OUT OF SCHOOL

FAMILY LIFE EDUCATION

Facilitator Manual

FA'AVAE I LE ATUA SAMOA

SAMOA FAMILY HEALTH ASSOCIATION

family planning nsw
Reproductive & Sexual Health

Australian Aid

UNFPA

SAMOA

Out-of-school Family Life Education (FLE) resource package

Published by Family Planning NSW, 8 Holker Street, Newington NSW 2127 Australia

Website: www.fpnsw.org.au ABN: 75 000 026 335 © Family Planning NSW 2022

First Published in 2021

Compiled by: Family Planning NSW

Copyright is retained by Family Planning NSW on the regional template on which this document is based. Copyright for its country-specific version of the Manual is passed to Samoa.

Acknowledgements

The Facilitator Manual, which includes Facilitator Guidance and modules, was developed by Family Planning NSW based on UNESCO's (2018) International Technical Guidance on Sexuality Education.

The Ministry of Education, Sports and Culture is grateful to the United Nations Population Fund (UNFPA) for its Transformative Agenda for Women, Adolescents and Youth in the Pacific: Towards Zero Unmet Need for Family Planning 2018 - 2022 for supporting development of the Facilitator Manual.

Special thanks to Family Planning NSW for compiling the Facilitator Manual as well as coordinating inputs from all key stakeholders.

Sincere thanks are extended to the Australian Government Department of Foreign Affairs and Trade (DFAT) funding for the Transformative Agenda for Women, Adolescents and Youth in the Pacific. The production of the Facilitator Manual has benefitted from these funds.

Version

Version 2: August 2022

Entire manual content overview

FACILITATOR GUIDANCE

MODULE 1: VALUES, RIGHTS AND SEXUALITY

MODULE 2: HEALTHY RELATIONSHIPS

MODULE 3: GENDER

MODULE 4: SAFETY: YOURS, MINE AND OURS

MODULE 5: MY BODY AND IT'S DEVELOPMENT

MODULE 6: MY SEXUAL AND REPRODUCTIVE HEALTH

MODULE 7: HEALTHY LIFESTYLES

OUT OF SCHOOL YOUTH

OUT OF SCHOOL

FAMILY LIFE EDUCATION

Facilitator Guidance

SAMOA

Facilitator Guidance content overview

1 Introduction

1.1 Definitions 1
1.2 The need for out-of-school FLE 2
1.3 SRHR and FLE in Samoa 3
1.4 Goals of out-of-school FLE 6

2 How to use the Facilitator Guidance

2.1 Audience 7
2.2 Aim 7
2.3 How to use 7

3 Characteristics of high-quality FLE

3.1 Principles of FLE 14
3.2 Evidence for FLE 16
3.3 Myth-busting common concerns about FLE 17
3.4 Key terminology in FLE 21

4 Creating safe spaces

4.1 Creating enabling environments and safe spaces 23
4.2 Creating and using group agreements 25
4.3 Handling disclosures and reporting abuse 27
4.4 Importance and limits of confidentiality 29

5 Approaches to teaching and learning

5.1 Teaching strategies and methods 30
5.2 Using trauma-informed approaches 33
5.3 Being inclusive 37
5.4 Using strengths-based approaches 40
5.5 Using sex-positive approaches 41

6 Facilitation skills

6.1 Facilitator roles and qualities 42
6.2 Answering challenging questions 43
6.3 Using technology safely 47
6.4 Feedback 50

7 Involving parents and guardians in OOS FLE

7.1 Approaches 51
7.2 Involvement in planning and teaching 51

8 Planning and delivering a session/program

8.1 Pre-planning 53
8.2 Changes 55
8.3 Creating a session plan 57
8.4 Model sessions 59
8.5 Ice breakers and energisers 77

9 Tailoring and delivering sessions to specific groups

9.1 Gender-specific and mixed groups 81
9.2 Young people with a disability 82
9.3 Young people with differing sexual orientation, gender identity and expression (SOGIE) 84
9.4 Young transgender people 85
9.5 Young intersex people 85
9.6 FLE in emergency settings 86
9.7 Young parents 87
9.8 Other vulnerable groups 87

10 Reflection, monitoring, evaluation and learning

10.1 End-of session feedback and reflections 88
10.2 Reporting requirements 89

References

1 FACILITATOR GUIDANCE INTRODUCTION

1.1 Definitions

- **Comprehensive Sexuality Education (CSE)**

  CSE is defined in the United Nations Educational, Scientific and Cultural Organisation's (UNESCO) International Technical Guidance on Sexuality Education as "a curriculum-based process of teaching and learning about the cognitive, emotional, physical and social aspects of sexuality. It aims to:

  – Equip children and young people with the knowledge, skills, attitudes, and values that will empower them to realise their health, wellbeing, and dignity

  – Develop respectful social and sexual relationships

  – Consider the wellbeing of others that are affected by their choices and

  – Understand and ensure the protection of their rights throughout their lives"[1]

- **Family Life Education (FLE)**

  CSE is referred to as Family Life Education in the Pacific region and encompasses a holistic definition of adolescent and youth health and wellbeing, which incorporates CSE, as well as other elements of healthy living, including mental health and wellbeing, healthy eating, keeping active, and use of drugs and alcohol.

- **Out-of-school CSE (OOS CSE)**

  Out-of-school CSE is delivered outside the school curriculum. It can:

  – Provide CSE to children and young people in situations where CSE is not included in the school curriculum

  – Provide CSE to children and young people who are not in school

  – Supplement in-school CSE, particularly in contexts where it is not comprehensive or of high quality

  – Provide CSE that is tailored to the needs of specific groups of children and young people[2]

1.2 The need for OOS FLE

As stated above, comprehensive sexuality education (CSE) is defined as a "curriculum-based process of teaching and learning about the cognitive, emotional, physical and social aspects of sexuality."[1] CSE is also known as Family Life Education (FLE) or Life Skills Education (LSE) in the Pacific.

Overall, the evidence base and international support for FLE continues to grow and strengthen. FLE enables children and young people to develop:

- Accurate and age-appropriate knowledge, attitude and skills
- Positive values, including respect for human rights, gender equality and diversity, and
- Attitudes and skills that contribute to safe, healthy, positive relationships

FLE plays a key role in achieving the 2030 Agenda for Sustainable Development and the Sustainable Development Goals (SDGs). FLE is set to ensure healthy lives and promote wellbeing for all at all stages (SDG3), ensure inclusive and equitable quality education and promote lifelong learning opportunities for all (SDG4) and achieve gender equality and empower all women and girls (SDG5).

According to the International Technical Guidance on Sexuality Education (ITGSE), FLE "plays a central role in the preparation of young people for a safe, productive, fulfilling life in a world where HIV and AIDS, sexually transmitted infections (STIs), unintended pregnancies, gender-based violence (GBV) and gender inequality still pose serious risks to their wellbeing."[1] (p. 12)

Despite the evidence for FLE, more than 263 million children worldwide do not attend school or receive FLE.[3] OOS FLE therefore, offers informal and flexible opportunities for young people to access this important information.[2]

OOS FLE sessions can offer:

- Smaller learning groups
- More creative delivery styles
- Longer session times
- Greater interaction
- Diversity across the participants
- The ability to tailor sessions to suit marginalised groups or those with specific needs

OOS FLE can also address topics that might be less acceptable in school settings. OOS FLE is grounded in gender equality and empowerment and uses a rights-based approach to encourage participant interaction. OOS FLE can create practical pathways to link young people to local services and support.

1.3 SRHR and FLE in Samoa

Having evidence and information about sexual and reproductive health and rights (SRHR) situation for young people helps to understand the need for FLE in OOS settings.

The following section provides an overview of SRHR needs of children and young people in Samoa as evidence for high-quality, up-to-date OOS FLE programs.

Menstruation and water, sanitation and hygiene (WASH)

For both girls and young women, transitioning from childhood to adulthood can be a time of major change and mixed emotions. For many girls in the Pacific, puberty often marks the beginning of mixed messages about sexuality, virginity, fertility, womanhood and menstruation.[1] Cultural taboos, stigma and a lack of proper WASH facilities can exclude girls from school as well as participation in sports or other forms of social interaction.[1,4]

FLE programs break down the barriers that prevent women and girls from seeking support for menstruation.[5] FLE programs provide participants with the knowledge and skills to advocate for better WASH facilities in public places in schools, understand menstrual cycles and dispel any myths about menstruation. FLE upskills men and boys to become better allies and challenge gender inequality that contributes to feelings of shame and fear during menstruation.[5]

Enrolment rate in schools

Whilst secondary education in Samoa is not compulsory under Samoan law, the transition rate from primary to secondary education increased from 86.5% in 2012 to 98.5% in 2016.[6] This rate is slightly higher for boys, at 99.1% compared with 98.7% for girls.[6] Secondary drop-out rates are also higher for boys at secondary level due to a preference for vocational training and wanting to leave education all-together.[6]

Children and young people with disabilities face additional barriers, as they lack adequate access to tailored resources and facilities, particularly at secondary level and in rural areas, resulting in children and young people being kept out of school.[6] School drop-out rates are also significantly higher among transgender young people, young people in humanitarian settings and young people who identify as having diverse sexual orientation, gender identity and expression.

This highlights the need for FLE programs in OOS settings to capture these young people in settings that cater to their needs.

Status of FLE taught in schools

FLE was introduced into the Pacific in 2012 and is a mandatory part of public college level curriculum which is monitored in Samoa by government departments. However, social and religious stigma and poor curriculum enforcement means that FLE is not implemented at the same level nation-wide.[7,8]

These barriers to FLE in-school highlight the importance for providing young people in Samoa with access FLE in OOS settings. As we learned in the definition section about OOS FLE, it is delivered outside the school

curriculum. It can provide FLE to children and young people in situations where FLE is not included in the school curriculum as well as supplement in-school FLE, particularly in contexts where it is not comprehensive or of high quality.

Adolescent fertility rate

Adolescent pregnancy is considered a priority area in Samoa as approximately 6% of girls under 18 are mothers. The adolescent fertility rate in Samoa is 24 (births per 1,000 women aged 15 – 19) which is slightly higher than the regional average of 22.[6] This has a consequent impact on a woman's own prospects in education and employment, as well as the prospects of her child.[6] Pregnancies that occur during adolescence also present higher risk of labour complications, morbidity and mortality for both mother and child.[9]

It is estimated that almost 35% of women in Samoa first experienced sexual intercourse under the age of 15, with younger ages of sexual debut resulting in a higher likelihood that the experience was forced.[10]

Some places around the world have tried to lower the rate of adolescent pregnancy by promoting abstinence-only education. However, these programs have shown to have little impact on reducing adolescent pregnancies. Instead, research has shown that FLE leads to later and more responsible sexual behaviour and a lowering of adolescent fertility rates.[1]

Use of contraception

Almost half, 45.5%, of all women of reproductive age (15-49 years) in Samoa have an unmet need for family planning.[9] Contraceptive use, for any modern method, amongst married women in Samoa is 26.7% as attitudes towards contraception, from both service providers and women themselves have resulted in limited availability of contraceptives.[9]

This data on unmet needs for contraception and low contraceptive prevalence among young people highlights the importance of receiving information about modern methods of contraception. The International Technical Guidance on Sexuality Education (ITGSE) states that "it is essential for young people who plan to have, or are already having sexual intercourse, to receive information about the full range of modern contraception."[1] FLE plays a crucial role in providing young people with the knowledge and skills to identify types of contraception, understand where they can be accessed and practice confidence in obtaining them.[1]

Sexually transmitted infections (STIs) and Human Immunodeficiency Virus (HIV)

According to the 2016 and 2019 Global AIDS Response Progress Report, Samoa has low-HIV prevalence, with too few detected cases to generate reliable estimates.[8]

However, syphilis and chlamydia have shown increased incidence rates. Positivity rates for chlamydia in 2018 were 23.7% with young people aged 15-24 accounting for over 67% of all chlamydia infections.[8]

Many people who have an STI are unaware of their infection because many STIs do not have any symptoms.[11] The Integrated Community Health Approach Program (ICHAP) 2018 Survey tested knowledge on STIs with almost three quarters of participants deemed as having 'low knowledge' on chlamydia.[12]

1 Facilitator Guidance – INTRODUCTION cont...

Young people also frequently site feeling that STI services are not accessible, affordable or acceptable and they worry about the stigma or gossip they would face by attending. FLE programs inform young people of their rights, empower them to understand their body and practice their communication skills. FLE is essential for providing young people with the knowledge and skills to combat the prevalence of STIs and seek support when they need it.

Knowledge on health seeking behaviours

In 2018, only half of people in Samoa were aware that wearing condoms could prevent the transmission of chlamydia.[12] The Ministry of Health's 2019 UNAIDS report stated that this lack of knowledge on health-seeking behaviours 'indicates the need for comprehensive sexual and reproductive health education programming and interventions.'[8] (p. 15)

The stigma around sex, sexual and reproductive health and family planning services is also a particular barrier for young people in Samoa. Young people are concerned about accessing SRHR services, worried that it will affect how they are perceived by their communities or conflict with family values.[8] Concerns about confidentiality is a large concern as accessing condoms at a health centre could easily be witnessed by a relative or village friend. Therefore, whilst knowledge on health-seeking behaviours may be higher, utilisation of these services is low.

Child, early and forced marriage

Although legislation in Samoa discriminates between boys and girls on the matter of minimum age of marriage, child, early and forced marriage (CEFM) does not appear widespread in Samoa.[13] Around 1% of all women aged 20-24 in 2014 were married or in union before the age of 15 and less than 10% of women aged 20-24 were married before the age of 18.[14]

CEFM violates fundamental human rights and reinforces power disparities that exist between men and women. FLE programs play a key role in combating gender inequality and practices such as CEFM by informing young people of their rights, highlighting the harmful impact of CEFM and empowering young people to identify support.

Gender based violence

In Samoa, it is estimated that 46% of women have experienced physical or sexual violence, or both, by an intimate partner.[15] Approximately 97% of women who were victims of domestic violence did not report it to police, with the number one reason for non-reporting being that it was a 'private matter between husband and wife' (36%).[16] Attitudes towards violence also act as a significant barrier to women reporting violence as more than 70% of women agree that men sometimes have 'good reason to beat their wives'.[16] Nearly 30% of women between the ages of 15-49 believe physical abuse is acceptable if a woman argues with a man, 18.4% of women consider abuse acceptable if a woman goes somewhere without telling her partner and 17.2% of women consider physical abuse a reasonable response from her male partner if she refuses to have sex with him.[9]

Attitudes about a female's capacity for decision making, her right to refuse sex, agency, submissiveness and adherence to Christian values as well as attitudes about male dominance and uncontrollable sexual desire all contribute to these experiences.[17]

FLE programs are based on a gender-equality and human rights approach, paying particular attention to violence prevention.[1] Violence and staying safe is a key concept as recommended by the ITGSE and highlights the protective role of FLE to reduce gender-based violence.

1.4 Goals of OOS FLE

OOS FLE aims to equip participants with the knowledge, skills, attitudes and values that will empower them to:

1. Realise their health, wellbeing and dignity
2. Develop respectful social and sexual relationships
3. Consider how their choices affect their own wellbeing and that of others
4. Understand and ensure the protection of their rights throughout their lives

The goal of FLE in Samoa is to:

1. Optimise family well-being in Samoa.
2. Enable all learners or individuals in school (ages 5 – 15) or OOS (15 – 35) to acquire age appropriate knowledge and information on comprehensive sexuality education, that includes the core universal values of human rights and responsibility, an integrated focus on gender, a focus on scientifically-accurate information, the skills of communication and critical thinking to enable decision-making that supports their development physically and intellectually in order to contribute to the enhancement of their families and their communities.
3. Reduce the social issues resulting from dysfunctional families and communities in Samoa. Issues include high rates of teenage pregnancies, high incidence of violence against women and girls in the community, school violence including bullying and high rates of sexually transmitted infections, HIV/AIDS and non-communicable diseases.[18]

2 FACILITATOR GUIDANCE
HOW TO USE THE FACILITATOR GUIDANCE

2.1 Audience

The Facilitator Manual is designed to be used by facilitators working with OOS youth, aged 12-30, in community settings. This package does not require the facilitators to have a teaching or clinical background or training.

Facilitators can be:

- Peer educators
- Youth workers
- Non-government organisations/civil society organisation staff
- Educators
- Healthcare workers
- Health promotion officers

2.2 Aim

The aim of the Facilitator Guidance is to support facilitators when designing and delivering evidence-based and quality FLE programs in OOS environments in Samoa using the OOS FLE resource package.

2.3 How to use

The OOS FLE resource package consists of a Facilitator Manual. The Facilitator Manual is divided into two main parts:

- Part 1: Facilitator Guidance (this document)
- Part 2: Six* modules on FLE content areas

This document, the Facilitator Guidance, provides the essential information and guidance that facilitators might need to support them when designing and facilitating FLE sessions. It is important for facilitators to plan their sessions according to the needs of their audience. Suitability of activities might vary based on where and to whom the facilitators are facilitating the sessions. Literacy levels, access to technology or age ranges can all be considered when changing the sessions.

Part 2 of the Facilitator Manual contains six main modules, with an additional seventh module on Healthy Lifestyles optional. These modules each have a specific focus that together align with the International Technical Guidance on Sexuality Education (ITGSE) to ensure a comprehensive approach to FLE.

Module 1: Values, rights and sexuality

Module 2: Healthy relationships

Module 3: Gender

Module 4: Safety: Yours, mine, ours

Module 5: My body and its development

Module 6: My sexual and reproductive health

Module 7*: Healthy lifestyles

Each module contains topics and activities that facilitators can use to build sessions based on their audience and time constraints.

Each topic of this module contains **'core activities'** which cover foundational knowledge and essential learning. Core activities are labelled with this icon.

It is recommended that when planning sessions in a program, core activities are always included and can be used as building blocks from which facilitators can create the rest of the session plan in a program.

