



BUILDING BRIDGES

**CONVERSATIONS ON SEXUALITY AND RELATIONSHIPS
FOR PARENTS AND CAREGIVERS OF YOUNG
ADOLESCENTS**

The sessions

OVERVIEW OF SESSIONS

Sessions	Session objectives
1. Parenting an adolescent	<ul style="list-style-type: none"> Understand the role of parents during adolescence Understand the importance of a positive parenting style to support the development and (sexual) well-being of adolescents
2. Being an askable parent: how to communicate with your child about sexuality and relationships	<ul style="list-style-type: none"> Learn how to be an askable parent Learn how to communicate with children about sexuality and relationships
3. What to say and when? Age-responsive messages on sexuality	<ul style="list-style-type: none"> Understand adolescents' sexual development Identify age-responsive messages
4. How to explain puberty and body changes?	<ul style="list-style-type: none"> Know how to talk to your adolescent child(ren) about physical and emotional changes during puberty Understand how to support your child(ren) during puberty
5. First sexual experiences: how to support your child to make safe decisions and online	<ul style="list-style-type: none"> Explore your own values on sexuality Know how to support children to make safe decisions
6. Gender and sexuality	<ul style="list-style-type: none"> Understand what gender norms are Understand how to prevent harmful gender norms
7a. Consent and sexual abuse	<ul style="list-style-type: none"> Explore the issue of consent Understanding sexual abuse/violence Explore how you can react to sexual abuse and violence
7b. Staying safe online	<ul style="list-style-type: none"> Explore different forms of abuse online Discuss how to react when children are bullied or abused online
8. How to talk about sensitive issues	<ul style="list-style-type: none"> Explore personal values on sensitive issues of sexuality Be aware of how comfortable you are discussing sensitive issues Explore how you can react to embarrassing situations and questions
9. Inter-generational communication	<ul style="list-style-type: none"> Practice talking about sexuality and relationships together (This session brings together parents and their children)
10. How to be a role model in the community	<ul style="list-style-type: none"> Identify ways of being a role model in the community Identify ways of advocating for CSE in school Know who to deal with challenging situations

SESSION 1

Parenting an adolescent

Session overview: In this session, the participants will reflect on their role as parents to adolescents and why it is important for them to talk about sexuality and relationships with their children.

DURATION

90 minutes

OBJECTIVES

- Understand the role of parents during adolescence
- Understand the importance of a positive parenting style to support the development and (sexual) well-being of adolescents

MATERIALS

- Flipcharts, markers
- Handout: Changing parenthood
- Handout: Lifeline
- Pens for all participants

PREPARATION

Print out the handouts

TIPS FOR FACILITATORS

- **Be open and listen:** Allow participants to talk freely. Ask them open questions and find out how much they already know.
- **Be respectful and supportive:** Give participants space to share how they are feeling openly, without judgment. Let them know how you are there for them.
- **Create a “safe space”:** Talking about sexual and reproductive health may be sensitive for some people, so try to create an environment where people feel comfortable discussing these issues openly. Discuss and agree on ways for everyone to feel comfortable at the beginning of the session(s)
- **Expectations.** Ask the participants to come up with their expectations and things they may worry about attending the session(s)
- **Be patient:** It might take a couple of sessions to build trust. Do not expect participants to share or answer every question.
- **End on a good note:** Check in with the group, remind them that they can take care of themselves and others. Close the session with something fun!
- **Reporting:** Remember to take attendance of participants and fill out the facilitator report at the end of the session.

Session activity	Time
1. Welcome and warm-up	20 minutes
2. Theme introduction: Changing role of parents during adolescence	15 minutes
3. Reflection: My teenage self	15 minutes
4. Exploration: Influence of parents on their children’s health	20 minutes
5. Takeaway: Why talk about sexuality?	10 minutes
6. Closing	10 minutes
After the session: reporting and follow-up	

FACILITATOR NOTES

Terms used in this session

Remember: In this curriculum, the term “parent” refers to anyone who has the role of raising a child and helping a child grow up to be an independent, healthy, mature adult. This includes biological parents (mother and/or father), non-biological parents (same-sex parents, foster parents, adoptive parents), other family members (grandparents, siblings, aunts, uncles, older siblings), or other guardians and caregivers responsible for the child.

Puberty is when a child's body begins to develop and change as they become a young adult.

Adolescence is the phase of life between childhood and adulthood, during which young people experience physical, emotional and social changes. All societies recognize that there is a difference between being a child and becoming an adult. How this transition from childhood to adulthood is defined and recognized differs between cultures and over time.

Positive parenting is a parenting principle that assumes children are born good and with the desire to do the right thing. It emphasizes the importance of mutual respect and using positive ways to discipline. Positive parents are sensitive to their children's needs, developmental stage and temperament.

Sex has more than one meaning. It can refer to the categories of male, female and intersex (people born with sex characteristics that do not fit typical ideas of male or female bodies; it includes a wide range of natural bodily variations). It can refer to sexual anatomy. It can also refer to the activity of having sexual relations. Some people define sexual relations as meaning heterosexual intercourse. Other people include other ways of touching and penetrating each other sexually in this definition.

Sexuality - There are many definitions and ways to understand this word. The World Health Organisation has a working definition put together by an international group of experts after much discussion. Their definition is: “...a central aspect of being human throughout life encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships. While sexuality can include all of these dimensions, not all of them are always experienced or expressed. Sexuality is informed by personal, community/national values and norms and is affected by laws and financial circumstances

Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, legal, historical, religious and spiritual factors” (https://www.who.int/health-topics/sexual-health#tab=tab_2).

Sexual wellbeing means having a positive attitude towards the physical, mental and social aspects of sexuality and sexual relationships. It is about respecting the boundaries of others and being able to make informed and positive choices.

The transition from childhood to adolescence can be a turbulent time for both children and their parents. Children have to find their way through many changes in their lives – physically, emotionally, mentally and socially. Their bodies start changing, and they are discovering new feelings and emotions. These transition years are often marked by a period of stress and sometimes conflicts, during which adolescents start to question and think critically about their family's opinions, rules and values.

Despite the increasing influence of peers and the media, parents still have a central role in their child's (sexuality) education during early adolescence. Many carers and parents find this transition difficult, especially if they previously enjoyed a confiding relationship with their child. Sometimes they feel that their child no longer likes them and is rejecting them. However, family relationships remain essential for children's emotional and mental health. The desire for privacy among adolescents is an important step in their development because it is associated with the need to become more independent and autonomous. Autonomy and independence are slightly different concepts. Independence generally refers to an adolescent's capacity to operate on their own and is part of becoming autonomous. Autonomy means thinking, feeling, acting and making one's own decisions rather than going along with what others believe. This process of autonomy building is a key aspect of adolescence. When this process fails or is hampered, there is a risk that young people may struggle to function in various aspects of adulthood, including intimate relationships.

Parents need to have a parenting style that supports their adolescent child's well-being. Based on research, a positive parenting style is the most effective way for parents to feel empowered to support their adolescent children who show confidence in their thoughts and behaviours. Sexual well-being is an integral part of overall well-being and health. See Plan International's [Young People's Perspectives on Sexual Wellbeing and Consent](#).

Supporting adolescents in developing their autonomy means giving them the privacy they need and, at the same time, showing an interest in their daily life, which can be quite a challenge! It means respecting their desire for privacy, but not abandoning them. It means motivating them to find solutions to their problems while also offering support. It also means accepting their decisions even if parents disagree, and finding a balance between giving them enough space and, at the same time, setting clear boundaries.

Tip: Session 2 of the Adolescents in Crisis Parenting Curriculum (Supporting ourselves in stressful times) can be used to complement this session and provide additional support to parents.

The full Parenting Curriculum for humanitarian settings can be found [here](#).

STEPS TO FOLLOW

1. Welcome and warm-up

Time: 20 minutes

- Welcome:** Welcome the participants to the programme and praise them for coming. Introduce yourselves as facilitator and co-facilitator.
- Introductions:** Go around the room and ask each participant to introduce themselves by mentioning the following information: name, age of their child(ren), one thing they are thankful for today. You can also ask the participants to introduce themselves in pairs first, and then ask them to introduce the other person to the whole group.
- Ground rules:** It may help to develop some ground rules for the whole workshop. It is important to ensure that the participants mention confidentiality, respect and an open mind.
- Introduce the theme of the whole curriculum:** Explain that this course is about supporting parents to talk about sexuality and relationships with their adolescent children. You may want to specify that the term 'parents' refers to any caregiver or guardian who is responsible for the care of a child. This includes biological mothers and fathers, foster parents, stepmothers and stepfathers, grandparents, other relatives and non-related carers.
- Introduce the theme of this session:** Explain that this session is about understanding the role of parents during adolescence, especially with regards to their children's education on sexuality and relationships.

2. Theme introduction: Changing role of parents during adolescence

Time: 15 minutes

- Introduce the session and explain that the participants will be invited to think about their role as a parent. This role changes over time as their children grow up, and parents need to adjust their expectations and behaviours.
- Give the Lifeline handout to each participant and ask them to take a few minutes to think about 2 things that they enjoy(ed) and 2 things that they find/found challenging during each period of their children's lives so far. The participants can choose to write down their answers or keep them in their head.

	Baby (0-1yo)	Toddler (1-5yo)	Child (5-11yo)	Adolescent (11-18yo)
What I enjoy(ed)				
What I find/found challenging				

As an alternative, you can have a discussion in plenary using the same questions; start with asking how old their children are and what changes they have noticed in the past few months. Then ask the participants to go back in time and help them remember how their children were in earlier phases of life. Pictures can help activate memories - if possible, show pictures or drawings of children in each age group.

3. Share the following key messages:

- Adolescents start forming their own identity, and they tend to feel closer to their peers. While parents may think that their role is becoming less important, ongoing positive family connections are actually essential to provide a stable home environment, emotional support, and unconditional love while adolescents explore their independence.
- Adolescents may struggle with their journey towards becoming independent. They want to be autonomous and also feel protected and loved by their parents. Parents need to understand this struggle and accept that their child can sometimes be unreasonable; they need to help their child find the right balance by showing they understand and respect their child.
- The parent-child relationship is likely to move from a more authoritative approach to a more collaborative approach. Parents may notice that their child won't listen to them or will do the opposite of what they may suggest. They may feel that they don't have control over their child anymore. But they can still set boundaries and provide guidance.

3. Reflection: My teenage self

Time: 10 minutes

1. Ask the group to start the session working alone. Ask them to find a comfortable place and position to sit in for the next few minutes.
2. Ask them to close their eyes and to visualise themselves at 12, 13 or 14 years old.
3. Ask them to think about the following questions (read each one out slowly, leaving time between each):
 - What do you look like?
 - What are you wearing?
 - Where are you?
 - Who are you with?
 - What are you doing?
 - What are you talking about?
 - How do you feel about yourself?
 - What do others think of you?
 - What makes you happy?
 - What do you worry about?
 - Who do you talk to about those worries?
 - What kind of character are you? Quiet? Loud? Assertive? Shy? Sociable?
 - Who are you attracted to?
 - Who makes your heart race?
 - Who is attracted to you?
 - What do you know about relationships?
 - What do you know about sex?
 - How do you feel about sex and relationships?
 - What are your hopes for the future?
4. Leave a pause as you finish the questions to allow people to process all of their thoughts.

5. Ask people to open their eyes when they feel ready. Give them a moment to settle themselves; some may smile and laugh, others may be quieter.
6. Gather the whole group together and ask people how they generally felt about the exercise. Ask people how they think this exercise can help them as parents.
7. Close the activity by emphasising that visualisation reminds us that our teenage years are a period in life when information and understanding about sex and relationships are very important. There is so much to understand and know and so many things happening within our bodies and minds. And these experiences vary depending on very individual factors such as our values, attitudes and personalities, our sex, gender identity, (dis)ability, ethnicity and other factors such as where we grow up, who our families and friends are, and what type of information and services we can access. Reflecting on our own experience of the challenges, barriers, and facilitating factors can help improve communication with our children.

Tips for the facilitators

- It is important to take your time with this and give people the opportunity to think, reflect and visualise.
- Make sure the group is settled and calm before you begin. Work at a slow pace and leave pauses between your questions. Use a calm and low-pitched voice; speak slowly and clearly.
- To help the participants go back in time, you can add some elements that are relevant to the local context (e.g., school grade, common activities for this age group, common places where adolescents gather, etc.)
- Reflecting on our lives can generate different emotions. Some people may remember their teenage years with fondness and happiness, but for others, it may be emotional and even traumatic.
- Acknowledge this for the group and remind the participants before and after the activity that it is good to talk to friends, family members or experts if they have feelings or thoughts that they need support with.

4. Exploration: Influence of parents on their children's health

For this part of the session, you can choose between two options. Use the one you feel most comfortable with. **Option A** focuses mainly on the positive roles and behaviour of parents, while **Option B** is shorter and focuses mainly on creating a warm environment for parenting.

Time: 20 minutes

OPTION A

1. Start the session by explaining that research has shown that parents can have a strong (direct and indirect) influence on their child(ren)'s health. Parents' role can be categorised as follows¹:
 - Connect with your child: have a positive, stable, emotional bond with your child; for example, comforting your child when they are upset
 - Control: supervise your child's behaviour and activities, set boundaries and be clear how you expect them to behave, for example, making sure that they do their homework before going out to play
 - Respect that your child has their own personality and allow them to have self-respect and self-esteem

¹ World Health Organization (2007). Helping parents in developing countries improve adolescents' health

- Be an example and show your norms and values through your own behaviour
- Protect your child against harm and provide them with the resources they need

2. Share with the participants some examples of behaviours that encourage healthy outcomes (protective factors), and others that discourage healthy outcomes (risk factors).

Behaviours to encourage	Behaviours to discourage
Connection	Psychological control
Parent: <ul style="list-style-type: none"> • supports and encourages me • gives me attention and listens to me • shows me affection • praises me • comforts me • respects my sense of freedom • understands me • trusts me • gives me advice and guidance • provides for my necessities • gives me money • buys me things • has open communication with me • spends time with me • supports me in my school work 	Parent: <ul style="list-style-type: none"> • ridicules me or puts me down (e.g., saying I am stupid, useless, etc.) • embarrasses me in public (e.g., in front of my friends) • doesn't respect me as a person (e.g., not letting me talk, favouring others over me, etc.) • violates my privacy (e.g., entering my room without asking, going through my things, etc.) • tries to make me feel guilty for something I have done or something s/he thinks I should do • expects too much of me (e.g., to do better in school, to be a better person, etc.) • often unfairly compares me to someone else (e.g., to my brother or sister, to her/himself) • often ignores me (e.g., walking away from me, not paying attention to me).
What parents may need to know	
Parent knows: <ul style="list-style-type: none"> • who my friends are • where I go at night • how I spend my money • what I do with my free time • where I am most afternoons after school. 	

3. Ask the participants to form pairs and share real-life examples of a protective behaviour and one from a risk behaviour that may have happened in their household. If they wish, the pairs can then reflect on what they could do differently. In plenary, discuss the main challenges they face with their children and what could be non-punitive and positive ways to deal with them.
4. Before closing the exercise, explain that the constitution of the family doesn't matter; the number of adults and their individual sexual orientations and gender is irrelevant as long as there is love and positive attention for the young person. A single-parent family can give as

much love as a family with two, three or four parents. Likewise, a step-parent, grandparent, non-biological parent or any other adult who plays a consistent role in the young person's life, can make a young person feel loved, appreciated and safe. However, feeling safe is only possible when certain conditions are met, namely:

- A young person shouldn't be exposed to any physical or mental threat or harm
- A young person's worries should be heard and never ignored by the adults who are special to them
- A young person should be accepted for what they are, even if their behaviour is not necessarily accepted by the community.

Key messages to give at the end of this part of the session:

Supportive or positive parenting means that:

- Parents show respect and compassion for their child
- Parents give clear rules and set boundaries for the kind of behaviour they expect from their child
- Parents protect their children from any harm and do no harm to their children
- Parents are clear about their values and norms and live accordingly

OPTION B

1. Explain that research shows that adolescents who grow up in a warm, supportive family environment are happier, have more self-confidence and are more likely to embrace the values and norms of the family. A conducive environment will also contribute to helping adolescents to be more at ease with their sexuality and emerging sexual feelings.
2. Highlight the main characteristics of a warm and conducive family environment:
 - Supportive
 - Clear limits/boundaries
 - Shared values
 - Interest in children's life, feelings and emotions
3. Explain that a warm family environment does not necessarily mean that the adults in such a family know everything about their adolescent child's life. When children grow up, their need for privacy also grows. Some adolescents want to share everything with their parents, whereas others prefer to keep personal feelings to themselves. It entirely depends upon the individual adolescent, but most do want some degree of privacy, especially about their sexuality and sexual feelings.
4. Discuss with the participants how they can support their adolescent children and show interest in their life while allowing them to have some privacy.

Key messages to give at the end of this part of the session:

Supportive or positive parenting means that:

- As a parent, you need to support your child, no matter what happens
- As a parent, you need to ensure your child feels protected and safe
- As a parent, you need to know who your child is and what they want
- As a parent, you don't need to know all the details of what the child is doing

5. Takeaway: Why talk about sexuality?

Time: 10 minutes

1. Explain that the future sessions will focus on examples of what parents can do to improve communication with their adolescent child(ren), specifically on topics related to sexuality and relationships. They may wonder why they should talk about sexuality at all, especially if there are other sources of information (school, Internet, friends, etc.).
2. Explain that it may not be common in the community for parents to talk with their children about sexual matters. However, keeping silent can create a lot of confusion and leave room for wrong information.
3. Explain that puberty is an important moment in their children's lives. The beginning of puberty is a window of opportunity to discuss sensitive issues regarding sexuality and relationships.
4. Describe the topics you will introduce in the next sessions, including puberty and physical, emotional and mental changes, first sexual experiences, sexual abuse, consent, gender, diversity, etc. Also, explain that parents will have an opportunity to practice communicating with their children about these issues.
5. Ask a few volunteers to share their thoughts. Don't force anyone to speak, though, and respectfully listen to any opinion.
6. Share the following key messages to help parents understand why their involvement is crucial, both in terms of behaviour and content (you can have those on a flipchart):
 - Children have access to information from their peers, the Internet, school, etc. If parents want to ensure that their children receive correct, age-appropriate information, the best solution is to provide that information themselves. Having a proactive attitude is much easier than having to correct misinformation and misunderstandings later on.
 - Whether they are aware of it or not, parents communicate their values, beliefs and opinions through their attitudes, behaviours and body language. Using words helps make the values and beliefs clearer and more explicit.
 - A strong parent-child connection and a happy home, together with a positive school environment and positive community environment, are protective factors against risk-taking behaviours by adolescents.
 - Children who get support and information from their parents are more likely to make healthy and responsible decisions concerning their sexuality while respecting others.
 - Having correct communication and language on sexuality and body parts helps young people say no to unwanted sexual relationships and communicate with others if sexual abuse has occurred.
 - Sexual well-being is integral to overall well-being. Good education helps young people stay healthy and happy. It also helps them to make informed decisions about sex and sexuality.
 - Adolescents need to know how to prevent unwanted pregnancies and HIV/STIs.
 - When adolescents understand boundaries and privacy, they are more likely to identify and report abuse.
7. Ask the participants if they want to share any thoughts or questions on the key messages.

