's pleasure. Sexual pleasure remains a highly significant, motivating factor for sexual behaviour.⁷ It is hard to define, is understood in diverse ways, and often has a culturally distinct basis for each of us; however, it is still associated with shame, and the pursuit of sexual pleasure is usually positioned as a cause of, or contributor to, disease.⁸ If pleasure is integrated into programming, it is done so in a way that is patriarchal and heteronormative. For example, many sexuality education programmes begin around puberty. The content relating to girls' bodies often covers menstruation, while content relating to boys' bodies focuses on erections, ejaculation and wet dreams. Therefore, from the earliest lessons, underlying messages are already emerging where the bodies of boys and men are associated with sexual arousal and pleasure while the bodies of girls and women are associated with reproduction. Though there

-
2. UNESCO (2018) *International Technical Guidance on Sexuality Education: an evidence-informed approach*
 3. Schalet AT (2011) Beyond abstinence and risk: A new paradigm for adolescent sexual health, *Women's Health Issues* 21(3): 55-57
 4. Vanwesenbeeck, I, J Westenberg, T de Boer, J Reinders & R van Zorge (2016) *Lessons learned from a decade implementing Comprehensive Sexuality Education in resource poor settings: The World Starts With Me*, *Sex Education*, 16:5, 471-486, DOI: 10.1080/14681811.2015.1111203
 5. Knerr, W and Philpott, A (2012) *Everything you wanted to know about pleasurable safer sex but were afraid to ask*,

- Oxford: The Pleasure Project
6. IPPF (2016) *Everyone's right to know: delivering comprehensive sexuality education for all young people*, London: IPPF
7. WAS (2008) *Sexual Health for the Millennium: A Declaration and Technical Document*, Minneapolis MN: World Association for Sexual Health
8. Philpott, A, Singh, A and Gamlin, J (2017) *Blurring the Boundaries of Public Health: It's Time to Make Safer Sex Porn and Erotic Sex Education*, 'Sex Education in the Digital Era', *IDS Bulletin* Vol. 48 No. 1

is still a need for more research on the linkages between health outcomes and pleasure, existing evidence supports a positive approach to sexuality and the acceptance of young people as sexual beings in their own right.⁹

WHY IS THIS RELEVANT FOR GHANA?

In Ghana, sexuality education is known as Comprehensive Sexual and Reproductive Health Education (CSRHE), which addresses the Sexual and Reproductive Health (SRH) needs of young people. In fulfilment of Article 37(4) of the 1992 Constitution, Ghana has a National Population Policy (1994) and one of its objectives refers to educating youth on sexual relationships, fertility regulation, adolescent health, marriage and child-bearing. This resulted in the development of the National Adolescent Reproductive Health Policy in 2000. The trajectory of CSRHE content and its delivery to young people in Ghana has been informed by the country's international commitments. Currently, the Ministry of Education has launched National Guidelines for delivering CSE, which inform CSRHE curriculum and delivery.

Despite the Ghanaian government's strong commitment to providing SRH education, challenges remain, from the policy-making and program-planning levels down to that of classroom implementation. According to the 2017 review by the Guttmacher Institute, although the sexuality education in schools in Ghana is advanced when compared to programmes in other countries in the region, the SRH education is mostly fear-based and has a negative perspective on adolescent sexuality.¹⁰ The curriculum focuses on abstinence, and a majority of teachers emphasised the ineffectiveness of condoms in preventing pregnancy. A quarter of them taught students that no contraceptives were effective in preventing pregnancy and another third told students that condoms were not effective in preventing STIs, including HIV infection. This is not in line with the evidence on effective sexuality education programmes, which emphasise the need to be comprehensive and based on human rights and gender transformative approaches.

This pilot study was therefore aimed at gaining more insights into if and how sex positivity and sexual relationships and pleasure are included in the CSRHE that is delivered under the GUSO programme in Ghana.

WHAT MORE DO WE WANT TO KNOW?

Our conceptual framework for the pilot studies is derived from the definition of 'sexual health' put forth by the World Health Organization (WHO), the definition of 'sexual pleasure' established by the Global Advisory Board for Sexual Health and Wellbeing (GAB) and a measurement toolkit designed by GAB. The WHO's definition states, "**Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences...**"¹¹. Building upon this, the GAB's definition of sexual pleasure links it to sexual health within the context of sexual rights.

In this pilot study, the measurement toolkit developed by GAB¹² is the framework used to examine the sexuality education being delivered. The toolkit is designed to enable healthcare providers to implement the pleasure approach when documenting sexual history. For this pilot study, the toolkit was adapted to analyse CSE content and delivery for evidence of sex-positivity. The toolkit recognises seven factors that help create a positive and meaningful sexual experience for an individual - whether in the context of sexual activity with other people or that of enjoying their own body and sexuality. These seven factors are explained below:

1. Physical and psychological satisfaction/enjoyment - this refers to the level of

9. Braeken, D and M Cardinal (2008) *Comprehensive Sexuality Education as a Means of Promoting Sexual Health, International Journal of Sexual Health, International Journal of Sexual Health*, 20:1-2, 50-62, DOI: 10.1080/19317610802157051

10. Awusabo-Asare, K, M Stillman, S Keogh, D T Doku, A Kumi-Kyereme, K Esia-Donkoh, E Leong, J Amo-Adjei & A Bankole (2017) *From Paper to Practice: Sexuality Education Policies and Their Implementation in Ghana*, Guttmacher Institute

11. WHO (2006) *Defining sexual health*

12. Braeken, D and A Castellanos-Usigli (2018) *SEXUAL PLEASURE: The forgotten link in sexual and reproductive health and rights*, Global Advisory Board for Sexual Health and Wellbeing

