

SRHR PILLAR	CONTENT AREA
<b>Pillar 1:</b> Human development and basic reproduction	Reproduction/Sexual organs, puberty and body changes, self awareness, biological sex, body image, gender identity
<b>Pillar 2:</b> Relationship and effective communication	Interpersonal communication skills, agency and decision making, gender and power relations, equality, mutual and self-respect, peer support, romance, courtship, dating and jealousy,
<b>Pillar 3:</b> Gender, equality and sexual violence	Concepts of gender (equality, discrimination); Gender and sexual norms; Sexual violence including child abuse, child marriages, rape, consent and coercion, intimate partner violence, safe public spaces; Gender based violence including prevention and mitigation strategies; negotiating skills in the context of age disparate and transactional sexual relationships
<b>Pillar 4:</b> Sexual reproductive health and rights	Right to access health services including contraception, termination of pregnancy, HIV prevention, choices around abstinence and delayed sexual debut; Sexual diversity and inclusivity and right to sexuality; disability, stigma and discrimination, homophobia
<b>Pillar 5:</b> Sex and reproduction	Male and female reproductive health systems, menstrual cycle and hygiene, fertility, pregnancy, use of contraception including condoms
<b>Pillar 6:</b> Sexual health and personal fulfilment	HIV and STIs, including prevention, testing, treatment and care; sexual protection, sexual desire including sexual (dys)function, sexual expression, masturbation, pleasure

## Children and Adolescent Sexual and Reproductive Health and Rights: Setting the foundation for an empowered

# youth



The onset of adolescence is often associated with vulnerability and decision making around sexuality, reproduction and relationships. In spite of this, only until recently, no concerted effort had been made to ensure sexual reproductive health information and services are accessible to young people. In settings where some sex education has been provided to adolescents, it is often judgmental and fragmented with an emphasis on abstinence. Such an approach to sexuality education is ineffective in building behavioural risk reduction skills. In light of this, more recent methodologies have adopted a holistic approach to providing young people with factually accurate, age appropriate information to help them understand puberty related physiological changes and navigate the associated social pressure. Commonly referred to as Comprehensive Sexuality Education, such messaging and framing seeks to equip young people with tools and skills to reduce risky behaviours which could expose them to unplanned pregnancies, HIV and STIs, gender based violence and a general lack of sexual agency.

Comprehensive sexuality education (CSE) is rights based and gender transformative approach to building adolescent knowledge and skills around sexuality. The right to CSE is premised on several international and regional agreements, including more recently, the 2013 Ministerial Commitment to CSE and Sexual Reproductive Health (SRH) services for adolescents and young people in Eastern and Southern Africa. Many of these commitments are underpinned by international

conventions such as the Convention on the Rights of the Child and the Convention on the Elimination of all forms of Discrimination against Women seen as an integral part of sexual reproductive health and rights (SRHR), CSE aims to deliver knowledge, impact skills and promote behaviour change through culturally sensitive, gender transformative and scientifically accurate information - thus enabling young people to make informed decisions and choices.

Evidence calls for starting early in life with broad concepts of respect, equality, protection of bodily integrity and encouraging young children to report any suspicious or uncomfortable violation of their bodies. This is aimed at building a foundation for positive approaches to personal respect and social relationships. With progression in age and development, more complex concepts can be introduced including human reproduction, relationships, sexual behaviour and sexual health. This should be linked to appropriate sexual reproductive health services and commodities – ensuring access and promoting increased utilization. The messaging should be non-judgmental whilst also acknowledging socio-cultural and family values as an important context. Critical thinking should be promoted – emphasizing reflection, analysis and personal agency.

CSE as an approach places emphasis on the individual, the family and the community. At individual level it seeks to increase knowledge and build the necessary skills and



competencies to make safer choices. In addition, it addresses attitudes and perceptions that influence risky behavior. At the family level, CSE addresses family values, gender perceptions and promotes open intergenerational communication. This is an important aspect, as most behaviours are shaped by family values. At societal level, CSE address norms and beliefs

that perpetuate behaviours and practices that increase young peoples' vulnerability. It also seeks to normalize safer behaviours and challenge entrenched gender stereotypes. Further, it promotes a supportive environment through advocating policies and laws that promote inclusivity, gender equality and human rights based approach to programming.

