

bodytalk

A reproductive health curriculum for youth
ages 8-19 in restrictive global settings

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SAMPLE

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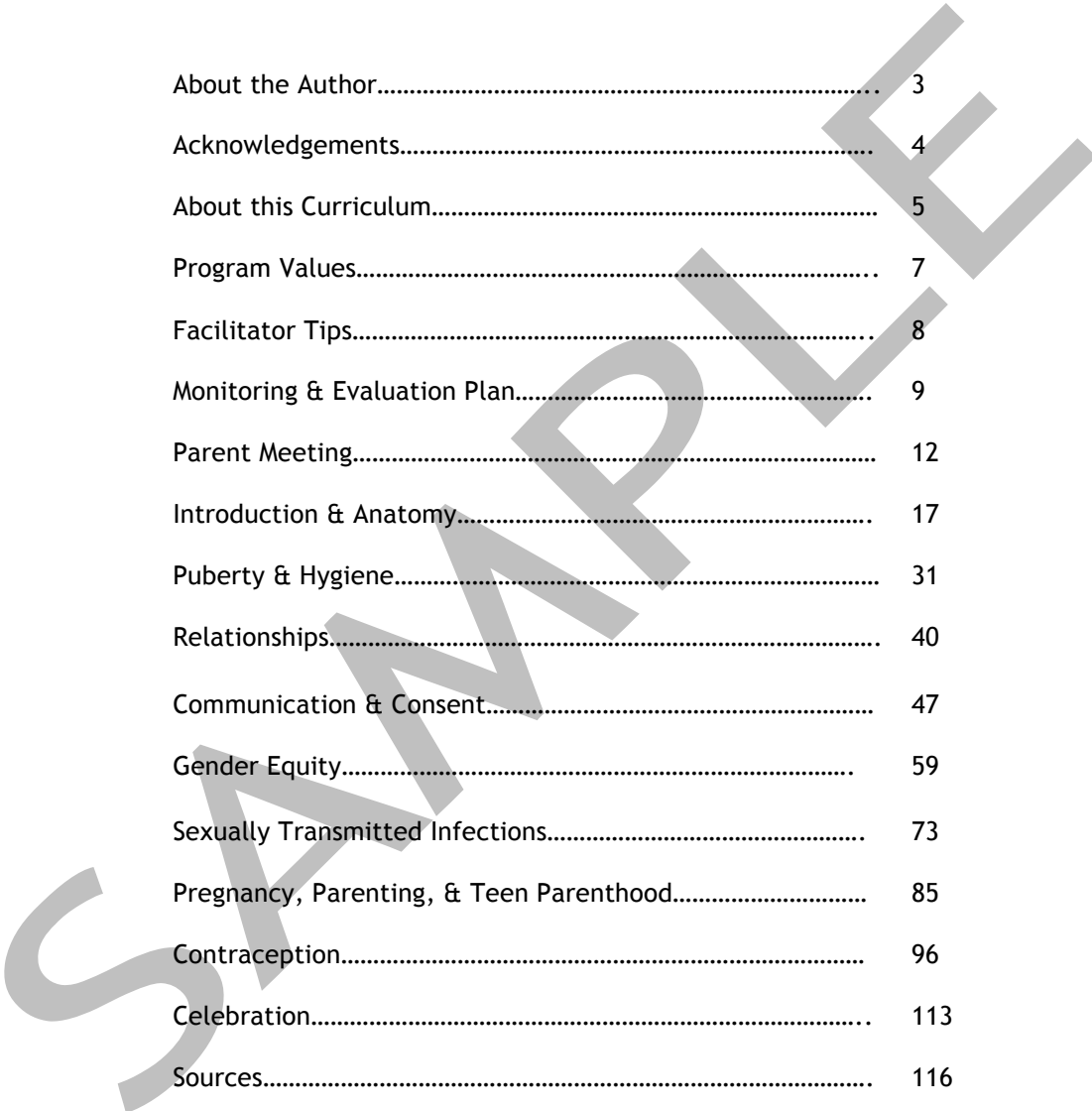
- “How Our Bodies Change Game,” p. 31 (adapted from “The Changes of Puberty Activity,” *Our Whole Lives: Sexuality Education for Grades 4-6* by Elizabeth M. Casparian and Eva S. Goldfarb, 1st edition, Unitarian Universalist Association of Congregations and United Church of Christ, 2014, p. 43-44).
- “Personal Concerns About Puberty,” p. 37 (adapted from “Am I Normal?,” *Our Whole Lives: Sexuality Education for Grades 7-9* by Pamela M. Wilson, 2nd edition, Unitarian Universalist Association of Congregations and United Church of Christ, 2014, p. 57-59).
- “Healthy vs. Unhealthy Relationships,” p. 41 (adapted from “What Makes a Good Relationship?” *Our Whole Lives: Sexuality Education for Grades 10-12* by Eva S. Goldfarb and Elizabeth M. Casparian, 1st edition, Unitarian Universalist Association of Congregations and United Church of Christ, 2014, p. 164-165).
- “Deal Makers & Deal Breakers,” p. 43 (from “Deal Makers and Deal Breakers,” *Our Whole Lives: Sexuality Education for Grades 7-9* by Pamela M. Wilson, 2nd edition, Unitarian Universalist Association of Congregations and United Church of Christ, 2014, p. 179-181).
- “Facilitator Role Play” and “Being Assertive,” p. 45-46 (adapted from “Speaking Up for Yourself,” *Our Whole Lives: Sexuality Education for Grades 7-9* by Pamela M. Wilson, 2nd edition, Unitarian Universalist Association of Congregations and United Church of Christ, 2014, p. 202-203).
- “Good Qualities Activity,” p. 73 (adapted from “Finding Good Parents,” *Our Whole Lives: Sexuality Education for Grades 7-9* by Pamela M. Wilson, 2nd edition, Unitarian Universalist Association of Congregations and United Church of Christ, 2014, p. 352-353).

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ABOUT THE AUTHOR

Leslie Massicotte is the author and program manager of the BodyTalk curriculum. She is a certified sexuality educator with more than ten years' experience working with youth and with extensive experience working in Africa. She was trained as an educator through Our Whole Lives Sexuality Education program, a comprehensive approach that prioritizes positive sexuality and youth decision making. In her career as a reproductive health advocate and educator, Leslie has served as an options counselor at Planned Parenthood and a health teacher for low-income minority students through Jesuit Volunteer Corps-Northwest. She also developed a women's health training program for refugee women in her hometown of Indianapolis that connects clients to family planning services. Leslie has also lived in Rwanda, where she worked with Kasha, an innovative local solution using mobile phones to provide feminine hygiene products and contraceptives, and also served as a technical advisor for the sexual and reproductive health (SRH) program at Health Development Initiative-Rwanda. She believes in the power of education and the right to reproductive health for all and focuses her work on vulnerable populations and developing countries.