*Module 7 is an additional module on healthy lifestyles that may be added in-country

2 How to use the Facilitator Guidance cont...

Activity summary page

Each activity starts with a summary page. This provides facilitators with essential information they might need to plan their sessions. The summary page lists the time and resources needed for the activity, any sensitive topics, suitable age group, whether literacy support or technology is required, lists any activities that should be completed as prior learning and provides information about how facilitators can prepare for the session.

The activity summary page contains the following headings which provide essential information for facilitators when planning and delivering sessions.

Activity overview: This section provides facilitators with a brief summary of the activity.

Age: This section indicates the suggested minimum age that participants should be to participate in the activity. This is just a guide and facilitator discretion is recommended. Activities that include more sensitive topics or higher levels of critical thinking will be targeted at slightly older participants.

Time: This section is to guide facilitators on how long the activity may take.

Learning objectives: This section highlights the main learning objectives of the activity and inform the key messages at the end of each activity.

It is recommended that facilitators outline the learning objectives at the start of the activity, write them up and place for all to see throughout the activity. This will enable the group to refer back to the objectives at the end of the activity for the facilitators to determine whether they have been met.

Sensitive areas: This section lists anything within an activity that may be considered sensitive or triggering. This section can be used to help facilitators create trigger warnings at the beginning of a session.

Resources: This section lists any materials needed for the activity including butchers paper, rope, markers, etc.

Preparation: This section outlines any preparation needed before facilitators start running the activity. It usually includes checking internet connection or printing handouts for participants.

Group composition: This section guides facilitators on how they will need to organise participants when running the activity. Activities might ask participants to be run in pairs, small groups, larger groups or individually.

Prior learning: This section lists any activities that may need to be completed prior to starting this activity. This is to ensure participants have the necessary foundational knowledge to continue with more advanced activities.

Literacy support: This section tells facilitators whether they may need to support participant with reading or writing in this activity. Some activities don't use any reading or writing.

Technology: This section lists whether technology is optional or mandatory. This section also lists any videos or websites that would help compliment the activity.

2 How to use the Facilitator Guidance cont...

Below is an example of an activity summary page

Activity overview:

Human rights can be a complicated concept to understand. This activity helps to introduce participants to the idea of human rights by using their imaginations to create a list of rights they might need if they were starting life on a new island.

Age: 10+

Time: 45 minutes

Learning objectives:

- Define human rights and acknowledge that everyone has human rights and that these should be respected
- Analyse local and/or national laws and policies concerning sexual and reproductive health and wellbeing
- Recognise that power and privilege is unequal among human beings, affecting access to human rights

Sensitive areas:

- Sexual assault
- Domestic violence

Resources:

- Butchers paper
- Pens
- Tape or blue tac

Preparation: Human rights are often replicated in national or local laws and policies. Before this activity, it is important that facilitators can provide participants of examples of sexual rights that exist in Samoa. This can include international documents that Samoa has ratified or any example of domestic legislation that values gender equality, criminalises domestic violence, sexual assault or discusses other sexual rights.

Group composition: Groups of four or five

Prior learning: Module 2, Activity 2A: Introducing human rights

Literacy support: Required – involves basic writing (participants can also draw answers instead of writing)

Technology: None

Every activity is written out by using step-by-step instructions for the facilitator. As part of the instructions, the activities use speech prompts for facilitators to help them guide their delivery. For example:

- All text written in *italics* can be spoken directly by the facilitator (please see below instruction number 1 from the given example)
- All discussion questions are underlined and example answers for each question are provided to support the facilitator to prompt discussion (please see below instruction number 2 from the given example)

Here is an example of the first three steps of activity 2C in Module 1:

Activity 2C: Disability and social inclusion

Instructions:

1. Introduce the activity by **saying something like:** *This activity helps us learn more about the rights of young people with disability. Many people around the world are living with a disability and any one of us could develop a disability in our lifetime. Having disability doesn't mean you have less rights that any other person. Today we will learn about the importance of ensuring that young people with disability have access to their sexual and reproductive rights.*
2. As a large group, ask participants: what do we mean by the term **"disability"**?

   Example answer: **"Disability":** the lack of ability or a limited ability to do something. There are different types of disability including physical, intellectual and mental, among others. Some types you can easily see, while others are invisible. You cannot tell just from looking at someone whether they have a disability.
3. Tell participants you will be doing a quick 'true or false' quiz to begin with to test their knowledge on the rights of people with disability.

- At the end of each activity, the participants are asked to share something they have learnt and the facilitator will also share some of the key messages

2 How to use the Facilitator Guidance cont...

Here is an example from the same activity which is showing the closing steps:

10. To close the activity and encourage reflection, **say to participants:** *To reflect on today's activities, let's all share one thing we learnt that was new or helpful for us.*

    Facilitators can encourage participants to share, going around in a circle, or "popcorn style" with whoever feels ready to speak next. Remind participants they have the right to pass also.

11. Conclude the activity by reading out the key messages:

    - People with disability have the same rights as any other person; this includes sexual and reproductive health rights
    - When someone's rights are denied, it can prevent them from making important life choices, like whether to get married or have children
    - It's everyone's job to support people with disabilities to access their rights
    - We can do this by including people with disabilities in decisions that affect them

12. Invite participants to ask any questions: Does anyone have any questions about anything we learnt today? You can also come ask after the session in private too.

3 FACILITATOR GUIDANCE CHARACTERISTICS OF HIGH-QUALITY FLE

3.1 Principles of FLE

The ITGSE outlines the following characteristics of high-quality FLE:[1]

- Scientifically accurate
- Incremental
- Age- and developmentally-appropriate
- Curriculum-based
- Comprehensive
- Based on a human rights approach
- Based on gender equality
- Culturally relevant and contextually appropriate
- Transformative and strengths-based
- Able to develop life skills needed to support healthy choices
- Trauma-informed
- Sex-positive

Each of these terms is explained in more detail below.

Scientifically accurate: The content of effective FLE is based on facts and evidence related to sexual and reproductive health, sexuality and behaviours. Information and resources provided to participants must be up to date and periodically reviewed to ensure that they remain current and accurate, based on reliable and objective sources of evidence.

Age- and developmentally-appropriate: The content is responsive to the changing needs and capabilities of children and young people as they grow. Based on the age and level of development of participants, FLE addresses developmentally relevant topics when it is most timely for participants' health and wellbeing and at the stage when they are most likely to be able to understand the key messages about reproductive and sexual health and relationships. FLE also accommodates developmental diversity – facilitators should change or update content when cognitive and emotional development is delayed, such as for participants with intellectual disability, or more advanced, such as for participants who may go through puberty early.

Incremental: FLE is a continuing educational process that starts at an early age, with new information building upon previous learning. Facilitators need to check for understanding to ensure fundamental concepts are understood before moving on to more complex information and activities.

3 Characteristics of high-quality FLE cont...

Comprehensive: FLE provides opportunities to learn a broad range of information covering the full range of sexuality topics that are important for all participants, including ideas that may be challenging in some social and cultural contexts. Content is consistently delivered to participants over time, throughout their education, rather than a one-off lesson or intervention. FLE addresses sexual and reproductive health issues and supports the empowerment of participants by improving their analytical, communication and other life skills for health and wellbeing including.

Based on human rights approach: FLE builds on and promotes an understanding of universal human rights – including the rights of children and young people – and the rights of all persons to health, education, equality and non-discrimination. FLE involves raising awareness among young people, encouraging them to recognise their own rights, acknowledge and respect the rights of others, and advocate for those whose rights are violated. These rights include all young people's right to access FLE, to learn skills to support safe, responsible and respectful sexual choices free of coercion and violence, and strategies to access and use relevant health services.

Based on gender equality: FLE addresses the different ways that gender norms can influence inequality and how these inequalities can affect the overall health and wellbeing of children and young people, while also impacting efforts to prevent issues such as HIV, STIs, early and unintended pregnancies, and gender-based violence. Integration of a gender perspective throughout FLE curricula is integral to the effectiveness of FLE programs. For example, facilitators may facilitate discussion to explore the ways in which gender norms are shaped by cultural, social and biological differences and similarities and then ask participants to identify how cultural and social expectations could be used to support respectful and equitable relationships based on empathy and understanding.

Inclusive and non-judgmental: FLE facilitators model and explain strategies to include participants from all backgrounds, abilities and orientations, using a broad range of inclusive examples and resources. This builds skills and attitudes that enable young people to treat others with respect, acceptance, tolerance and empathy, regardless of ethnicity, race, social, economic or immigration status, religion, disability, sexual orientation, gender identity or expression, or sex characteristics.

Culturally relevant and context appropriate: FLE fosters respect and responsibility within relationships. Facilitators may provide case study activities comparing alternative values and attitudes to enable participants to examine, understand and challenge the ways in which cultural structures, norms and behaviours affect people's choices and relationships in different settings.

Transformative: FLE contributes to the formation of a fair and compassionate society by empowering individuals and communities, promoting critical thinking skills and strengthening young people's citizenship. Getting involved in community projects and problem-solving activities in FLE can empower young people to take responsibility for their own decisions and see how behaviours of themselves or others can affect others positively or negatively in the community.

Able to develop life skills needed to support healthy choices: FLE develops skills to reflect and make informed decisions, communicate and negotiate effectively and demonstrate assertiveness. Facilitators may use role plays or story-telling to support participants to practice communication skills needed to form respectful and healthy relationships and resolve conflicts with family members, peers, friends and romantic or sexual partners.

Trauma-informed: Trauma-informed practice means that FLE has an awareness of a person's history and past experiences of trauma, is responsive to the impact of trauma and looks after the physical, psychological, and emotional safety of participants. Considering the physical environment, topics and boundaries is essential.

Sex-positive: A positive approach to sexuality follows the comprehensive definition of sexuality and focuses on positive, life-enhancing aspects of sexuality, not just identification of risks and preventing negative experiences, including disease. Sex-positive education is non-judgmental, inclusive, empowering and considers desire, pleasure and happiness as essential elements of sexual and reproductive health.

3.2 Evidence for FLE

Understanding the evidence for FLE is essential for creating an enabling environment and ensuring community support for FLE programs. There may be many concerns that exist in local communities about the impact of FLE so understanding the evidence is crucial. Part 3.3 highlights some of these concerns. Facilitators can use the evidence in this section to assist them in answering questions or responding to concerns.

Research shows that FLE has **significant impact** including:

- Delayed sexual initiation
- Decreased frequency in sexual intercourse
- Decreased number of sexual partners
- Reduced risk-taking
- Increased and more consistent condom-use
- Increased and more consistent use of other contraceptive methods[1]

Access to FLE is also **a right.** The right to education and the right to the highest attainable standard of health form the foundation of FLE and are established in numerous international agreements:

- Convention on the Rights of the Child (CRC)
- International Covenant on Economic, Social and Cultural Rights (ICESCR)
- International Covenant on Civil and Political Rights (ICCPR)
- Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)
- Convention on the Rights of Persons with Disabilities (CRPD)

FLE is **desired.** Experience and evidence show that children and young people want FLE programs. FLE provides opportunities to explore life changes, receive vital information, analyse behaviours and form relationships in safe and positive environments. [1,19]

FLE is **cost-effective.** FLE has been shown to deliver major cost savings to the health system, with a demonstrated effect on reducing adverse health outcomes.[20]

3.3 Myth-busting common concerns about FLE[1]

The following table is from the ITGSE and highlights common concerns that are expressed about FLE programs and guidance to facilitators on how to respond to them using current evidence.[1]

Concern	Responses
FLE leads to early sexual initiation	Research from around the world clearly indicates that sexuality education rarely, if ever, leads to early sexual initiation. Research has shown that FLE has either no direct impact on the age of sexual initiation, or that it actually leads to later and more responsible sexual behaviour.
FLE deprives children of their 'innocence'	Evidence illustrates that children and young people benefit from receiving appropriate FLE. Without FLE, children and young people can be vulnerable to conflicting and sometimes even damaging messages from their peers, the media or other sources. FLE provides complete and correct information with an emphasis on positive values and relationships. FLE is about more than sex – it includes information about the body, puberty, relationships, life skills, etc.
FLE goes against our culture or religion	FLE stresses the need to engage and build support among the custodians of culture in a given community, in order to change the content to the local cultural context. Key stakeholders, including religious and community leaders, are involved throughout program development to ensure their knowledge is included. The ITGSE also highlights the need to reflect on and address negative social norms and harmful practices that are not in line with human rights or that increase vulnerability and risk, especially for girls and young women or other marginalised populations.
It is the role of parents and the extended family to educate our young people about sexuality	As the primary source of information, support and care in shaping a healthy approach to sexuality and relationships, parents and family play a fundamental role. The ITGSE encourages that parents and guardians are included in the implementation of FLE programs. FLE programs complement the role that parents and family play by providing holistic education for all children and young people in a safe and supportive learning environment.

Concern	Responses
Parents will object to sexuality education being taught in community and in schools	Parents play a primary role in shaping key aspects of their children's sexual identity and their sexual and social relationships. Parents' objections to FLE programs are often based on fear and lack of information about FLE and its impact. FLE programs are not meant to take over the role of parents, but rather are meant to work in partnership with parents, and involve and support them. Most parents are among the strongest supporters of quality sexuality education programs. Many parents value external support to help them approach and discuss 'sex issues' with their children, ways to react to difficult situations (e.g. when a child watches porn on the Internet or is bullied on social media) and how to access and provide accurate information.
FLE may be good for adolescents, but it is inappropriate for young children	Young children also need information that is appropriate for their age. FLE is based on the principle of age- and developmental-appropriateness. Additionally, FLE encompasses education about a range of relationships, not only sexual relationships. Children recognise and are aware of these relationships long before they act on their sexuality and therefore need the skills and knowledge to understand their bodies, relationships and feelings from an early age. FLE lays the foundations for healthy childhood by providing children with a safe environment to learn the correct names for parts of the body; understand principles and facts of human reproduction; explore family and interpersonal relationships; learn about safety, prevention and reporting of sexual abuse etc. FLE also provides children with the opportunity to develop confidence by learning about their emotions, self-management (e.g. of hygiene, emotions, behaviour), social awareness (e.g. empathy), relationship skills (e.g. positive relationships, dealing with conflicts) and responsible decision-making (e.g. constructive and ethical choices). These topics are introduced gradually, in line with the age and evolving capacities of the child.
Facilitators may be uncomfortable or lacking the skills to teach FLE	Well-trained, supported and motivated facilitators play a key role in the delivery of high quality FLE. Facilitators are often faced with questions about growing up, relationships or sex from participants in a community setting and it is important that they have a suitable and safe way of responding to these questions. FLE programs are accompanied with training and support for all facilitators. Facilitators are encouraged to develop their skills and confidence through training as well as stronger professional development and support.

3 Characteristics of high-quality FLE cont...

Concern	Responses
Teaching FLE is too difficult for facilitators in community and teachers in schools	Teaching and talking about sexuality can be challenging in social and cultural contexts where there are negative and contradictory messages about sex, gender and sexuality. At the same time, most facilitators and teachers have the skills to build rapport with young people in the community and participants in school, to actively listen and help identify needs and concerns and to provide information. Facilitators can be trained in FLE content through participatory methodologies and are not expected to be experts on sexuality.
FLE is already covered in school in subjects like biology, life-skills or civics education	OOS FLE provides an opportunity to evaluate and strengthen the school curriculum, teaching practice and the evidence. FLE is dynamic and rapidly changing and school subjects might not have all the up-to-date information or a comprehensive FLE curriculum. OOS FLE compliments the curriculum and ensures that young people who might not have finished school or have never been to school receive education on a comprehensive set of topics and learning objectives. In addition, effective FLE includes a number of attitudinal and skills-based learning outcomes which may not necessarily be included in other subjects in school.
Sexuality education promotes irresponsible behaviour	OOS FLE uses a rights-based approach that emphasises values such as respect, acceptance, equality, empathy, responsibility and reciprocity as linked to universal human rights. It is essential to include a focus on values and responsibility within a comprehensive approach to sexuality education. FLE fosters opportunities for participants to assess and clarify their own values and attitudes regarding a range of topics.

Concern	Responses
Young people already know everything about sex and sexuality through the Internet and social media	Internet and social media can be excellent ways for young people to access information and answers to their questions about sexuality. Young people often use online media (including social media) because they are unable to quickly and conveniently access information elsewhere. However, online media doesn't necessarily provide age-appropriate, evidence-based facts and can in fact provide biased and distorted messages. It can be difficult for young people to distinguish between accurate and inaccurate information. While online media can offer a lot of information, it does not offer the space for young people to discuss, reflect and debate the issues, nor to develop the relevant skills. OOS FLE offers a forum for young people to understand and make sense of the images, practices, norms and sexual scripts that they observe via social media and pornography. It provides an opportunity to learn about the aspects of sexuality that are absent from pornography, such as emotional intimacy, negotiating consent and discussing modern contraception. FLE can also support young people to safely navigate the Internet and social media and can help them identify correct and fact-based information.
Religious leaders may not support sexuality education	Religious leaders play a unique role in supporting OOS FLE. Faith-based organisations can provide guidance to program developers and providers on how to approach religious leaders to begin a discussion about sexual health and sexuality education. Acting as models, mentors and advocates, religious leaders are ambassadors for faith communities that value young people's wellbeing. Young people seek moral guidance that is relevant to their lives, and all young people deserve reliable information and caring guidance about sexuality that enables them to engage in both emotionally and physically healthy relationships. Sexuality education that is factually inaccurate and withholds information, ignores the realities of adolescent life and puts young people at unnecessary risk of disease and unintended pregnancy and, above all, endangers their lives and human dignity. Numerous studies show that young people tend to delay mature sexual activity when they receive sexuality education that focuses on responsible decision making and mutual respect in relationships.[1]
FLE is a means of recruiting young people towards alternative lifestyles	The main principle of OOS FLE is that everyone has the right to accurate information and services in order to achieve the highest standard of health and wellbeing, without making judgement on sexual behaviour, sexual orientation, and gender identity or health status. OOS FLE does not endorse or campaign for any particular lifestyle other than promoting health and wellbeing for all.