6. Closing

Time: 10 minutes

1. **Closing exercise:** Ask the participants to close their eyes and take a few deep breaths; then ask them to think of 3 takeaways they want to remember from this session. If time allows, you can ask a few volunteers to share their takeaways.
2. **Home practice:** Ask the participants to tell their adolescent child(ren) about the topics of this programme.
3. **Q&A:** Answer any final questions or reflections from the group before closing the session. Thank all participants for their time and praise them again for coming to the session. Tell the group that if they want to discuss something, they can come to the facilitators after the session.
4. **Closing ritual.** Ask the group how they might want to finish the session. What should a “good ending” include? For example, it could be a closing game, song, yell or ritual that can be used to close each session. If needed, give an example, such as a “special clap”, movement, or a traditional song that makes the participants laugh and move, before the group decides on their own ritual.

Announce the place and time for the next session

After the session, the lead facilitator:

- completes the attendance and session report;
- follows up with individual participants on any issues that have come up during the session.

SESSION 2

Being an askable parent; how to communicate with your child about sexuality and relationships

Session overview: In this session, the participants will learn useful communication tips to become more comfortable talking with their children about sexuality and relationships.

DURATION

90 minutes

OBJECTIVES

- Learn how to be an askable parent
- Learn how to communicate with children about sexuality and relationships

MATERIALS

- Flipcharts, markers
- PowerPoint presentation
- Handout: Communication
- Pens for all participants

PREPARATION

- Print out the handouts
- Prepare a PowerPoint presentation or flipchart with key messages

TIPS FOR FACILITATORS

- **Be open and listen:** Allow participants to talk freely. Ask them available questions and find out how much they already know.
- **Be respectful and supportive:** Give participants space to share how they are feeling openly, without judgment. Let them know how you are there for them.
- **Create a "safe space":** Talking about sexual and reproductive health may be sensitive for some people, so create an environment where people feel comfortable discussing these issues openly.
- **Be patient:** It might take a couple of sessions to build trust. Do not expect participants to share or answer every question.
- **End on a good note:** Check in with the group, remind them that they can take care of themselves and others. Close the session with something fun!
- **Reporting:** Remember to take attendance of participants and fill out the facilitator report at the end of the session.

Session activity	Time
1. Welcome and warm-up	10 minutes
2. Theme introduction: What is an askable parent?	30 minutes
3. Exploration: Tips for communication	20 minutes
4. Takeaway: Positive language	20 minutes
5. Closing	10 minutes
After the session: reporting and follow-up	

FACILITATOR NOTES

Terms used in this session

Being an askable parent means being open to questions, being available, supportive and easy to talk to. This includes creating an atmosphere of openness at home to talk about anything, even if it is a sensitive topic. Parents can do so by asking open questions that show real interest in their children's life and feelings.

Active listening is a skill that allows an individual to engage with the speaker, observing what verbal and non-verbal messages are being sent, and then providing appropriate feedback. The listener makes a conscious effort to hear and understand the complete message being spoken, rather than just passively hearing the message of the speaker.

Parents and carers sometimes think that one talk should be enough to tell a young person everything they need to know about sexuality, and after this, they assume that the young person will ask if they have any questions. However, there is far too much information to be covered by just one "talk". Secondly, relying on a young person to lead the conversation by asking questions rarely works. They may be too embarrassed or worried about their parents' reaction. Finally, the term "talk" suggests that the conversation is just one way. It is much better to have ongoing, age-appropriate communication that uses everyday teachable moments to make learning relevant and effective for young people.

Communication is different from "talking" as it involves listening and verbal and non-verbal messages. Even if parents have said nothing about sexuality to their children throughout their entire life, they will have conveyed several messages. Some parents are new to communicating about relationships and sexuality with young people and live in a cultural context where these conversations are taboo. Nobody should feel that they have to use sexual language that they are uncomfortable with. However, at a minimum, parents should explain the basics of puberty and enable young people to clearly communicate (with or without words) their boundaries. It is essential because these are the foundations for both giving and obtaining consent to (sexual) interactions.

STEPS TO FOLLOW

1. Welcome and warm-up

Time: 10 minutes

1. **Recap:** Welcome the participants and praise them for making it to the session. Ask participants what they remember from the last session. Have they thought about how they can influence their children's health and well-being? Check if they have any questions and remind participants of the group agreement before continuing.
2. **Opening exercise:** Guide the participants to do a few stretching and/or breathing exercises before getting started. You can also ask them how they are feeling today about participating in this session
3. **Introduce the theme of this session:** Explain that this session is about communication skills in relation to talking about sexuality and relationships. They will learn useful tips to become more comfortable with talking with their children about sensitive topics.

2. Theme introduction: What is an askable parent?

Time: 30 minutes

1. Explain that communicating with your children when growing up and entering adolescence is not always easy, especially when it is about relationships and sexuality.

2. **Share the following key messages:**

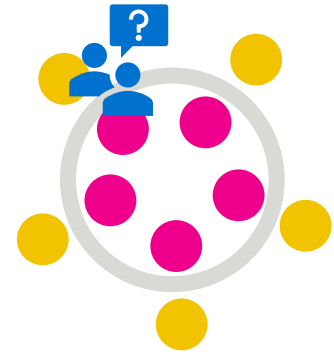
- Communication with your child starts from the moment they are born. You start laying the foundations on how you talk to your child when they are very young. The more you talk about sensitive topics, the easier it gets to keep open communication lines.
- Children have access to information about sexuality through the Internet, TV and magazines. Some of the messages and information in these media are inaccurate, promote gender stereotypes or can be degrading, especially for girls. Even if parents don't want to talk about sexuality with their children, they are still conveying a message. Children interpret silence about relationships and sexuality as disapproval or think that sexuality is something wrong or dirty.
- Being an askable parent means being open to questions, being available, supportive and easy to talk to. This includes creating an atmosphere of openness at home to talk about anything, even if it is a sensitive topic. Parents can do so by asking open questions that show real interest in their children's life and feelings.

Active listening skills: Roses and Daisies exercise

1. Explain that to be an askable parent, good communication is key. Without good communication skills, it is almost impossible to discuss sensitive issues with your children, especially during their adolescent years. Being listened to and being heard are especially essential for children in this age group to keep a good relationship with their parents. Therefore, the session will start with practising active listening skills. Explain to the participants that the exercise consists of different steps, and each step will help them practise a communication skill. The exercise will require the participants to describe a difficult situation they faced with their child; it should not be too complicated, it could be a small incident. If

parents feel too embarrassed, they can use a situation of a friend/neighbour. However, they need to present it is their own. They will use this situation four times during the exercise.

2. Ask the participants to make an inner and an outer circle with their chairs and face each other.
3. The participants in the inner circle are called the roses, and the participants in the outer circle are called the daisies (or any other names).
4. Ask the participants to think about a situation they faced with their child which they found difficult to solve (it does not have to be about sexuality). The story should not take longer than 1-2 minutes.



Step 1. Communication skill: non-verbal listening

- Ask the roses to start telling a story, while the daisies only listen, without making any comments, but just showing with their body and face that they are listening carefully.
- After a few minutes, ask the daisies to do the same; the roses are listening carefully.
- Ask the participants to share with each other how that felt: how it was to just listen and how it felt to be listened to.
- Ask the roses to stand up and move one place clockwise, so everyone has a new partner.

Step 2. Communication skill: active listening

- The roses start talking (using the same story) while the daisies listen and, after a short while, give back in their own words to the roses what they have heard and what were the feeling/emotions they heard.
- Then the roses do the same with the daisies.
- Ask the roses and daisies to give each other feedback on how this felt.
- Ask the roses to stand up and move one chair clockwise.

Step 3. Communication skill: asking open-ended questions

- The roses tell their story again while the daisies listen. The daisies can then ask open questions, such as 'can you tell me more about it?'; 'how would you like to solve the issue?'. The questions should help the other person find a solution, as opposed to telling them what to do.
- The roses do the same for the daisies.
- Let the participants give each other feedback.
- The roses stand up and move one chair clockwise one more time.

Step 4. Ask participants to do everything wrong

- The roses start to tell their story, and the daisies don't listen, make judgements, advise without questions, etc. They can exaggerate this.
- The daisies do the same.
- Discuss in plenary and ask how it feels to be listened to, to be really heard; how it is different from not being listened to, being given advice without questions, being judged. Ask participants how they feel about the exercise practising the different skills.
- Explain that active listening skills are key to really communicating with each other and to creating an environment where children feel safe to ask anything.

Share the following tips for active listening:

- Show that you are listening
- Don't repeat the exact same words; use your own words to find out whether you have understood your child
- Try to put words on feelings; 'maybe you feel angry, or disappointed'
- Don't insist on asking questions
- Avoid giving your own opinion or judgement
- Be mindful of your facial expressions
- Try not to use negative labels or say something negative about the other person

3. Exploration: Tips for communication

Time: 20 minutes

1. Share the following tips with the participants. You can put the headings (start early, get comfortable, etc.) on a flipchart and then discuss each one in detail.

Start early

- It is never too early to start talking about sexuality with your children. You just need to find an age-appropriate way of talking about sensitive topics. For example, you can already start talking about love and relationships when children are very young.
- Don't wait until your child asks questions. They may be too embarrassed to ask questions, even if they would like to.
- It is easier to address sensitive topics, such as sexual diversity, having sex and masturbation, if you have already started talking about where babies come from and which body parts are private with your children when they were little.

Get comfortable

- If you are not comfortable talking about sexuality, try practising with a friend or an adult family member first. As a facilitator, you can also practise this with a participant who volunteers.
- It is normal for both parents and children to feel awkward or embarrassed when talking about sexuality. You can help by acknowledging your own embarrassment and letting your child know that it is okay to feel awkward.
- Find a time when everyone is relaxed, or when you are busy doing household chores (dishes, cleaning up, etc.) or driving. This may lessen the awkwardness of the discussion.
- Keep it simple and talk about one topic at a time.
- Know the facts! Try to get as much information as possible before talking to your child about a certain topic. For example, find information on how menstruation works; this will help you feel more comfortable.

Use everyday teachable moments

- You can use current news, stories in newspapers, movies or family news to start the conversation. If possible, watching a movie or TV series together can be great for opening up communication. Otherwise use stories from your community. The best way to start this kind of conversation is by asking a general question like: *What do you think of boys catcalling girls? or Why did they break up? Was he mad at him/her?*

- Use your own situation when you were young, or use a story you have heard to initiate a discussion. Here are some examples:
 - I saw your friend the other day and noticed that they are starting to grow breasts. It made me think that maybe we should start talking about bras and things for when your breasts start growing.
 - One of your classmates' mother told me today about how their daughter has started their menstrual period. It made me realise that we haven't begun to chat about menstruation yet.
 - I heard a story on the radio today where an expert talked about how many kids don't understand what puberty is. Have any of your friends talked about puberty yet, or about any of the changes that are happening to them?
 - I heard you and your friends discuss that they thought that a classmate was gay, and they should stay away from him. Why are you saying that, and are you afraid of someone who is gay?
 - I heard that one of the older girls at school is pregnant; I think she is 17. How do you think she will cope?
 - Do you think 15 is a good age to get pregnant? And if the pregnancy weren't planned, how could they have avoided it?

Use the correct language

- If you haven't started already, make sure you use anatomically correct words to describe all body parts. Children and young people are more likely to feel self-confident and to report any type of abuse if they know the correct words for their 'private parts' (vulva, vagina, penis, etc.) This also creates an environment for open, healthy and positive communication.
- Use accurate yet accessible words. Using words that are too complex or too scientific can sound old fashioned and boring for a teenager. But using the slang that teenagers use with peers can seem forced and uncomfortable. Depending on the age and developmental level of the adolescent, you may find it helpful to use accurate language interspersed with the young person's language to make the discussion clearer.
- Try using neutral language and be careful not to use the words 'abnormal' and 'deviant'. For example, don't say that masturbation is abnormal.
- Use language that is positive, inclusive and respectful.
- Don't use vague descriptions – be precise. You can ask participants for example what words they use for penis and vagina, or having sex, in the community. You will probably hear descriptions that are vague, for example naming a vagina an envelope. Or use “coming together” when you describe intercourse.

Share values

- You may want to talk about your values and beliefs around sexuality. Don't just mention facts, e.g. that you can prevent pregnancies with contraception. Share with your child what your thoughts are about contraception and unplanned pregnancy. Explain the reasons behind your beliefs so that your child understands why. Also, allow your child to develop their own norms and values. So don't state your values as a fact.
- How are facts and values different? Facts are objective, based on and supported by evidence, accepted by everyone as true. Values and opinions are up to each individual.
- Try to be aware of your values and be careful not to share them as facts. For example, saying that menstruation is dirty is an opinion, not a fact. This is degrading towards women and girls and is disrespectful towards their right to bodily integrity. It is more helpful to explain why and

how menstruation occurs. Also, saying that abstinence is the only option for adolescents is an opinion; everyone has the right to make a decision for themselves.

Use 'I' messages

- To avoid creating conflicts, it is best to state how something makes you feel, instead of putting the blame on other people. An "I" statement makes a person responsible for their own thoughts and feelings rather than attributing them, sometimes falsely or unfairly, to someone else.
- For example, instead of saying: You always make a mess of the kitchen when you come home, you could say: I cleaned the kitchen just before you came home, and it makes me frustrated when I see that it needs to be cleaned again just five minutes later. Could you put everything away, please, so that it looks like it did before?

Stay positive and use humour

- Sexual conversations can be uncomfortable, but the situation can be more relaxed by using humour and positivity. This kind of conversation doesn't need to be too serious as sexuality is, after all, something human.

Persons with disabilities have the same sexual and reproductive health needs and rights as other people. Yet they often face barriers to information and services.

If your child has a physical or sensory impairment

Young people with a physical impairment have the right to the same information as any child. Do not assume that your child is not a sexual being or is not interested in sexuality, sex and relationships. There are many negative prejudices and myths about sexual relationships for people with disabilities. It is important to discuss with your child what their personal concerns are about their future, their bodies and relationships.

If your child has a mental or intellectual impairment

A young person with a disability will reach puberty at the same time as any other child. It may be difficult for the parents to see that their child is becoming an adult and may have sexual needs as any other child reaching puberty. Young people with a mental or intellectual impairment are more vulnerable to sexual abuse, violence and exploitation. But if you talk to your child in easy and simple language about sex and sexuality, they will know what to do in specific situations.

4. Takeaway: Positive language

Time: 20 minutes

1. Explain again that language can have a significant impact on how children perceive sexuality and relationships. This is why it is so important to pay attention to the words that are used.
2. Identify examples of stigmatising language that are relevant in your context. For each one, ask the participants why this wording should be avoided and how to replace it with something more positive.
3. Here are some examples:

Avoid	Use
Boyfriend and girlfriend (unless used as such by a young person to refer to their partner)	Partner – this is an inclusive terminology that doesn't assume someone's sexual orientation and gender identity

Promiscuity, casual sex	Various sexual partners – no value judgement of people’s sexual activity
Losing one’s virginity	Having first sexual experiences
Abstinence	Define what you mean: no sexual intercourse, no masturbation, no oral sexual activity?

Option: Practicing communication skills

If the participants feel uncomfortable using certain words, you can use this time to start practising in small groups. Ask the participants to form groups of 3 or 4 people and discuss the concept of abstinence. They should make sure they use the correct words (penis, vagina, anus) and clearly explain what they mean (e.g., no penis-in-vagina intercourse, no masturbation, no touching, no oral sex?). This will help the participants (i) say words they may not be used to and (ii) understand how abstinence can be understood differently.

5. Closing

Time: 10 minutes

- Closing exercise:** Ask the participants to close their eyes and think of the 3 top tips they have learned about today.
- Home practice:** Ask the participants to try and practice active listening at home. How does it feel like for them? For their children? Are they noticing any changes?
- Q&A:** Answer any final questions or reflections from the group before closing the session. Thank all participants for their time and praise them again for coming to the session. Tell the group that if they want to discuss something, they can come to the facilitators after the session.
- Closing ritual.** Let the group lead their closing ritual that they have chosen to close the session.

Announce the place and time for the next session

After the session, the lead facilitator:

- completes the attendance and session report;
- follows up with individual participants on any issues that have come up during the session.

SESSION 3

What to say and when? Age-responsive messages on sexuality

Session overview: In this session, the participants will reflect on adolescents’ sexual development and age-responsive messages.

DURATION

90 minutes

OBJECTIVES

- Understand adolescents’ sexual development
- Identify age-responsive messages

MATERIALS

- Attendance list
- Flipchart and markers
- Handout: Age-appropriate messages and sexual development
- Cards with milestones

PREPARATION

- Draw a long line on the wall or hang a rope from one side of the room to the other. On the line or rope, indicate a timeline of different ages or stages of an adolescent.
- Identify data from your own country on the earliest age at which milestones may happen.

TIPS FOR FACILITATORS

- **Be open and listen:** Allow participants to talk freely. Ask them open questions and find out how much they already know.
- **Use simple terminology:** Use the local terms for words such as “feelings” and different body parts.
- **Create a safe space:** Talking about puberty or human body development may be sensitive for some people, so try to create an environment where people feel comfortable about discussing these issues openly.
- **Be supportive:** Give participants space to share how they are feeling and let them know how you are there for them.
- **End on a good note:** Check in with the group, remind them that they can take care of themselves and others. Close the session with something fun!
- **Reporting:** Remember to take attendance of participants and fill out the facilitator report at the end of the session..

Session activity	Time
1. Welcome and warm-up	10 minutes
2. Theme introduction: Sexual development	30 minutes
3. Exploration: Age-appropriate messages	30 minutes
4. Takeaway: Topics per age group	10 minutes
5. Closing	10 minutes
After the session: reporting and follow-up	

FACILITATOR NOTES

One of the challenges often mentioned by parents is knowing when to start talking about specific topics, and what to say. For example, a mother who had her first menstrual period at age 13 may assume that the same will happen with her daughter and may not provide any information until that age. Or parents may not think that their child is ready to have intimate and sexual relationships, and may not talk about condom use until their child is already sexually active. This session aims at thinking about these milestones with parents and explaining that it is never too early to start talking about sexuality education.

Contrary to popular belief, talking about sexuality doesn't mean that children will want to try immediately. There is an age-responsive (or age-appropriate) way of talking about everything and children will usually forget whatever they don't understand or don't find useful to know. The most important (and often challenging) step is to initiate these discussions. Understanding sexual development can help parents understand when they should start talking about puberty – both the physical and emotional changes.

Age-responsive/appropriate messages refer to the way we convey messages to children. This does not mean that we should shy away from certain topics or themes, but rather that we adjust our communication to the evolving capacities of children.

STEPS TO FOLLOW

1. Welcome and warm-up

Time: 10 minutes

1. **Recap:** Welcome the participants and praise them for making it to the session. Ask participants what they remember from the last session. Have they noticed any physical or emotional changes in their children? Check if they have any questions and remind participants of the group agreement before continuing.
2. **Opening exercise:** Ask each participant to take a few deep breaths and think about the last time they laughed with their child(ren).
3. **Introduce the theme of this session:** Explain that this session is about the messages that parents should give to their adolescent children based on their age and sexual development.

