PROVIDING
A SAFE AND PROTECTIVE
ENVIRONMENT FOR THE CHILD
Our Collective Responsibility

ADDITIONAL TRAINING MODULE & ACTIVITY FACILITATION GUIDE ON ADOLESCENCE, SEXUAL AND REPRODUCTIVE HEALTH, GENDER, AND SEXUAL AND GENDER BASED VIOLENCE (SGBV)

@gacaghana
www.iamgaca.org

PROVIDING
A SAFE AND PROTECTIVE
ENVIRONMENT FOR THE CHILD
Our Collective Responsibility

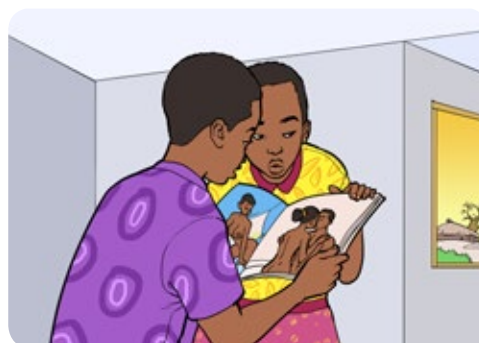**ADDITIONAL TRAINING MODULE & ACTIVITY FACILITATION GUIDE ON ADOLESCENCE, SEXUAL AND REPRODUCTIVE HEALTH, GENDER, AND SEXUAL AND GENDER BASED VIOLENCE (SGBV)**

**ADDITIONAL TRAINING MODULE & ACTIVITY FACILITATION GUIDE
ON ADOLESCENCE, SEXUAL AND REPRODUCTIVE HEALTH,
GENDER AND SEXUAL AND GENDER BASED VIOLENCE (SGBV)**

UNFPA-UNICEF Global Programme to Accelerate Action to End Child Marriage in Ghana

Table of Contents

DEFINITIONS AND TERMINOLOGIES

A. Definition of An Adolescent:

According to United Nations/World Health Organization definition an adolescent is a child between the age of 10 and 19 years. [1].

B. Child (and Adolescent) Abuse:

According to the WHO definition, child (and adolescent) abuse (or child maltreatment) constitutes all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child's (or the adolescents') health, survival, development or dignity in the context of a relationship of responsibility, trust or power[2].

C. Child (and Adolescent) Participation

This is making a conscious effort to engage children (or adolescents) to take part in decisions and activities that affect their lives according to their evolving capacities such as thinking for themselves, expressing their views effectively, and interacting in a positive way with other people.

D. Child (and Adolescent) protection[3]

Child (adolescent) protection is the term used to describe the philosophies, policies, strategies, standards, guidelines and procedures to protect children and adolescents from all forms of intentional and un-intentional harm. It is the act of safeguarding the right of all children and adolescents to a life free from violence, abuse, exploitation and neglect. The many actors engaged in child and adolescent protection include children, adolescents and youth, families, communities, government, civil society and private organizations.

E. Child and Adolescent Protection System Strengthening[4]:

Effective child and adolescent protection systems rely on the following elements: (i) appropriate policies, legislation and regulations; (ii) well-defined structures and functions and adequate capacities; (iii) supportive social norms; (iv) high quality evidence and data for decision-making; and (v) efficient fiscal management and sufficient resource allocation. System strengthening occurs when efforts are being made to improve the functioning of all elements in a coordinated and systematic manner.

F. Children's (and Adolescents') Rights:

Children's (and adolescents') rights are the human rights of children (and adolescents) as stipulated in the Convention on the Rights of the Child. The Convention is the most comprehensive human rights instrument and outlines the four categories of rights as: the child's (and adolescents') right to survival, development, participation and protection.

G. Discrimination Against Women and Girls

Any distinction, exclusion or restriction made on the basis of sex that has the effect of purpose of impairing or nullifying the recognition, enjoyment or exercise by women and girls (including adolescents), irrespective of their marital status, on the basis of equality of men and women, (boys and girls) of human rights and fundamental freedom in the political, economic, social, cultural, civil or any other field.

---

1   Adolescence an age of opportunity, the State of the World's Children 2011, UNICEF
2   WHO Consultation on Child Abuse Prevention, 1999, as sited in the World report on Violence and Health, WHO 2002
3   Article 19 of the UN Convention on the Rights of the Child (CRC)
4   Ghana Government Child and family Welfare Policy, Ministry of Gender, Children and Social Protection, November 2014

H. Gender

The social attributes and opportunities associated with being male and female and the relationships between girls, boys, women and men, as well as the relations between women or girls and those between men or boys. These attributes, opportunities and relationships are socially constructed; are learned through the socialization process; and are context/time-specific and changeable. Gender determines what is expected, allowed and valued in a woman or a man (or in a girl or a boy) in a given context, at a specific point in time.

I. Gender Equality

The equal rights, responsibilities and opportunities of girls, boys, women and men. Equality does not mean that women/girls and men/boys will become the same but that rights, responsibilities, and opportunities will not depend on whether an individual is born male or female. Gender equality means that the interests, needs and priorities of girls, women, boys and men are taken into consideration – recognizing the diverse and peculiar requirements and needs of the various groups

J. Women's and Girls' Empowerment

Certain attributes, characteristics and opportunities support girls and women's empowerment, including: women's and girls' sense of self-worth; their right to have and to determine their choices, their right to have access to opportunities and resources; their right to have the power to control their own lives, both within and outside the home; and their ability to express their opinions and concerns and influence the direction of cultural, social and economic change in an equitable fashion[5].

K. Gender-based Violence[6]

Any act of violence that results in, or is likely to result in, physical, sexual, emotional or psychological harm or suffering to girls, boys, women and men, including threats of such acts, on the basis of a specific gender, whether occurring in private or public life. A form of discrimination, that seriously inhibits one sex group's (e.g. women/girls) ability to enjoy rights and freedoms on a basis of equality with the other sex group (e.g. men/boys).

---

5   UN Secretariat, Inter-agency Taskforce on the Implementation of the International Conference on Population and Development's Programme of Action, 'Guidelines on Women's Empowerment'

6   UNFPA Strategy and Framework for Action to Addressing Gender-based Violence, 2008-2011

INTRODUCTION AND BACKGROUND

In Ghana, whether within families, communities, schools or other institutions, maltreatment against children and adolescents is well documented. Corporal punishment is widely used in homes and schools as a commonly accepted method of discipline. Domestic violence is pervasive. Sexual abuse is a particular concern, with the majority of reported cases occurring in all environments where children and adolescents grow. Informal foster care, whereby children and adolescents live with and receive support from relatively wealthier family members, is an important protective strategy for Ghanaian children and adolescents. It can however, take on abusive dimensions when it means that food and shelter is exchanged for labour, with no provision made for attending school.

Thousands of children and adolescents live and/or work on the streets, the majority of them girls vulnerable to sexual violence and exploitation. The traditional practice of engaging children and adolescents in work alongside their parents to teach them necessary skills can at times take on exploitive dimensions. Ghana is as a source, transit and destination country for human trafficking – children and adolescents from rural areas are especially vulnerable. Although prohibited, child marriage, female genital mutilation/cutting and the "trokosi" system of ritual enslavement persist in certain regions of the country.

All children and adolescents have the right to grow up in homes, schools and communities that are free from violence, abuse, neglect and exploitation. Successful child and adolescent protection requires a bulwark against the risks and vulnerabilities underlying many forms of harm and abuse. Laws, policies, services as well as behavioural and social change are all important elements that must come together in a coordinated, systematic way.

The system approach to child protection aims to promote protection, through raising of knowledge and awareness in order to contribute to the prevention of violence, abuse, neglect and exploitation through social change and by building the resilience of children, adolescents, families and communities. The child protection system also needs to be capable to respond when violations and abuses occur, i.e. through the provision of appropriate specialist services and through community mechanisms such as mediation. While all these elements are important, it is generally most cost-effective to focus efforts on prevention.

Everyone has a responsibility for the protection of children and adolescents from harm. Social and behavioural change is an integral part of strengthening the child protection system. Violence, abuse, exploitation and neglect of children and adolescents are often rooted in social, cultural and gender-related beliefs and practices. Engagement and social dialogue with all stakeholders in society is crucial to bring about needed change. While parents have the ultimate responsibility for the care and up-bringing of children and adolescents in their care, it is recognized that for child and adolescent protection to become a reality, it requires the engagement of multiple actors including the extended family, community members, traditional and religious leaders, non-governmental organizations, youth, adolescents' and children's groups, government authorities and other agencies and service providers.

This manual has been developed to provide a comprehensive, unifying tool and standards for training on child protection, with specific focus on emerging issues such as adolescent development, gender and adolescent protection concerns, adolescent sexual and reproductive health and rights (ASRHR) and sexual and gender based violence (SGBV). It is primarily designed to train and equip field officers - government and non-governmental community mobilizers – with skills, tools and resources necessary to stimulate discussion, reflection and action towards a social change at community level in rural and urban areas alike.

The manual is based on participatory methods of learning and interpersonal communication – communication that focuses on face-to-face interaction with the individual or group to encourage discussion, reflection, commitment and ultimately positive behavioural and social change for enhanced child and adolescent protection amongst parents, community members, traditional leaders and children and adolescents themselves. The manual is designed for use at the community level, but is suitable for use also at district, regional and national levels depending on the target audience.

i. Specific objectives of the manual are:

● To provide a standardized resource for improving knowledge and understanding on child protection, particularly emerging issues of adolescent development, gender and adolescent protection concerns of government and NGO community mobilisers and other frontline workers

● To provide specific skills, tools and resources for community mobilisers and frontline workers in engaging adolescents and communities, leading to social and behavioural change for better protection of adolescents against violence, abuse, neglect and exploitation

ii. How the Manual is Organized

As with all learning materials, the information and materials provided in this manual will be most effective when adapted to meet the specific needs and settings for the specific group of participants (e.g. gender and age responsive).

The manual has been designed to introduce key concepts on child and adolescent protection and gender related protection concerns through participatory learning to staff of government departments and agencies, civil society organizations, members of the local governance structures (MMDAs) and community based groups, who will then deliver the content to community members through dialogues, reflections, games and activities.

It can also be used as a self-study or reference training manual– containing guidance notes, sample documents and practical examples.

The manual is made up of two parts.

PART 1:

The first part of the manual, the Training Module, is intended to provide the knowledge related to gender, adolescent development and protection concerns, ASRH and SGBV. This part of the manual is further broken down into sessions, each session involving specific topics on specific issues relating to gender, adolescent development and protection concerns, ASRH and SGBV to help participants achieve the objective of improving knowledge and understanding on emerging issues of adolescent development, gender and adolescent protection concerns.

PART 2:

The second part of the manual provides the Facilitator's Guidelines, activities and games for engaging adolescents, families and communities on adolescent protection, ASRH and SGBV related issues. This part includes the tools and activities designed for community-based engagement and social mobilization with various target audiences (e.g. adolescents themselves, parents, care-givers, community leaders, etc.) for behaviour and social change towards better protection of adolescents at the community level.
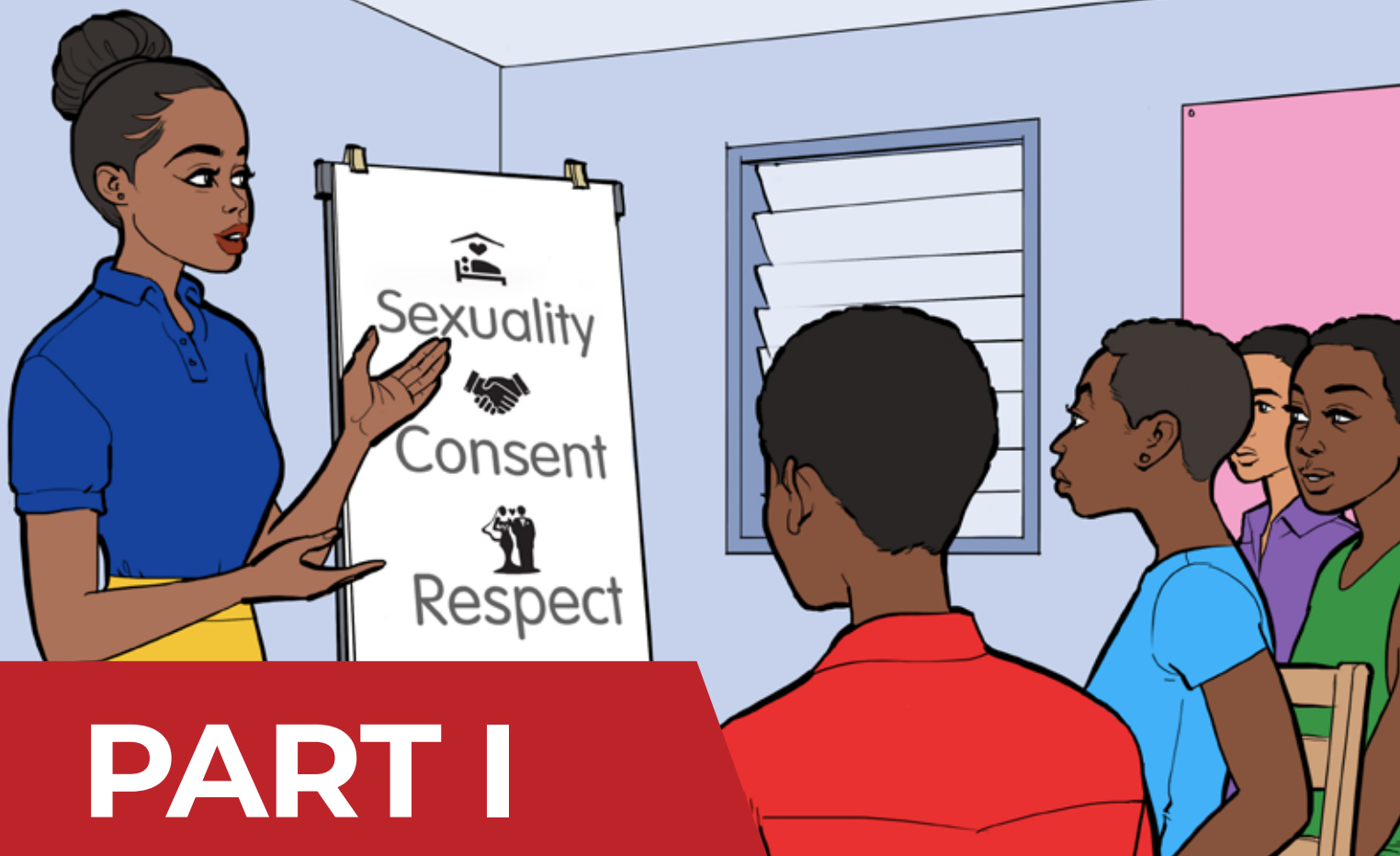
PART I

TRAINING MODULE ON ADOLESCENCE, SEXUAL AND REPRODUCTIVE HEALTH, GENDER AND SEXUAL AND GENDER BASED VIOLENCE (SGBV)

1.0 A BRIEF DESCRIPTION OF THIS MODULE

This module is aimed at equipping the participants with knowledge and skills to respond to the gender and age specific needs of adolescents as well as understanding the nature of gender socialization in relation to adolescents in Ghana. The module therefore among other things defines adolescence and describes some of the challenges associated with the development of adolescents. It also unpacks gender and the intersections with adolescence protection issues by defining and describing gender, gender norms and roles, gender based stereotyping, gender beliefs and perceptions, gender socialization as well as linkages between gender and adolescent protection concerns, including sexual and gender based violence (SGBV). The module goes on further to explain some of the manifestations of gender based violence, such as child marriage and its effects on adolescents, as well as sexual and reproductive health, nutrition and mental health of adolescents, and strategies to be used to engage adolescents to ensure their participation in decisions concerning them and their well-being.

Time:
Approximately 7 hours

Methods:
Presentations, small group sessions, plenary discussions, exercises, games, role plays and quizzes

The learning outcomes of the module
After going through the entire module, participants will be expected to be able to:

- Define Adolescence, describe adolescent development and changes that occur during this development period of life

- List some of the problems and challenges adolescents face during this period of development

- Define gender, distinguish between gender and sex, describe gender disparities, inequalities, gender based stereotyping, gender roles and power relations, and gender socialization

- Explain the linkages between gender and adolescent protection concerns such as sexual and gender based violence as well as other forms of violence, abuse and exploitation experienced particularly by adolescent girls

- Explain why child marriage occurs in Ghana its negative impacts and what needs to be done to end child marriage

- Describe the risk factors and causes of Teenage Pregnancy in Ghana and what can be done to curb the situation

- Gain a deeper understanding of: adolescent sexual and reproductive health issues, incl. sexuality education, contraception, exposure to STIs and HIV/AIDS; adolescent health and wellbeing, including adolescent nutrition, menstrual hygiene management and mental health

- Explain some strategies and skills for meaningful engagement and empowerment of adolescents, especially girls, with information, transferable skills for life, platforms to express and exercise their choices, linkages to service provision and networks of social support

Sessions:

Session 1: **Adolescent Development Risks and Opportunities (2.5 hours)**

Session 2: **Unpacking Gender and intersections with adolescence (1.5 hours)**

Session 3: **Child Marriage, Teenage Pregnancy and FGM/C (1 hour)**

Session 4: **Protecting Adolescents' Health and Well-being (1 hour)**

Session 5: Child Online Safety (30 min)

Session 6: **Monitoring Actions for Better Results (30 min)**

Methods of Delivery

The delivery of this module by the facilitator should be carried out using the pedagogical approach. It should be based on participatory adult learning techniques involving questions and answers, short quizzes, discussions, group work and feedback sessions. Thus, it is recommended that some of the contents of this module should be presented in:

- PowerPoint slides for easy understanding and comprehension by the participants

- Group exercises and group work with assignments for participants to research on specific topics and present to the class in plenary sessions

- Role plays by dramatizing some of the issues as seen in the communities during the line of duty by the participants, practical scenarios/role plays for facilitation of dialogues, reflections using various tools, including the tools in the CP Toolkit

As much as possible the facilitators should ensure to start each session with ice breakers and inter-sparse the sessions with energizers to ensure participants active engagement and lively participation.

1.1 SESSION 1

ADOLESCENT DEVELOPMENT:
A TIME OF RISKS AND OPPORTUNITIES

This session explains key concepts on the nature of changes and transformations that occur during the adolescents' development stage, and how understanding these changes and peculiar needs by adolescent themselves, parents, caregivers, community members would improve protection and development outcomes for adolescents in families, communities and society at large.

Learning Outcomes:

By the end of this session, participants will demonstrate a clear understanding of: the nature of growth and development happening during adolescence; the process of gaining sexual maturity (puberty) and the changes associated with puberty; challenges faced by adolescents and support needed during these developmental stages.

Time: 2 hours

Materials:

- **PPT 1 – Changes and transformations during adolescents' development**
- **PPT 2 – Some of the risks adolescents face and their impacts on life outcomes**
- **Background Notes 1.1 - Adolescence and protection concerns for adolescent girls**
- **Handout 1.1 - Changes that Girls and Boys experience during puberty**
- **Handout 1.2 - Menstruation and Menstrual Hygiene Management**
- **Flash Cards on Changes that Girls and Boys experience during puberty**
- **Flash Cards on menstrual hygiene management**
- **Flash Cards on adolescent sexual and reproductive health**
- **Flash Cards on adolescent nutrition**
- **Flip Charts and Markers**

Facilitator's Action:

- Ask the participants to define what an adolescent is and after several answers and some discussion with the participants read the definition of adolescence as in the text box below.