3.4 Key terminology about sexuality

The following terms and definitions are key concepts relating to sexuality and FLE.

Sexuality

"Sexuality is a central aspect of being human throughout life and 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.

Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, legal, historical, religious and spiritual factors."[21]

Sexual health

"Physical, emotional, mental and social wellbeing in relation to sexuality is not merely the absence of disease or dysfunction. It requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence.

To be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled."[21]

Sexual rights

Sexual rights are internationally recognised human rights that relate to people's sexuality. They include several fundamental human rights, such as:

- The right to privacy
- The right to health
- The right to freedom of thought and expression
- The right to freedom from violence
- The right to education and information

Sexual rights promote the attainment of the highest standard of health, including safe, responsible and respectful sexual choices free of coercion and violence, as well as the right to access the information that is needed for effective self-care.[21]

Reproductive health

"A state of complete physical, mental and social wellbeing, not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. Reproductive health therefore implies that all people are able to have a satisfying and safe sex life and that they have the capacity to reproduce and the freedom to decide if, when and how often to do so. Implicit in this last condition are: the rights of men and women to be informed, have access to safe, effective, affordable and acceptable methods of family planning including methods for regulation of fertility, which are not against the law; and the right of access to appropriate health care services to enable women to have safe pregnancy and childbirth and provide couples with the best chance of having a healthy infant."[22]

Reproductive rights

"Reproductive rights embrace certain human rights that are already recognised in national laws, international laws and international human rights documents and other consensus documents. These rights rest on the recognition of the basic rights of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health. It also includes the right to make decisions concerning reproduction free of discrimination, coercion and violence, as expressed in human rights documents."[22]

4 FACILITATOR GUIDANCE CREATING SAFE SPACES

4.1 Creating enabling environments and safe spaces

Enabling environments

Creating an enabling environment is all about building support for OOS FLE programs within a community before beginning to plan a program. This is especially important in communities where FLE may be considered taboo, sensitive or may face opposition.[2]

Therefore, OOS FLE programs can help advocate and inform communities about the importance of FLE by:

- Explaining what FLE is
- Providing evidence for why FLE is needed
- Describing the program's goals
- Understanding and addressing stakeholder's concerns and questions (positive and negative)
- Addressing any misconceptions or myths about FLE and its influence on sexual behaviour[2]

Key stakeholders for OOS FLE programs

- Children and young people (target audience)
- Parents, guardians and other family members
- Civil society organisations
- Community leaders
- Religious leaders
- Healthcare and other service providers
- Media

Safe spaces

A safe space is "a physical or virtual place or environment in which an individual or group can feel confident that they will not be exposed to discrimination, criticism, harassment or any other emotional or physical harm".[2]

Some of the key points to remember when aiming to create safe spaces are listed below.

- Prioritise child protection; this includes duty of care and mandatory reporting requirements in the facilitation setting
- Practice and model consent; facilitators should ask young people if certain topics are OK to discuss and they should check-in with young people to ensure they are comfortable
- Use global, de-personalised statements; this ensures that facilitators maintain a professional role and discourage personal disclosures

- Provide referral options and link to resources; this will help link participants to support networks, services, organisations, information, websites and hotlines to ensure after-care and support once they leave or finish a session
- Address discrimination

Below is a table that provides guidance for creating safe spaces in OOS FLE program

DO	DON'T
• **Ensure anonymity** – make question cards the same size, colour, shape and everyone hands a paper in whether they have a question or not • **Set boundaries and expectations** – model language and appropriateness, encourage maturity • **Listen for the hidden question** – what does the participant really want to know and understand? • **Be honest** – participants will test you, so if you don't know the answer it is OK. 'I am not sure of the answer. Maybe I can find out the answer for next lesson' or 'let's research this together' • **Use inclusive language** – for example: use language like partner, same-sex attracted, etc. instead of boyfriend, girlfriend, husband and wife. • **Use the 'teachable moment'** – sending a clear social justice message • **Reflect questions back to participants** – who could someone in this situation, turn to for information or support? 'who thinks they know the answer to that?' • **Model ways of answering personal questions** – participants are also learning how to appropriate interact within society • **Answer personal questions from a global perspective** – e.g. 'everyone has the right…' • **Use the third person** – e.g. 'it is different for different people…' • **Provide further support or services** – available youth friendly services • **Use protective interrupting** – avoid confidential disclosures	• **Be too serious** – humour can be useful • **Take a personal perspective** – e.g. using personal experiences or anecdotes, or answering personal questions • **Use the first person** – e.g. 'when I did…' or 'you should…' • **Judge the question** – this may discourage future questions • **Try to work out who wrote the question** – ensure anonymity • **React to questions inappropriately** – all questions are valid no matter how silly questions may originally seem • **Ignore questions** – don't rip them up or throw them out • **Give advice** – facilitators are not clinically trained and unable to give medical advice • **Make up answers** – incorrect answers could place a participant at risk

4.2 Creating and using group agreements

It is important to develop an atmosphere of trust if young people are to engage in honest discussion about sexual and reproductive health, relationships and personal safety.[24] The aim is to develop a classroom climate where young people feel safe and supported and are confident to participate in activities and discussion. A group agreement is one strategy to create an open and respectful learning environment where participants feel safe to share ideas and opinions.

Developing a group agreement

Group agreements help set the tone for cooperation, participation and respect at the start of an OOS FLE program. When developing a group agreement, it is important to ensure that all participants have the opportunity to contribute to group agreements in order to create an open and respectful environment.

Below are some tips to aid facilitators when creating group agreements:

- Let participants know that sexuality can be a sensitive subject, and that you would like to create an agreement to help create an environment that feels respectful
- To start the conversation with the group, ask questions such as those below.
  - How can we make this environment a safe place to learn about sexuality and sexual an reproductive health?
  - What would help to make sure everyone feels safe and respected?
- Whenever possible, use participants' own words in the agreement and positive language, for example, 'respect, inclusion, safe'
- The group agreement should be a list of things that participants will do, rather than a list of what not to do
- Write the agreement in a form that is easily visible and can be kept, such as butchers paper on the wall, or writing on the blackboard/whiteboard
- Ask if there is anything else that they would include in their agreement
  - It is important that there is adequate contribution to encourage ownership of the agreements
- Keep the agreement for ongoing use:
  - Display it in the classroom
  - It can be modified, especially if using the same agreement over multiple sessions
- Refer to it to support effective classroom discussions
  - When activities and discussions go well, let participants know that you are pleased that they followed the agreement
  - When there are issues with behaviour, remind them of the importance of the group agreement and ask them if they would be willing to follow it
  - It is also important to note that the facilitator should also model how to follow the agreements also

Important inclusions for group agreements

It is encouraged that facilitators ask the participants first to come up with any points they would like included in the group agreement. If the following points do not come up, the facilitator can add them or initiate a discussion to see if they are important to participants.

- **Respect and listen to each other:** Appreciate and honour each other's ideas and opinions, and value differences.
- **Non-judgmental approach – leave own biases aside:** Provide opportunity for group to agree to think about a range of attitudes in the community (why do people think/act that way?) without passing judgement on people's preferences or perspectives. Inappropriate, sexist, or racist language and behaviour should always be identified and addressed immediately.
- **Be inclusive of all:** Ensure everyone can participate and use inclusive language, for example, engage participants in establishing and maintaining a classroom environment free from bullying and harassment, use the term 'partner' instead of 'boyfriend or girlfriend' or 'husband or wife', avoid using gendered terms where the content applies to people of all genders, include people with disability in classrooms and resources.
- **Participate at your own comfort level:** 'It's OK to pass' implies the right to ask questions, right to pass or not answer questions and to seek support if needed. For example, a participant has the option to respectfully listen and observe if they feel uncomfortable participating in an activity or discussion. Explain the importance of no personal questions to increase comfort levels of participants when dealing with potentially sensitive and challenging issues.
- **Confidential and safe space:** Discourage confidential disclosures (see point 4.3) in the group environment but provide alternative avenues for disclosure, for example, individual follow up/referral after class. Provide opportunities to ask questions anonymously, such as with a 'Question Box'.
- **Generalise your statements:** Assists in maintaining confidentiality. Give an example of modelling for participants, e.g. rather than talking about something that happened to 'my sister', say 'a person I know' or 'some people think…' Talk about protective interrupting (see point 4.3) and inform participants that facilitators will protectively interrupt if they are concerned about personal disclosures.
- **Agree to disagree:** Affirm diversity in the responses of individual participants and the class as a whole.
- **Approach with empathy:** Agree to put yourself in 'someone else's shoes' and consider different perspectives and experiences.
- **Participate:** Using open-ended approaches that encourage participants to engage in activities, talk about the issues that are relevant to them and maximise learning.

4.3 Handling disclosures and reporting abuse

It is important that your organisation has policies and procedures in place to respond quickly to when a young person discloses abuse or other risks of harm. The needs and welfare of the young person must take priority over anything else.

Participants should be made aware at the beginning of each session that disclosures of harm or risk of harm will be reported, and it is important that each facilitator knows who they will need to report to.

Examples of disclosures

Below is a list of common ways that participants might begin a sentence that can result in a personal disclosure. It's a good idea to be familiar with these examples and easily recognise when a personal disclosure is about to occur.

"I remember when..."

"That's like when my…"

"That reminds me of when my…"

"Something like that happened to me when…"

Discouraging disclosures in a group

It is important to actively discourage young peoples' disclosure of any sensitive or personal information which they may later regret or which may compromise themselves or others.[25] It is important that discussions remain general rather than personal as this enables everyone to discuss the issues more freely. Encourage participants to talk in general ways using the third person, such as:

"I know someone who…" "What if someone..." "What if a family member did…"

An example of how facilitators can discourage disclosures at the beginning of a session:

These sessions are a great place for you to get involved, share your ideas and opinions. However, whilst your participation is important, I really want to discourage anyone from sharing personal stories or disclosing any experiences to the group that you may have had or are having that relate to things like assault, abuse or violence. This is a group environment and it is important that we protect your privacy and anyone's privacy that you are close with. Disclosing in front of a group is probably not going to protect your confidentiality. If you feel like you need to speak to someone, you can approach me privately and we can have a chat. But please remember that if you disclose anything, I will need to report it and get you the right support. Does that sound OK to everyone?

Protective interrupting

This can be used to prevent participants from disclosing in front of their peers while providing them with the opportunity to disclose safely and confidentially later, in a more appropriate situation. Participants who begin to disclose private information can be interrupted quickly and sensitively, using interjections such as "it sounds as though you want to talk about this in more detail. Why don't we talk about it after class?" After interrupting the participant, the discussion is guided back to the original conversation. If necessary, the participants can be reminded of the group agreement of not sharing personal information in class discussions.[25]

Handling private disclosure

It is important to remember that if a young person decides to speak to you, it probably means that they trust you. Just by listening calmly, in a non-judgmental way and offering your support, you are already helping.[25, 26]

- Give the young person your full attention
- Tell the young person that you believe them
- Maintain a calm appearance
- Don't be afraid of saying the "wrong" thing
- Reassure the young person that it is good they have told someone
- Accept that the young person will only disclose what is comfortable for them
- Recognise their strength for talking about someone that might be difficult
- Give them lots of time, don't rush them
- Let them use their own words
- Don't make promises you can't keep
- Tell the young person what you plan to do next and that you might need to get them extra support
- Contact the appropriate authorities and report to your supervisor/organisation

4.4 Importance and limits of confidentiality

There are many barriers that prevent young people from seeking help or accessing health services. Concerns about confidentiality is one of them.

It is important that facilitators are clear about the importance and limits of confidentiality.

Respecting the confidentiality of participants means:

- Not disclosing to non-participants the identities of participants or anything they have said
- Not taking photos without permission
- Not posting or sharing photos with faces in them
- Not mentioning names or locations, including in social media posts
- Never publishing anything about anyone without their consent

Facilitators can stress the importance of confidentiality in the group agreement.

However, facilitators should explain to participants that in some instances, the facilitator may legally be required to share information that a participant has disclosed in order to act in the best interests of a child below the legal age of majority. Facilitators will need to check what that age is in their province by checking with their supervisor or organisation.

5 FACILITATOR GUIDANCE
APPROACHES TO TEACHING AND LEARNING

In order to ensure that OOS FLE programs are inclusive, engaging and safe, it is important that facilitators understand the approaches to teaching and learning that form the foundation of OOS FLE programs. These include:

- Teaching strategies and methods
- Using trauma-informed approaches
- Being inclusive
- Using strengths-based approaches
- Using sex-positive approaches

5.1 Teaching strategies and methods

Teaching strategies are methods that facilitators can use to deliver FLE material in ways that keep participants engaged and practicing their skills.

Teaching strategies for FLE – how we teach

Strategies	Key points
Creating a supportive learning	• Creating enabling environments • Group agreements • Trauma-informed approaches • Inclusivity
Role modelling	• Using appropriate language • Positive attitudes and values • Peer-education models
Participant/learner-centred approach	• Find out participant needs and interests • Engage participants • Use examples participants can relate to
Participant activities	• Learning activities that get all participants talking, moving and actively participating in each session
Scaffolding and sequencing of content	• Strengths-based: build up on participant strengths • Extend from known information to unknown, safe to unsafe, simple to complex

5 Approaches to teaching and learning cont...

Strategies	Key points
Constructivist approach	• Participants actively involved in building their knowledge and skills • Problem-solving – applying learning in the real world
Critical thinking	• Questioning, discussion • Examining/unpacking assumptions • Looking at a range of perspectives – analyse, reflect and evaluate
Support development of health literacy	• Skills and knowledge to access, understand and use health information to make decisions and take actions to promote health

Teaching strategies for FLE – types of learning activities

Effective teaching strategies and methods use a diverse and interactive range of methods for young people to engage with the program. The OOS FLE Facilitator Manual is designed based on a wide range of activities.

Types of activities	Explanation and example of learning activities
Discussions	• Large group/whole class • Small groups • Think – pair – share: reflect individually, summarise learning with partner, then share as a whole group • Team debates: prepare definitions and arguments together to illustrate different perspectives
Question box	• Ask questions anonymously • Can be used by participants at any time during sessions
Continuum activities	• Taking a position on a continuum • Explain why you are there, compare different perspectives, consider other points of view e.g. Agree – partly agree – partly disagree – disagree about values/attitudes and why people hold them • Discuss boundaries of intimacy, consent, what's OK and not OK

Types of activities	Explanation and example of learning activities
Sorting/sequencing/ranking activities	• Ranking or ordering different behaviours or concepts to show values or effectiveness. e.g. Contraception: sorting types of contraception from most to least effective: then from types that need to be used frequently (e.g. contraceptive pill) to least frequently (IUDs)
Case studies/scenarios	• True or fictional story to analyse in detail • What is the perspective of each character in the scenario? • What factors have influenced their thinking and behaviour? • Analyse scenarios or case studies and then practice communication and decision-making skills to respond to the situation: "what could each character say and do?" "what would you say or do?"
Skills demonstration	• Demonstration by facilitator • Demonstration by participants, peer instruction e.g. How to put a condom on correctly • Communication skills; e.g. Asking for consent • Share feedback on the modelling
Role plays	• To practice and apply skills: 'what would you say and do?' e.g. Communication situations, using refusal skills • Can be scripted or unscripted scenarios • Can be done in person or using dolls or puppets as props
Research	• Individuals, pairs or small groups research a topic • Provide recommended resources, online or in print e.g. Research experiences of differing SOGIE communities in the Pacific
Creative presentations	• Participant verbal and/or visual presentations • Make up an advertisement for a poster, magazine, website, radio, TV show • Make up a song, poem or rap to explain research findings or key messages around a topic
Brainstorm	• Words associated with… • What do you already know about ….?

Types of activities	Explanation and example of learning activities
Learning terminology and review questions	• Quiz questions/develop questions and answers in teams • Matching cards, e.g. match terms to visuals or definitions
Evaluation and reflection questions	• Analyse pros and cons and come to a conclusion about the best course of action e.g. considerations for selecting appropriate forms of contraception for selecting appropriate forms of contraception at different stages of life • Reflect on learning and what participants still have questions about • Participants reflect on what was new, what they found most useful or interesting and how they may use the information

5.2 Using trauma-informed approaches

Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional or spiritual wellbeing.[27] This may include experiences such as physical or sexual abuse, bullying or harassment, and exposure to domestic violence.