Figure 1 below shows the critical intersection of individual, community and society in shaping adolescent sexuality.

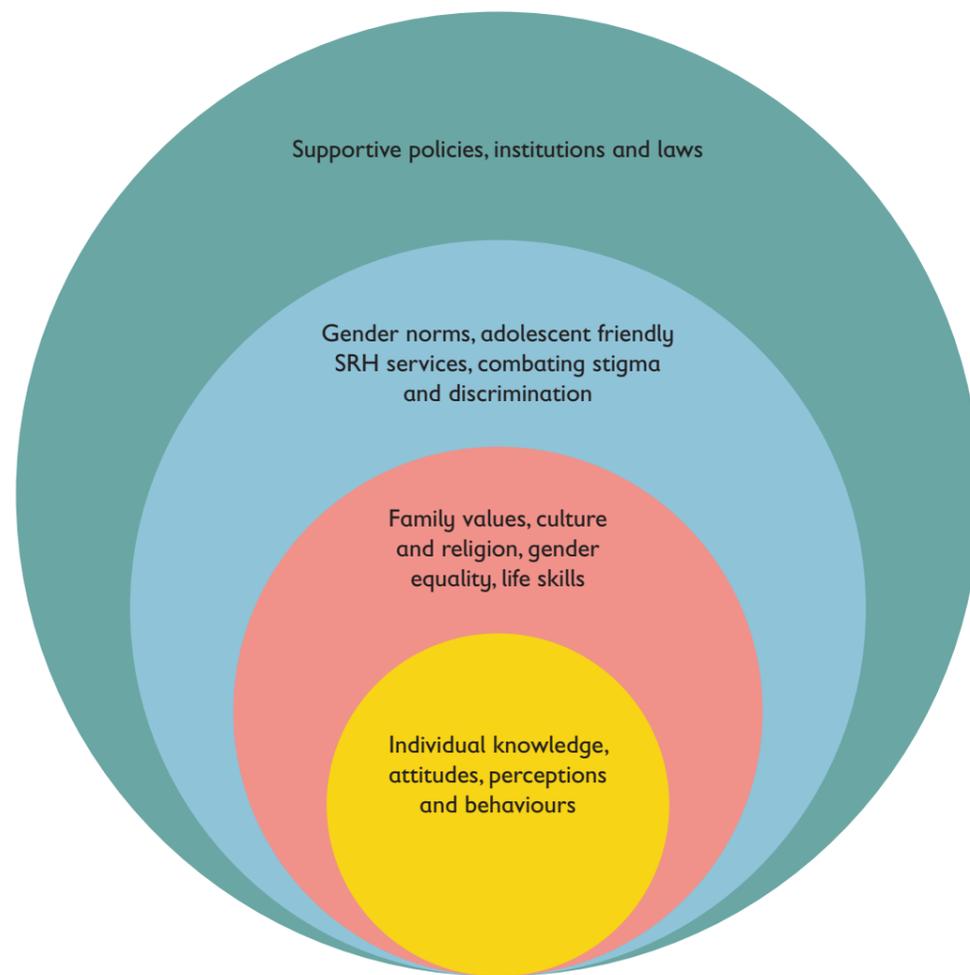


Figure 1: Intersection of individual, community and society in shaping adolescent sexuality.

Save the Children is an international development organisation working in over 120 countries to promote the realisation of children's right. At the heart of the organisation's philosophy is creating self-belief and fostering self reliance through building agency in children and giving families and communities tools to deal with complex development challenges.

Save the Children International East and Southern Africa Regional Office is currently implementing ASRHR project that is aimed at building the capacity and shaping the behaviour of youth through the provision of comprehensive sexuality education and information. The programme is premised on the increasing evidence that young people are disproportionately affected by HIV and access to CSE can equip, protect and empower these youth. SCI has identified six pillars which form the backbone of the programme.

Figure 2 below shows the key pillars of the SCI ASRHR programme.

