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A manual on youth sexual health promotion,
advocacy, and education in the context of youth work



Youth Sexual Health

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About this manual

Youth Health Literacy

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The project

For a healthier Europe, promoting good health is an integral part of Europe 2020, the EU 10-year economic-growth strategy. Health policy is important to Europe 2020 objectives for smart and inclusive growth because keeping the people informed, healthy, and active has a positive impact on the future of the EU. There is growing evidence that health and literacy are closely linked, and therefore, influence other parameters of life such as poverty, inequality, discrimination, power relations, and income levels. Hence, health literacy is a strategy which contributes to the improvement of community's health, participation, and wellbeing where health is the basic human right that guarantees people autonomy and responsibility for their own health, and wellbeing. But despite its immense benefits, health literacy remains a challenge for the European public health. Research findings show that more than a third of the EU population face difficulties in finding, understanding, evaluating, and using information to manage their health, especially sexual and mental health. Whereas according to the World Health Organisation, health education interventions have formative character, since they manage to integrate both cognitive and attitudinal processes that allow behaviour modification, and become a conscious, rational, and voluntary action.

Thus, in this project, we sought to create a partnership aiming to strengthen partners' capacity to develop a youth work that can meet the health literacy needs of our targeted groups through inclusion and diversity; by using the approaches that offer potential for reaching out to and engaging targeted groups. From previous projects, efforts were falling short on these aspects, and thus, failing in meeting the needs of our targeted groups in the longer term perspective. Though each project focused a lot on needs assessments among the targeted groups, there was no room for impact measurement to see whether social change was happening. To meet those needs, the consortium and the targeted groups benefited from applying the Impact Pathway, Participatory Action Research, and Rights-Based Approaches in project's implementation. Project partners met their needs by strengthening their own capacities through research, experiential learning, and by sharing good practices on how programming a Youth Health Literacy Intervention must be rights-based; youth and their rights to health must be at the centre of such an intervention. Whereas the project targeted groups participated in community-based interventions to transform their health literacy problems into the human right language that abides to the EU's youth health policies.

The manual

Gender literacy and sexual health are concepts that refer to an individual's knowledge and understanding of both their gender and sexuality and they are often intertwined and they can intersect in various ways. Gender literacy involves an understanding of social and cultural aspects of gender, including the roles, the norms, and expectations associated with being a male, female, or non-binary, as well as the impact of gender on both personal identity and relationships. Whereas sexual health literacy involves an understanding of one's own sexual identity, as well as the range of sexual behaviours and practices that exist. Therefore, both gender and sexual health are not fixed or static concepts, they are both an ongoing process that requires ongoing learning, reflection, awareness, and engagement with diverse perspectives or experiences of the people who do not conform to the traditional gender norms. So, developing gender and sexual health literacy requires reflection, and engagement with diverse perspectives and experiences.

And even though it is possible to conceptually distinguish Sex from Gender in practice, with our human biology, we are nearly always dealing with both. Thus, this manual emphasises on both understanding and addressing how various systems of oppression and privilege intersect and impact individuals on the basis of their sex and their gender. It further highlights listening to, valuing different sex/gender groups diverse perspective and experiences, rather than assuming the one-size-fits-all understanding of these identities and experiences. Hence, an intersectional approach to gender, sex, sexuality, intimacy recognises that these identities and experiences are not isolated and independent, but rather they intersect and overlap with one another. Acquiring competencies on such a multifaceted topic lead to greater self-awareness, increased communication skills, better decision-making skills around sexual and gender-related issues. So, approaching gender, sex and sexuality from an intersectional perspective ensures that all individuals are treated with dignity and respect and that their experiences and identities are valued and affirmed. Such an approach recognises that all individuals have multiple and intersecting identities that influence their experiences of sexuality and sexual health.

The consortium

Author: Universidade Atlântica



Created in 1996 as a public interest institution that focuses on the creation, transmission, and diffusion of knowledge, sciences, and technology through the articulation of studies, teaching, research, and experimental development.

Contributor: National College "Ienăchiță Văcărescu"



One of the top of Dambovită county's learning establishments. Under the attentive guidance of exceptionally professional teachers, the students develop their skills and creativity, as well.

Contributor: TERRAM PACIS



Established in 2010, a human rights, non-profit organisation in special consultative status with The United Nations Economic and Social Council. Through education and training we facilitate youth build a universal culture of human rights.

Contributor: Comitato d'Intesa



Created in 1977, gathers associations operating in different sectors such as: youth policy, interculturality, sustainable development, social solidarity, assistance of persons with special needs and support a healthy way of life.

Contributor: Ministry for Gozo



An important public body that caters for Gozo, especially Gozitan Youths, and has connections all over Europe. It is a hub for innovative European Youth Education. Learners who are associated with this setup are youth in Malta and Gozo.

Manual glossary

- **Youth health literacy**

Refers to the degree to which youth have the capacity to obtain, process, understand, and apply the most basic health information which is needed to make appropriate health decisions.

- **A health literate youth:**

Refers to the young person who has the ability and capacity of placing their own health and well-being and that of their family and community into context, understanding which factors are influencing them, and knowing how to address them.

- **Sex:**

Refers to the biological characteristics that define an individual as male, female, or intersex, based on chromosomes, hormones, anatomy, reproductive organs, and behaviours, but it is not always binary.

- **Gender:**

Refers to social and cultural norms, values, and roles, behaviours, and identities of society's expectations that are associated with being a male, female, or non-binary.

- **Gender identity:**

Refers to an individual's internal sense of being male, female, or non-binary, and it can align or not align with the sex the individual was assigned at birth.

- **Gender expression:**

Refers to the external manifestation of individual gender identity, which can include clothing, hairstyles, mannerisms, and other characteristics that are typically associated with a particular gender.

- **Gender literacy:**

Involves gaining a deeper understanding of the complexities of gender and its impact on individuals and society. It is an ongoing process that requires one's willingness to learn, listen, and reflect.

- **Sexuality:**

Refers to the ways in which the individuals express and experience their sexual desires and interests. Hence, Sexuality includes a wide range of aspects related to sex, such as attraction, orientation, behaviours, identity, and pleasure.

- **Sexual desire:**

Is a component of sexuality, which refers to the individual's level of interest or attraction to sexual activities. It can be influenced by a variety of factors such as physical and emotional well-being, hormonal changes, psychological factors, or relationship status, or cultural values.

- **Youth sexual health literacy:**

Is a set of knowledge, skills, beliefs, attitudes, incentives, and personal abilities in the access, perception, assessment, and utilisation of sexual health information in youth's daily life, which enables and empowers the youth to judge and decide on creating change in their sexual life.

- **Reproductive health:**

Refers to a state of physical, mental, emotional, and social well-being of individuals in all matters related to their reproductive system and its functions, and not merely the absence of disease or infirmity, but in addressing all matters relating to the reproductive system and to its functions and processes, at all stages of life.

- **Sexual and reproductive health and rights:**

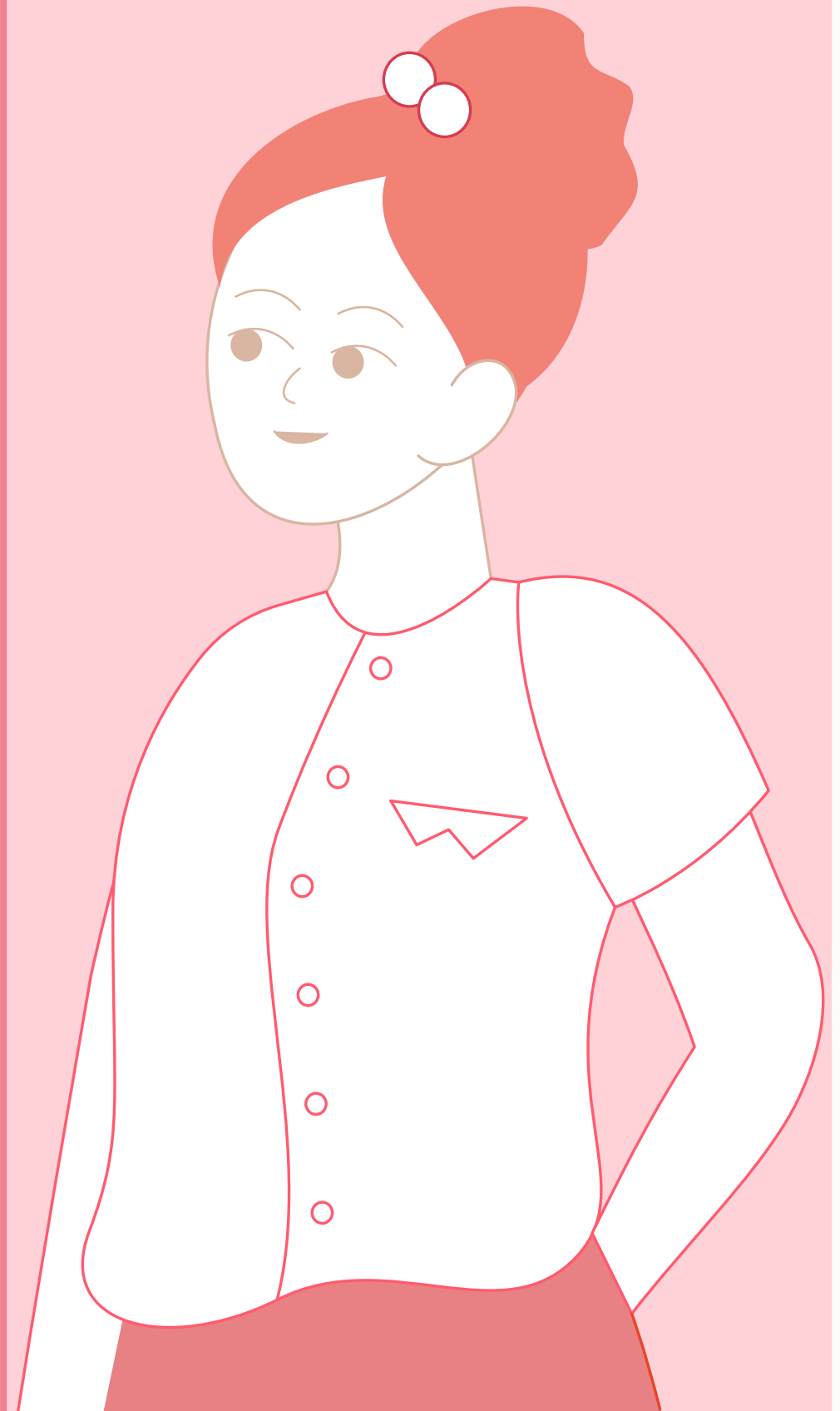
Refer to a person's right to make informed and voluntary decisions about their sexual and/or reproductive health, without fear of discrimination and/or coercion.

- **Menstrual hygiene management:**

Describe the needs and experiences of people who menstruate, including easy and safe access to menstrual health information, services, and infrastructure that are needed to manage periods with dignity and with comfort.

CHAPTER - 1

Gender, sex, sexuality: an intersectional approach



1.1. Gender and Sex: two distinct domains

While sex and gender are often used interchangeably in everyday language, they have distinct meanings. **Sex** is thought of as a dichotomous concept, where the human being are classified as male and/or female based on their reproductive anatomy (almost always based on the appearance of external genitalia) and the genetic makeup. The determination of sex is the fertilised zygote, the fertilised egg cell that results from the union of a female gamete (egg, or ovum) with a male gamete (sperm), determined by the presence of either an X or Y chromosome, with XX resulting in a female and XY resulting in a male. This criterion is used to fill in a birth certificate, though however, it should be noted that there are also individuals who are born with variations in sex development (intersex) and their sex may not be easily classified either male or female. Sex refers to the biological characteristics that define an individual as male, female, or intersex, based on chromosomes, hormones, anatomy, reproductive organs, and behaviours, but it is not always binary.

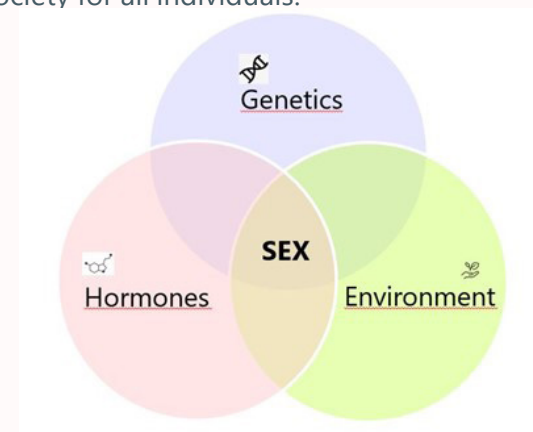
Some examples of sex differences include:

- **Chromosomal differences:** females typically have two X chromosomes, while males have one X and one Y chromosome.
- **Hormonal differences:** males typically have higher levels of testosterone, while females have higher levels of oestrogen and progesterone.
- **Anatomical differences:** males typically have larger muscle mass, broader shoulders, and more body hair, while females typically have wider hips and more body fat.
- **Behavioural differences:** some research suggests that there may be differences in cognitive and emotional processing between males and females, although there is an ongoing debate about the extent to which these differences are influenced by biological factors.

Thus, though sex is often thought of as binary (male or female), it is more accurately described as a spectrum. **Intersex** individuals are born with sex characteristics that do not fit the typical binary definitions, and there are individuals who identify as non-binary, meaning that they do not identify as exclusively male or female. It is therefore important to note that while sex differences exist, they do not necessarily determine an individual's gender identity and/or gender expression. It is also important to recognise that any

generalisations about sex differences should be approached with caution, as there can be significant variation between various individuals. Further, the stereotypes and the assumptions about sex differences can contribute to discrimination and bias, particularly when they are used to justify unequal treatment and unequal access to opportunities based on gender.

Gender, on the other hand, refers to social and cultural norms, values, and roles, behaviours, and identities of society's expectations that are associated with being male, female, or non-binary. **Gender identity** refers an individual's internal sense of being male, female, or non-binary, and it can align or not align with the sex that the individual was assigned at birth. **Gender expression** is the external manifestation of individual gender identity, which can include clothing, hairstyles, mannerisms, and other characteristics that are typically associated with a particular gender. Additionally, the concept of gender is specific to humans, since only the humans have evident self-awareness that allows them to express gender, and it is not found in other animals, which only have sex. So, **Sex** and **Gender** are not synonyms and using these terms interchangeably can lead to confusion and inaccuracies in both societal and biomedical contexts. The use of the term "gender" instead of "sex" in forms and surveys is problematic because it implies that there are only two options, male and female, when in fact there are many more possibilities. That can be confusing and exclude individuals who do not identify as either male or female, such as non-binary or gender-nonconforming individuals. To be respectful and not discriminate; it is important to be aware of the distinctions between these two socially significant factors. It is important to recognise the difference between sex and gender, as conflating the two can lead to harmful stereotypes and discrimination. By understanding and respecting the diversity of gender identities, we can create a more inclusive and equitable society for all individuals.



Furthermore, sex and gender identities interact in complex and unique ways, creating unique experiences and/or challenges for different individuals. For example, an intersectional approach to sex and sexuality may recognise that the individuals from different racial or ethnic background minority may face different social, cultural, or historical factors that influence their experiences of sexuality and sexual health. Therefore, those factors may include racism, discrimination, stereotypes, prejudices, and cultural norms around gender and sexuality. Similarly, such an intersectional approach may recognise that individuals with different abilities may face unique challenges and barriers related to their sexual health and access to sexual education and resources. It may also recognise that LGBTIQA individuals face complex discrimination and stigma related to their sexual orientation and gender identity which can have negative impacts on their mental health and well-being. By taking this approach, we can promote more comprehensive, inclusive, and equitable approaches to sexuality and sexual health for all.