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- “The Changes of Puberty Activity,” adapted from Elizabeth M. Casparian and Eva S. Goldfarb, *Our Whole Lives: Sexuality Education for Grades 4-6*, 1st edition, Unitarian Universalist Association of Congregations and United Church of Christ, <https://www.uua.org/re/owl>.
- “Am I Normal?,” adapted from Pamela M. Wilson, *Our Whole Lives: Sexuality Education for Grades 7-9*, 2nd edition, Unitarian Universalist Association of Congregations and United Church of Christ, <https://www.uua.org/re/owl>.
- “What Makes a Good Relationship?,” adapted from Eva S. Goldfarb and Elizabeth M. Casparian, *Our Whole Lives: Sexuality Education for Grades 10-12*, 1st edition, Unitarian Universalist Association of Congregations and United Church of Christ, <https://www.uua.org/re/owl>.
- “Deal Makers and Deal Breakers,” from Pamela M. Wilson, *Our Whole Lives: Sexuality Education for Grades 7-9*, 2nd edition, Unitarian Universalist Association of Congregations and United Church of Christ, <https://www.uua.org/re/owl>.
- “Speaking Up for Yourself,” adapted from Pamela M. Wilson, *Our Whole Lives: Sexuality Education for Grades 7-9*, 2nd edition, Unitarian Universalist Association of Congregations and United Church of Christ, <https://www.uua.org/re/owl>.
- “Finding Good Parents,” adapted from Pamela M. Wilson, *Our Whole Lives: Sexuality Education for Grades 7-9*, 2nd edition, Unitarian Universalist Association of Congregations and United Church of Christ, <https://www.uua.org/re/owl>.



ABOUT THIS CURRICULUM

The BodyTalk curriculum is an interactive, youth-centered, culturally-sensitive teaching manual used to educate youth ages 8 to 19 on sexual and reproductive health in restrictive, low-resource settings. The 9-week curriculum involves lessons on human sexuality including anatomy, puberty and hygiene, healthy relationships, communication and consent, gender equity, sexually transmitted infections and HIV/AIDS, pregnancy and teen parenthood, and contraception. The activity-based lessons can be incorporated into classrooms or implemented in full at schools, youth centers, health centers, or a variety of other settings.

The main goal of this program is to reduce HIV/AIDS and unwanted pregnancies among adolescents with the hope that young people can better participate in the further development of their countries. The program promotes healthy living in line with global development goals and with the sexual and reproductive health needs of participants; it is crucial that youth drive the conversations about their health and choices so lessons were designed to be engaging and fun, as well as provide a rights-based, comprehensive approach to positive sexuality education. The curriculum views sexuality as a natural part of human life and posits that sexuality encompasses a range of life experiences, including but not limited to communication skills, confidence building, and healthy relationships. By learning about their sexual and reproductive health, youth are empowered to make safe, informed decisions about their health and bodies, thereby reducing risky behavior and prioritizing long-term goal setting.

Developers have designed the material based on global recommendations on adolescent sexual and reproductive health and built on existing evidence-based curricula. According to the World Health Organization's 2018 International Technical Guidance on Sexuality Education, comprehensive sexuality education (CSE) contributes to delayed initiation of sexual intercourse, reduced risk taking, and increased use of family planning.¹ Research also shows that youth who received comprehensive sexuality education were 50 percent less likely to experience pregnancy than those who received abstinence-only education.²

The curriculum takes a rights-based approach to honor global priorities in the area of children's rights. The UN Convention on the Rights of the Child² states that children and young people have the right to enjoy the highest attainable health, access to health facilities (Article 24), and access to information which will allow them to make decisions about their health (Article 17), including family planning (Article 24). Young people also have the right to be heard, express opinions and be involved in decision

¹ UNESCO. (2018). *International Technical Guidance on Sexuality Education: An Evidence-Informed Approach*. Retrieved from: http://www.unaids.org/sites/default/files/media_asset/ITGSE_en.pdf, p. 28.

² Kohler et al. "Abstinence-only and Comprehensive Sex Education and the Initiation of Sexual Activity and Teen Pregnancy." *Journal of Adolescent Health*, 42(4): 344-351.

making (Article 12). They have the right to education which will help them learn, develop and reach their full potential and prepare them to be understanding and tolerant towards others (Article 29).³

The need for comprehensive sexuality education is pressing. Teenage pregnancy and HIV/AIDS are still high among adolescents: 2014 World Health statistics indicate that the average global birth rate among 15 to 19 year olds is 49 per 1000 girls, and 2015 data shows that HIV and AIDS was the 9th leading cause of death among adolescents between the ages of 10 and 19.⁴ Additionally, according to UNESCO, pregnant adolescent girls are more likely to drop out of school, negatively affecting their ability to get a job and participate in their country's development.⁵ IPPF points out that rates of "sexual abuse in 19 countries range from 7-34 per cent for girls and 3-29 per cent for boys. Every five minutes a young person commits suicide, often due to emotional and social problems related to sexual and reproductive health, such as sexual violence and the breakdown of relationships."⁶ This program was designed to address these crucial issues affecting youth today and to provide a solution in the form of user-friendly, youth-centered, and interactive lesson plans available for teachers in developing countries.

The curriculum cycle begins with a parent meeting, continues with weekly lessons offered by a facilitator, and ends with a celebration in which children perform or present a piece of art (dance, poetry, skits, murals, etc.) reflecting their experience. The parent session involves parents and facilitators/program staff meeting to ensure cooperation and collaboration with the curriculum. Each of the nine lessons are interactive and engaging to facilitate the learning process, with icebreaker games, activities, and ample time for discussion. A "Question Box" initiative also offers a way to anonymously ask more private questions about sexual and reproductive health, so facilitators can take time to provide a fact-based answer. Lessons for younger youth only (ages 8-12), older youth only (ages 13-19), or all age levels (ages 8-19) are designated by an icon just below the header. Facilitators are encouraged to select lessons according to their participants' age and needs. The program ends with a celebration day that includes youth-led artistic expressions in the form of poetry, art, and dance to review what was learned and celebrate its impact. The celebration day can always be tailored to specific program needs but should aim to be youth-centered and artistically interactive.

Lessons for youth ages 8-12 only



Lessons for youth ages 13-19 only



Lessons for all ages (ages 8-19)



In order to monitor outcomes, participants will be given a pre- and post- questionnaire gauging their knowledge in the lesson areas. Their questionnaires will help to assess increases in knowledge and awareness over the program cycle, and will also help the facilitators in fine tuning both the assessment questions for monitoring, as well as the teaching approach.

³ IPPF. (2010). *IPPF Framework for Comprehensive Sexuality Education (CSE)*. Retrieved from:

https://www.ippf.org/sites/default/files/ippf_framework_for_comprehensive_sexuality_education.pdf.

⁴ UNESCO. (2018). *International Technical Guidance on Sexuality Education: An Evidence-Informed Approach*. Retrieved from: http://www.unaids.org/sites/default/files/media_asset/ITGSE_en.pdf, p. 22-23.

⁵ UNESCO, p. 22.

⁶ IPPF. (2010).



BODYTALK PROGRAM VALUES

- All people have a right to health regardless of social, cultural, economic, or any other status.
- All people, especially women and girls, should feel empowered to claim their rights.
- Factual and comprehensive sexual and reproductive health information is a basic right for all, including youth, as set down in the Universal Declaration of Human Rights.
- Youth should be empowered with information to make safe, healthy decisions about their health and their futures.
- Youth should receive sexual and reproductive health information in positive, youth-friendly ways.
- Sexuality is a normal, natural part of human life, from birth until death.
- Sexuality encompasses a range of experiences, including but not limited to communication, confidence-building, and healthy relationships.
- Consent is important for a healthy society.
- It's healthier for young people to delay sexual activity to prevent unwanted pregnancies and sexually transmitted infections.