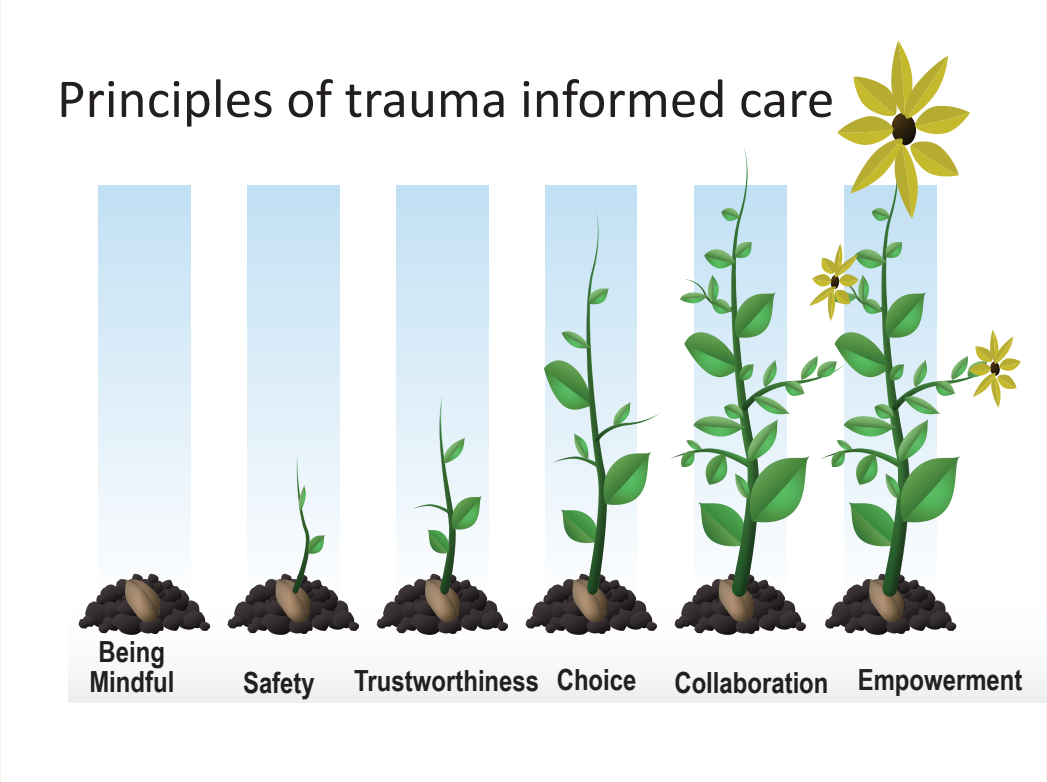
An experience of trauma can lead to interrupted development, mental health issues such as anxiety or depression, poorer school attendance and/or separation from their family or home environment. Experiences of trauma, and the factors that result from it, may then negatively impact a young person's knowledge around sex, sexual health and positive relationships.[28]

Facilitators need to be aware that some children and young people may have had negative experiences of sex and sexuality. Facilitators and education programs therefore should use trauma-informed practices, with an aim to support young people to reach a positive sexual sense of self, despite past trauma.

Trauma-informed practice means that we:

- Have an awareness of a person's history and past experiences of trauma
- Understand and be responsive to the impact of trauma
- Look after physical, psychological, and emotional safety
- Understand prevalence of trauma
- Consider the ongoing victimisation that may be present for young people
- Ensure gender sensitive practice
- Redesign services to accommodate for the impact of trauma
- Have professional boundaries
- Consider physical environment

Facilitators should follow the principals of trauma-informed care in their practice. Below are some examples of ways which may apply to sexuality education.[24]



Principles of trauma-informed care	How to practice in FLE
Being mindful	• Be mindful that children and young people in your program may have had experiences of trauma • Consider young people's choices within the context of their experiences by listening to and believing their stories • Understand which social determinants (e.g. education, job security, housing, income etc) of health might be factors in the lives of young people you work with • Consider the particular needs of: – young people of diverse gender and sexuality – those from culturally and linguistically diverse backgrounds – young women – young people with disabilities – young people facing multiple barriers to success and wellbeing

5 Approaches to teaching and learning cont...

Principles of trauma-informed care	How to practice in FLE
Create safe spaces	• Use group agreements • Interrupt and address bullying • Avoid shaming language • Use inclusive language • Have a plan in place for youth who are triggered • Clear and easy access into and out of the room: have another room or safe place available if possible where a young person could go as an alternative space • Rituals/predictable routines • Examine your own attitudes and values • Be mindful of how you discuss sex and choice • Be prepared to handle disclosures • Be mindful of your tone of voice, volume, and body language
Be trustworthy	• Be up front about confidentiality and reporting • Provide current, accurate information or search for reliable information with youth • Let youth know what is coming up next session
Value choice	• Recognise youth as experts in their own lives and experiences • Encourage and role play discussions with service providers • Ask questions rather than just presenting information • Explicitly address and define consent • Allow youth to make decisions during the lessons
Encourage collaboration	• View sessions as an ongoing conversation • Always allow time for questions and answers (anonymous question box)

Principles of trauma-informed care	How to practice in FLE
Empower	• View sessions as an ongoing conversation • Always allow time for questions and answers (anonymous question box) • Seek youth input and act on it • Facilitate more than you lecture • Give youth opportunities to pose discussion questions • Provide opportunities for youth to help with tasks • Let youth answer one another's questions • Recognise and acknowledge the experience of trauma and associated feelings • Provide resources and referrals

Example of a trigger warning

The OOS FLE package has been designed from a trauma-informed approach. Each topic provides an example of how facilitators can deliver a trigger warning to participants. Each activity also lists any sensitive areas that are involved in the activity which can help notify facilitators to the content that may be triggering for some participants. Here is an example of how a trigger warning can be delivered.

In this session, we will be doing a few different activities which include sensitive content like _____. As we do these activities, it is important that we practise self-care. During these activities, you might feel uncomfortable or not OK. If you do not feel OK, please feel free to sit and watch without participating or excuse yourself from the room. One of the facilitators will come and talk to you.

5.3 Being inclusive

Every child and young person has the right to education,[29] including FLE.

Being inclusive within OOS FLE means that education environments, teaching methods, material, culture and practice are accessible to all young people without discrimination.[30] All young people, regardless of disability, ethnicity, socio-economic status, language, gender, sexual orientation or faith, should be empowered and supported to access FLE.

However, FLE programs are unlikely to meet every diverse or specific need for every individual in every group. Additionally, some groups that include diverse participants may not make marginalised groups feel safe to talk openly about issues related to sexual and reproductive health in a group environment.

Principles of inclusivity in FLE

Inclusivity is an important part of creating safe spaces. There are a number of aspects which require special consideration when planning and delivering FLE to be inclusive.

Understand a holistic definition of sexuality

Understanding a holistic definition of sexuality is important in order to address the wide range of issues and diversity in which human sexuality is experienced. It is important to adopt a broad view of sexuality which is not confined to the physical body but is linked with cultural, emotional and spiritual wellbeing. Sexuality is who and what we are; our identity as unique individuals. It includes self-expression, gender, relationships, life roles and involves the whole of being human. Sexual activity exists within the context of respect, intimacy, readiness, love and the law.

Be aware of impact of personal values and attitudes

Be aware of the impact of your own values and attitudes on teaching FLE. It is important that facilitators understand the myths that exist around the sexuality of people with disability and understand the impact of these on providing FLE. It is also important to understand the impact of the attitudes and values on parents and carers. Supporting young people to express their own, their family and/or faith-based values around sexuality is also an important part of personal development.

Rights-based framework

Fundamental to FLE is the recognition of young people as sexual beings. Young people have the same right to enjoy their sexuality in accordance with the law, cultural values and practices, age, and individual ethics,where these do not interfere with the rights and wellbeing of others. Freedom from: fear, shame, guilt and myths about sexuality and sexual relationships; diseases that are preventable and/or treatable, and which may interfere with sexual life; and freedom from sexual abuse and exploitation.
A rights-based approach includes the right to FLE and should underpin all education programs.

Use a sex-positive approach

Information provided to young people often focuses on the consequences of unwanted, unacceptable or risky behaviours. This is done in the hope that it will protect them from harm. This may result if the person feeling that sexuality is something to be avoided or feel ashamed about. Teaching the positive aspects of sexuality includes intimacy, privacy, love, affection and enjoyment. This allows them to understand the difference between 'good' and 'bad' aspects of sexuality and develop protective behaviours and healthy decision-making skills.

Use a range of teaching strategies and resources to meet participant's individual learning and communication needs

FLE extends beyond providing only information; it promotes values that reflect social justice principles and includes skill development. Providing effective FLE requires flexibility and creativity to meet the individual and collective learning needs of participants.

- Plan appropriately for all ages
- Use 'teachable moments and questions as opportunities for learning
- Utilise low literacy and visual resources
- State information explicitly as participants may not readily understand information or social cues
- Consider learning needs relating to gender and equity
- Encourage social interaction to learn social norms and rules (e.g. appropriate hugging)
- Focus on skill development in communication, decision making, interacting and problem solving
- Identify opportunities for repetition and reinforcement outside the lesson

Build a strong sense of body ownership

Developing a strong sense of body ownership forms the basis for learning protective behaviours and making healthy decisions, therefore minimising vulnerability to sexual exploitation. Some ways to build sense of body ownership include:

- Using correct names for body parts
- Teaching difference between public and private
- Preparing early for puberty
- Encouraging independence in self-care tasks
- Modelling consent wherever possible e.g. "I am going to show you a book to help you learn about the difference between public and private. Some pictures are of people without their clothes on. Is it OK to show you the book?"

5 Approaches to teaching and learning cont...

Affirm diversity

It is important to remember that young people are diverse. This can relate to disability, race, gender, religion etc. Affirming diversity helps participants appreciate differences on many levels and develops their own sense of self and uniqueness. In this way a rich understanding of diversity is developed. Through affirming diversity FLE will be more meaningful for participants than a homogeneous approach and supports participants to reach their full individual potential.

Remember that participants will have had a range of experiences

It is important to remember that, like all of us, young people have a range of experiences which will have shaped their knowledge about sexual health and relationships. Be aware of your organisation's policies and guidelines and your legal responsibilities as well as resources to support participants. FLE provides a proactive approach to safeguarding participants from potential sexual exploitation.

Ensure a safe learning environment

Ensure a safe learning environment is both created and maintained throughout the program. This will include establishing ground rules, acknowledging and respecting differences within the classroom and using distancing techniques so that participants can talk about issues which are pertinent to themselves without disclosing personal information.

5.4 Using strengths-based approaches

Strengths-based approaches are essential to effective FLE programs. A strengths-based approach attempts to understand, and develop the strengths and capacities of young people, rather than treating them as a 'risk' or 'problem'. It is important that facilitators hold the belief that all young people have strengths, resources, the ability to recover from adversity and the potential to make healthy decisions. Strengths-based approaches see opportunities, hope and solutions rather than problems or issues.

Principles of a strengths-based approach[31]

The following principles can act as a guide for facilitators when using strengths-based approaches in OOS FLE.

- Belief that every young person has potential
- What we focus on becomes a young person's reality. Focus on what a young person can do, not what they cannot
- Be careful of the language used (e.g. Saying – "it looks like you tried doing this activity a different way, let's see how it worked for you"; instead of saying "did you now listen to the instructions?")
- Belief that change will happen and that all young people can and will be successful
- Positive change is supported by real relationships
- What a young person thinks about themselves and their reality is the most important – it is their story
- Young people have more confidence when they are invited to start with what they already know
- Building capacity is both a process and a goal
- Value differences and collaboration

Comparing strengths-based and risk-based language

Risk-based	Strength-based
Problems "The sexual health problems for young people include STI rates and adolescent pregnancy"	**Strengths** "Young people are very resilient. Resilience is an important strength when facing challenges in life"
Intervene "If young people do not look after their health, a doctor will need to intervene"	**Engage** "It is important that health services are supportive and engage with young people to provide safe environments"
Crisis "Relationship violence is a crisis that many young people will face"	**Opportunity** "Young people are a vital resource to combat rates of domestic violence"
Control "Adults should control the decisions young people make"	**Empower** "It is important that parents and communities empower young people to make their own decisions"

Risk-based	Strength-based
Problematic "You're being problematic"	**Unique** "What a unique idea!"
Fix "You might need to go to a health centre so they can fix what's wrong"	**Support** "It is important that young people know where they can go to for support"

5.5 Using sex-positive approaches

A **sex-positive approach** recognises the life enhancing aspects of sex and sexuality such as pleasure, communication, safety and self-esteem, and is free of judgement, shame, secrecy and discrimination. Such an approach respects young people's rights as sexual beings, embraces diversity of sexual expression, and supports their journey to sexually healthy and responsible adults.

Key messages for promoting sex-positivity

Sex-negativity	Sex-positivity
The belief that sex is inherently bad. Sexuality is something to be feared or linked with sin. This belief is so deeply rooted that many of us don't even realise this exists.	Sexuality is seen as a positive and life enhancing aspect of being human throughout the lifespan (young and old!). Views sexuality as a basic human right for everyone.
Sex-negative messages surround us from an early age which leads to discomfort and silence around sexuality.	Working towards a more positive approach to sexuality – this is an ongoing process. Sexuality is openly discussed.
Our language reinforces a sex-negative approach. Uses inaccurate words e.g., "mess around" for having sex, "willy" for penis, "slut" for someone who enjoys sex etc.	Developing a new language about sexuality is important in changing attitudes. Uses accurate words such as correct names for body parts frees our voices to communicate what we really want.
Discourages diversity and stigmatises people outside the "norm."	Affirms diversity in sexual expression. Uses inclusive language rather than value-laden language which makes assumptions based on sexual orientation or gender stereotypes.
Focuses on sexual problems, risks and consequences (e.g. STIs, sexual assault, unplanned pregnancy).	Focuses on the positive aspects of sexuality as well as attention to risks (e.g. positive relationships, safe sex, protective behaviours, contraception).
Narrow definition of sexuality. Provides narrow scope for sexual expression (e.g. sex = intercourse)	Comprehensive definition of sexuality. Assists individuals to understand that sexuality is much more than just about sex. Acknowledges a wide range of human sexual expression
Values and judgements about sex are wrapped up in cultural norms including religion.	Non-judgemental and challenges narrow social constructs.
Questions what is "normal" (often based on myths and narrow range of behaviours).	Normal has no meaning because we are each normal for ourselves. Removes insecurities about being normal.

6 FACILITATOR GUIDANCE
FACILITATION SKILLS

6.1 Facilitator roles and qualities

Facilitators of OOS FLE can be peer-educators, youth workers, non-government organisation/civil society organisation (CSO) staff educators, healthcare workers, health promotion officers or other non-clinically trained health professionals.[2]

Considerations for different types of facilitators

Adult facilitators	Peers and young people	Health workers
• May be appreciated by participants for their life experience and credibility • May have higher status in the community	• Can be effective role models • Can be more relatable • Require more training, supervision and support	• It should not be assumed that professional background includes knowledge of FLE, pedagogy or facilitation with young people

Importance of effective facilitation

- Facilitators can increase active participation and behaviour change
- Facilitators create a supportive environment where young people feel safe to participate, share information and learn new skills
- Facilitators can be considered a trusted and credible source of information. Individuals with similar values, experiences and social norms are trusted to provide relevant, meaningful and honest information
- Facilitators allow participants to feel comfortable and understood
- Peer-educators as facilitators can reframe young people as active players in the educational process, rather than passive recipients

Facilitator roles

The role of a facilitator is…	The role of the facilitator is not…
• To know the content they will be facilitating • To facilitate within a timeframe • To work to improve knowledge, attitudes and skills to facilitate young people making informed choices • To refer participants to other professionals as needed • To advocate for young people's sexual and reproductive health and rights	• To be a health professional • To have all the answers • To be a 'perfect' role model A misconception, particularly about peer-education, is that the facilitators need to be 'perfect role models' who can preach about their 'no-risk' behaviour. This is unrealistic and places unnecessary pressure on young people. It can also make facilitators seem unrelatable and judgemental. • To judge or criticise participants

6 Facilitation skills cont...

Qualities of a facilitator[2]

- Commitment to goals and objectives of the program
- Ability to commit required time to the program
- Interest in working with young people and an understanding of their needs
- Potential for leadership and willingness to work in a team
- Willingness to learn about effective communication and listening skills
- Similar socio-cultural background as the audience or ability to relate to the audience
- Non-judgmental attitude and willing to accept others' ideas
- Dynamic, motivated, innovative, creative and energetic
- Understanding the importance of being trustworthy and respecting confidentiality
- Interest in youth development issues
- Ability and willingness to learn
- Willingness and ability to speak about difficult or sensitive topics such as abortion, sexting, pornography and sexual assault

Needing support

It is important that a facilitator's time, efforts and contributions are respected and valued. Ongoing support and supervision are essential to give facilitators the opportunity to express thoughts, concerns and receive feedback. Some of the material facilitators will be delivering may be upsetting or confronting so it is important the right support is in place.

6.2 Answering challenging questions

Young people may often ask questions that a facilitator could find challenging for a variety of reasons. This section explores some of the reasons why young people may be asking different types of questions and offers an approach to respond to them in a supportive and non-judgemental manner.

Young people ask questions for a variety of reasons which include:

- To check if their situation is 'normal' or OK
- To hear what other young people or facilitators think about an issue or situation
- To find out about resources available to them
- To gain accurate and reliable information

It is important to give accurate information and resources to young people. Where appropriate, use participants' questions as a 'teachable moment' (turning a question into a key message) to invite participants to reflect on situations from a range of angles and to refer to appropriate resources.

Tips for answering challenging questions

- **Have a question box available**

  Having a question box available for participants is a great way to manage challenging questions. Question boxes allow participants to ask questions anonymously, more comfortably and it also ensures that facilitators are in control of the questions. Facilitators will have time to read questions and think of appropriate answers. This helps reduce shock value and gives facilitators the opportunity to rephrase the question in a more appropriate way.

- **Ask: What is the underlying information the young person is asking for?**

  Often, FLE programs might be the first time that young people are given the opportunity to access reliable, up-to-date information in a non-judgmental environment. Challenging questions are likely to result from genuine curiosity and a desire for information.

- **Focus on the key messages that could be shared as part of answering the question**
  This could include:
  - Celebration of diversity
  - Responsibility for behaviour
  - Growth and development information or messages
  - Sexual assault is a crime
  - Where young people can go for support

- **Answer the question from a global rather than personal perspective**

  Never answer a question personally and always try to make the question as general as possible.

- **Answer briefly and accurately**

- **Refer young people in the direction of further resources and support**
  - Guide and encourage participants to access reliable and accurate information or services
  - This may be by providing phone numbers, contacts or fact sheets for young people to help link them into support services

- **Remember, it's OK not to have all the answers**

  It's perfectly OK not to have all the answers to a participant's questions. Acknowledge that their question is important but that you don't have the answer right now. Inform participants that you will look it up and get back to them. Ensure you follow up with an answer as soon as possible.

6 Facilitation skills cont...

- **Understand the reason behind the question**

  As discussed earlier, there may be several different reasons behind why a participant may ask challenging questions. For many questions, participants have learning-based motives and might be seeking accurate information. It is important to ask: What is the underlying information the young person is asking for?