Hence, improving gender literacy involves gaining a deeper understanding of the complexities of gender and its impact on individuals and society. It is an ongoing process that requires a willingness to learn, listen, and reflect. Doing so makes it possible to become a more informed and effective ally in the fight for gender equity. So, gender literacy it is important to:

- **Re-educate oneself:** Education is the starting point. Reading reliable information from books, articles, and other materials about gender, and/or watching documentaries, and attending workshops or events that focus on gender issues is the best way to learn about its different dimensions, and its impact on individuals and society.
- **Listen and learn from diverse perspectives:** It is important to listen to and learn from people with different gender identities and experiences. Engaging in conversations with people who identify as transgender, non-binary, or gender-nonconforming, is the best way to learn from their experiences.
- **Challenge pre-existing assumptions:** Questioning those assumptions and biases about gender is the best way to be open to learning and exploring new perspectives and ideas.
- **Become an ally:** Using one's privilege and influence to support and advocate for gender equity. Speaking out against sexual and gender discrimination and sexual and gender-based violence and

supporting organisations that promote gender equity and empower marginalised communities.

- **Practice inclusive language:** Using gender-neutral language where possible, and respecting people's pronouns and gender identities. This is the best way to avoid making assumptions about people based on their appearance or gender expression.
- **Foster a culture of respect and inclusion:** Creating a safe and inclusive environment where people of all gender identities feel welcome and valued. This is the best way to encourage others to be respectful and inclusive and hold people accountable for sexual and/or gender discriminatory behaviour.

Thus, gender literacy empowers individuals to become advocates for gender equity which creates more inclusive, safe, and equitable societies. Education, resources, and support provide positive changes to create a world where gender is no longer a barrier to equal opportunities and respect. Moreover, promoting comprehensive knowledge about sex, gender, and all aspects of sexuality (*such as emotional, physical, and social*) is a path to being mindful of our own prejudices and to working toward understanding and accepting differences in others. Only by being aware of the singularity of each one of us, it is then possible to overcome harmful stereotypes, discrimination, and intolerance, and contribute to more respectful, inclusive, and supportive communities, and work towards creating a more just and equitable society.

1.2. Gender spectrum and sex physiology

Sex is a biological concept and sex differences in physiology (the way in which a living organism or bodily part functions). The associated mechanisms can be shaped by the combination of three major factors: **sex hormones**, **genes**, and **the environment**. **Sex hormones**, such as oestrogen and testosterone, both play a significant role in the development and maintenance of sexual characteristics and behaviours. So, both sexes produce the same hormones but in different quantities, which thus makes it difficult to define the sex of the individual based only on these sexual molecules. **Genetics** (*a branch of biology that deals with heredity and variation of organisms*) also plays an important role in sex differences, since certain genetic variations may be more common in one sex than the other. And finally, **the environment** also plays a role in sex differences, since different experiences, expectations, and

socialisation can affect the development of certain behaviours. Important to note that these three factors interact and overlap, and relative contributions of each to sex differences can vary depending on the phenotype (*the set of observable characteristics of an individual*) under study.

Whereas gender differences on the other hand, reflect a complex interplay of psychological, environmental, cultural, and biological factors. So, it is a complex multi-factorial trait that likely results from the interplay of genetic, epigenetic (*the study of how behaviours and environment can cause changes that affect the way the genes work*), environmental, and social factors. Hence, the concept of gender identity is not reducible to just a single biological or psychological mechanism. It is important to note that gender and sex are not always congruent. While there might be associations between gender identity, neuroanatomy, genetics and hormone levels, the exact biological mechanisms underlying gender identity remain to be fully understood. But studies have shown that there are structural and functional differences in certain areas of the brain between the cis-gender individuals (*those whose gender identity aligns with their assigned sex at birth*) and the transgender individuals (*those whose gender identity does not align with their assigned sex at birth*). However, it is not clear whether these differences are the cause or the result of gender identity.

Sex physiology refers to the biological and physiological characteristics that distinguish the male, female, and intersex individuals. These characteristics include chromosomes, hormones, and reproductive organs and they are typically used to categorise individuals into binary sex categories (*male or female*). However, biological sex is not always binary, and thus, some individuals may be born with variations in sex characteristics that do not fit the typical binary definitions. While sex often influences gender, it is not possible for gender to influence sex, as sex is a biological characteristic determined by genetic, hormonal, and physiological factors that are not changeable by social or cultural constructions. Therefore, by acknowledging the diversity of gender identities and gender expressions and recognising the variation that can exist in biological sex, we can therefore create a more inclusive and equitable society that values and respects the experiences and identities of all the individuals. This is important since the concepts and the definitions related to sexual orientation and gender identity have evolved significantly over the years. Many of the terms that were commonly

used in the past to describe the LGBTIQA people are now considered to be outdated, inaccurate, and even offensive.

For example, the term “homosexual” was commonly used in the past to describe people who were attracted to the same gender, but this term is now considered to be outdated and far more stigmatising. The term **gay** is now commonly used to describe people who are attracted to the same gender. Similarly, the term **transsexual** was once used to describe people who identified as the gender other than the one that they were assigned at birth. However, this term is now also considered to be outdated and stigmatising, and the term **transgender** is now more commonly used. Other terms that were once commonly used, such as **sexual preference** or **gender identity disorder**, are considered to be offensive, outdated. The term **sexual orientation** is now more commonly used to describe a person’s attraction to others, and **gender dysphoria** is now used to describe the distress that can come from the disconnect between one’s gender identity and assigned sex. Hence, in **Table 1** and in **Figure 1**, the definitions of some terms for sex and gender types are presented to contribute to knowledge improvement.

Table 1. Term definitions for sex and gender concepts

SEX IDENTITY	
Term	Definition
Female	Represents females in a conceptual way consistent with genetic/genitals (XX chromosomes, ovaries, and vagina)
Male	Represents males in a conceptual way consistent with genetic/genitals (XY, chromosomes, testes, and the penis).
Intersex	An individual born with characteristics (anatomy, organs, chromosomes, hormones, etc.) that do not fit normative ideas of male or female. Intersex conditions though are not common, many intersex infants and children are forced to undergo non-consensual, medically unnecessary surgeries to conform to society’s ideals.

GENDER IDENTITY	
Term	Definition
Cisgender	An individual who exclusively identifies with/as the gender associated with their assigned gender at birth.
Transgender	An umbrella term that describes a wide range of identities and experiences in which an individual identifies with/as a gender (or genders) other than or in addition to their assigned gender at birth.
Trans Woman	A transgender individual who is/identifies as a woman.
Trans Man	A transgender individual who is/identifies as a man.
Non-binary	An umbrella term used to describe a plethora of identities and experiences that exist beyond and between the binary notions of gender as being male/masculine or female/feminine. Not all non-binary individuals identify as trans.
Genderqueer	An umbrella term, like non-binary and gender nonconforming, but also a distinct identity for those that do not ascribe or conform to society's notions of binary gender.
Agender	Not identifying with having a gender or experiencing gender, genderless.
Demigender	Demigirl and demiboy: Having a partial, but not full connection to a gender

SEXUAL ORIENTATIONS	
Term	Definition
Gay	Typically, a man who is primarily physically and/or sexually attracted to members of the same gender.
Lesbian	Typically, a woman who is primarily physically and/or sexually attracted to members of the same gender.
Bisexual	A person who is physically and/or sexually attracted to people of their own gender and other genders, or towards people regardless of their gender.
Pansexual	A person who is physically and/or sexually attracted to people of any/all genders.
Queer	Used as an umbrella term to describe individuals who don't identify as heterosexual, or people who have a non-normative gender identity.
Questioning	Someone who is questioning and/or exploring their own identity and potential labels for their sexual orientation.
Homosexual	A person who is primarily physically and/or sexually attracted to members of the same gender.
Heterosexual	A person primarily physically and/or sexually attracted to members of the "opposite" gender, typically a man to a woman or woman to man. Colloquially = straight.



ASEXUAL SPECTRUM	
Term	Definition
Asexual	A sexual orientation generally characterized by not feeling sexual attraction or a desire for partnered sexuality.
Demisexual	A demisexual does not experience sexual attraction unless they have already formed a strong emotional bond with the person. The bond may or may not be romantic in nature. Please note that there is a difference between demisexuality, which involves attraction.
Gray-asexual	A Gray-asexual may infrequently experience sexual attraction, may be unsure if they have, or may experience low sexual desire, yet will generally identify as being close to asexual. The word "Gray" comes from the "Gray area" between asexuality and non-asexuality.

AROMANTIC SPECTRUM/ROMANTIC ORIENTATION	
Term	Definition
Aromantic	A romantic orientation characterised by a persistent lack of romantic attraction toward any gender.
Homoromantic	A romantic orientation characterised by romantic attraction to the same gender.
Biromantic	A romantic orientation characterised by romantic attraction to people of their own gender and other genders, or towards people regardless of their gender.
Panromantic	A romantic orientation characterised by romantic attraction regardless of gender.
Demiromantic	A demiromantic does not experience romantic attraction unless they have already formed a strong emotional bond with the person.

Gray-aromantic	A Gray-aromantic may infrequently experience romantic attraction, may be unsure if they have, or may experience low romantic desires, yet will generally identify as being close to aromantic.
Pansexual	People who can feel an attraction to anyone (all types of genders or sexual orientations) including individuals who do not identify as a specific gender. Their attraction is focusing on personality rather than gender.
Polysexual	Someone who is attracted to many genders, but not all.

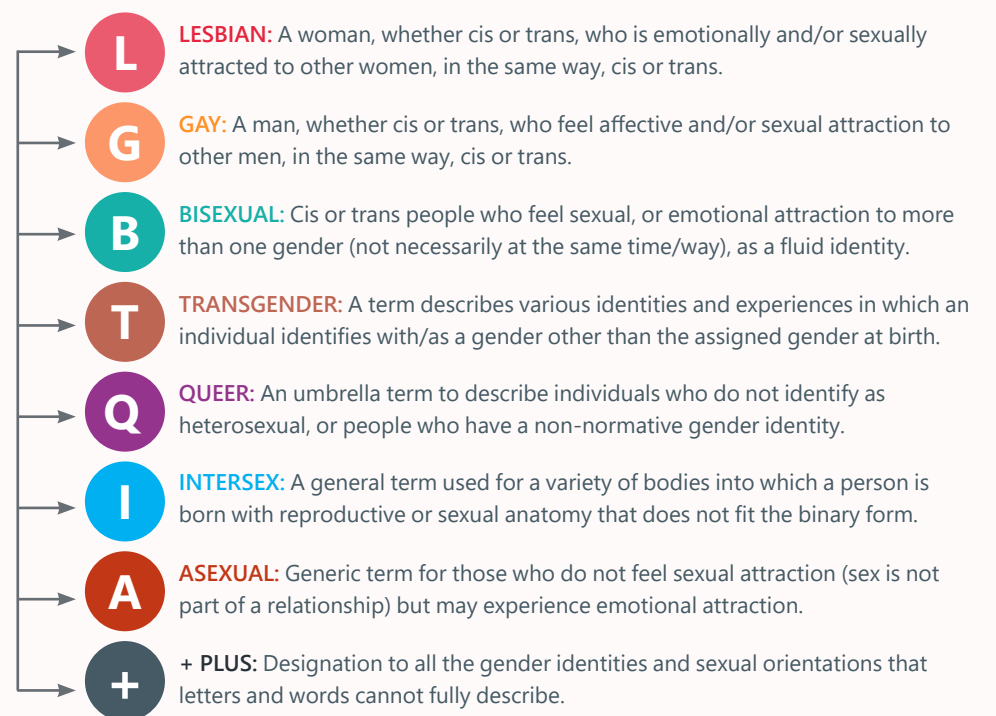
INNER COMMUNITY LANGUAGE	
Term	Definition
QTPOC/QTIPOC	Queer and Trans People of Colour/Queer and Trans Indigenous/Intersex People of Colour. Acronyms utilize to describe and recognize the intersection of race and LGBT identities.
Undocuqueer	Identity label claimed by some people who are both queer and undocumented to show that those two aspects of their identity are not only intersectional, but also inseparable
Closeted	Someone who is LGBT identified, but for various reasons (such as safety, job security, family dynamics, etc.) cannot be as forthcoming about their identity as others who are "out".
Two-Spirit	A term created by and for Indigenous/ Native American/First Nations people in the 90's to describe a multitude of genders specific to those cultures that were erased and violently repressed by white/western colonialism and binarism.
Homophobia	Negative feelings, attitudes, actions, or behaviours towards anyone who is lesbian, gay, bisexual, or transgender, or perceived to be LGBTQ.

Transphobia	Negative feelings, attitudes, actions, or behaviours towards anyone who is Trans or perceived to be non-cis.
Heterosexism	The system of oppression that reinforces the belief in the inherent superiority of heterosexuality and heterosexual relationships, thereby negating gay, lesbian, and bisexual lives and relationships.
Cissexism	The system of oppression that reinforces the belief in the inherent superiority of Cis identities and cis relationships, thereby negating trans spectrum lives and relationships.

Gender roles	The set of expectations, behaviours, and attitudes that are considered appropriate for men and women in a culture or society.
Gender stereotypes	Preconceived notions or assumptions about the characteristics, behaviours, and roles of men and women, which can be limiting and harmful.
Intersectionality	The interconnected nature of social categories such as race, gender, class, and sexuality, which together form a complex system of oppression and discrimination.
Patriarchy	A social system in which men hold primary power and authority over women.

COMMUNITY SPECIFIC LANGUAGE	
Term	Definition
Ally (Allies)	An individual outside of the LGBTIQA community that supports their fight for equality and rights (family and friends' partners in the community).
Curious	Those who are curious to try other things, even though they are unsure of what it is.
Gender dysphoria	Distress that can come from a disconnect between one's gender identity and assigned.
Gender expression	The way a person presents themselves through their appearance, behaviour, and mannerisms.
Gender fluidity	The idea that gender is not fixed or static and may change over time or in different contexts.
Gender norms	The unwritten rules and expectations of how men and women should behave in society.

Figure 1. LGBTIQA meaning.



1.3. Sexuality, sexual desire, and intimacy

Sexuality refers to the ways in which the individuals express and experience their sexual desires and interests. Hence, sexuality includes a wide range of aspects related to sex, such as attraction, orientation, behaviours, identity, and pleasure. So, this includes heterosexual, homosexual, bisexual, asexual, and other orientations. Sexuality is the complex and multifaceted aspect of human experience, which is further influenced by biological, psychological,

social, cultural, and/or the environmental factors. **Sexual desire** is a specific component of sexuality, which refers to the individual's levels of interest or attraction to sexual activities. It can be influenced by a variety of factors such as the physical and emotional well-being, hormonal changes, psychological factors, or relationship status, and cultural values. Hence, sexual desire and intimacy are closely related concepts in human sexuality, and so, pertain to human relationships and interactions, often intertwined with the concepts of sex and/or gender, since one gender identity can influence sexual desire and intimate relationships. Sexuality refers to the person's sexual identity, and behaviour whereas sexual desire refers to the drive to engage in sexual activity. Though both can be shaped by beliefs, values, attitudes, thoughts, fantasies, relationships. Sexuality and sexual desire encompass a wide range of experiences and expressions, including romantic, sexual, and platonic.

Intimacy is a closeness and an emotional connection between two people, often characterised by trust, openness, accountability, and mutual support. It can be experienced in different ways and at different levels, such as in the romantic or the sexual relationships, and/or those other types of close relationships, such as friendship. While intimacy is often associated with sexual behaviour, it is not limited to sexual activity and thus, it can exist in a variety of human relationships, including friendships, familial relationships, and romantic partnerships. Sexuality can be a way of expressing intimacy between partners, but it is not the only way, and not all forms of sex involve intimacy. Therefore, intimacy and sexuality can complement each other, but they are not interchangeable. Some people may feel comfortable engaging in sexual activity without having strong emotional connections while others may need a high level of emotional intimacy before feeling comfortable in engaging in any sexual activity. Sexual desire is often indicated as being the key factor in the development of both sexuality and intimacy in romantic relationships since pleasure and closeness contribute to both satisfaction and relationship stability. However, despite the connectivity between these three concepts: **Sexuality**, **Sexual desire**, and **Intimacy** they do not have to exist simultaneously. A person may have a high level of intimacy with a partner without being sexually active and/or may engage in sexual activity without feeling a deep level of intimacy. Though **sexuality**, **sexual desire**, and **intimacy** are all often interconnected aspects of the human experience, and they can have a significant impact on an individual's well-being and relationships.