FACILITATOR TIPS

Classroom Set-up:

It's important to set up your classroom in a confidential space where participants can feel comfortable to openly share and participate. Parents should never be in the same space. It is recommended to set up chairs or have a seating arrangement in the form of a circle so that all members are seen as equal.

Prioritize interaction:

It's crucial that participants take ownership of the material as much as possible. The curriculum is designed to avoid long lectures and offers interactive games and activities for participant-centered learning. As a facilitator, seek to engage students by asking questions, encouraging participation, and getting participants to move around during activities. For example:

- Ask questions before you give information. Don't say, "These are the ways HIV can be spread." Say instead, "What are some ways that HIV can be spread?"
- If a participant asks a question, do not answer right away. Ask if other students know the answer.
- If participants appear to be getting tired or do not appear to be listening, do a quick icebreaker. Use sample games given in your teacher training if you need ideas.

Don't give false information:

If you don't know the answer to a question, do not pretend to know or guess the answer. It's okay to say, "I am not sure of the answer; let me do some research and I will get back to you next time." It can be harmful or dangerous to give false information.

Time management:

Be mindful of time management. It is important to get through all lessons within the 90-minute time slot because all of the information is important. If your class consistently requires more time, consider increasing the time slot. If you finish the lesson with time left over, there are extra discussion questions at the end of the lesson.

Language & Culture:

This curriculum was originally written in English. Direct translations of certain terms, particularly specific reproductive health vocabulary, are often difficult and may have cultural implications. For example, in Rwanda's local language, the term for "vagina" is "igitisina cyumugore" and directly translates as "women's private parts". The more accurate term for "vagina" is "igituba" but this word is culturally considered a curse word. While it's crucial that we teach youth the scientifically correct vocabulary for their bodies, culture sometimes dictates differently. It is therefore often best to teach both the English and the local term for this vocabulary and to be mindful of the cultural context within which you teach.



MONITORING & EVALUATION PLAN

Monitoring and evaluation is an integral component of program development and analysis, in terms of setting measurable indicators for success and ensuring that the program's impact is satisfactory. External funding is often dependent on consistent monitoring of program outcomes and continued production of clear data pointing to programmatic impact. Because of this, it is advised to dedicate someone within your program to manage the M&E tools and impact monitoring of your SRH program.

The M&E plan for the BodyTalk Curriculum will follow the program goals and objectives in setting indicators to measure successful impact of the BodyTalk Curriculum on its participants. The plan will follow indicators based on **knowledge**, **experience**, and **sustainability** of the curriculum. The methodology to measure success according to the designated indicators includes 1) pre- and post-questionnaire based on the 8-week curriculum content, 2) participant feedback and facilitator self-assessment and 3) successful training of new facilitators.

Program Goals:

1. To increase knowledge on key sexual and reproductive health topics relevant to youth participants.
2. To provide an effective and useful program that is catered to the needs of participants, parents, and facilitators, as well as cultural context.
3. To build a sustainable program for myriad contexts, by training local facilitators to carry the program forward.

Indicators

1. **Knowledge:** Increased awareness of body literacy, fertility, and positive sexuality through 80% or more pass rates of 80% or more participants on the post-questionnaire. [Every Cycle]
2. **Experience:** Collect and record participant feedback and facilitator self-assessment for ongoing monitoring. [Every Cycle]
3. **Sustainability:** Successful training of local facilitators in teaching BodyTalk Curriculum.

Pre- and Post- Questionnaires

This 15-item knowledge questionnaire includes demographic information (name, age, gender), 6 multiple choice questions, 6 “true/false” questions, and 3 “yes/no” questions regarding the 8 curriculum areas of the BodyTalk Curriculum. An additional self-assessment questionnaire includes 10 questions that measure social-emotional learning skills used to assess the impact of the curriculum on a participant's overall development.

Instead of each participant completing the questionnaires in an exam style, facilitators guide each participant through the questionnaires, ensuring clear understanding of what is being asked. The facilitator administers the pre- questionnaires at the first lesson, and the post-questionnaires after the last lesson. All questionnaires should be collected and stored in an Evaluation Binder opened to the Evaluation Records Form [\[See Appendix A\]](#). Analysis of the questionnaire responses provides important baseline information on the sexual and reproductive health knowledge capacity of program participants.

Questionnaire Instructions

Pre-Questionnaire Instructions

Commence monitoring and evaluation plan by administering the Evaluation Pre-Questionnaires, including the Social-Emotional Skills Assessment. Pass out one of each questionnaire and skills assessment to each participant. Guide the participants in answering each question as best as they can. After everyone has completed the questionnaires, collect them and store them in the designated Evaluation Binder. Record on the binder's evaluation records form the date, how many participants completed the questionnaires, and any notes or comments for the evaluator to consider when analyzing responses. [\[See Appendices B & C\]](#)

Post-Questionnaire Instructions

Conclude data collection portion of monitoring and evaluation plan by administering the Evaluation Post-Questionnaires, including the Social-Emotional Skills Assessment. Pass out one of each questionnaire and skills assessment to each participant. Guide the participants in answering each question as best as they can. After everyone has completed the questionnaires, collect them and store them in the designated Evaluation Binder. Record on the binder's evaluation records form the date, how many participants completed the questionnaires, and any notes or comments for the evaluator to consider when analyzing responses. [\[See Appendices B & C\]](#)

Participant Feedback

Participant feedback occurs after the post-questionnaire is administered at the last lesson. Facilitators may guide participants through this short process as well. There is one 4-item Feedback form where participants may respond candidly about their experience over the 9-week program. Questions include what participants liked best, least, what issues they wished they could have talked about, and general suggestions for facilitators. [\[See Appendix C\]](#)

Weekly Reports

The facilitator is strongly encouraged to take daily notes on what went well during the lesson and what could be improved after each lesson. After each lesson, the facilitator records these notes using the Facilitator Weekly Reports Form. [\[See Appendix D\]](#)

Facilitator Self-Assessment

The facilitator reflects on their performance and collaboration over the 9-week curriculum implementation using the facilitator self-assessment tool. [See Appendix E]

Analysis

The M&E evaluator analyzes the questionnaires by creating a report with sections that correspond to each indicator. These 4 sections should include analysis on data gathered from the pre- and post-questionnaires (include descriptive statistics on passing the questionnaire according to gender and age group), description of other desired topics, suggestions offered from the participant feedback, and main points regarding positive/negative assessment by the facilitators. This report can be used to describe impact of the program for sustained funding opportunities and to highlight the success of the program.

SAMPLE



PARENT MEETING

OBJECTIVES: *To introduce parents to curriculum material, to address questions and concerns, and to receive permission for students to take the course.*

TIME: 60 minutes

MATERIALS:

- Permission slips, one for each student participant
- Writing utensils, enough for participants

1.1 INTRODUCTIONS

TIME: 10 minutes

MATERIALS: N/A

Welcome parents to the meeting. Introduce yourselves as facilitators of the BodyTalk program. Explain that today you will be reviewing the topics of the program, addressing any questions or concerns that the parents might have, and receiving their permission for their child(ren) to participate in the course.