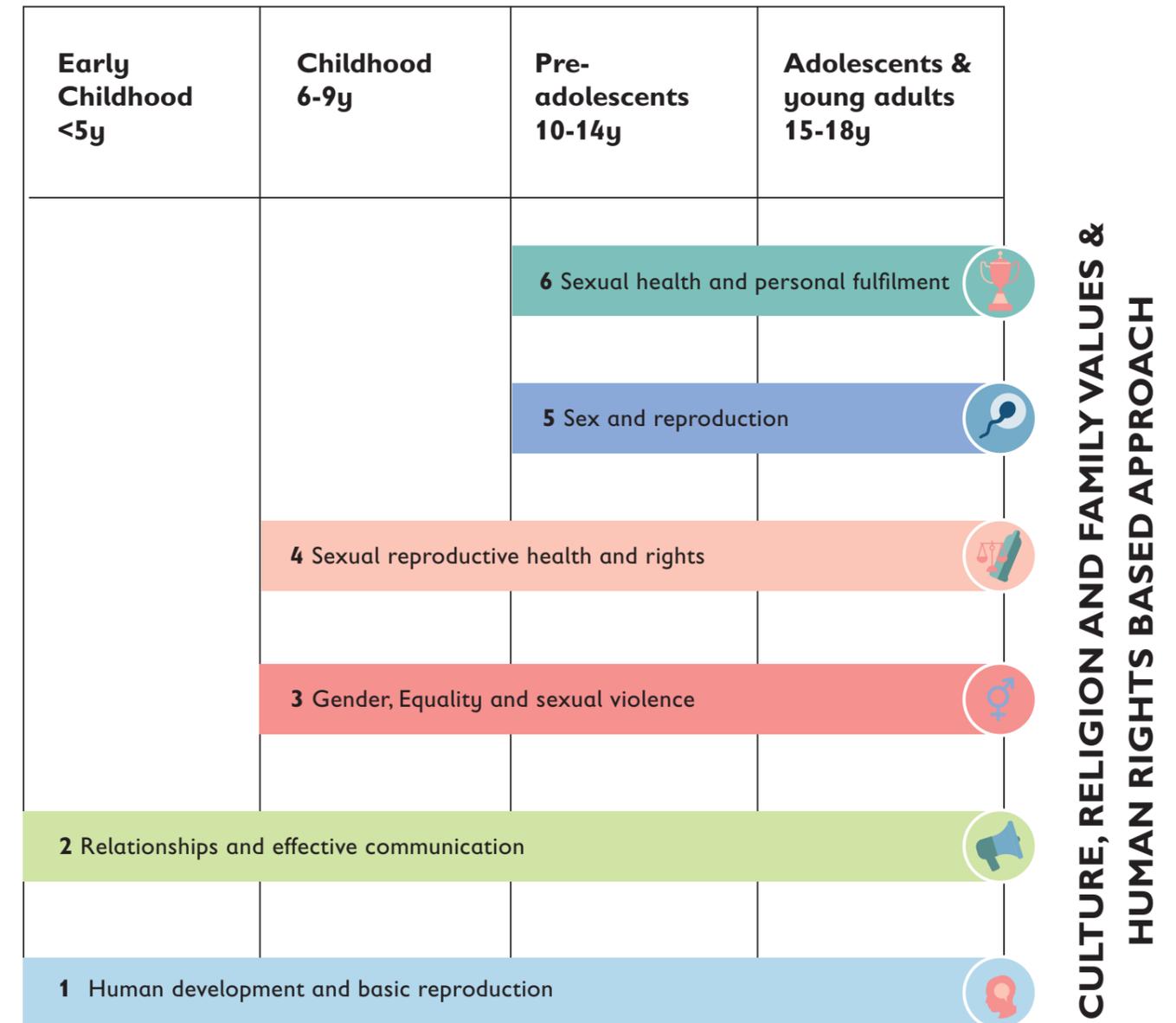


Figure 2: Key pillars of comprehensive sexuality education for children and youth.

Each of these pillars has key content areas which should be adapted to the local context and further informed by the age and developmental stage of the child beneficiaries. In addition, they need to be tailored to the policy environment, harmful cultural practices and availability of services. Any sexuality education provided in the community should be complementary and consistent with that in the school system, promoting a continuum.