So, understanding, exploring these aspects of ourselves is an important part of personal awareness, growth and development. In healthy relationships, intimacy and sexuality are important aspects of connection and bonding. Thus, communication, trust, and mutual respect are key to cultivating both intimacy and sexual satisfaction. It is therefore important for the individuals and partners to communicate their needs and desires around both intimacy and sex, and to always prioritise both consent and respect for boundaries.

Table 2. Interconnections between sexuality, sexual desire, and intimacy

SEXUALITY	SEXUAL DESIRE	INTIMACY
Refers to a person's sexual orientation, identity, and behaviours. Can be heterosexual, homosexual, bisexual, pansexual, asexual, etc.	Refers to a person's physical and emotional attraction to others. Can be high or low depending on various factors such as hormonal changes, mood, stress levels, etc.	Refers to a close, emotional connection between two people. Can involve physical touch, sharing of personal thoughts and feelings, or sense of safety and trust.
Can influence a person's sexual desires and preferences. For example, someone who identifies as homosexual may be attracted to people of the same gender.	Can drive a person's sexual behaviour and interactions. For example, a person with high sexual desire may seek out sexual partners or engage in solo sexual activities.	Can be a key component of a healthy sexual relationship. When partners feel emotionally close and connected, they are more likely to enjoy sex and feel comfortable exploring their desires with each other.
Can be fluid and change over time. For example, someone who identifies as heterosexual may discover later in life that they are attracted to people of the same gender.	Can be affected by various factors such as physical health, medication use, relationship issues, and stress.	Can be fostered through open communication, trust, and mutual respect. When partners feel safe and comfortable with each other, are more likely to share their desires and explore new sexual experiences together.

1.4. Respect, confidence, and self-esteem

Respect is the most important component of healthier relationships, both with oneself and with others, and it plays a crucial role in relationships and in community life. Respecting ourselves is self-respect, which means giving and defining our own worth and value as a human being; treating ourselves with kindness, compassion, and care. Further, it also involves setting healthy boundaries, recognising our own needs or desires, and thus, prioritising our own well-being. More specifically **self-respect** refers to the level of dignity and value an individual places on themselves and involves having a positive self-image and recognising one's own worth and capabilities. Having self-respect means setting boundaries, treating oneself with both kindness and compassion, and not engaging in self-destructive behaviours. It also means standing up and not allowing to be treated in a manner that is inconsistent with our own self-values and beliefs. In a similar way, respecting the others means recognising the inherent worth, value, and dignity of every person, regardless of their colour, sex, language, religion, political or other opinions, national or social origin, property, or birth. It involves treating others with empathy apart from divergence or disagreements, listening to and valuing their perspectives and treating them with dignity and respect, regardless of differences in beliefs, values, or backgrounds. It also means recognising and respecting their boundaries and seeking to both understand and support their needs and desires.

Self-respect is accepting one's own strengths and weaknesses and working on self-improvement throughout life, respecting others and accepting the differences among people, which is the foundation of healthy relationships. **Self-confidence** refers to belief in one's abilities and judgments, while **self-esteem** refers to an overall sense of self-worth. Both concepts are closely related to self-respect as they contribute to one's positive self-image. Thus, they are important aspects of self-respect, as they allow us to trust ourselves and our decisions. Having self-confidence can help us to take risks, pursue our goals, and handle setbacks with resilience. A more confident person is not as defensive with others and is more open to accepting different ideas, opinions, and collaboration between peers since is not so concerned about protecting their own ego and/or image. In this way, stronger interpersonal relationships are built and maintained, which contributes to the well-being of everyone involved. In order to build and maintain healthy relationships, it is important to cultivate self-respect and respect for others. This can involve

practising self-care, such as engaging in activities that promote physical and emotional well-being, setting healthy boundaries, and communicating our needs and desires in a clear and respectful manner. It can also involve showing compassion and empathy towards others, seeking to understand their perspectives, opinions, and treating them with kindness and respect.

Self-esteem is influenced by a variety of factors, including our experiences, relationships, and our cultural beliefs. When we have healthy self-esteem, we can value ourselves and our contributions, which help to form positive relationships and make positive choices. Sexual self-esteem represents the affective appraisals of oneself as a sexual being. Whereas **wellbeing** is a multidimensional concept that encompasses physical, emotional, and social aspects of our lives. It includes our ability to meet our basic needs, feel the positive emotions, and have fulfilling relationships. So, when one prioritises their own well-being, one can cultivate a sense of balance, resilience, and overall good health, which help to respect oneself and others. So, one can communicate their boundaries and expectations clearly, and recognise and value the needs and experiences of others, which help to form strong, and supportive connections that promote mutual respect and well-being.

1.5. Real or perceived gender image and community perceptions

Hereinafter, real or perceived gender image refers to how individuals identify and present themselves in terms of gender, and how they are perceived by others based on societal expectations and norms. Gender identity is one's internal sense of their own gender and one's gender expression is how an individual outwardly expresses their gender to the outside world, including through their appearance, behaviours, and/or mannerisms. That is, gender expression, includes the way in which a person expresses their gender to others; either in private and/or public spaces, including performances done according to personal preferences which can be reinforced or discriminated against through society domination of **acceptable** norms for femininity and/or masculinity. Gender image is shaped by a variety of factors, including societal expectations around gender roles and norms, cultural beliefs and traditions, and personal experiences. It can affect how individuals are treated and valued in and by society and it can influence their access to resources, opportunities, and rights. Thus, gender image can have positive or negative

effects on the individuals and communities. Discrimination, prejudice, and violence against individuals who do not conform to the traditional gender norms can negatively affect their mental health and well-being or can limit opportunities for success and happiness. It is important to recognise that gender image is not always a fixed nor permanent aspect of identity. Some individuals may explore different aspects of gender expression throughout their lives, some may identify as non-binary, gender non-conforming which may challenge traditional expectations around gender.

Society dictates what is considered **acceptable** behaviour, job, appearance, and beyond for both women and men. And thus, these dominant concepts are passed on between generations from birth. A community perceptions regarding sex and gender can vary widely depending on cultural, social, or historical factors. Different societies and various communities have different norms, values, and expectations regarding gender roles, expression, and/or sexuality. It is not easy to change the dominant community's perceptions that can interfere negatively in shaping our gender identity and expression, since we often conform to cultural norms and stereotypes to fit in and to feel more accepted. This can lead to pressure to conform to the more traditional gender roles and expectations and can impact our own ability to express our gender identity authentically. Hence, community's perceptions of gender image have a significant impact on how individuals are treated and valued in society, namely, because in some cultures, gender is seen as a binary construct. People who do not conform to traditional gender norms face discrimination, prejudice, and/or violence, which can negatively affect both their mental health and well-being. This can include transgender and gender non-conforming individuals, those who do not conform to the other societal expectations around gender, such as men who express emotions in a way that is traditionally seen as feminine. Traditional gender roles and expectations are strongly enforced, with specific expectations around how men or women should behave, dress, express themselves.

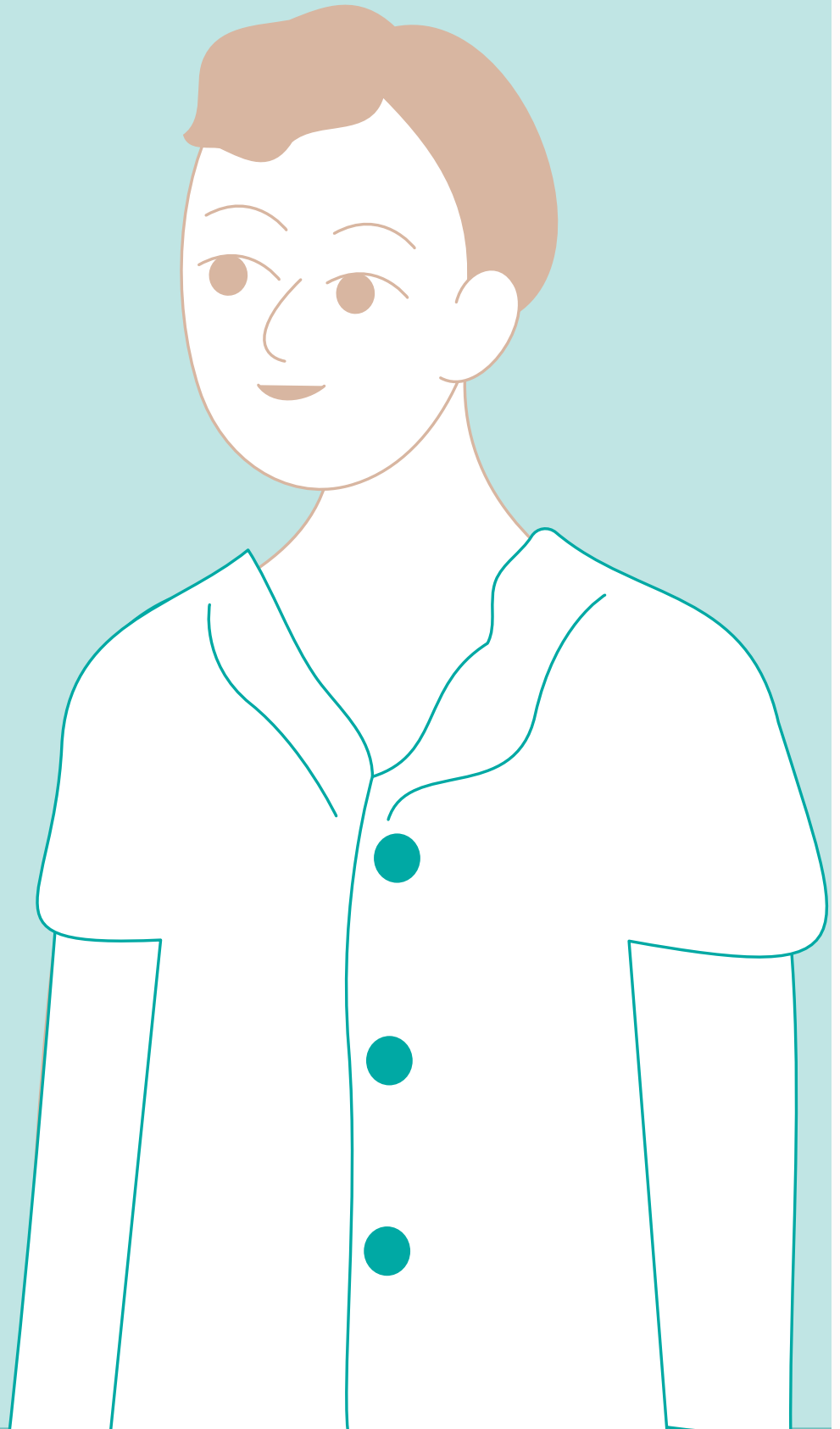
So often, these communities may view individuals who do not conform to these expectations as deviant and/or abnormal and thus, may subject them to discrimination, harassment and/or violence. In other communities, there may be more openness and/or acceptance of diverse gender expressions and/or gender identities. Hence, these communities may have more fluid and flexible notions of gender and thus, may celebrate and embrace gender

diversity, with greater awareness and acceptance of the LGBTIQA identities and experiences. These communities may have more progressive attitudes towards issues such as gender identity, sexual orientation, and non-binary gender identities, and may offer more resources and support for individuals who identify as LGBTIQA. It is thus important to recognise that community perceptions regarding sex and gender can have a significant impact on the well-being and experiences of individuals, particularly those who identify as LGBTIQA, and those who do not conform to traditional gender norms. Negative attitudes and discrimination can lead to marginalisation, social isolation, and/or mental health problems, while supportive and affirming attitudes can promote acceptance, connection, and positive self-esteem. So, the community's perceptions regarding gender image have significant impacts on the experiences and the well-being of individuals who do not conform to the traditional gender norms. It is thus important to recognise and challenge the harmful stereotypes or discrimination related to gender image, to foster or promote a culture of inclusivity, respect, and celebration of gender diversity.

Nevertheless, as times changes, societies and communities are becoming more open and inclusive, with several encouraging examples of positive change. It would be great to reach the motto that everyone has the right to be authentic and included, and it is toward this goal that efforts must be focused. Celebrating diversity in gender expression and identity promotes inclusivity, equality, equity, and respect. This includes advocating for the policies that protect the rights of transgender and gender non-conforming individuals, promoting education and awareness around gender diversity and equity and celebrating the contributions of individuals of all genders. In summary, real, or perceived gender image and community perceptions play a significant role in shaping our experiences and interactions with others. It is therefore important to promote gender literacy and awareness around gender and sexuality issues and to work towards creating more inclusive and accepting communities. By promoting a culture of inclusivity and respect, we can help to create a world where individuals of all gender identities and expressions are valued and celebrated.

CHAPTER - 2

Social research on gender literacy and sexual health



2.1. Context and objective

2.1.1. Research context

The issue of gender literacy and sexual health has lately become increasingly important in today's society. With the rise of social media and the internet, young people are now more informed about gender and sexuality than ever before. However, despite this progress, there are still many areas of concern that need to be addressed as the intersection of gender and sexual health, make it difficult to develop effective interventions and strategies to address the issues related to gender literacy and sexual health. For instance, there are still significant gaps in knowledge when it comes to sexual health and sexual rights, especially in certain communities where there are high levels of stigma and discrimination around talking about sex, sexuality, and sexual desire. These gaps in knowledge can lead to unsafe sexual practices, which in turn can result in unwanted pregnancies, sexually transmitted infections (STIs), and other health problems. Many people are still somehow unaware of the complex ways in which both gender identity and sexuality intersect, which leads to further stigma and discrimination against individuals who do not conform to the traditional gender norms. To address such issues, it is thus essential to conduct research that can shed light on the gaps in the knowledge and skills when it comes to gender literacy and sexual health.

2.1.2. Research objective

Research objective was to assess and analyse how the impacts of the lack of gender and sexual health literacy shape youth health and well-being in the longer term. Furthermore, the research was intended to strengthen the active youth participation in defining youth needs and strategies aimed at promoting gender literacy and sexual health by:

1. Expressing the existing gender literacy and sexual health knowledge, skills, and attitudes and learning needs.
2. Illustrating the limiting factors among LGBTIQ youth in terms of gender literacy and sexual health.
3. Presenting their frustrations in accessing current educational and training offerings on gender literacy and sexual health.
4. Outlining the appropriate educational and training interventions that would meet their learning needs in terms of gender literacy and sexual health in youth work.

5. Determining types of educational resources that can be produced to effectively forest gender literacy and sexual health in youth work.

2.2. Methodology and limitations

2.2.1. Research methodology

The participants who took part in the open-ended consultation workshops that were organised consisted of 24 students. The research was conducted using Open-Ended Consultations giving participants the opportunities to identify their real unsatisfied learning needs, the gaps they may have in the area of the prospective knowledge in gender literacy and sexual health. The Open-Ended Consultations' workshop activities enabled the participants to better determine appropriate gender literacy and sexual health education and interventions that reflect youth needs and interests. They identified why the current or existing initiatives on gender literacy and youth sexual health fail to integrate and consider the various needs of young people. Research insights and collected data were analysed and compiled in **Section 2.3**.

An open-ended consultation is:

1. **An interactive participation:** it facilitates an inclusive discussion among participants to answer questions and solve problems together. It provides competitive workshop activities that allow participants to test their knowledge, skills, and attitudes in the current subject and be able to assess their unmet needs and unfilled gaps.
2. **A participant-centred approach:** it takes into consideration personal, professional, and lived experiences of the targeted groups to accomplish research goal and objectives, by respecting balance between active and experiential learning.
3. **An engaging research process:** it requires a clear understanding of key factors limiting a target group's participation and inclusiveness in a certain process aiming to address a particular problem that requires community's contribution to prevent and/or respond to the effects the problem is having on the target group.