Definition of Adolescence

Adolescence is the time between the beginning of sexual maturation (puberty) and adulthood. It is often described as the transition between childhood and adulthood. According to United Nations/World Health Organization's definition an adolescent is any person aged between 10 and 19 years. This definition of an adolescent overlaps with that of a child, which is defined as any person under the age of 18 years, in accordance with the United Nations Convention on the Rights of the Child (CRC).

"Young adolescents" are defined as those aged between 10 and 14 years and "older adolescents" as those aged between 15 and 19 years.

- Present some of the facts listed in the **Background Notes on Adolescence and protection concerns for adolescent girls** and allow participants to ask questions, as much as possible let other participants volunteer to provide answers for the questions

- Ask participants to describe some of the changes they went through when they reached the stage of adolescence and present the **PPT 1 on the Changes and transformations during adolescents' development** to firm up the discussions.

- Ask participants to describe some of the risks they know adolescents face due to these developments changes they go through at this stage. Ask them what they think are the impacts of such risks on the life outcomes of adolescents, especially the adolescent girl. Then present **the PPT 2 on** "**Some of the risks adolescents face and their impacts on life outcomes**". Allow them to ask questions and discuss the risks with real life examples from the communities where they work/live in

- Ask participants how they feel about adolescents' attitudes and values, whether they feel they are e.g. full of potential, eager to learn, obedient, well-mannered, or whether they perceive them as disrespectful, disobedient, lazy, etc. Probe them on the root causes of such beliefs, stereotypes and attitudes – where do they come from? What behaviours reinforce them? What is caused by luck of understanding and knowledge of their situation? Allow the participants time to discuss, reflect, and exchange opinions. Ask them what they do to adolescents they feel are beyond correction?

- Ask participants to describe some of the changes that occur in boys and girls during puberty and after discussions let one of the participants read aloud the "**Handout 1.1 - Changes that girls and Boys experience during puberty**".

- Allow for participants to ask questions on the points about experiences during puberty and ask other participants to try and provide the answers. As much as possible use the **Flash Cards on Changes that Girls and Boys experience during puberty** to make the discussions very clear and attractive to participants

- Ask participants to explain What their understanding of menstruation is, what happens during menstruation and how menstrual hygiene affects adolescent girls and can be properly managed

- Share the **Handout 1.2 - Menstruation and Menstrual Hygiene Management** and **Flashcards on menstruation and MHM** with participants and discuss any questions that would come up stressing that about 95% of girls in Ghana miss school due to menstruation, stay away from physical activities and sports, feel physically weaker, and are often made fun of and teased by peers and friends, making it at times a difficult experience to go through

- Ask them What some of the taboos around menstruation are and how these taboos can be addressed in order to create a positive environment for girls. Ask them to reflect on what peers, parents and community members can do to support girls during this sensitive time of the month

- Ask the participants what they understand by Reproduction. How would they explain it to community members? Ask them what they think is the linkage between menstruation, fertility, pregnancy and how that affects adolescents.

- Use the **Menstrual Calendar Flashcard** and write up in the **MHM Handout** to explain the linkage between menstruation, fertility, pregnancy and protection concerns for adolescents. Explain that at puberty, sexual and reproductive organs begin to mature. It is the time of sexual maturation. Sexual reproduction results from fertilization of the egg released from the female ovaries with the male sperm during the period of the cycle called 'ovulation'. This happens as result of sexual intercourse between a man and a woman.

- Ask them if they believe that adolescents have the same understanding about the reproduction cycle and if not, what protection implications this can have for their lives (e.g. teenage pregnancy, HIV/STIs infections, etc.)

- This is why adolescents should have complete information to make informed decisions about their sexuality. They can decide to abstain from sex or alternatively engage in protected sexual intercourse with the use of contraceptives, to prevent transmission of STIs and HIV and unwanted pregnancies among others

- Conclude by stating that creating opportunity for adolescents to have the right skills and knowledge to thrive, learn, participate and stay healthy is essential towards their holistic development. Understanding what challenges they face and what they go through in this delicate period of life will help both adolescents themselves, but also parents, caregivers and community members. Empowering them and preparing them for adulthood and citizenship initiates a cycle of opportunity which can produce positive outcomes for both the individual and the community.

BACKGROUND NOTES 1.1

ADOLESCENCE AND PROTECTION CONCERNS FOR ADOLESCENT GIRLS

The world is home to the largest cohort of adolescents in history; 1.2 billion adolescents make up 16 per cent of the global population and 90 per cent live in low-and middle-income countries (LMICs)[7]. Adolescents (10-19 years) and young adults (20-24 years) constitute 29.3% of the nation's population according to the Ghana Demographic and Health Survey (GDHS) 2014. Adolescent population thus accounts for 5.5 million, with adolescent girls accounting for more than half of the adolescent population and 21.7% of the total female population in the country. Thus adolescents are at the heart of population growth and development dynamics in Ghana.

The period of adolescence profoundly influences boys' and girls' future potential exacerbating the gender socialization which starts in early childhood. It is a time of key transitions: from childhood to adulthood; from primary to secondary education; from education to work and family life which differently affects boys and girls. They experience multiple and concurrent transitions, from a physical, mental and emotional point of view which have pronounced gender dimensions. This is because they undergo physical and psychological changes which have implications for their social, economic and health development. They face particular challenges related to their health such as sexual and reproductive health, HIV and other STIs, nutrition, mental health, substance use, non-communicable diseases, intentional and unintentional injuries. They also face various

forms of violence, inequities and risks and vulnerabilities linked with child marriage, child labour, trafficking, unsafe migration, sexual violence, school drop-out as well as disabilities[8].

Adolescent girls are particularly susceptible to protection violations because they are vulnerable to abuses that afflict both children and women. Girls are more likely to experience sexual violence than boys. Traditional practices such as female genital mutilation/cutting (FGM/C) continue to subject girls to health risks and life-threatening consequences. Some of the specific risks and protection concerns that adolescent girls in Ghana may face as they enter adolescence include defilement, abduction, rape, elopement, child marriage, teenage pregnancy, unpaid care work, hawking, commercial sexual exploitation, among others. More generally a lower level of valuing and appreciation as compared to boys and other community members. General poor understanding and appreciation of the traditional processes leading to adulthood corroborates many of these issues.

In 2014, 14.2% of all adolescent girls' aged 15-19 years had begun child bearing, with pregnancy in adolescence carrying a high risk in maternal and new born death[9]. In Ghana today, one in five girls (21%) are married before their 18th birthday, with girls from rural areas, poorest households and lower levels of education being disproportionately affected (DHS, 2014).

---

7   UNICEF, (2016), UNICEF Data - Adolescents: Demographics. http://data.unicef.org/adolescents/demographics.html
8   Adolescent Health Service Policy and Strategy (2016-2020), Ghana Health Service
9   Ghana Demographic and Health Survey, 2014, GSS

Adolescent pregnancy and childbearing among school girls are emerging as important risk factors also for the increased school dropout rates, particularly at Junior High Levels (JHS)[10]. Many of the young girls engage in sexual activities with boys of same age bracket and though the boys do not become pregnant, they also go through the experiences of being dropped out of school by parents who are not prepared for the additional burden of a child. This is in addition to the psychological stress the unwanted pregnancies bring also onto the girls and the boys.

These outcomes call for a strong focus on adolescent well-being in policies and programmes that are supported by a growing body of literature that recognizes adolescence as a critical phase for achieving human potential. There is therefore the need to create a safe and supportive environment by:

- ensuring adolescents' access to appropriate gender and age sensitive information,

- ensuring that all services including health facilities, social welfare services, education, justice, etc. are available to provide goods and services including counselling on mental health, nutrition, sexual and reproductive health,

- ensuring the active participation of young people in programmes affecting them, and their protection from all forms of violence and harmful practices especially focusing on the more vulnerable such as out of school/uneducated, living in rural areas and coming from poor households[11].

All these can be attained or achieved when professionals working with communities to address these challenges are well equipped with knowledge and skills to be able to handle these issues appropriately in a professional manner, and when adolescents and community members themselves are equipped and empowered for their own protection and development.

---

10   Education Management Information System (EMIS), Ghana Education Service
11   Adolescent Health Service Policy and Strategy (2016-2020), Ghana Health Service

PPT 1-Changes and transformations during Adolescents' Development

CHANGES EXPERIENCED DURING ADOLESCENCE

- Changes are bound to occur as we grow and these changes are inevitable
- Important to let adolescents know that such changes and feelings are normal
- Knowledge about the obvious changes that occur as people grow will enable them to accept and appreciate the changes when they do take place
- Prepare their minds in advance for these changes
- The many changes experienced by an adolescent can be grouped into:
  - ✓ Physical
  - ✓ Cognitive
  - ✓ Emotional
  - ✓ Social and behavioural
  - ✓ Sexual

CHANGES EXPERIENCED DURING ADOLESCENCE

- **Experience of a growth spurt - rapid growth of bones and muscles**
- **Begins in girls around the ages of 9-12 and in boys around the ages of 11-14**
- **Physical changes often lead to:**
  - ✓ **New responses from others:** they begin to be treated in a new way by those around them. They may no longer be seen as just children, but as sexual beings to be protected or targeted. They face society's expectations for how young men and women "should" behave
  - ✓ **New concern with physical appearance and body image:** Adolescent girls and boys start paying attention to their physical appearance. They want to "fit in" with their peers and the models of 'beauty' that society and media are presenting as desirable ones. Such dynamic can have an impact on their self-confidence and self-esteem and lead to health and wellbeing concerns if adolescents are not supported
- **Risk factors associated with the changes that occur during physical development of adolescents include:**
  - ✓ Low self-esteem and self confidence
  - ✓ Peer emulation causing risk-taking behaviour and health and wellbeing concerns
  - ✓ Unwanted attentions - Childhood physical or sexual harassment and abuse
  - ✓ Early sexual relationships
  - ✓ Ridicule/negative statements affect adolescents' self confidence and self-esteem greatly.
  - ✓ Important that every adolescent understand and be assured that they are of worth and that how they look is acceptable. This builds self-esteem and establishes individual identity

COGNITIVE AND INTELLECTUAL DEVELOPMENT

- A dramatic shift in thinking from concrete to abstract gives adolescents a whole new set of mental abilities

- All aspects of intelligence, like judgment, reasoning, comprehension, memory and concentration, also develop rapidly

- They can now engage in introspection and mature decision-making, wanting to challenge authority, do things for themselves, and contribute to community and family decisions

- They develop the ability to think about the future, evaluate alternatives, and set personal goals

- As a result of their growing cognitive abilities, most developing adolescents:

  ✓ Desire to become more independent

  ✓ Take on increased responsibilities, such as household chores and school/community responsibilities

  ✓ Tend to 'test' boundaries, challenge adult authority, break rules and seek freedom

  ✓ Begin to consider future aspirations, careers and occupations

  ✓ Look mostly to peers and media for information and advice

  ✓ Tend to take more risks, not necessarily having matured coping skills to face and resolve difficult situations

  ✓ Develop a social conscience: become concerned about social issues such as poverty, injustice, violence, etc.

EMOTIONAL DEVELOPMENT

- Establishing a sense of identity - who they are (separate from parents/family) and what makes them unique

- Identity is made up of two components:

  ✓ **Self-concept:** The set of beliefs about oneself, including attributes, roles, goals, interests, values and religious or political beliefs

  ✓ **Self-esteem:** How one feels about one's self-concept

- The specific skills that they need to master as part of their emotional development include:

  ✓ Recognizing and managing emotions – incl. stressful emotions

  ✓ Developing empathy

  ✓ Learning to resolve conflict constructively

  ✓ Developing a cooperative spirit

- Girls and Boys have different needs as they develop emotionally in adolescence:

  ✓ **Gender Differences**: Boys and girls face different challenges in Ghanaian culture and may have different emotional needs – e.g. girls to be provided with opportunities and platforms to strengthen their confidence, self esteem and express their views; boys to be supported to resist negative society models, bullying, etc.

  ✓ Ridicule/negative statements affect adolescents' self confidence and self-esteem greatly.

  ✓ Important that every adolescent understands and be assured that he/she is worth and how they look is unique, not to be compared. This builds self-esteem and encourages adolescents to develop their unique identity.

SOCIAL DEVELOPMENT

- Adolescence is critical age for reinforcement of social relations beyond family
- **Peers:**
  - ✓ One of the greatest social changes for adolescents is the new importance of their peers
  - ✓ Allows them to gain own identity and independence from their families
  - ✓ By identifying with peers, adolescents start to develop moral judgment and values
  - ✓ They explore how they differ from their parents.
  - ✓ They become very concerned with being accepted by a peer group. This great desire to belong can influence some to engage in activities that they normally would not consider (both positive and negative)
- **Parents:**
  - ✓ The relationship between adolescents and their parents often changes during this stage of development
  - ✓ The adolescent's new desire for independence could lead to increasing conflicts between them and their parents
  - ✓ However family dialogue, support and closeness is the most important protective factor against risk behaviours e.g. smoking, alcohol and drug use, early sexual exposure, risks of violence

  Community:
  - ✓ Critical to shape the adolescent sense of identity, belonging and his/her support networks

  Media and Mobile Technology:
  - ✓ Increasingly one of the most influential sources of cultural and gender socialization for adolescents. Shapes adolescents learning experiences, the way they make and maintain friendships and social relations, the models and cultural values they refer to in their ideas, attitudes and practices.

SEXUAL DEVELOPMENT OF ADOLESCENTS

- This aspect of the adolescents' development results from the combination of the physical, emotional and social development especially during puberty
- Puberty is the time in life when a boy or girl becomes sexually mature and become capable of reproduction
- Puberty occurs as a result of increased hormone levels triggered by the brain
- Puberty brings changes in the way adolescents feel about themselves and about others, particularly of the opposite sex
- Many adolescents become curious about sex and may explore their sexuality by themselves, with a friend, or with a sexual or romantic partner
- When these explorations are based on unreliable sources of information, young people stand the risk of contracting STIs including HIV, having unplanned pregnancies, with severe consequences
- In some cultures, puberty is marked by 'passage' rites- however some of these may be harmful, e.g. FGM/C, Child Marriage, Courage/virility Tests for boys, etc.
- Critical to ensure that adolescent girls and boys are empowered with the information and services they need to make informed decisions about their sexuality

UNDERSTANDING ADOLESCENT BEHAVIOURS FOR BETTER SUPPORT

⊙ **Signs that an adolescent's risky behaviours are beyond normal experimentation include behaviours that:**

- ✓ Begin very early, age 8 or 9
- ✓ Are on-going rather than occasional
- ✓ Occur in a social context with peers who engage in the same activity and that reinforce risk taking

⊙ **Risk areas include:**

- ✓ Drug and alcohol abuse
- ✓ Crime, delinquency and violence
- ✓ Risk Taking behaviours (e.g. Driving without license, meeting in person a stranger they met online)
- ✓ Engaging in early/risky sexual behaviour

⊙ **Factors that support prevention of risky behaviours:**

- ✓ Stable, positive dialogue and relationship with at least one caring adult; Positive family and school environment
- ✓ Religious and spiritual anchors
- ✓ Positive and inspiring peer and adult role models and peer support
- ✓ Realistic academic expectations and adequate support
- ✓ Engagement in healthy activities to release energy (e.g. clubs, sports, arts, community work, volunteering, hobbies, etc.)
- ✓ Strong self confidence and self-esteem; copying skills; negotiation and communication skills; goal setting

⊙ We all have a responsibility to play as adolescents, parents, caregivers, brothers, sisters and community members to ensure that the needs of adolescent girls and boys are prioritized and they are supported in this critical stage of life.

PPT 2-Risks Adolescents face and impacts on life outcomes

EXAMPLES OF PROBLEMS, PRESSURES OR CHALLENGES DURING ADOLESCENCE

- ◉ Both boys and girls may experience problems, pressures or challenges during adolescence which may include:
  - ✓ Neglect
  - ✓ Various Forms of Violence, Abuse and Exploitation
  - ✓ Sexual harassment and sexual violence (e.g. inappropriate touch, defilement, rape)
  - ✓ Peer Pressure
  - ✓ Exploitation (incl. sexual exploitation and online exploitation)
  - ✓ Gambling, Tobacco, Alcohol and Drug abuse
  - ✓ School drop-out
  - ✓ Child Marriage and Adolescent pregnancy
  - ✓ Trafficking and Child Labour
  - ✓ Bullying/Cyber Bullying
  - ✓ What else??

CHILD NEGLECT

- ◉ The persistent failure to meet a child's basic physical, psychological or emotional needs, likely to result in the serious impairment of the child's health, protection or development
- ◉ Adolescents can be at higher risk of neglect than younger children, with society expecting them to assume 'grown up' roles and fend for themselves
- ◉ This can lead to protection concerns – e.g. boys involved in unsupervised work like mining or begging; girls involved in sexual exploitation, etc.
- ◉ Adolescents may experience neglect in the following forms :
  - ✓ **Medical neglect** – denying an adolescent care for his/her health needs
  - ✓ **Emotional neglect** – lack of responsiveness, affection or interaction from parents and other family members
  - ✓ **Educational neglect** – little or no support around schooling, and evolving learning needs
  - ✓ **Physical neglect** – poor living conditions, lack of appropriate clothing or food; lack of maintenance support
  - ✓ **Lack of supervision and guidance** – failure to create a protective environment from physical or other harm; absence of rules and boundaries for behaviour; lack of guidance and positive discipline; abandonment etc.

Poor family and community care and support during the early years will inevitably lead to poor outcomes for both adolescents and society in general

VARIOUS FORMS OF VIOLENCE, ABUSE AND EXPLOITATION

- Some of the forms of violence experienced by adolescents (particularly by adolescent girls) include physical, sexual violence, emotional violence, neglect or negligent treatment, maltreatment or exploitation

- It must be noted that violence is often perpetrated in Ghana in the domestic environment (domestic, extended family, community) – rather than from strangers

- Intimate partner violence (IPV) is common in Ghana

- Statistics show how girls and women in Ghana tend to 'justify' domestic violence against women in certain circumstances more than what boys and men do. This can be as a result of deeply rooted gender inequality and gender power relations hat can contribute to 'normalization' of violence in certain contexts

- Domestic Violence has severe consequences in terms of being 'inter-generational' – i.e. linkage between experience of violence in the family of origin and perpetration/exposure to further violence for the victim during adulthood

SEXUAL HARASSMENT AND SEXUAL VIOLENCE

- **Harassment of sexual nature:** includes unwelcome sexual advances, unwelcome touching, requests for sexual favors, and other verbal or physical harassment of a sexual nature

- Sexual violence is any sexual act (or attempt to obtain a sexual act) in which a person is threatened, coerced, or forced to engage in sex against her/his will and consent

- Includes child sexual abuse, rape, inappropriate touching, forced kissing, intentionally hurting someone during sex, assaults upon the genitals, torture of the victim in a sexual manner, etc.