Start with introductions of participants. Go in a circle and ask everyone to state their name, the name of their child(ren), where they live, and why they are proud to be a woman or a man. Facilitators should participate as well.

1.2 OVERVIEW OF PROGRAM

TIME: 20 minutes

MATERIALS: N/A

Ask parents to raise their hands if they feel comfortable talking about sexual health. Ask parents to raise their hands if they are worried about the choices their children make or will make regarding their sexual health.

Explain that it's normal to feel uncomfortable talking about sex, relationships, and bodies, especially with our children, and it's normal to have worries about the decisions our children make regarding their sexual health. However, it is crucial that our youth receive information about sexual and reproductive health so that they can make educated choices about their health, prevent unplanned teen pregnancies, and reduce the rate of HIV/AIDS and other STIs.

Explain to parents that adolescent sexual and reproductive health and access to comprehensive sexuality education have become global priorities. Research shows that youth who received comprehensive sexuality education were 50 percent less likely to experience pregnancy than those who received abstinence-only education.⁷ Teenage pregnancy and HIV/AIDS are still high among adolescents: 2014 World Health statistics indicate that the average global birth rate among 15 to 19 year olds is 49 per 1000 girls, and 2015 data shows that HIV and AIDS was the 9th leading cause of death among adolescents between the ages of 10 and 19.⁸ Additionally, according to UNESCO, pregnant adolescent girls are more likely to drop out of school, negatively affecting their ability to get a job and participate in their country's development.⁹

The main goal of this program is to reduce HIV/AIDS and unwanted pregnancies among adolescents with the hope that young people can better participate in the further development of their countries. The program intends to promote healthy living in line with local and global development goals and in line with the sexual and reproductive health needs of participants. Lessons are meant to be engaging and fun, as well as provide a rights-based, comprehensive approach to positive sexuality education. By learning about their sexual and reproductive health, youth are empowered to make safe, informed decisions about their health and bodies, thereby reducing risky behavior and prioritizing long-term goal setting.

The curriculum is 9 weeks long, with one 90-minute session per week. The participants are divided into two classes, one for boys and the other for girls, with a same-sex facilitator as their instructor.

The program offers a unique opportunity called "The Question Box" at the end of each session to allow youth to ask questions confidentially about their sexual and reproductive health. Facilitators then research the questions and provide fact-based, comprehensive answers that put youth learning and development at the forefront while prioritizing age-appropriate knowledge and behavior.

The program concludes with an artistic expression project meant to emphasize what the participants learned in a creative way.

The curriculum emphasizes the following values:

- All people have a right to health regardless of social, cultural, economic, or any other status.
- All people, especially women and girls, should feel empowered to claim their rights.
- Factual and comprehensive sexual and reproductive health information is a basic right for all, including youth, as set down in the Universal Declaration of Human Rights.
- Youth should be empowered with information to make safe, healthy decisions about their health and their futures.

⁷ Kohler et al. "Abstinence-only and Comprehensive Sex Education and the Initiation of Sexual Activity and Teen Pregnancy." *Journal of Adolescent Health*, 42(4): 344-351.

⁸ UNESCO. (2018). *International Technical Guidance on Sexuality Education: An Evidence-Informed Approach*. Retrieved from: http://www.unaids.org/sites/default/files/media_asset/ITGSE_en.pdf, p. 22-23.

⁹ UNESCO, p. 22.

- Youth should receive sexual and reproductive health information in positive, youth-friendly ways.
- Sexuality is a normal, natural part of human life, from birth until death.
- Sexuality encompasses a range of experiences, including but not limited to communication, confidence-building, and healthy relationships.
- Consent is important for a healthy society.
- It's healthier for young people to delay sexual activity to prevent unwanted pregnancies and sexually transmitted infections.

The curriculum includes the following topics:

- Anatomy
- Puberty & Hygiene
- Relationships
- Communication & Consent
- Gender Equity
- Sexually Transmitted Infections & HIV/AIDS
- Pregnancy, Parenting, & Teen Parenthood
- Contraception Options

Ask parents, “Do any of these values or topics make you uncomfortable? Why or why not? What are your initial thoughts about this program and the material it covers?” Call on a few people to respond. Then move onto the next session: question and answer.

1.3 Q&A

TIME: 10-15 minutes

MATERIALS: N/A

Ask the parents if they have any questions about the material or program itself. Call on parents raising their hands and address questions as they arise.

Remember: These topics can be highly controversial and myths/misconceptions about sexual and reproductive health may arise. Do your best to debunk myths and emphasize the value of the material, in accordance with global and local development goals to reduce teen pregnancy rates and prioritize comprehensive sexuality education for adolescents.

At the end of the discussion, remind parents that if they choose for their child to participate, their child may come home with questions or concerns relating to their sexual health. Tell them that we encourage them to discuss these topics with their youth since parents are the primary educators. If they don't feel comfortable answering a certain question, they can encourage their child to talk to the facilitators or use the question box to ask the question.

1.4 SIGN PERMISSION SLIPS

TIME: 10 minutes

MATERIALS:

- Permission form for each student participant
- A writing utensil for each parent

Hand out a permission form to each parent, available at the end of this lesson. Say: “We are requesting permission from each parent for your child to attend this program. We cannot force your child to participate and we will honor whatever decision you make. However, we highly recommend that your child participate, even if it means skipping lessons on disagreeable topics or attending part-time. Simply let the facilitators or program staff know how we can accommodate you and your child.”

Read over the permission form together so that everyone understands what they are signing. Collect permission forms and keep in a safe place for the duration of the class.

Thank the parents for attending the meeting and let them know that they are welcome to contact you with further questions or concerns regarding the program. Provide your phone number to those interested.

SAMPLE

Parent Permission Form

Date: _____

I/We give _____
[child(ren)'s name(s)] permission to participate in the BodyTalk Sexual and Reproductive Health Program.

We understand that if we have any questions or concerns regarding our child's participation in the course, we will contact the class facilitator or program staff.

Parent Name

Parent Name

Parent Signature

Parent Signature

SAMPLE

INTRODUCTION & ANATOMY

OBJECTIVES: *To introduce the curriculum, define human sexuality, and learn correct vocabulary for body parts.*

TIME: 100 minutes

MATERIALS:

- Chalkboard
- Chalk
- Large poster board
- Markers
- Tape
- A container with a lid decorated or designated as “The Question Box”
- Writing utensil for each participant
- Evaluation Pre-Questionnaire for each participant
- Notecards with the following body parts written on them: “Breasts, Penis, Vagina, Toe, Hair, Mouth, Ear, Neck, Finger, Chest, Nipple, Stomach, Uterus, Bladder, Heart, Lungs, Arm, Leg, Hand, Knee” (Have enough notecards for each participant to have one. Repeat body parts if you require more cards.)
- Male and female reproductive anatomy diagrams
- Copy of anatomy diagrams (3 pages each) for each participant
- BodyTalk Class Notebook
- “Circles of Sexuality” poster (optional)
- Copies of “Circles of Sexuality” for each participant (optional)

1.1 ICE BREAKER GAME

AGE: 8-19

TIME: 10 minutes

MATERIALS: N/A



Welcome participants to the first day of BodyTalk, a program to teach youth about sexual and reproductive health. Introduce yourself as their facilitator. Ask students to raise their hands if they’re feeling a little scared, nervous, or embarrassed about taking a class on sexual and reproductive health. Remind them that it’s normal to feel this way but this program strives to be as fun and engaging as possible while still providing invaluable information about your sexual and reproductive health.