2.2.2. Research limitations

The study is subject to several limitations for consideration. First the youth sexual health, sexuality, intimacy promotion and sexual education within Europe, fall short in identifying and presenting the impacts of systemic poor gender and sexual literacy on the well-being of youth, mainly to those who belong to gender minority groups and other vulnerable groups. Second, the experiences of 24 young adults who participated in this study, cannot nearly capture all the experiences of the youth regarding gender and sexual health literacy in youth work. That is, such a small number of participants would not observe, explain, and/or identify all instances of knowledge and knowledge gaps in terms of gender literacy and sexual health within youth work. Nor identify all the stigma or difficulties that exist in addressing the issue of sexuality and sexually transmitted diseases. And finally, there are also research limitations since the variables examined in this study are self-reported by participants and subject to recall bias, particularly for individual perceptions and sociocultural factors. But despite these limitations, through descriptive analyses, we were able to assess the gaps and the educational needs regarding gender and sexual literacy among youth in the context of youth work and establish strategies to fill those requirements.

2.3. Research insights and results

As described above, we conducted these consultations to further explore, and identify the thoughts and the perspectives of participants on how non-formal youth education can be used to strengthen both gender literacy and sexual health education in youth work. Thus, this section uses the data and inputs from workshop discussions with participants to present the areas of improvement. After analysing open-ended consultation contributions data, and the integration of all theoretical research, this section intends to help the youth get to know themselves, get to know the others around them, and face and clarify doubts and insecurities on the subject.

In this regard, the consultations data analysis is presented in four categories:

1. Youth gender literacy and sexual health learning needs.
2. Youth gender literacy and sexual health existing knowledge.
3. Youth gender literacy and sexual health knowledge gaps.
4. Youth gender literacy and sexual health promotion.

2.3.1. Youth gender literacy and sexual health learning needs

Open discussions facilitated dialogues where participants were invited to hear and be heard. Such an open-sharing process provided the participants with the opportunities to draw upon and share experiences while hearing and learning from each-other. In this environment, youth freely expressed their thoughts, opinions, interests and needs without feeling constrained by specific questions and/or limited choices.

Table 3. Youth gender literacy and sexual health learning needs

LEARNING NEEDS	AREAS OF IMPROVEMENT
Comprehensive Sex Education	<ul style="list-style-type: none"> • Many youth receive little or no formal education about sexual health, sexuality, and gender identity. Comprehensive sex education programmes are often not implemented in schools, and when they are, they may not cover all aspects of sexual health and gender identity. • <i>"All we talk about at school is the prevention of sexually transmitted diseases and pregnancy. We need to start talking about sexual pleasure and consent."</i>
Gender Roles	<ul style="list-style-type: none"> • Many young people are still socialised into traditional gender roles, which can limit their understanding of gender identity and sexuality. This can lead to harmful stereotypes and discrimination toward those non-binary persons. • <i>"In my opinion, sex and gender are the same, but as we have discussed inside the group, it is not! I feel this kind of discussion very fruitful."</i>
LGBTIQA Issues	<ul style="list-style-type: none"> • Many young people lack information and understanding of LGBTIQA issues, including gender identity and sexual orientation. This can lead to stigma and discrimination toward LGBTIQA individuals and communities. • <i>"Gender literacy is a topic rarely addressed. There is a lot of confusion between sex and gender."</i>

<h3>Reproductive Health Services</h3>	<ul style="list-style-type: none"> • Many young people face barriers to accessing reproductive health services, including contraception, abortion, and sexually transmitted infections (STI) testing and treatment. This can lead to unintended pregnancies, unsafe abortions, and the spread of STIs. • <i>"If I had a problem, I would try to solve it myself or if necessary, go to a doctor, but I don't know what the speciality will be, there is still shame in this type of infection".</i>
<h3>Understanding of Consent</h3>	<ul style="list-style-type: none"> • Many young people do not understand the concept of consent, including what it means and how to obtain it. Can lead to sexual coercion, assault, harassment. • <i>"It's normal to have sex when people are in a relationship, I don't believe it always happens with consent".</i>

2.3.2. Youth gender literacy and sexual health existing knowledge

During consultation workshops, when participants were asked to discuss and identify their existing knowledge in terms of capacity and experiences regarding gender literacy and youth sexual health, some common areas of knowledge were identified by participants and the participants presented various areas where this knowledge exists and to what extent. Table 4 shows those findings.

2.3.3. Youth gender literacy and sexual health knowledge gaps

This section summarises the identified gaps between participants existing knowledge that they believe youth currently have and the learning needs, skills, attitudes, and/or competencies that they believe the youth lack in terms of gender and sexual literacy. In Table 5 it is possible to observe the correspondence between these three dimensions.

Table 4. Youth gender literacy and sexual health existing knowledge

EXISTING KNOWLEDGE	AREAS OF KNOWLEDGE
<h3>Basic anatomy and physiology</h3>	<ul style="list-style-type: none"> • Knowing male and female reproductive anatomy and physiology, including the menstrual cycle and conception • Knowing that sex hormones play a crucial role in the development and functioning of the reproductive system and have a significant impact on overall health and well-being.
<h3>Gender inequality</h3>	<ul style="list-style-type: none"> • Showing awareness about men and women inequalities. • Identifying some constraints and challenges of minority groups. • Knowing that discrimination is a human rights violation either by act, omission, or advocacy of hatred supported by social, cultural, and gender norms.
<h3>Gender diversity</h3>	<ul style="list-style-type: none"> • Knowing some basic gender identity concepts, such as straight, lesbian, gay, and bisexual. Accepting gender diversity.
<h3>Healthy sexual relationships</h3>	<ul style="list-style-type: none"> • Having a basic understanding of the importance of consent in healthy relationships. • Showing awareness regarding violence between partners in a romantic relationship. • Identifying the fear of loneliness, obsession, and low self-esteem as the main reasons for maintaining an unhealthy intimate relationship.
<h3>STIs and contraception</h3>	<ul style="list-style-type: none"> • Knowing the importance of using condoms or other forms of contraception to prevent unwanted pregnancy and STIs. • Identifying ways of transmitting HIV/AIDS and behaviours to follow to avoid getting infected.

Table 5. Youth gender literacy and sexual health knowledge gaps

LEARNING NEEDS	KNOWLEDGE GAPS	EXISTING KNOWLEDGE
<p>Comprehensive Sex Education:</p> <ul style="list-style-type: none"> Many young people receive little or no formal education about sexual health, sexuality, and gender identity. Comprehensive sex education programmes are often not implemented in schools, and when they are, they may not cover all aspects of sexual health and gender identity. 	<p>Knowledge gaps that need to be closed to gender literacy and sexual health in youth work:</p> <ul style="list-style-type: none"> Understanding sex as a biological concept associated with the combination of three major factors: hormones, genetics, and environment. Access open, non-judgemental information about sexuality, sexual desire, and intimacy. 	<p>Basic anatomy and physiology:</p> <ul style="list-style-type: none"> Knowing male and female reproductive anatomy and physiology, including the menstrual cycle and conception Knowing that sex hormones play a crucial role in the development and functioning of the reproductive system and have a significant impact on overall health. And identifying the two primary sexual hormones: oestrogen and testosterone, produced by the ovaries and testes, respectively.
<p>Gender Roles:</p> <ul style="list-style-type: none"> Many young people are still socialised into traditional gender roles, which can limit their understanding of gender identity and sexuality. This can lead to harmful stereotypes and discrimination toward those who do not conform to traditional gender norms. 	<p>Knowledge gaps that need to be closed to gender literacy and sexual health in youth work:</p> <ul style="list-style-type: none"> Access to accurate and reliable information about the difference between sex and gender Recognition that gender is a complex and multifaceted aspect of human identity, and there is no one "right" way to be male or female or any other gender identity. 	<p>Gender inequality:</p> <ul style="list-style-type: none"> Showing awareness about men and women inequalities Identifying some constraints and challenges of minority groups Knowing that discrimination is a human rights violation either by act, omission, or advocacy of hatred supported by social, cultural, gender norms.
<p>LGBTIQA Issues:</p> <ul style="list-style-type: none"> Many young people lack information and understanding of LGBTIQA issues, including gender identity and sexual orientation. This can lead to stigma and discrimination toward LGBTIQA individuals and communities. 	<p>Knowledge gaps that need to be closed to gender literacy and sexual health in youth work:</p> <ul style="list-style-type: none"> Construct a solid understanding of the key terms and concepts related to gender. Having an opportunity to listen to diverse perspectives and experiences of people from different genders 	<p>Gender diversity:</p> <ul style="list-style-type: none"> Knowing some basic gender identity concepts, such as straight, lesbian, gay, and bisexual Accepting gender diversity
<p>Reproductive Health Services:</p> <ul style="list-style-type: none"> Many young people face barriers to accessing reproductive health services, including contraception, abortion, and sexually transmitted infections (STI) testing and treatment. This can lead to unintended pregnancies, unsafe abortions, and the spread of STIs. 	<p>Knowledge gaps that need to be closed to gender literacy and sexual health in youth work:</p> <ul style="list-style-type: none"> Open information about the different types of reproductive health services that are available, such as family planning, STI testing and treatment, prenatal care, and abortion. More comprehensive information about STIs, symptoms, how to treat and prevent them. 	<p>Healthy sexual relationships:</p> <ul style="list-style-type: none"> Having a basic understanding of the importance of consent in healthy relationships. Showing awareness regarding violence between partners in a romantic relationship. Identifying the fear of loneliness, obsession, and low self-esteem as the main reasons for maintaining an unhealthy intimate relationship

<p>Understanding of Consent:</p> <ul style="list-style-type: none"> Many young people do not understand the concept of consent, including what it means and how to obtain it. This can lead to sexual coercion, assault, and harassment. 	<p>Knowledge gaps that need to be closed to gender literacy and sexual health in youth work:</p> <ul style="list-style-type: none"> Understanding and practicing consent as an important aspect of healthy relationships and respect for others' boundaries. 	<p>Gender diversity:</p> <ul style="list-style-type: none"> Knowing the importance of using condoms or other forms of contraception to prevent unwanted pregnancy and STIs. Identifying the name of at least two STIs. Identifying ways of transmitting HIV/AIDS and behaviours to follow to avoid getting infected.
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Table 6. Youth gender literacy and sexual health promotion

AREAS OF IMPROVEMENT	PARTICIPANTS' CONTRIBUTIONS
<ul style="list-style-type: none"> Conducting community-based participatory action research to assess and promote youth gender and sexual literacy based on their lived experiences. Build intervention programmes at schools and youth associations in the healthy intimacy relationships field. Build intervention programmes in the community to speak openly about Reproductive Health Services Creating education and training activities tailored to lived experiences of sexual behaviour or gender discrimination, Developing open education resources to promote gender and sexual literacy, Empowering youth in designing gender and sexual health promotion media-based interventions through awareness-raising campaigns on protective behaviours. 	<ul style="list-style-type: none"> Approaching these themes in a more "informal" way with language that is understandable to young people and demonstrating that there is no type of judgment. There is more talk about gender expression than about sexuality and intimacy. I feel like there are no workshops and focus groups to discuss these issues. What limits the openness to talk about sexuality and intimacy, is the persistence of taboo in the society. Information should be broadcast via podcasts and hold awareness events. Community participation can help. Certainly, the internet can help since the participants do not judge. The use of digital platforms where there is no physical and visual contact facilitates the approach to these themes.

2.3.4. Youth gender literacy and sexual health promotion

It was evident that from the moment the first participant started sharing their personal feelings and ideas, all the others easily joined the theme and fruitful engaged in conversation. Brainstorming with youth showed to be an effective way to include the youth in problem-solving and proved to be a great asset to assessing, understanding, and identifying the knowledge gaps and areas of improvement, to further contribute to effectively increase gender literacy and sexual health of youth in the subjects that are normally little discussed. Table 6 indicates the areas of improvement that should be a priority to boost gender literacy and sexual health in youth work.

The youth sexual health literacy is a set of knowledge, skills, beliefs, attitudes, incentives, and personal abilities in the access, perception, assessment, and utilisation of sexual health information in youth daily life, which enables and empowers the youth to judge and decide to create change in their own sexual life. Thus, youth sexual health literacy plays a significant role in achieving some of the Sustainable Development Goals (SDGs) including equal education, gender equality, and empowerment of women and girls, economic growth, and reduction of inequality within and between genders. Furthermore, the promotion of the youth sexual health literacy, particularly among the youth, can be an effective and efficient strategy for reducing the burden of sexual health diseases by helping the youth to build knowledge about sexual health risks and agency in sexual well-being and subsequently reducing unwanted pregnancies and/or sexually transmitted infections and promote safe sexual interactions.

Multiple factors affect youth sexual health, including age, gender, place of birth, education, and sexual experience, sex stigma, relationships, religious attachments, and cultural, social and economic factors. Thus, social support

from public service providers and the sources of receiving reproductive and sexual health services play a major role in addressing the above factors.

2.4. Participants' perspective analysis

30 young people were invited but only 24 were enrolled while the others were not available on the proposed schedule. The non-formal collaborative activities during open-ended consultation workshops, took place at distinct moments: during introduction where the agenda was presented, and the team members come together to get to know each other personally and to deepen the connections between them; during the brainstorming sessions and during the debriefing with all the participants. Example of an activity conducted to break the boundaries of time and space is the identification of participants' **superpower** characteristics, which participants considered relevant to approach the subject at hand. These sharing skills, more than just introducing people, allowed identifying relevant qualities to the work that would be developed further on. During the open-ended consultation workshops, the facilitator presented the topics, and the participants were divided into small groups to approach the issue. After discussing the topic among themselves, for as long as they thought necessary, each small group shared their group's opinion with the whole group. The facilitators were active listeners, remained neutral, and did not impose personal opinions and/or their own beliefs. After all, qualitative assessments were performed using a hand evaluation approach. Participants drew their hand on a piece of paper and gave feedback according to the scheme: **the thumb finger**: to point-out something good, and something they really enjoyed; **the index finger**: to highlight something that they would like to emphasise; **the middle finger**: to improve something that they did not like much; **the ring finger**: to engage with something they treasured from the event; and in **the little finger**: the others little things they want to add.

Coffee breaks, socialising moments were very important, especially when it was necessary to strengthen connections and build trust. Youth experience a broad range of social disparities that can deleteriously affect aspects of their gender and sexual health. Increasing their gender and sexual health literacy will certainly contribute to giving more and better attention to all changes that can happen. Regarding gender and sexual literacy, as these issues can be considered difficult to approach, it is thus imperative to create moments to assess and better understand the young people's unmet needs,

and address fears, concerns, and doubts. From the participants perspective, this is the only best way for understanding the issues, the challenges, and the problems that young people face and how they view and experience the issues, the challenges, and the problems to further contribute to a more enlightened society. Despite the limitations associated with this study, the participants had furthermore and effectively contributed to consolidating several social challenges related to gender literacy and sexual health. Some of the key challenges include:

1. **Stigma and discrimination**: Despite progress in recent years, there is still a significant amount of stigma and discrimination directed towards individuals who identify as LGBTIQ or who experience sexual health issues. This can have negative impacts on mental health, self-esteem, and access to healthcare.
2. **Lack of comprehensive sex education**: unexisting comprehensive sex education programmes in schools, can leave young people without the knowledge and skills they need to make informed decisions about their sexual health.
3. **Limited access to healthcare**: Some marginalized groups, such as immigrants and refugees, may have limited access to healthcare services, which can lead to a lack of support and resources for addressing gender and sexual health issues.
4. **Unhealthy sexual relationships**: Gender-based violence, including sexual violence and domestic violence, continues to be a significant problem.
5. **Reproductive rights**: Access to reproductive healthcare, including abortion, can have negative impacts on the physical and mental health of individuals who need these services, as well as on their ability to make decisions about their own bodies.

Hence, addressing such social challenges requires a multifaceted approach, including education, advocacy and awareness-raising campaigns, to policy changes, and the increased access to healthcare services and support. It requires commitment to addressing the root causes of these challenges, such as racism, discrimination, inequality, and the social and gender norms that perpetuate harmful gender stereotypes. A common mistake is taking for granted the assumptions about young people's knowledge or interests since our open-ended consultations revealed that by talking freely about

sensitive matters and the issues around both gender and sexual health, they acquired the relevant insights and knowledge necessary to strengthen their interpersonal relationships, allowing them to build more constructive, healthier relationships by improving communication and trust. Data analysis showed that participants really pointed out, highlighted, and engaged with the topics related to gender literacy and sexual health during open-ended consultations. It quite a positive outcome, the fact that the youth's opinions and needs are considered to create community interventions.