- Three central elements characterise the legal definitions of rape:
  - ✓ lack of consent or incapacity to give consent (incl. any child below age 16 years)
  - ✓ penetration, no matter how slight or regardless of whether ejaculation occurred
  - ✓ compelling participation by force, threat of bodily harm, or with a person incapable of giving consent due to intoxication or mental incapacitation

- One of the most traumatic, pervasive and common human rights violations

- While can affect also boys and men, sexual violence disproportionately affects adolescent girls and women, at all ages

- In 2015, more than 1 in 3 adolescent girls aged 15-19 years in Ghana reported to have experienced at least one act of sexual violence

PEER PRESSURE

- The influence from friends or colleagues to act in a manner similar theirs, or in a way perceived to be acceptable to them
- Influence of a social group on an adolescent (boys-boys/girls-girls/ girls-boys)
- An adolescent's need to belong, 'fit in', emulate and feel accepted can produce peer pressure
- Peers can either have a positive or negative influence
- Positive or good peer pressure is experienced when one is pushed into doing something that he or she did not initially have the interest/ courage to do but that eventually turns out to be beneficial and constructive
- Bad peer pressure is one that causes negative consequences for the individual (e.g. can lead into trouble with family, law, bad health, etc.
- Self-esteem, Self-confidence, assertiveness, negotiation skills and strong support from family and community are critical for adolescent girls and boys to avoid negative peer pressure and pursue positive peer influence

EXPLOITATION

- Act of treating someone unfairly in order to benefit from their attention, efforts, labour/work
- A pervasive and devastating problem that affects vulnerable adolescents around the world
- Adolescents can be exploited by adults (e.g. parents, relatives, teachers, neighbours, community members) or from their peers (other adolescents)
- Poverty, family dysfunction, violence in the family, divorce, single parenthood, school failures, can make adolescents emotionally and economically vulnerable to exploitation
- Adolescent girls are often victims of sexual exploitation as a result of inability to have their basic needs met at home – fall prey of peers and adults taking advantage of them (e.g. sexual favours in exchange for food, dresses, sanitary pads, books, phones, etc.)
- Ghana is among top10 countries in the world in online exploitation and cyber fraud ('Sakawa')
- Cyber fraud ranges from hacking of official websites, to money scams, to luring of teenagers including sexual exploitation of adolescent girls and boys
- Adolescents are particularly vulnerable to online exploitation, therefore requiring the right knowledge and skills to protect themselves while online, and guidance and support from trusted adults to safely use the online space in a way that is safe, positive and constructive

GAMBLING

- Both boys and girls may experience problems, pressures or challenges during adolescence which An alarming surge of gambling and betting centres in several urban and rural communities in Ghana

- Patronized on a daily basis by adolescents – at times spending their feeding money gambling and betting activities

- Adolescents are found to participate in multiple types of gambling activity, including cards, dice, board games, sports betting, and games of personal skill

- Risk factors for adolescents include :
  - ✓ having parents /family members with gambling problems
  - ✓ Alcohol/ substance disorder
  - ✓ Facing family or social problems

- Ghana's Gaming Commission has launched a campaign to close down all gambling centres operating illegally

- Those legalized to operate are to do so by preventing minors (below age 18) from getting involved, penalty the withdrawal of licensing

- Monitoring and enforcement is still weak
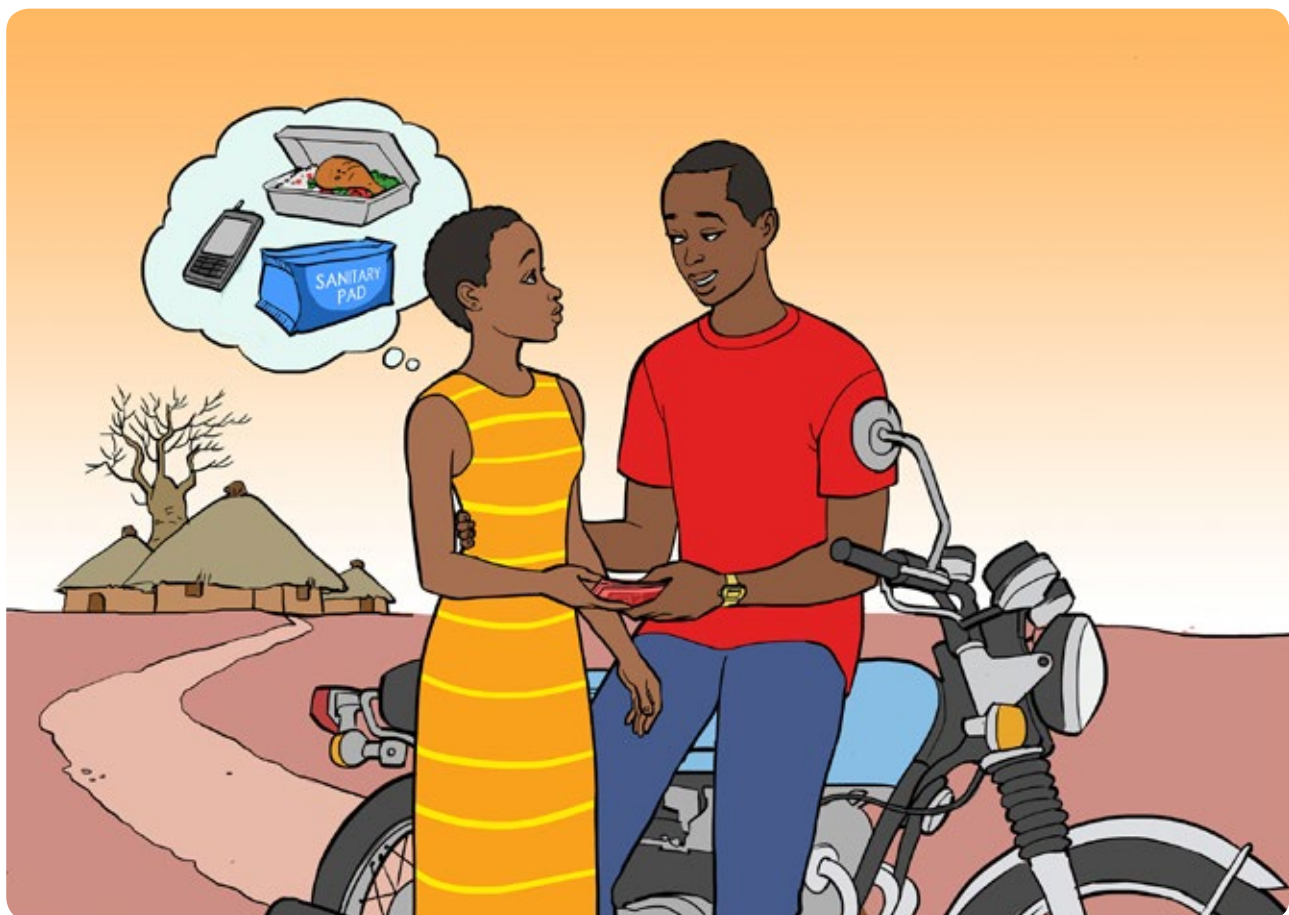
TOBACCO, DRUG AND ALCOHOL ABUSE

- Drug abuse is the use of drugs for reasons other than medical, taking drugs without a prescription or not following the dosage instructed by a doctor
- Drugs that are abused can be classified into the following groups:
  - ✓ Stimulants such as coffee, tea peps, pills and amphetamines
  - ✓ Depressants such as alcohol, Librium, valium and sedatives
  - ✓ Hallucinogens (substances that makes you have delusion or feel high/see images) such as cannabis, cocaine and heroin
  - ✓ Volatile substances such as glue and paint thinner
  - ✓ Medical drugs such as antibiotics (e.g. tramadol)
- The reasons adolescents may abuse cigarettes, drugs or alcohol may include:
  - ✓ To escape family, personal, social and emotional problems
  - ✓ Ignorance of long-term physical and mental effects
  - ✓ To induce courage and overcome shyness
  - ✓ To stimulate their minds or stay awake for long periods
  - ✓ Peer group pressure, to satisfy curiosity and fit in socially or have fun
  - ✓ Boredom
  - ✓ To feel 'grown up'
  - ✓ To increase/reduce appetite (to over eat or avoid eating to reduce weight).
  - ✓ To relax or sleep
- Adolescents need to be supported in understanding negative consequences of tobacco, drug and alcohol abuse
- Develop their self-esteem and assertiveness to resist peer-pressure
- It is important for adults to help adolescents address the underlying root causes/ concerns that lead to substance use/abuse, often found in problems at home

SCHOOL DROP-OUT

- School Drop-out is often a process rather than the result of one single event
- Common causes for school dropout are:
    - ✓ distance to schools,
    - ✓ poor quality of education, incl. teacher absenteeism and no employability skills afterwards
    - ✓ Adolescent pregnancy
    - ✓ Inadequate facilities (lack of safe toilets/ MHM, overcrowded classrooms)
    - ✓ experience of violence in school (sexual, bullying, corporal punishment)
    - ✓ household poverty
- Adolescent girls are particularly vulnerable to drop-out particularly during JHS and in transition from JHS to SHS
- Efforts by the Government through GES to reduce school drop outs include, among others:
    - ✓ implementation of the Free Compulsory Basic Education (FCUBE) Policy
    - ✓ Implementation of the free SHS policy
    - ✓ Implementation of the guidelines for prevention of adolescent pregnancy and school re-entry for adolescent mothers
    - ✓ Implementation of school feeding programme
    - ✓ provision of free school supplies (school uniforms and exercise books) for children at the basic level
    - ✓ implementation of the Safe School Initiative

CHILD LABOUR AND TRAFFICKING

- Even though millions of Ghanaian children (up to age 18years) are involved in economic activities that are not detrimental to their development and education, many others are working in hazardous conditions detrimental to their health, education and general wellbeing (child labour)
- The worst forms of child labour are internationally defined as slavery, trafficking, debt bondage and other forms of forced labour, forced recruitment of children for use in armed conflict, prostitution and pornography, and illicit activities
- Adolescents from Ghana are reportedly subjected to various forms of child labor
- Trafficked to neighbouring countries such as Togo, Cote D'Ivoire, Nigeria etc.
- Work on farms (cocoa farms and palm plantations), in fishing villages, or doing overseas house work
- Trafficked for purpose of illegal adoptions, organ trade, prostitution etc.
- It is estimated that more than 1,000 children and adolescents are working as slave labourers on fishing boats across the country

BULLYING/CYBER BULLYING

- A behaviour repeated over time that intentionally inflicts injury of discomfort through physical contact, verbal attacks, or psychological manipulation

- Bullying is one of the most common forms of violence experienced by Ghanaian children in school

- Can be verbal or physical, use unpleasant and humiliating or threatening gestures, or use social coercion and social exclusion, or any combination of these

- Cyber-bullying is the use of electronic communication to bully a person, typically by sending messages of an intimidating or threatening nature

- Bullying involves an imbalance of power and it is another indicator of involvement in violence

- Bullies are often children or adolescents who need to dominate and control others, usually with aggressive behaviour; Have little or no sympathy; Have poor social skills; and Are likely to come from homes where they experience violence and abuse themselves

- Bullied children/adolescents are often: Physically weaker and emotionally vulnerable; Socially withdrawn; Have low self-esteem and lack self-confidence

- Being bullied is linked to a wide range of mental, psychosocial, cognitive/educational and health problems including depression, suicide, and problems with alcohol and other drug use later in life

- Bullying requires prevention, early detection and targeted support for both victims and offenders, particularly in the case of adolescent boys and girls

HANDOUT 1.1 - CHANGES THAT GIRLS AND BOYS EXPERIENCE DURING PUBERTY

a. Puberty in Boys

For boys, puberty usually begins a few years later than girls, between the ages of 10 and 13. Boys typically finish puberty in their late teens or early twenties, when skeletal growth is complete.

Physical and Sexual Changes that boys experience during puberty:

Like girls, boys may find that their feelings and interests change during puberty.

Physical changes also occur. These changes are different for every person/boy, but typically occur in this order:

- The testicles and penis grow larger

- Pubic hair begins to grow; it gradually increases in amount and becomes coarser and curly

- The voice begins to change and deepen, usually gradually but sometimes suddenly

- About a year after the testicles begin to grow, a boy may begin to experience ejaculation (release of a white milky fluid called semen from the penis).

- Underarm hair grows, and sweat changes scent to adult body odour

- Facial hair develop

- Boys also experience a growth spurt and muscle growth. The skin becomes oilier, increasing the likelihood of acne

- About half of boys experience slight temporary breast growth, which disappears in a year or two

- Some experience erection. Erections occur throughout life. An erection may have no apparent cause, especially during puberty. Boys often get sudden or spontaneous erections, sometimes many times a day. These are the result of high or changing levels of the hormone testosterone. Having an erection without ejaculating may cause a temporary feeling of "heaviness" but is not harmful in any way. If an erect penis is not touched, the erection will subside by itself with time

- Some also experience 'wet dreams'. Males regularly have erections during sleep, and about 80 per cent of males occasionally ejaculate. This kind of ejaculation is called a nocturnal emission or "wet dream." Wet dreams are common during puberty, but adult men may also have them. Wet dreams are not harmful in any way, nor do wet dreams "waste" sperm. The testes are continuously making new sperm, and wet dreams are one way the body rids itself of stored sperm. Once a boy can ejaculate, he can cause a pregnancy

It is important that boys are given prior knowledge of these physical and sexual organs changes to prevent anxieties and confusion when changes occur. It is important to explain that these changes are natural and bound to occur during puberty.

It is also important for young people to be aware of changes in their bodies to make informed decisions about own sexual behaviours and therefore take responsibility

for undesired consequences which could have a negative impact on their protection and development.

This equally calls for responsible parenting and caregivers roles in providing accurate and comprehensive sexuality and relationship education to children and adolescents, and linking them up with trusted information and services that can address their age-specific concerns and needs.

b. Puberty in Girls

For girls, puberty begins between the ages of 8 and 13. Girls typically complete puberty between the ages of 16 and 17 or around the period when their skeletal growth ends.

Physical and Sexual Changes that Girls experience during puberty:

Changes at puberty differ from person to person. Although they may vary in timing, sequence, and speed, girls' bodies typically develop in this order:

- Breast growth begins, often on only one side at first. Full development takes about two years

- Pubic hair begins to grow, gradually increasing and becoming coarser and curly

- Inside a girl's body, the surface of the vagina thickens and the uterus and ovaries increase in size

- The first menstrual bleeding, menarche, usually occurs two to three years after breast development begins. Many girls have irregular periods for the first couple of years. Once a girl ovulates, she can become pregnant if her egg comes in contact with male sperm during ovulation phase

- Underarm hair grows and sweats changes, resulting in adult body odour

- The cervix starts producing mucus that is discharged from the vagina. This mucus is normal and is a sign of natural changes related to fertility and menstruation

- Girls also experience a growth spurt, their pelvis and hips widen, fat tissue increases, and the skin become oilier, increasing the likelihood of acne

- As with boys, girl's interest and feeling may also change with puberty. In the days before menstruation, girls commonly experience strong feeling of different kinds including joy, sadness, sensitivity and anger, mood swings, which are normal and caused by hormonal changes rather than personal attitudes
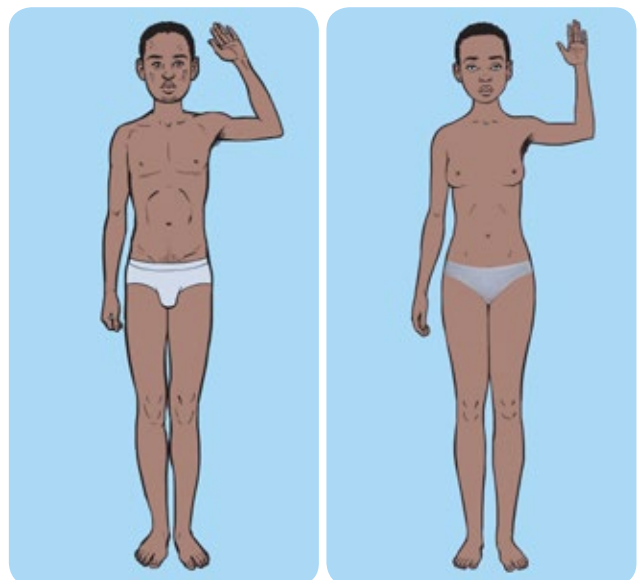
HANDOUT 1.2 - MENSTRUATION AND MENSTRUAL HYGIENE MANAGEMENT

What is Menstruation?

Menstruation is the monthly flow of blood from the uterus through the vagina and it is a natural process that all women experience. It is commonly referred to as 'period' because it occurs monthly and it lasts for three to seven days, varying from female to female. A girl should not feel embarrassed about her period. It is a healthy sign that she has reached puberty and that her body is functioning well. It means a girl is growing up and her body is preparing for the future when she might get pregnant and have babies. It is important for boys, parents and community members to understand menstruation and what girls experience, in order to provide better support to girls and address any taboos together.

When a girl is born, she has thousands of egg cells in her two ovaries. Each egg is the size of one grain of sand. Each month, one egg ripens and leaves the ovaries. This is ovulation. The egg is then picked up by the broad end of the fallopian tube and starts moving towards the uterus, the V-shaped area. At the same time, the uterus starts getting ready for the egg by thickening its inner lining. When the egg is not fertilized, lining, tissue, and the egg flow out of the uterus through the vagina and leave the body in the form of blood. This is menstruation. If during ovulation a female egg is fertilized by male sperm, that causes a pregnancy.

Some of the experiences girls face during this period include mood changes (due to hormonal changes), abdominal cramps, loss of appetite, frequently feeling tired etc. but all these are normal and hence girls need to be assisted to cope with these symptoms in order to be able to go about their normal daily activities. Girls can still feel good by trying to eat nutritious foods during menstruation (use at this point the Nutrition flashcard), being self-confident and asking for help when needed, taking part in school, social and religious activities during menstruation and supporting other female classmates during their menstruation.

What is a menstrual cycle?

A menstrual cycle is the interval between the first and the next menstrual period. On average, the length of the menstrual cycle is 28 days, but generally this varies from woman to woman. Regular cycles that are longer or shorter than this, from 21-35 days, are normal. It is very important for a girl to track her cycle through the calendar in order to know the fertile and non-fertile days and how she can protect herself from unwanted pregnancy as she grows up.
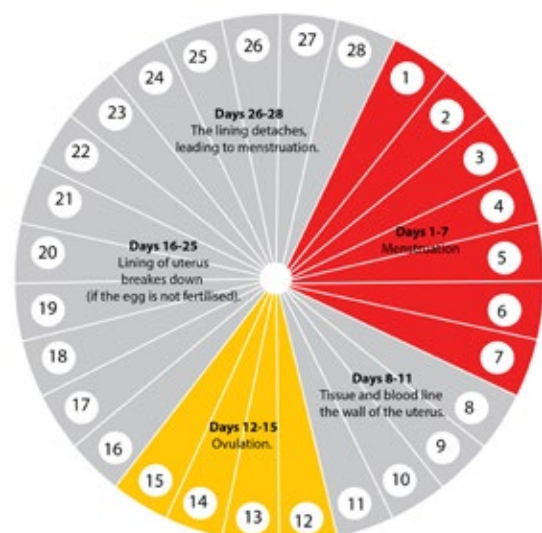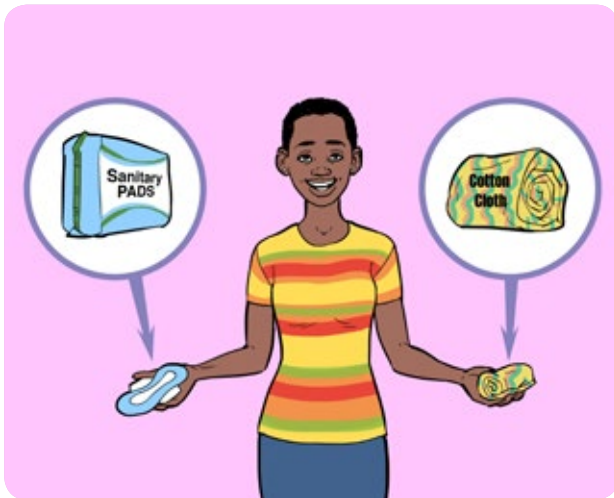
It is normal and natural to experience mood changes during your menstrual cycle; the changing levels of hormones during a girl's cycle can affect her moods. This is known as PMS short for Pre- Menstrual Syndrome. Not all girls get this, but some do a few days before they start their menstruation. Girls can manage their mood changes by educating those close to them on their situation and their needs, so they know how to relate to them during this time. Laughing, exercising, deep breathing and stretching are all ways they can use to relax so that their moods are better managed.