Start with a game. Tell all participants to stand up and stand in a circle. Each participant should come up with a simple dance move to share when they say their name. For example, I would say, “My name

is Leslie” and do a small twirl. Then go around the circle and each participant (including the facilitator) should say their name out loud as well as do an action. Encourage everyone in the circle to repeat the name and make the action until all participants have gone.

1.2 WHY IS SEXUAL & REPRODUCTIVE HEALTH IMPORTANT?

AGE: 8-19

TIME: 10 minutes

MATERIALS:

- Chalkboard
- Chalk



Have participants sit down in a circle around the chalkboard. Ask participants to raise their hands and answer the question: “Why is sexual and reproductive health important for youth?” Write down responses on the chalkboard.

Make sure the list includes the following:

- Education is important! Having the facts allows young people to make good choices about their health.
- Preventing STIs (sexually transmitted infections)
- Reducing the rate of HIV/AIDS
- Preventing unplanned pregnancies
- Allowing youth to pursue their education and career goals
- Knowing your sexual and reproductive rights can ensure safe, healthy behavior

1.3 OVERVIEW OF PROGRAM

AGE: 8-19

TIME: 10 minutes

MATERIALS:

- Chalk
- Chalkboard



Give an overview of the program: the curriculum is 9 weeks long, with one 90-minute session per week. The program concludes with an artistic expression project meant to emphasize what the participants learned in a creative way through song, dance, poetry, or art.

Go over the class schedule if you have it available.

The curriculum emphasizes the following values:

- All people have a right to health regardless of social, cultural, economic, or any other status.
- All people, especially women and girls, should feel empowered to claim their rights.
- Factual and comprehensive sexual and reproductive health information is a basic right for all, including youth, as set down in the Universal Declaration of Human Rights.

- Youth should be empowered with information to make safe, healthy decisions about their health and their futures.
- Youth should receive sexual and reproductive health information in positive, youth-friendly ways.
- Sexuality is a normal, natural part of human life, from birth until death.
- Sexuality encompasses a range of experiences, including but not limited to communication, confidence-building, and healthy relationships.
- Consent is important for a healthy society.
- It's healthier for young people to delay sexual activity to prevent unwanted pregnancies and sexually transmitted infections.

The curriculum includes the following topics (list on the board):

- Anatomy
- Puberty & Hygiene
- Relationships
- Communication & Consent
- Gender Equity
- Sexually Transmitted Infections & HIV/AIDS
- Pregnancy, Parenting, & Teen Parenthood
- Contraception Options

Explain that each week, participants will have a chance to ask questions about these topics.

1.4 RULES OF THE PROGRAM

AGE: 8-19

TIME: 10 minutes

MATERIALS:

- Large poster board
- Markers
- Tape



Tape a large poster to the front of the room and write “Class Rules”. Tell participants that you will be creating a set of rules for the class together that everyone must follow throughout the program. Explain that these rules will reflect how participants should act in class. After creating the list, all participants (including the facilitator) will sign the “document” to say that they agree to uphold these rules during the program.

Ask students for rules to include. Say, “What are some rules for how we should act during this course? What principles or guidelines should we have during class? How can we make students feel more comfortable during this program?”

Make sure to include the following:

- Respect
- Confidentiality: What is said in this room, stays in this room. You can share information learned but do not share stories or names of participants.
- Ask any question! No question is a bad question.
- Participate! BodyTalk is meant to be interactive and you'll learn more if you participate, even when it seems embarrassing.
- Be on time
- Speak for yourself, not for others.
- You can always “pass”; do not feel pressured to share.
- Mandatory reporting: We will be sharing many things during this program that we will all keep confidential, including the facilitator. However, if the facilitator hears something that puts a participant or someone else in danger, they must tell someone—either a program director or a parent/guardian. This is for everyone’s safety. The facilitator will always tell the participant before reporting to an outside authority.

After the list is complete, invite participants to sign the document saying that they agree to uphold these rules during the program. Facilitators should also sign. Put the poster in a visible place in the classroom as a reference for students throughout the program.

1.5 QUESTION BOX INTRODUCTION

AGE: 8-19
TIME: 5 minutes
MATERIALS:



- A container with a lid decorated or designated as “The Question Box”

Show participants the container you have designated as “The Question Box.” Explain that as part of the program, at the end of each lesson students have the chance to ask a question anonymously. The question can be about the topics covered that day or a general question about sexual and reproductive health. They will never write their name on the card so the questions will be anonymous. Facilitators will then research the questions during the week and answer them the following week. No question is a bad question and participants should remember to not use names of anyone in their questions to preserve confidentiality. Ask if participants have any questions about the process.

1.6A M&E QUESTIONNAIRE

AGE: 13-19
TIME: 15 minutes
MATERIALS:



- M&E questionnaire printed for each participant
- Writing utensil for each participant

Commence data collection portion of monitoring and evaluation plan by administering the Evaluation Pre-Questionnaire. Pass out one questionnaire per participant and ensure that they do not write their names on the questionnaire. Instruct participants to answer each question as best as they can. Allow

approximately 15 minutes for participants to fill out the questionnaire. After everyone has completed the questionnaire, collect them and store them in the designated Evaluation Binder. Record on the binder's evaluation records form the date, how many participants completed the questionnaire, and any notes or comments for the evaluator to consider when analyzing responses.

1.6B M&E QUESTIONNAIRE: FOR A YOUNGER AUDIENCE

AGE: 8-12

TIME: 60 minutes

MATERIALS:

- M&E questionnaire printed for each participant
- Writing utensil for evaluator



Commence data collection portion of monitoring and evaluation plan by administering the Evaluation Pre-Questionnaire. For a younger audience, it is best for an adult or mature, trained youth to administer the Pre-Questionnaire verbally and record the answers of the participant. Take each participant aside one-by-one to a private, quiet area and read aloud each question, marking their response. Ask them to answer to the best of their ability and while it is ok to clarify a question, do not define vocabulary terms for them or assist them in choosing the correct answer.

After everyone has completed the questionnaire, collect them and store them in the designated Evaluation Binder. Record on the binder's evaluation records form the date, how many participants completed the questionnaire, and any notes or comments for the evaluator to consider when analyzing responses.

1.7A WHAT IS SEXUALITY?