2. Theme introduction: Sexual development

Time: 20 minutes

1. Gather all the participants near the timeline on a wall or along a rope (see Preparation). Write on a card or on the wall age ranges [0-5; 5-10; 10-12; 12 and older]
2. Give each participant a card with a milestone written on it. These could include:
 - First menstruation
 - First wet dream/ejaculation
 - First sexual intercourse
 - First physical signs of puberty
 - Masturbation
 - Access to the Internet without parental supervision
 - First pregnancy
 - Change in emotions (mood swings)
 - Feeling closer to peers than parents
 - First romantic relationship
 - Critical thinking and questioning of parental norms
3. Ask each participant to think about the earliest this can happen and place their card on the line near that age. Allow the participants to discuss among themselves.
4. Alternatively, the facilitator can read each card out loud and ask the participants to decide when these milestones are likely to happen.
5. Provide answers (preferably from data from your own country) and ask participants what they think about the answers, if anything surprises them. Ask Plan staff to help you find the data.
6. Explain that each topic should be discussed before the event/milestone might happen. Even if parents' own experience differs, it is always best to provide children with information ahead of time to keep them safe and avoid any anxiety (for example, girls are less likely to worry when they get their first menstrual period if they understand what is happening).
7. It may help to ask parents to share how their own parents prepared them for puberty – what was helpful and what was missing; how was the topic brought up. You can ask them to discuss

in groups, if this feels safer. It is good to remind them of the ground rule regarding confidentiality.

8. Ask the participants to reflect on the topics that should be discussed with their child (e.g., the topic of menstruation must be discussed together with pregnancy and contraception; HIV and STI prevention must be discussed before the first sexual encounter).
9. **Share the following key messages:**

- Although children's age is based on their date of birth, their developmental age is the age at which they function emotionally, physically, cognitively and socially. These two may not be the same. Parents should be mindful of their child's own development and assess what information is needed. It does not matter if the information is not yet understood; it doesn't do any harm; repetition is good. Sexuality education is not a one-off event.
- Parents can find an age-appropriate way of explaining any topic. For instance, skills to refuse touch or another form of contact can be taught to small children in a simple way ('Stop, I don't like that!'); these skills can then be applied to sexual encounters, and parents can build on this topic to teach about consent.
- Sensitive topics, such as masturbation, can be introduced very early. In many contexts, masturbation is frowned upon, mainly because of misconceptions. This will be discussed in Session 5. But it is common and healthy for children to explore their body and sexual feelings. The role of parents is to explain where and when this is appropriate (e.g., 'touching your own private parts is okay, but not in public').
- Children can get information from their peers, the Internet and other sources, but it is not always accurate. Even if parents think that their children are not old enough to talk about certain topics, it is always better to be the primary source of information instead of having to address misinformation later on.

3. Exploration: Age-appropriate messages

Time: 30 minutes

1. Ask the participants to form (same-sex) pairs. In each pair, the participants will alternate the role of the parent and the child. Remind them of the communication skills discussed in session 2 (they can use the handout).
2. Ask the 'parent' in each pair to answer the following questions, pretending to be talking to a child aged 9, 13 and 16 years old:
 - a. How does menstruation work?
 - b. When can I have sex?
 - c. What is a condom?
 - d. When a girl/boy can get married?
 - e. What is the right age for pregnancy?
 - f. What does abstinence mean?
 - g. How do people enjoy sex?
3. Let the participants practice with the first two questions. Then share the following script and ask them to practice again with the other questions:

- Validate your child's question (e.g., "that's a really good question, let's talk about it").

- Understand what the feeling/emotion behind the question is and confirm this with your child. For example, when a boy says that menstruation is dirty, you can ask why he thinks so and why he feels blood is bad.
- Clarify/confirm what your child is asking (e.g., that's interesting, what have you heard about this?)
- Share a fact (e.g., "a baby grows in the uterus and comes out of the mother's vagina")
- Share a feeling and/or a value (e.g., "I am glad you asked me, you can always come to me with questions")

4. Highlight the following messages:

- Do not give negative/ fear-based messages or only address the risks of growing up. Label the changes as something positive to celebrate and be proud of.
- Don't worry about sharing too much information or too early; children will retain what they understand and find useful, and forget the rest. Ensure that your child knows that they can always ask for more information
- Build on what your child already knows; try to find out first what they know about a certain topic, or build on what you have previously shared with them. This way, you can fill in any knowledge gaps and correct misinformation.
- Be mindful of your body language; if you turn away or look uncomfortable, your child may not come back to you for more information.
- Avoid being judgemental; use facts and simple information to answer your child's questions.

4. Takeaway: Topics per age group

Time: 20 minutes

1. Give the handout on age-appropriate messages to the participants.
2. Give a few minutes to the participants to go over the section that is relevant to them and their child(ren), or go through a few sections together.
3. Ask a few volunteers to pick an item and model how they would explain that to their child (e.g., signs of pregnancy, hygiene during menstruation, consent).

5. Closing

Time: 10 minutes

1. **Closing exercise:** Ask the participants to close their eyes for a minute and imagine having a conversation with their adolescent child. Tell them to take a deep breath, have an open posture and a positive mindset to discuss any topic. Ask them to find a motto (for instance, "keep it simple" or "I am the best source of information") and think about it every time they want to address a difficult topic with their child.
2. **Home practice:** Ask the participants to read the CSE topics handout and identify one topic that they would like to discuss with their adolescent child. They can also use the scripts that were shared during this session.
3. **Q&A:** Answer any final questions or reflections from the group before closing the session. Thank all participants for their time and praise them again for coming to the session. Tell the group that if they want to discuss something, they can come to the facilitators after the session.

4. **Closing ritual.** Let the group lead their closing ritual that they have chosen to close the session.

Announce the place and time for the next session

After the session, the lead facilitator:

- completes the attendance and session report;
- follows up with individual participants on any issues that have come up during the session.

Optional: Follow-up activities

The facilitator can have a list of resources (books, websites, leaflets) ready for parents who want to learn more about puberty and menstruation.

SESSION 4

How to explain puberty and body changes?

Session overview: In this session, the participants will find ways of talking about physical and emotional changes that occur during puberty.

DURATION

90 minutes

OBJECTIVES

- Know how to talk to your adolescent child(ren) about physical and emotional changes during puberty
- Understand how to support your child(ren) during puberty

MATERIALS

- Attendance list
- Flipchart and markers
- PowerPoint presentation
- Handout: Explaining puberty to your child
- Handout: Common changes during puberty
- Handout: Reproduction and menstruation

PREPARATION

- Select the most appropriate version of each handout
- Print out handouts
- Prepare a PowerPoint presentation or flipchart with key messages

TIPS FOR FACILITATORS

- **Familiarise yourself with the topic:** Read Plan’s Comprehensive Sexuality Education Topics: what to cover from early childhood – 18+
- **Be open and listen:** Allow participants to talk freely. Ask them open questions and find out how much they already know.
- **Use simple terminology:** Use the local terms for words such as “emotions” and different body parts.
- **Create a safe space:** Talking about puberty or human body development may be sensitive for some people, so try to create an environment where people feel comfortable about discussing these issues openly. Ensure confidentiality.
- **Be supportive:** Give participants space to share how they are feeling and let them know how you are there for them.
- **End on a good note:** Check in with the group, remind them that they can take care of themselves and others. Close the session with something fun!
- **Reporting:** Remember to take attendance of participants and fill out the facilitator report at the end of the session.

Session activity	Time
1. Welcome and warm-up	10 minutes
2. Theme introduction: Get started!	30 minutes
3. Exploration: Navigating the rollercoaster of emotions	30 minutes
4. Takeaway: Tips for parents	20 minutes
5. Closing	10 minutes
After the session: reporting and follow-up	

FACILITATOR NOTES

Terms used in this session

Body image is how people physically experience or feel in their own body, including beliefs about their appearance, which is influenced by life experiences, media representations, stereotypes, assumptions, and generalizations. This may or may not match a person's actual appearance.

Masturbation means touching one's own body/genitals for sexual pleasure.

Menstruation, also called period, is normal vaginal bleeding that occurs as part of a woman's monthly cycle. It usually lasts from 3 to 7 days.

Nocturnal emissions, also called "wet dreams", are ejaculations that occur spontaneously while a boy is sleeping.

Self-esteem is a person's overall opinion of themselves and how they feel about their abilities and limitations. It means feeling worthwhile.

Every culture considers puberty and the transition from childhood to adulthood in different ways. While these views must be respected, children's physical, emotional and mental health and rights should be paramount. No child should be in danger because of cultural and religious beliefs, e.g., about female genital mutilation/cutting (FGM/C) or child, early and forced marriages and unions (CEFMU). Parents need to find a balance between supporting their child to go through all the changes, and respecting their values and preferences. Parents' personal experience of how they were treated during (pre-) adolescence may have a great influence on how they support their child. Parents can reflect on what they liked about their own experiences and how they want to do it better than their own parents. Based on Plan's values, children and young people in all stages of life should receive support, get the right information and be prepared to deal with all the changes and challenges in their lives. The time of young/early adolescence and puberty is a real window of opportunity to discuss these issues. It is a time when young people are struggling with many changes and still may want to listen and accept information and values from their parents. When parents talk with their child openly at this age, it opens the door for discussions later in their child's life. Conversations should cover not only physical changes, but also emotional and mental changes. As a facilitator, it is good to be aware of your own experiences and feelings during that period of your life; how you reacted to all the changes that were happening; and what your personal ideas and values about puberty are. While you don't necessarily need to always be neutral, you need to be aware of how your own experiences will permeate every verbal and non-verbal message you give about relationships and sexuality. This can help you decide when you want to be explicit about your personal experiences and opinions and when to stick to facts.

Note that this session is designed to be complementary to the Parenting Session 3 on Adolescent Development from the [Parenting Curriculum for humanitarian settings](#). It focuses on ways to talk about puberty. You should refer the participants to the relevant handouts for technical information on puberty, menstruation, etc.

Don't force anyone to participate if they don't feel comfortable; depending on the level of comfort among the group members, you can modify the activities to have more role plays or more presentations.

STEPS TO FOLLOW

1. Welcome and warm-up

Time: 10 minutes

1. **Recap:** Welcome the participants and praise them for making it to the session. Ask participants what they remember from the last session. Did they identify teachable moments in the past week? Did they use these opportunities to initiate a conversation and practise active listening skills about sexuality or relationships? Check if they have any questions and remind participants of the group agreement before continuing.
2. **Opening exercise:** Guide the participants to do a few stretching and/or breathing exercises before getting started.
3. **Introduce the theme of this session:** Explain that this session is about the physical and emotional changes happening during puberty. Tell the participants that they will receive a handout with specific information on this topic so that they know what to say. This session will focus on finding the best way to discuss puberty and understanding why their children might be going through a rollercoaster of emotions.

2. Theme introduction: Get started!

Time: 30 minutes

1. Start by explaining that many parents delay discussions about puberty because they don't think that their children are old enough to have these conversations. But parents are often caught by surprise when their daughter has her first menstruation, or their son has a wet dream earlier than they expected. This is why it is important to introduce the topic of puberty early. Finding a conversation starter can make it easier to initiate a discussion.
2. Go through the following conversation starters with the participants:

- While watching television or listening to the radio and a commercial comes on advertising pads or pain killers, you could ask questions that could make it easier for both of you to start a discussion, e.g. What have you heard about pads?
- You could show your daughter where you keep pads, tampons or other menstrual products, and use this opportunity to explain how and when these are used. It would be good to discuss this with sons as well.
- You could buy a book or get a leaflet about puberty and leave it out for your child to look at. If you do this, it is important to follow up and ask if your child has any questions or wants to discuss anything.
- While using deodorant or shaving, you could start a discussion with your adolescent child about why adults use deodorant or shave, and what changes occur during adolescence.
- You could find out from your child's school what they are learning in school during their sexuality education classes and ask your child what they have learned that day. You could pick up from there if the lesson for the day was about puberty and have a discussion.
- You could talk about your own adolescence and the challenges you faced when your body started changing. This might help your adolescent child open up and ask questions.

3. Ask the participants to form pairs. If participants do not feel comfortable discussing these matters with someone of the opposite sex, you can start the exercise with same-sex pairs (and

move to partners of the opposite sex later if possible). For the first round, each person will practice initiating a discussion on the topic of their choice (related to puberty), pretending to be talking to their child of the same sex as themselves. For the second round, each person will practice initiating a discussion with their child of the opposite sex.

4. When bringing the group back together, ask the participants to share their thoughts, both on how they felt talking about puberty, and how they felt talking to a child who is either of the same sex or the opposite sex.
5. You can also invite one pair at a time to do a role-play in front of the group, and then ask the other participants to provide feedback and suggestions for improvement.
6. **Share the following key messages:**

- Physical, emotional and social development doesn't necessarily happen at the same time. A young person can physically look like a grown-up, but their brain and emotional development are still in progress.
- The changes during (pre-)adolescence are physical such as bodily changes; emotional, including mood swings, and mental, for example by asking critical questions.
- Watch out for physical changes and offer support when needed (e.g., by offering to buy a shaving kit, and show how to use it; deodorant or a bra. You can also help them to show how to remain clean during menstruation, what to do with menstrual hygiene products, etc.).
- When talking about menstruation, it is important to talk about pregnancy prevention. But it is equally important to talk about practical aspects (e.g., how often to change a pad, what a normal flow is, how long periods last, etc.). Boys also need to know about these things.
- Everyone goes through puberty at their own pace. There is a wide range of 'normal' when it comes to body changes.
- Masturbation is a way for young people (both boys and girls) to discover their body and what feels good. It is normal if people masturbate, and it is normal if they don't. Masturbation is nothing to be ashamed of, but it should be done in private.

3. Exploration: Navigating the rollercoaster of emotions

Time: 30 minutes

1. Ask parents to name some of the emotional changes that adolescents go through. Write down all the ideas on a flipchart. It may help to ask them to close their eyes for a moment and think back to how it was when their puberty started; what happened, how did they feel about it; how did people around them react? Ask them to open their eyes and share their most important memories.
2. Make sure the following changes are mentioned:
 - Has changes in mood (due to hormonal changes)
 - Feels embarrassed easily
 - Feels closer to friends than family
 - Feels shy
 - Can be more impulsive and take more risks
 - Is increasingly better able to reason and solve problems
 - May rebel against parents and caregivers
 - Desires more independence

- Has concerns about being normal
 - Wants to try new things
3. Based on this, ask the participants to think about the challenges that come with these changes. They don't have to provide examples from their own family. They can think about friends or what they have seen on TV and in their community. Here are some examples that might come up:
 - Peer pressure due to the increasing importance attached to peers and the desire to 'fit in'
 - Lack of self-confidence due to body changes
 - Identity crisis due to all the physical and emotional changes
 - Conflicts within the family due to mood swings or desire for autonomy
 - Depression and anxiety due to peer pressure or low self-esteem
 - Eating disorder due to distorted body image or low self-esteem (or other reasons)
 4. Identifying these challenges and their causes might create empathy among parents and help them understand what their children are experiencing.
 5. Ask them to take a few minutes to reflect on their own children and what emotional changes have happened so far.
 6. Discuss the emotions and feelings the participants felt when they noticed these changes in their child. It is important to address these because they may influence their conversations.
 7. Explain that children are already struggling themselves with their emotional and mental changes; it doesn't help to react negatively to these emotions as a parent. Supporting young people to be confident and competent to address difficult situations and risks will help them have a happy, safe and healthy sexual life in the future.
 8. Give the following suggestions to help start a conversation about the changes during puberty:

- If you notice that your child is having a bad day or feeling down, remind them that you are there for them if and when they feel ready to talk about what is going on. This opens the door to communication and shows that you are available and willing to be a good listener.
- Remember that very often, adolescents are not giving you a hard time, they are having a hard time themselves.
- Your children can be embarrassed and have many mixed emotions, which they find difficult to express. They may not want to talk or seem irritated/angry ("you don't understand me", "I hate you"). Try not to take it too personally and start a fight. Don't use words like hate or unfair, normal or abnormal even if your child does that. Be available, let them know you understand their feelings and emotions, and they can talk with you anytime. Make sure you tell them that they can come to you with any questions or concerns at any time. Don't be too pushy though.
- If you hear a story on the radio or see it on TV where a young person and an adult talk together and show a supportive relationship, you can ask your child whether they feel like they have that type of relationship with you or another trusted adult.
- If your child tells you that there is a group of adolescents in the neighbourhood who are choosing who can play with them or not, you can ask, "Are there times when you want to fit in and feel like you should do what your friends are doing?"

- When your child seems angry and disrespectful, you could remind them of the family rules and explain the consequences of continued disrespect. Children need understanding and kindness, but also boundaries.
- Be careful about asking whether a child is already in love; don't assume that your child will fall in love with someone of the opposite sex.
- If you notice your child is feeling self-conscious about their body changes. You can say:
 - "It is normal to feel embarrassed, uncomfortable, self-conscious and/or excited by all of the changes your body is going through."
 - "Puberty can be a little confusing; there's so much going on! It is OK not to know things, so just ask. I'll do the best I can to answer your questions, and if there's something I'm not sure about, we can look it up together".
- If you notice that your child is feeling sad, depressed or anxious, you can say:
 - "It seems like you have been really sad for a while. Can we talk about it and figure out what we can do together to make it better?"
 - "I noticed that you've been worried about X lately. Would you like to talk about it?"
 - "I'm here for you when you're sad, anxious or scared and want to do what I can to help. Let's talk about ways I can do that."

If your child has learning difficulties

Young people with a learning or mental disability undergo the same physical and emotional changes during puberty. During this time, parents can become overprotective because of fear of abuse or pregnancy. It may take a little more time to explain body changes. If possible, start using the correct words to name body parts and offer clear facts about bodily functions long before your child enters puberty, so they know changes are normal. If possible, use pictures or drawings. Break the information down into small pieces and repeat it often. Stress that it is normal and that your child is like any other child and that they should be proud of their body.

If your child has a physical disability

Most young people with a physical disability will undergo the same physical and emotional changes during puberty. It occurs at the same age and rate as typically developing children. It may be a difficult time for them as they may get more aware that their body and their bodily functions are not the same as other young people. For example, the first menstruation may need even more attention and support. However, your child may want to have more privacy than before. It is good to ask permission on each occasion before providing intimate care – e.g. Is it OK if I help you take off your underwear now? Discuss personal care plans and reassess whether personal care is still necessary and whether aids and equipment could enable the young person to take charge.

4. Takeaway: Tips for parents

Time: 10 minutes

1. Ask parents to brainstorm around what they can do to support their children during adolescence.
2. Share the following ideas:
 - Take adolescents seriously in how they feel and think. Even if their reactions may seem irrational, try to understand what is going on in their head.

- Find out who their friends are and why they socialise with a certain group.
- Stimulate their self-esteem, their decision-making skills and their capacity to stand up to negative pressure by emphasising their strengths.
- Support them in making decisions instead of deciding for them.
- Don't make negative comments or threats (e.g., 'don't come home if you are pregnant or if you are gay'); this will only push your adolescent child away from you and discourage them from discussing anything openly. Instead, make sure you are open and supportive no matter what.
- Support your adolescent child to get external help (for instance, with a trusted school counsellor or health care provider) if they feel depressed or anxious. There is nothing shameful about asking for help.
- Explain that bodies come in different shapes and that images that appear online, on TV, in porn and in magazines are not always real. Also, the genitals can look very different, externally and internally.

5. Closing

Time: 10 minutes

1. **Closing exercise:** Ask the participants to close their eyes and think about one positive change that has happened recently in their relationship with their child(ren).
2. **Home practice:** Ask the participants to pay attention to their child(ren)'s emotions and to their own reactions. Can they find a new way of supporting their adolescent child(ren) at home
3. **Q&A:** Answer any final questions or reflections from the group before closing the session. Thank all participants for their time and praise them again for coming to the session. Tell the group that if they want to discuss something, they can come to the facilitators after the session.
4. **Closing ritual.** Let the group lead their closing ritual that they have chosen to close the session.