- satisfaction/enjoyment in relationships, and factors that affect this
2. Self-determination - refers to the level of agency when engaging in sexual relationships or activities
 3. Consent - refers to the ability to arrive at consensual agreements about what you want or don't want, and how freely consent is given
 4. Safety - refers to aspects of a sexual relationship or encounter that make you feel safe or unsafe; methods of protection against STIs, including HIV; and contraception, use of substances and other aspects that affect sexual safety
 5. Privacy - refers to factors that affect privacy, control over level of privacy
 6. Confidence - refers to ability to express yourself in a sexual encounter, thoughts around body image
 7. Communication/negotiation - refers to ability to talk about what you want, articulate what you find pleasurable, propose new things

Based on the evidence and existing research on sex-positive sexuality education, and considering the fact that there is little research on it from southern contexts, this pilot study will be used to develop a tool for measuring how sex-positive and pleasure-based sexual health programmes are, especially sexuality education, and providing ways to make sex education more sex-positive in a setting where the context makes this difficult to do. The tool envisioned, i.e. the Pleasure Audit or the Pleasure Measure, would contain quality markers like:

- The inclusion of pleasure
- The quality of that inclusion
- The delivery and effects of this inclusion

The intention is to make the tool comparable across programmes as well as over time, providing a scale of pleasure-positiveness; ideas for how to make CSE more sex-positive in a way that resonates with the specific context; and recommendations on both measures that can be taken in most contexts and ones that are possible when the environment is more open to a sex-positive approach.

HOW DID WE DO IT?

METHODOLOGY

The pilot study had the following **key research question** and study areas:

To what extent is CSE under GUSO inclusive of the elements of a sex-positive approach? Curricula and Information, Education, and Communication (IEC) materials:

1. How are messages that promote a sex-positive view, and that move beyond just prevention of disease or biomedical descriptions, expressed in the sexuality curricula and IEC materials?
2. To what extent are honest descriptions of what sex and safer sex entails incorporated?

Sexuality educators/teachers/facilitators:

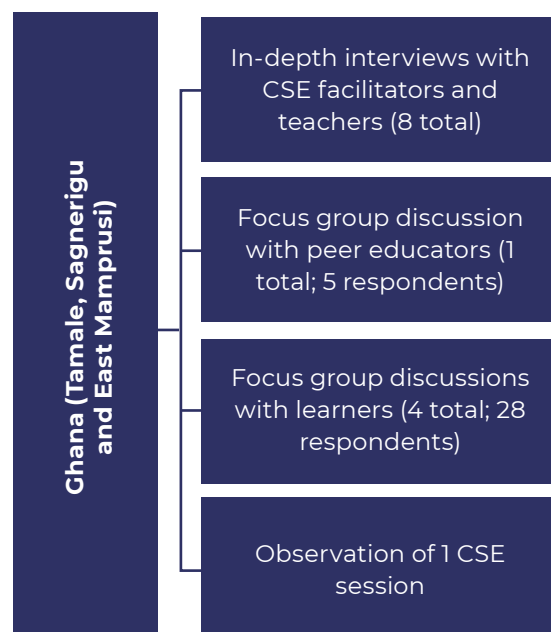
3. To what extent do facilitators feel comfortable discussing sex-positive topics in sexuality education; responding to learners' questions about relationships, negotiations, consent and sex in a comprehensive way; and encouraging learners to be responsible for their sexual wellbeing?
4. How do sexuality education sessions provide learners with skills like self-determination, consent, safety and confidence?

Learners:

5. Do learners feel more positively about their own bodies, and have more sexual self-esteem? Are they able to express their sexual expectations and desires in a clear manner, and have they understood the concept of sexual health and sexual rights? How did sexuality education classes contribute to this?

In Ghana, the study focused on the city of Tamale, and Sagnerigu and East Mamprusi districts and the organisations involved were: Planned Parenthood Association of Ghana (PPAG), NORSAAC, Savana Signatures and Hope for Future Generations (HFFG). The Youth Country Coordinator (YCC) of the GUSO programme worked with the GUSO alliance members involved in the study to identify the respondents. We used a Positive Deviance approach¹³ whereby the alliance partners selected individuals whose uncommon but successful behaviours and strategies enabled them to use a sex-positive approach despite them facing the same constraints and barriers to CSE as their colleagues. The positive deviants were selected as respondents with the aim to learn from their (uncommon) behaviours and strategies. The data was collected from 21-24 May 2019.

A desk review, in-depth interviews and focus group discussions (FGD) were the main methods used for this study. In addition, one CSE session was observed. For the desk review, one CSE curriculum was reviewed, using a content analysis tool. Eight in-depth interviews were conducted with an equal number of female and male respondents. Four of these were with peer educators (3 female, 1



13. Tufts University (2010) *Basic Field Guide to the Positive Deviance Approach*

male), and four were schoolteachers (1 female, 3 male) trained in providing CSE. There was also one FGD with peer educators (5 respondents; 3 female, 2 male) who were from a residential school for students with hearing loss. There were a total of 28 learners (13 females and 14 males) in four other mixed-gender FGDs. Peer educators and learners were 15-24 years old and both in-school and out-of-school learners were included.

The research team consisted of an international consultant, the YCC, and three young peer educators from the GUSO country partners. The young people were trained for a day on the purpose of the research, as well as some basics on research ethics, interview skills and conducting focus group discussions. The team divided the interviews and focus group discussions amongst themselves and convened every evening to discuss findings. The consultant compiled the data as narrated by the team members and their reactions and analysis were also captured. The consultant then used these for report writing and the final analysis. Ethical clearance for this study was obtained from the Navrongo Health Research Centre Institutional Review Board.