2.5. Discussion and conclusion

After learning needs assessment identification and of areas of improvement it is required to identify, develop, and implement strategies or programmes activities to meet those unmet needs and be useful to develop youth into happier, healthier, and secure young adults. Hence, only in this way, it is possible to integrate youth contributions in community-based interventions in the context youth work, which involves considering and addressing the specific needs and concerns of young people in the planning, design, and implementation of community-based programmes and initiatives aiming at promoting gender literacy as well as youth sexual health and rights. These initiatives should create opportunities where the youth share their interests and work collaboratively with their peers, and programme staff in creating a safe respectful environment that involves respect for diversity and gender differences and cultural differences. Indeed, the implementation of dynamic workshops was repeatedly suggested by the youth, while they considered that such a non-formal environment is crucial for it to shape spaces to share their intimacy. The podcasts on gender literacy and youth sexual health and rights were suggested as educational approaches to reach and engage with young people. That is, being the internet a distant way to reach also young people, particularly to talk about personal issues. Youth do not want to be judged about their choices or opinions. And although they preferred non-formal approaches, the creation of reference books promoted by schools and youth organisations were considered important to have access to valid, accurate information about gender and sexual health.

Focus group format was also suggested as the best option to engage youth and to co-create community interventions. As it is a research methodology that brings together a small group of young people to answer questions in a moderated setting, therefore, participants contributions can be replicated

and applied to the communities to be used for all the other intervention for the same age groups. Nowadays, our generation is more tolerant than the previous generations, however, we still do not talk about sex, sexuality, and intimacy openly. Therefore, resorting to the strategies that increase this dialogue and serve to enlighten young people are of the utmost usefulness. Monitoring and evaluating the impact of community-based interventions with the young people to ensure that the intervention is effective in meeting their needs and achieving its intended outcomes. The endmost and highest purpose is empowering the young people, regardless of social and cultural background, to foster the agents of social change, in local environment and promote positive gender literacy and sexual health outcomes, that strongly contribute to improved health and well-being.

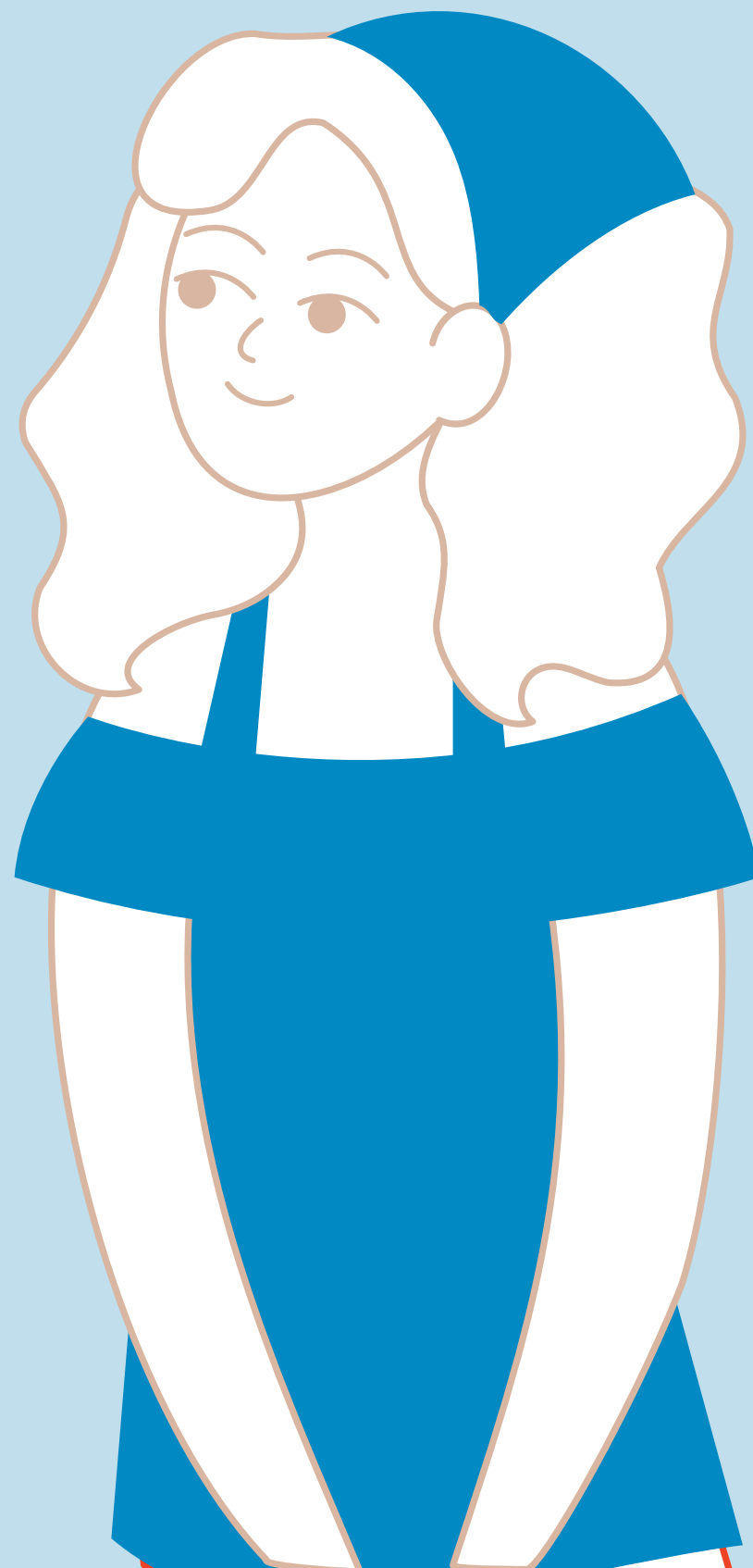
To achieve this purpose, youth organisations should be equipped with the skills and competencies to:

1. **Self-reflection and self-awareness**, since they should be able to engage in self-reflection and self-awareness, and recognize their own biases and assumptions related to gender and sexual health.
2. **Communication and emotional intelligence skills** to demonstrate empathy and compassion towards young people and create a safe and supportive environment where the youth feel comfortable discussing sensitive issues related to gender and sexual health.
3. **Cultural competence**, to be able to work effectively with young people from diverse cultural and linguistic backgrounds: understanding how cultural factors impact gender and sexual health.
4. **Conduct community-based participatory action research** to assess and identify gender and sexual-related problems with young people and their community. To make sure that their needs, interests, ideas, and experiences are taken into consideration in the designing phase of the community-based interventions.

Hence, by having these skills and competencies, the youth workers can help to empower young people with the knowledge, skills, and the confidence they need to make informed decisions about their sexual and reproductive health, and to navigate gender-related issues in a positive and healthy way. This is the only pathway to creating the more informed, empowered, and healthy generation of young people.

CHAPTER - 3

Sexual reproductive health and rights



3.1. Sex versus reproduction

Although sex and reproduction are related concepts, they do not mean the same thing. Sex is an act of sexual intercourse between individuals, usually involving genital contact with the goal of sexual pleasure or reproduction. During the sexual intercourses, the sexual partners may experience physical and emotional sensations of pleasure and intimacy. Whereas the human reproduction refers to a biological process by which offspring are produced by combination of genetic information of two individuals of different sexes. Thus, **reproduction** refers to the biological process by which new individuals of a species are produced. Reproduction is the process by which offspring are produced through the fusion of gametes (sperm and egg) from two individuals. In most sexually reproducing species, males and females have distinct sex organs and roles in the reproductive process.

Though sex is often necessary for reproduction to happen, sexual activities can occur without them resulting in reproduction. Sex involves some form of intimate communication, bonding, and pleasure between partners. It is important to note, however, that all sexual intercourse should always be consensual and safe, with the use of the appropriate protection against the sexually transmitted infections and/or unwanted pregnancies. From an evolutionary viewpoint, human sexuality has been driven by imperative to reproduce. During the 20th century, however, reproduction and sexuality began to move independently from each other, and today, they can be, in many ways, considered separate, if not independent. Though not all reproduction involves sexual behaviour, sexual reproduction is common in many other species. And there is reproduction without sex. It seems that in modern world, sexual activity will play a decreasing role in reproduction. Several technological advances have made reality toward almost complete separation of sexuality and reproduction as in vitro fertilisation is increasing.

3.2. Conception and literacy to decide

Conception refers to fertilisation, the process by which sperm from a male fertilises an egg from a female, and which result in the formation of a new individual with a unique set of genetic traits, and then, being the first step in the biological process that leads to pregnancy. Conception is key aspect of sexual reproduction that allows for genetic diversity and adaptation to the changing environmental conditions. Through sexual reproduction, the

genetic traits can be mixed and recombined, leading to new combinations of genes that may be better adapted to new given environments. And such a genetic variation also helps to reduce the risk of genetic disorders and diseases, since the harmful genetic mutations are less likely to be passed on to offspring. However, conception also has some social and philosophical ideas about when human life begins. So, when specifying the time when the sperm fertilises the egg, is more accurate to use fertilisation alone. From an evolutionary perspective, conception is a very crucial life tool that enables the survival and proliferation of a species. However, it is important to note that not all the individuals may wish to conceive, and thus, there are many different paths to a fulfilling and meaningful life. Ultimately, the decision to conceive should be a personal one, based on an individual's own values, desires, and life circumstances.

Literacy is however an important tool in making informed decisions about conception because it enables individuals to both access and understand the most relevant information about reproductive health and contraception. Literacy about the human conception refers to individuals' ability to identify, understand, interpret, and communicate information about the process of fertilisation and the development of a foetus into a new-born. These include the knowledge of anatomy, physiology, and biology related to reproduction and the relevant information related contraception, pregnancy, childbirth, and postpartum care. Hence, being literate about conception means having a basic understanding of the biological processes involved in reproduction, as well as the knowledge of various options for preventing and/or achieving pregnancy. Further, this includes understanding how contraception works, the risks and the benefits of different types of contraception, and how to use contraception effectively. Moreover, the literacy about conception involves understanding the potential consequences of pregnancy and parenthood, including the physical, the emotional, and the financial demands of raising a child. This may include the knowledge about various stages of pregnancy, the risks associated with childbirth, and the responsibilities of parenthood. Therefore, strengthening literacy about human conception can empower the individuals to make informed decisions about both their reproductive health and family planning and can contribute to positive outcomes for the individuals, the families, and the communities. So, conception and sexual literacy enable people to both protect and advocate for their sexual health, well-being, and dignity by providing them with the necessary toolkit of the

knowledge, attitudes, and skills on their sexual and reproductive health and rights. It is therefore the precondition for exercising full bodily autonomy, which requires not only the right to make choices about one's body but also the information to make these choices in a meaningful way.

3.3. The reproductive health

The reproductive health refers to a state of physical, mental, emotional, and social well-being of individuals in all matters related to their reproductive system and its functions, and not merely the absence of disease or infirmity, but in addressing all matters relating to the reproductive system and to its functions and processes, at all stages of life. It implies that people can have a satisfying and safe sex life, and the capability to reproduce, and the freedom to decide if, when, and how often to have sex. This definition is based on the concept of "health" as provided by the World Health Organisation and was adopted at the International Conference on Population and Development in 1994, in order to compare reproductive and sexual health to other fields of health. Every young person will one day have the life-changing decisions to make about their own sexual or reproductive health. But yet many research shows that the majority of adolescents lack the knowledge that is required to make those decisions responsibly, leaving them vulnerable to coercion, sexually transmitted infections, or unintended pregnancy. The reproductive health is not well acquired for the entire population due to multi-factorial reasons, such as the insufficient knowledge about sexual health, sexuality, inadequate reproductive health information, and services, and the spread of high-risk sexual behaviour, as well as the various discriminatory social customs, and gender roles and norms regarding sex and reproduction.

3.3.1. Risks and the reproductive health

Risks in the reproductive health refer to potential negative consequences or hazards that can affect the reproductive system and the overall reproductive well-being of the individuals. These risks can arise from a variety of factors, including biological, environmental, social, and behavioural factors. They can impact both the physical and mental health and can range from minor to severe. It is therefore important to identify and address these risks to promote reproductive health and well-being, as well as to prevent common negative consequences for the individual, family, or society as a whole. This can involve a range of strategies, such as education, access to healthcare,

contraception, early detection and treatment of health issues, and advocacy for policies that promote reproductive health and rights.

Table 7: Potential risks for reproductive health

RISK	DEFINITION	EXAMPLES
Infertility	Inability to conceive a child after one year of unprotected sex.	Age, STIs/STDs, hormonal imbalances, genetic conditions, lifestyle factors
Menstrual Disorders	Conditions that affect the menstrual cycle, such as irregular periods, heavy bleeding, painful periods.	Polycystic ovary syndrome, endometriosis, uterine fibroids, menstrual migraines
Reproductive Cancers	Cancers that affect the reproductive system.	Breast cancer, ovarian cancer, cervical cancer, prostate cancer, testicular cancer.
Sexual Dysfunction	Difficulty or inability to engage in sexual activity or experience sexual pleasure.	Erectile dysfunction; Premature ejaculation, Anorgasmia (delayed, infrequent, or absent orgasms); Dyspareunia (painful intercourse)
STIs	Sexually transmitted infections can be passed through sexual contact.	HIV/AIDS, chlamydia, gonorrhoea, syphilis, HPV, Herpes
Unintended Pregnancy	A pregnancy that is not planned or wanted, can have negative consequences for the individual, the child, and/or society.	Lack of access to contraception, contraceptive failure, lack of education about sexual health, sexual violence.

3.3.2. Services and the reproductive health

The reproductive health is a crucial goal to achieving the United Nations Sustainable Development Goals (the SDGs), namely, to ensure more healthy lives and promote well-being for all at all ages; achieving gender equality and empowering all women and girls and reduce inequalities within and among countries. Reproductive health includes a range of services and the interventions that support the reproductive health and rights of individuals:

- 1. Family planning:** The use of contraception to prevent unwanted pregnancy, and the planning and spacing of pregnancies to optimise health outcomes for both the mother and child.
- 2. Infertility management:** The diagnosis and treatment of infertility, and the provision of support services to individuals and couples experiencing difficulty in conceiving.
- 3. Maternal health:** The provision of prenatal care, safe and hygienic childbirth, and postnatal care to ensure the health and well-being of both the mother and the child.
- 4. Prevention and management of reproductive cancers:** Screening, diagnosis, and treatment of cancers that affect the reproductive system, such as breast, cervical, and ovarian cancers.
- 5. Sexual health counselling:** process in which a trained professional helps individuals, or couples address issues related to their sexual health. It can cover a wide range of topics, including sexual function, sexual satisfaction, communication issues, relationship issues, sexual orientation, gender identity, sexual trauma, and sexually transmitted infections.
- 6. Sexual health:** Encompasses a range of issues related to sexual behaviour, including safe and consensual sexual practices, prevention and treatment of sexually transmitted infections, and the management of sexual dysfunction.
- 7. Sexually transmitted infections testing and treatment:** Screening for and treatment of sexually transmitted infections (STIs), which can have negative consequences for reproductive health if left untreated.

Reproductive health is a fundamental aspect of an individual well-being and it is essential for promoting both healthy and sustainable communities. Therefore, ensuring access to high-quality reproductive health services and information is crucial for achieving the goal of universal health coverage and advancing the human rights to health and healthcare services. It helps individuals make informed decisions about their own reproductive health and family planning and can also promote better overall health and well-being. Hence, to reach effective and sustainable change, critical awareness, and the full participation of members in most affected communities must be fostered, encouraging, or empowering them to become active agents in

shaping their own health. Gender inequalities in health are unfair. To create solutions in various domains, we need to have information in areas such as health, education, employment, social services and productivity. Thus, this includes looking beyond cisgender people to achieve equality before the law. However, for individuals, and vulnerable individuals like, it is important to know where reproductive health services can be reached, even though the availability of the healthcare services may and often so vary depending on country, location, and insurance coverage.