What is menstrual hygiene?

You know you are practicing good menstrual hygiene management when you have: An understanding of basic facts linked to the menstrual cycle and how to manage it without discomfort and fear; access to clean absorbent material to collect menstrual blood; access to privacy to change used materials as often as necessary; access to soap and water for washing the body as required and access to safe and convenient facilities to dispose of used menstrual materials.

Menstrual Hygiene materials can be clean cotton fabric, sanitary pad etc. Some of the things girls should do and what they should not do as far as menstrual hygiene is concerned are:

DO's –

● After use, wrap and dispose your sanitary pads materials in latrine bins in your school, community or at home

● Wash your used cotton fabric well and let it dry completely in the sun or clean environment

DON'Ts –

● Do not dispose of your sanitary materials in toilet bowls, toilet pits or the toilet floor

● Do not throw your used sanitary pad on a pile of refuse

● Do not use dirty cotton fabrics or leave cotton fabrics in humid/dirty environment after washing

Some tips for personal hygiene during this period also include:

● Changing your sanitary pad or old cotton fabric as often as possible to prevent pad rash or other infections

● Washing yourself regularly with water and soap, washing your private area from front to back and not back to front, to prevent the contamination of the vagina with harmful anal bacteria

● Only using water to wash your vagina and always carrying extra sanitary materials on you

Some of the potential risks associated with poor menstrual hygiene management

● Vaginal discharge accompanied by itching, rash or soreness

● Persistent increased discharge

● White, lumpy discharge (like curds)

● Grey/white or yellow/green discharge with a bad smell etc.

*Girls should seek medical attention if they notice any of these symptoms.

1.2 SESSION 2

UNPACKING GENDER AND INTERSECTIONS WITH ADOLESCENCE

Gender refers to the roles, behaviours, activities, and attributes that a given society at a given time considers appropriate for men and women, girls and boys. Gender is different from sex, which is the biological characteristics that define males and females at birth.

These attributes, opportunities and relationships are socially constructed and are learned through socialization processes. They are context/ time-specific and changeable. Gender determines what is expected, allowed and valued in a woman or a man (or a girl or a boy) in a given context. In most societies there are differences and inequalities between girls and boys, women and men in responsibilities assigned, activities undertaken, access to and control over resources, as well as decision-making opportunities. Gender is part of the broader socio-cultural context, as are other important criteria for socio-cultural analysis including class, race, poverty level, ethnic group, sexual orientation, age, etc.[12]

Learning Outcomes:

By the end of the session, participants will be able to define and explain the concepts of: gender and gender equality; gender based stereotyping, gender beliefs, gender norms; linkages between gender and adolescent protection concerns, and the long-term benefits of investing in adolescent girls.

Time: 1 hour

Materials:

- **PPT 3 – Unpacking Gender**
- **Activity – Boys' and Girls' Roles analysis**
- **Activity – Gender Power Walk**
- **Activity – Who Does What?**
- **Flip Charts and Markers**

---
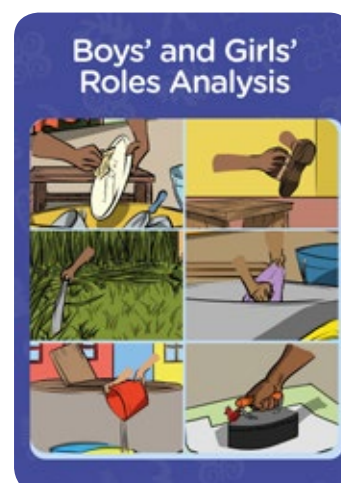
12   Source: UN Women, OSAGI Gender Mainstreaming
      - Concepts and definitions

Facilitator's Action:

- In small groups of two or three, ask participants to explore responses to the question **"What is gender?".** It is important that the small groups generate as many ideas as possible. The aim is not to arrive at a complete definition but to develop a common understanding of the term and invite groups to share discussion outcomes, including any remaining uncertainties

- Discuss with them the differences between Sex and Gender by using the Table below:

Difference between Sex and Gender

SEX	GENDER
Biological Characteristics Sex refers to the biological characteristics that define males and females External and internal sex organs, secondary sexual development at puberty	**Socially-Constructed Characteristics** Gender refers to the social characteristics that define expected behaviours and roles of men and women, boys and girls These behaviours, activities and roles are learned through the process of socialization
Does not Change Over Time With very few exceptions (surgical intervention), biological characteristics that defines one's sex do not change over time	**Can Change Over Time** The behaviours and acceptable social norms associated with being a woman or a man or being a girl or a boy are socially constructed and therefore can change within a same society from one period of time to the other. For example, women of different generations subscribe to different social norms. Because they are learned, gender norms can be changed
Does not differ across cultures and history For example: only women give birth and can breastfeed. This has been the case throughout ages and in all cultures	**Differs between and within Cultures** Attributed roles and social characteristics associated with men and women or boys and girls differ over time, and between and within cultures. For example, in many cultures, some professions are only for men (army, drivers, tailors in some cultures).

Ask participants about examples of gender norms or gender roles that are different from one culture to the other, or those that changed within Ghanaian culture overtime

Carry out **Activity F4:** Boys and Girls Roles analysis with the participants and allow them to discuss the roles they assign to boys and girls giving their reasons **(Refer to main Activity Facilitation Guide of the CP Toolkit for guidelines for carrying out this activity).**

Indicate to participants that this activity is included because it helps to probe and discuss with communities how the roles given to girls and boys change over time - whether they change during adolescence, whether the burden changes during adolescence, what are the specific burdens of adolescent girls vs boys, etc.

Continue the discussion after the activity, by highlighting the main points underpinning the concept of gender using the **PPT 3** on **"Unpacking Gender"** – that defines Gender, Gender Norms, Gender Roles, Gender Based Stereotypes, Gender Inequalities, etc.

Carry out the **Gender/Age Power Walk Activity** with the participants using the instructions provided in the new gender/adolescent activities Facilitators' Guide in Part 2 of this document.

Continue the discussions by using the information provided in the **PPT 3 'Unpacking Gender'** on what gender equality and equity means and some of the common gender stereotyping. Reflect with the community facilitators on some of the 'transformative' approaches they can use in helping families and communities challenge existing gender stereotypes and inequalities, which often cause harmful practices and violence.

● Reflect on how gender socialization affects adolescence, the different status, resources and opportunities that adolescent girls and boys are provided, and how that can lead to different levels of development and wellbeing. Highlight that inequalities between girls and boys (and among them, between more and less vulnerable groups, e.g. with disabilities, single mothers, school drop-outs, child brides, etc.) can be addressed and solved, once they are collectively recognized and acted upon by family and community members

● Carry out the **Activity on "Who does What"** with the participants using the instructions in the Facilitators' Guide of the new tools in Part 2 of this document to support the above learning points

PPT 3-Unpacking Gender

WHAT IS GENDER

- **Gender** is made of roles, behaviours, activities, and attributes that a given society at a given time considers appropriate for men and women, girls and boys
- Is different from being born a male or a female
- These roles and attributes are learned through the socialization process
- are context or time-specific and they change overtime
- Gender determines what is expected, allowed and valued in a woman or a man (or in a girl or a boy) in a given context

DIFFERENCE BETWEEN SEX AND GENDER

SEX	GENDER
Biological characteristics	**Socially constructed characteristics**
⊙ External, internal sex organs and secondary sexual development at puberty	⊙ Define expected behaviors for girls and boys, men and women ⊙ Behaviors, activities, roles learned through socialization processes
Does not change over time	**Can Change over time**
⊙ Biological characteristics that define one's sec remain the same throughout life ⊙ With few exceptions (surgical intervention)	⊙ Gender roles are learned and differ according to age and generation ⊙ Because they are learnt, they can change over time
Does not differ across cultures and history	**Differs between and within cultures**
⊙ Example: Only women give birth and can breastfeed. This has been the case throughout ages and in all cultures	⊙ Example: Professions perceived to be only for 'men' or 'women' ⊙ Women of different generations subscribe to different gender and social norms

GENDER NORMS AND GENDER ROLES

- Gender Norms are sets of rules for what is appropriately masculine and feminine behaviour in a given culture
- Individuals expect others to conform to these behaviours, and therefore prefer to conform to them as well.
- Gender Roles are made of the different things that a male or female is expected to do by society; the expected roles that are associated with each sex group
- They are internalized early in life, during childhood
- They are culture and context specific
- They can change overtime
- Gender roles condition attitudes and behaviors, determine access to resources, and define power dynamics within the households

GENDER NORMS AND ROLES IN ADOLESCENCE

- Gender Socialization is the process by which individuals develop, refine and learn to internalize gender norms and roles as they interact with key agents of socialization, such as their family, social networks, media, school, church environment, etc.
- Families and communities exert great pressure on girls and boys, particularly adolescents, to conform to expected gender roles
- Gender Expectations and disparities between two sexes get sharper during adolescence (as compared to earlier childhood)
- Puberty and adolescence are marked by a growing gap in gender expectations and boys' and girls' equality in access to opportunities, for example:
  - ✓ Boys are socialized/ pressured to be brave and strong and may experience disapproval if they express certain emotions, such as vulnerability, sadness, etc.
  - ✓ Boys are often pressured to become sexually active to prove their masculinity, whereas in most settings, girls who are sexually active are met with social disapproval
  - ✓ Girls experience limitations to their freedom during puberty. Their schooling may end, their style of dressing may be limited, their behaviour may be constrained by social expectations, and they may be assigned additional household /caretaking duties
  - ✓ Girls may be expected to fend for themselves, find a husband to support them, and marry
  - ✓ Girls can be subject to sexual advances, both well-meaning and harassing

GENDER STEREOTYPING

- Gender stereotypes are simplistic generalizations about the gender attributes, differences and roles of women, men, girls and boys

- Stereotypical characteristics about men and boys are that they are competitive, acquisitive, autonomous, independent, confrontational, concerned about private goods, and less skilled in caring for babies and children.

- Parallel stereotypes of women and girls hold that they are cooperative, nurturing, caring, connecting, group-oriented, concerned about public goods, emotional etc.

- Most often, attributes of women and men in societies are perceived as in opposition

- Stereotypes are often used to justify gender discrimination more openly and can be reinforced by traditional and modern theories, laws and institutional practices as well as common saying, adages and proverbs

  ✓ 'A woman's place is the kitchen and the bedroom'

- Important to recognize that gender stereotypes are beliefs that have no factual truth. Nevertheless, they influence people's choices such as attitudes, behaviors, career and education paths, etc.

GENDER EQUALITY AND INEQUALITY

- Gender inequalities emerge when one of the two sexes is considered more 'valuable', 'capable', 'powerful', and has more access to information, resources and opportunities than the other

- Gender Inequality and imbalanced gender power relations are main causes of gender based violence (e.g. sexual violence, economic violence, physical violence, forced child marriage, etc.)

- Examples of gender inequality at the community level include:

  ✓ women having less decision-making influence over household income, community programmes such as education, health programmes

  ✓ Limitations of girls' ability to move about freely in public, limited valuing of girls' education, child marriage, stigma against single or teenage mothers, etc.

- Examples of Indicators of gender inequality at the community level include:

  ✓ Poorer economic status of women vs men

  ✓ Higher exposure to violence and abuse, including sexual

  ✓ Girls and women less control over family planning/reproduction choices

  ✓ Lower levels of education for girls and women

- On the contrary, gender equality implies that the interests, needs and priorities of both women and men, and girls and boys, are taken into consideration

- **Gender Equality means that women, men, girls and boys have equal conditions, treatment and opportunities for realizing their full potential, human rights and dignity, and for contributing to (and benefitting from) economic, social, cultural and political development**

- **Equality does not mean that women and men, girls and boys will become the same, but that women's and men's, girls' and boys' rights, responsibilities and opportunities will not depend on whether they are born male or female**

WHAT DOES GENDER EQUITY MEAN?

- Gender equity is a step toward gender equality

- **Equity recognizes and responds to issues such as current and/or historic power imbalances between men and women and seeks to redress them redistributing resources and opportunities 'fairly' while ensuring girls, women's and boys and men's rights**

- **The notion of equality treats all individuals in the same manner. Equity instead aims to understand the need of each individual and distribute the resources fairly based on need**

- Examples include affirmative action in politics to address gender imbalances in representations, focus on adolescent girls programming, etc.

- Women and girls empowerment is therefore not meant to disadvantage boys and men. Rather is to help 'close the inequality gap', support them in gaining power over their own lives, access to knowledge, skills and training to make informed decisions and choices about their lives and equally contribute to society

GENDER TRANSFORMATIVE APPROACHES

- These are approaches that actively strive to examine, question, and change rigid gender norms and imbalance of power as a means of reaching greater gender-equity
- encourage critical awareness among men and women, boys and girls of gender roles, norms and stereotypes
- promote the position of women and girls as mean of being "fair", since they belong to the most disadvantaged gender
- challenge the distribution of resources and allocation of duties between men and women; boys and girls
- address the power relationships between women and men, boys and men in families and communities
- Child Protection Practitioners are uniquely positioned to help
  - ✓ boys and girls, parents and families challenge harmful gender norms and promote more equitable relationships
  - ✓ model gender-sensitive behaviour and tailor messages about gender equality to the family's specific context, knowledge, and attitudes
- Protection professionals need to come up with their own personalized way of helping families to think critically about gender norms without making them feel defensive, afraid, offended, or attacked in their beliefs

HOW GENDER SOCIALIZATION AFFECTS GIRLS AND BOYS

- ◉ Boys and Girls have different needs, but should enjoy equal rights, responsibilities and opportunities
- ◉ Their chances to survive, be healthy, develop their skills, be protected from abuse and participate in the life of their families/communities should not depend on whether they are boys or girls
- ◉ The reality is, in many cultures girls and boys are viewed in different ways, are sometimes attributed a different "value".
- ◉ Girls and boys are often treated differently from birth
  - ✓ Boys are often expected and taught (in both blatant and subtle terms) to be aggressive, take risks, control their emotions, and be physically strong
  - ✓ Conversely, girls are taught to be emotionally expressive, defer to others' needs over their own, and be weaker physically
  - ✓ Boys are made to wear pants; girls are made to wear skirts or dresses
  - ✓ Stores have "boy" sections, with dump trucks and footballs, and "girl" sections with dolls and play kitchens
  - ✓ Boys who want to play with dolls/kitchen tools are made fun of. Girls who like to play football may be described as "unladylike."
- ◉ This can lead to unequal treatment of boys and girls, and can negatively impact on the enjoyment of their rights
- ◉ **Example 1:** girls often experience gender discrimination (e.g. lack of access to education, increased vulnerability to physical and sexual violence, subjection to child marriage and female genital mutilation, increased vulnerability to HIV/AIDS and STIs, etc.).
- ◉ **Example 2:** boys often experience gender discrimination (e.g. bullying of young boys for not fitting in with the "male" stereotype, increased vulnerability to involvement in armed conflict, and related physical and psychological violence, etc.)
- ◉ **Luckily,** gender stereotypes and social norms are "socially defined" and can change overtime

ADOLESCENCE AND GENDER SOCIALIZATION

- Adolescence is not only a period of rapid physical, sexual and brain development, but also one when the shaping of gender beliefs and attitudes intensifies, with potentially life-long effects

- Adolescent face very strong pressure to conform to prevailing masculine and feminine identities, which are often constructed in contrast to each other

- Such belief may limit/shape their trajectories in life, e.g. the choice of a typically 'masculine' job (e.g. Doctor, engineer, lawyer, banker, track driver) vs a more 'feminine' one (e.g. cook, beautician, fashion designer, hairdresser, food vendor)

- Such beliefs may perpetrate cycles of violence (e.g. ' girls and women have to respect and be submissive to boys and men's will')

- It is imperative to engage adolescent girls and boys to ensure that they are socialized to positive and equitable gender models and gender power relations from young age, so to ensure both girls and boys reach their full potential and help break cycles of inequity and violence

1.3. SESSION 3

CHILD MARRIAGE, TEENAGE PREGNANCY, FEMALE GENITAL MUTILATION/CUTTING (FGM/C) AND SGBV CONCERNS

In order to equip CP professionals with knowledge about the extent of the problem of child marriage and teenage pregnancy in Ghana, this session exposes participants to why child marriages occur, the negative impacts of child marriage, teenage pregnancy, its causes, risk factors and effects, SGBV concerns and other negative cultural practices on adolescent girls, as well as what needs to be done to end child marriage.

Most often parents are ill equipped towards the challenges faced by adolescents, especially adolescent girls. "We don't understand the cycle, we provide information to our sons and daughters when it's too late...all of a sudden our baby girl is a woman and she is pregnant-." – re-iterated by a participant at the pre-testing TOT workshop in Mole, December 2014.

Learning Outcomes:

By the end of this unit, participants would be able to explain: what is child marriage and how it occurs in the context of Ghana; describe the negative impacts of child marriage on adolescent girls, their families and communities; define what needs to be done to end child marriage; understand adolescent pregnancy in Ghana, its risk factors and negative consequences; list some SGBV concerns and understand FGM/C and

understand their effects on the victims, as well as reflect on the value and importance of investments in the development, protection and wellbeing of adolescent girls in Ghana.

Time: 2 hours

Materials:

Materials:

- **PPT 4 – Child Marriage in Ghana**
- **PPT 5 – Sexual and Gender Based Violence**
- **Background Notes 3.1 - Teenage Pregnancy and its effects on the Adolescent Girl**
- **Handout 3.1 - Fact on Female Genital Mutilation/Cutting (FGM/C)**
- **Handout 3.2 - Quiz – Did You Know? Long-Term Benefits of Investing In Adolescent Girls (Questions)**
- **Handout 3.3 - Quiz – Did You Know? Investing in Adolescent Girls (Answers)**
- **Activity CM.8: Circle of Support (refer Main Toolkit)**
- **Flash Cards on child marriage, teenage pregnancy, needs of adolescent mothers, FGM/C and other forms of SGBV including sexual harassment, rape, sexual violence, sexual exploitation, etc.**
- **Flip Charts and Markers**

Facilitator's Action:

- Show the participant the pictures of child marriage and the teenage pregnant girl **(from Activity F1: Child Protection Flash Cards)** and ask the participants to discuss some of the challenges adolescent girls face that are of protection concern.