LIMITATIONS

Data collection was done over a week, which, in retrospect, was not enough time to ensure that further respondents could be sought based on the information received. Therefore, we could only focus on two types of respondents, i.e. the CSE facilitators and the learners. To get a more holistic picture of how the organisation positions CSE, it would have been necessary to speak to CSE programme managers and those involved in the supervision and monitoring of the CSE facilitators. In addition, to understand and demonstrate an impact on those who did receive sex-positive CSE, it would have been necessary to engage in case study analysis of some of the learners. Finally, we were not always able to speak to the learners of the CSE facilitators we spoke to; there were also cases where the CSE facilitators of the learners we spoke to were mobilized ahead of time. Due to the time constraints we could not conduct more FGDs and interviews based on our findings.

Therefore, this study provides a good snapshot of current conditions and also points to areas that require further more focused research.

At the school for students with hearing loss, our reliance on teachers for interpretation during FGDs were a limitation that may have introduced some level of bias or restraint in the responses we received. Despite this, we were able to have a very frank conversation with the peer educators as well as the learners.

WHAT DID WE FIND?

PILOT STUDY FINDINGS

In the following sections, we report on the key themes emerging from the data. We first report on how a sex-positive approach is integrated into the reviewed curriculum, followed by how comfortable sexuality educators (i.e. teachers and peer educators) are being open and honest on the topics of sex and sexuality and the learners' needs and wants with regard to sexuality education.

CURRICULA REVIEWED

The GUSO partners in Ghana use different curricula for CSE. For purposes of this study, the curriculum reviewed was a PPAG manual called Know it Own it Live it, that the alliance adapted for the GUSO programme. This curriculum covers sessions for in-school (upper primary, junior and senior high school) and out-of-school learners (10-14 year olds, 15-19 year olds, and 20-24 year olds). It is a comprehensive curriculum, covering a range of subjects like human development, relationships, menstruation, pregnancy, contraception, gender, abortion, violence and HIV prevention, as well as skills like communication, leadership, advocacy, assertiveness and negotiation. While the curriculum refers to homosexuality in terms of facing stigma and discrimination, it does not explain sexual diversity in detail.

In the curriculum, sexual intercourse tends to be referred to in terms of pregnancy and/or STIs. A positive detail in the curriculum is that it shows the clitoris in illustrations of the female sexual and reproductive organs and highlights that its purpose is sexual pleasure. Other parts of male and female sexual organs are highlighted as contributing to pleasure as well. There is also a session on sexual activity within relationships, which highlights that sex must be, 'satisfying, pleasurable, desirable and safe'. It goes on to say, 'sexual relationships in particular are often more comfortable, satisfying and safe when both partners feel intimate and cared for'. Another session deals with building healthy relationships with empathy, respect and love. The steps provided for a condom demonstration are well-defined and explicit.

Abstinence is presented as one contraceptive option among many, as well as a means to prevent STIs. HIV is mostly discussed in terms of how to prevent it, thereby focusing not only on abstinence and condom use, but also on the role of self-esteem and good communication. The curriculum has a brief section on living positively with HIV, which states that young people living with HIV (YPLHIV) 'can maintain a relatively normal life, including having safe, satisfying and supportive sexual relationships'. However, this one sentence is not further discussed or explained, and there remains a big gap with regards to information on the sexual and reproductive rights, needs and aspirations of YPLHIV. Overall, the curriculum, while covering a lot of different issues, could benefit from more information on sexual diversity and more in-depth analysis of the role of sex and desire in young people's lives.

CSE FACILITATORS

Most of the facilitators we met were enthusiastic about providing comprehensive sexuality education and enabling young people to take charge of their bodies and fertility. This enthusiasm was expressed in personal stories of the facilitators' own SRHR experiences – being given wrong information about menstruation as a child, for example, or being discriminated against for selling condoms (see Box 1) – which motivated them to inform and be open to others. However, their own information on sexuality was not always comprehensive enough to be able to communicate in a sex-positive manner. In this regard, more training on sex-positive language, critical analysis of socio-cultural norms and sex-positive tools could provide practical means for avoiding a singular focus on the risk and negativity sometimes associated with sex and sexuality. Topics that some facilitators want to be able to address but need more training and teaching materials for include: ejaculation, masturbation, sex and styles of sex, hygiene during and after sex and parent-child communication. A few facilitators said that certain 'sensitive' topics, like sexual diversity or safe abortion, were simply not in the curriculum.

However, when we examined the curriculum used by these facilitators, the topics were there. Sexual diversity was mainly covered (though only briefly and not in a separate session) in terms of the stigma, violence and legal/socio-cultural discrimination faced by people who are homosexual and/or transgender, while safe abortion (including its legal status) was covered comprehensively, in sessions on unintended pregnancy and abortion. So the facilitators were either uncomfortable discussing these topics or hadn't yet been trained on them. None of the facilitators said that they covered masturbation.

Personal and religious beliefs and values got in the way of being explicit and discussing all topics, especially safe abortion, sexual diversity, masturbation and sexual activity. Having said that, misconceptions around safe abortion abound (see Box 2) and, when asked, most facilitators said they countered these misconceptions with the correct information. Sexual diversity was a topic that simply did not come up in their sessions and even when probed, the facilitators said nobody asked about this topic (though, as mentioned, the curriculum briefly covers it). Some of the facilitators did discuss sexual activity with the learners (though not masturbation) by discussing 'how to address sexual arousal' (learners' responses included options like kissing, touching each other's genitals, hugging, etc.) or talking about autonomy over their bodies, stopping their partners if they were doing something they didn't like or identifying sensitive parts of the body.