Announce the place and time for the next session

After the session, the lead facilitator:

- completes the attendance and session report;
- follows up with individual participants on any issues that have come up during the session.

Optional: Follow-up activities

The facilitator can have a list of resources (books, websites, leaflets) ready for parents who want to learn more about certain topics.

SESSION 5

First sexual experiences; how to support your child to make choices

Session overview: In this session, the participants will reflect on issues related to sex and sexuality, and how to discuss sex and first sexual experiences with their children

DURATION

90 minutes

OBJECTIVES

- Explore own values on sexuality
- Know how to support children to make safe decisions

MATERIALS

- Flipcharts, markers
- Handout.
- Handout: Sex and sexuality
- Handout: SRHR Key messages on:
 - Contraception; HIV; STIs; and Sexual well-being and pleasure

PREPARATION

- Print out the handouts (SRHR Key messages available [here](#))
- Prepare cards with 'agree', 'disagree' and 'don't know'. Place the 'agree' card on one side of the room, 'disagree' on the other side and 'don't know' in the middle.

TIPS FOR FACILITATORS

- **Be open and listen:** Allow participants to talk freely. Ask them available questions and find out how much they already know.
- **Be respectful and supportive:** Give participants space to share how they are feeling openly, without judgment. Let them know how you are there for them.
- **Create a "safe space":** Talking about sexual and reproductive health may be sensitive for some, so try to create an environment where people feel comfortable discussing these issues openly.
- **Be patient:** It might take a couple of sessions to build trust. Do not expect participants to share or answer every question.
- **End on a good note:** Check in with the group, remind them that they can take care of themselves and others. Close the session with something fun!
- **Reporting:** Remember to take attendance of participants and fill out the facilitator report at the end of the session.

Session activity	Time
1. Welcome and warm-up	10 minutes
2. Theme introduction: Values on sexuality	30 minutes
3. Exploration: How to discuss first sexual experiences with your child	30 minutes
4. Takeaway: Key messages on sexuality	10 minutes
5. Closing	10 minutes
After the session: reporting and follow-up	

FACILITATOR NOTES

Terms used in this session

First sexual experiences can mean different things. It is not just about vaginal intercourse; it can also include other activities and behaviours that young people can experience alone or together. This can include kissing, stroking, caressing, touching the genitals, mutual masturbation, oral sex, etc.

Virginity is a vague term based on perceptions, myths and norms. It is often used to describe a person who has never had sex. It is a word that is often loaded with values and morality and, for girls, it is often conflated with myths of the hymen. To some being a virgin means never having had vaginal sex, and to others, it means never having engaged in any other type of sexual activity. Instead of using “losing one’s virginity”, we recommend using terminology such as “first sexual experience”.

Abstinence is a conscious decision to avoid certain activities or behaviours. Different people have different definitions of what sexual abstinence entails. For some, it may mean no sexual contact, including masturbation. For others, it may mean no penetration (oral, anal, vaginal) but that kissing, caressing and other forms of sexual play are acceptable.

Vaginal corona (or as it is commonly known – “the hymen”) is subject of many myths and misunderstandings. Renaming the hymen the vaginal corona is an attempt to leave these myths behind. The most powerful of these is the notion that the vaginal opening is covered by a membrane that can rupture or break, usually during first sexual intercourse. This is incorrect. Just like other parts of our body, the vaginal corona is a little different for everyone. Some people with vaginas bleed the first time that they have sex, but some don’t – bleeding cannot be taken as evidence of first sex. In rare cases, the tissue covers the entire vaginal opening, or the hole in their vaginal corona is very small. In these cases, people may need to see a doctor for a minor procedure to have their vaginal corona opened to release menstrual blood or be able to have penetrative sex.

Research shows that sexual well-being is an integral part of overall well-being and health. (See Plan International’s [Young People’s Perspectives on Sexual Wellbeing and Consent](#)). But many parents don’t see sexual well-being and having a positive approach to sex and sexuality as part of what they need to teach. On the other hand, they want to protect their children against any form of harm. It is an essential part of being a parent, but children need to learn to protect themselves and have the competencies to assert their agencies to navigate new experiences. Finding a balance between being protected and having the autonomy to protect yourself depends on age, development, individual capacities, gender dynamics, (dis-)ability and socio-economic and cultural circumstances. Especially when it comes to sexuality, children face a lot of constraints to become more autonomous. Children are often protected to remain ‘pure’. However, protection can quickly become control and limitation of young people’s behaviour, including their sexual behaviour. Parents may impose their norms about relationships or restrict access to information that goes against their values.

Empowerment or capacity building of children and young people to protect themselves and their peers, is an essential task for parents. They need to support and guide their child by giving them developmentally appropriate sexuality education and information from an early age.

This session will discuss how to keep children safe and promote their sexual well-being by finding a balance between protection and supporting autonomy in sexual matters.

STEPS TO FOLLOW

1. Welcome and warm-up

Time: 10 minutes

1. **Recap:** Welcome the participants and praise them for making it to the session. Ask participants what they remember from the last session. Have they looked at the key messages per age group? Is there a topic that they want to start talking about with their adolescent child(ren)? Check if they have any questions and remind participants of the group agreement before continuing.
2. **Opening exercise:** Guide the participants to take a few deep breaths and gently move their neck and shoulders.
3. **Introduce the theme of this session:** Explain that this session is about understanding the importance of discussing the positive aspects of sexual relationships in real life and online and finding ways to help their children remain safe.

2. Theme introduction: Values on sexuality

Time: 30 minutes

Note: You can choose between [Option A](#), [B](#) or [C](#). Use the one you feel most comfortable with. If you use option A, participants are more likely to open up, as they have to make a stand in front of the other participants. Using option B gives more privacy to the participants.

OPTION A

1. Explain that values are an important aspect of relationships and sexuality. Young children learn values from adults who are close to them and, as they grow older, other adults such as teachers. However, as they progress into puberty, peers' values and opinions become more relevant. This doesn't mean that parents' influence is not still significant. Even if it sometimes feels like children are determined to disagree with everything their parents say, many of the messages, intended or otherwise, stay in their mind. It is therefore important to share positive values around sexuality.
2. Before doing so, it is important for parents to reflect on their personal values and to take a moment to reflect on the kind of values they wish to convey to their children, whether these values align with their behaviours and whether their actions support their verbal messages.
3. Ask participants to stand up. Show them the 'agree' card on one side of the room, 'disagree' on the other side and 'don't know' in the middle. Tell them that there is an imaginary line from agree to disagree.
4. Ask the participants to position themselves on the line depending on how much they agree or disagree with the statements you will give.
5. Give the following statements
 - a. Giving information about sex will encourage adolescents to have sex
 - b. Abstinence is the only appropriate message we should give to our children
 - c. Sexuality education is more than the prevention of pregnancy/HIV/STIs
 - d. Virginity is more important for girls than boys
 - e. Having homosexual feelings is a phase

6. After each statement, ask some volunteers to explain why they have chosen this position on the line. Let the participants discuss with each other why they are standing more towards agree or disagree or why they don't know/cannot make a decision.

7. **Summarize the discussion and give extra information:**

- Educating young people about their bodies, sexuality, and relationships is shown to have a protective effect on their health and well-being. There is no evidence that receiving CSE leads to earlier sexual experience. Research shows that young people who have participated in a quality sexuality education programme are more likely to use condoms and contraception when they have sex. 'Sexuality education has also demonstrated impact in terms of improving knowledge and self-esteem, changing attitudes and gender and social norms, and building skills and self-efficacy'.²
- Developing one's sexuality is part of the process of becoming an adult. Ignoring or denying this fact can make young people feel abnormal or isolated and can put their health at risk. Promoting abstinence only can also be confusing. What do we mean by it: no intercourse, no kissing, no touching, no masturbation? Promoting abstinence-only leaves the substantial proportion of children who are already sexually active uninformed, making it more likely for them to engage in risky behaviour. Furthermore, abstinence-only education promotes one form of sexuality as acceptable, ignoring young people who are gay, lesbian, bisexual and questioning, and increasing the shame and isolation that young people who are survivors of rape and abuse may feel.
- Education about sexuality covers a wide range of topics, including puberty, masturbation, sexual orientation and gender identity, etc. Focusing only on risks may make sexuality feel scary.
- There are many misconceptions about virginity; what does it mean? Some people think that girls who have a vaginal corona are still a virgin. This is not true – vaginal coronas, or hymens as they are commonly known, look different for everyone, but is not a membrane that covers the vaginal opening. It stretches and can sometimes rupture, causing minor bleeding, but this usually heals within 24 hours – and has nothing to do with whether it was the first sexual experience or not.³
- Sexual orientation is not a phase or a choice. Some young people need time to find out whether they are emotionally attracted to someone of the same sex, while others know from a very early age.

OPTION B

1. Explain that this exercise encourages participants to think through their opinions regarding different statements.
2. Provide a copy of the statements to each participant.
3. Ask the participants to decide whether they agree or disagree with the statements in the table below. Next, for the statements that they agree with, the participants should decide which ones are important to convey to their child.

² UNESCO (2015). Emerging evidence, lessons and practice in comprehensive sexuality education. A global review

³ For more information: <https://www.rfsu.se/globalassets/pdf/vaginal-corona-english.pdf> and <https://www.plannedparenthood.org/learn/teens/sex/virginity>

	Agree or Disagree?	Important to convey to my child? Yes or No?
Everyone has the right to experience sexuality in their way as long as it is not harmful to others		
Boys and girls are equal		
Boys and girls are different and should be treated differently		
Virginity is more important for girls than boys		
Sexual activities with a partner should be delayed until marriage		
Men and women have different sexual desires and needs		
My child should not feel embarrassed about his/her sexual feelings		
Faithfulness in a relationship is essential		
[Add in any other statements that you think are important to consider]		

4. Ask the participants how they found the exercise. Were they absolutely clear about their position on some statements and less so on others? Have their values changed over time?
5. Explain that reflecting on personal values is important because these will impact what parents say to their children. Personal experiences can also influence language and behaviours. For example, if a mother had a negative experience when she first had her period (e.g., embarrassment, shame, pain), she might (consciously or not) pass on these feelings to her daughter. Being aware of this can help move to more neutral or positive language.
6. **Add the following notes:**
 - First sexual experiences will be different for young gays and lesbians: they might feel confused about their sexual orientation and find it difficult to find someone who feels the same. This can make them feel alone and afraid. Using neutral language (e.g., “partner” instead of “boyfriend/girlfriend”) and showing an open mind can help young people open up.
 - Many parents don’t see their child with a disability as a sexual being. It can be confusing for parents and their child to realise that, during puberty, sexual feelings and desires will grow. Parents should not deny these feelings; instead, they should try to discuss them with their child (see handout on Sexuality and young people with disabilities.)

OPTION C

This exercise can be done in 2 ways. Either the participants can look at the following list and fill it in and discuss in groups. Or, if there is enough space for people to stand up and move around:

1. Choose 3 spaces in the room. Put a piece of paper in one space with “fact” written on it, another with “myth” written on it, and another with “value” written on it.

2. Read the statements one by one and ask the participants to position themselves in the space they believe is right. Invite the participants to explain their position.

Statement	Fact, value or myth?
1. Having a hymen proves a girl never had sex	
2. Masturbation is harmful	
3. Boys and girls can have equally intense sexual feelings	
4. Wet dreams are associated with sleeping with spiritual wives/husbands	
5. You should wait until you are married before having sex	
6. Sexual intercourse is the only way to have sex	
7. Abstinence means having no sexual intercourse	
8. Sex and love belong together	

3. After each statement is discussed, read these answers:

Response
<p>1. This is a myth. The hymen, or vaginal corona as it is called, is located 1–2 cm inside the vaginal opening, not deep inside the vagina. Every woman’s corona looks different – just like ear lobes, noses and labia – and differs in size, colour and shape. It does not cover the vagina completely. People often talk about the vaginal corona breaking, but in fact it doesn’t break, it stretches open like a rubber band. It can rupture slightly, but this often heals within 24 hours. Some people are born with so little hymenal tissue that they never even notice it was there to begin with, and on very rare occasions, it covers the opening of the vagina. Women whose corona covers the opening of the vagina may need to see a gynaecologist and the tissue opened to release menstrual blood or have penetrative sex.</p> <p>Only a trained forensic examiner (nurse or doctor) can determine whether a person has had sexual intercourse. This should only happen with a person’s consent after sexual assault and would need to happen within 3-7 days. It is not possible to tell a “virgin hymen” from a “non virgin hymen”.⁴</p>
<p>2. This is a myth. Masturbation is not harmful. It is a safe way to learn about your body privately and satisfy your desires. However, it is a personal choice. Some people masturbate, and others choose not to, or are not comfortable with the idea.</p>
<p>3. This is a fact. Boys and girls can have equally intense sexual feelings</p>
<p>4. This is a myth. Wet dreams occur when a person releases sperm or vaginal fluids involuntarily while sleeping. This may or may not be accompanied by an erotic dream</p>
<p>5. This is a value. This is a norm in some cultures e.g., some Christian cultures, and not in others. Some people think it is acceptable to have sex before marriage.</p>
<p>6. This is a myth. There are many different ways to have sex. It does not have to mean penis in vagina. You can also enjoy each other by touching and kissing in other ways.</p>

⁴ <https://www.who.int/reproductivehealth/publications/infographics-end-virginity-testing/en/>

7. **This can be both true and false!** Abstinence can mean making a strong personal decision not to do something. It doesn't have to be about sex. Different people define abstinence from sex in different ways. For some people abstinence means no vaginal sex. For others it can have different meanings, e.g., no touching and kissing.
8. **This is a value.** Sex and love are not the same. You can love someone without having sex. And some people may have sex without loving their partner. But some people choose to only have sex with someone they love.

4. Discuss together, or think about these questions individually: What were some of the things you thought were true at the beginning of the session that turned out to be false? How do these kinds of myths make us feel about ourselves and our sexuality? What do you notice about the myths about women's and girls' bodies and desires?

For all options: Ensure you finish this part of the session by asking the participants if any of their thoughts or opinions have changed.

3. Exploration: How to discuss first sexual experiences with your child

Time: 30 minutes

1. Divide the participants into small groups of 3-4. Ask each group to practise talking with their child about their first sexual experiences. Give each group the task to discuss one of the following topics:
 - How to stay safe and prevent pregnancy and HIV/STIs
 - How to decide to start a sexual experience
 - How to have a positive first experience
2. The groups need to prepare and brainstorm first what issues about the topic they want to discuss with their child. After that, participants practice a short conversation, one playing a 12-year-old and one the parent. They decide together whether it is a son or a daughter. The other participants of the subgroup observe. After the discussion between parent and child, the group discusses what went well and what can be improved. The other participants can practise as well.
3. Feedback in plenary. Make the participants aware of the handouts that can help them prepare a discussion with their child about first sexual experiences.

4. Takeaway: Key messages on sexuality

Time: 10 minutes

1. **Share the following key messages with the participants:**

- First sexual experiences can take different shapes (kissing, intimate touching, mutual masturbation, oral sex); don't just focus on intercourse.
- You should provide reliable sources of information and make your child aware of the potential misinformation and distorted images in the media.
- It is better to talk about pornography with your child and explain how it can give a distorted image of sexuality, rather than ignore it and hope that your child will never come across pornography.

- You should brush up on some basic facts to provide your child with accurate information about safer sex and sexually transmitted infections, including HIV.
- You should familiarise yourself with the methods of contraception available at the community health centre.
- You need to communicate your values about sexuality. Standards of behaviour are good for your children. Your children want and need sensible guidelines from their parents.
- You need to recognise and validate your child's feelings. This is a unique opportunity to get to know your child better.
- Don't condemn your child; you can disagree with their behaviour but don't humiliate them.
- Be a good role model!

5. Closing

Time: 10 minutes

1. **Closing exercise:** Ask the participants to close their eyes for a minute and think about one thing they want to tell their children about this session.
2. Home practice: Ask the participants to find out what their children know about first-time sex
3. **Q&A:** Answer any final questions or reflections from the group before closing the session. Thank all participants for their time and praise them again for coming to the session. Tell the group that if they want to discuss something, they can come to the facilitators after the session.
4. Closing ritual. Let the group lead their closing ritual that they have chosen to close the session.

Announce the place and time for the next session

After the session, the lead facilitator:

- completes the attendance and session report;
- follows up with individual participants on any issues that have come up during the session.

Optional: Follow-up activities

The facilitator can have a list of resources (books, websites, leaflets) ready for parents who want to learn more about certain topics.

Examples:

- <https://es2.slideshare.net/Mizyaya07/internet-dos-and-donts/15>
- <https://www.connectsafely.org/wp-content/uploads/Sexually-explicit-content-.pdf>

SESSION 6

Gender and sexuality

Session overview: In this session, participants will learn about gender norms and how they can be harmful to the sexual well-being of both boys and girls. They will also get tips to talk to their daughters and sons about gender and sexuality.

DURATION

90 minutes

OBJECTIVES

- Understand what gender norms are
- Understand how to prevent harmful gender norms

MATERIALS

- Attendance list
- Flipchart and markers

PREPARATION

- Prepare a PowerPoint presentation or flipchart with key messages

TIPS FOR FACILITATORS

- **Be open and listen:** Allow participants to talk freely. Ask them open questions and find out how much they already know.
- **Create a safe space:** Talking about puberty or human body development may be sensitive for some people, so try to create an environment where people feel comfortable about discussing these issues openly.
- **Be supportive:** Give participants space to share how they are feeling and let them know how you are there for them.
- **End on a good note:** Check in with the group, remind them that they can take care of themselves and others. Close the session with something fun!
- **Reporting:** Remember to take attendance of participants and fill out the facilitator report at the end of the session

Session activity	Time
1. Welcome and warm-up	10 minutes
2. Theme introduction: Gender norms and stereotypes	30 minutes
3. Exploration: Raising a boy, raising a girl	20 minutes
4. Takeaway: Role of mothers and fathers	20 minutes
5. Closing	10 minutes
After the session: reporting and follow-up	

FACILITATOR NOTES

Terms used in this session

Biological Sex: The sex of an individual as determined by chromosomes (such as XX or XY), hormones, internal anatomy (such as gonads), hormone levels, hormone receptors, and genes, and external anatomy (such as genitalia).

Gender: Set of beliefs, expectations and norms about the roles, relations and values attributed to girls and boys, women and men. These expectations and norms are socially constructed; they are neither invariable nor are they biologically determined, and they can change over time. Gender is constructed, and reconstructed, through the interaction between families and friends, in schools and communities, and through the media, government and religious organisations.

Gender identity: The personal sense of one's gender. The innermost concept of self as male, female, a blend of both, or neither—how individuals perceive themselves and what they call themselves. One's gender identity can be the same or different from their sex assigned at birth.

Gender expression: The external appearance of one's gender identity, usually expressed through behaviour, clothing, haircut or voice, and which may or may not conform to socially defined behaviours and characteristics typically associated with being either masculine or feminine.

Gender roles: The cultural or social expectations of how people should act, think, and/or feel based on the gender they are perceived to be.

Gay: An umbrella term used for people who are romantically, emotionally, and/or sexually attracted to people of the same gender, although most commonly associated with a person who identifies as a man who is romantically, emotionally, and/or sexually attracted to other men.