  Sometimes, there are participants who ask questions for other reasons.

  These include for:

  – Shock value

  – Slang

  – Values-based

  – Personal reasons

Shock value questions are sometimes asked with the intent to embarrass facilitators, embarrass other participants or cause a reaction from facilitators. These questions can be reworded and altered to relate back to the learning objectives.

Slang-related questions can often be information-seeking questions that participants ask when they are unsure of the proper terminology. Whilst using slang common to young people can make content more relatable, it is important that participants know how to use proper terminology.

Example: Can you get an STI from a blow-job?

Answer: Yes, any unprotected oral sex carries the risk of transmitting an STI. It's also important we know the correct terminology because if we required care for an STI, we would have to speak to a doctor or nurse using this language.

Values-based questions are asked by a participant to gauge the values of others. It is not the role of facilitators to impart non-universal values on participants. However, there are some universal values that can be used to answer questions.

Universal values:

- Forcing someone to have sex is wrong
- Taking care of your health is important
- Relationships rely on respect

Non-universal values:

- The age to live with your partner
- Sex outside marriage
- Age to start having sex

Personal questions can be directed at facilitators, other participants or themselves. If they are written into the question box, generalise the question and never answer the question about yourself.

Scaffold for answering challenging questions

Facilitators can develop a full response to young people's question using this scaffold.

Example question: How old were you when you first had sex?

Consideration		Answer			How might you respond
Does this question require you to re-visit your group agreement? E.g.,: is it a personal question?	⇦	NO	YES	⇨	Good question! Remember our group agreement, nothing personal and respect each other, right?
Are you able to model how to answer personal questions with this question?	⇦	NO	YES	⇨	I won't answer personally but I can change the question a little so we can discuss it.
Can you rephrase the question from personal to global/general?	⇦	NO	YES	⇨	I can make this question more general by asking 'How old are people when they first have sex?'
Is there an opportunity to address what the question is really asking and recognise the possible reason for asking the question?	⇦	NO	YES	⇨	Like I said this is a good question because it could be asking what is the normal or average age people begin to have sex.
Are you able to include some of the key messages or create a teachable moment?	⇦	NO	YES	⇨	This is a good example that 'normal' is different for everyone. There is no right or wrong age to have sex; it is more about being ready and in a safe situation.
Are you able to refer participants to resources, websites, support or use reflective questioning back to the group?		NO	YES	⇨	If a person thinks they need more information about having sex, what important issues could they consider? Where could they go to find out more about these issues?

Example response for the above-mentioned question:

Good question! Remember our group agreement, nothing personal and respect each other, right? I won't answer personally but I can change the question a little so we can discuss it all together. I can make this question more general by asking 'How old are people when they first have sex?' Like I said before, this is a good question because it could be asking what the normal or average age people begin to have sex. This is a good example that 'normal' is different for everyone. There is no right or wrong age to have sex; it is more about being ready and in a safe situation. An important thing to know that is related to this question is the legal age of consent to have sex. We can discuss this more. Also, if a person thinks they need more information about having sex, what important issues could they consider? Where could they go to find out more about these issues?

6.3 Using technology safely

Use of technology when delivering session

Technology offers great potential when it comes to delivering OOS FLE programs. Young people are generally frequent and experienced technology-users, although, this can vary across each country and their remote or urban settings. The internet, social media and networking apps are often a key source of information about sexuality and relationships. Therefore, it is essential that facilitators utilise technology to build competency and critical thinking skills to ensure young people are accessing reliable, up-to-date information when doing an activity.

Technology can be very positive. Online and digital aids can:

- Increase accessibility, flexibility and convenience
- Be more efficient and reach more young people
- Allow for learning to be completed at an individual's own pace
- Include interactive, personalised and more engaging material
- Deliver quality FLE; presenting videos or other online options limits the potential for facilitator bias, judgement or unwillingness to discuss particular content
- Provide young people with the skills to navigate online environments with confidence and critical thinking
- Empower young people to seek help or access reliable information online
- Be more inclusive; technology can help cater to young people with disabilities or young people with lower literacy
- Be more engaging
- Provide opportunities for young people to practice internet safety and competence. This is particularly important as young people need the skills to navigate social media, live chats, group pages and apps that may present challenges such as unwanted advertising, unsolicited posts, abuse, cyber bullying and opportunities for grooming.

However, there are also some considerations when using technology:

- Some forms of technology may not be available in all settings, especially in: outer-islands, places with limited internet, resource-poor settings, outdoor areas or places with unreliable electricity
- Not all available online resources cater specifically to Pacific Island populations; some material may be unrelatable or use irrelevant language, concepts or stories
- Technology should be used and discussed with care to ensure safety and reliability
- Technology can be a distraction
- Technology can be a place where some young people have negative experiences such as bullying, abuse, pressure or advertising

Example of how facilitators can talk to young people about using technology safely:

(This example is based on an Australian website and isn't directly from the OOS FLE resource. However, it is a great template for how facilitators can introduce and use technology in other sections).

"It's normal and OK to feel curious about our bodies and those of others.

Young people have a right to reliable and accurate information on their sexual and reproductive health. And we know that without this, inaccurate and harmful messages can be shared, or let's face it, you're likely to go look for it yourselves – asking your friends or looking online.

When you want to learn about health topics online, it's important to find reliable websites that have accurate information. Today we will look at BodyTalk, a website from an organisation in Australia called Family Planning New South Wales that is designed to provide positive and accurate information about sexual and reproductive health, and wellbeing to young people.

As the website is from Australia, some detailed information, like what contraceptive methods are available, could be different here in Samoa. You can check in with me or another co-facilitator at any time if you have any specific questions.

"We're going to use the **Body Explorer** *section today. As I click on it a message pops up that says: 'Hey there, the Body Explorer has cartoon images of genitals. Do you wish to continue?'*

As this content is designed for health and education purposes and specifically for young people, this content is not considered pornography.

Pornography, or porn, are sexual images or videos intended to create arousal. New technologies have made porn much easier to access, meaning more people are exposed to it, and at younger ages, whether that be accidentally or intentionally. Porn doesn't always send positive or accurate messages about bodies, consent and relationships – it isn't real life.

Coming back to our educational and reliable source, BodyTalk, we know it has drawings of human bodies, not photographs of real people.

Before we proceed, I want to check that everyone in the room gives their consent to looking at the images on the website? If there is anyone who does not wish to see the images, or who changes their mind after we start, me know and I might be able to provide you with an alternative activity."

(Pause for checking and consent, and to provide an alternative activity for any who requests it)

"As we've all consented to see these images, I'll tick yes."

As facilitators can see from the above example, it is important that young people are supported to access technology in a way that is safe and helpful. Technology can help young people learn and connect with others! When used properly, technology is a great tool for facilitators and participants when teaching or learning about sexual and reproductive health.

6 Topic 6- Facilitation skills cont...

Use of technology in planning and implementing OOS FLE program

Technology can be an important aid when planning and implementing FLE programs, but it is important that technology still respects privacy and confidentiality of participants.

- Using messenger groups, chats or a 'secret group' on social media if people want to stay in touch (but being aware that even apps that are supposed to be 'secure' may not be truly private or confidential)[2]
- Ask young people about their preferred way of being contacted
- Be aware that young people may not be comfortable being contacted if parents have control over their phones or technology
- Make sure participants give their full consent when taking images or posting online
- Think carefully about the data you collect and how it is acquired, used, stored and shared
- Programs must protect confidential information and the identities of participants
- Have a policy for managing any data after the end of a program
- Seek solutions for when young people do not have easy access to technology

6.4 Feedback

One of the key facilitation skills is providing constructive feedback. Feedback can be beneficial to encourage peer-mentoring and reflection.

The sandwich model

The sandwich model is a strengths-based model for providing specific feedback to participants.
The sandwich model works by wrapping constructive feedback in positive feedback or praise. The aim of this method is to create a positive atmosphere for discussion to relax the reception of negative feedback.

1. **Step 1:** Praise strengths by describing what the person did well e.g. "You clearly explained …", or "You showed a good understanding of…"
2. **Step 2**: Then provide some constructive criticism by pointing out specific things that were not done well or needed to be done differently, e.g. "You didn't include…" or "Your comment about … was judgemental, so I feel it didn't follow our group agreement"
3. **Step 3:** Finish with another positive comment about a strength, especially if they achieved their goal, or made progress towards it, e.g. "Well done on completing the task" or "It is great to see you using the information from last lesson in your answers"

7 FACILITATOR GUIDANCE
INVOLVING PARENTS AND GUARDIANS IN OOS FLE

7.1 Approaches

Families play an essential role when it comes to educating young people about sexuality. This can happen in an unplanned way. Ideas about love, touch, relationships, communication and gender are usually observed from watching family members.

It is important that FLE can help build parent support and competencies to provide sexuality education in a way that is evidence-based and age-appropriate.

Some approaches that help involve parents and guardians include:[2]

- **Parent-focused:** Parents/guardians are educated or trained to provide sexuality education to their own children
- **Parent-involved:** Parents/guardians and the child participate together in sexuality education sessions or have homework assignments together
- **Parent-supported:** Parents/guardians are oriented to the sexuality education program, so that they know what their child is learning and can reinforce or add to the messages at home
- **Parent-led:** Parents/guardians are trained to deliver programs to other parents/guardians or to children
- **Family-based:** Parents/guardians work through a structured program together with their child, e.g. by watching videos or accessing websites together

Some programs may combine two or more of these approaches. Different approaches may work better in different settings, so it is important to work out which approach works best for the young people that you will be working with.

7.2 Involvement in planning and teaching

Involving parents and guardians in planning and teaching is a great way to foster enabling environments for OOS FLE and continue learning opportunities for young people at home. Involving parents and guardians in planning can increase cultural competency, local ownership and ensure that young people feel supported at home.

Planning

Organisations and facilitators can reach out to parents and guardians to offer opportunities to be involved in the planning of OOS FLE programs. This can be done in a variety of ways.

- By promoting parents and families to be involved
- Tailoring sessions for parents only to help improve their SRH knowledge and communication skills

- Explaining to parents/guardians the importance of their involvement in their child's FLE
- Consulting with parents/guardians on a regular basis
- Using the 'concerns about FLE' material in part 3.3 to help guide your responses when parents/guardians voice concerns

Teaching

Parents and guardians can also be involved in the teaching component of OOS FLE. This can be done by:

- Running joint sessions for parents/guardians and their children
- Increasing awareness of parents/guardians on the importance of equitable gender norms and attitudes.
- Strengthening parent-child connectedness
- Exploring with parents/guardians how technology can be used to reduce barriers to participation
- Offering opportunities for parents to model the behaviours they want their children to follow

8 FACILITATOR GUIDANCE
PLANNING AND DELIVERING A SESSION/PROGRAM

The OOS FLE resource package has been developed to be used in a variety of settings for a variety of audiences. The package is intended to be flexible and changeable to suit the needs of the young people being targeted. Therefore, it is important that sessions are planned and adapted to ensure objectives are met. Delivering sessions effectively rely on strategic and detailed planning. The following section is broken into four parts:

- Pre-planning
- Adaptation
- Creating a session plan
- Model sessions

8.1 Pre-planning provides a checklist of considerations that facilitators will need to make before implementing their OOS FLE programs.

8.2 Adaptation provides guidance for facilitators who are considering changes to activities to suit their audience or time restrictions.

8.3 Creating a session plan breaks down the different ways that sessions can be created according to time constraints, audience needs, resources available and target areas of concern.

8.4 Model sessions offer participants examples and scaffolds for creating sessions. This section includes session templates that can copied and printed as well as different program structures based on the variables outlined in section 8.3.

8.1 Pre-planning

When planning a program or sessions in a program, you need to consider four main components:

- The participant
- The facilitators
- The venue and
- The implementation of the session or program

For each of the components, it is advised that you think through some specific areas that are listed below.[32]

The participants

- Who are your participants?
- What is their age range?
- What attitudes, knowledge and understanding, and skills are participants likely to bring to the program? How much exposure do the participants have to the topics?
- What expectations will the participants have of the session or the whole program?
- What should the participants know or be able to do by the end of the program?
- How literate are they?
- What access to media and social media do they have?
- Do the participants have any accessibility requirements?
- How will you contact participants? They may need to be reminded about the day and time of the program.

The facilitators

- Do you need extra facilitators to help run the sessions and the program?
- Who will be included in planning the program?
- Who will run which activities?
- Will you need guest facilitators for any activities?
- What do all the facilitators need to discuss or know before the session or the program if you need extra facilitators?
- What do you expect from the facilitators who are not facilitating a particular activity to do during that time (will they support the facilitator, prepare for future activities, observe, record what happens in the session, or not be present at all)?
- How will you handle conflicts between participants in the session?
- How will you deal with participants who arrive late, skip sessions or consistently break ground rules?
- How will you ensure that some participants do not dominate group discussions?
- How will you record the session proceedings if you need to do so?
- Do you have contact information ready for referral/support services? Is this information up-to-date?

The venue

- Is the venue accessible for people with disabilities?
- Are there any booking costs?
- Does the venue have technology or internet connection?
- Is it easy for the participants to get to the venue?
- Are water, sanitation and hygiene (WASH) facilities available at the venue?
- Does the venue have sufficient lighting and ventilation?
- Room set up and space for activities, desks or tables and chairs, etc.

Implementation of the session or program

- Preparation and planning are important; however, be flexible, relaxed and creative
- If the program or session includes a weekend, make sure the participants are willing to participate on that day. Allow time for people to travel to and from the session
- Make sure that your budget will cover the number of participants expected and other program costs
- Are all resources or training equipment organised ana available (pens, markers, butchers paper etc.)?
- Are pre- and post-evaluation surveys available?

8.2 Adaptation[33]

The OOS FLE Facilitator Manual has been designed as an evidence-based program that can be adapted to suit certain populations, environments and time constraints. Whilst adaptation is key, it is important that the program is implemented with fidelity.[33] Adaptation should be done within particular parameters to ensure that the quality and core components which are essential for the program's effectiveness are not compromised. This is why pre-planning is important.

Core components

In order to ensure a program is still effective after making changes, the core components of an activity or topic need to be kept intact. These include:

Core content components: What is being taught

- Knowledge
- Attitudes
- Values and norms
- Skills

Core pedagogical components: How the content is taught

- Teaching methods
- Strategies and interactions

Core implementation components: The logistics that create an experience of learning

- Program setting
- Facilitator/youth ratios (this may depend on the recommendations of your organisation)
- Sequence of sessions

Green light adaptations are safe and encouraged changes to program activities to better fit the age, culture, and context of the population served.

Yellow light adaptations are changes that should be made with caution.

Red light adaptations should be avoided since they compromise or eliminate one or more of a program's core components.

Summary guide for changing or adapting OOS FLE activities

Green light adaptations	Yellow light adaptations	Red light adaptations
Updating and/or customising statistics and other reproductive health information. Customising role play scenarios (e.g. using wording more reflective of youth being served). Making activities more interactive, appealing to different learning styles. Differentiate learning activities and instructions. This means tailoring or making sessions specific to the needs of different groups of young people, ages, literacy level etc. Changing and updating content to ensure it is developmentally appropriate. Changing and updating activities to ensure they are more inclusive of gender, sexual orientation, ability etc.	Changing session order or sequence of activities. Adding activities to reinforce learning or to address additional risk and protective factors. Modifying condom activities slightly, such as including female condoms or instructional videos. Replacing videos (with other videos or activities) or replacing activities with videos. Videos have been specifically chosen to complement activities so it is important to use caution when removing videos or replacing them with others. Using videos that are newer, more up-to-date and culturally relevant may be fine, but changing videos to be less informational or avoiding certain subjects should be avoided.	Shortening a program by cutting out core activities, key messages or important parts of activities. Reducing or eliminating activities that allow youth to personalise risk or practice skills. Removing activities that teach skills for using condoms or negotiating skills. Contradicting, competing with, or diluting the program's goals. Replacing interactive activities with lectures or individual work.

Making adaptations can be an important component of ensuring OOS FLE programs are relevant for their audience. However, it is important that facilitators are mindful of the types of adaptations that can enhance or detract from a program. Facilitators should think carefully about the changes they wish to make and how they may ultimately impact the core components of the program.

8.3 Creating a session plan

The OOS FLE resource package can be used to build OOS FLE programs for young people in OOS settings. These programs can be made up of sessions, and the sessions can be made up of modules, topics and activities. This means that an entire program can be built from over 40 activities to suit particular audiences.

These activities are considered as building blocks of a program and sit at the bottom of the pyramid. It takes several activities to cover a topic, a few topics to cover an entire module, a number of modules to make a session and a series of session to develop and deliver a program. Activities can be used to build sessions and ultimately create a program which looks something like this:

Factors to consider when creating a session plan

Several factors need to be considered when designing and creating OOS FLE programs. Facilitators may need to create and adapt sessions to suit:

- **Time constraints:** The time facilitators will allocate might range from shorter sessions to whole-day sessions. Facilitators need to feel confident picking activities and combining them with breaks, introductions, ice breakers and energisers to create a session that fits into their time slot.
  Examples could include:
  - 2-hour sessions (1.5 hours of content)
  - Half-day sessions (3 hours of content)
  - Full-day sessions (3.5 – 5.5 hours of content)

  It is important to plan activities and build sessions based on the time period allocated to the program. OOS FLE can be delivered as a continuous course, or as sessions once or twice a week over a period of time, or a combination of the two. Delivering FLE over time, e.g. weekly rather than over several consecutive days, gives participants a greater opportunity to absorb and apply what they have learnt. Multiple sessions are more effective in reinforcing messages, and providing ongoing opportunities to engage with an issue, learn, and begin to change attitudes and behaviours.[2] Deliver the program in a way that does not disrupt other aspects of participants' lives.