The facilitators all mentioned having reservations about addressing topics like family planning and sexuality in general with adolescents when they were first trained. But through their training, and by learning about the impact of CSE on young people (especially with regard to teenage pregnancy) they were convinced of the importance of doing so. In fact, a common motivating factor for the facilitators was the need to change or address issues that are a reality for young people, e.g. prevalence of teenage pregnancy, drug use and gender-based violence. Learning the facts about contraception and other SRHR topics had convinced all of the female facilitators we spoke with of the need for and importance of CSE, and all were keen to empower women and build their assertiveness and confidence.

Some of the facilitators mentioned sexual rights, including understanding the right to bodily autonomy, especially women's right to say no to a man; healthy relationships and consent; negotiation skills; and gender and violence, which indicated a good level of understanding of sexual rights.

BOX 1: FACILITATORS ARE KEEN TO EMPOWER

"When I was young and had my menses first, my mum told me that if I allowed a man to touch me, I will become pregnant. In school I didn't even want to sit next to the male students as I was scared. I was also confused and spoke to my aunty, who told my mum that she should explain to me that it's when you have sex that you will get pregnant and not by touching. Young people should be told the actual truth about their sexuality. I love to empower girls and women. I'm happy to associate with women who are doing something for themselves. I like to teach young girls how to protect themselves and how to use condoms properly; how to take good care of themselves."

- CSE peer educator, female

"I personally didn't know about sexual rights [before being trained]...I got discriminated by the parents [in the community] for selling condoms, even though the young people were buying them from me... Young people should know about gender and violence, as people in this community don't value women – some [parents] listen, some don't."

- CSE peer educator, female

"Everybody must contribute his quota to society. I have a vision on CSE and my vision is where all school-going girls will complete school successfully without getting pregnant. This is a motivation to me to work harder in this direction. Sex at this age is casual, fun and exciting, so how else do we let them know of the risks and dangers? When we prepare this generation, we also prepare the next generation."

- CSE teacher, male

Some of the specific issues facing the peer educators with hearing loss were that they found it harder to impart CSE to younger learners as they did not know enough sign language yet. In addition, we observed that some of the peer educators with hearing loss were more explicit and interactive than others, so some learners had slightly more sex-positive sessions than others. The fact that the peer educators were from the same class created some inhibitions among the learners when it came to asking questions. One topic that was well-covered within this group is sexual abuse and rape and how to report them to authorities, as it seems some face this issue when they are among their family and community members during vacations. However, the challenge they brought up was that there were no sign language interpreters available at police stations or hospitals. The teachers supporting the delivery of CSE in this school reported that many parents don't learn sign language, which creates a communication barrier for these young people in their homes and communities. The teachers, who do master the skills of sign language are therefore the only trusted adults that these young people can turn to for help or to discuss concerns around their body, sexuality and abuse.

TWO FACILITATORS WITH THE SAME TRAINING BUT DIFFERENT ATTITUDES

We came across two facilitators who had contrasting attitudes on sex positivity even though they had both been trained using the same curriculum and had been providing CSE for four years. One was open and honest about sexuality and acknowledged being sex positive, while the other was focused on abstinence and did not believe that a sex-positive attitude was 'good' for the students, despite admitting awareness of students' sexual activity. Both initially thought that CSE was for adults but changed their minds after being trained. They also had strong religious beliefs related to sexuality that were challenged through CSE.

The sex-positive facilitator said, *"Certain religious teachings were misunderstood about sexuality. For example, we don't allow girls [to be] in contact with boys – to avoid immoral contact – but when they get CSE, they can behave decently with each other and it's okay to put them in contact with each other"*.

The other facilitator said, *"Actually, at first I didn't buy the programme or the idea. I thought it was for grown-ups, but later I realised it was for all – those who were ready. It makes the students free and opens their minds. Now they've seen its benefits and it's not a taboo anymore to mention some of the words, like 'sex', or sexual organs like penis and vagina, in relation to sexuality"*.

The above quotes seem to indicate that both facilitators are sex positive. However, on further conversation, the second facilitator reported that although while he taught some groups of CSE learners in a sex-positive manner (including discussion of masturbation and sexual enjoyment), *"I [then] realised it was not necessary so I told them not to do it. I told them not to involve themselves [in] that. They should abstain. One can only enjoy sex if you're married, at your age we don't advise it. Though I know they are doing it, but we pretend as if we don't know. That's why we advise them that if they are doing it, they should do it the right way. If they are 18 and beyond, they can be involved... Don't allow your body changes to deceive you. Don't think that once you have started growing breasts and penis you are ready to have sex. If you are combining sex and education, you will focus on sex"*.

In contrast, the sex-positive facilitator spoke about the fact that it had not been easy for him, at age 50, to change his perceptions and to talk about sexual intercourse in front of children. It took persuasion and patience to overcome this, as the children were also apprehensive at first. He said, *"Good sexuality education is when the child delays having sexual intercourse, when the child has skills to negotiate, and when the child knows they have the right to prevent or refuse sex... I try to understand the individual needs and differences of my children... Once the child knows she has an interest in a relationship with the opposite sex, she has a right to decide when to have sex. They should negotiate when and where and how to have sex and how to satisfy their sexuality. If one is willing and the other is not, then they could touch each other. ...It's about giving a positive approach to their sexuality. There are different ways to satisfy your sexuality. They are sexual human beings and in one way or the other, they get sexually aroused, so we ask them how they will go about addressing this. They come up with kissing, touching each other's genitals, hugging. Because of pleasure, you cannot abstain, so there must be other ways to satisfy"*.