Table 8: Places and offered services in reproductive healthcare.

PLACE	SERVICES OFFERED
Planned Parenthood	Birth control, STI testing and treatment, sexual health education, abortion services, pregnancy testing and counselling
Community Health Centres	Reproductive health services, primary care, dental care, mental health services, vaccinations, and other healthcare services
Women's Health Clinics	Pap smears, breast exams, birth control, STI testing and treatment, menopause management, and other women's health services
Local Health Department	STI testing and treatment, family planning services, pregnancy testing and counselling, and other healthcare services
Private Healthcare Providers	Gynaecologists and obstetricians provide a range of reproductive health services, including birth control, or STI testing and treatment.

3.4. The reproductive rights

Sexual and reproductive health and rights refer to a person's right to make informed and voluntary decisions about their sexual and/or reproductive health, without fear of discrimination and/or coercion. These rights include the right to make decisions about one's own body, the right to access and use safe and effective contraception; and the right to access comprehensive reproductive health services. The sexual and reproductive health and rights (SRHR) encompass a wide range of issues, including: (1). *The right to access both accurate and comprehensive information about sexual and reproductive health, as well as the right to access a range of sexual and reproductive health*

services, including family planning, maternal and new-born health care, and safe and legal abortion services and (2). The right to sexual pleasure and to be free from sexual violence, abuse, and exploitation, this also includes the right to be respected and not to be discriminated against on the basis of sexual orientation, gender identity, and expression, as well as the right to consensual sexual relationships. However, it is good to bear in mind that reproductive health and rights may vary depending on the country and/or jurisdiction.

Table 9. Reproductive health and rights description

REPRODUCTIVE HEALTH AND RIGHTS	DESCRIPTION
Access to affordable and quality healthcare	Access to affordable and quality healthcare services, including reproductive healthcare such as birth control, STI testing and treatment, and pregnancy care.
Access to comprehensive sexual education	Access to a comprehensive education that provides accurate and unbiased information about sexual and reproductive health, including STI prevention, contraceptive options, and consent.
Freedom from discrimination and coercion	The right to make reproductive choices free from discrimination, coercion, or violence based on gender, sexuality, race, ethnicity, or socio-economic status.
Access to safe and legal abortion	The right to access safe and legal abortion services and information about abortion, including access to counselling and support services.
Protection from sexual violence and abuse	The right to protection from sexual violence and abuse, including access to resources for prevention, treatment, and support.
Right to informed consent	The right to make decisions about reproductive healthcare based on accurate and unbiased information provided by healthcare providers.
Right to family planning and reproductive choice	The right to make informed decisions about family planning, including access to a range of contraceptive options and fertility treatments.

Right to privacy and confidentiality	The right to maintain privacy and confidentiality with respect to personal health information related to reproductive health and healthcare.
Right to safe and healthy working conditions	The right to safe and healthy working conditions during pregnancy and postpartum, including reasonable accommodations in the workplace.
Right to safe and healthy living conditions	The right to live in safe and healthy conditions that support reproductive health, including access to clean water, sanitation, and safe housing.

Access to sexual and reproductive health and rights is essential to promote gender equality, empower individuals to make informed decisions about their health and well-being, and support sustainable development. Further, access to the comprehensive reproductive health services and information helps to prevent the unintended pregnancies, reduce maternal, and infant mortality, and prevent, reduce the spread of sexually transmitted infections. However, despite the international agreements recognising the importance of SRHR; access to SRHR is not always fully realised, and many individuals face the barriers in accessing reproductive health services and information they need. These barriers can include legal restrictions, the lack of access to healthcare services, as well as the social and the cultural norms that limit reproductive choice and autonomy. Therefore, protecting and promoting the reproductive rights should be an ongoing process that requires more sustained advocacy, policy development, and programme implementation; particularly for marginalised communities such as women, girls, LGBTIQ, racial minority, and low-income individuals, and for people living in rural and conflict-affected areas. Ensuring access to the SRHR is a key aspect of achieving gender equality and the empowerment of all individuals, and it is essential to the realisation of other human rights.

World Health Organisation; WHO, 2018 recommendations on adolescent sexual and reproductive health and rights, highlighted the importance of putting adolescent health, especially adolescent sexual and reproductive health and rights, at the top of the world agenda; respecting multiculturalism and traditions. Further, WHO recommendations highlighted the importance

of addressing the unique needs and challenges faced by adolescents when it comes to their sexual and reproductive health and rights, and the need for more comprehensive and holistic approaches to promote the adolescent health and well-being. Namely, in the areas central to the adolescent sexual and reproductive health and rights, such as the provision of comprehensive sexuality education, sexual health or contraception counselling; counselling on pregnancy and childbearing, on HIV and sexually transmitted infections, the prevention of child marriage, violence against women and girls, female genital mutilation, and promotion of menstrual hygiene and health. In 2018 WHO “Global Accelerated Action for the Health of Adolescents (AA-HA!): Guidance to support country implementation”, offers key recommendations that include:

1. **Addressing social and cultural norms that perpetuate harmful practices:** WHO recommends that efforts be made to address social and cultural norms that perpetuate harmful practices, such as child marriage, female genital mutilation, and other harmful practices that can negatively affect adolescent health.
2. **Engaging adolescents in the design and implementation of programmes and policies:** WHO recommends that adolescents be meaningfully engaged in the design and implementation of programmes and policies that affect their health and well-being, to ensure that their voices and perspectives are heard and taken into account.
3. **Increasing access to youth-friendly health services:** WHO recommends that health services be made more accessible and welcoming to adolescents, including providing services specifically tailored to their needs and ensuring that adolescents have access to confidential, non-judgmental care.
4. **Promoting gender equality:** WHO recommends that efforts be made to address gender inequalities that can negatively affect adolescent health, such as unequal access to education, economic opportunities, and decision-making power.
5. **Providing comprehensive sexuality education:** WHO recommends that all adolescents receive comprehensive sexuality education that covers a wide range of topics, including sexual and reproductive anatomy and physiology, contraception, STI prevention and treatment, and healthy relationships.

The entire study presented in this manual, and the findings that resulted from contributions of young people, meet these WHO recommendations, and appear as a guideline on how to implement these recommendations.

3.5. Split the big issue into small talks

Indeed, small talks can be the most effective and important tool for building relationships, improving communication skills, and creating a more positive atmosphere in various settings. Hence, thinking and talking about gender literacy facilitates individual to move forward in the process of reorganising how the social structures, cultural differences, and the social norms, values, and beliefs affects the way individuals claim sexual and reproductive health and/or rights. Human rights are aspirations to full participation in claiming and exercising both sexual and reproductive rights. This requires a proper structure and balanced relationships of power through non-discrimination and equality and tools to empower individuals to take responsibility of their actions and meet their obligations. So small talks make us aware of our own power and of our responsibility, especially to persons in the most vulnerable and disadvantaged groups and situations. Listening to the stories people tell, allows us to learn the ways in which we can exercise our own power and position to the benefits of others. Human rights to sexual and reproductive health are therefore pertinent to the policymakers, programme designers, and providers. This creates spaces to address Gender-based and domestic violence as the human rights violations, and therefore, a major concern of sexual and reproductive health and rights. So, sexual and gender-based violence, including domestic violence, should also be the priority when considering gender literacy education. This violence can take various forms, including physical aggression, forced and/or coerced sexual contact and psychological abuse, as well as controlling behaviours by intimate partners. Therefore, multiple structural factors influence vulnerability to this violence, including discriminatory and/or harsh laws and policing practices, as well as cultural and social norms that legitimise stigma and discrimination against those who do not conform to binary notions of gender.

Thus, sexual and reproductive health recognises interdependence between the physical, mental, emotional, behavioural, social, and the cultural factors associated with fear and stigma around the sexual and reproductive health, which is often considered a very awkward topic of conversation, making it a complex issue. So, splitting this big issue into small talks to openly discuss

sexual reproductive health and rights, always will help to break it down into manageable steps and to make progress gender and sexual health literacy more achievable. This outlook can facilitate more focused and productive conversations, as each smaller talk can be discussed in greater depth:

1. **Clarity:** smaller talks can help to clarify what is needed to work on and can help to establish a connection between people, and to establish a common ground, which can lead to a more meaningful conversation.
2. **Motivation:** When a big issue is broken down into smaller talks, each talk can feel like a small accomplishment. This can help to boost motivation by giving a sense of progress and accomplishment along the way.
3. **Focus:** debating more specific subjects in small talks can help to focus attention on specific goals, making it easier to identify areas that need more attention or resources.

Such small talks also contribute to youth-centred approaches to health and well-being that recognise that youth and their communities are the experts on their own health and that they should be at the centre of health systems and policies. The approaches prioritise the needs and perspectives of youth, rather than the interests of health institutions or systems. The youth-centred approaches involve engaging youth and communities in decision-making processes related to their health and well-being. This means recognising the social, cultural, economic, and political determinants of health that affect youth and ensuring that policies and interventions are tailored to meet the specific youth needs and realities. These approaches further require health systems to be responsive to the needs and expectations of youth and their communities. This can include providing accessible, affordable, and quality health services that are respectful of youth rights, and that are delivered in a manner that empowers youth and builds trust between health providers and the youth.

Thus, such a youth-centred approach to health and well-being recognises the importance of promoting health literacy, equity, and social justice. It recognises that health is not just the absence of disease but also involves social, economic, and environmental factors that impact youth and their communities. In the end, such a youth-centred approach to the health and

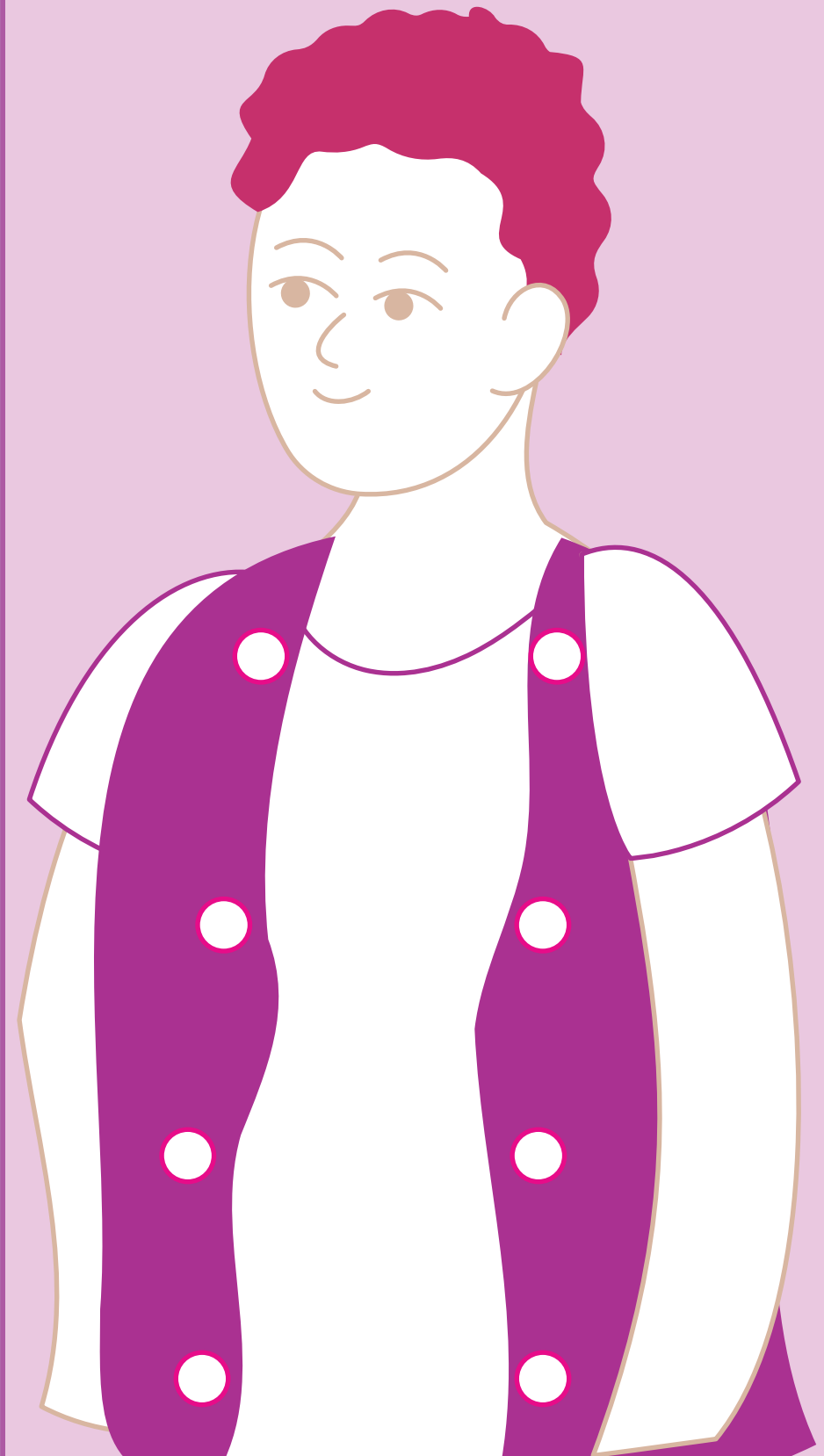
the well-being of the youth is essential for promoting equitable, sustainable development. It recognises the importance of engaging youth in decision-making processes and ensuring that policies and interventions are tailored to meet youth's specific needs and local realities.

Some possible small talks with youth related to sexual reproductive health and rights could be:

1. **Contraception:** discussing different forms of contraception, their effectiveness, and how to choose the right method for their needs.
2. **Sexually transmitted infections (STIs):** exploring the risks and prevention of STIs, including safe sex practices, regular testing, and treatment options.
3. **Pregnancy:** talking about the different stages of pregnancy, prenatal care, and childbirth options.
4. **Menstruation:** discussing menstrual hygiene, managing period pain, and debunking myths and misconceptions about periods.
5. **Gender identity and sexuality:** discussing different gender identities and sexual orientations, and how to promote acceptance and inclusion for all individuals.
6. **Sexual violence:** talking about the different forms of sexual violence, its impact on survivors, and how to prevent and respond to it.
7. **Access to reproductive health services:** exploring the barriers to accessing reproductive health services and advocating for policies that ensure everyone has access to the care they need.
8. **Reproductive rights:** discussing the importance of reproductive rights, including the right to make decisions about one's own body and access to safe and legal abortion services.
9. **Relationships:** talking about healthy relationships, communication, and consent, and how these factors impact sexual and reproductive health.
10. **Sex education:** discussing the importance of comprehensive sex education, including information on sexual and reproductive health, relationships, consent, and healthy decision-making.

CHAPTER - 4

Sexual health and hygiene in youth work



4.1. Risky sexual behaviour

It is important to practice both safe and healthy sexual behaviours to protect oneself and others from negative sexual health outcomes. If one engages in risky sexual behaviour, it is important to seek medical attention and get tested for STIs and HIV/AIDS. Risky sexual behaviour refers to any sexual activity that increases the likelihood of negative consequences such as unintended pregnancy, sexually transmitted infections (STIs), or HIV/AIDS. Examples of risky sexual behaviours might include having unprotected sex, having multiple sexual partners, and engaging in sexual activities under the influence of drugs and/or alcohol. Another sexual behaviour that causes the negative and long-lasting consequences, such as post-traumatic stress, depression, or anxiety, among others, is the practice of coercive sex. It is thus crucial to address this issue in a more clear and direct way to educate youth about the importance of obtaining clear and enthusiastic consent before engaging in any sexual activity, and thus, avoiding abusive sexual behaviour. The practice of safe sex between partners and making the informed decisions about sexual health are both essential to reduce the risk of negative implications in life, including using barrier methods such as condoms, getting tested regularly, and limiting the number of sexual partners.