  Each activity in the program provides guidance about how long the activity will take. Use that information as a guide.
- **Audience:** Sessions may need to be updated and created to suit different audiences. Facilitators may need to design sessions to suit the following.
  - Priority groups [section 9 provides some information on tailoring sessions to suit these groups]
  - The age of the participants
  - The literacy level of participants
  - Any disabilities among the participants
- **The resources available:** The venue you use, budget, access to technology are all things for facilitators to consider when designing their sessions.
- **Target areas:** Programs may be designed to target particular 'issues' or areas of FLE, rather than cover all areas in a comprehensive way. Therefore, programs can be targeted to focus on a particular topic area. For example, facilitators may identify that a group of young people require a program focused entirely on healthy sexual relationships and may not require information about things like puberty, menstruation and anatomy.

8.4 Model sessions

As mentioned in section 8.3, there are four factors that can be taken into consideration when developing session plans:

- Time constraints
- Audiences
- Resources
- Target areas

Not every variable can be accounted for when providing model sessions. Facilitators need to feel empowered and confident to use these examples and the information within this section of the guidance to create their own programs.

Designing sessions for diverse groups such as young people with disabilities will need more thoughtful consideration depending on the needs of the target audience. Below, you fill find some templates for creating sessions that fit these different considerations.

Facilitator guidance for modelling sessions based on time, audience, resources and target areas.

Factor	Description	Model sessions and programs
Time constraints	How you build a program can depend on the time constraints you have for your sessions. You may be allocated time slots after church, in the morning, during entire days, half-days etc.	a. 2-hour sessions b. Half day sessions c. Full day sessions
Audience	Selecting activities to create a program can also depend on your audience. This guidance provides examples and suggestions of activities that are useful to include for different audiences and their needs. Program examples in the right column are just examples of how sessions can be run to suit different audiences. Remember, groups are unique and diverse so one program may not work for everyone.	**Examples of programs could include:** d. **Program Kora:** Includes core activities only. Ideal for audiences that are younger, have lower literacy levels or require foundational knowledge. e. **Program Electra:** Uses core activities as a foundation and allows facilitators to choose elective activities to build on the core program. f. **Program Holly:** The most comprehensive option which covers all activities g. **Program Adele**: Designed for participants who may be older, have more foundational knowledge and require learning to focus on critical thinking and advocacy. h. **Program Emanual:** List of activities that are particularly relevant for young people in emergency settings (e.g. natural disasters).

Factor	Description	Model sessions and programs
Resources	A facilitator's venue and their access to technology and internet can impact the way sessions are built. All activities signpost whether technology can be used and alternative options are also provided.	
Target area	Sometimes, organisations or facilitators might want a program to focus on one area or 'issue'. Three examples are provided in the righthand column and facilitators can use these as templates to create their own programs	**Examples of programs could include:** a. **Program Hope:** Healthy sexual relationships b. **Program Theo:** SRH and technology c. Create your own

Model sessions: Time constraints

2-hour session

2- hour sessions are smaller sessions, so it is important to plan well. These 2-hour sessions can be an initial session or a continuing session.

- **Initial sessions:** This is the first session that you run with participants. You may have never met the participants, so ice breakers, introductions and group agreements are key in these sessions.
- **Continuing sessions:** These are the session that come after the initial session. There is less need for ice breakers and introductions and more need for recap and reflection.

2-hour initial session

This is an example or template for facilitators to use when planning a short 2-hour session for OOS FLE. This is a template for an initial session which means it includes time for an introduction, ice breaker and group agreement.

2-hour session Initial session		
	Time	**Activities**
Session 1	2 hours	Introduction (5 minutes) Icebreaker (10 minutes) Group agreement and trigger warning (10 minutes) Topic _____ • 1-2 activities (1.5 hours) Summary and wrap-up (5 minutes)
End of session		

8 Planning and delivering a session/program cont...

2-hour continuing session

This is an example or template for facilitators who are planning a 2-hour session for OOS FLE when an initial session has already been done.

2-hour session Continuing sessions		
	Time	**Activities**
Session 2	2 hours	Recap and trigger warnings (10 minutes) Topic _____ • 1 activity (30 minutes - 1 hour) Energiser (5 minutes) Topic: _____ • 1-2 activities (30 minutes - 1 hour) Summary and wrap-up (5 minutes)
End of session		

Half-day initial session

This table shows an example of how facilitators can plan a half-day session. This table is for 'initial sessions' where facilitators need to include introductions, ice breakers and group agreements.

Half-day session Initial session		
	Time	**Activities**
Session 1	1.5 - 2 hours	Introduction (10 minutes) Icebreaker (5 minutes) Group agreement and trigger warning (10 minutes) Topic:_____ • 1-2 activities (1 - 1.5 hours)
Break 30 minutes		
Session 2	1.5 - 2 hours	Energiser (5-10 minutes) Topic: _____ • 1-2 activities (1 - 1.5 hours) Summary and wrap-up (5 - 10 minutes)
End of day		

Full-day session

This is an example or template that facilitators can use when planning a full-day OOS FLE session.

Day 1 Module 1: _____		
	Time	**Activities**
Session 1	1.5 hours	Introduction Icebreaker Group agreement and trigger warning Topic 1: 1-2 activities
Break 15 minutes		
Session 2	1.5 hours	Topic 2: 1-3 activities
Break 30-60 minutes		
Session 3	1.5 hours	Energiser Topic 3: 1-3 activities Summary and wrap-up
End of day		

8 Planning and delivering a session/program cont...

Whole-day session scaffold

Facilitators can photocopy this sheet and write in their topics and activities.

Day ___ Module : _____		
	Time	**Activities**
Session 1	(2 hours max)	Introduction (Time: _____) Icebreaker or recap _____(Time:_____) Group agreement and trigger warning (Time:_____) Topic _____ Activities: a. _____(Time:_____) b. _____(Time:_____) c. _____(Time:_____)
Break		
Session 2	(2 hours max)	Energiser _____ (Time:_____) Topic _____ Activities: a. _____(Time:_____) b. _____(Time:_____) c. _____ (Time:_____)
Break		
Session 3	(2 hours max)	Topic _____ Activities: a. _____(Time:_____) b. _____(Time:_____) c. _____(Time:_____) Summary and wrap-up (Time: _____)
End of day		

Model sessions: Audience

Use the guidance on modelling sessions based on time constraints (above) to help you build sessions to suit your audience.

Program	Description	Duration (approx.)	Activities (approx.)
Program Kora	Core activities only This is a great foundation for building a program. This program uses core activities only so participants who complete this program should have good foundational knowledge. This is preferable for lower-literacy groups or groups that may not have any foundational knowledge.	*8 days* *or* *36 hours*	*42*
Program Electra	Facilitators still run all the core activities but also choose one 'elective' activity from each topic. This means there will be an extra 21 activities. Additional activities could be chosen to build on particular areas of knowledge, address particular behaviours or involve greater use of technology among other considerations. Facilitators could even ask young people to choose one activity from each topic they think looks fun or interesting.	*11 days* *or* *50 hours*	*63*
Program Holly	This program means that every single activity is completed. This is the most comprehensive way you can facilitate the package but can be very lengthy.	*20 days* *or* *100 hours*	*119*
Program Adele	This is a program that is designed for participants who might be a little more advanced. Participants might be older or have already received some foundational knowledge about sexual and reproductive health. Topics like puberty might not be as useful for them. The activities might be a little more challenging and involve critical thinking and advocacy.	*8 days* *or* *36 hours*	*41*
Program Emanual	List of activities that are particularly relevant for young people in emergency settings (e.g. natural disasters).	*11 days* *or* *55 hours*	*72*
Note: Here 'duration' refers to the time that will be spent solely on actual learning of content. The time required to include ice breakers, introductions, breaks and energisers are not accounted for.			

8 Planning and delivering a session/program cont...

Program Kora: Core activities only

- 8 days or 36 hours (excluding Module 7)
- Includes each module and topic
- Two activities from each topic-core activities only

Table 1: List of activities

Table 1 includes a list of the core activities for each module.

Module	Activities	Duration*
1: Values, rights and sexuality	1A, 1C, 2A, 2C, 3A, 3B	4.5 hours
2: Healthy relationships	1A, 1C, 2B, 2C, 3D, 3E, 4C, 4D, 5A, 5D	8 hours
3: Gender	1A, 1B, 2A, 2C, 3A, 3C	4.5 hours
4: Safety: Yours, mine, ours	1A, 1D, 2D, 2E, 3A, 3B	6.5 hours
5: My body and its development	1A, 1B, 2B, 2D, 3A, 3C, 4A, 4C	6.5 hours
6: My sexual and reproductive health	1A, 1D, 2B, 2D, 3A, 3C	5.5 hours
*Note: 'Duration' refers to the time that will be spent solely on actual learning of content. The time required to include ice breakers, breaks and energisers are not accounted for.		

Table 2: Using the whole-day approach

This table uses the information from program Kora (in table 1) and divides the content evenly across whole-day sessions. This is just an example to guide facilitators and can be changed to be more suitable.

	Module	Duration
Day 1	Module 1: Values, rights and sexuality Activities: 1A, 1C, 2A, 2C, 3A, 3B	4.5 hours
Day 2	Module 2: Healthy relationships Activities: 1A, 1C, 2B, 2C, 3D, 3E	4.5 hours
Day 3	Module 2: Healthy relationships Activities: 4C, 4D, 5A, 5D	4 hours
Day 4	Module 3: Gender Activities: 1A, 1B, 2A, 2C, 3A, 3C	4.5 hours
Day 5	Module 4: Safety: yours, mine, ours Activities: 1A, 1D, 2D, 2E	4.5 hours
Day 6	Module 4: Safety: yours, mine, ours Activities: 3A, 3B Module 5: My body and its development Activities: 1A, 1B	4.5 hours
Day 7	Module 5: My body and its development Activities: 2B, 2D, 3A, 3C, 4A, 4C	4.5 hours
Day 8	Module 6: My sexual and reproductive health Activities: 1A, 1D, 2B, 2D, 3A, 3C	5.5 hours

8 Planning and delivering a session/program cont...

Example of program plan: Whole-day approach

This table is the next step from table 2. Here, the entire program is broken down into a session-by-session plan. Each day gives a detailed look at how the activities can occur across each day.

This is just an example that facilitators can follow or they can change it to suit their own setting.

		Day 1 **Module 1: Values, rights and sexuality**
	Time	**Activities**
Session 1	1.5 hours	**Introduction** **Icebreaker** **Group agreement** **Topic 1: Values, sexuality and self-esteem** Activity 1A: Where do you stand? Activity 1C: Knowing your strengths
Break 15 minutes		
Session 2	1.5 hours	**Topic 2: Human, legal and sexual rights** Activity 2A: Introducing human rights Activity 2C: Disability and social inclusion
Break 30-60 minutes		
Session 3	1.5 hours	**Topic 3: Sexuality** Activity 3A: Introduction to sexuality Activity 3B: The sexuality wheel **Summary and wrap-up**
End of day		

		Day 2 **Module 2: Healthy relationships**
	Time	**Activities**
Session 1	1.5 hours	**Introduction** **Recap day 1** **Topic 1: Supportive friendships** Activity 1A: Healthy and unhealthy relationship behaviours Activity 1C: How do friends influence us?

		Day 2 Module 2: Healthy relationships
Break 15 minutes		
Session 2	1.5 hours	**Topic 2: Families** Activity 2B: When families become unsafe Activity 2C: Gender and family expectations
Break 30-60 minutes		
Session 3	1.5 hours	**Topic 3: Respectful intimate relationships** Activity 3D: Is it abuse if...? Activity 3E: Relationship traffic lights **Summary and wrap-up**
End of day		

		Day 3 Module 2: Healthy relationships
	Time	**Activities**
Session 1	1.5 hours	**Introduction and trigger warnings** **Recap day 2** **Topic 4: Communication skills** Activity 4C: Active listening
Break 15 minutes		
Session 2	1.5 hours	**Topic 4: Communication skills** Activity 4D: Intimacy and consent **Energiser** **Topic 5: Parenting and long-term commitments** Activity 5A: Becoming a parent: needs and responsibilities
Break 30-60 minutes		
Session 3	1 hour	**Topic 5: Parenting and long-term commitments** Activity 5D: Ready for parenting **Summary and wrap-up**
End of day		

8 Planning and delivering a session/program cont...

Day 4 Module 3: Gender		
	Time	**Activities**
Session 1	1.5 hours	**Introduction and trigger warnings** **Recap day 3** **Topic 1: Understanding gender** Activity 1A: What's the difference? Activity 1B: Word webs
Break 15 minutes		
Session 2	1.5 hours	**Topic 2: Gender equality and gender-based violence (GBV)** Activity 2A: Left vs right Activity 2C: GBV in Samoa
Break 30-60 minutes		
Session 3	1.5 hours	**Topic 3: SOGIE** Activity 3A: SOGIE in the Pacific Activity 3C: Gender words **Summary and wrap-up**
End of day		

Day 5 Module 4: Safety: Yours, mine and ours		
	Time	**Activities**
Session 1	1.5 hours	**Introduction and trigger warnings** **Recap day 4** **Topic 1: Consent** Activity 1A: My body my rules
Break 15 minutes		
Session 2	1.5 hours	**Topic 1: Consent** **Recap day 4** Activity 1D: A matter of consent and FRIES
Break 30-60 minutes		
Session 3	1.5 hours	**Energiser** **Topic 2: Using the internet safely** Activity 2D: What should you do? Activity 2E: Taking a position: technology, sex and relationships
End of day		

Day 6 Mix of modules: Module 4 and Module 5		
	Time	**Activities**
Session 1	1.5 hours	**Introduction and trigger warnings** **Recap day 5** **Module 4** **Topic 3: Preventing and responding to violence** Activity 3A: Violence myths and matching
Break 15 minutes		
Session 2	1.5 hours	**Energiser** **Module 4** **Topic 3: Preventing and responding to violence** Activity 3B: Who are you?
Break 30-60 minutes		
Session 3	1.5 hours	**Module 5** **Topic 1: My body and its development** Activity 1A: Anatomy and physiology Activity 1B: Name that part **Summary and wrap-up**
End of day		

Day 7 Module 5: My body and its		
	Time	**Activities**
Session 1	1.5 hours	**Introduction and trigger warnings** **Recap day 6** **Topic 2: Puberty and becoming an adult** Activity 2B: Understanding puberty Activity 2D: The pleasure principle
Break 15 minutes		
Session 2	1.5 hours	**Topic 3: Menstruation** Activity 3A: The menstrual cycle Activity 3C: Tackling period taboo
Break 30-60 minutes		
Session 3	1.5 hours	**Topic 4: Body image** Activity 4A: Body image in the Pacific Activity 4C: Body image, self-esteem and relationships **Summary and wrap-up**
End of day		

8 Planning and delivering a session/program cont...

		Day 8 Module 6: My sexual and reproductive health
	Time	**Activities**
Session 1	1.5 hours	**Introduction and trigger warnings** **Recap day 7** **Topic 1: Safer sex** Activity 1A: Introduction to safer sex Activity 1D: Condom demonstration
Break 15 minutes		
Session 2	2 hours	**Topic 2: Contraception** Activity 2B: Contraception advertising Activity 2D: Gender and condoms
Break 30-60 minutes		
Session 3	2 hours	**Topic 3: Healthy pregnancy** Activity 3A: Conception, contraception and 'next steps' Activity 3C: What's next? **Summary and wrap-up**
End of day		

Program Adele

Description: Program tailored to more advanced levels of learning or older groups of young people who may have already received foundational FLE.

- 8 days or 36 hours (excluding Module 7)
- Includes each module and topic
- Two to three activities from each topic – focus on activities that require higher levels of critical thinking or advocacy

Table 1: List of activities

Table 1 includes a list of the chosen activities for each module according to Program Adele.

Module	Suggested activities	Duration*
1: Values, rights and sexuality	1A, 1B, 2D, 2E, 3B, 3E	5.5 hours
2: Healthy relationships	1A, 2B, 2C, 3D, 3E, 3F, 4D, 4E, 5A, 5E	8 hours
3: Gender	1D, 1F, 2F, 2G, 3B, 3D	4.5 hours
4: Safety: yours, mine, ours	1D, 1F, 2D, 2F, 3E, 3G	6.5 hours
5: My body and its development	1D, 1F, 2D, 2E, 3D, 4D	6.5 hours
6: My sexual and reproductive health	1B, 1E, 2B, 2E, 3F, 3G, 3H	7.5 hours
*Note: 'Duration' refers to the time that will be spent solely on actual learning of content. The time required to include ice breakers, breaks and energisers are not accounted for.		

8 Planning and delivering a session/program cont...

Table 2: Using a whole-day approach

This table uses the information from program Adele (in table 1) and divides the content evenly across whole-day sessions. This is just an example to guide facilitators and can be changed to be more suitable.

	Modules	Learning time (not including breaks)
Day 1	Module 1: Values, rights and sexuality Activities: 1A, 1B, 2D, 2E, 3B, 3E	5.5 hours
Day 2	Module 2: Healthy relationships Activities: 1A, 2B, 2C, 3D, 3E, 3F	4.5 hours
Day 3	Module 2: Healthy relationships Activities: 4D, 4E, 5A, 5E	3.5 hours
Day 4	Module 3: Gender Activities: 1D, 1F, 2F, 2G, 3B, 3D	4.5 hours
Day 5	Module 4: Safety: yours, mine, ours Activities: 1D, 1F, 2D, 2F	4.5 hours
Day 6	Module 4: Safety: yours, mine, ours Activities: 3E, 3G Module 5: My body and its development Activities: 1D, 1F, 2D	3.5 hours
Day 7	Module 5: My body and its development Activities: 2E, 3D, 4D Module 6: My sexual and reproductive health Activities: 1B, 1E	4.5 hours
Day 8	Module 6: My sexual and reproductive health Activities: 2B, 2E, 3F, 3G, 3H	5.5 hours

Program Emanual

Description: List of activities across modules that may be particularly relevant and important for young people in emergency settings (e.g. natural disasters). It is important to remember that running sessions in emergency settings may require extra flexibility. Sessions may need to be shorter, less reliant on technology or run in different venues.