Through these quotes, we can see that while one facilitator struggles with socio-cultural norms around sexuality, the other has continued to question these and arrived at a sex-positive perspective. More in-depth conversations are required with both to understand further why this is so and what factors enabled one to continue questioning but not the other. **However, from the conversations with all facilitators, we can conclude that constant and refresher training on questioning norms and values is key to enabling them to remain cognizant of the principles of sex-positive CSE.** The ability to separate personal values from the information to be imparted is essential to providing truly comprehensive sexuality education that addresses the realities of young people.

LEARNERS

The learners were unanimously enthusiastic about receiving CSE and learning about reproductive health, family planning, sexuality, unsafe abortion, gender-based roles, early/child marriage, relationships, leadership, drug abuse, human rights, wet dreams, menstruation, teenage pregnancy, use of condoms, rape and causes of pregnancy, among others. They enjoyed the interactive sessions, in which facilitators ask questions and encourage discussion. With regards to HIV, some learners said they learnt about positive living while others said they only learnt about prevention of HIV.

Sexual rights and gender appear to have been well-covered for many of the learners we spoke to. Many mentioned learning about sexual rights (including child marriage), sexual violence and coercion and seeking help from trusted adults. Some spoke about transforming gender roles at home. One male learner explained, *“This education has changed my mind about certain roles at home. Now I help my female siblings to cook. Even when my female siblings were busy doing something, I felt that as a male I hadn’t got a role but now I know better and help with the cooking and washing. I help with domestic chores, which I would never have done before CSE”.*

However, some learners were still receiving a message focused on abstinence and chastity. These were not the ones who had learnt about sexual rights and gender transformation. They were, in fact, receiving negative messages about sex and sexuality, as exemplified by the quotes in Box 3. Regardless of the messages they were taught, they said that they wanted to know about sex, and in fact admitted to using social media for this. One male learner said, *“if I go online, I look for girls who dress in short and sexy clothes and [I] find them attractive and I chat with them on Facebook. I look for dances with such girls.”* Another learner, a female, said, *“If you go online and see a man and he looks rich, you can chat with the man and make friends on Facebook”.* These young learners were looking elsewhere to find out more and they were experiencing situations that could be dangerous for them since they lacked

BOX 2: QUESTIONS OR BELIEFS BROUGHT UP BY LEARNERS

- Misconceptions around how abortions are performed, including drinking ground glass bottles, taking various drugs or herbs, mixing sugar in malt, taking alcohol.
- Abstinence came up as quite a strongly-held value.
- Condoms:
 - Can a condom be used more than once?
 - Can I use a polythene bag as a condom because condoms are not available in my village?
 - Should a man and a woman both be wearing a condom?
 - Can I pass a condom I’ve used on to my mate?
- How to find sexuality information online.
- Accessing porn online; having sexy chats with strangers online
- How does sex feel?
- What do I do if my partner refuses me sex?
- Can a woman become pregnant without having to sleep with a man?
- Why can’t a man menstruate?
- Should a woman use a lemon to bathe when menstruating?

skills and information dealing with assertiveness, negotiation, sexual rights (including bodily autonomy) and contraception, among others.

Those learners who *did* receive these skills and information reported that they had learnt how to 'deal with guys'; learnt how to 'negotiate with people about whether they wanted to get into a relationship or not'; come to understand that sexuality covers every aspect of their lives and begun to feel empowered in deciding what to do and what not to do. Some of these learners even mentioned learning about masturbation, and one said, "*At first I thought masturbation was bad, but I learnt that masturbation is good for young people as it can help to release stress and release you from anxiety*", thereby demonstrating a much more sex-positive perspective, one which leads to self-confidence and autonomy.

BOX 3: SOME LEARNERS GOT NEGATIVE MESSAGES

"...like for me I will say that you should not look at pornographics and if you are girl keep yourself away from boys, don't play with them, and if you are boy don't play with girls."

- male

"Avoid curiosity – when you want to know how sex feels like, as young as you are, you will want to venture into sex if you want to know how it feels like. So if you keep away from curiosity then you keep away from sex. [If you don't y]ou can also contract an STI."

- female

WHAT DO WE CONCLUDE?

CONCLUSION AND RECOMMENDATIONS

Despite a socio-cultural and legislative context that aims to curtail the discussion of sex, condoms, contraception and pleasure among young people, especially those in-school, it is possible to adopt a sex-positive and pleasure-based approach, as the ‘positive deviants’ we were able to identify in this pilot study did. They provide us with insights into the factors that allow sexuality educators to be sex-positive and observe the effects of this on their learners. Some of the factors that allow sexuality educators to be sex-positive, as revealed in our findings, are:

- **having seen or experienced violations of sexual rights**
- **having positive experiences related to sexuality**
- **receiving repeat trainings and refreshers on sexuality and sexual rights issues, which enable values clarification and questioning of socio-cultural norms on gender and sexuality**
- **being surrounded by other sex-positive, gender-sensitive, rights-affirming persons with whom discussions on moral dilemmas, including those involving socio-cultural and religious beliefs, can be had**

It is clear that the learners need more reliable information about sex, pleasure and relationships. As we can see from the findings, learners have many questions and misconceptions on several topics related to sex, desire, sexuality and SRHR. With their access to the internet and mobile phones, they have a lot of avenues from which to get information, but they lack the skills for discerning whether or not this information is reliable. Without receiving CSE that is honest and open about sexuality and enables them to embrace their sexual selves, learners will find the road to sexual wellbeing, happiness and fulfilment a rocky one.