AGE: 13-19

TIME: 15 minutes

MATERIALS:

- Chalkboard
- Chalk
- "Circles of Sexuality" poster (optional)
- Copies of "Circles of Sexuality" for each participant (optional)



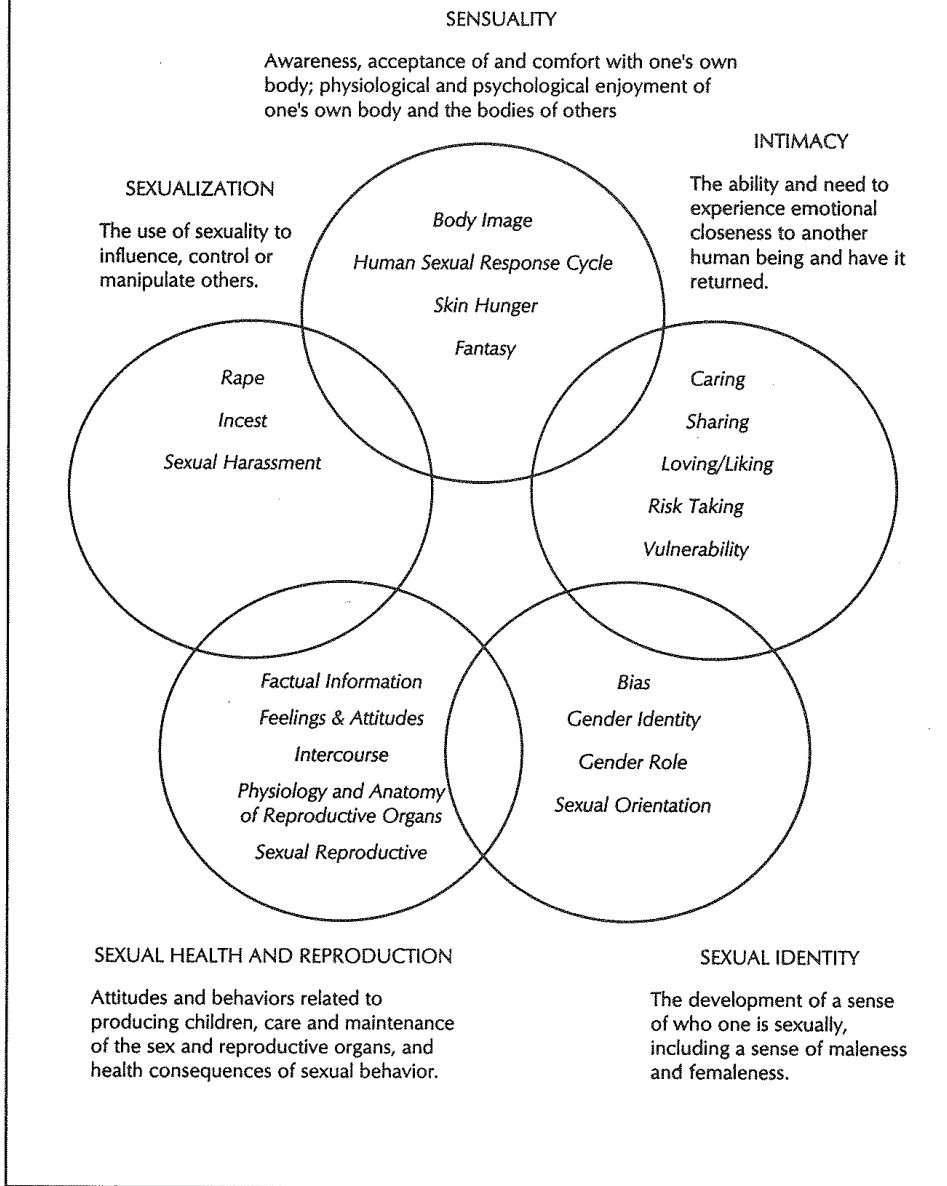
Ask participants what they think "sexuality" is. List their answers on the board. Most likely, they will list answers within only one component of human sexuality—"sexual health and reproduction".

Explain that human sexuality actually has five components. Go over the Circles of Sexuality diagram below. Start by drawing one circle on the board and labeling it "Sexual Health and Reproduction." Ask students what they think is included in this circle. Write correct answers in the circle, using the Circles of Sexuality diagram below as a guide. Then draw another circle, for "Sexual Identity" and go through the same process. Continue until you have covered all of the circles of sexuality.

Consider printing out this handout for each student, if supplies allow. Another option is to draw the circles on a poster to display throughout the course of the class.

Leader's Resource

Circles of Sexuality



1.7B WHAT IS SEXUALITY? FOR A YOUNGER AUDIENCE

AGE: 8-12

TIME: 15 minutes

MATERIALS:

- Chalkboard
- Chalk
- “Circles of Sexuality” poster (optional)
- Copies of “Circles of Sexuality” for each participant (optional)



Ask participants what they think “sexuality” is. List their answers on the board. Most likely, they will list answers within only one component of human sexuality—“information”.

Explain that human sexuality actually has five components. Go over the simplified Circles of Sexuality diagram below. Start by drawing one circle on the board with a picture of a notebook and pencil and labeling it “Information.” Ask students what they think is included in this circle. Write correct answers in the circle.

The “Information” circle includes the “facts”—these include facts about body parts, body processes like how menstruation works, sexual infections, information about puberty, etc.

Then draw another circle for “Identity”, drawing a picture of a person and a question mark. Ask students what they think is included in this circle, writing correct answers in the circle.

The “Identity” circle includes the “me”—who I am and how I behave. This includes topics like gender identity, sexual behavior, and gender roles—how we dress, how we act, and how we behave based on who we are.

Draw another circle for “Intimacy”, drawing a picture of two people together. Ask students what they think is included in this circle, writing correct answers in the circle.

The “Intimacy” circle includes the “people”—the caring, sharing, loving, and liking we have of other people.

Draw another circle for “Sensuality”, drawing a picture of a heart with a flame inside it. Ask students what they think is included in this circle, writing correct answers in the circle.

The “Sensuality” circle includes the “feeling”—the warm, powerful feeling that comes with the awareness that we are all sexual beings. Flirting, seduction, feeling sexy—these all fall under this category.

Draw the last circle, for “Power”, drawing a picture of a fist. Ask students what they think is included in this circle, writing correct answers in the circle.

The “Power” circle includes the more negative aspects of sexuality—control, rape, abuse.

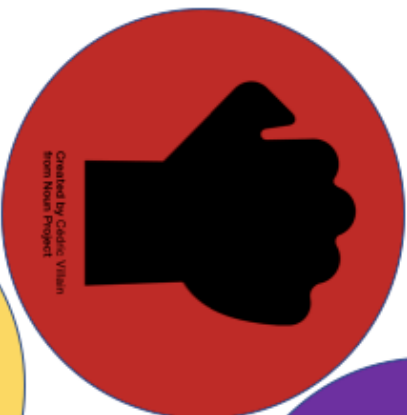
After completing the circles, remind everyone that sexuality encompasses all of these topics and they will be talking about each as they go through the course.

Consider printing out this handout for each student, if supplies allow. Another option is to draw the circles on a poster to display throughout the course of the class.