Table 3: List of activities

Table 1 includes a list of the chosen activities for each module according to Program Emanual.

Module	Suggested activities	Duration*
1: Values, rights and sexuality	1A, 1C, 2A, 2B, 2C, 2E, 3A, 3B, 3E	7.5 hours
2: Healthy relationships	1A, 1D, 2B, 2D, 3A, 3C, 3D, 3E, 4B, 4D, 5A, 5D	8 hours
3: Gender	1A, 1B, 1E, 2A, 2C, 2E, 2G, 3A, 2B, 2C, 2D	7 hours
4: Safety: yours, mine, ours	1A, 1B, 1D, 1F, 2D, 2E, 3A, 3B, 3C, 3D, 3E, 3F	9 hours
5: My body and its development	1A, 1B, 1C, 1E, 2A, 2B, 2C, 2D, 2E, 2F, 3A, 3B, 3C, 4A, 4C	13 hours
6: My sexual and reproductive health	1A, 1B, 1C, 1D, 2A, 2B, 2D, 2F, 3A, 3B, 3C, 3F	10.5 hours
*Note: 'Duration' refers to the time that will be spent solely on actual learning of content. The time required to include ice breakers, breaks and energisers are not accounted for.		

8 Planning and delivering a session/program cont...

Model sessions: Target area

Program Hope: Healthy sexual relationships

Description: Program Hope offers an example for facilitators who want to create a program that looks specifically at healthy sexual relationships.

- 30 hours of material
- Higher inclusion of activities from Modules 2, 3 and 4

Module	Suggested activities	Duration*
1: Values, rights and sexuality	2A	30 minutes
2: Healthy relationships	1D 2C 3A, 3B, 3C, 3D, 3E, 3F 4A, 4B, 4C, 4D, 4E	8.5–9 hours
3: Gender	1A, 1B, 1C 2A, 2B, 2C, 2D, 2E, 2F, 2G	7 hours
4: Safety: yours, mine, ours	1A, 1B, 1C, 1D, 1E, 1F 2E, 2F 3A, 3B, 3C, 3E, 3F	10.5 hours
5: My body and its development	3C 4C	1 hours
6: My sexual and reproductive health	1D 2D	1.5 hours
*Note: 'Duration' refers to the time that will be spent solely on actual learning of content. The time required to include ice breakers, breaks and energisers are not accounted for.		

Program Theo: SRH and technology

Description: Program Theo is an example of an OOS FLE program that focuses mostly on providing young people with information about navigating SRH online. There is an increased focus on issues such as sexting, pornography and body image.

- 30 hours of material
- May be more relevant for settings where technology use is high

Module	Suggested activities	Duration*
1: Values, rights and sexuality	1A, 1C, 1E	1.5 hours
2: Healthy relationships	1A, 1B, 1C, 1D, 1E 3A, 3C, 3D,3E, 3F 4A, 4B	9 hours
3: Gender	1A, 1B, 1E, 1F 2F, 2G	4 hours
4: Safety: yours, mine, ours	1A, 1B, 1C, 1D 2A, 2B, 2C, 2D, 2E, 2F	8 hours
5: My body and its development	2C 4A, 4B, 4C, 4D	4 hours
6: My sexual and reproductive health	3G, 3H	2 hours
*Note: 'Duration' refers to the time that will be spent solely on actual learning of content. The time required to include ice breakers, breaks and energisers are not accounted for.		

8.5 Ice breakers and energisers

Ice breakers

The purpose of ice breakers is to introduce participants, reduce feelings of anxiousness and allow participants to become familiar with their new group environment. The goal is to open people up, help them feel comfortable and help them look forward to the rest of the program. Ice breakers should be non-threatening and fun.

Examples:

Two truths and a lie

Participants get to know and trust each other by guessing who the other participants are – and aren't.

Materials: None

Play: One-by-one, individuals take turns making three statements about themselves – two which are true and one that is a lie. After an individual makes their statements, the others in the group discuss among themselves which seem most plausible and which statement is most likely to be a lie.

Note: This game works well with people who do not know each other well so is best use as an ice breaker.

Mind reader

A participant asks a question to try to figure out what's on a card or piece of paper stuck to their forehead.

Materials: Piece of cloth and a set of cards or small pieces of paper that have the names of a person, place or thing written on them. You can use the names of people famous in your country, animals, places etc.

Play: One player picks a card without looking at it and tucks it into a cloth tied around their head. The card is facing out so all the other players can read it. The player with the card on their head has to ask 'yes' or 'no' questions about the card they have been assigned such as "am I a living thing?', 'am I a person?", "am I famous?" etc.

Telephone whispers

Participants sit in a circle and watch how quickly the meaning of a sentence changes after it goes through many different people.

Materials: None

Play: Ask participants to sit in a circle. Pick someone to start or the facilitator themselves can start. The starting person must come up with a sentence that needs to be passed down the circle from person-to-person but only through whispering. The starter will first whisper the sentence to the person on their left. They can only repeat the sentence once. The second person must then repeat what they think they heard to the next person on their left until the message comes all the way to the last person. The last person will say the sentence out loud and see if it matches the original sentence.

I'm going on a holiday…

A game of memory and imagination.

Materials: None

Play: Ask participants to form a circle. Select someone to go first. The person who starts will say "I'm going on a holiday and I am taking _____" and name something they will take. The items can be as realistic or ridiculous as you like! The person on their left will go next. They will need to repeat what person one said, and then add their own thing to bring. Person #3 will then repeat the first two, plus their own as well. It will become increasingly difficult for participants to remember all the details as you work through the circle.

Example:

Person 1: I am going on a holiday and I am taking a surfboard

Person 2: I am going on a holiday and I am taking a surfboard and headphones

Person 3: I am going on a holiday and I am taking a surfboard, headphones and a friend

Person 4: I am going on a holiday and I am taking a surfboard, headphones, a friend and a chicken

Continue until someone forgets the order or makes a mistake.

Energisers

Energisers do exactly as the name suggests, they energise the group! Energisers can be used after longer sessions, more serious sessions, when participants are low on energy or after breaks. Energisers give participants the opportunity to laugh, "switch off" from more serious material, have some fun, move around and make new friends. Just like ice breakers, energisers should be fun and non-threatening.

Examples:

Musical chairs

A fun and active game to get participants moving and full of energy.

Materials: Chairs and something to play music on

Play: Place chairs in a circle in the middle of the room. There should be one less chair than the number of participants. So, if there are 10 participants, start off with nine chairs. When the facilitator plays music, the participants need to move or dance around the outside of the chairs. As soon as the facilitator pauses the music, participants need to quickly find a chair to sit on. Whoever doesn't sit on a chair is out of the game. Take another chair away and play again. Continue until two people will compete over one chair.

Follow the leader

A game where participants must follow the actions of a 'leader' without the 'seeker' finding out who they are.

Materials: None

Play: Ask participants to get in a circle either sitting on the floor, in chairs or standing. Pick one person tobe the 'seeker' and tell them to go outside or in another room so that they can't hear the group. Tell the group that you will now secretly select a leader. You will select the leader by gently tapping on their head two times. Ask the group to close their eyes and look down. As the group have their eyes closed, randomly tap one person twice on the head. Tell the group to open their eyes. And tell the group to start clapping in time with you. Ask the 'seeker' to come back in and stand in the middle of the circle. Tell the whole group that the leader will change the clapping into something else at any moment and everyone must follow. They could start clicking their fingers, slapping their knees, or doing any other kind of movement. As soon as the leader changes, everyone must follow. It is the seeker's job to guess who the leader is. They will only have three guesses.

Rescue mission

This activity is best done in a larger room or outside.

Materials: Container filled with candy, a variety of materials such as timber, bricks, sticks, ropes, wheels, cardboard. Whatever is available!

Play: Put a container holding some candy in the middle of the space. Create a taped off "quarantine" area around it. The team must find a way to retrieve the container without touching the ground inside the taped-off area. Provide a variety of materials to help them achieve their task. When they get the container back without touching the ground, they get the candy!

Zip Zap Zoom

This energiser brings energy to the room.

Materials: None

Play: Ask the participants to form a circle and each participant needs to close their hands while pointing their index fingers (like making a pistol with their hands). Explain the rules to the participants: Each participant should, in their turn, give a verbal command and point to a receiver. The verbal command can only be one of the following:

- Zip: Point to the person exactly at your left side.
- Zap: Point to the person exactly at your right side.
- Zoom: Point to anyone in the circle. The receiver should decide the direction for the next movement of their turn.

Ask a participant to make the first movement by giving the verbal command.

My fun fact

My fun fact is an energiser that gets everyone more familiar with each other, and usually fosters some interesting conversations.

Materials: Pens or markers, pieces of paper or post-it notes.

Play: Give one post-it note and marker to each participant and ask them to write down one fun or interesting fact about them. After each participant has written something down, place all the notes in a hat or bag. Shake the hat and leave it in the centre of the room. Ask one participant to walk to the hat, collect a note and read the content out loudly. They gave to try and guess who the fact is about.

9 FACILITATOR GUIDANCE TAILORING SESSIONS AND DELIVERING SESSIONS TO SPECIFIC GROUPS OF YOUNG PEOPLE

Tailoring sessions to meet the specific needs of different groups of young people is essential to ensure that OOS FLE programs are relevant and inclusive. This section will provide tips and information to tailor sessions to the following groups.

- Gender-specific and mixed groups
- Young people with a disability
- Young people with differing sexual orientation, gender identity and expression (SOGIE)
- Young transgender people
- Young intersex people
- FLE in emergency settings
- Young parents
- Other vulnerable groups

9.1 Gender-specific and mixed groups

There are many benefits for young people of all genders to participate in sessions and learn about sexuality together. This is because many participants may go on to have romantic and sexual relationships with other genders, so it is important to have experience communicating about sexuality across genders. However, delivering FLE to gender-specific groups may be the only option in particular environments (such as women's shelters) or if it is the only culturally acceptable way to provide it.

Additionally, the gender power imbalance between men and women, boys and girls is likely to always inform interactions in mixed-gender groups. It is important for participants to think critically about the way gender impacts their lives, relationships and interactions in a group setting.

Therefore, there are benefits in taking different approaches with girls (focusing on empowerment and rights) and boys (focusing on the benefits of sharing power and responsibility). Gender-specific groups have the potential to provide learning environments with significantly lower stereotyping, unconscious bias and greater opportunity for female leadership.

However, regardless of whether sessions are run in gender-specific or mixed groups, groups should always be given the same information. Sessions about male and female anatomy, menstruation and/or pornography are examples of material that is sometimes directed to gender-specific groups. This should not be the case with OOS FLE. All groups should receive the same information, regardless of gender.

It is also important for facilitators to speak with any participants who may be non-binary to make informed decisions about grouping.

9.2 Young people with a disability

People with disabilities have the same diverse range of sexual needs and desires as anyone else. Despite this, people with disabilities are often excluded from FLE and stigma continues to treat people with disabilities as 'child-like' or asexual. The reality is that people with disabilities can have fulfilling, healthy and enjoyable sex and relationships just like anyone else. However, social barriers and a lack of support can mean that people with disabilities face difficulties meeting those needs. Sexual exploration and privacy can be limited. Stereotypes, negative attitudes, stigma and discrimination can seriously impact their ability to exercise their right to satisfying and enjoyable relationships.

This exclusion and the barriers it creates leads to higher levels of sexual, physical and emotional violence against those with disabilities. Young people with disabilities may require additional support to report violence, seek help or access legal support.

It is also important to acknowledge the diversity of disabilities across young people. This could include physical, intellectual, sensory and/or psychosocial disabilities. Different needs exist across these diverse groups and require different approaches to ensure young people receive the proper support.

Some points to remember when working with young people with disabilities in general:

People with disabilities are sexual and express their sexuality in ways that are as diverse as everyone else: Human connection relies on feelings of affection, love, companionship and intimacy and these can be expressed or experienced in a variety of ways. People with disabilities should be given the space and support to communicate openly about sexuality. People with disabilities have the right to explore their gender and sexuality, have relationships based on consent, respect and safety and make decisions that affect their sexual health. Accurate and developmentally appropriate sexual health education should acknowledge and affirm all experiences of sexuality. Experiences of love, intimacy, companionship and acceptance are valued and desired by people with disabilities just as they are with others.[34]

People with disabilities deserve independence: Discriminatory ideas that treat people with disabilities as 'child-like' prevents them from participating equally in relationships and ignores their sexuality. People with disabilities are autonomous and should be supported to make their own decisions based on reliable, up-to-date, scientific information.

People with disabilities have the right to make decisions about becoming parent: In many instances, people with disabilities are believed to be asexual, unable to reproduce, or incapable of being parents. This is not the truth. People with disabilities have the same rights and abilities to make decisions about contraception and child-bearing. People with disabilities can be good parents and successfully raise children when given the right support.

8 Tailoring sessions and delivering sessions to specific groups of young people cont...

Learning about sexuality and sexual health is essential: Young people with disabilities should never be removed from sexual health lessons or excluded from conversations about sex. Sexuality education is important to learn and practice the skills necessary for sexual development, healthy relationships and learn about sexual rights and responsibilities.[35]

This manual

When designing the OOS FLE Facilitator Manual, careful consideration was taken to create and change activities to ensure inclusivity. Some examples include:

- Using diverse case studies to represent experiences of marginalised groups
- Signposting literacy levels and offering lower-literacy alternatives
- Using visual aids
- Using audio-visual format to compliment activities
- Selecting videos that have subtitle or sign language options
- Using simple and plain English where possible
- Using local language where possible
- Limiting reading and writing requirements
- Enlarging print
- Using images and graphics that are representative of young people with disabilities and show a diverse range of skin colour, size, shape, age and gender

More detailed information about how to tailor program planning, delivery and teaching methods to diverse disabilities can be found in the International Technical and Programmatic Guidance on OOS comprehensive sexuality education: An evidence-informed approach for non-formal, OOS programs.

9.3 Young people with differing SOGIE

Young people with differing SOGIE are often denied their right to dignity, equality, non-discrimination, security, health, education and employment. They can face hostility, stigma and serious rights violations. Given this, it is essential that young people with differing SOGIE are provided safe, inclusive spaces that can assist them to get the information, health services, and social support they require.

Facilitators should:

- Use trauma-informed approaches
- Allow participants plenty of opportunities to talk
- Be fact-based and clear
- Be careful about handing out any SOGIE materials; it may be dangerous for participants to keep the materials outside the learning environment
- Take the legal-status of people with diverse SOGIE into account
- Provide FLE to all people; regardless of their gender or sexual identity

9 Tailoring sessions and delivering sessions to specific groups of young people cont...

9.4 Young transgender people

"Transgender" is an umbrella term used for all non-cisgender people, i.e., anyone whose gender identity and/or gender expression differs from that usually associated with the sex assigned to them at birth.[2] Although transgender people could be included under the LGBTI acronym, the OOS Guidance addresses the particular needs of transgender young people separately.[2]

There is very limited data about the size of the transgender community in Samoa so information, role models, services and support are very limited. Transgender young people in other parts of the world frequently report feelings of being unsafe, unwelcome and experience higher rates of school drop-out, homelessness, unemployment and poor mental health outcomes.

Facilitators should:

- Identify and consult with support groups for transgender people where possible
- Balance the need for publicity about your program with safety and confidentiality
- Make language inclusive and clear
- Have a good list of referral services that are safe for transgender people
- Use technology to your advantage; the internet can have a lot of great resources and information for transgender young people
- Use a trauma-informed approach
- Debunk myths and misinformation
- Use name-tags that show gender pronouns (e.g. she/her, he/him/his, they/them/their)

9.5 Young intersex people

Intersex young people have their own specific needs that require special consideration in OOS FLE. In some contexts, intersex people may not want to be considered part of the SOGIE or LGBTI acronym due to safety concerns.[2]

Intersex people do not fit within traditional and binary ideas of 'male' or 'female' bodies as they have diverse biological sex characteristics. Differences in chromosomes, gonads and/or sexual and reproductive organs, which are still natural variations in the human body, highlight their unique needs. Whilst most of these variations don't pose any health concerns, there has been a long history of intersex infants and children being subjected to non-consensual medical interventions and are unaware of their intersex status, usually until puberty. This can lead to many intersex young people feeling confused, isolated and ashamed.[2]

There is an absence of data and literature on the CSE needs of intersex young people, especially in the Pacific so much of the information for tailoring sessions comes from international guidance and interviews with intersex organisations or community members.

Facilitators should:

- Involve intersex community or support groups for program delivery
- Identify appropriate terminology among young people and ask for preferred pronouns
- Understand how intersex people are treated in the local community
- Balance the need for program publicity and the need for confidentiality
- Establish an intersex-only space, where possible
- Consider education sessions for parents or community members
- Use a trauma-informed approach
- When teaching anatomy sessions, ensure participants are aware that there are many different variations of anatomy[2]

9.6 FLE in emergency settings

"Humanitarian crises happen as the result of an event or series of events that threatens the wellbeing, safety or health of a large group of people. Crises may be sudden-onset, cyclical or slowly evolving. They may have natural causes or be man-made, and can be a consequence of natural disasters, armed conflicts, persecution and/or genocide, epidemics, climate change, famine, or poverty and inequality resulting in mass economic migration."[2]

When young people are living in a humanitarian crisis, the everyday structures and institutions that would generally support their growth and development is fractured. This can include school, medical support, families, social networks and communities.