The sexuality educators and the learners both reported that skills like confidence and self-esteem, communication and negotiation skills, aspects of safety and consent and (to some extent) enjoyment of their bodies were being addressed. However, this is not consistent across the programme. Different partners deliver CSE in different ways, which presents an opportunity to harmonise the CSE delivered and learn from each other within the alliance.

‘Pleasure’ per se, or using a sex-positive approach, can be intimidating to discuss with young people when you come from a socio-cultural context where discussions of sex, desire and pleasure are silenced or seen as legitimate only from an adult male perspective. But as observed in conversations with gatekeepers for this study, breaking discussion down to the seven sub-components of the measurement tool (which are presented in the methodology chapter) makes it less confronting and easier to digest and to talk about. Respondents did not have a negative reaction to the researchers when asked about these seven components. Using the seven components as the basis for the interviews and focus group discussions also gave the research team an entry point to understanding learners’ need to know more about sex and pleasure and educators’ abilities to discuss the same. In effect, if you do not ask about pleasure and desire, you do not easily find instances of its discussion. These seven sub-components can form an entry point to discussing sex positivity and pleasure; these topics should therefore be incorporated into more studies and asked about rather than avoided due to anticipated negative reactions.

RECOMMENDATIONS

After listening to and learning from the more open and sex-positive sexuality educators, we can recommend that **teachers and peer educators who have been identified as sex-positive be recognised for their efforts**. The alliance partners should work more closely with them to train others and to be champions for a sex-positive approach. In addition, the alliance partners should **institutionalise ongoing trainings for their CSE facilitators**, which helps them reiterate their values and beliefs vis-à-vis the principles of comprehensive sexuality education. One-off or infrequent trainings do not provide enough basis for CSE facilitators to unpack their own biases and truly understand a rights-based, gender transformative and sex-positive approach. These ongoing trainings should be bolstered with **discussion forums or learning and sharing moments among CSE facilitators and/or their trainers/supervisors** to ensure that their doubts and the questions they've received from learners are consistently addressed with facts. More experienced CSE facilitators could mentor newer facilitators before they facilitate sessions on their own. Opportunities to meet like-minded people, discuss and share experiences are helpful in validating opinions that may otherwise seem against the norm, such as a belief in the need to talk to young people about pleasure.

Facilitators are from the same socio-cultural milieu as both CSE learners and those who oppose CSE. They have most likely had the same kind of upbringing and received the same kind of messages about sexuality as the learners and others around them. Because of this, it can be difficult for them to challenge these messages and overcome their own concepts of 'moral' values in relation to sexuality in the CSE sessions. Therefore, they need to be **better equipped to deal with moral dilemmas and develop a better understanding of the difference between facts and misconceptions located in religious and cultural beliefs**.

All staff at all levels of the SRHR Alliance – not only the CSE facilitators – need to **understand the evidence around abstinence-only programmes**, i.e. that they are not that effective. Many facilitators are not convinced of the fact that these programmes are less efficient, and programme planners are struggling to reconcile CSE with contextual constraints. Therefore, the evidence should be disseminated to all staff and peer educators in an easy-to-understand manner.

CSE facilitators also need **more tools** that will enable them to master the language on sex positivity and pleasure, gain good facilitation skills for learner-centred pedagogy and clarify values.

The curricula in general needs to have **more material, including:** factsheets or clarification of myths about abortion and more comprehensive and clear information on masturbation, sexual diversity, healthy and positive relationships, sexual and reproductive rights, needs and aspirations of YPLHIV, enjoyment of body and skills and mental health. For learners with hearing loss, **more visual materials** such as pictures and videos are needed to enable them to understand complex concepts that can be hard to translate into sign language.

Finally, when it comes to the topics peer educators are teaching and whether or not they are delivering the entire curriculum, **more rigorous monitoring and supportive supervision** is needed; this should also help enable peer educators to overcome or circumvent any barriers that may be involved.

ANNEXURE

DATA COLLECTION TOOLS

CONTENT ANALYSIS TOOL FOR CURRICULA

NAME OF DOCUMENT:							
	Physical and psychological satisfaction/enjoyment	Self-determination	Consent	Safety	Privacy	Confidence	Communication
Number of mentions							
Number of mentions of opposing concept, e.g. risk, fear, lack of agency, biomedical, stigmatising language, etc.							

Are the following learning objectives covered in the curriculum? (Note that the learning objectives have been adapted from the *International Technical Guidance on Sexuality Education 2018, UNESCO*)