- Ask them why adolescent girls are particularly vulnerable to protection violations and the challenges that come with being both female and adolescent.

- While holding the child marriage flashcards, ask participants what their understanding of Child Marriage is, why it occurs in Ghana and what are some of the negative impacts of Child marriage on the adolescent girl and her life outcomes. Use the **PPT 4 – on Child Marriage** to define child marriage, why it occurs, its negative impacts on the adolescent girl as well as what needs to be done to end child marriage.

- Reaffirm what the legislation in Ghana says about child marriage by using the information in the text box below

> Child marriage is illegal in Ghana. Both the 1992 Constitution and the 1998 Children's Act set the legal age for marriage at 18 for both girls and boys. Section 14 (1) (a) (b) and (c) of the Children's Act provides that: "No person shall force a child to be betrothed; to be the subject of a dowry transaction; or to be married... any person who contravenes this provision commits an offence and is liable on summary conviction to a fine not exceeding 5 million cedis or to a term of imprisonment not exceeding one year or to both."

- Reaffirm that cases of child marriage in Ghana should be reported to the relevant authorities including: DOVVSU, CHRAJ, Department of Social Welfare, Ministry of Gender Children and Social Protection, Legal Aid, Ghana Education Service, etc. for law enforcement and child and family welfare support services

- Once again show the participants the Flashcard of a teenage pregnant girl and ask one or two volunteers to define Teenage Pregnancy

- Ask the participants why they think teenage pregnancy occurs in Ghana, what are the main causes of teen-age pregnancy, and what are the health risks associated with it. Continue the discussion by using the **Background Notes 3.1 - Teenage Pregnancy and its effects on the Adolescent Girl**

- Make reference to the fact that often teenage pregnancy in Ghana results from sexual exploitation of girls in exchange for basic goods (e.g. food, clothes, sanitary pads), or can be caused by sexual violence, including defilement and rape, therefore it is a big child protection concern. It is of critical importance to understand its causes and provide the adolescent mother and her family with the required care and support services based on her circumstances

- In the same Background Note, highlight the linkage between adolescent pregnancy and **obstetric fistula** and its negative consequences (using text box below)

> **What is an obstetric fistula and how does it affect women and girls?**
>
> - An obstetric fistula is an opening between the vagina and the bladder or rectum, or sometimes both, which allows urine and/or faeces to leak continuously
>
> - When a woman or adolescent girl experiences blocked labour and has no access to a caesarean section procedure, the prolonged pressure of the baby's head on the tissue between the bladder or rectum, and the vagina can cause an opening, called a fistula
>
> - In most cases, the baby dies because of the prolonged labour. For the woman or adolescent girl, the on-going smell of leaking urine or faeces, or both, is constant and humiliating
>
> - Many women and girls with this condition are abandoned by their husbands and avoided or shunned by their family, friends, and communities
>
> - Untreated, fistula can lead to chronic medical problems, including ulcerations, kidney disease, and nerve damage to the legs
>
> - Obstetric fistula can be treated through surgery

- Use the **Handout 3.1 – Facts on Female Genital Mutilation/Cutting (FGM/C)** to discuss why this harmful traditional practice happens and its negative impact on girls and women

- Present **PPT 5 on Sexual and Gender Based Violence (SGBV)** to discuss with the participants how unequal gendered power relations and access to resources can cause various forms of SGBV, what is the SGBV issues situation in Ghana, how that affect adolescents, particularly adolescent girls in families, schools and communities, and what can be done to address it.

- Do a group work activity with participants to map all relevant service providers that at various levels (national, regional, district, community) can provide prevention and response services to address SGBV (both formal and informal sectors)

- At the end of the session, separate participants into groups. Distribute **Handout 3.2 - Quiz – Did You Know? Long-Term Benefits of Investing In Adolescent Girls (QUESTIONS).** Encourage discussion

- Distribute or discuss **Handout 3.3 - Quiz – Did You Know? Investing in Adolescent Girls (ANSWERS)**

- Address any outstanding issues/questions related to the quiz and conclude the session.

PPT 4-Child Marriage in Ghana

WHAT IS CHILD MARRIAGE

- The legal age for marriage in Ghana is 18 years (1992 Constitution and 1998 Children's Act).
- Child marriage therefore occurs when one or both parties in a union is/are under the age of 18, which is the age of consent to marriage in Ghana
- Child marriage, can be a **formal marriage or informal union (cohabitation)** before age 18
- It is sometimes referred to as early and/or forced marriage since children, given their age, are not able to give free, prior and informed consent to their marriage partners
- Child marriage is widespread and can lead to a lifetime of disadvantage and deprivation
- Girls who marry before they turn 18 are less likely to remain in school and more likely to experience domestic violence
- Girls who marry early often abandon formal education and become pregnant
- Adolescent girls are more likely to die due to complications in pregnancy and childbirth than women in their 20s; their infants are more likely to be stillborn/die in the first month of life

FACTS ON CHILD MARRIAGE IN GHANA

- **1 in 5 girls (19%) is married or in union before age 18 and marriage before age 15 is rare for girls in Ghana -1 in 20 girls (5%)**
- It is a gender based violence concern. Only 4% of boys affected vs. 19% of girls For girls living in the three Northern Regions of Ghana (Northern Region, Upper East and Upper West regions), this number increases to 1 out of 3 girls (34%)
- Girls in **rural areas** are much more likely to marry during childhood than girls in urban areas
- In every region of Ghana, **the poorest girls** are more likely to marry during childhood than their richer counterparts
- Across Ghana, **uneducated girls** are twice as likely to marry in childhood as those who attended secondary school or higher
- **The prevalence of child marriage in Ghana has been declining over the past 25 years**
- **Child marriage is becoming less common in Ghana; 1 in 5 young women today were married before 18, compared to 1 in 3 in the early 1990s. This is GOOD NEWS.**
- **But the adolescent population in Ghana is fast growing. In order for the number of child brides not to grow, much faster progress is required.**

CHILD MARRIAGE IN GHANA (MICS 2017-2018)

Regional Data on Child Marriage

Region	Marriage by age 18
National	19
Western	23
Central	22
Greater Accra	8
Volta	24
Eastern	23
Ashanti	17
Brong Ahafo	17
Northern	28
Upper East	28
Upper West	22

Percentage of woman aged 20 to 24 years who were first married or in union before age 18, by region

WHY CHILD MARRIAGE STILL HAPPENS IN GHANA

- **Poverty**
- Teenage **pregnancy**
- **Lack of livelihoods / viable alternatives** for girls and families
- **Gender inequality/discrimination**
- **Cultural and traditional practices** (e.g. puberty rites, betrothal /exchange marriage, unacceptability of pregnancy out of wedlock, etc.)
- **Broken Homes** and lack of supportive parenting/caregiving
- **Poor Legal enforcement** (lack of deterrents for offenders)
- **Individual choices and peer pressure** (e.g. attraction of cultural and financial value attributed to marriage/motherhood; adolescent need to explore sexuality in 'culturally accepted manner'; livelihood strategy to cope with basic unmet needs, etc.)
- **It is therefore not only a violence issue but also a socio-development issue**

NEGATIVE IMPACTS OF CHILD MARRIAGE ON THE ADOLESCENT GIRL

- Child marriage affects child development and the development of society in general
- Unintended pregnancy and childbearing can profoundly alter adolescents' lives, undermining physical health, educational attainment, economic opportunities, and ability to participate in public life
- Increased health risks, including increased maternal and newborn mortality and morbidity, anemia, fistula
- Increased risk to sexually transmitted diseases e.g. STIs, HIV/AIDS
- Higher risk and exposure to domestic violence and sexual abuse for adolescent girls by IP
- Poorer health and development outcomes for newborn
- Psychological and emotional stress
- Limited social networks and social isolation
- School drop-out and limited educational attainment
- Inter-generational cycle of Poverty
- Limited empowerment, life skills and financial independence for child brides/mothers

ENDING CHILD MARRIAGE- WHAT DOES THE LAW IN GHANA SAYS?

Child marriage is illegal in Ghana. Both the 1992 Constitution and the 1998 Children's Act set the legal age for marriage at 18 for both girls and boys.

Section 14 (1) (a) (b) and (c) of the Children's Act provides that: "No person shall force a child to be betrothed; to be the subject of a dowry transaction; or to be married... any person who contravenes this provision commits an offence and is liable on summary conviction to a fine not exceeding 5 million cedis or to a term of imprisonment not exceeding one year or to both."

Cases of child marriage in Ghana should not be settled informally, but should be reported to the relevant authorities including: DOVVSU, CHRAJ, Department of Social Welfare, Ministry of Gender Children and Social Protection, Legal Aid, Ghana Education Service, etc. **for law enforcement and child and family welfare support services**

NATIONAL STRATEGIC FRAMEWORK ON ENDING CHILD MARRIAGE IN GHANA (2017-2026)

- **DEVELOPED BY THE MOGCSP based on BROAD STAKEHOLDERS' CONSULTATION in the COUNTRY**
- **SUPPORTS ALIGNMENT AND COORDINATION OF ALL INITIATIVES AIMED AT ADDRESSING CHILD MARRIAGE ACROSS SECTORS IN GHANA**
- **INCLUDES AN OPERATIONAL AND M&E PLAN TO TRACK IMPLEMENTATION PROGRESS (2017-2018. Due for update)**

ENDING CHILD MARRIAGE- WHAT EACH OF US CAN DO?

- Globally, evidence shows that i**nvesting in GIRLS EDUCATION and keeping girls in school and learning** is the most successful strategy to prevent child marriage

- Critical to **understand and address the localized drivers of child marriage** (they differ among regions and communities in Ghana)

- **Child Marriage is a complex issue. It requires a cross-sectoral response.** From addressing POVERTY, to TEEN AGE PREGNANCY, to creation of VIABLE ALTERNATIVES (incl. livelihoods/ employment) for girls and their families

- **Communities, Traditional and Religious Leaders** should work together to address GENDER INEQUALITES and HARMFUL CULTURAL PRACTICES that contribute to child marriage (e.g. low value of girl child). Sanctions should be imposed on members who go against the law

- **Adolescent Girls and Boys** should report any case of marriage that is forced on themselves or children they might know to relevant authorities or trusted adults for follow-up support. They should be supported to focus on their education, goals and aspirations, and delay marriage/ informal unions until age of full maturity. Adolescent mothers/wives should be supported to return to school or learn skills/trade to be able to better support themselves.

- **Parents and Families** should

  ✓ desist from arranging marriages and invest in girls and boys' education, skills development and wellbeing

  ✓ Strive to provide for the needs (both material and emotional) of their guards, provide them guidance and support

  ✓ Report any child marriage case that may come to their attention to relevant authorities

  ✓ Support adolescent mothers/wives to return to school / learn skills to support their empowerment

  ✓ Engage in continued dialogue with their children to understand their needs and how to best support them

- **Decisions Makers/Law Enforcement Agencies:**

  ✓ Allocate adequate resources for the implementation of policies and framework that support the protection and development of children and adolescents, particularly adolescent girls

  ✓ Ensure effective law implementation and punishment for crimes committed to ensure justice for victims/survivors and accountability for perpetrators

  ✓ Ensure that skills development, employability and livelihood opportunities are available to the most vulnerable girls and households, and introduce poverty reduction strategies to empower women and girls economically and reduce exploitation risks

- **Government Services and CSOs** should coordinate in provision of prevention and response care services to adolescent girls at risk or affected by child marriage and their families(e.g. psycho-social support, counseling, safe shelter, legal support, school reintegration, youth friendly health and maternal care, etc.)

- ◉ **The Ministry of Gender Children and Social Protection (MoGCSP):**
  - ✓ Lead advocacy under the National Campaign on "Ending Child Marriage in Ghana"
  - ✓ Coordinate the implementation of the National Strategic Framework on Ending Child Marriage in Ghana (2017-2026)- aligning various sectors efforts towards a common goal – 'Ghana Free from Child Marriage by 2030'
- ◉ **Society in General:**
  - ✓ It is said that "it takes a community to raise a child", therefor society must help invest in the future of adolescents to enable them to contribute to national development
  - ✓ It is our collective responsibility to end child marriage
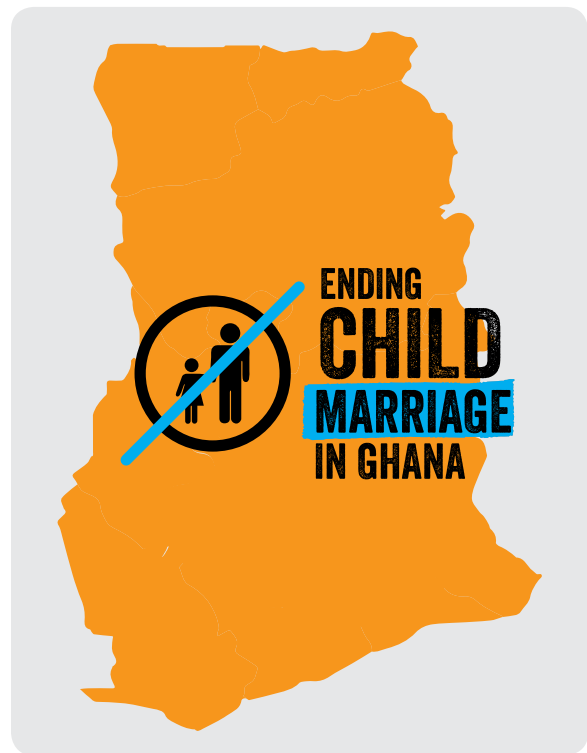
PPT5-Sexual and Gender Based Violence (SGBV)

DOMESTIC/SEXUAL AND GENDER-BASED VIOLENCE (SGBV)

- Umbrella term for various forms of violence that are perpetrated against a person/group of persons(because of their gender

- Can be sexual, physical, Verbal, emotional/Psychological and economic in nature.

- Usually disproportionately affects the members of one sex (girls and women) and has its basis in relations between men and women, boys and girls (gender power relations) based on culture.

- Can be violent acts or threats of such acts

- Can occur in both private and public life including the home and institutions.

- Involves a wide range of human rights violations including:

  ✓ sexual violence, including defilement, incest, rape, sexual exploitation, forced prostitution

  ✓ sexual abuse of children

  ✓ domestic or intimate partner violence

  ✓ sexual assault and harassment

  ✓ trafficking of women and girls

  ✓ several harmful traditional practices including child marriage, FGM/C, ritual slavery, dowry burning (e.g. Trokosi)

  ✓ Sexual slavery

  ✓ Torture

  ✓ Forced impregnation

  ✓ Disfiguration, mutilation and murder

- The terms Sexual and "gender-based violence" (SGBV) and "violence against women and girls" (VAWG) are often used in tandem, since girls and women are disproportionately affected globally by SGBV as compared to boys and men, including Ghana

- However, Domestic/SGBV also includes violence against boys and men (e.g. child sexual abuse, sexual violence against minorities and individuals not conforming to dominant gender norms)

- Most victims of Domestic/ SGBV know their offenders. Girls and Women are particularly vulnerable to violence perpetrated by people they know, including their intimate male partners (IPV) in the domestic environment, uncles, teachers ect.

- Domestic/SGBV can have devastating consequences for girls and women as well as boys and men including injuries, STIs and HIV/AIDS, stress and mental health problems, unwanted pregnancies, and at times death

- All Domestic/sexual and gender-based violence against girls, women, boys and girls is a violation of human rights. It is a crime under the laws of Ghana and should be reported to relevant Government Authorities such as DOVVSU, Police, CHRAJ, LegalAid, DSW, GHS for law enforcement and welfare services to survivors(such as Counseling Services, , Safe Temporary Shelter, etc.)

THE LEGAL FRAMEWORK IN GHANA

- ◉ **Laws that regulate Domestic Violence/SGBV issues**
  - ✓ The 1992 Constitution of the Republic of Ghana
  - ✓ The Domestic Violence Act 732 (2007)
  - ✓ Children's Act 560 (1998)
  - ✓ The Criminal Offences Act 29 (1960)
  - ✓ Human Trafficking Act 694 (2005)
  - ✓ Electronic Transaction Act, 772 (2008)
- ◉ **Remember: SGBV cases are criminal in nature, they should be reported to relevant authorities and should not be resolves with informal mediation**

UNDERSTANDING CONSENT

INTERGENERATIONAL CYCLE OF VIOLENCE

- ◉ Refers to perpetuation of violence across generations (e.g. parents/caregivers to children, siblings to siblings, etc.) Children born into abusive homes are more likely going to be abusers.

- ◉ Statistics show that children prolongedly exposed to SGBV, including domestic violence, are likely to develop behavioural problems, such as regressing, exhibiting out of control behaviour, and imitating violent behaviors with others

- ◉ There is documented evidence of the linkage between inter-parental aggression in the family of origin, and exposure to intimate partner violence (IPV) in subsequent intimate relationships of adults who were exposed to violence in childhood

- ◉ Data from the MoGCSP 2016 Study on Incidence of Domestic Violence (DV) in Ghana indicated that the incidence of DV in Ghana was higher among women and men whose fathers beat their mothers in the family of origin

SOME STATISTICS ON SGBV IN GHANA FROM THE GHANA DOMESTIC VIOLENCE STUDY, 2016

- 71.5% of women and 71.4% of men reported having experienced at least one form of violence (domestic and non-domestic) over their lifetime

- **The incidence of social violence, physical violence, sexual violence among men and women was strongly associated with age, with older people being less likely to have experienced violence**

- **Adolescent and Young girl in marriages/cohabitation/relationships in Ghana are more vulnerable to SGBV, including DV, than older women**

- 30% cent of women and 23.1% of men experienced sexual violence at least once over their lifetime

- **38.2% of girls aged 15–19 years, reported having experienced at least one act of sexual violence compared to 18.8% of women aged 50–60 years**

- 53% of adolescent girls aged 15–19 reported having experienced social violence over their lifetime in contrast with 33.1% of women aged 40–49 years and 33.7 per cent of women aged 50–60 years.