Examples of risky sexual behaviours:

1. **Unprotected sex:** having sex without using condoms or other forms of protection can increase the risk of contracting STIs and unintended pregnancy.
2. **Multiple sexual partners:** having multiple sexual partners can increase the risk of contracting and spreading STIs.
3. **Alcohol and drug abuse:** abusing alcohol or drugs before or during sexual activity can impair judgment and increase the risk of engaging in risky sexual behaviours.
4. **Sex with high-risk partners:** having sex with partners who are known to have a high risk of STIs, such as sex workers or intravenous drug users, can increase the risk of contracting STIs.
5. **Lack of communication:** not communicating with sexual partners about sexual health and history can increase the risk of contracting STIs and unintended pregnancy.

6. **Non-consensual sex:** engaging in non-consensual sexual activity, such as rape or sexual assault, can lead to physical and emotional trauma, as well as the risk of contracting STIs.

4.2. Sexually transmitted infections

The sexually transmitted infections (STIs), also known as sexually transmitted diseases (STDs), are infections which are passed from one person to the other during sexual activity. STIs can be caused by bacteria, viruses, parasites, or other microorganisms. The STIs can be prevented by practising safe sex, such as using condoms or other forms of protection during sexual activity, getting regular STI testing, or limiting sexual partners. STIs can be treated with antibiotics, antivirals, other medications, but it is important to seek medical attention if an individual suspects that they might have an STI. Untreated STIs can lead to serious health problems such as infertility, cancer, and organ damage. STIs can have a range of symptoms, from mild to severe, and can have serious consequences if left untreated with a profound impact on sexual and reproductive health. Some STIs, such as HIV and syphilis, can have long-term health implications and may be life-threatening.

STIs are among the most common causes of illness in the world and have far-reaching health, social and economic consequences for many countries, having a major impact on quality of life and are a prime indicator of the quality of global sexual and reproductive health care. However, stigma and shame surrounding STIs often prevent individuals from seeking professional help in a timely manner, which results in delayed diagnosis and treatment, and increase the risk of serious health consequences. This is particularly concerning as many STIs can have few or no symptoms, while early treatment is best way to prevent the spread of the infection and have long-term health implications.

It is thus important to address stigma and shame associated with STIs among youth to promote open and honest communication about sexuality and sexual health. This includes providing youth education, counselling, behavioural interventions, and resources on the importance of regular testing and creating a safe and non-judgemental environment for youth to seek help or receive treatment.

Table 10: Description of some common STIs

STI	DESCRIPTION
Chlamydia	<p>Chlamydia is caused by the bacterium <i>Chlamydia trachomatis</i> that affects mostly young women, but it can occur in both men and women. Many people do not experience any symptoms, which is why it is sometimes called a "silent" infection. When symptoms do occur, they can include:</p> <ul style="list-style-type: none"> • Painful urination • Abnormal discharge from the genitals (clear or milky discharge from the penis or vagina) • Pain or bleeding during sex • Lower abdominal pain (in women) • Swelling or tenderness of the testicles (in men) <p>If left untreated, chlamydia can lead to serious health problems, such as pelvic inflammatory disease (PID) in women, which can cause infertility and chronic pain. In pregnant women, it can cause premature birth or the transmission of the infection to the baby during delivery.</p> <p>Chlamydia can be easily diagnosed with a urine test or a swab of the affected area. If diagnosed, it can be treated with antibiotics, such as azithromycin or doxycycline, which are usually taken for a week.</p>
Gonorrhoea	<p>Gonorrhoea is a common sexually transmitted infection caused by the bacterium <i>Neisseria gonorrhoeae</i>. It can be a "silent" infection since many people do not experience any symptoms. Symptoms can include:</p> <ul style="list-style-type: none"> • Painful urination • Abnormal discharge from the genitals (yellow or green discharge from the penis or vagina) • Pain or bleeding during sex • Lower abdominal pain (in women) • Swelling or tenderness of the testicles (in men) <p>If left untreated it can lead to serious health problems, such as pelvic inflammatory disease in women, which can cause infertility and chronic pain. In pregnant women, it can cause premature birth or the transmission of the infection to the baby during childbirth.</p> <p>Gonorrhoea can be easily diagnosed with a urine test or a swab of the affected area. If diagnosed, it can be treated with antibiotics.</p>
Herpes	<p>Herpes is a common sexually transmitted infection caused by the herpes simplex virus (HSV). There are two types of herpes virus, HSV-1, and HSV-2, but both can cause genital herpes. Is transmitted through skin-to-skin contact, usually during sexual activity, including vaginal, anal, and oral sex. The virus can also be transmitted through kissing or touching the sores of someone with an active herpes outbreak. Symptoms can include:</p> <ul style="list-style-type: none"> • Painful blisters or sores on or around the genitals, anus, or mouth • Itching or burning around the affected area • Flu-like symptoms, such as fever and body aches • Swollen lymph nodes <p>After the initial infection, herpes can become dormant in the body and not cause symptoms for long time.</p> <p>There is no cure for herpes, but antiviral medications, such as acyclovir, famciclovir, or valacyclovir, can help manage symptoms and reduce the frequency and duration of outbreaks. It is important to start treatment as soon as possible after the onset of symptoms.</p>
Human papillomavirus (HPV)	<p>HPV is caused by a group of more than 150 related viruses. HPV can infect the skin and mucous membranes, such as those in genital area, anus, mouth, and throat.</p> <p>Most HPV infections do not cause any symptoms and go away on their own within two years. However, some types of HPV can cause genital warts, while others can lead to more serious health problems, such as cervical, anal, and throat cancer. In fact, HPV is the most common cause of cervical cancer in women.</p> <p>HPV is spread through skin-to-skin contact during sexual activity, including vaginal, anal, and oral sex. The virus can be passed from one person to another even if there are no visible signs or symptoms of infection.</p> <p>Prevention is key when it comes to HPV. The HPV vaccine is recommended for both males and females, starting at age 11 or 12, and can protect against several types of HPV that can cause cancer and genital warts. Practicing safe sex can also reduce the risk of getting HPV.</p> <p>Regular screening, such as Pap tests and HPV tests, can help detect precancerous or cancerous changes in the cervix and other areas affected by HPV.</p>

HIV/AIDS

HIV (Human Immunodeficiency Virus) and AIDS (Acquired Immunodeficiency Syndrome) are related, but distinct conditions.

HIV is a virus that attacks the immune system, specifically the CD4 cells (also known as T cells) that help the body fight infections. HIV is transmitted through bodily fluids, including blood, semen, vaginal fluids, and breast milk. It can be spread through unprotected sexual contact, sharing needles or syringes, and from mother to child during pregnancy, childbirth, or breastfeeding. Many people with HIV experience no symptoms for years, but if left untreated, HIV can gradually weaken the immune system and lead to more serious infections and health problems.

AIDS is the final stage of HIV infection. It occurs when the immune system is severely damaged and can no longer fight off infections or diseases. According to the Centres for Disease Control and Prevention (CDC), a person with HIV is diagnosed with AIDS when they have a CD4 cell count below 200 cells/mm³ or when they develop one or more opportunistic infections (infections that take advantage of a weakened immune system). Examples of opportunistic infections include tuberculosis, pneumonia, and certain types of cancers.

While HIV can be managed with antiretroviral therapy (ART), there is currently no cure for HIV. However, with proper treatment, people with HIV can live long, healthy lives and reduce their risk of developing AIDS. It is important to get tested for HIV and, if diagnosed, seek medical care, and adhere to prescribed treatment to manage the virus and prevent further transmission.



Syphilis

Syphilis is caused by the bacterium *Treponema pallidum*, and it is transmitted through direct contact with a syphilis sore during vaginal, anal, or oral sex.

Develops in stages and can cause a variety of symptoms. In the primary stage, a painless sore called a chancre appears at the site of infection, usually the genitals, anus, or mouth. The sore can last for several weeks and then disappear on its own, even without treatment.

In the secondary stage, a rash may develop on the body, including the palms of the hands and soles of the feet. Other symptoms can include fever, sore throat, swollen lymph nodes, and muscle aches. These symptoms may also resolve on their own, but without treatment, the infection can progress to the latent stage.

In the latent stage, the infection is still present but there are no visible symptoms. This stage can last for years, and the infection can still be transmitted to others during this time.

In the late stage, syphilis can cause serious health problems, including damage to the heart, brain, nerves, eyes, and other organs, and can be life-threatening.

Syphilis can be diagnosed with a blood test and can be treated with antibiotics.

Trichomoniasis

Trichomoniasis is caused by a parasite called *Trichomonas vaginalis*. It is transmitted through sexual contact, including vaginal, anal, and oral sex.

Many people with trichomoniasis do not experience any symptoms, but some may develop symptoms within 5 to 28 days of infection. Symptoms in women can include itching, burning, redness, and soreness of the genitals, as well as a yellow-green, frothy vaginal discharge with a strong odour. Men may experience itching or irritation inside the penis, as well as a discharge from the urethra.

Trichomoniasis can be diagnosed with a laboratory test, such as a vaginal swab or urine sample. It can be treated with prescription antibiotics, and sexual partners should also be treated to avoid reinfection.

Untreated trichomoniasis can increase the risk of getting or transmitting other sexually transmitted infections, such as HIV.

4.3. Healthy intimate relationships

Healthy intimate relationships are all about being true to oneself, respect, trust, support, communication, listening, fulfilment, contentment, equality, independence, and clear boundaries. So, gender literacy plays an important role in building healthy intimate relationships since gender literacy fosters our understanding and knowledge of gender roles, norms, cultural values, and expectations in society. Therefore, healthy intimate relationships are built on the foundation of open and honest communication, and where the partners support each other emotionally, physically, and mentally. Hence, These relationships bring more happiness in one's life than stress. Being in healthy intimate relationships, partners learn how to establish and maintain clear boundaries and how to openly express their needs and desires. They are also able to resolve conflicts in a respectful and non-violent manner and maintain their individuality while being committed to the relationship with another. Intimacy is more of an emotional connection rather than a physical connection. Sex and intimacy are different, but they are interrelated. Some individuals need to feel loved and cared for to be sexually intimate, some need to engage in sexual activities to demonstrate their love and care.

There are four key forms of intimacy:

- **Physical**, which means being in the same place at the same time and spending quality time together, like on a date night.
- **Emotional**, which means sharing emotions and thoughts and connecting on a both an emotional and feeling level.
- **Sensual**, which means physical touch and pleasure and other ways to physically connect that do not involve sexual acts, such as hugging and kissing.
- **Sexual**, which includes vaginal, anal, or oral sex, and other forms of sexual contact.

Though each person is different, all people, in the one way or the other desire different forms of intimacy to varying degrees in their relationships. Intimacy, in all its forms, has a variety of health benefits for both the body and the mind. Healthy intimate relationships can have positive impacts on physical and mental health and they can provide a sense of security, comfort, and happiness. So, gender literacy helps create a more inclusive, respectful, and fulfilling relationship where both partners feel safe, supported, valued.

Gender literacy contributes to healthy intimate relationships through:

1. **Understanding and challenging gender stereotypes:** gender stereotypes create rigid expectations and limit the freedom and expression of individuals. Understanding and challenging these stereotypes can help partners communicate and respect each other's individuality.
2. **Respect for diversity:** gender literacy promotes respect for diverse gender identities and expressions, allowing partners to embrace each other's differences and celebrate them.
3. **Communicating about gender issues:** healthy intimate relationships involve open and honest communication about gender-related issues, such as discussing gender roles and expectations, gender-based discrimination or violence, and other issues of gender differences.
4. **Empathy:** Gender literacy increases empathy towards each other by recognising the societal pressures and expectations that impact individuals' behaviour and emotions.
5. **Shared responsibilities:** gender literacy helps challenge traditional gender roles and encourage shared responsibilities in the relationship, such as household chores, child-rearing, and decision-making.
6. **Respecting boundaries:** Gender literacy involves understanding and respecting each other's boundaries. This means recognising that different genders may have different needs and experiences and being willing to communicate and negotiate boundaries accordingly.

4.4. Sexual health and hygiene guidelines

Sexual health and hygiene are important aspects of our overall health and well-being. Practising more safe and healthy sexual habits, is the best way to maintain good sexual health and prevent health problems. Therefore, regular check-ups and/or consultations with the healthcare providers help to maintain a good sexual health and well-being. According to the WHO, sexual health is a state of physical, emotional, mental, and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction, or infirmity. The WHO definition of sexual health reduces stigma by helping researchers, educators, clinicians, and policymakers acknowledge positive

sexuality and sexual experiences as the key to the adequate public health outcomes. So, sexual health requires a positive and respectful approach to sexuality and sexual relationships, and possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination, and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected, and fulfilled. So, sexual health and hygiene guidelines are important to maintain our overall sexual health and prevent sexually transmitted infections (STIs) and other negative consequences. Some of the general guidelines for sexual health and hygiene include sexual health as an important aspect of the overall health and well-being. Sexual hygiene refers to practices and habits that promote, maintain sexual health.

Some guides to promote sexual health and hygiene are:

1. **Communication between sexual partners:** Open communication about sexual health, desires, and boundaries. Educate yourself about sexual health and communicate openly with your partner(s) about your sexual health history and STI testing status.
2. **Practicing safe sex:** using condoms or other forms of protection during sexual activity to prevent sexually transmitted infections (STIs) and unwanted pregnancies.
3. **Practicing good hygiene:** keeping genitals clean and dry to prevent infections. Washing hands before and after sexual activity. Avoiding sharing personal items such as towels, razors, or sex toys that can spread infections.
4. **Regular STI tests:** getting tested for STIs regularly, especially if in a situation of multiple sexual partners. Early detection and treatment can prevent serious health problems.
5. **Practice self-care:** taking care of physical and mental health can support sexual well-being. Avoid sexual activity under the influence of drugs or alcohol, as this can impair judgment and increase the risk of negative consequences.
6. **Seeking medical help if needed:** any sexual health concerns, such as pain, discomfort, or abnormal discharge, require seek medical help from a healthcare provider. Regular gynaecological exams to maintain sexual and reproductive health helps to maintain sexual health.

4.5. Menstrual health and hygiene

Biologically, menstruation is described and forms part of a menstrual cycle, a 28-day period during which the uterus prepares for potential pregnancy. In the absence of pregnancy, the inner lining of the uterus breaks down and excreted with the unfertilised egg through the vagina once a month. Though depending on the individual this phase can last between 2 to 7 days. **Menarche** (*the onset of menstruation*) starts when a menstruator reaches puberty with menstruation continuing up to **Menopause** (*end of menstrual cycles*) around the age of 50. But age of menarche has been decreasing, especially in high income countries where menstruators as young as 9 are reported to be menstruating, postulating changes in nutrition and health as possible explanations but lack of comparative data hinders the definitive global conclusion. Though unless pregnant, the person who menstruates will menstruate monthly about 35-40 years of life.

4.5.1. What is menstruation?

Thus, menstruation, menses, or period is a normal vaginal bleeding that the menstruator's body goes through in the preparation for the possibility of pregnancy. Each month, one of the ovaries releases an egg, a process called ovulation; at the same time, the hormonal changes prepare the uterus for pregnancy. If ovulation takes place and the egg is not fertilised, the lining of the uterus sheds through the vagina. This is a menstrual period. Hence, menstrual blood is partly blood and partly tissue from inside the uterus, which passes out of the body through the vagina. The menstrual cycle, which is counted from the first day of one period to the first day of the next, is not the same for every menstruator. Menstrual flow might occur every 21 to 35 days and last about two to seven days. For the first few years, longer cycles are common. Though menstrual cycles tend to shorten and become more regular as a person ages.

4.5.2. How long is a menstrual cycle?

A typical menstrual cycle lasts 28 days. However, a deviation from this value of even +/- 7 days is still regarded as the norm. The first day of the cycle is always the first day of menstrual bleeding, with the so-called "live bleeding", not for example, the brown spotting, which can occur a few days before the actual period. Importantly, the length of the menstrual cycle varies not only between individuals, a menstruator can have different length cycles in their

life. The largest deviations from the norm in a given case may occur at the early stage of menstruation or at the late stage of menstruation - i.e. in the period preceding menopause, but it also happens that under the influence of stress, diet changes, travel or other activities that significantly affect the body; deviations may occur.