Yes/Somewhat/No	Learning Objectives for Key Concepts on Sexuality and Sexual Behaviour (Sex, Sexuality and the Sexual Life Cycle; Sexual Behaviour and Sexual Response)	Comments for elaboration
Yes/Somewhat/No	understand that it is natural for humans to enjoy their bodies and be close to others	
Yes/Somewhat/No	recognise that there is appropriate and inappropriate language and behaviour related to how we express our feelings for and closeness to others	
Yes/Somewhat/No	understand that people can show love for others in different ways, including kissing, hugging, touching and sometimes sexual behaviour	
Yes/Somewhat/No	define 'good touch' and 'bad touch'	
Yes/Somewhat/No	understand that sexuality is a healthy part of being human that involves emotional and physical attraction to others	
Yes/Somewhat/No	acknowledge that it is natural to be curious and have questions about sexuality	
Yes/Somewhat/No	describe ways that human beings feel pleasure from physical contact (e.g. kissing, touching, caressing, sexual contact) throughout their life	
Yes/Somewhat/No	acknowledge that discrimination against people who are attracted to the same sex, or who are believed to be attracted to the same sex, is wrong and can have negative effects on these individuals	
Yes/Somewhat/No	communicate and understand different sexual feelings and talk about sexuality in an appropriate way	
Yes/Somewhat/No	acknowledge that masturbation among girls and boys does not cause physical or emotional harm but should be done in private	
Yes/Somewhat/No	state that sexual feelings, fantasies and desires are natural and not shameful and occur throughout life	
Yes/Somewhat/No	question myths about sexual behaviours	
Yes/Somewhat/No	understand that sexual stimulation involves physical and psychological aspects, and people respond in different ways at different times	
Yes/Somewhat/No	appreciate the importance of respecting the different ways that people express sexuality across cultures and settings	
Yes/Somewhat/No	demonstrate ways to manage emotions related to sexual feelings, fantasies and desires	
Yes/Somewhat/No	recall that non-penetrative sexual behaviours are without risk of unintended pregnancy, offer reduced risk of STIs, including HIV, and can be pleasurable	
Yes/Somewhat/No	recognise that each person's decision to be sexually active is a personal one, which can change over time and should be respected at all times	
Yes/Somewhat/No	make well-informed choices about their sexual behaviour	
Yes/Somewhat/No	recognise that intimate relationships involving transactions of money or goods increase unequal power relations can increase vulnerability and limit the power to negotiate safer sex	
Yes/Somewhat/No	explain and analyse the complexity of sexuality and how it is multifaceted and includes biological, social, psychological, spiritual, ethical and cultural components	
Yes/Somewhat/No	reflect on how gender norms and stereotypes influence people's expectations and experience of sexual pleasure	
Yes/Somewhat/No	recognise that understanding their body's sexual response can help them understand their body and identify when things are not functioning properly so they can seek help	
Yes/Somewhat/No	explain why good communication can enhance a sexual relationship	
Yes/Somewhat/No	consider and apply risk reduction strategies to prevent pregnancy and STIs, including HIV and/or to prevent transmission of STIs to others	18 / 22

INTERVIEW GUIDE FOR CSE FACILITATORS

GENERAL INFORMATION

Date:	
Location:	
Interviewer:	
Interviewee name:	
Organisation:	
Position / Job title:	
Start time:	
End time:	

INTRODUCTION

Thank you for taking the time to participate. My name is _____ and I am working with [NAME OF ORGANISATION] to conduct an assessment of how 'sex-positive' their approach to CSE is.

This means that we are looking at whether the CSE enables a sex-positive view and provides the skills to be able to act on your preferences in a safe and positive way. The purpose of this assessment is to look at gaps and suggest improvements based on conversations with people like yourself.

You are invited to participate in this assessment, specifically by joining an in-depth interview. If you agree to participate, you will be interviewed by one of the research team. You will be asked some questions relating to your experience with and perceptions of the CSE in the GUSO programme. Your participation is completely voluntary. You may withdraw from this study at any time without penalty.

Your participation may benefit you and other GUSO programme stakeholders by helping to improve the programme's effectiveness. No risks greater than those experienced in ordinary conversation are anticipated.

Anonymous data from this assessment will be analysed by the consultants and reported to the GUSO Alliance. No individual participant will be identified or linked to the results unless they specifically request to be identified. If the results of this assessment are published or presented at meetings, your identity will not be disclosed. All information obtained in this assessment will be kept strictly confidential. All materials will be stored in a secure location by the consultants and the GUSO Alliance and access to files will be restricted to paid professional staff.

Please indicate verbally whether you consent to participate:

Yes	
No	

QUESTIONS

1. Tell me about your work in sexuality education
 - a. How often / how many hours per week do you provide sexuality education? Where? What age group?
 - b. Which materials/guides/curricula are you using when providing sexuality education? (Please show them if possible)
2. How were your views about these topics shaped before you became a sexuality educator? (Probe: was it discussed during your upbringing and how; how do people around you who are important to you, such as family/friends/partners look at issues such as sex, sexual partners, contraceptives and sexuality education; how has this this influenced you)
3. Do you remember when you were first trained in CSE? What was your reaction to some of the topics being taught? (Probe: Curious about learning new things, uncertainty about how to teach it, worries about inadequacy to do it, questions about whether certain topics should be taught to young people or not; Topics such as relationships and sex, enjoyment of bodies and desire, sex positivity, etc.)
 - a. How have your opinions/views changed?
 - b. How does this help you or pose barriers for you in educational sessions you provide on sexuality for young people?
4. What motivated you to facilitate sexuality education lessons for students/young people?
5. What do you like most about facilitating sexuality education lessons?
 - a. What is the most exciting part of being a sexuality educator?
 - b. Which topics do you enjoy teaching?
6. What do you like least about facilitating sexuality education lessons?
7. What challenges do you experience when facilitating sexuality education lessons?
 - a. What are some of the strange or difficult questions or situations you have to deal with?
 - b. How do you deal with these?
8. What do you think are the markers of good quality CSE?
 - a. What skills do you have that help you deliver good quality CSE?
9. I have some yes or no questions for you now. In your facilitation of CSE, do you:
 - a. talk about the enjoyment of sex
 - b. talk about the enjoyment of bodies and/or desire
 - c. address questions on relationships and sex
 - d. discuss consent - what it means, how to recognise/give it
 - e. discuss safety in sexual relationships or encounters, e.g. protection against STIs, including HIV, and contraception, use of substances, etc.
 - f. address factors that affect privacy
 - g. build confidence of learners
 - h. build learners' communication/negotiation skills
 - i. safe abortion
 - j. sexual diversity
 - k. masturbation
 - l. living positively
 - m. other kinds of sexual pleasure
10. Do you think these issues are important to the age group you teach? Why?
11. How would you talk about these issues? What kind of approaches would you use? (is it easy or difficult? why?)
12. From your perspective, are these issues covered well in the sexuality education materials that you use? Please explain.
13. How effective do you perceive your sessions to be when you do or do not include sex positivity in them? If you do not include sex positivity, how effective do you think your sessions would be if you did? Can you give some examples?