Lesbian: A person who identifies as a woman who is romantically, emotionally, and/or sexually attracted to other women.

Bisexual: A person who is emotionally, romantically, and/or sexually attracted to more than one gender, though not necessarily at the same time, in the same way, or to the same degree.

Intersex: People who are born with sex characteristics (including genitals, gonads and chromosome patterns) that do not fit typical binary notions of male or female bodies. 'Intersex' is an umbrella term used to describe a wide range of natural bodily variations.

Transgender: An umbrella term for people whose gender identity and/or expression is different from cultural expectations based on the sex they were assigned at birth. Being transgender does not imply any specific sexual orientation. Therefore, transgender people may identify as straight, gay, lesbian, bisexual, etc

Note that this session is complementary to Session 6 in the [Parenting Curriculum \(for humanitarian contexts\)](#).

Traditional and stereotypical ideas about gender can have a negative and harmful impact on how boys and girls perceive themselves as sexual beings. For example, boys and girls may not identify as a boy or a girl. Not acknowledging young people's search for their sexual and gender identity and orientation can lead to self-harm, depression and even suicide.

Ideas about male and female roles have a direct impact on relationships and sexuality. Many women don't know how to enjoy sex because they have (explicitly or implicitly) learned that women don't have

sexual needs, and they have never received information on how to experience pleasure. Also, boys are taught that they should be strong and therefore lack the capacity to understand their emotions.

Before starting this session, the facilitators should identify the main gender stereotypes in their community and what gender roles are assigned to men and women.

STEPS TO FOLLOW

1. Welcome and warm-up

Time: 10 minutes

1. **Recap:** Welcome the participants and praise them for making it to the session. Ask participants what they remember from the last session. Have they tried to address a sensitive issue with their friends or family member or children? Check if they have any questions and remind participants of the group agreement before continuing.
2. **Opening exercise:** Guide the participants to take a few deep breaths and focus their energy on the session.
3. **Introduce the theme of this session:** Explain that this session is about understanding the gender norms that define what is considered appropriate for boys and girls in a given culture. The participants will also learn tips to talk to boys and girls.

2. Theme introduction: Gender norms and stereotypes

Time: 30 minutes

1. Explain that there are certain norms and expectations that are associated with boys and girls. Examples include: boys should not cry, girls should be gentle. Very often, children are treated differently from the moment they are born, based on their sex. For instance, boys are praised for being strong and adventurous, girls are praised for being cute and quiet.
2. Ask the participants to form groups of 4-5 people and make a list of social norms associated with boys and girls. Alternatively, you can ask them to draw a man and a woman, write down characteristics associated with both genders on post-it notes, and stick them on the drawings.
3. After 5-10 minutes, ask the participants to look at the lists and discuss how these norms can create challenges. For instance, saying that boys should not cry leads boys/men to hide their emotions; this can potentially lead to aggressive behaviours if boys don't learn to deal with their emotions. Similarly, saying that girls should be gentle and docile can hamper their ability to say no when they are not comfortable in a (sexual) relationship, and therefore make them more vulnerable to abuse.
4. If the participants find it difficult to analyse the consequences of gender norms and stereotypes, you can guide the discussion and help them understand how harmful gender stereotypes can be. Other examples include:
 - 'Girls should remain virgin until marriage': this can bring shame to a girl and her family if she either decides to or is forced to have sex before getting married.
 - 'Boys can have many girlfriends': this puts pressure on boys to have sex with different girls, which increases the risks of HIV/STI transmission. Some boys can also feel pressured even though they are not attracted to girls.
 - 'Girls should not go to school when they are on their period': this limits access to education for girls, which ultimately limits their ability to gain employment and become financially independent.
 - 'Boys should be brave and strong': this can put boys at risk of violence and harm to their health if they feel forced to prove how strong they are.

- 'Women should not initiate sex': this forces women to be passive and ignore their own sexual feelings. It might also make women feel like they have to accept whenever a man initiates sex.
 - 'Men are always willing and able to have sex': this puts pressure on men and stigmatises those who may not have sexual feelings (asexual), have erectile dysfunction issues, or simply don't want to have sex.
 - 'Girls should not go to a family planning clinic if they are not married': this can put young women who are sexually active at risk of unwanted pregnancy.
5. Ask participants to add to the list of differences between genders. How do these differences make them feel? Tell them that it is good to take some time to reflect on these differences.
 6. **Share the following key messages:**

- Gender is a continuum, not a division between male and female. It includes gender identity, gender expression, biological sex and attraction.
- Gender roles can be harmful as they limit what boys and girls can do – it is important to remember that not all children want the same things that we might expect from them.
- You should try to consider your child as a unique individual with their own personality and needs, and avoid setting expectations based on their sex.
- You should support your child however they want to express their gender, even if it doesn't match the stereotypes associated with their sex. Not every child identifies as either female or male.
- Both men and women have the same rights to physical, emotional and sexual well-being
- It is important to understand the consequences of sexual myths and stereotypes for the (future) sexual lives of your children.

3. Exploration: “Act like a man, act like a woman”

1. Ask the participants to close their eyes for a few minutes and think about their own childhood. If they have siblings of the opposite sex, were they treated the same/differently? How did that make them feel? Ask participants if they have ever been told to ‘act like a man’ or to ‘act like a woman’.
2. Ask a few volunteers to share their stories.
 - What happened?
 - Why was it said?
 - How did it make you feel?
3. Put up two flipcharts with the titles *Act Like a Boy* and *Act like a girl*
4. As a group, brainstorm how society expects men and boys, and women and girls to behave. See examples below of statements that might come up.

Act like a man / boy	Act like a woman / girl
<ul style="list-style-type: none"> • Be tough • Don't cry • Don't show your feelings • Take care of other people 	<ul style="list-style-type: none"> • Be passive/don't argue/be quiet • Listen to others • Be the caregiver • Be the homemaker

<ul style="list-style-type: none"> • Stay in control • Don't back down • Be the boss • Earn money/be the breadwinner • Have more than one girlfriend/spouse • Have sex when you want it/get sexual pleasure from women • Be brave • Be the decision maker • Always be ready for sex 	<ul style="list-style-type: none"> • Act sexy, but not too sexy • Be smart, but not too smart • Be vulnerable • Be obedient • Follow men's leads • Provide your man with sexual pleasure in order to keep him • Expect men to pay for things and buy you gifts • Dress "respectably" • Produce children (in some cases, male children)
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- Use the questions below to stimulate a discussion about how these influence their roles as parents of boys vs. parents of girls.:
 - How do you feel about these as women/men?
 - How do these expectations influence how you interact with your child?
 - Which norms are potentially harmful for your child and why? Think about this in terms of sex, sexuality, relationships, etc.
- Summarise the discussion by saying that men and women, girls and boys are not born with these characteristics or behaviours. They learn how to act from the spoken and unspoken messages they get from their families, communities and societies as a whole.
 - Throughout life we receive messages from peers, family, media and society about how we should act and how we should relate to each other. These messages are constructed by society and are not part of our nature or biological make-up.
 - We should have the ability to identify norms or expectations which we do not want for ourselves, as well as the right to keep them from limiting our full potential as human beings.
 - We have the right to decide which roles or behaviours we prefer as individuals, regardless of social expectations based on our gender.

7. Highlight the following tips to the parents:

- Be a role model: show your children that they do not need to follow the gender roles or norms society has placed on them.
- Highlight gender roles and stereotypes you observe together with you child when reading books or watching TV together, and use them as examples to explore this topic further with your child. For example, "Have you noticed that it's always the girl who cooks? What do you think about that?" or "The boy seems sad, but his father did not approve of him crying. How do you feel about that?".
- Give the same messages about sex and sexuality to boys and girls. For instance, both boys and girls should learn about consent and how to respect someone's decision; both boys and girls should learn about pregnancy prevention and feel responsible for this.
- Promote the right to sexual well-being for boys and girls
- Explain that boys and girls are sexual beings and have similar sexual feelings.

8. Share some benefits of gender equality:
 - Prevention of gender-based violence
 - Better education and work opportunities for women
 - Better access to healthcare for everyone
 - Less pressure to fit into male and female stereotypes and gender norms
 - Mutual respect and healthier relationships

You can also ask the participants to think about the potential benefits of gender equality in their community.

4. Takeaway: Role of mothers and fathers

Time: 20 minutes

1. Explain that the role of educator (in general and on sexuality in particular) often falls on mothers or female caregivers. However, fathers also want and need to be involved in their children's education.
2. Discuss the specific roles of fathers and mothers in all their diversity.
 - What are the typical roles of fathers and mothers in your community regarding sexuality education?
 - What are the roles of the father and mother (or male and female caregivers) in your family regarding sexuality education? If there is no sexuality education, who is responsible in general for the education of their children?
 - What would you like these roles to be?
3. **Share the following tips for fathers:**

- Educate yourself first so that you are knowledgeable of topics related to the opposite sex (for example, fathers should learn about menstruation). This will make you feel more comfortable talking about topics that you haven't experienced yourself.
- Ask a female family member or friend for advice and practice with them.
- Try to have discussions about sexuality and relationships as a family.

5. Closing

Time: 10 minutes

1. **Closing exercise:** Ask the participants to close their eyes for a minute and think about one thing they want to tell their children about this session.
2. **Home practice:** Ask the participants to pay attention to the way they speak to their daughters and/or sons and notice if there are any differences.
3. **Q&A:** Answer any final questions or reflections from the group before closing the session. Thank all participants for their time and praise them again for coming to the session. Tell the group that if they want to discuss something, they can come to the facilitators after the session.
4. **Closing ritual.** Let the group lead their closing ritual that they have chosen to close the session.

Announce the place and time for the next session

After the session, the lead facilitator:

- completes the attendance and session report;
- follows up with individual participants on any issues that have come up during the session.

Optional: Follow-up activities

The facilitator can have a list of resources (books, websites, leaflets) ready for parents who want to learn more about certain topics.

SESSION 7A

Consent and sexual abuse and violence

Session overview: In this session, the participants will gain a better understanding of what consent is and how to address sexual abuse and violence.

DURATION

90 minutes

OBJECTIVES

- Explore the issue of consent
- Understanding sexual abuse and violence
- Explore how you can react to sexual abuse and violence

MATERIALS

- Flipcharts, markers
- Handout: Consent and sexual abuse
- Handout: Signs of abuse
- Pens for all participants

PREPARATION

- Print out the handouts
- Prepare a PowerPoint presentation or flipchart with key messages
- Inform yourself about all the laws and policies about the age of consent, consensual sex and sexual abuse
- Find out referral organisations in case of sexual violence/abuse

TIPS FOR FACILITATORS

- **Be open and listen:** Allow participants to talk freely. Ask them available questions and find out how much they already know.
- **Be respectful and supportive:** Give participants space to share how they feel openly, without judgment. Give them the possibility not to share. Let them know how you are there for them.
- **Create a "safe space":** Talking about sexual and reproductive health may be sensitive for some, so try to create an environment where people can discuss these issues openly.
- **Be aware:** Some participants can be survivors or perpetrators of gender-based violence. Be prepared and know how to react when someone needs support.
- **Be prepared:** Know the laws and regulations on sexual and gender-based violence, homosexuality, age of consent, and access to contraceptives and abortion. Know authorities and organisations where you can refer to.
- **End on a good note:** Check in with the group, remind them that they can take care of themselves and others. Close the session with something optimistic! Give participants a list of organisations they can go to if they need specific help or support
- **Reporting:** Remember to take attendance of participants and fill out the facilitator report at the end of the session.

Session activity	Time
1. Welcome and warm-up	5 minutes
2. Theme introduction: Understanding consent	20 minutes
3. Exploration: Sexual abuse, and sexual and gender-based violence	20 minutes
4. Takeaway: Tips for parents	10 minutes
5. Closing	5 minutes
After the session: reporting and follow-up	

FACILITATOR NOTES

Terms used in this session

Consent refers to an informed, voluntary, and mutual agreement between people to engage in an activity. Sexual consent means an active agreement to participate in a specific sexual activity one wants to engage in. Any sexual activity without consent is always rape or sexual assault. Consenting is a choice a person makes without pressure, manipulation, expectations or under the influence of alcohol or drugs. A sleeping or unconscious person cannot give consent. Sexual consent is verbally, physically and emotionally communicated by consenting and asking for consent every time, respecting own and partner's personal boundaries and checking in if things are not clear. Silence is not a sign of consent. Consent cannot be assumed from person's past behaviour, previous consent, their age, their gender role in relation to the partner, what they wear or where they are. Consent can be taken back at anytime when changing their mind and it is specific and informed – saying yes to one thing does not mean consent for another and the person consenting must have the full story about what is going to happen.

Gender-based violence (GBV) is an umbrella term for any harmful act that is perpetrated against a person's will and that is based on socially ascribed (i.e., gender) differences between male and females. It includes acts that inflict physical, sexual or mental harm or suffering, threats of such acts, coercion and other deprivations of liberty. These acts can occur in public or in private.

Sexual violence is a form of GBV, and is any sexual act, attempt to obtain a sexual act, or unwanted sexual comments, using coercion by anyone, regardless of their relationship to the victim, in any setting, including at home, at school or at work.

- **Note:** Violence is also abusive when committed within a relationship of responsibility and care. Violence by a stranger is not abuse.

Child sexual abuse is a form of child abuse in which an adult or older adolescent uses a child for sexual stimulation. It is an act that takes place in the context of a relationship of responsibility, trust, or power. Forms of child sexual abuse include engaging in sexual activities with a child (whether by asking or pressuring, or by other means), indecent exposure (of the genitals, female nipples, etc.), child grooming, and child sexual exploitation, including using a child to produce child pornography.

Having sexual relationships should always be consensual. When this is not the case, it is called abuse. Sexual abuse can take many forms and affect children as well as adults.

This session is the first part of two sessions on consent, non-consensual sex and abuse. It focuses mainly on consent and offline abuse (i.e. In face-to-face, real-life situations). The second part, 6b, focuses on online abuse.

Coerced sex and sexual abuse are more likely than consensual sex to result in unwanted pregnancy, sexually transmitted infections and HIV. It can also lead to lifelong emotional and social problems, including depression and post-traumatic stress disorder (PTSD). Therefore, as the facilitator, you need to raise awareness of mental health consequences and self-esteem when discussing these issues. Negative experiences of sexuality can also result from particular sexual practices, such as young women being expected in some cultures to have a dry vagina during sex or having undergone genital mutilation/cutting, which can make sex painful. These are very sensitive issues, and many parents may feel confused and uncomfortable addressing the negative aspects of sex. Parents need to be aware that non-consensual and sexual coercion is always a violation of human rights and never justified by where, when and how it happens. For parents and their children to understand sexual

abuse, violence and coercion, it requires an understanding of sexual consent. They need to know that both partners need to ask/give consent (so always ask for a yes and accept a no). To consent to sex, young people need to be clear about appropriate and inappropriate behaviour limits. Young people need to know their right to say no or yes, and the right to have control over their bodies. This can be tricky for young people as their personal maturity, the awareness of their rights and the control over the basic aspects of their own life are evolving.

Parents play a pivotal role in supporting their children to be protected against any form of violence, including sexual abuse, and supporting them if they have been victims of sexual abuse, harassment or violence.

Respect for the other is crucial in any interaction and especially in sexual interactions. It is therefore important that parents can convey the message to their children that they have the right to say *yes* or *no* to sexual interactions, and that it is important that all individuals seek consent. This can be done without using explicit sexual language if parents do not feel comfortable with it. They can, for example, teach their children that just by asking simple questions like: 'do you want...?' or 'do you like this...?' and by giving and understanding clear non-verbal signals, young people can check for and respect one another's boundaries.

The topic of sexual abuse is a very sensitive topic. This session may be difficult to attend for participants, especially those who are survivors of sexual violence. Sexual violence is common. Be prepared so you can support parents if they need help after attending the session. Ensure you have a list of reliable services you can refer to, if necessary.

STEPS TO FOLLOW

1. Welcome and warm-up

Time: 5 minutes

1. **Recap:** Welcome the participants and praise them for making it to the session. Ask participants what they remember from the last session. Have they tried to discuss about first sexual experiences with their children? Check if they have any questions and remind participants of the group agreement before continuing.
2. **Opening exercise:** Guide the participants to do a few stretching and/or breathing exercises before getting started.
3. **Introduce the theme of this session:** Explain that this session is about understanding consent and addressing sexual abuse/violence. Warn the participants that some difficult, maybe painful discussions might occur. No one will be forced to speak up or disclose personal information. Explain that the focus will be on real-life sexual abuse in this session. The next session will be on online sexual abuse online.

2. Theme introduction: Understanding consent

Time: 20 minutes

1. Explain that the session will start on the issue of consent. Consent can be defined as an agreement to participate in an activity, for example, a sexual activity (including kissing, touching, oral sex, vaginal or anal penetration). Consent cannot be given when an individual does not have the capacity or legal ability to consent (e.g., legally considered a minor, intoxicated by alcohol or other substances, other conditions that affect one's ability to understand and/or agree to engage in a behaviour). Both parties must agree – every single time – for it to be consensual. Consent can be given by words or actions that have a clear meaning. Even if someone agreed to some activity once, it doesn't mean they agree every time; as a consequence, sexual abuse can happen even between two people who have been intimate before. Also, since children cannot provide consent, every sexual activity involving a minor is considered abuse.
2. Ask to stand up and get ready for the next activity. Instruct them to shake hands with each other in three different situations. Before beginning, explain that consent is important to this activity. Make it clear that people should only shake hands with other people if they want to. If handshaking is not the most common practice in the community, ask participants to use another form of greeting, including bowing, waving, hugging, etc.
3. For the first round, ask the participants to shake hands with each other and give them enough time to shake hands with as many people as they would like. When they have settled back down, facilitate a short discussion based on the following questions:
 - How was that?
 - How did it compare to your other experiences of handshakes?
 - What makes a good handshake?
 - On a scale of 1-10, how was it?
4. For the second round, ask the participants to shake hands again, but this time to 'negotiate' the handshake. You may want to provide some examples of questions to ask each other:
 - Which hand would you like to shake with?

- Do you want to shake up and down or side to side?
 - How firm would you like it to be?
 - How long would you like it to go on for?
 - Would you like to wash/dry your hands first?
 - Do you want to do something else altogether? E.g., fist bump, hug, high five, waving.
5. Allow them time to shake hands with as many people as they would like to again. After a few minutes, regroup and facilitate a discussion based on the following questions:
- On a scale of 1-10, how was it?
 - How did it compare to the first handshake?
 - Did anyone prefer the first handshake?
6. Now is the point at which you can link the activity to the concepts of consent, physical boundaries and sexual activity. In the first kind of handshake, people participate in the activity (handshakes in this example) the way they think they are expected to. This is often the approach people take to physical boundaries/sex, as they feel unable to negotiate or say what they want. Instead, they rely on what they think the interaction should be like. For example, they may believe that 'proper sex' involves penetration of a vagina by a penis. Some people enjoy this as it can be spontaneous and exciting. However, it can also lead to sex that isn't enjoyable as people don't know what their partner enjoys. It can also result in people having sex that is not consensual, like feeling forced to take part in someone else's handshake or a type of handshake which you don't enjoy.
7. Explain that the level of discussion involved in the second handshake is not necessarily ideal for applying to all physical and online interactions/sex either, as negotiating every single aspect may make physical interactions/sex much less fun and spontaneous.
8. For the third round, explain that the participants should try and find a balance between the first and second handshakes. It should be fun and spontaneous, but they should still find ways to communicate with the other person to check that they are both happy with what is happening and feel comfortable stopping when they want to.
9. Discuss in plenary after the third round of handshakes and facilitate a discussion based on the following questions:
- On a scale of 1-10, how was it?
 - How did that compare to the first two handshakes?
 - What did you do or say to communicate about the handshake? (e.g., how did you stand, did you look at each other, what words did you use)
10. A final discussion might focus on some or all of the following questions:
- Are there times when people might feel like they can't say no to a handshake? Did that happen in this lesson? Why?
 - How might our self-esteem affect how much we feel we can have the handshakes/interactions we want?
 - What makes asking for what you do/don't want more difficult?
 - What makes it easier?
 - When people have sex, how might they be closer to interactions for the third handshake?
 - Are there times when it is more important to communicate than others?