4.5.3. How to and why to chart a menstrual cycle?

The course of the cycle is 28 days menstrual cycle; the starting point of the cycle is visible at the top of the circle, i.e. the first day of menstruation. Moving clockwise, we see that the first few days are bleeding. At the same time, the level of oestrogen increases all the time, the highest value of which falls just before ovulation. Ovulation appears as it is pointed out, at the very bottom of the graph. It is also the moment when the level of progesterone in the body begins to increase and whose highest value falls a few days before the next menstruation. Charting enables a menstruator to know their body by tracking the physical signs of the cycle. This knowledge can be used in two main ways:

1. **Health Monitoring:** Observing and recording this information routinely allows a menstruator to be an active participant in monitoring their health. Irregularities such as change in cycle length, painful periods, abnormal bleeding, inability to conceive, or other gynaecological concerns may reflect underlying hormonal abnormalities.
2. **Family Planning:** Daily observations of physical signs that change throughout a menstruator menstrual cycle indicate when a person may be fertile. Using this information, couples may time sexual intercourse according to their desire to achieve or avoid a pregnancy.

Even though menstruation has always been present in human species, its significance varies substantially between societies, where in some societies, menstruators are considered sacred and powerful or dirty and impure. It is crucial to challenge cultural taboos and stigma surrounding menstruation, to promote menstrual health as a basic right and part of overall reproductive health. This is important as menstruation is a target of incomprehension, inequality, and/or discrimination. The term menstrual health and hygiene (MHH) is used to describe the needs and experiences of the people who menstruate, including easy and safe access to menstrual health information,

supplies, and infrastructure that are needed to manage periods with dignity and with comfort: herein referred to as menstrual hygiene management. It includes the systemic factors that link menstruation to other health, gender, sexual social, and cultural factors, and focuses on the empowerment youth to acquire both the knowledge and awareness needed to ensure menstrual health and hygiene. Therefore, maintaining good hygiene by washing the genital area before and after sexual activity as well as using clean and fresh menstrual products during periods, are all crucial to maintain overall health and well-being.

Some guidelines for menstrual health and hygiene are:

1. **Using the right menstrual products:** using menstrual products that are comfortable and appropriate for the flow. This may include tampons, pads, menstrual cups, or period panties.
2. **Washing hands:** Washing hands with soap and water before and after changing menstrual products.
3. **Maintaining good genital hygiene:** cleaning genital area with mild soap and water regularly to prevent infections.
4. **Changing menstrual products regularly:** changing menstrual products every 4 to 6 hours or as needed to prevent odour and leakage.
5. **Using a backup method:** using a backup method such as a panty liner or menstrual cup to prevent leakage during heavy flow.
6. **Disposing menstrual products properly:** wrapping used menstrual products in toilet paper or a bag and disposing them in the trash. Not flushing menstrual products down the toilet, as it can cause plumbing problems.
7. **Practicing healthy lifestyle habits:** good nutrition, regular exercise, and stress management can all help to maintain menstrual health.
8. **Taking care of emotions:** Menstruation can be a challenging time emotionally, so it is important to take care of the emotional health, such as talking to a trusted friend or healthcare provider, practising self-care, or seeking professional help if needed.

CHAPTER - 5

Design and delivering of youth sexual health training



D1

S1

YOUTH HEALTH LITERACY

SEXUAL HEALTH AND RIGHTS

A01. Empowerment in youth sexual health and rights

Learning activity	Reflecting on experience workshop
Training method	Experiential learning: Workshop-based learning
Goal of the activity	This workshop is used to capture the motivation, imagination, and energy of the workshop audience. Reflecting activities encourage workshop participants to look back on their own personal and/or professional behaviour in a way that prepares them for new learning and change. Reflection is often used at the beginning of a workshop or at a transition from one topic to another. To design a reflecting activity, it is important to identify the past experience that you want to invoke and to do so in an engaging way that can be linked to the workshop topic.
Targeted audience	Young people; youth workers or youth educators; trainers or facilitators; youth-based organisations; and other educators involved in youth education and training.
Learning objectives	<ul style="list-style-type: none"> • Develop participants' knowledge, skills, and attitudes on how to engage with young people on youth sexual health and rights during training interactions. • Strengthen participants' training skills and capacity in using interactive learning activities to integrate youth sexual health and rights literacy in youth work.
Instructions	<ol style="list-style-type: none"> 1. Divide the participants in small groups. Ask each member of the group to think of and share with the group at least five (5) words that each set describe "Youth Sexual Health" and "Youth Sexual Rights" based on their experiences and knowledge. 2. Upon completion of this spontaneous interaction, ask each group to analyse and interpret different words from all participants to generate one Word Cloud for each term composed only of ten (10) words that reflect everyone in the group. 3. Ask them to analyse and interpret the terms "Youth Sexual Health" and "Youth Sexual Rights" and create a list of at least five (5) types of Youth Health and a list of at least five (5) types of Youth Rights. Then provide a flip-chart to each group: <ol style="list-style-type: none"> a. Which type of three (3) interventions in the context of non-formal education that youth work can use in order to effectively meet youth's learning needs and knowledge gaps in Youth Sexual Health and Youth Sexual Rights? b. What do you think are the most appropriate training activities that youth can participate to strengthen their knowledge, skills of Youth Sexual Health and Youth Sexual Rights? c. Create one complete training activity that can strengthen youth knowledge, skills, and attitudes of Youth Sexual Health and Youth Sexual Rights.

Debriefing	<ol style="list-style-type: none"> 1. Check the results in the bigger group with all participants. Discuss the experience with the participants. Ask questions such as: <ol style="list-style-type: none"> a. How did you manage to do the activity? b. Are you satisfied with the results of your group? c. What was difficult and how could it be done better? 2. Then use the follow-up questions for interactive discussions: <ol style="list-style-type: none"> a. How can you define or characterise the terms “sexual health literacy” and “sexual rights literacy”? What do they have to do with each other? b. What challenges and opportunities are you facing in dealing with or addressing different forms of youth sexual health and rights problems in your practice or work? c. How do you see a lack of youth sexual health and rights literacy impacting you personally or the communities or the groups that you work with?
Learning outcomes	<ul style="list-style-type: none"> • Participants are able to apply gained knowledge and skills to engage with young people on youth Sexual health and rights in their youth work. • Participants are able to use interactive training learning activities to integrate youth Sexual health and rights literacy in their youth work.
Training logistics	<ul style="list-style-type: none"> • Flipchart paper, large sticky notes, markers, and a tape. • A wall with enough space to attach several sheets of flipchart.
Required time	<p>90 Minutes: As a facilitator you should expect to spend:</p> <ul style="list-style-type: none"> • 15 Minutes for presenting giving instructions. • 50 Minutes for participants to complete their tasks in small groups. • 25 Minutes for reflection and discussion during debriefing.
Challenges	<ul style="list-style-type: none"> • This activity brings together different concepts related to what youth need to make effective health decisions for themselves as a means to develop healthier lifestyles necessary to achieve a greater state of health and well-being. We have created a set of 12 workshop learning activities that reflects essential themes in the field of youth health literacy. • The themes including Youth mental health and well-being, Drug abuse and youth well-being, Gender and sexual health literacy, and Digital youth health literacy are discussed, and each is linked to a workshop learning activity. So, beyond having experience in youth health literacy, the facilitator should have experience in human rights education and cultural literacy to facilitate this workshop.
Adjustments	<ul style="list-style-type: none"> • You can adapt the questions to the profile of the group and context in which a workshop takes place. • This activity works best with small groups, 20-25 participants.

D1

S2

YOUTH HEALTH LITERACY

SEXUAL HEALTH AND RIGHTS

A02. Challenges to youth sexual health and rights

Learning activity	Reflecting on experience workshop
Training method	Experiential learning: Workshop-based learning
Goal of the activity	This workshop is used to capture the motivation, imagination, and energy of the workshop audience. Reflecting activities encourage workshop participants to look back on their own personal and/or professional behaviour in a way that prepares them for new learning and change. Reflection is often used at the beginning of a workshop or at a transition from one topic to another. To design a reflecting activity, it is important to identify the past experience that you want to invoke and to do so in an engaging way that can be linked to the workshop topic.
Targeted audience	Young people; youth workers or youth educators; trainers or facilitators; youth-based organisations; and other educators involved in youth education and training.
Learning objectives	<ul style="list-style-type: none"> • Develop participants' knowledge, skills, and attitudes on how to engage with young people on youth sexual health and rights during training interactions. • Strengthen participants' training skills and capacity in using interactive learning activities to integrate youth sexual health and rights literacy in youth work.
Instructions	<ol style="list-style-type: none"> 1. Ask each participant to present a situation describing a time in their lives when they felt excluded or unable to claim, exercise, realise, or enjoy their rights to sexual health? 2. Divide participants in small groups. In their small groups, ask each participant to present their situation. Ask them to listen to each-other and then to compare any similarities and differences among those situations. 3. Ask them to analyse and interpret various situations from all participants in the group to identify common aspects enough to create a one situation story that reflects everyone in the group. Then provide a flipchart to each group: <ol style="list-style-type: none"> a. Did the interpretations of various situations provide you the opportunity to learn how to overcome differences and become allies to address a common problem from different perspectives? If yes, how? If no, why not? b. How can youth education and training offerings in the field of youth health literacy address the needs, gaps, or challenges expressed in your one situation to fully claim, exercise, realise, and enjoy the rights to sexual health? c. Which learning activities the person(s) in your one situation could undertake or be involved in, in order to strengthen knowledge, skills, and attitudes on how to claim, exercise, realise, and enjoy the rights to sexual health?

Debriefing	<ol style="list-style-type: none"> 1. Check the results in the bigger group with all participants. Discuss the experience with the participants. Ask questions such as: <ol style="list-style-type: none"> a. How did you manage to do the activity? b. Are you satisfied with the results of your group? c. What was difficult and how could it be done better? 2. Then use the follow-up questions for interactive discussions: <ol style="list-style-type: none"> a. How can you define or characterise the terms “sexual health literacy” and “sexual rights literacy”? What do they have to do with each other? b. What challenges and opportunities are you facing in dealing with or addressing different forms of youth sexual health and rights problems in your practice or work? c. How do you see a lack of youth sexual health and rights literacy impacting you personally or the communities or the groups that you work with?
Learning outcomes	<ul style="list-style-type: none"> • Participants are able to apply gained knowledge and skills to engage with young people on youth Sexual health and rights in their youth work. • Participants are able to use interactive training learning activities to integrate youth Sexual health and rights literacy in their youth work.
Training logistics	<ul style="list-style-type: none"> • Flipchart paper, large sticky notes, markers, and a tape. • A wall with enough space to attach several sheets of flipchart.
Required time	<p>90 Minutes: As a facilitator you should expect to spend:</p> <ul style="list-style-type: none"> • 15 Minutes for presenting giving instructions. • 50 Minutes for participants to complete their tasks in small groups. • 25 Minutes for reflection and discussion during debriefing.
Challenges	<ul style="list-style-type: none"> • This activity brings together different concepts related to what youth need to make effective health decisions for themselves as a means to develop healthier lifestyles necessary to achieve a greater state of health and well-being. We have created a set of 12 workshop learning activities that reflects essential themes in the field of youth health literacy. • The themes including Youth mental health and well-being, Drug abuse and youth well-being, Gender and sexual health literacy, and Digital youth health literacy are discussed, and each is linked to a workshop learning activity. So, beyond having experience in youth health literacy, the facilitator should have experience in human rights education and cultural literacy to facilitate this workshop.
Adjustments	<ul style="list-style-type: none"> • You can adapt the questions to the profile of the group and context in which a workshop takes place. • This activity works best with small groups, 20-25 participants.

D1

S3

YOUTH HEALTH LITERACY

SEXUAL HEALTH AND RIGHTS

A03. Raising awareness on youth sexual health and rights

Learning activity	Reflecting on experience workshop
Training method	Experiential learning: Workshop-based learning
Goal of the activity	This workshop is used to capture the motivation, imagination, and energy of the workshop audience. Reflecting activities encourage workshop participants to look back on their own personal and/or professional behaviour in a way that prepares them for new learning and change. Reflection is often used at the beginning of a workshop or at a transition from one topic to another. To design a reflecting activity, it is important to identify the past experience that you want to invoke and to do so in an engaging way that can be linked to the workshop topic.
Targeted audience	Young people; youth workers or youth educators; trainers or facilitators; youth-based organisations; and other educators involved in youth education and training.
Learning objectives	<ul style="list-style-type: none"> • Develop participants' knowledge, skills, and attitudes on how to engage with young people on youth sexual health and rights during training interactions. • Strengthen participants' training skills and capacity in using interactive learning activities to integrate youth sexual health and rights literacy in youth work.
Instructions	<ol style="list-style-type: none"> 1. Divide participants into their small groups of 4 or 5 persons per group. Then give each small group a flip chart and Handout-A03.1. and Handout-A03.2. 2. Ask each group to discuss the example of the counter-narrative campaign on Handout-A03.1. The discussions should focus on participants' interpretations, descriptions, and meanings they make out of that campaign. 3. After concluding the discussions in small groups, ask each group to use a flipchart to complete Handout-A03.2. Ask each group: <ol style="list-style-type: none"> a. To think about the youth sexual health and rights problem context they would like to raise awareness about through counter-narrative/alternative campaign? b. To describe the characteristics of the audience they want to target. What is the behavioural or social change they aim to contribute to? c. To describe how they will achieve that impact. How many people do they aim to reach? How much campaign content do they aim to produce? How many times per week do they plan to post a new content? d. To create campaign's content: message(s); medium for each message; and call to action for each message. Which social media channels will they use to run the campaign? Which methods will they use to measure the impact?

Debriefing	<ol style="list-style-type: none"> 1. Check the results in the bigger group with all participants. Discuss the experience with the participants. Ask questions such as: <ol style="list-style-type: none"> a. How did you manage to do the activity? b. Are you satisfied with the results of your group? c. What was difficult and how could it be done better? 2. Then use the follow-up questions for interactive discussions: <ol style="list-style-type: none"> a. How can you define or characterise the terms “sexual health literacy” and “sexual rights literacy”? What do they have to do with each other? b. What challenges and opportunities are you facing in dealing with or addressing different forms of youth sexual health and rights problems in your practice or work? c. How do you see a lack of youth sexual health and rights literacy impacting you personally or the communities or the groups that you work with?
Learning outcomes	<ul style="list-style-type: none"> • Participants are able to apply gained knowledge and skills to engage with young people on youth Sexual health and rights in their youth work. • Participants are able to use interactive training learning activities to integrate youth Sexual health and rights literacy in their youth work.
Training logistics	<ul style="list-style-type: none"> • Flipchart paper, large sticky notes, markers, and a tape. • A wall with enough space to attach several sheets of flipchart.
Required time	<p>90 Minutes: As a facilitator you should expect to spend:</p> <ul style="list-style-type: none"> • 15 Minutes for presenting giving instructions. • 50 Minutes for participants to complete their tasks in small groups. • 25 Minutes for reflection and discussion during debriefing.
Challenges	<ul style="list-style-type: none"> • This activity brings together different concepts related to what youth need to make effective health decisions for themselves as a means to develop healthier lifestyles necessary to achieve a greater state of health and well-being. We have created a set of 12 workshop learning activities that reflects essential themes in the field of youth health literacy. • The themes including Youth mental health and well-being, Drug abuse and youth well-being, Gender and sexual health literacy, and Digital youth health literacy are discussed, and each is linked to a workshop learning activity. So, beyond having experience in youth health literacy, the facilitator should have experience in human rights education and cultural literacy to facilitate this workshop.
Adjustments	<ul style="list-style-type: none"> • You can adapt the questions to the profile of the group and context in which a workshop takes place. • This activity works best with small groups, 20-25 participants.

Manual references

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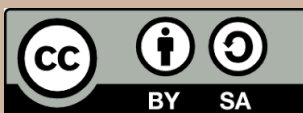
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