FOCUS GROUP DISCUSSION GUIDE FOR CSE LEARNERS

GENERAL INFORMATION

Date:	
Location:	
Facilitator:	
Focus Group Title:	
Number of participants (f,m):	
Start time:	
End time:	

PARTICIPANT INFORMATION

#	name, title	organisation
1		
2		
3		

FGD GUIDELINES FOR PARTICIPANTS

Guidance on how to raise hand, speak, etc.

No right or wrong answers, only differing points of view.

You don't need to agree with others, but you must listen respectfully as they share their views.

Participation is completely voluntary. There is no obligation to answer any question. Feel free to pass on any question that you are not comfortable discussing.

All points discussed during the FGD will remain confidential. Please do not share details of the discussion outside of this group.

The role of the facilitator is to guide the discussion; however, please speak with each other. Feel free to use first names.

Please speak slowly and clearly so we can all understand one another.

One person speaking at a time. The FGD will last approximately 1 hour.

Place phones on silent and turn off notifications for emails or other apps for the full duration of the FGD.

INTRODUCTION

Thank you for taking the time to participate. My name is _____ and I am working with [NAME OF ORGANISATION] to conduct an assessment of how 'sex-positive' their approach to CSE is.

This means that we are looking at whether the CSE enables a sex-positive view and provides the skills to be able to act on your desires in a safe and positive way. The purpose of this assessment is to look at gaps and suggest improvements based on conversations with people like yourselves.

You are invited to participate in this assessment, specifically by joining an FGD. If you agree to participate, you will be invited to join a group of approximately 6-12 respondents. A facilitator will guide the discussion in examining the assessment themes and a note-taker will take down what is said. If you volunteer to participate in this focus group, you will be asked some questions relating to your experience with and perceptions of the CSE in the GUSO programme. Your participation is completely voluntary. You may withdraw from this study at any time without penalty.

Your participation may benefit you and other GUSO programme stakeholders by helping to improve the programme's effectiveness. No risks greater than those experienced in ordinary conversation are anticipated. All participants will be asked to respect the privacy of the other group members by not disclosing anything said within the context of the discussion. Anonymous data from this assessment will be analysed by the consultants and reported to the GUSO Alliance. No individual participant will be identified or linked to the results unless they specifically request to be identified. If the results of this assessment are published or presented at meetings, your identity will not be disclosed. All information obtained in this assessment will be kept strictly confidential. All materials will be stored in a secure location by the consultants and the GUSO Alliance and access to files will be restricted to paid professional staff.

Can all participants please indicate verbally whether you consent to participate: [put number of respondents in boxes below]

Yes	
No	

FGD GUIDELINES FOR PARTICIPANTS

- Guidance on how to raise hand, speak, etc.
- No right or wrong answers, only differing points of view.
- You don't need to agree with others, but you must listen respectfully as they share their views.
- Participation is completely voluntary. There is no obligation to answer any question. Feel free to pass on any question that you are not comfortable discussing.
- All points discussed during the FGD will remain confidential. Please do not share details of the discussion outside of this group.
- The role of the facilitator is to guide the discussion; however, please speak with each other. Feel free to use first names.
- Please speak slowly and clearly so we can all understand one another.
- One person speaking at a time. The FGD will last approximately 1 hour.
- Place phones on silent and turn off notifications for emails or other apps for the full duration of the FGD.

QUESTIONS

1. What are the most interesting topics you have learnt about through CSE? What is catching your interest / attention?
 - a. Why was it so interesting?
 - b. Tell us what you learnt about this topic or what the discussion was about.
2. Is there anything (knowledge or skills) you learnt from the CSE sessions that you have been able to apply in your life? (give some examples and explain how this is related to sexuality education received)
3. In what way does the teacher / peer educator talk to you about sexuality or about controversial topics? (open/confident or hesitant/shy)
 - a. How are the sessions conducted? Walk us through a session.
 - b. How do you feel about the sessions? (useful / not so useful, interesting/boring, something I can apply / not for me)
4. What do you still think is missing from these sessions?
5. What do you want to learn before you get into any kind of romantic/sexual relationship?
6. Do the sessions you have attended address issues like:
 - a. feeling pleasure in your own body
 - b. masturbation
 - c. having a fulfilling relationship
 - d. consent - what it means, how to recognise/give it
 - e. safety in sexual relationships or encounters, e.g. protection against STIs, including HIV, and contraception, use of substances, etc.
 - f. factors that affect privacy
 - g. self-confidence
 - h. communication/negotiation skills
 - i. safe abortion
 - j. sexual diversity
 - k. living positively
7. Do you think these issues are important? Why?
8. Does the CSE facilitator encourage you or engage you to ask questions? What kinds of questions?
9. Was the facilitator able to answer your questions? Was the facilitator knowledgeable? Give an example.
10. Would you approach your facilitator if you had any problems related to SRHR? If not the facilitator, who would you go to or where would you go?