- **Over 47% of women aged 24 years and below reported having experienced physical violence, compared to 40.6% of women aged 40–49 years and 35.7% of women aged 50–60 years**

- Younger men/adolescent boys aged 15–19 years were particularly at risk of experiencing physical violence with 64.3% reporting having experienced at least one form of physical violence over their lifetime, compared to, 42.9% of men aged 50–60 years

- **According to national statistics, adolescent girls and women are more likely to justify domestic violence (e.g. wife-beating) than boys and men. This can be due to gender socialization and unequal power dynamics that have become 'normalized' in socialization processes**

- Very few of those who experience SGBV will report it to anyone, and those who do tend to first tell their friends or family members

RAPE AND DEFILEMENT (GHANA POLICE SERVICE)

Defilement:
- 2017: 1686
- 2016: 1341
- 2015: 1630
- 2014: 1889

Rape:
- 2017: 514
- 2016: 497
- 2015: 451
- 2014: 514

Legend: 2017, 2016, 2015, 2014
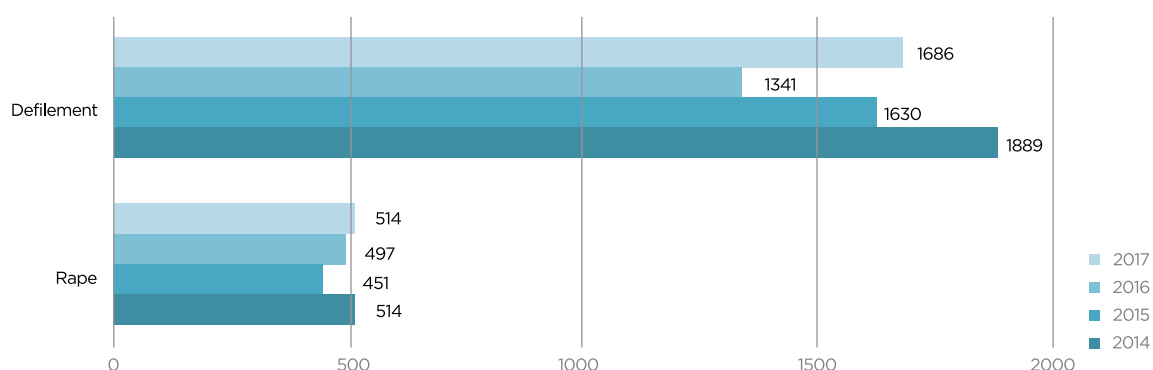
SCHOOL-RELATED GENDER-BASED VIOLENCE (SRGBV)

- Defined as acts or threats of sexual, physical or psychological violence occurring in and around schools/Institutions perpetrated as a result of gender norms and stereotypes, and enforced by unequal power dynamics

- SRGBV is complex and multifaceted and includes different manifestations of physical, sexual and/or psychological violence, such as verbal abuse, bullying, rape, sexual abuse and harassment, coercion, assault

- **Sexual Violence is one of the top forms of violence experienced by Ghanaian girls and boys in schools (together with corporal punishment and bullying). Girls are particularly affected.**

- Children and adolescents who experience violence can feel traumatized to the extent that they see the school environment as unsafe or threatening, which often leads to **lower academic achievement /school drop-out**

- SRGBV violates children's fundamental human rights as children and adolescents have the right to be protected from all forms of violence and abuse, particularly in schools which should be safe environments for their growth, wellbeing and development

THE ROOT CAUSES OF ALL FORMS OF SGBV

- Gender Inequality, harmful gender norms caused by culture

- Unequal power dynamics/relations between girls, boys, men and women- whereby **consent and respect** in relationships, including sexual relationships, are not valued and upheld

- GBV is also committed in response to people or behaviors that are perceived to be 'in conflict' with traditional gender norms. E.g. a parent might slap a little boy if he is perceived to be acting "like a girl"; violence against homosexual individuals, etc.

- Wider structural and contextual factors may include conflict, inequalities in income , access to resources, deprivation or marginalization, and weak law enforcement/ welfare service support systems

- Borderless and 'anonymous' nature of social media can enable violence – such as cyber bullying, online grooming and trolling, online sexual exploitation – in spaces that are hard for law enforcement agencies to regulate with existing state-bound tools

THE RISK FACTORS TO SGBV

- A variety of risk factors intersect at the individual, family, school, community and societal levels that increase the risk of SGBV, particularly for girls and women

- **Individual level factors - Biological, personal history**
  - ✓ Lack of awareness of individual and collective rights
  - ✓ Sex, age, ethnicity, disability
  - ✓ Sexual orientation and gender identity
  - ✓ Low level of self-confidence and self esteem; challenges in communication and negotiation
  - ✓ Low level of education
  - ✓ Low economic status
  - ✓ Living with or affected by HIV & AIDS
  - ✓ Previous experience of violence (witness, victim, perpetrator etc.)

- **Family and other close social relationships**
  - ✓ Low value accorded to the girl child/women's roles in family settings
  - ✓ Lack of parental care/Guidance and inter-generational dialogue
  - ✓ Alcohol / substance abuse in family settings
  - ✓ Intergenerational violence and 'tolerance'/normalization of verbal, emotional, physical and sexual violence in the family
  - ✓ Lack of awareness of SGBV and the rights of children and adolescents
  - ✓ History of violent behavior in the family

- **School-level factors**
  - ✓ Lack of knowledge and awareness around SRGBV
  - ✓ Lack of school level capacity to prevent, identify and address incidents of SRGBV
  - ✓ Lack of effective oversight mechanism, with teachers / school staff able to perpetrate violence or abuse with impunity
  - ✓ Lack of safe, secure and welcoming physical spaces within educational settings
  - ✓ Teaching and learning strategies and disciplinary methods that reinforce 'acceptability of violence' as a away to support learning and enforce discipline (e.g. corporal punishment)
  - ✓ Curricula and teaching methods that do not equip girls and boys with key knowledge, life skills and attitudes to engage in healthy peer relationships and violence prevention

THE RISK FACTORS TO SGBV

◉ **Existing social norms and community-level factors**
  ✓ Tolerance of emotional, sexual and physical violence in the community
  ✓ Belief that SGBV/DV is 'private matter', to be addressed without external interference
  ✓ Social norms, which discourage reporting of SGBV and offer implicit, or even explicit, social sanction
  ✓ Lack of culturally, age and gender appropriate and accessible services to report and respond to SGBV, including cases of SGBV involving children and adolescent girls and boys
  ✓ Persisting patriarchal values that support gender inequalities (e.g. lower value attributes to investments in adolescent girls)
  ✓ SGBV perpetrators not held accountable through weak institutional response/sanctions from the law enforcement and judicial services (lack of deterrent)

◉ **Larger societal factors that create an acceptable climate for violence**
  ✓ Lack of legislation/comprehensive policy framework banning all forms of VAC, SGBV, DV
  ✓ Lack of coordination between key sectors around SGBV
  ✓ Very limited human and financial resources allocated to SGBV/DV/ CP prevention and response services at decentralized levels (e.g. MMDAs)
  ✓ Culture of impunity and breakdown of the law
  ✓ High levels of inequality, marginalization or exclusion
  ✓ High level of corruption in government systems
  ✓ Media Culture perpetuating unequal gender roles/power dynamics and 'normalizing' tolerability to a culture of violence
  ✓ Conflict and insecurity

THE CONSEQUENCES OF SGBV

Exposure to, and experience of SGBV has far-reaching impacts on girls, boys, men and women in terms of mental, emotional, physical well-being, education outcomes, health and economic status

- **Physical health and health risk behaviour outcomes include:**
  - ✓ Injuries, including bruises, burns, fractures, wounds
  - ✓ Lacerations and abrasions
  - ✓ Disability
  - ✓ Genital-urinary diseases
  - ✓ Unwanted pregnancy
  - ✓ STIs including HIV and AIDS
  - ✓ Eating disorders
  - ✓ Drugs and alcohol misuse
  - ✓ Excessive Risk Taking behaviour, including risky sexual behaviour

- **Mental Health Outcomes**
  - ✓ Anxiety, Depression, Anger or hostility, low self-esteem, Suicide (attempts and actual suicide), Self-harm, Post-traumatic stress disorder (PTSD), Shame, Obsessive-compulsive disorder, dissociation and loss of memory

- **Social Outcomes**
  - ✓ Social isolation
  - ✓ Retaliatory attitudes
  - ✓ Aggressive Behaviours
  - ✓ Break of social networks of support

- **Educational outcomes:**
  - ✓ Lack of concentration, Inability to study, falling grades, disruption in class, non-attendance, sudden withdrawal and shyness, school drop-out

- **Financial Outcomes (for individual and society as a whole):**
  - ✓ Direct costs such as treatment, visits to the hospital doctor and other health services
  - ✓ Indirect costs such as lost productivity, reduced employability (as a result of reduced education/incapacity to focus at work), disability, decreased quality of life and premature death
  - ✓ Costs borne by the criminal justice system in apprehending and prosecuting offenders
  - ✓ Costs to social welfare agencies associated with case management, counseling and psycho-social support, temporary safe shelter, foster care, etc.
  - ✓ Costs for the educational system through loss of learning and potential development
  - ✓ Costs to the employment sector arising from absenteeism and low productivity

KEY PROGRAMMING PRINCIPLES FOR SGBV INTERVENTIONS

- Effective programming should take, wherever possible, a whole-school, whole-community and multi-sector view of the issues to include both prevention and response efforts.

- All interventions aimed at reducing SGBV should be context specific and based on rigorous situation and needs analysis, and where possible joining up with existing interventions.

- Child-centred and take a 'do no harm' approach – children's rights, needs, safety and protection should be at the centre of all programming.

- Topics and issues included in curricular and co-curricular activities must be age and gender appropriate to the children they target

- Children and adolescents should be recognized as key actors in ensuring their own protection from SGBV and be empowered in developing solutions to address SGBV

- Interventions should seek to ensure all girls and boys, including traditionally marginalized or excluded (e.g. with disabilities, minority, out of school, child brides and teen-age mothers, etc.) are able to participate, take action and are consulted

- Programming must be based on strong gender and rights analysis, based on age and sex-disaggregated data wherever possible

- It should build knowledge and shape skills, values and attitudes in order to positively transform established norms around gender and power dynamics, by empowering all girls, boys, men and women to champion gender equality and challenge all forms of violence, abuse and exploitation

HOW TO PREVENT SGBV IN THE COMMUNITY AND HELP SURVIVORS OF SGBV

- Community reflections and dialogues on the negative effects of SGBV

- Dialogue and reflection with members of the community (incl. children and adolescents) to challenge and change role distribution, gender power relations, gender stereotypes, etc.

- Effective enactment and enforcement of legislations against SGBV (incl. still punishments for perpetrators)

- Gender, age and culture sensitive services to support the needs of SGBV survivors (i.e. be familiar with services available in your community for survivors of SGBV, including:

  ✓ Physical health services: for treatment of injuries as well as for forensic legal examination – e.g. rape /defilement

  ✓ Law enforcement: DOVVSU, Police CID, and other agencies

  ✓ Counseling /Mental health services: to aid recovery from traumatic experiences and build resilience/ wellbeing

  ✓ Legal services: for pressing charges against an abuser (e.g. Legal Aid)

  ✓ Linkages to Economic resources/skills development: to minimize economic dependence from the abuser

  ✓ Temporary Safe Shelter

  ✓ Support groups, where available

  ✓ Child and Family welfare services (e.g. DSW has statutory responsibility in cases involving children/adolescents below age 18)

HOW TO PREVENT SGBV IN THE COMMUNITY AND HELP SURVIVORS OF SGBV

- Media Engagement- to support positive gender norms and equitable power relations and condemn any forms of SGBV against girls, women, boys and men

TAKE ACTION

MoGCSP HelpLine of Hope Call Centre

Toll free numbers 0800 800 800 and 0800 900 900

- To provide a platform for girls, boys, men and women to report and obtain information on issues of sexual and gender based violence in Ghana
- The platform also disseminates relevant information to the public in line with the government's Social Protection (SP) programmes.

BACKGROUND NOTES 3.1

TEENAGE PREGNANCY AND ITS EFFECTS ON THE ADOLESCENT GIRL, FAMILY AND COMMUNITY

Teenage pregnancy is a term used to describe pregnancies that occur in girls aged 19 years or younger. A large proportion of teenage pregnancies in Ghana are unwanted or unplanned, and out of wedlock. Teenage pregnancy and motherhood can have several negative consequences for adolescent girls and young women.

Key statistics on Teenage pregnancy in Ghana

The rate of teenagers (15-19 years) who had begun child bearing (either pregnant with first child or have already had a live birth) in Ghana is reported to have declined from 22% in 1993 to 13% in 2008 and increased to 14% in 2014[13].

Risk Factors and Causes of Teenage Pregnancy include:	Effects of Teenage Pregnancy
● Ignorance/ Misinformation/ Unwillingness in use of contraceptives ● Poverty which leads to sexual exploitation of girls ● Lack of guidance to adolescent girls and boys (e.g. broken homes, family conflicts, etc.) ● Child marriage ● Child sexual violence (Incest, Rape, etc.)	● ***Physical and Health effects on the mother*** ◉ The mother can become anaemic and her growth is slowed, especially if she does not eat nutritious meal ◉ Babies born are underweight and mostly premature ◉ High incidence of pre-eclampsia, swelling of the face, hands and feet ◉ Prolonged (leading to caesarean) labour ◉ Obstetric fistula ◉ Sexually transmitted diseases, incl. STIs and HIV (if the sexual intercourse was unprotected) ◉ Maternal and new-born mortality and morbidity (illness)

---

13   Situational Analysis of Adolescent Girls and Young Women in Ghana – Synthesizing Data to Identify and Work with the Most Vulnerable Young Women, Population Council, Ghana and UNFPA Ghana (2017)

- **Effects on the child**

  - Underweight, premature, higher mortality, morbidity and worse nutritional status

  - It is possible that children feel rejected and have emotional and development problems because teenage parents do not want them and/or cannot give the material and emotional nurturing needed

  - This in the life of the child could potentially perpetrate a vicious cycle where children of teenage parents may also end up becoming pregnant in their teens

- **Socio-economic effects**

  - The teenage mother often drops out of school with little or no training and is therefore, limited to low-paying jobs with little or no status. Teen-age fathers have higher chances to continue their schooling/jobs

  - The teenage mother is usually financially dependent on her parents or partner and is therefore, in no position to support herself and her baby independently. The teenage mother can experience barriers in returning to school after delivery due to the stigma associated, and the responsibility of looking after her baby.

  - The immaturity, poverty and lack of stability can perpetuate a vicious cycle where children of teenage parents can also experience hardship/ violent home environment/ have limited life opportunities/ become teenage parents

  - Teenage mothers may be rejected by their parents, relatives and friends. They might even be rejected by the men responsible for the pregnancy, at times carrying the burden of being single mothers

  - Out of fear or embarrassment and shame, adolescent mothers may be forced/recur to have an unsafe abortion which could be fatal or leave her infertile or with a life-long disability

  - Increased likelihood of having a malnourished child since the mother may not have the knowledge, skills, resources or time to adequately care of the child

Ending Teenage Pregnancy - A collective responsibility

- A multi-sector approach is needed to curb teenage pregnancy and motherhood

- Partners should work together to implement sustainable behaviour change interventions in reproductive health and family planning to help prevent teenage pregnancy

- Under Objective 3 of *the National Strategic Framework on Ending Child Marriage in Ghana 2017-2026, key strategies include:*

    - Increasing access of girls, boys and married adolescents, to friendly adolescent health information and services including family planning

    - Support adolescent mothers' re-entry in school after delivery

- Empower in school and out of school adolescent girls and boys with comprehensive sexuality and relationship education (CSE) to ensure their have necessary information and skills to make informed decisions about their sexuality, and grow in a culture that values integrity, consent and respect in relationships between sexes

- Local institutions, donors and development partners should embark on advocacy to raise awareness about the causes and consequences of teenage pregnancy and motherhood

- These advocacy programs should be directed at rural areas, adolescents with no education, from poorest households and those in regions that have high prevalence of teenage pregnancy and motherhood

HANDOUT 3.1 - FACTS ON FEMALE GENITAL MUTILATION AND CUTTING (FGM/C)[14]

FGM/C comprises all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons (WHO). It is sometimes referred to as female genital cutting or female circumcision.

FGM/C has no health benefits, and it harms girls and women in many ways. It involves removing and damaging healthy female genital tissue, and interferes with the natural functions of girls and women's bodies.

Female genital mutilation is carried out as part of cultural traditional practices, as a way of reducing libido of girls and with the intention of ensuring the child grows to be a faithful wife. Procedures are mostly carried out on young girls between infancy and adolescence, and occasionally on adult women. In some cultures that still practice FGM/C, women who escape it from their maiden homes often end up being forcefully and secretly circumcised in marriage.

According to a recent UNICEF publication[15] at least 200 million girls and women have experienced FGM/C in 30 countries across three continents. But without far more intensive and sustained action now from all parts of society, hundreds of millions more girls will suffer profound, permanent, and utterly unnecessary harm. If rates of decline seen in the past three decades are sustained, the impact of population growth means that up to 63 million more girls could be cut by 2050.

In Ghana, **4% of girls and women** of reproductive age (15-49 years) have undergone FGM/C, with those in certain ethnic groups more likely to have experienced the practice[16]. Highest pockets of prevalence of FGM/C practice in Ghana are found in the Upper West and Upper East Regions with prevalence rates of 56% and 12% respectively (Ghana MICS 2011)

Apart from it being a physically gruesome and painful exercise that leads to medical complications, the practice itself is dictation on the girls and women's sexuality and a denial of their right to experience and live satisfactory and pleasurable sexual lives.

FGM/C is recognised internationally as a harmful traditional practice and a violation of the human rights of girls and women. It reflects deeply-rooted inequalities between the sexes.

The most common cited reasons why FGM/C is performed:

● Where FGM/C is a social norm, the social pressure to conform to what others do and have been doing, as well as the need to be accepted socially and the fear of being rejected by the community, are strong motivations to perpetuate the practice. In Ghana 24% of mothers of girls aged 0-14 years who have undergone FGM/C think the practice should continue[17]

● FGM/C is often considered a necessary part of raising a girl, and a way to prepare her for adulthood and marriage

● Where it is believed that being cut increases marriageability, FGM is more likely to be carried out. FGM/C is associated

---

14   Planned Parenthood Association of Ghana (PPAG) "KnowItOwnItLiveIt" Comprehensive Sexuality Education Manual for Young People 2017

15   Female Genital Mutilation and Cutting, a Global Concern, UNICEF, 2017

16   Statistical Profile On Female Genital Mutilation/Cutting in Ghana, Data and Analytics section Division of Data, Research and Policy UNICEF New York, December 2013

17   ibid

with cultural ideals of femininity and modesty, which include the notion that girls are clean and beautiful after removal of body parts that are considered unclean, unfeminine or male

● FGM/C is often motivated by beliefs about what is considered appropriate/ acceptable sexual behaviour. It aims to ensure premarital virginity and marital fidelity. FGM/C is in many communities believed to reduce a woman's libido and therefore believed to 'help her resist' extramarital sexual acts. When a vaginal opening is covered or narrowed (in type 3), the fear of the pain of opening it (and the fear that this will be found out) is believed to discourage extramarital sexual intercourse among women with **this type of FGM/C**

● Though no religious scripts prescribe the practice, practitioners often believe the practice has religious support. Religious leaders in Ghana and across Countries take varying positions with regard to FGM/C. Some promote it, some consider it irrelevant to religion, and others contribute to its elimination

● Local structures of power and authority, such as community leaders, religious leaders, circumcisers, and even some medical personnel can contribute to upholding the practice. In most societies, where FGM/C is practised, it is considered a cultural tradition, which is often used as an argument for its continuation

Immediate complications of FGM/C can include:

● Severe pain
● Excessive bleeding (haemorrhage)
● Genital tissue swelling
● Fever
● Infections e.g. tetanus
● Urinary problems
● Wound healing problems
● Injury to surrounding genital tissue
● Shock
● Death

Long-term consequences of FGM/C can include:

● Urinary problems (painful urination, urinary tract infections)
● Vaginal problems (discharge, itching, bacterial vaginosis and other infections)
● Menstrual problems (painful menstruations, difficulty in passing menstrual blood, etc.)
● Scar tissue and keloid
● Sexual problems (pain during intercourse, decreased satisfaction)
● Increased risk of childbirth complications (difficult delivery, excessive bleeding, caesarean section, need to resuscitate the baby, etc.) and new-born deaths
● Need for later surgeries (e.g. FGM/C procedure that seals or narrows a vaginal opening, type 3, needs to be cut open later to allow for sexual intercourse and childbirth, further increasing both immediate and long-term risks
● Psychological problems (depression, anxiety, post-traumatic stress disorder, low self-esteem, etc.)