CIRCLES OF SEXUALITY

Power
The “power”,
control, rape,
abuse



Sensuality
The “feeling”, I am
a sexual being



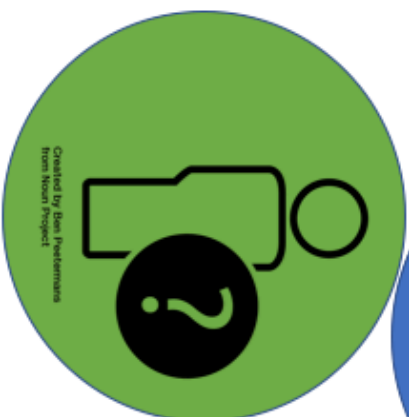
Intimacy
The “people”,
caring, sharing,
loving/liking



Information
The “facts”, body
parts and processes



Identity
The “me”, who I am
and how I behave



1.8 ANATOMY GAME

Anatomy diagrams from the World Health Organization Department of Reproductive Health and Research (WHO/RHR) and Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs (CCP), Knowledge for Health Project. *Family Planning: A Global Handbook for Providers* (2018 update). Baltimore and Geneva: CCP and WHO, 2018.



AGE: 8-19

TIME: 20 minutes

MATERIALS:

- Notecards with the following body parts written on them: “Breasts, Penis, Vagina, Toe, Hair, Mouth, Ear, Neck, Finger, Chest, Nipple, Stomach, Uterus, Bladder, Heart, Lungs, Arm, Leg, Hand, Knee” (Have enough notecards for each participant to have one. Repeat body parts if you require more cards.)
- Tape
- Male and female reproductive anatomy diagrams (poster size)
- Copy of anatomy diagrams (3 pages each) for each participant

Tell participants that they’re going to begin the material with a game about anatomy. Tape a notecard with a body part listed on it to the back of every participant. Tell them not to look at their card since the object of the game is to figure out what body part is taped on their back.

After all participants have a notecard on their back, explain that they should ask their peers yes or no questions to determine the body part on their back. Examples of good questions are:

- Is the body part above the waist? Is it below the waist?
- Is the body part typically on male bodies? Female bodies? Both?
- Is the body part larger than a fist?
- Do I use this body part to speak? Walk? Produce a baby? Etc.

Encourage them to ask in English if they can but they can use their local language as needed. Model with a participant if further explanation is needed. Explain that as soon as they guess their body part, they should help others guess theirs. Invite participants to begin.

***FACILITATOR’S NOTE:** Some body parts are harder to guess than others. Make sure students do not get teased or singled out for not guessing. Help those students to ask good questions so they can guess their body part. It’s okay if not everyone guesses.*

After everyone has guessed their body part, tell participants to find a seat. Ask them “How difficult was that activity? Was it easier for some body parts than others? Were some body parts embarrassing to say?”

Explain that it’s important to learn the correct names for our body parts, particularly our sexual and reproductive body parts. Using slang or not saying the correct word can be harmful if we need to describe to a medical professional if we’re having a problem.

Post the diagrams labelled “Female Reproductive System” and “Male Reproductive System.”

Pass out copies of the anatomy diagrams to each student for reference.

Go over each body part—for females and males— on the following pages and have participants repeat the English word and the word in their local language out loud. For each body part, ask students “What is the function of this body part?” Go over the correct information to describe the function for each.

OPTIONAL: If time allows, “quiz” participants by pointing to different body parts and having them shout out the correct name. Ask if students can name the function of that body part.

SAMPLE

Male Reproductive System:

Penis

Male sex organ made of spongy tissue. When a man becomes sexually excited, it grows larger and stiffens. Semen, containing sperm, is released from the penis (ejaculation) at the height of sexual excitement (orgasm). A *male condom* covers the erect penis, preventing sperm from entering the woman's vagina. *Withdrawal* of the penis from the vagina avoids the release of semen into the vagina.

Urethra

Tube through which semen is released from the body. Liquid waste (urine) is released through the same tube.

Foreskin

Hood of skin covering the end of the penis. Circumcision removes the foreskin.

Scrotum

Sack of thin loose skin containing the testicles.

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Seminal vesicles

Where sperm is mixed with semen.

Prostate

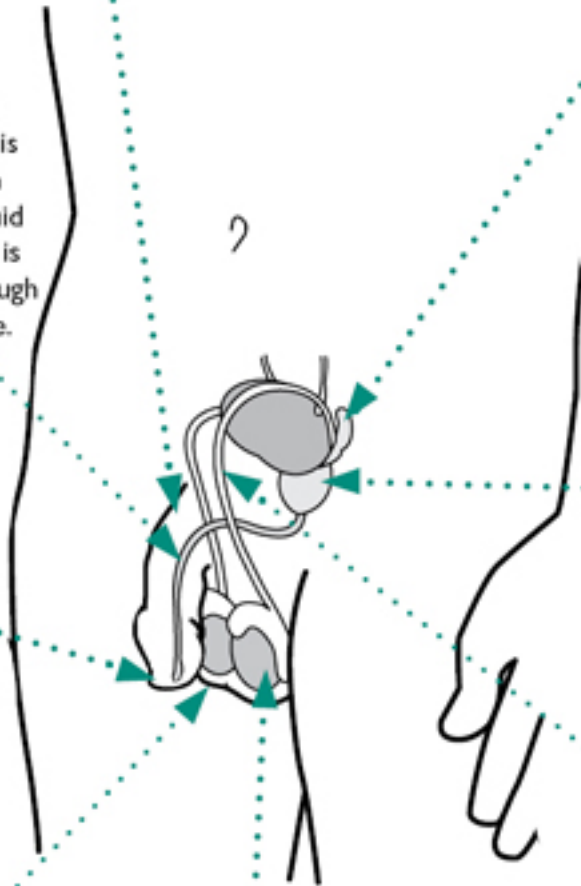
Organ that produces some of the fluid in semen.

Vas deferens

Each of the 2 thin tubes that carry sperm from the testicles to the seminal vesicles. *Vasectomy* involves cutting or blocking these tubes so that no sperm enters the semen.

Testicles

Organs that produce sperm.



Female Reproductive System:

Internal Anatomy

Womb (uterus)

Where a fertilized egg grows and develops into a fetus. *IUDs* are placed in the uterus, but they prevent fertilization in the fallopian tubes. *Copper-bearing IUDs* also kill sperm as they move into the uterus.

Ovary

Where eggs develop and one is released each month. The *lactational amenorrhea method (LAM)* and *hormonal methods*, especially those with estrogen, prevent the release of eggs. *Fertility awareness methods* require avoiding unprotected sex around the time when an ovary releases an egg.