For more information: <https://www.brook.org.uk/your-life/consent-myths-and-facts/>

Note that this exercise should be done among men only and among women only in some contexts.

11. Share the following messages:

- Consent must be clearly given. Silent is not consent. Never assume you have consent — you should clarify by asking.
- You should have permission for every activity at every stage of the activity. It is also important to note that consent can be removed at any time — after all, people change their minds!
- People must be capable of granting their consent. If someone is a minor, or incapacitated by alcohol or drugs, or not (fully) awake, they are incapable of giving consent.
- Failure to recognise that the other person was too impaired to consent is not "drunk sex." It is sexual assault. Consent should be given freely and willingly. Repeatedly asking someone to engage in a sexual act until they eventually say yes is not consent. It is coercion. Consent is required for everyone, including young people or people in a committed relationship or married. No one is obliged to do anything they don't want to do, and being in a relationship doesn't obligate a person to engage in any type of sexual activity.
- It is important to understand that any type of sexual activity without consent, including touching, fondling, kissing, and intercourse, is a form of sexual assault and may be considered a crime.
- You don't have consent if you use guilt, intimidation, or threats to coerce someone into sex, even if that person says "yes." Saying yes out of fear is not consent.
- Silence or a lack of a response is not consent.
- There is no consent when you use your power, trust, or authority to coerce someone into any form of sex.
- All sexual activity without consent is a form of sexual violence!

You can show a good video that explains sexual consent:

<https://www.youtube.com/watch?v=pZwvrXVavnQ>

3. Exploration: Sexual abuse, sexual and gender-based violence

Time: 20 minutes

1. Introduce the case studies. Explain that it may be a complex topic, especially for some of the participants, who are survivors of sexual violence. No one should feel forced to say something. Feel free to adapt the case studies to your context to make them more relevant. You can ask the technical staff in Plan's office for support.
 - a. Your 13-year-old daughter comes home from the sports clubs she loves going to. She says she doesn't want to go to the club anymore, and she says it is stupid. You try to talk to her about it, and finally, she tells you that the sports teacher has tried touching her breast several times.
 - How would you react to your daughter?
 - What would you do?
 - b. Your 11-year-old son was invited to a sleepover party with his best friends. He is a bit silent and doesn't want to talk about it after coming home. Finally, he tells you that his friends talked about sex a lot and forced him to masturbate with them.
 - How would you react to your son?
 - What would you do?

- c. The 11-year-old daughter of your best friend visits you. She is in tears. She tells you that her uncle stays at her parents' house; he does that every month. He visits her at night, touches her vagina, and forces her to touch his penis. She doesn't dare to tell her parents because the uncle is rich and often helps her parents, who are poor. She begs you not to say anything to her parents.
 - How would you react to the girl?
 - What would you do?
2. Discuss the case studies and how parents can react. For all case studies, recommend the following reactions:
 - Always praise the child for having told you what is happening. Listen carefully to the child and help explore the most worrying issues and discuss those. Ask the child what would help to solve the problem.
 - Always show that you believe the child; don't ask too many questions and details
 - If you don't know what to do, always ask for advice (from your doctor/social worker/police)

Case study a. First and foremost, ensure the child's safety and identify if the child needs specific support. It is essential to know and proceed according to local legislation. Hopefully, the sports club has a safeguarding policy with rules and regulations. Tell her that this issue needs to be addressed with the sports club board. If there is no safeguarding policy, try to meet with the staff, the board and other parents. Don't force your child to go back to the sports club.

Case study b. Reassure your child that he has done nothing wrong. Ask him if he has any questions about masturbation. Try to find out how much damage the event has done. Discuss with the parents of the child where the party was held. If it happens in school, contact the head of the school.

Case study c. The situation is a grave issue that needs immediate action. Show that you believe the girl; don't ask too many questions about details. Tell her that this issue needs to be addressed with her parents. Offer to go together with her to her parents. Try convincing her that the uncle's behaviour is against the law and dangerous. Otherwise, ask her permission to talk with her mother.

Note that Plan International staff and volunteers have to report safeguarding issues according to the global safeguarding policy and local procedures. If it is a protection violation (i.e. a case of sexual violence in the community that does not involve Plan International staff, volunteers, associates, etc), referral protocols for survivors of SGBV should be followed. It is always necessary to consider the safety of the survivors involved. If you suspect any safeguarding or protection concerns and are unsure of the local procedures, immediately alert the Child Protection advisor to give appropriate advice depending on the context, or the Safeguarding Focal Point if a staff member, facilitator, volunteer or other associate is involved.

There is a broad continuum of sexual behaviours in children and youth that range from common sexual play to problematic sexual behaviour. Sexual play doesn't necessarily mean a serious or ongoing sexual behaviour problem. It is essential to speak with a specialist if you are concerned about a child's behaviour. This way, you and the child can get the help needed to understand and manage the behaviour safely.

Difference between sexual play and abusive sexual behaviour

Sexual play is exploratory and spontaneous and occurs intermittently and by mutual agreement. It mainly occurs with children of similar age, size, or developmental levels, such as siblings, cousins,

or peers, and is not associated with high levels of fear, shame, anger, or anxiety. It decreases when told by caregivers to stop.

It becomes an abusive and problematic sexual behaviour when it is being forced by someone else or when it causes anxiety and fear.

Sexual abuse is any type of unwanted sexual, physical, verbal, or visual act that forces a person to have sexual contact against their will. Sexual abuse is an act that takes place in the context of a relationship of responsibility, trust, or power. Abuse and violence are both harmful, but violence is only 'abusive' when committed within a relationship of responsibility and care. Violence by a stranger is not abuse.

There are different forms of sexual violence or assault. Some examples include:

- rape
- molestation
- incest
- harassment
- unwanted fondling or touching under or over clothing
- exposing or flashing without consent
- forcing someone to pose for sexual pictures or videos
- sharing naked photos without consent (even if they were given to you with consent)

Most perpetrators of sexual abuse/violence in childhood are family members and older boys, while targets of violence are younger boys or girls. Sexual abuse and violence based on sexual orientation and gender identity/expression also referred to as homophobic and transphobic violence, is a form of sexual abuse and violence. It includes physical, sexual and psychological violence and bullying. Like any form of abuse and violence, it can occur at home, in school, in playgrounds, toilets and changing rooms, on the way to and from school and online.

What to do if your child is abusive in person or online?

Don't ignore this when you notice that your child is abusive, bullies, or forces another child into sexual activities. It will not go away by itself. Try to determine whether your child does this by himself or in a group. Has your child crossed the line from acting out to abusive and violent behaviour? When a child starts using intimidation, violence and aggression to solve problems, it is normal to feel frightened, angry, isolated, ashamed, and confused. There is no excuse for abuse. Even if your child is going through a tough time, this type of behaviour is never acceptable. Help your child learn more appropriate means of relating to other young people and hold your child accountable for the choice to become abusive. You should ask yourself: why does a child become violent? Does the media promote violence or simply reflect what is occurring in our world? The fact is that children are faced with violence—no matter how much we try to protect them—and there are times when they also resort to aggression. Children who are confronted with (sexual) violence at home have a chance to repeat that kind of behaviour themselves.

What about child marriage?

Child, early and forced marriage or unions (CEFMU) is also a form of gender-based violence. CEFMU is still a common phenomenon in many countries. In some places, child marriage is a traditional practice that has happened for generations. When girls start to menstruate, they become women in the community's eyes. Marriage is, therefore, the next step towards giving a girl her status as a wife and mother. Child, early, and forced marriages are closely associated with adolescent

pregnancy and early motherhood. Once married, young girls are often exposed to sexual violence and abuse as they are expected to prove their fertility and get pregnant.

What to do if your child has experienced sexual abuse?

Any sexual situation that occurs against an individual's will can be considered sexual harassment or sexual abuse. While every case of sexual harassment or sexual abuse is absolutely wrong and unacceptable, the consequences for the young person will vary depending on the nature of the experience (e.g. what happened, the situation, relationship with the perpetrator), personal characteristics of the survivor (e.g. coping strategies, age, personal skills), characteristics of the family (e.g. concurrent stressful events experienced by the family, quality of parent-child relationship, family functioning) and sources of support (e.g. reaction of family and friends to disclosure, family and peer group support, professional support).

Parental support is essential in helping sexually abused children reduce the risk of longer-term impacts, regardless of the nature of the abuse experienced. Even if a child or young person seems to be coping well, parents should often provide support and check-in with their child. Blaming oneself for a situation of abuse is common; children should be reminded that blame can only be attributed to the person who didn't ensure the other person's consent to engage in a sexual act.

It would also be wise to ask for professional support for the survivor as soon as they are open to it. Although 'just forgetting' what happened may work for now, in the longer term, some people experience psychological consequences such as depression, anxiety disorder and post-traumatic stress disorder if the underlying issue isn't addressed. With both their parents' support and professional support, children have the potential to grow and go on to develop positive relationships.

4. Takeaway: Tips for parents

Time: 10 minutes

1. Share the following reminders with the participants:

- Consent is non-negotiable; in sexual activities, the message is "always ask for a yes and accept a *no*". Consent can be withdrawn and withdrawing consent should always be accepted.
- Sexual abuse is any form of sexual maltreatment that is violent or threatening, including physical and emotional abuse and neglect. If you suspect that your child or a child you know is being abused, there is always something you can do.
- Children often do not talk about sexual abuse because they think it is their fault or their abuser has convinced them that it is normal or a "special secret". Teach your children that secrets are only for surprises and gifts; they shouldn't keep other secrets from you.
- Children may also be bribed or threatened by their abuser or told they would not be believed.
- A child who is being sexually abused may care for their abuser and worry about getting them into trouble. Here are some of the signs you may notice:
 - a. Changes in behaviour – a child may start being aggressive, withdrawn, clingy, have difficulties sleeping, have regular nightmares or start wetting the bed.
 - b. Avoiding the abuser – the child may dislike or seem afraid of a particular person and try to avoid spending time alone with them.
 - c. Sexually inappropriate behaviour – children who have been abused may behave in sexually inappropriate ways or use sexually explicit language.

- d. Physical problems – the child may develop health problems, including soreness in the genital and anal areas or sexually transmitted infections, or they may become pregnant.
 - e. Problems at school – an abused child may have difficulty concentrating and learning, and their grades may start to drop.
 - f. Giving clues – children may also drop hints and clues that the abuse is happening without revealing it outright.
- If you have the feeling that something is going on, you might well be right. You are probably not the only one who has noticed something, but you might be the first to do something about it.
 - Always believe and talk to your child. You can help by being there and offering your child a listening ear.
 - If possible, contact social services, medical services or the police.

5. Closing

Time: 5 minutes

1. **Closing exercise:** Ask the participants to take a minute to think if there is anyone in their life that they want to share information on consent and abuse.
2. **Home practice:** Ask the participants to try practising asking for consent in various interactions (not necessarily sexual relationships).
3. **Q&A:** Answer any final questions or reflections from the group before closing the session. Thank all participants for their time and praise them again for coming to the session. Tell the group that they can come to the facilitators after the session if they want to discuss something. Ensure participants that they can contact you if they need specific help or support or more information, give a list of services that can be called upon in case of need
4. **Closing ritual.** Let the group lead the closing practice that they have chosen to close the session.

Announce the place and time for the next session

After the session, the lead facilitator:

- completes the attendance and session report;
- follows up with individual participants on any issues that have come up during the session.

Optional: Follow-up activities

The facilitator can compile a list of resources for survivors of violence, as well as contact details to report any issue.

SESSION 7B

How to stay safe online

Session overview: In this session, the participants will explore the issue of online abuse.

DURATION

60 minutes

OBJECTIVES

- Explore the issue of consent
- Understanding sexual abuse/violence online
- Explore how you can react to sexual abuse and violence

MATERIALS

- Attendance list
- Flipchart and markers
- Pens for all participants

PREPARATION

- Prepare a PowerPoint presentation or flipchart with key messages
- Inform yourself about all the laws and policies about the age of consent, consensual sex and sexual abuse
- Find out referral organisations in case of sexual violence/abuse

TIPS FOR FACILITATORS

- **Be open and listen:** Allow participants to talk freely. Ask them open questions and find out how much they already know.
- **Be respectful and supportive:** Give participants space to share how they are feeling and let them know you are there for them.
- **Create a "safe space":** Talking about sexual and reproductive health may be sensitive for some, so try to create an environment where people can discuss these issues openly.
- **Be aware:** Some participants may be survivors or perpetrators of online bullying and sexual abuse. Be prepared and know how to react when someone needs support.
- **Be prepared:** Know the laws and regulations on online sexual abuse and pornography. Know authorities and organisations that you can refer to.
- **End on a good note:** Check in with the group, remind them that they can take care of themselves and others. Close the session with something fun!
- **Reporting:** Remember to take attendance of participants and fill out the facilitator report at the end of the session..

Session activity	Time
1. Welcome and warm-up	5 minutes
2. Theme introduction: Benefits and risks of digital spaces for young people	15 minutes
3. Explanation: Forms of online abuse and strategies to address the issue	30 minutes
4. Takeaway: Tips for parents	5 minutes
5. Closing	5 minutes
After the session: reporting and follow-up	

FACILITATOR NOTES

Terms used in this session

Child sexual exploitation is a type of sexual abuse. When a child is sexually exploited online, they may be persuaded or forced to create sexually explicit photos or videos or have sexual conversations.

Cyberbullying or online bullying is any bullying that happens online. Unlike bullying that takes place offline, online bullying can follow the child wherever they go, and it can sometimes feel like there is no escape or safe space.

Grooming is when someone builds a relationship with a child to abuse, exploit, or traffic them sexually. Children and young people can be groomed online or face-to-face by a stranger or someone they know.

Pornography – sometimes called “porn” - is any material (either pictures, videos or words) that is sexually explicit, designed to cause arousal or sexual feelings. This definition of pornography may pick out different types of material in other contexts since what is viewed as sexually explicit can vary from culture to culture and over time. It generally shows pictures or videos or describes people who are naked and/or engaging in sexual activity. Porn is meant to be viewed by adults. However, porn is very common online and it is completely normal for young people to feel curious or sexually aroused when viewing porn. For many people, pornography is not harmless, especially for young people. It is not a form of sexuality education, and it often gives distorted and wrong messages about body ideals, how people can enjoy sex and be intimate. It is important to not stigmatise or shame young people for watching porn, but instead encourage questions and open conversations with a trusted adult. Parents and other adults can help children to understand what they see and problematise the content of porn.

Sexting is when someone shares sexual, naked or semi-naked images or videos of themselves or others or sends sexual messages. It is online abuse if a child or young person is pressured or coerced into creating or sending these types of images. In some countries, sexting under the age of sexual consent may be illegal although - if it is consensual and with someone of a similar age - the child may not be prosecuted. It is important for young people to understand the risks involved with sexting, and that there are options to reduce the risks for a young person who wants to send sexual messages. Young people need to know that they can get support if they engage in sexting that goes wrong.

This session is Part 2 of the session on consent and abuse. Session 6a focusses on offline consent and abuse, and this session focuses on online abuse and pornography.

Worldwide, parents worry about their children's safety online. Sexting, cyberbullying, watching explicit material and pornography by themselves or together with others are issues parents feel they have very little or hardly any control over. Good prevention strategies and being open to their children about sex and sexuality will help them avoid abusive behaviour.

Online technology offers new possibilities – including for marginalised young people – to influence the creation and sharing of knowledge. Information on sex and sexuality may fill a gap for adolescents whose parents and schools provide ineffective or insufficient education. It can also complement and strengthen school-based sexuality education. However, technological interventions should not be seen as a replacement for sexuality education by parents.

The online space can also be an environment where bullying and coercion take place, including sexual and gender-based violence. UNICEF (2019) categorises these risks into:

- Content risks: "Exposure to inappropriate content such as sexual, pornographic or violent images, some forms of advertising, discriminatory or hate speech. It also refers to sites advocating dangerous behaviours, e.g., suicide"
- Contact risks: "Inappropriate contact, for example, an adult contacting a child to solicit sex. It also sees individuals encouraging unhealthy or dangerous behaviours such as sexual risk-taking and encouraging young people might be aggressive or abusive towards other users".

The extent of harm and coercion in digital spaces is hard to quantify and the subject of much concern and anxiety among parents. Recent research shows that 1 in 5 adolescents report being negatively affected by cyberbullying, contact with strangers, sexual messaging and pornography.

For some young people, pornography is the only way to learn about sex. It is not always clear what is meant by pornography. Some parents may find open discussion in biology lessons about sex using explicit pictures, e.g., of genitals are pornographic. Very little is known about how young people find and visit pornographic websites.

Parents need to find strategies to address their children's sexual behaviour online without being punitive. They need to get a better understanding of how their children can benefit from the online world.

STEPS TO FOLLOW

1. Welcome and warm-up

Time: 5 minutes

1. **Recap:** Welcome the participants and praise them for making it to the session. Ask participants what they remember from the last session. How did they feel after the session on consent and abuse? Where are they able to discuss it with anyone and with their child?
2. **Opening exercise:** Guide the participants to do a few stretching and/or breathing exercises before getting started.
3. **Introduce the theme of this session:** Explain that this session is a follow to the last session on consent and abuse, and this time we will concentrate on online abuse. Remind participants that there is an overlap with the previous session, and they may feel the same concerns and emotions, especially if they are a survivor of violence or know someone who is.

2. Theme introduction: Benefits and risks of digital spaces for young people

Time: 15 minutes

1. Ask the participants what they know about their children's access to the digital space. Ask them to list what they see as the benefits for their children to have internet access and what the risks are. This can be done in plenary or in smaller groups.

Examples:

Benefits	Risks
<ul style="list-style-type: none"> • Access to information • Contact with peers outside the community, new friendships • Practising discussing sexual issues • Anonymity 	<ul style="list-style-type: none"> • Access to misinformation • Cyberbullying • Sexual blackmail • Revenge porn

3. Exploration: Forms of online abuse and strategies to address the issue

Time: 45 minutes

1. Explain that online abuse is any type of abuse that happens on the internet. It can happen across any device that is connected to the web, like computers, tablets and mobile phones. And it can happen anywhere online. The internet can be an excellent place for children and young people to play, learn and connect. But it can also put them at risk of online abuse. That is why parents need to support and advise their children to stay safe.
2. Go through the different types of platforms where abuse can take place:
 - text messages and messaging apps
 - emails
 - online chats
 - online gaming
 - social media
 - live-streaming sites

Children can be at risk of online abuse from adults and other children they know, or from strangers. It might be part of other abuse taking place offline, like bullying or grooming. Or the abuse might only happen online.