- Overall, an adolescent girl today is about a third less likely to be cut than 30 years ago. Attitudes are also changing: recent data show that the majority of people in the countries where FGM is practiced believe it should end, but continue to compel their daughters to undergo the procedure because of strong social pressure

- The practice is perpetrated by families without a primary intention of violence, but is de facto violent in nature. Communities practice FGM/C in the belief that it will ensure a girl's proper upbringing, future marriage or family honour. If families were to stop practicing on their own they would risk the marriage prospects of their daughter as well as the family's status

- To successfully address FGM/C a combination of interventions is required: from strengthening legislation outlawing the practice, to carrying out activities enabling communities to make a coordinated and collective choice to abandon FGM/C. Integrated and culturally-sensitive programmes including community conversations and education about human rights and fundamental values with adults, adolescents and religious leaders allow community members to discuss alternative ways of doing the best for their daughters without having them cut. This participatory process has led communities across countries to organize and successfully sustain public commitments to abandon FGM/C. Examples in Africa include Kenya, Sudan, Tanzania, Central African Republic, Liberia, and Nigeria.
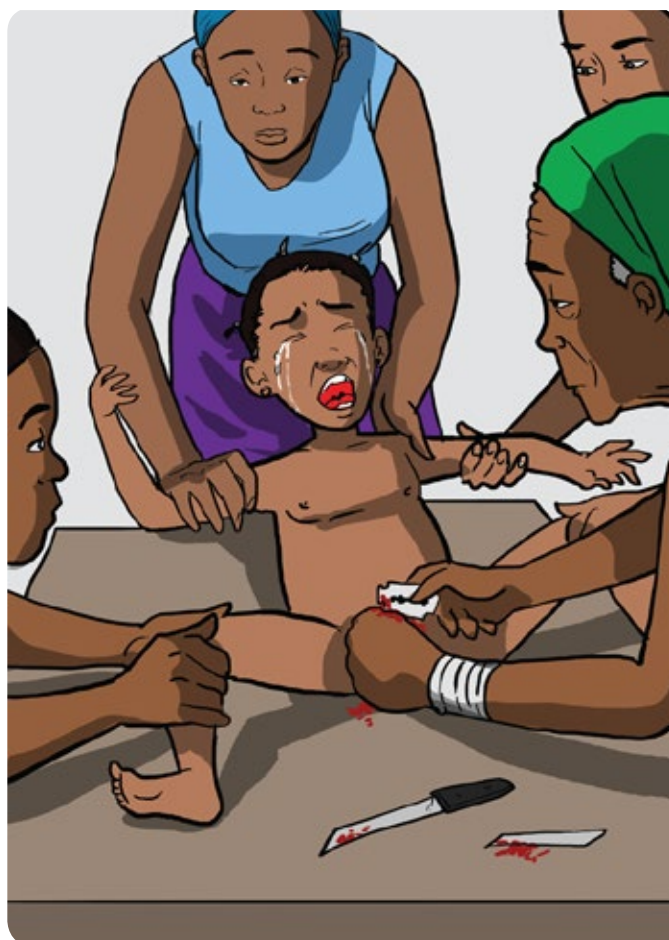
HANDOUT 3.2 - QUIZ – DID YOU KNOW? INVESTING IN ADOLESCENT GIRLS (QUESTIONS)

Investing in opportunities and development for adolescent girls translates into significant long-term benefits for society as a whole.

1. Secondary education is singularly effective in delaying the age at which a young woman first gives birth. It can also enhance freedom of moment and maternal health[18].

    TRUE   FALSE   (CIRCLE ONE)

2. Each extra year of a mother's schooling cuts infant mortality by _____ per cent[19] .

3. Each year of secondary schooling increases girls' future wages by _____to _____ percent.[20]

4. When women and girls earn income, they reinvest _____ percent of their money into their families, as compared to men who invest only _____to_____ percent.[21]

HANDOUT 3.3 - QUIZ - DID YOU KNOW? INVESTING IN ADOLESCENT GIRLS (ANSWERS)

5. Secondary education is singularly effective in delaying the age at which a young woman first gives birth. It can also enhance freedom of movement and maternal health.[22] **TRUE**

6. Each extra year of a mother's schooling cuts infant mortality by **5-10** per cent.[23]

7. Each year of secondary schooling increases girls' future wages by **10 to 20** per cent (significantly higher than the 5 to 15 per cent rate of return for an extra year of schooling for boys)[24].

8. When women and girls earn income, they reinvest 90 percent of it into their families, as compared to men who invest only **30 to 40** per cent.[25]

---

18   UNICEF, The State of World's Children, 2007
19   Herz, Barbra and Sperling, Gene B., What Works in Girls' Education, Council on Foreign Relations, New York, 2004
20   Psacharopoulos, George, Patrinos, Harry A., Returns to Investment in Education: A Further Update, Education Economics 12, 2004
21   Borges, Phil, Women Empowered: Inspiring Change in the Emerging World, New York, Rizzoli, 2007
22   UNICEF, The State of World's Children, 2007
23   Herz, Barbra and Sperling, Gene B., What Works in Girls' Education, Council on Foreign Relations, New York, 2004
24   Psacharopoulos, George, Patrinos, Harry A., Returns to Investment in Education: A Further Update, Education Economics 12, 2004
25   Borges, Phil, Women Empowered: Inspiring Change in the Emerging World, New York, Rizzoli, 2007

1.4 SESSION 4

PROTECTING ADOLESCENT'S HEALTH AND WELLBEING

This session explores conditions and obstacles for the provision of information and services to adolescent girls and boys in the areas of health, especially adolescent sexual and reproductive health (ASRH), as well as issues related to contraception and family planning, sexually transmitted infections (STIs), comprehensive sexuality education (CSE) and the strategies to be used in engaging adolescents to support their empowerment and improve their well-being and participation.

Learning Outcomes:

By the end of this unit, participants would be able to explain some of the ASRH concerns and issues in Ghana and the importance of promoting ASRHR; why Comprehensive Sexuality Education is critical to ensure that adolescents are provided with appropriate knowledge, skills and services; understand the importance of nutrition and mental well-being during adolescence; and refer to some of the strategies for empowering adolescents to improve their well-being and participation.

Time: 1.5 hours

Materials:

● **PPT 6: Adolescent Health and Development in Ghana**

● **Background Notes 4.1 - Adolescent Sexual and Reproductive Health and Rights (ASRHR)**

● **Handout 4.1 - Barriers to Accessing ASRH information and Services**

● **Handout 4.2 - Adolescent Nutrition, Mental Health and Wellbeing**

● **Activity - The Spoonful of Life**

● **Activity – Who do you Trust (the Blindfold Game)**

● **Flashcards on adolescent nutrition during menstruation and Adolescent friendly corners/spaces**

● **Flip Charts and Markers**
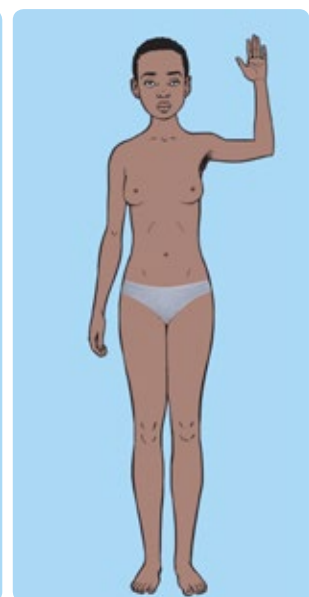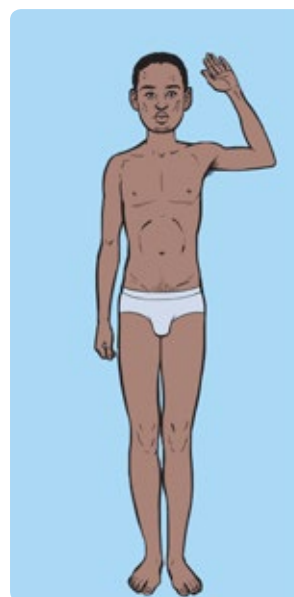
Facilitator's Action:

- Show the flash card that depicts adolescent girls and boys being counselled in an adolescent- friendly facility and ask the participants to describe what they see in the picture

- Ask them what comes into mind when protection of adolescents' health and well-being is mentioned and why is it important to focus part of their work on the protection of adolescents' health and well-being.

- Ask them what "health and well-being" are all about and add that - Health is a state of complete physical, emotional, mental and social well-being and not merely the absence of disease, dysfunction or infirmity.

- Continue the discussion by presenting the **PPT 6 on Adolescent Health and Development in Ghana** to link how adolescents' health and well-being impacts on the nations' development and allow for questions and discussions

- Narrow the discussion toward Adolescents Sexual and Reproductive health and Rights (ASRHR) and Comprehensive Sexuality Education (CSE) by sharing with them the information in the **Background Notes 4.1 - Adolescent Sexual and Reproductive Health and Rights**

- Focus on the importance to provide age, gender and cultural appropriate comprehensive sexuality and relationship education to adolescent girls and boys, based on critical values of gender equality, consent, and respect in relationships

- Ask participants who they think adolescents can trust, who they can easily go to for information, counseling when confronted by challenges and how they can easily access SRH services, who do they go to if they fear SGBV, need to know more about SGBV or experience it/know of someone that experienced it and needs support

- Also ask them whether they believe that adolescents face particular challenges in accessing those services – and whether girls are even more disadvantaged by socio-cultural barriers

- After they have provided answers for all these questions, allow them to share some of the pleasant and unpleasant experiences of adolescents they know of with regards to going to someone they trusted when they needed support, advice, encouragement, information and services

- Ask participants what they understand by the term "Family Planning". Ask them whether they think it is important for adolescents to be taught about FP/contraception or not and let them give their reasons for the answers they give.

- Share the facts about ASRH in Ghana from the 2014 GDHS in the text box below. Continue the discussions by asking the participants what Sexually Transmitted Infections (STIs) are as well as what HIV. Add to the discussion by using the information in the second text box below.

According to the 2014 GDHS sexual activity is high among Ghanaian adolescents and youth with exposure to sexual activities beginning at early ages. This trend has increased in proportion over the past decades. The rate of adolescent girls having their first experience of sexual activity by 15 has increased by 61.6%; from 7.3% in 1998 to 11.8% in 2014. Better access to contraceptive information and services can reduce the number of teenage pregnancies

Sexually Transmitted Infections (STIs) are infections spread mainly through unprotected sexual activity and are preventable. Females are physiologically more vulnerable to some STIs than males (ask them why they think that is the case?). It is important for adolescents to have the right information and access to services so that they can make informed decisions and better protect themselves. People who are sexually active must take steps to reduce their risk of acquiring STIs by using male or female condoms during vaginal, oral or anal sex.

One of the most serious infections that people can acquire through sex is the Human Immunodeficiency Virus **(HIV),** which is the virus that causes Acquired Immune Deficiency Syndrome **(AIDS).** Although the overall number of HIV-related deaths is down 30% since the peak in 2006, it has been suggested that HIV deaths among adolescents are rising.

One of the specific targets of the health Sustainable Development Goal (SDG 3) is that by 2030 there should be an end to the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases.

Given the high prevalence of HIV in many countries, to achieve this, adolescents will need to be central to the control efforts. Young people need to know how to protect themselves and must have the means to do so. This includes being able to obtain condoms to prevent sexual transmission of the virus as well as having better access to HIV testing and counselling, and stronger subsequent links to HIV treatment services

● Use the information in the **Handout 4.2 - Adolescent Nutrition, Mental Health and Wellbeing** to discuss with the participant the importance of encouraging adolescents to develop healthy eating and exercise habits as foundations for good health in adulthood

● Introduce the final part of this session to participants highlighting how it is critical to empower adolescent girls and boys with information and skills to make informed decisions about their sexuality and their wellbeing. Due to the fact that every statistic in Ghana points to the much disproportioned/disadvantaged situation for adolescent girls, particularly as it relates to gender discrimination and SGBV issues, of particular importance are strategies to strengthen adolescent girls' life skills for their empowerment, protection and active participation

● Carry out the **The Spoonful of Life Game/Activity** with the participants by using the instructions provided in the Facilitators' Guide

● After the activity ask them to mention ways in which adolescents (particularly girls) can be empowered to protect themselves and be able to positively deal with all the challenges that adolescence brings. What are the ways that they can be empowered to challenge and help change some of the harmful gender norms, stereotypes and cultural practices which can cause exposure to violence and abuse and limit their chances of survival, health, well-being and success in life in order to contribute positively to national development?

Conclude the discussions by mentioning that:

- It is important to encourage adolescents to have goals in life and to think about what they would want their lives to look like in the future and it is also important for them to share their goals with their peers, parents, teachers and other role models in their communities so they can support them with advice and investment in their education (particularly that of girls) and skills as they grow older. It is also important to help adolescents build good values and skills they would need as part of their growing process in order to successfully achieve the goals they set for their lives.

- The empowerment of adolescents focuses on processes that enable participation, enhance shared decision making, and creates opportunities for them to learn, practice, and increase their skills with the beneficial outcomes of improved social skills, improved behaviour, increased academic achievement, increased self-esteem and increased self-efficacy

  - *Empowering them with information* – through both formal and informal means, for them to know their rights, and where they can access support

  - *Empowering them with life skills* – including self-esteem and self-confidence, decision making, communication, negotiation skills, conflict resolution, etc.– particularly for adolescent girls, to challenge certain norms that have negative impact on their lives

  - *Empowering them with social support* – with peers, parents, caregivers and other adults in the adolescents' lives playing the critical roles in developing their capacities and providing networks of guidance and support

  - *Empowering them by linking them to services* – such as ASRH services, SGBV prevention and response services, child and family welfare services, etc. so they know where they can access information and care support, where to report cases of violence, where they can receive counselling and guidance to support them take the right decisions etc.

  - *Empowerment to have a voice* – to ensure that adolescents girls and boys are involved in the design and implementation of all the decisions and programmes that affect them, they are provided with opportunities and platforms to express their views and concerns and make their voices heard in accordance with their age and maturity

Meat

Chicken

Cocoyam leaves
(Kontomire)

Fish

Bananas

Eggs
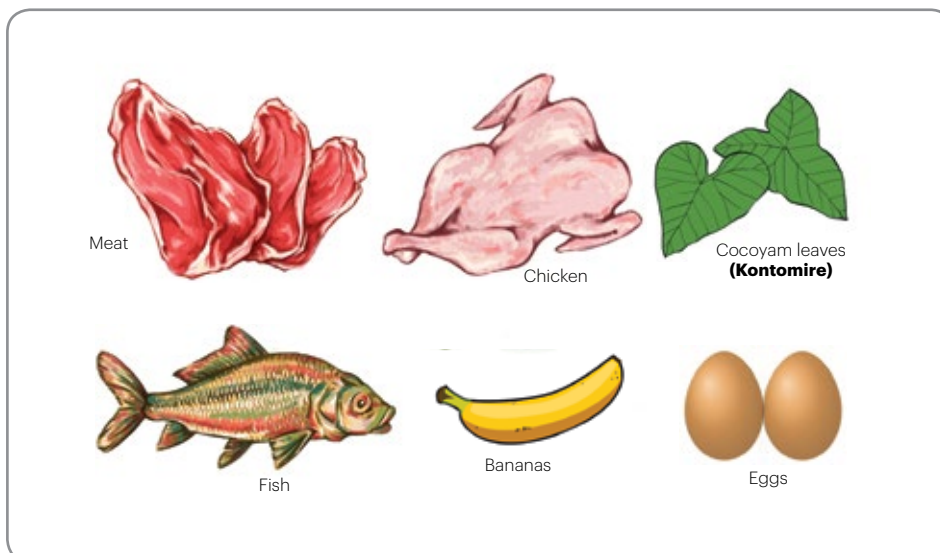
PPT 6 - Facts about Adolescent Health and Development in Ghana

INTRODUCTION

- Adolescents aged 10-19 constitute 21.9% of Ghana's population and face particular challenges related to sexual and reproductive health, STIs/HIV, sexual and gender-based violence, nutrition, mental health, and non-communicable diseases among others

- Adolescent health and development are key foundations for a country's economic development and stability. The outcomes of adolescent health are closely linked with future adult development and long term economic development

- Mortality and morbidity among adolescents and youth in Ghana are associated with a range of health problems, as well as limited access to, and utilization of quality health services

- In 2014, the WHO report on Health for the World's Adolescents showed that considerable gains from investments in maternal and child health programmes are at risk of being lost without corresponding investments in adolescent health

- Investment in adolescent health will build on earlier gains in young child health, and will sustain those investments

- The latest global data shows that more than 3000 adolescents die every day from largely preventable causes and that many key risk factors for future adult disease start or are consolidated in adolescence

- Today, there is an unprecedented opportunity to improve adolescent health and wellbeing and to respond more effectively to adolescent girls and boys peculiar needs

EVALUATION OF THE CURRENT SITUATION OF ADOLESCENT HEALTH AND DEVELOPMENT (ADHD)

- From the GHS 2016 ADHD Evaluation:

  ✓ Access to appropriate health information by adolescents and young people has not improved significantly. Gender, regional differences and age differences provide specific barriers that disproportionately affect adolescent girls and boys in relation to access to health services, information, or decision-making

  ✓ About 45% of girls aged 15-19 years do not make their own decision regarding their health care

  ✓ Utilization of health services by adolescents and young people has remained poor even though there is improvement overall

  ✓ The political and legal environment has enhanced considerably but the same cannot be said of the social and cultural environment

- Community participation in ADHD has been weak, however increasing numbers of adolescents and young people are getting more involved in health program development and implementation

- The management and coordination of ADHD programs has improved considerably, though more needs to be done at the decentralized levels

- There is gradual improvement in most of the adolescent indicators. However, at current rate of improvement it will be impossible to achieve envisaged targets set for the new ADHD policy

BACKGROUND NOTES 4.1

ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS[26]

Adolescence is an opportune time to build healthy habits and lifestyles relating to SRH, as it is a period of on-going physical, emotional and social change, as well as the period when many individuals will start exploring their sexuality and developing relationships with others.

For millions of young people around the world, the onset of adolescence brings not only changes to their bodies but also new vulnerabilities to human rights abuses, with millions of girls being coerced into unwanted sex or child marriage for example . This puts them at risk of unwanted pregnancies, unsafe abortions, sexually transmitted infections (STIs) including HIV, and dangerous childbirth.

A number of initiatives have been undertaken in Ghana since 1980 culminating in the launching of the National Adolescent Health and Development Programme (ADHD) in 2001. A seven year (2009-2015) National ADHD Strategic Plan was subsequently developed in 2009 which sought to provide a multi-sector support to every young person living in Ghana. This includes education and information that will lead to the adoption of a healthy lifestyle physically, psychologically and socially.