Uterine lining (endometrium)

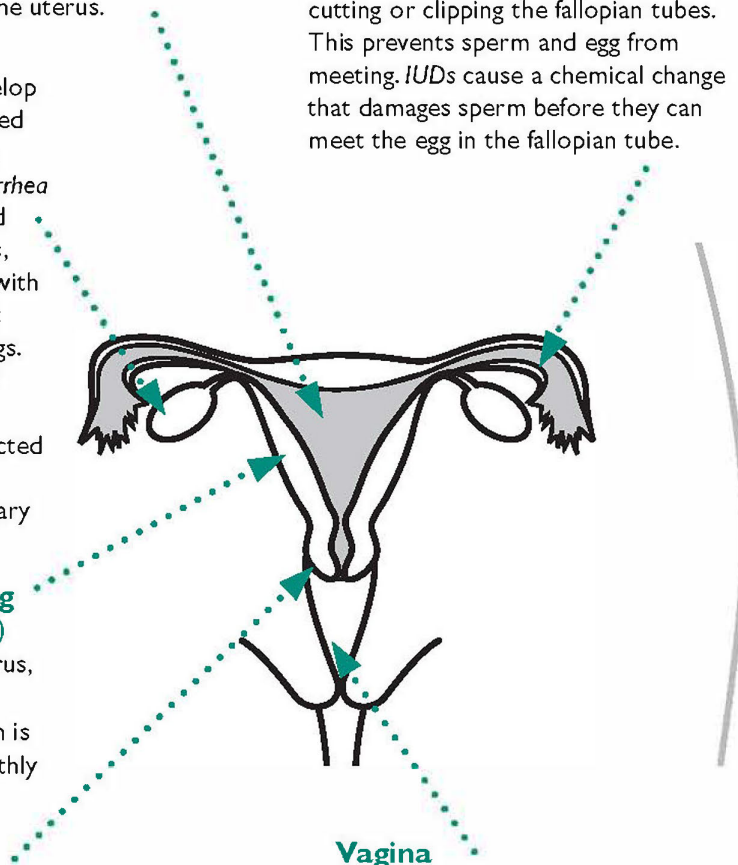
Lining of the uterus, which gradually thickens and then is shed during monthly bleeding.

Cervix

The lower portion of the uterus, which extends into the upper vagina. It produces mucus. *Hormonal methods* thicken this mucus, which helps prevent sperm from passing through the cervix. Some *fertility awareness methods* require monitoring cervical mucus. The *diaphragm*, *cervical cap*, and *sponge* cover the cervix so that sperm cannot enter.

Fallopian tube

An egg travels along one of these tubes once a month, starting from the ovary. Fertilization of the egg (when sperm meets the egg) occurs in these tubes. *Female sterilization* involves cutting or clipping the fallopian tubes. This prevents sperm and egg from meeting. *IUDs* cause a chemical change that damages sperm before they can meet the egg in the fallopian tube.

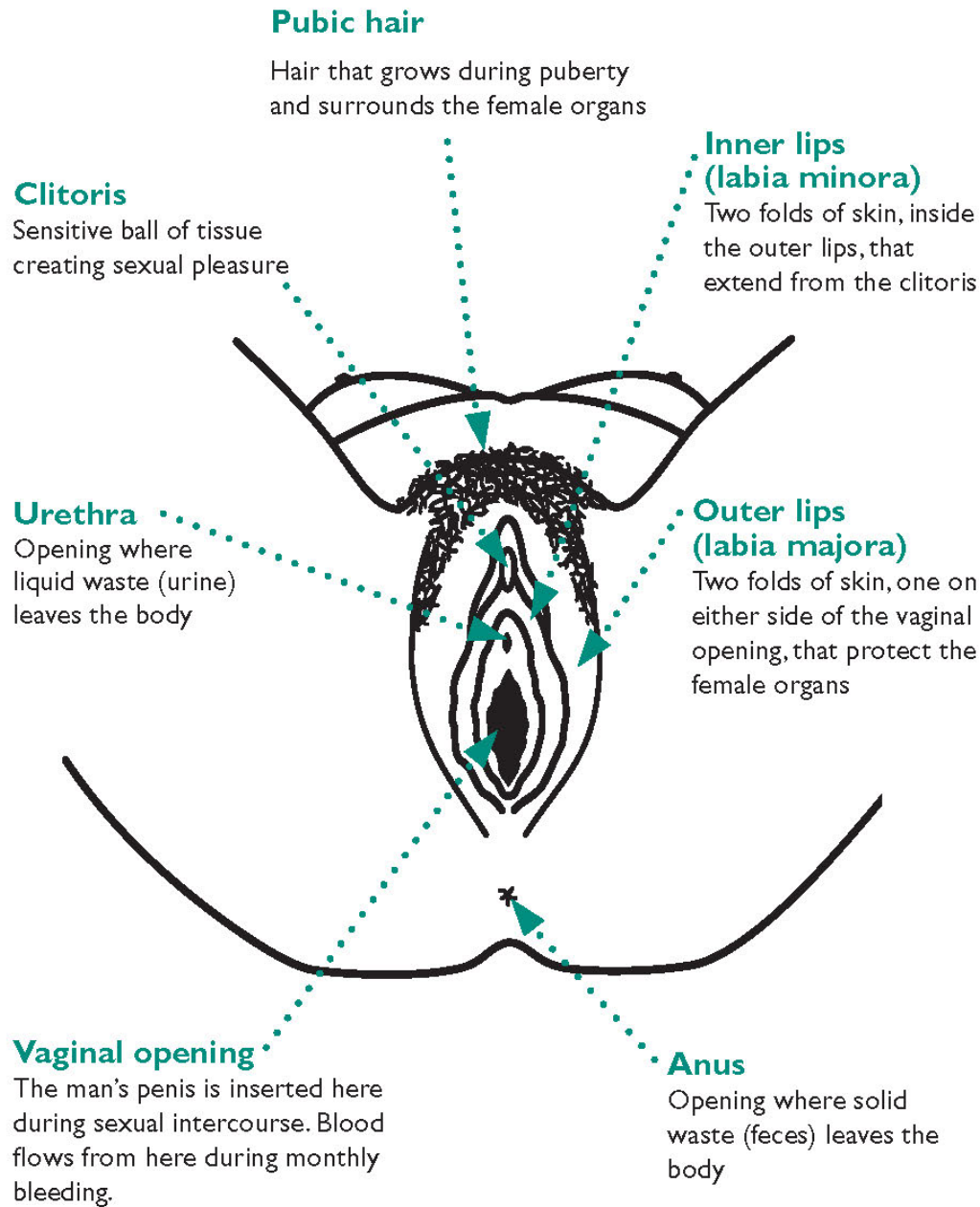


Vagina

Joins the outer sexual organs with the uterus. The *combined ring* and the *progesterone-releasing vaginal ring* are placed in the vagina, where they release hormones that pass through the vaginal walls. The *female condom* is placed in the vagina, creating a barrier to sperm. *Spermicides* inserted into the vagina kill sperm.

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External Anatomy



1.9 QUESTION BOX

AGE: 8-19

TIME: 5 minutes

MATERIALS:



- Writing utensil for each participant
- BodyTalk Class Notebook

Have participants take out their BodyTalk Notebooks and pass out a writing utensil to everyone. Tell everyone to fold one page in their Notebook in half and cut/tear along the middle. On this half sheet, tell participants to write a question they have about today's lesson or a general question about sexual and reproductive health. Tell them to not write their name on it and remind them that their questions will be answered anonymously at the start of the next class. Remind them not to use names of anyone in their questions.

If they don't have a question, they should still write something—for example, "No question"—to help others who have a question preserve their anonymity.

Collect all the papers in the Question Box and thank the participants for coming.

OPTIONAL: If time allows, ask a few review questions:

- What did you learn today?
- Was anything surprising to you?
- How is this information useful in your daily lives?
- How can you share what you've learned with parents, teachers, friends, etc.?
- Why is learning about this topic important?

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TO ACCESS THE REMINAING
LESSONS.

SAMPLE