3. Based on the definitions provided at the beginning of the session, introduce the following terms:
 - sexual cyberbullying
 - grooming
 - sexual exploitation
4. Discuss whether participants have ever heard of this kind of abuse. Explain what they mean.
5. Explain further what the signs of online abuse are; a child or young person experiencing abuse online might:
 - spend a lot more or a lot less time than usual online, texting, gaming or using social media
 - seem distant, upset or angry after using the internet or texting
 - be secretive about who they are talking to and what they are doing online or on their mobile phone
 - have many new phone numbers, texts or email addresses on their mobile phone, laptop or tablet.
6. The consequences of cyberbullying/sexual abuse online can be similar to the effects and impact of offline sexual abuse:
 - self-blame
 - flashbacks or intrusive thoughts
 - depression and low self-esteem
 - nightmares and trouble sleeping
 - anxiety and panic attacks
 - self-harm
 - problems at school, such as difficulty keeping up with work or behavioural problem
7. Introduce the next activity that will involve case studies to help the participants think about strategies to address issues of online abuse.
8. Divide the participants into small groups of 3-5. Give each group one of the case studies below to discuss. Explain that when talking about something sensitive like abuse, it is always good to make a distinction between your different reactions:
 - Your feelings and emotions
 - Your rational thinking

Case study 1

Your child tells you that they are being bullied at school. This bullying involves constant texting by classmates in which they threaten to say to the world that your child has had multiple sexual partners. It also includes derogatory comments about your child's clothes, hair, etc.

- How does it make you feel?
- What do you think?
- What do you do?

Case study 2

You suspect something is not going well with your child. Secretly you look at their phone and notice they are sending sexually tinted messages and are receiving naked pictures of someone much older. You don't know whether your child has sent any pictures.

- How does it make you feel?
- What do you think?
- What do you do?

Case study 3

You unexpectedly enter a room where your child is with friends to bring them some refreshments. You see that they are watching pornographic videos on their laptop and mobile phone. You tell them to stop, but your child and friends say that everyone watches porn and there is nothing wrong with it.

- How does it make you feel?
- What do you think?
- What do you do?

9. Discuss the case studies in plenary.

Recommendations on how to react for case studies 1 and 2

- listen carefully to what they are saying
- let them know they have done the right thing by telling you
- tell them it is not their fault
- take them seriously
- don't confront the alleged abuser
- explain what you will do next
- report what the child has told you as soon as possible to the school and local authorities

It can be challenging to know what to say and do if your child tells you they are being abused online. They might not realise that what is happening is wrong. And they might even blame themselves. If your child talks to you about online abuse, it is essential not to punish or condemn them. Try to understand why your child got involved. Often children with low self-esteem can get involved in cyberbullying or sexual abuse online.

For the second case study, you also need to explain why you have breached your child's confidentiality by looking at their phone without their consent.

Recommendations on how to react on case study 3

People have different views on porn and sex. Depending on the content of pornography, watching it is not necessarily abusive behaviour. However, when young adolescents watch violent porn, on their own or with others, it can become a form of abuse. Try to remain calm and do not react impulsively! Regardless of how you have learned that your child is viewing porn, you probably have some complicated feelings. You can use the situation to have a conversation about your child's emerging interest in sex and sexuality. Your child might feel embarrassed, ashamed, upset, or afraid, and a cooling-off period can make a big difference. Do not make them feel like they have done something wrong. Make sure to approach the topic calmly. This will help them feel more comfortable opening up and listening. Sexual curiosity is a natural part of a child's development, and so is acknowledging that they aren't "abnormal" just for having questions about sex. Most of what they see in a pornographic video does not match the reality of having sex. Having sex is not about performance but about enjoying each other.

Note: When your child is sexually aggressive online or forces others to watch porn, what to do? It means that your child has crossed the line. It is normal to feel frightened, angry, isolated, ashamed, and/or in disbelief that it is even happening. But there is no excuse for any form of abuse or bullying. Even if your child is going through a tough time, this type of behaviour is never acceptable. You need to help your child learn more appropriate means of communicating and solving problems, and hold your child accountable for the choice to become abusive.

4. Takeaway: Tips for parents

Time: 5 minutes

1. Share the following messages with the participants:

- Get yourself informed on the platforms and sites your child uses
- Without being intrusive, talk to your child about what they see online, who they chat with and how they can stay safe.
- Understand that bullying, harassment and abuse will undermine your child's self-esteem. It is essential to ensure your child does not blame themselves and can 'forgive' themselves if they have made a mistake.
- Tell your child never to share naked images or ask others to share pictures; they could lose control of the photos, videos or messages and how they are shared. Once something is shared online, others can save or copy it. If the image has been widely shared, they might also experience anxiety over the image being re-shared in the future. Try to discuss openly to find solutions together.

5. Closing

Time: 5 minutes

1. **Closing exercise:** Ask the participants to take a minute to think about how they can discuss online use and abuse.
2. **Home practice:** Ask the participants to find out which online platforms, apps or services their children are using.
3. **Q&A:** Answer any final questions or reflections from the group before closing the session. Thank all participants for their time and praise them again for coming to the session. Tell the group that if they want to discuss something, they can come to the facilitators after the session. Ensure participants that they can contact you if they need specific help or support, or more information. Give a list of services that can be called upon if needed.
4. **Closing ritual.** Let the group lead their closing ritual that they have chosen to close the session.

Announce the place and time for the next session

After the session, the lead facilitator:

- completes the attendance and session report;
- follows up with individual participants on any issues that have come up during the session.

SESSION 8

How to discuss sensitive issues

Session overview: In this session, the participants will explore their own values around sexuality and get tips to feel more comfortable talking about sensitive topics.

DURATION

90 minutes

OBJECTIVES

- Explore personal values on sensitive issues of sexuality
- Be aware of how comfortable you are discussing sensitive issues
- Explore how you can react to embarrassing situations and questions

MATERIALS

- Flipcharts, markers
- PowerPoint
- Handout: Sensitive issues
- Handout: Understanding your comfort zones
- Handout: Disabilities
- Pens for all participants

PREPARATION

- Print out the handouts
- Find out all the laws, policies and regulations on sexuality, sexual relationships, sexual diversity, abortion etc.
- Prepare a PowerPoint presentation or flipchart with key messages
- Draw a line in the middle of the room going from 'comfortable' to 'uncomfortable'.
- Contact a local LGBTIQ+ organisation to get support and information

TIPS FOR FACILITATORS

- **Be open and listen:** Allow participants to talk freely. Ask them available questions and find out how much they already know.
- **Be respectful and supportive:** Give participants space to share how they are feeling openly, without judgment. Let them know how you are there for them.
- **Create a "safe space":** Talking about sexual and reproductive health may be sensitive for some, so create an environment where people feel comfortable discussing these issues openly.
- **Be prepared:** Know the laws and regulations on homosexuality, age of consent, and access to contraceptives and abortion.
- **End on a good note:** Check in with the group, remind them that they can take care of themselves and others. Close the session with something fun!
- **Reporting:** Remember to take attendance of participants and fill out the facilitator report at the end of the session.

Session activity	Time
1. Welcome and warm-up	10 minutes
2. Theme introduction: Getting out of your comfort zone	30 minutes
3. Exploration: Norms and values	25 minutes
4. Takeaway: Tips for parents	15 minutes
5. Closing	10 minutes
After the session: reporting and follow-up	

FACILITATOR NOTES

Terms used in this session

Culture includes the beliefs, language, norms and behaviours that are passed on from one generation to the next. Culture is defined by many elements: economic, social, historical, religion, social (in)stability, politics and legislation. Culture is not static; it changes constantly. In many communities, collective norms and values are more important than individual choices. However social media and other influences can change this approach rapidly and can cause inter-generational conflicts.

Norms are the dominant expectations and rules of behaviour that are developed out of the values of a group/community.

Sanctions are the expressions of approval or disapproval that are given to people who are upholding or not living according to the cultural norms in the community.

Open, accurate, and early communication about sensitive topics of sexuality is both necessary and challenging to achieve. Parents need resources with the most up-to-date facts about sensitive issues and how best to deliver sexuality messages rooted in the family's value system. A fine line exists between parents providing support by sharing their values and parents pushing their own values and beliefs on their children. In this session, the participants will learn how children are increasingly capable of thinking critically about existing values during puberty. Both parents and their children must access evidence-based information and understand how certain values can be harmful to all people's sexual and reproductive health and rights. The more parents discuss sexual matters with their children, the easier it gets. Talking about sex and sexuality can make people feel uncomfortable or embarrassed. There is nothing wrong with being open about these feelings.

As a facilitator, you need to be respectful of the existing norms and values and share Plan's values on SRH rights, gender equity, and sex positivity. This means that you need to have a culturally sensitive approach that respects the cultural characteristics of sexuality, but also offers evidence-based information and promotes critical thinking among parents and their children, as well as supporting empowerment for self-determination.

For this session it is important that you gather all relevant data, laws and regulations on issues like access to contraception, abortion, sexual diversity, age of consent, etc.

As a facilitator, be aware that you cannot share your opinion as a fact. Try to stick to evidence-based information. Be clear when you share an opinion and assure the participants that they are intitled to their own opinion, but they cannot share their opinions as facts. Also, regardless of your religious beliefs, you still need to deliver the session in a neutral, respectful, professional and evidence-based way. Reflecting on the diversity of sexual practices in your own context is always a good start.

STEPS TO FOLLOW

1. Welcome and warm-up

Time: 10 minutes

1. **Recap:** Welcome the participants and praise them for making it to the session. Ask participants what they remember from the last session. Have they tried to find out which online platforms their children use? Check if they have any questions and remind participants of the group agreement before continuing.
2. **Opening exercise:** Guide the participants to do a few stretching and/or breathing exercises before getting started.
3. **Introduce the theme of this session:** Explain that this session is about exploring personal values and understanding how to address sensitive issues with adolescents.

2. Theme introduction: Getting out of your comfort zone

Time: 30 minutes

Understanding your comfort zone

1. Explain to the participants that you will discuss issues of sex and sexuality in this session, which are often controversial and taboo, especially with children. Reinforce that everyone is entitled to their opinion and should respect the views of others. By discussing how comfortable participants feel about discussing a particular issue, they will also need to reflect on their cultural norms and personal values on these issues.
2. Give the handout called “Understanding your comfort zones” to the participants and ask them to circle the appropriate number for each statement. Depending on the level of comfort among the participants, you could also do this exercise physically by drawing a line in the room from uncomfortable to comfortable and asking participants to stand on the line after each statement. It is important to ask the participants what they prefer and not to force anyone to participate. If it is difficult for participants to give their opinion on the statement, you can also use symbols for the different levels of feeling (un) comfortable.
3. It is best to start with less sensitive statements, so participants can get used to the exercise. However, it is important to support participants to get out of their comfort zone and think and discuss more intimate and sensitive issues.

Note: There is no right or wrong answer for this activity. You can refer the participants to the handout for Session 7 for further reflection on these topics.

4. For the second part, you can either divide the participants into small groups or remain in plenary. Ask them to select 3-4 statements and ask the following questions:
 - What do you think/feel when you hear this statement?
 - Why do you feel comfortable/uncomfortable about this issue?
 - What are your personal values on this statement?
 - What are the norms in your community on this statement?
 - How would you react if these issues came up with your child?

Tips for the facilitators

- As the facilitator, it is your role to create a safe space to explore these issues by setting clear boundaries to understand why you have certain feelings about the issue. Find a language to talk about sex, sexuality, abortion, sexual activities, sexual diversity, sexual pleasure, sexual rights and sexual health that works for you. If you feel uncomfortable, so will the participants. You can always say that it is also difficult for you to discuss these issues.
- Most of these issues are value loaded and may lead to lengthy discussions about how people feel. Explain to the participants that it is essential to be aware of their values and norms, and that these may change based on evidence or societal changes. But it is also important to give evidence-based information on sensitive issues.
- Approaching sexuality and related topics might lead to conflict between what you personally believe and feel, the norms and values in your society, and the values that you represent and support as a Plan representative.
- It might be helpful to connect with a local LGBTIQ+ organisation to get additional support and information. A member of staff could even attend or co-facilitate the session.
- Have a discussion on the shared beliefs, hopes and values of people in general to share a common ground. For example, many people believe that LGBTIQ+ people are different from straight, cisgender people. Explain that LGBTIQ+ people have the same everyday lives: they work, pay taxes, have families, have friends, do groceries and cook. They also want to earn a living, feel safe in the community and take care of their loved ones.
- For many parents, discussions on LGBTIQ+ people can feel uncomfortable. These issues are real. Say: "I understand that it is hard to talk about it". This can create trust between you and the participants.
- Do not indirectly agree with anti-LGBTIQ+ or anti-abortion attitudes. You can say that you understand that it is difficult to talk about, but you cannot say: "I understand why you are against LGBTIQ+/abortion". So, you can acknowledge the discomfort to talk about sexual diversity, but not the negative attitudes. Never refer to LGBTIQ+ people as 'those people' or 'you people.'
- Avoid theological discussions on LGBTIQ+, contraception, abortion, masturbation, etc. Rather than quoting or arguing over different interpretations of religious texts, discuss how young people can be supported and kept safe.
- Share the following as you discuss sexual diversity:
 - Respect and value uniqueness and individual differences
 - See everyone as equal in worth and dignity (no one chooses their sexual orientation or gender identity)
 - Speak in a familiar and non-judgmental language. Avoid "them and us". Make it about people and love instead of only sex.
- Find out about the laws and regulations about abortion in your country.
- Think about the language you use to talk about sensitive topics. Discuss with your colleagues what would be the best language to use with your community.
- Get information from trusted and reputable organisations that education professionals have heard of, like UNESCO, UNFPA, IPPF, Ministry of Health, etc.
- Plan strongly believes in equity and equality for all people. Having said this, for young gay and lesbian people to stand up for themselves to articulate their sexual orientation and sexual identity in a homophobic collective community or a society where homosexual acts are forbidden by law can be very harmful. It is more helpful first to understand what is prohibited and accepted. Is it

merely frowned upon, or are there sanctions against the individual who doesn't conform to the norms?

3. Exploration: Norms and values

Time: 25 minutes

1. Start by explaining what you mean by culture, norms and values. Try to think of relevant examples ahead of the session.
 - a. **Culture:** The beliefs, language, norms, and behaviours passed on from one generation to the next. Many elements define culture: economic, social, historical, religion, social (in)stability, politics and legislation. Culture is not static; it changes constantly.
 - b. **Norms and values:** Dominant expectations and rules of behaviour that are developed out of the values of a group/community. In many communities, collective norms and values are more critical than individual choices; for example, stereotypical norms on gender and how girls and women should behave sexually. However, social media and other influences can change this approach rapidly and can cause inter-generational conflicts.
2. **Explain** that there are no universal norms and values for sexuality and sexual behaviour. Sexuality is not thought of in the same way across space and time; in different cultures and at different times, people have thought of sexuality in various ways. However, in many contexts people believe sexuality needs to be controlled, especially that of girls and women. This may lead girls to feel a lack of power over their bodies and (sexual) lives.

Education, religion, culture, law and the media are the main drivers that teach people how to behave sexually. They often mark sexual behaviour as normal and abnormal. This idea of normal and abnormal is constantly changing and is not very helpful. What is normal? A behaviour that everyone does? A behaviour that is "natural"? A behaviour that is morally good? As the facilitator, try to avoid using words like normal and abnormal. It may be better to use "what is accepted by most people in our community" (which doesn't mean it is automatically good or positive).
3. **Explain** that norms are essential to convey to children, but this does not mean that parents should not critically think about whether some norms are harmful to themselves or their child. Norms about gender can be harmful, as these can define what women can and cannot do.
4. **Explain** that puberty is a period when children start to question the norms and values of their parents. Adolescents are becoming autonomous thinkers. It doesn't help to say that they are wrong and that parents are right. By explaining why they have certain values and norms, parents can keep the communication open. They cannot force their child to share their opinion, or punish them for thinking differently.
5. Divide the participants into small groups. Ask the participants to choose 2-3 topics and think about the following: What are the norms about this in the community? What are the realities of young people relating to this topic? How can we address the challenges in bridging the gap between messages on this topic and young people's realities?
 - marriage and premarital sex
 - sexual orientation
 - gender identity
 - contraception
 - abortion
 - young people with a disability being sexually active

- masturbation
- pornography

Example: Sex between unmarried young people

Message: Many parents promote marriage between a man and woman as the ideal moment to start having sex (especially for procreation) and do not condone young people having sex before marriage, mostly for religious reasons. Often, this is seen as sinful.

Reality: Many young people have sexual relationships before marriage for a whole variety of reasons, regardless of their cultural, religious and socio-economic background. Several factors play a part, such as the environment young people live in, the different information they are exposed to through school, social media, TV, whether they can talk openly to parents about sexuality, whether they are a boy or a girl, and so on.

How to bridge the gap: explain to children that if premarital sex is to happen, they need to know how to protect themselves and their partner against unwanted consequences.

6. Ask participants to share the key issues that came out of their discussions.

4. Takeaway: Tips for parents

Time: 15 minutes

1. Share the following tips with the participants:
 - Try to find a balance between sharing your norms and values and supporting your child to make their own choices and define their own values.
 - Norms and values are not static, they can change. Discuss with your child how you can work together towards a community and society where everyone is equal and where there is justice for all
 - When you share your own values, you can explain why they are important to you.
 - Try not to react immediately but consider the consequences of your reaction. Being angry or only showing disapproval is not helpful. Your child will no longer share personal things with you and may continue secretly. A punitive approach doesn't help; listening, showing that you understand and giving correct information do.
 - Whatever the situation is, the bond between you as a parent and your child remains crucial. Even if you don't agree or have a negative judgement, your child needs to know that you love them unconditionally.
 - Talking openly about sex and sexuality doesn't mean you have to discuss your own experiences.
 - Always praise your child if they ask you questions and are open about sex and sexuality. Explain that they can feel safe with you, but if they want to discuss with anyone else (in real life or online), they should be careful not to share personal information. Ensure they know they can trust you.
 - Read evidence-based information that you are not familiar with. Or ask Plan staff and volunteers for more information. This way, you can react based on both facts and values.
 - If your child comes out as gay, lesbian, bisexual or transgender, remember that a lot of emotions can be associated with it: fear, hope, relief, joy and anger. Remain calm;

don't react immediately; praise your child for telling you. Remember that any form of treatment or (conversion) therapy that tries to change your child's sexual identity/orientation is not working and not ethical.

- Disability and sexuality: it might be difficult to accept your child with a physical or mental/intellectual disability as a sexual being. However, most of them have the same sexual feelings as anyone else. They need to be respected and acknowledged for that. Try to find out what would help your child to understand and explore their sexual feelings. (The handout on disabilities may be useful to share here).

5. Closing

Time: 10 minutes

1. **Closing exercise:** Ask the participants to close their eyes for a minute and think about one thing they want to tell their children about this session.
2. **Home practice:** Ask the participants to discuss a sensitive topic with their family or friends and notice the reactions.
3. **Q&A:** Answer any final questions or reflections from the group before closing the session. Thank all participants for their time and praise them again for coming to the session. Tell the group that if they want to discuss something, they can come to the facilitators after the session.
4. **Closing ritual.** Let the group lead their closing ritual that they have chosen to close the session.

Announce the place and time for the next session

After the session, the lead facilitator:

- completes the attendance and session report;
- follows up with individual participants on any issues that have come up during the session.

Optional: Follow-up activities

The facilitator can have a list of resources (books, websites, leaflets) ready for parents who want to learn more about certain topics.