Facilitators should:

- Be aware that participants in humanitarian settings may be highly mobile and sessions may need to be made more flexible
  It may be helpful to develop session plans that range from single, quick sessions with essential information to longer programs with broader range of activities.
- Integrate and link with other support services where possible
- Pay special attention to other marginalised groups within humanitarian settings such as young people with differing SOGIE and young people with disabilities; these young people may be particularly vulnerable due to a lack of safe and inclusive services
- Consider flexible ways to deliver FLE in different settings or spaces
- Create flexible outreach strategies
- Consider literacy levels
- Provide specific opportunities for socialisation and networking among young people

9 Tailoring sessions and delivering sessions to specific groups of young people cont...

9.7 Young parents

Young parents are a key population for targeted FLE. It is common for women in the Pacific Islands to have children at a relatively young age, as around 11% of 18 year old girls are already mothers.[6] Additionally, research has shown that early marriages reduce the likelihood that the married woman has equal decision-making power in relation to family planning and contraceptive use.[36] Where young parents are not married, social norms that stigmatise sexual activity amongst (un-married) adolescents can act as a barrier to accessing contraceptives.

When delivering programs to young parents, it is important to remember the following:

- Young parents face many of the same challenges as other parents
- Young parents may be undergoing major developmental changes themselves
- Young parents may face stressors that are not experienced to the same extent by other parents (i.e. social stigma)
- Facilitators should learn to understand the shared and individual needs of young parents
- Learn what young parents already know about contraception or reproductive rights
- Consider psychological experiences like postpartum depression, low self-esteem or feelings of loneliness or social isolation
- Due to social stigma, non-judgemental interactions are key
- Connections between young parenthood and educational levels may mean that young parents have had negative experiences with teachers and other authority figures
- More relaxed, unstructured and participant-led teaching styles might be preferable
- On-site childcare that is free and accessible should be available
- Strengths-based approach that focuses on the opportunity for young parents to thrive[37]

9.8 Other vulnerable groups

When delivering OOS FLE, it is important that sessions are tailored to the following groups to ensure inclusion and program relevance.[2]

- Young people living with HIV
- Young people who use drugs
- Young people who sell sex
- Young people in detention

10 FACILITATOR GUIDANCE REFLECTION, MONITORING, EVALUATION AND LEARNING

10.1 End-of session feedback and reflections

End-of-session feedback

- Reflection and feedback is important to help develop critical thinking skills and apply learning to self[38]
- At the end of each session, it is encouraged that facilitators end with reflection. This can be 5-10 minutes
- Reflection can be conducted:
  - Verbally i.e., in a circle where you go person by person, or sharing 'popcorn style', with whoever feels like sharing
  - Written i.e., on a piece of paper and handed back to the facilitator, or in the participants notebook
- Suggested questions include:
  - "What is one new thing you learnt today that is useful to you?"
  - "What is one thing from today's session that you will take-away and apply in your life?"
- If the session is part of a series of sessions, i.e., across multiple days or weeks, it could be helpful to check in with the participants learning and address any outstanding questions, concerns. A suggested question could be:
  - "What is one thing you still have questions about from today's session?"

Here is an example of how reflection can occur at the end of an activity.

10. To close the activity and encourage reflection, **say to participants:** *To reflect on today's activities, let's all share one thing we learnt that was new or helpful for us.*

    Facilitators can encourage participants to share, going around in a circle, or "popcorn style" with whoever feels ready to speak next. Remind participants they have the right to pass also.

12. Conclude the activity by reading out the key messages:

- People with disability have the same rights as any other person. This includes sexual and reproductive health rights
- When someone's rights are denied, it can prevent them from making important life choices, like whether to get married or have children
- It's everyone's job to support people with disabilities to access their rights
- We can do this by including people with disabilities in decisions that affect them

13. Invite participants to ask any questions: Does anyone have any questions about anything we learnt today? You can also come ask after the session in private too.

10.2 Reporting requirements

Reporting requirements are different for each organisation so be sure to check how your program will be monitored or evaluated. The following information is general guidance from UNFPA on the evaluation of CSE and FLE programs.[39]

Monitoring (including process evaluation) refers to the regular assessment of ongoing sexuality education, life skills and HIV-prevention education programs. It tracks activities, inputs, outputs and progress, i.e., what the program has accomplished.

Inputs include resources, staff, training and supplies, while **outputs** are the most immediate result of the inputs. For policy projects, outputs may include the number of stakeholders contacted, number of South-South visits, or number of policy briefs disseminated. For FLE programs, the outputs may include the number of staff who have participated in training, number and type of young people who are reached, and the quality of the program. All FLE programs should routinely conduct input-output monitoring.

Evaluation assesses two types of achievements – **outcomes and impact**:

- **Outcome evaluation** assesses risk/protective factors such as changes in attitudes, behaviours or skills, percentage of young people reached in the identified target groups, and other short-term indicators. For policy projects, outcomes might include approval and implementation of a FLE policy; approval of changes in a policy's language, budget or scope; or increased buy-in from stakeholders. Most programs should periodically conduct outcome evaluation.
- **Impact evaluation** takes a step further, linking observed outcome changes to a particular program. Indicators include ultimate program goals such as reduced rates of unintended pregnancy, STIs and injury from gender-based violence – or other human rights outcomes that may have been identified as program goals in their own right. Impact is assessed through research methods such as randomiSed controlled trials that allow causal attribution, but few programs have the capacity to conduct such rigorous impact evaluation.

Figure 1 is a basic logic model for FLE. Figure 1 highlights how FLE activities (or "inputs"), outputs, short-term outcomes, long-term outcomes and impacts of a program are linked to one another in a clear way.[38. 39]

Figure 1. Basic logic model

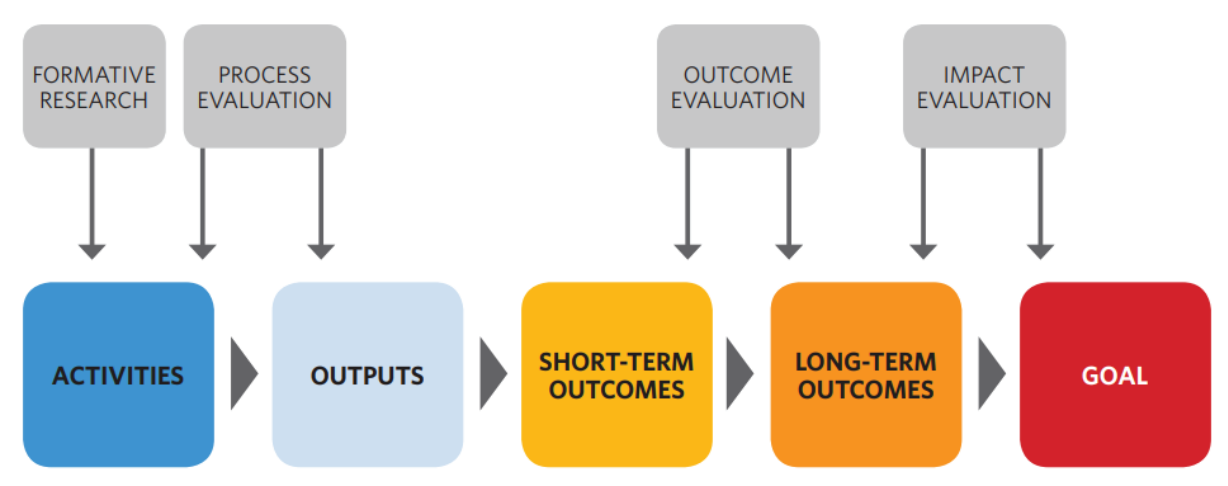


Figure 2. Examples of FLE research types and indicators for an illustrative program that aims to reduce STI rates[38]

Monitoring/process evaluation/operations research			Outcome evaluation/impact evaluation		
Activities: Program	**Activities: Participants**	**Outputs**	**Short-term outcomes**	**Long-term outcomes**	**Goal**
Attend training Get condom source and deliver points Identify and establish referral with services	Complete activities that apply critical thinking, advocacy, reflection and develop skills	Sessions planned Community sensitised Facilitators using participatory methods Condoms available Service referral system established	Increased condom and STI knowledge Increase in gender equitable attitudes Increased refusal or condom use self-efficacy Improved critical thinking skills Decreased acceptance of intimate partner violence Greater access to condoms	More frequent use of condoms Delayed of sexual initiation Fewer sexual partners Decrease in intimate partner violence More equitable power in relationships	Reduction in STI rates

References

1. UNESCO, UN Women, UNICEF, UNFPA, Joint United Nations Programme on HIV/AIDS. International technical guidance on sexuality education: an evidence-informed approach. [Internet]. Paris; New York; Geneva: UNESCO : UN-Women : UNICEF : UNFPA : UNAIDS : WHO; 2018 [cited 2022 Feb 10]. Available from: http://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2018/international-technical-guidance-on-sexuality-education-2018-en.pdf?la=en&vs=3451
2. United Nations Population Fund. International Technical and Programmatic Guidance on Out-of-School Comprehensive Sexuality Education. New York: United Nations Fund for Population Activities (UNFPA); 1986.
3. UNESCO Institute for Statistics. Vanuatu [Internet]. 2016 [cited 2022 May 3]. Available from: http://uis.unesco.org/en/country/vu
4. Schuster S, Schoeffel P. Girls and sports in Samoa: Culture, policy and practice in urban and rural communities. In: 1st ed. Routledge; 2019. p. 111–23.
5. Chau K. Technical Brief on the Integration of Menstrual Health into Sexual and Reproductive Health and Rights Policies and Programmes [Internet]. United Nations Population Fund; 2021 [cited 2022 Feb 10]. Available from: https://esaro.unfpa.org/sites/default/files/pub-pdf/mhm-srhr_integration_digital.pdf
6. Anderson K, Barnes R, Raoof A, Hamilton C. Situation Analysis of Children in the Pacific Island Countries [Internet]. UNICEF; 2017 [cited 2022 Feb 10]. Available from: https://www.unicef.org/pacificislands/media/661/file/Situation-Analysis-Pacific-Island-Countries.pdf
7. Samoa, SDGs Taskforce. Second voluntary national review on the implementation of the sustainable develoment goals to ensure "improved quality of life for all" [Internet]. Apia, Samoa: Ministry of Foreign Affairs and Trade (MFAT); 2020. Available from: https://samoa.un.org/sites/default/files/2020-07/Samos2ndVNR2020_LowRes.pdf
8. Ministry of Health. Global AIDS Monitoring Report for Samoa 2018 [Internet]. Apia, Samoa: Ministry of Health; p. 77. Available from: https://www.unaids.org/sites/default/files/country/documents/WSM_2018_countryreport.pdf
9. UNFPA Asia and Pacific Regional Office. Samoa: Sexual and Reproductive Health Rights Needs Assessment [Internet]. Suva, Fiji; 2015 Apr [cited 2022 Aug 1]. Available from: https://pacific.unfpa.org/sites/default/files/pub-pdf/2.SamoaSexualandReproductiveHealthRightsNeedsAssessmentReportLRv1.pdf
10. United Nations Population Fund. I am not a lost cause!: Young women's empowerment and teenage pregnancy in the Pacific [Internet]. United Nations Population Fund; 2013 [cited 2022 Feb 16]. Available from: https://pacific.unfpa.org/sites/default/files/pub-pdf/UNFPASWOPPacificSupplementIamNotaLostCauseLR5final.pdf
11. CDC. Condom Fact Sheet in Brief. Centres for Disease Control and Prevention; 2021.
12. Ministry of Health. Integrated Community Health Approach Program (ICHAP) Survey: Behavioural Surveillance from MoH Outreach Programming [Internet]. Apia, Samoa: Ministry of Health; 2017 [cited 2022 Aug 1]. Available from: https://www.health.gov.ws/wp-content/uploads/2022/07/3ICHAP-Survey-Report-2018-MoH-Autosaved.pdf

13. World Health Organization. Child, early and forced marriage legislation in 37 Asia-Pacific countries [Internet]. Geneva: World Health Organization; 2016 [cited 2022 Mar 15]. 148 p. Available from: https://apps.who.int/iris/handle/10665/246283

14. Samoa Bureau of Statistics, Ministry of Health. Samoa demographic and health survey 2014 [Internet]. Apia, Samoa: Samoa Bureau of Statistics, Government of Samoa; 2014. Available from: sbs.gov.ws

15. UNFPA. kNowVAWdata Phase 1 Report: Improving Quality and Availability of Ethical Date on VIolence against Women Prevalence Across the Asia and the Pacific Region [Internet]. United Nations Population Fund; 2021 [cited 2022 Feb 10]. Available from: https://asiapacific.unfpa.org/sites/default/files/pub-pdf/final_unfpa_knowvaw_data_phase_1_report_17_may.pdf

16. UN Women. Samoa [Internet]. UN Women – Asia-Pacific. [cited 2022 Aug 1]. Available from: https://asiapacific.unwomen.org/en/countries/fiji/co/samoa

17. Ramona Boodoosingh, Melanie Beres, David Tombs. Research briefing: Violence against women in Samoa. Women's studies journal. 2018;32(1/2):33–56.

18. FLE Multi-stakeholder steering committee. Family Life Education in Samoa: Conceptual Framework. FLE MSC; 2020.

19. Federal Centre for Health Education (BZgA). Standards for Sexuality Education in Europe. Winkelmann C, editor. Cologne, Germany: Bundeszentrale f??r gesundheitliche Aufkl??rung, BZgA; 2011.

20. Kivela J, Ketting E, Baltussen R. Cost analysis of school-based sexuality education programs in six countries. Cost Effectiveness and Resource Allocation. 2013 Aug 1;11(1):17.

21. World Health Organisation. Defining sexual health [Internet]. [cited 2022 Feb 10]. Available from: https://www.who.int/teams/control-of-neglected-tropical-diseases/lymphatic-filariasis/morbidity-management-and-disability-prevention/sexual-and-reproductive-health-and-research

22. United Nations, editor. Report of the International Conference on Population and Development: Cairo, 5 - 13 September 1994. New York; 1995. 193 p.

23. NC State University. What is a Safe Space? [Internet]. Office for Institutional Equity and Diversity. 2020 [cited 2022 Aug 1]. Available from: https://diversity.ncsu.edu/news/2020/02/07/what-is-a-safe-space/

24. Family Planning NSW. Create a safe learning environment. Family Planning NSW;

25. Australian Institute of Family Studies. Responding to children and young people's disclosures of abuse [Internet]. Australian Government; Available from: https://aifs.gov.au/cfca/sites/default/files/disclosure-infographic.pdf

26. NSW Government. Sexuality and sexual health education in NSW government schools [Internet]. 2016. Available from: https://cpb-ap-se2.wpmucdn.com/learning.schools.nsw.edu.au/dist/c/8/files/2015/06/Fact-sheet-sexuality-education-25roez1.pdf

27. Substance Abuse and Mental Health Services Administration. SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach [Internet]. SAMHSA; 2014. Available from: https://ncsacw.samhsa.gov/userfiles/files/SAMHSA_Trauma.pdf

28. CARDEA. A Guide to Trauma-Informed Sex Education [Internet]. 2016 [cited 2022 Feb 10]. Available from: https://traumainformedoregon.org/wp-content/uploads/2016/09/Guide-toTrauma-Informed-Sex-Education.pdf

29. UNICEF. Inclusive Education - Understanding Article 24 of the Convention on the Rights of Persons with Disabilities. 2017 Sep p. 8.

30. NSW Department of Education. Inclusive Education Statement for students with disability [Internet]. NSW DoE; 2019. Available from: https://education.nsw.gov.au/content/dam/main-education/teaching-and-learning/disability-learning-and-support/our-disability-strategy/inclusive-education/Inclusive-Education-Statement.pdf

31. Resilience Initiative. Embracing a Strengths-Based Perspective and Practice in Education [Internet]. 2017 [cited 2022 Feb 10]. Available from: http://www.mifras.org/know/wp-content/uploads/2017/01/Strengths-BasedSchoolCultureAndPractice.pdf

32. United Nations Population Fund. Comprehensive sexuality education: for out of school young people in east and southern Africa, [Internet]. Johannesburg, South Africa: UNFPA; 2017. Available from: https://esaro.unfpa.org/sites/default/files/pub-pdf/CSE%20Facilitators%20Manual.pdf

33. Fuller TR. General Adaptation Guidance: A Guide to Adapting Evidence-Based Sexual Health Curricula [Internet]. Centres for Disease Control and Prevention; 2012. Available from: https://www.etr.org/ebi/assets/File/GeneralAdaptationGuidanceFINAL.pdf

34. Sexual Health and People Living with a Disability [Internet]. SHINE SA. [cited 2022 Feb 10]. Available from: https://shinesa.org.au/community-information/disability-sexuality/sexual-health-living-with-disability/

35. Sexual Health Education for Young People with Disabilities - Research and Resources for Parents/Guardians [Internet]. Advocates for Youth. [cited 2022 Feb 10]. Available from: https://www.advocatesforyouth.org/resources/fact-sheets/sexual-health-education-for-young-people-with-disabilities-2/

36. Yarrow E, Apland K, Anderson K, Hamilton C. Getting the Evidence: Asia Child Marriage Initiative [Internet]. Plan International; 2015 [cited 2022 Feb 10]. Available from: https://coraminternational.org/wp-content/uploads/getting_the_evidence_released_summary_report.pdf

37. Price-Robertson R. Supporting young parents [Internet]. Child Family Community Australia. 2010 [cited 2022 Feb 10]. Available from: https://aifs.gov.au/cfca/publications/supporting-young-parents

38. UNFPA. The Evaluation of Comprehensive Sexuality Education Programmes: A focus on the Gender and Empowerment Outcomes [Internet]. UNFPA; 2015 [cited 2022 Feb 10]. Available from: https://www.unfpa.org/sites/default/files/pub-pdf/UNFPAEvaluationWEB4.pdf

39. UNFPA. UNFPA Operational Guidance for Comprehensive Sexuality Education: A focus on Human Rights and Gender [Internet]. UNFPA; 2014 [cited 2022 Feb 10]. Available from: https://www.unfpa.org/sites/default/files/pub-pdf/UNFPA%20Operational%20Guidance%20for%20CSE%20-Final%20WEB%20Version.pdf