SESSION 9

Inter-generational communication

Session overview: In this session, both parents and their children will come together to practice communication skills.

DURATION

90 minutes

OBJECTIVES

- Practice talking about sexuality and relationships together (parents and their children)

MATERIALS

- Flipcharts, markers
- PowerPoint
- Pens for all participants

PREPARATION

- Prepare a PowerPoint presentation or flipchart with key messages

TIPS FOR FACILITATORS

- **Be open and listen:** Allow participants to talk freely. Ask them available questions and find out how much they already know.
- **Be respectful and supportive:** Give participants space to share how they are feeling openly, without judgment. Let them know how you are there for them.
- **Create a "safe space":** By inviting both the parents and their children to the meeting, you need to be sure both parties feel safe. It will help to announce this sometime before it takes place. You may want to meet the children before the session, without the parents. You can discuss with them what will happen and ask what would make them feel safe. You can share the outcomes of that discussion with the parents at the start of the session. You can also discuss with both parents and their children how they would feel comfortable and safe together during this session. Talking about sexual and reproductive health may be sensitive for some, so try to create an environment where people feel comfortable discussing these issues openly.
- **Sit in a circle:** All participants should see each other during the sessions
- **End on a good note:** Check in with the group, remind them that they can take care of themselves and others. Close the session with something fun!
- **Reporting:** Remember to take attendance of participants and fill out the facilitator report at the end of the session.

Session activity	Time
1. Welcome and warm-up	15 minutes
2. Theme introduction: Opening up the discussion	10 minutes
3. Exploration: Practising communication skills	30 minutes
4. Takeaway: Conflicts and disagreements	25 minutes
5. Closing	10 minutes
After the session: reporting and follow-up	

FACILITATOR NOTES

By inviting their children to join the session, the participants can share what they have learned during the workshop and practice communication about sexuality and relationships. They can also discuss how to better deal with disagreements and conflicts. Over the course of the curriculum, parents have learned what a crucial role they play in their children's (sexual) development. A warm and close relationship between parents and children can lead to a) delay of sexual debut, b) decreased drug use, c) less emotional stress, and d) increased use of contraception. On the other side, a lack of warm communication between parents and their children can negatively affect social development and behaviours.

When children and adolescents experience how much their parents are interested in their general daily experiences (without knowing every detail), they feel that their parents care for them. This contributes to healthy positive development, including positive sexual development.

Children who know that their parents are open to talking about sexuality are more willing to ask questions. Often, parents wait until their child asks questions. A child doesn't want to embarrass their parents, so it is sometimes better for parents to take the lead. Children are usually more willing to have an open and trusting relationship with their parents when they think their feelings and opinions are respected. However, children should be able to take the lead as well and not be afraid of their parents' reactions. For both, having open communication is rewarding and will bring a lot of harmony and happiness to the family.

Puberty is a time for children to develop critical thinking; this can lead to conflict and disagreements. There is nothing wrong with that, depending on how parents deal with these situations. Parents may think that using their power or having a punitive approach is the best way to solve a conflict. The child may stop arguing, but the conflict remains, and the child will stop opening up. Remaining calm, showing that you listen and understand, remaining honest and fair will help.

It is important to keep in mind that children have their own choices, expressions and ways of thinking.

Note that it might be easier to practice facilitating this session with adolescents who have either participated in Plan's activities or have had access to comprehensive sexuality education at school.

Preparing the young participants: Before this session, we strongly advise you have a short separate meeting with the young participants.

1. Explain the objectives and agenda of the session. Give a brief summary of the sessions their parents have attended.
2. Discuss with them what makes it easy/difficult to discuss personal matters with their parents, what makes it difficult for their parents to talk with them about personal matters and what would make the communication easier.
3. Explain that talking about intimate issues like sexuality is not easy when you never communicate with your parents. The following tips may help:
4. Try to chat with them about easy topics each day
5. Discuss how you can break bad news to a parent, like failing an exam. Maybe you are feeling scared or stressed about something. Or there is something personal you want to share, like a special person in your life. But you don't know how they will react. Or how it will feel to tell them. Or how you will find the words.
6. Ask the young participants to consider the following questions:
 - Think about what you want or need from your parent.

Do you want to tell them something important? Ask for their help? Do you want them to listen and hear you out? Do you need their support? Or their advice? Do you need their permission for something? Or help with a problem you are having? Try to put it in words in your head first.

- **Think about how you feel.**

Are you worried about how a parent or other adult might react? Scared that they will be mad or disappointed? Embarrassed to talk about something sensitive or personal? Feeling guilty because you got in some trouble? Don't let those feelings stop you from talking. Instead, let your feelings be part of the conversation. You can try to put words on your feelings, for example: "I want to tell you something that's pretty personal. And I am worried about how you will react. But I want to tell you anyway". "I need to talk to you. But I'm afraid I'll disappoint you". "I need to talk to you about something. But it's kind of embarrassing."

- **Practice**

If you think you might get nervous or forget what you wanted to say when it comes time to talk, try practicing what you want to say in front of a mirror. Or practice with a friend. Practice can build confidence. It can help you feel more comfortable when you are talking.

- **Pick a good time to talk.**

Find a time when your parent or the adult you want to talk to isn't busy with something else. Ask, "Can we talk? Is now a good time?" Try to find a quiet or private space where there are not a lot of distractions or other people around. And then, just get started.

7. At the end of the session ask the young participants if they still have any questions about the session with their parents.

Source: <https://kidshealth.org/en/teens/talk-to-parents.html>

STEPS TO FOLLOW

1. Welcome and warm-up

Time: 15 minutes

1. **Welcome:** Welcome the children/young people and parents to the joint session. Discuss the ground rules for this session (see 'create a safe space'). Ask them to introduce themselves and say something positive about their parents/children.
2. **Opening exercise:** Give a short overview of the sessions that parents have gone through, highlighting a few key messages from each session.
3. **Introduce the theme of this session:** Explain that this session is about giving an opportunity to parents and children to practice communication skills about sexuality and relationships.

2. Theme introduction: Opening up the discussion

Time: 10 minutes

1. Ask some volunteers among the parents to share some tips that they have learned to help them better communicate about sexuality and relationships with their children.
2. Ask some participants to share the way they learned about sexuality when they were adolescents, and what they want to do differently.
3. Give the floor to the adolescents to ask questions (to all the participants, not necessarily to their own parents).

3. Exploration: Practising communication skills

Time: 30 minutes

1. Ask parents and their children to sit opposite each other, pretending to be journalists, and interview each other. The interviewer asks questions and listens (without comments), and the interviewee answers the question as openly and honestly as possible. Swap after 10 minutes.
2. Beforehand it is important to set some rules:
 - All the information shared between the parent and child is confidential.
 - The interview is not about blaming each other.
 - Parents and children listen to each other without interruption.
 - The interviews should be respectful and not about being curious about each other's sexual feelings/actions
 - You can discuss what kind of questions they can ask each other. See examples below:

Parents can ask:	Young people can ask:
<ul style="list-style-type: none"> • Do you want to know more about me? • How would you like me to discuss personal issues with you? • How can I show you that I am interested in you? • Do you think that we talk enough about sexuality and relationships? 	<ul style="list-style-type: none"> • How did you feel when you were growing up, and your body was changing? • How did you feel when you found out you were pregnant with me? • What do you like about me? • What would you like me to do differently?

<ul style="list-style-type: none"> • What do you like about me as a parent? • What would you want me to do differently? 	
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3. After the interviews, you can ask both parties how they feel about talking this way to each other. Please don't discuss the content of their conversations.

4. **Key messages that can be shared** (depending on the content of the discussions):

For parents	For children/young people
<ul style="list-style-type: none"> • You can learn to talk about sex. If you are uncomfortable with saying sexual words aloud, you can practice them alone, with your partner, or in conversations with a friend – until they feel natural. • Listen to your child; show that you are open to their questions and opinions. • Don't just talk about the risks of sex. It is safe to say that sex can be enjoyable. Try to adopt an open attitude when talking about sex, as this will make it less uncomfortable for both yourself and your child. • You need to brush up on some basic facts to provide your child with accurate knowledge about safer sex and sexually transmitted infections (STIs), including HIV. • You need to provide values about sex. Standards of behaviour are good for your child. Your child wants and needs sensible guidelines from their parents. • You need to recognise and validate your child's feelings. This is a unique opportunity to get to know your child better. • Don't be afraid to say, "I don't know the answer to that question." But be sure to follow up with, "let's find out together!" – and then do so. • Don't condemn your child; you can disagree with their behaviour but don't humiliate them. • Be a good role model! 	<ul style="list-style-type: none"> • You can help your parents to overcome their awkwardness by always being open and honest. • Find the right moment: sometimes, it helps to talk about sex without looking directly at your parent, e.g. while taking care of chores around the house together. • Don't give up, walk away or get angry if you feel your parents don't listen or understand you; they need some time to understand and adjust to the fact you are growing up and have your own opinions. • Share leaflets and brochures on sexuality education with your parents; they might need the information as much as you do. • Ask your parents how they coped with asking these questions when they were young. • At the end of the day, your parents are still the captain of the family "ship", but that doesn't mean that you cannot help them to guide it safely into the harbour.

4. Takeaway: Conflicts and disagreements

Time: 25 minutes

1. Divide the participants into two groups: adolescents in one group, parents in the other one.
2. Ask both groups to discuss the following questions:
 - How often do you have disagreements? What do you disagree about most?

- What would you like the other to do differently during the disagreement?
- What can you and the other do to prevent disagreements?

3. Ask each group to present their findings. Identify similarities and differences. Examples:

Parents...	Children...
<p>...always focus on the negative things;</p> <p>...get angry quickly and have high demands;</p> <p>... don't give personal space to their child;</p> <p>...become defensive when a child has a criticism or asks a difficult question;</p> <p>...are not willing to compromise</p>	<p>...speak before they think carefully about something;</p> <p>...blame parents for everything;</p> <p>...are not willing to compromise;</p> <p>...always choose the wrong moment to ask a question</p>

4. Discuss in plenary what everyone could do to mitigate the conflicts and find common ground. Examples:

- Remain calm
- Solve the problem as soon as possible
- Listen to each other
- Agree to disagree
- Try not to judge each other
- Stick to the issue, don't get other issues involved in the conflict
- Don't compare with others, including siblings, friends, family
- Show you care about the other person
- Learn to apologise to each other

5. Closing

Time: 10 minutes

1. **Closing exercise:** Ask the participants to thank their parents/children for attending this session together. Taking a picture of all participants or singing together can be a good way to end the session on a positive note.
2. **Home practice:** Ask the participants to practice communicating and telling each other how they can improve their communication skills.
3. **Q&A and closing:** Answer any final questions or reflections from the group before closing the session. Thank all participants for their time and praise them again for coming to the session. Tell the group that if they want to discuss something, they can come to the facilitators after the session.

Announce the place and time for the next session

After the session, the lead facilitator:

- completes the attendance and session report;
- follows up with individual participants on any issues that have come up during the session.

SESSION 10

How to be a role model in the community

Session overview: In this session, the participants will identify how they can use their knowledge and experience to become role models in the community and advocate for better access to CSE.

DURATION

60 minutes

OBJECTIVES

- Identify ways of being a role model in the community
- Identify ways of advocating for CSE in school
- Know who to deal with challenging situations

MATERIALS

- Flipcharts, markers
- PowerPoint presentation
- Pens for all participants
- Handout: Follow-up plan

PREPARATION

- Prepare a PowerPoint presentation or flipchart with key messages
- Print out the handouts

TIPS FOR FACILITATORS

- **Be open and listen:** Allow participants to talk freely. Ask them available questions and find out how much they already know.
- **Be respectful and supportive:** Give participants space to share how they are feeling openly, without judgment. Let them know how you are there for them.
- **End on a good note:** Check in with the group, remind them that they can take care of themselves and others. Close the session with something fun!
- **Reporting:** Remember to take attendance participants and fill out the facilitator report at the end of the session.

Session activity	Time
1. Welcome and warm-up	10 minutes
2. Theme introduction: Supporting other parents in the community	15 minutes
3. Exploration: Advocating for and supporting CSE at school	15 minutes
4. Takeaway: Potential challenges	10 minutes
5. Closing	10 minutes
After the session: reporting and follow-up	

FACILITATOR NOTES

Parents' participation in the community can be a powerful tool to create change. Role models can help create an environment where more parents can discuss their challenges and recommendations to educate and raise their children in a supportive way. In the context of CSE, motivated parents can play a key role in the delivery and promotion of CSE in school and at the community level. The participants can involve and link with other parents and raise awareness in the community. Finally, participants can help other parents/community members with sexual and reproductive health need to access health services. By supporting the participants to work with other parents, the workshop will have more impact and be more relevant.

Besides working with other parents, participants can promote and support CSE in the school setting by making other parents aware of the importance and effectiveness of CSE in school, combined with discussions about sexuality and relationships at home.

STEPS TO FOLLOW

1. Welcome and warm-up

Time: 10 minutes

1. **Recap:** Welcome the participants and praise them for making it to the session. Ask participants what they remember from all the previous sessions. Have they put any of the tips into practice? Check if they have any questions and remind participants of the group agreement before continuing.
2. **Opening exercise:** Guide the participants to do a few stretching and/or breathing exercises before getting started.
3. **Introduce the theme of this session:** Explain that this session is about exploring how participants can become role models for providing and advocating for CSE in their community.

2. Theme introduction: Supporting other parents in the community

Time: 15 minutes

1. Take a few minutes to go through all the previous sessions with the participants. Ask them to mention 2-3 tips they have learnt from each session and write the ideas down on a flipchart.
2. Ask the participants which CSE topics they would feel comfortable talking about with other parents and family members in their community.
3. Discuss how they could introduce CSE in their community:
 - During parent-teacher meetings at school
 - During/after community get-togethers
 - During/after religious events
 - During informal discussions with neighbours
4. Split participants into two groups, to discuss for 5-10 minutes:

<p>Group 1 discusses how to prepare for a more formal presentation or talk about CSE at a community event:</p> <ul style="list-style-type: none"> • How to select and research the topic • How to feel comfortable speaking in public 	<p>Group 2 discusses how to start a more informal discussion with other parents, family members, etc.</p> <ul style="list-style-type: none"> • How to start a conversation • When and where to start a conversation • What to discuss
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5. Ask if someone wants to share a tip to the others in the group when it comes to preparing or starting a conversation about sexuality education with other parents, teachers or other adults in the community.

Tips for facilitator

- Let the participants choose what kind of role they want to play. Don't force anyone to participate; they might need time to feel comfortable with the topic. Some parents can play a 'behind-the-scenes' role by helping to organise a talk.
- Parents who have already participated in some programmes (organised by Plan International or another organisation) might already be prepared to offer information. They can add sexual and reproductive health and rights to the list of topics that they feel comfortable talking about.

3. Exploration: Advocating for and supporting CSE at school

Time: 15 minutes

1. Explain to the participants that they can play a crucial role in convincing other parents and members of the community to raise awareness and support CSE in school.
2. Brainstorm with the participants how they can raise awareness about CSE at school, e.g., by explaining the content of the CSE curriculum to other parents. Use the Follow-up plan to write down some activities (this can be finalised later on).
3. Discuss together how to answer difficult questions by the community and how to react to opposition groups.
4. **Share the following tips:**

- Work in small groups, not alone. This way, you can support each other, and you have a stronger voice.
- Collect and share testimonies (for example, how someone's daughter felt supported at school when she started menstruating).
- Organise same-sex meetings/talks. Mothers can have separate meetings with other mothers. Fathers may feel more free and comfortable listening and discussing their specific role in sexuality education when they are among other fathers.
- Find some data and statistics on key issues (such as teenage pregnancy, unsafe abortion) to make the case for more information for young people.
- Introduce other parents to the CSE curriculum used at school. Understanding the content may make parents more comfortable.
- Get support from Plan staff and teachers.
- Find a way of keeping in touch with each other, either in person or through text messages.

4. Takeaway: Potential challenges

Time: 10 minutes

1. Explain that the participants are likely to face adverse opinions and challenging discussions when talking about CSE. Disagreements are often about the content of sexuality education, especially when community members have inadequate information or misinformation about the programme.
2. Ask the participants to discuss in pairs how they would solve the following problems:
 - One of the participants talks about the workshops on parenting and CSE during a family dinner. She is the mother of 3 children in the age range of 4-14 years. She now wants to discuss CSE with other mothers in the community. Another family member tells her that this is immoral and also says to her husband that he should never have allowed his wife to attend the course. What should she do?
 - A father who attended the workshop is working with the female headteacher of the school to raise awareness for the CSE programme in school. He gets anonymous emails and texts that he is destroying the values and culture of the community and is accused of having an affair with the headteacher. What should he do?

3. Share the following suggestions:

Being attacked by another family member does not mean that you should back down. It is always helpful to think beforehand about what might happen when you talk about sensitive topics within your family, particularly when it is about raising children and providing CSE. Discuss this with your partner first. Briefly and clearly explain why you think CSE is important. Don't get involved in lengthy discussions. Agree to disagree. Try to remain calm and kind. Sometimes it helps to take a time out and go outside for a moment. When you come back, start a conversation about something else.

Anonymous accusations online should be ignored. You should discuss with your partner and make sure they understand your work. You can also discuss with the headteacher how to react. During a meeting with parents, you can discuss cyberbullying in general and show that the school has a firm policy. Discuss that cyberbullying can also involve adults; it can lead to parents, teachers and other staff becoming the victims of internet messaging that undermines, falsely accuses or ridicules them. It must be made clear that this is not an acceptable behaviour; parents should lead by example. Whilst parents have the right to be critical of decisions made by the school, or even individual staff members, they should raise concerns in an appropriate way and not become abusive or libellous.

5. Closing

Time: 10 minutes

1. **Closing exercise:** Ask the participants to close their eyes for a minute and think about themselves as a role model in their community.
2. **Home practice:** Ask the participants to share one thing they are planning to do in their community after the workshop, and one thing they will practice at home. They can keep working on their Follow-up plan at home.
3. **Q&A:** Answer any final questions or reflections from the group before concluding the joint journey and closing the session. Thank all participants for their time and praise them again for coming to the session. Tell the group that if they want to discuss something, they can come to the facilitators after the session.
4. **Closing ritual.** Let the group lead their closing ritual that they have chosen to close the session and maybe spend some time for celebration.

Announce the place and time for the next session

After the session, the lead facilitator:

- completes the attendance and session report;
- follows up with individual participants on any issues that have come up during the session.

About Plan International

We strive to advance children's rights and equality for girls all over the world. We recognise the power and potential of every single child. But this is often suppressed by poverty, violence, exclusion and discrimination. And it's girls, who are most affected. As an independent development and humanitarian organisation, we work alongside children, young people, our supporters and partners to tackle the root causes of the challenges facing girls and all vulnerable children. We support children's rights from birth until they reach adulthood and enable children to prepare for and respond to crises and adversity. We drive changes in practice and policy at local, national and global levels using our reach, experience and knowledge. For over 80 years we have been building powerful partnerships for children, and we are active in over 75 countries.

Plan International believes that all children, adolescents and young people are entitled to comprehensive sexuality education (CSE) to gain knowledge, explore values and attitudes, and develop the skills they need – without fear or discrimination – to make conscious, healthy and respectful choices about relationships and sexuality. To do so, we also recognise the importance of creating safe and supportive environments by engaging parents, caregivers and families in dialogues on sexual and reproductive health and rights, sex and sexuality.

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