This was to be achieved through provision of age and sex appropriate information and counselling, comprehensive health services complemented by self-care, livelihood and leadership skills or competencies. Therefore, the response of societies to the reproductive health needs of adolescents should be based on information that helps them attain a level of maturity required to make responsible decisions. In particular, information and services should be made available to adolescents to help them understand their sexuality and protect them from unwanted pregnancies, sexually transmitted diseases and subsequent risk of infertility.

Comprehensive Sexuality Education (CSE)[27]

Comprehensive sexuality education (CSE) is a curriculum-based process of teaching and learning about the cognitive, emotional, physical and social aspects of sexuality. It aims to equip children and young people with knowledge, skills, attitudes and values that will empower them to: realize their health, well-being and dignity; develop respectful social and sexual relationships based on consent and respect; consider how their choices affect their own well-being and that of others; and, understand and ensure the protection of their rights throughout their lives. Comprehensive sexuality education is critical to ensure girls and boys are provided with knowledge, skills and services for their sexual development and protection. Championed by the National Population Council, Ghana is making progress in the integration of CSE in the education curriculum and other programs for out-of-school children, in collaboration with MoE/GES, National Youth Authority (NYA) and other NGOs.

---

26   https://www.unfpa.org/resources/issue-3-adolescent-reproductive-health

27   Empowering Adolescents to Exercise their Reproductive Rights 2017 Centre for Reproductive Rights

The CRC has called on states to ensure that age appropriate, comprehensive and inclusive sexual and reproductive health education is part of the mandatory school curriculum. It should be based on scientific evidence and human rights standards, and cover a range of issues including **"gender equality, sexual diversity, sexual and reproductive health rights, responsible parenthood and sexual behaviour and violence prevention."**

To ensure accessibility to all adolescents, including those with disabilities, the information should be available in alternative formats. Furthermore, states should ensure this information reaches out-of-school youth.

HANDOUT 4.1 - BARRIERS TO ACCESSING ASRH INFORMATION AND SERVICES

One of the specific targets of the health Sustainable Development Goal (SDG 3) is that by 2030, the world should ensure universal access to sexual and reproductive health-care services that include family planning, information and education, and the integration of reproductive health into national strategies and programmes. Comprehensive sexuality education raises awareness among young people, encouraging them to recognize their own rights, acknowledge and respect the rights of others, and advocate for those whose rights are violated. Sexual rights generally include individuals' control over their sexual activity and sexual health. However there are some barriers that prevent adolescents from accessing SRH information and services. These include:

1. Restrictive Legal and Policy Frameworks

Some laws and policies in countries around the world explicitly deny adolescents the right to access sexual and reproductive health services or require parental notification or authorization. However, several policies in Ghana (including Sexual and Reproductive Health Policy for young people 2016-2034,

2014 National Reproductive Health Policy and Standards for Ghana among others) support adolescent SRH services yet they often do not provide any specific provisions on the accessibility and quality of these services or health care provider training.

2. Parental Authorization Requirements

Studies demonstrate that when adolescents are required to receive parental authorization for sexual and reproductive health services, they may opt to forgo care, but will still engage in sexual activity. This may be due to fear of stigma surrounding sexuality and negative parental response.

3. Practical Barriers

a. **Stigma:** The stigma surrounding adolescent sexuality stemming from the belief that adolescents and/or unmarried persons should not be sexually active can prevent adolescents from seeking information about their SRH, discussing their sexual and reproductive health needs, and accessing sexual and reproductive health services.

b. **Lack of information:** Comprehensive sexuality education is critical for informing adolescents about SRH services, their right to access such services and the right to make decisions about their sexuality and reproduction free from violence, pressure or coercion. However this information is not readily available to them.

c. **Distance to facilities:** Even when adolescents know where to access SRH services, the location of such services can hinder access. When SRH services are too far away, adolescents may be unable to afford the required transportation, or they may be unable to explain their whereabouts during the time it takes to access these services without disclosing their personal SRH needs to others.

d. **Cost:** It could be financial cost, as well as time cost. Many adolescents lack an independent source of income, and due to the sensitive nature of SRH services may be unable to ask their parents for financial support.

e. **Lack of confidentiality:** When adolescents do not believe that their right to confidentiality will be maintained, they may forego SRH services. When health services are located in a small clinic, adolescents risk running into an adult they may know, which can also deter them from accessing such services.

f. **Disrespect, abuse and low quality of care:** When they are mistreated by health care providers or as a result of social norms, perceptions and other or societal pressure are chastised or shamed for being sexually active; it may also deter them from seeking health services
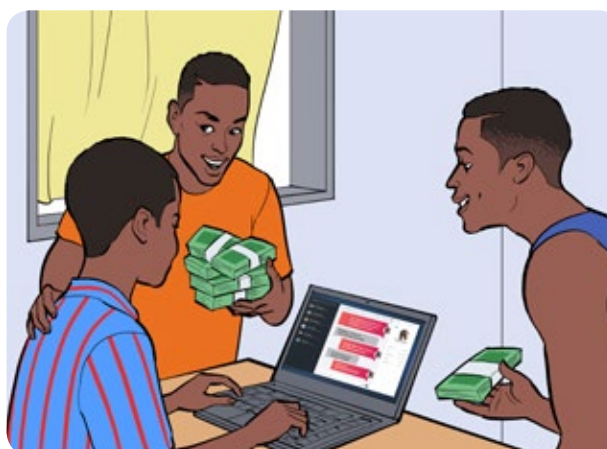
HANDOUT 4.2 - ADOLESCENT NUTRITION, MENTAL HEALTH AND WELLBEING

Adolescent Nutrition

Many boys and girls in developing countries enter adolescence undernourished and anaemic, making them more vulnerable to disease and early death. On the other hand, the number of adolescents who are overweight or obese is increasing in low, middle and high-income countries.

Iron-deficiency anaemia is among the diseases that affect adolescent as a result of poor nutrition. In Ghana, the highest prevalence of anaemia (47.7%) is among female adolescents aged 15-19[28]. Iodine deficiency and other related micronutrient deficiencies are also of importance to adolescents in Ghana[29].

Risk factors associated with anaemia in adolescence primarily relate to:

● dietary inadequacies with little meat intake,

● past malnutrition and low body nutrient stores

● lifestyle factors such as early pregnancy

● infections that cause blood loss, such as hookworms, malaria etc.

Developing healthy eating and exercise habits in adolescence are foundations for good health in adulthood.

Adolescent Mental Health and Wellbeing

● Globally, mental illness is the leading cause of illness and disability among adolescents[30].

● Mental illness is among the top public health problems in Ghana.

● Studies indicate that about 20% of children and adolescents in Ghana have some form of mental disorder with resultant compromise in the quality of their lives and productivity[31].

● Evidence also shows that adolescent depression and suicidal attempts are also unfortunately becoming more common in various regions in Ghana

● Violence, poverty, humiliation and feeling devalued/having low self-esteem can increase the risk of developing mental health problems

● Building critical life skills in children and adolescents such as self-confidence and self-esteem, change copying skills and resilience and providing them with psychosocial support in schools and other community settings can help promote good mental health.

● Programmes to help strengthen the ties between adolescents and their families are also important. If problems arise, they should be detected and managed by competent and caring health and social workers.

---

28 Adolescent Health Service Policy and Strategy (2016-2020), Ghana Health Service
29 ibid
30 WHO, 2014. Health for the World's Adolescents: A second chance in the second decade
31 Adolescent Health Service Policy and Strategy (2016-2020), Ghana Health Service

1.5 SESSION 5

CHILD ONLINE PROTECTION

The risks confronting adolescents online has been confirmed by a study carried out in Ghana in 2017 with the support of UNICEF on the risks and opportunities related to child online practices. The report revealed that 7 out of 10 children/adolescents use the internet for learning. However, the same study reports 4 in 10 children have seen sexual images at least once during the past year and 2 in 10 children had met someone face-to-face whom they first got to know on the internet. Similarly, 4 out of 10 children /adolescents interviewed said they don't feel safe online and 3 in 10 children / adolescents had experienced something that bothered or upset them while online.

Learning Outcomes:

The above findings from the research, makes it even more compelling for a national campaign aimed at raising awareness on basic online safety issues to equip children and adolescents as well as parents/caregivers on how to stay safe online. Thus by the end of this session, participants would be understand: what is meant by online safety, identify the risks and opportunities associated with use of ICT tools and the internet and to ensure adolescent girls and boys put in place measures to stay safe when they use the internet and social media.

Time: 30mins

Materials:

- **PPT 7 – Children and Adolescents Online Safety**
- **Handout 5.1 - Digital Media Quiz and Answers**
- **Flashcards on child Online safety**
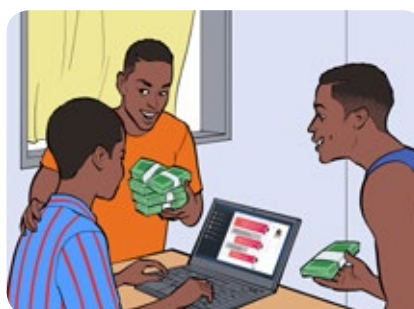
Facilitator's Action:

- Mention to the participants that in modern age children and adolescence have incredible opportunities for learning and development through the media and the internet. They can learn knowledge and new skills from wherever they are, regardless of proximity with the information/knowledge source, they can create and maintain friendships and networks of support regardless of physical distances and boundaries; they can express their voices, preferences and views and contribute to decisions that are made about their lives and those of their families and communities; they can be exposed to far away customs and cultures, enriching their growth and learning opportunities while developing their interests and curiosity.

- However, it must be recognized that children and adolescents can also face various risks while they are on the online space, through exposure to negative media

- Now ask participants to mention examples of digital devices children and adolescents have access to (TVs, radios, mobile phones, tablets, laptops and games consoles, etc.). Ask them what some of the effects of exposure to such media on children and adolescents are

- Present the **PPT 7 on "Child and Adolescents Online Safety"** and allow for questions and discussion around the issues that would arise from the questions

- Use the flashcards on child online safety to support your discussions

- Take participants through the **Online Safety Quiz** by giving them sheets and reading the questions and the possible answers aloud. Collect the sheets from the participants and mark after the session. It is important to give the participants feedback on their performance, and use the answers generated to stimulate debate and dialogue around the issues

- End the presentation with the **SMART tips on Online Safety (in the PPT 7)**
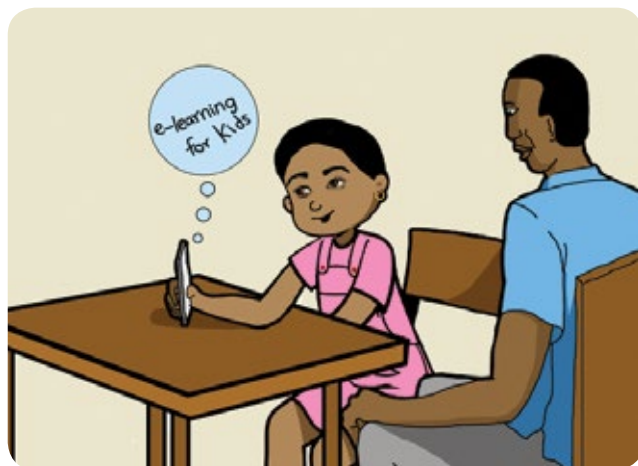
PPT 7 - Adolescents' Online Safety

INTRODUCTION

- With children and adolescents spending time online and on social media , it's vital that we explicitly teach them how to put measures in place to protect themselves online.

- Most young children and adolescents get the "stranger danger" talk at home and school, so they know about how to handle strangers in their neighborhood and in face-to-face situations but not how to handle the stranger they meet online/social media.

- First, the transfer of knowledge about how to handle strangers in real life to those in virtual environments is not automatic. It needs to be taught.

- Second, while most parents and teachers teach that strangers are scary and mean and want to hurt or abduct children, this contradicts the way collaboration occurs between strangers online.

- Lastly, in real life children can walk or run away from a potential threat. In an online environment, the danger is inside a student's home and hard to escape if they don't have the skills necessary for handling tough situations.

- In as much as these media can be used to access information for studies etc. there are also very dangerous, harmful and un-useful information all over the internet

- This is why it is very important to teach them to really think about the sites they visit, the information they share on the various social media platforms and who they share their personal information with on these platforms.

WHAT IS ONLINE SAFETY AND CYBER SAFETY

- **Online safety is:**
  - ✓ trying to be safe on the internet
  - ✓ the knowledge of maximizing the user's personal safety and minimizing security risks to private information and property associated with using the internet,
  - ✓ the self-protection from computer crime in general.

- **Cyber safety:**
  - ✓ Is the safe and responsible use of information and communication technology (ICT).
  - ✓ It is about keeping information safe and secure,
  - ✓ It is also about being responsible with that information, being respectful of other people online, and using good 'netiquette' (internet etiquette).

FACTS FROM CHILD ONLINE PROTECTION RESEARCH

- 4 in 10 children usually accept all friend requests made to them online
- 4 in 10 children have made contact with someone on the internet they had never met face to face before.
- 2 in 10 have met someone face to face that they first got to know on the internet
- 4 out of 10 children says they don't feel safe when they are online.
- About 3 in 10 children reported they had experienced something that bothered or upset them while online.
- 4 in 10 children have seen sexual images while online
- About 1 in 10 children has sent, shared or posted sexual messages (words, pictures or videos).
- Only 2 in 10 parents/guardians monitor or check what their children are doing on the internet.
- 5 in 10 children said teachers never or hardly suggest ways to use the internet safely or encourage them to explore and learn things on the internet or make rules about what to do on the internet at school
- 5 in 10 children that have experienced anything that upsets or bothers them said they will talk about it to a friend of the same age. Only 2 in 10 will talk to their parent or sibling, and about 1 in 10 will talk to a teacher

INTERNET SAFETY: BE SMART

Always Remember that Internet is used for the following purposes				
Searching Information	**Learning New ideas and innovations**	**Connecting with people and communication**	**Education and learning**	**Marketing and Business**

S	**M**	**A**	**R**	**T**
Stay Safe	**Don't Meet Up**	**Don't Accept**	**Reliable?**	**Tell Someone**
Stay Safe online by not giving out your personal information to people / place you don't know	Meeting up with someone you have been in touch online can be dangerous. Always check with a adult you trust.	Don't accept files, pictures, message and friend requests from strangers. It can cause problems.	Not everything you see online in reliable. You can check with a trusted adult about the content from the internet.	Tell a trusted adult, parent or teacher if someone or something online makes you feel worried or uncomfortable

Internet Safety Tips for Kids Video

https://www.youtube.com/watch?v=S6WbpEL-PPw

HANDOUT 5.1 - DIGITAL MEDIA QUIZ AND ANSWERS [32]

QN	Question	Answers	Correct Answer & Explanation
1	Abena is on Facebook and receives a friend request from a boy she doesn't know. What should she do?	A. Accept the friend request. It's rude to ignore him. B. Deny the friend request. C. Send him a message and ask him how he knows her.	**B. Deny the friend request.** A friend is someone you know and trust and have interacted with over time.
2	When you create passwords, you should make them easy to guess.	True or False	**FALSE.** You should create passwords or use passphrases (a group of words) that are easy to remember, BUT hard to guess. Make your passwords long, strong and unique by using a combination of upper and lowercase letters, numbers and symbols. Don't use the same password for different accounts. Write your passwords down and keep them in a safe place away from your computer.
3	Kofi unlocks his smartphone and notices he has 12 apps that need to be updated. What should he do?	A. Ignore the prompt to update . B. Update the apps.	**B. Update the apps.** It's important to Keep a Clean Machine. Keeping a Clean Machine means having the latest operating system, software, web browser, anti-virus protection and apps on your computer and mobile devices. You should also only have apps on your phone that you actually use.
4	You don't have to worry when you visit your favourite sites, like Facebook and gaming sites, because they are safe from spyware, malware and other online threats.	True or False	**FALSE.** Trusted sites can be safer. However, what you do on those sites – such as clicking on posts with links or using apps – can put you at risk. The best security step you can take is to Keep a Clean Machine. Keeping a Clean Machine means having the latest operating system, software, web browser, anti-virus protection and apps on your computer and mobile devices. Remember, when in doubt, throw it out! Links in email, tweets, posts, and online advertising are often the way cybercriminals compromise your computer. If it looks suspicious, even if you know the source, it's best to delete or if appropriate, mark as junk email.

---

32   www.stopthinkconnect.org

5	When online, you should be careful whenever approached by a new person or asked to provide information about yourself.	True or False	**TRUE.** You always need to be on the lookout for online intruders! Be careful because they may be trying to get information from or about you. Remember to Be Web Wise and think before you act. Be wary of communications that implore you to act immediately, offer something that sounds too good to be true, or ask for personal information.
6	You should always know who you're talking to online. (True or False)	True or False	**TRUE.** The Internet can be a place to meet people and join new communities. But just because you meet someone online, it doesn't mean you really know their identity. Use caution when interacting with new people. There is nothing wrong with being suspicious and extremely guarded about sharing any personal information.
7	You receive a chain email that tells you to pass it on to 10 of your closest friends. Do you:	A. Send the email to your friends – it's so cool and you want them to see it too! B. Delete the email. You're never sure what viruses these types of chain emails can have.	**B. Delete the email.** You're never sure what viruses these types of chain emails can have. When in doubt, throw it out! Links in email, tweets, posts, and online advertising are often the way cybercriminals compromise your computer. If it looks suspicious, even if you know the source, it's best to delete or if appropriate, mark as junk email.
8	You should be aware of pop-ups and downloads.	True or False	**TRUE.** Pop-ups and downloads can contain viruses that could infect your computer. You can avoid viruses by Keeping a Clean Machine and having the latest operating system, software, web browser, anti-virus protection and apps on your computer and mobile devices.

9	What is the best way to use Facebook, Tumblr, Instagram and other social networking sites?	A. Limit the amount of information I share about myself. B. Only talk to people I know. C. Make my page private, except to the people I have as my friends. D. All of the above.	**D. All of the above.** Own Your Online Presence. When available, set the privacy and security settings on websites to your comfort level for information sharing. It's ok to limit how and with whom you share information.
10	You posted a picture online, but soon decided to take it down. You are worried your friend may see it, but then soon remember that person DOES NOT have a computer. Your friend will never see the photo.	True or False	**FALSE.** You never know who is going to see things that are posted online. Even if your friend doesn't have a computer, there are many other ways he could see the photos after they have been shared with friends. Copies could be passed around and someone may have saved an image before you deleted it. Be a good online citizen. Think about images you post and whether your friends would be okay with them. Post only about others as you would have them post about you. Whenever possible, get permission before posting pictures or videos of others. Likewise, let others know they need your permission before posting pictures or videos of you.
11	The great thing about the cyber world is that you can say things you might not always say directly to someone's face.	True or False	**FALSE.** Statements you make online about people can be just as hurtful as saying them face-to-face. Being nice in the cyber world is equally as important as when you talk face to face. If you don't want it done to you, don't do it to someone else! Be a good online citizen. Post only about others as you have them post about you.

12	The pictures you decide to post online today can affect your future reputation.	True or False	**TRUE.** The photos you post online may never go away! In the digital age, you need to pay attention to your reputation from the moment you start going online. Your online reputation can be both positive and negative, depending on the choices you make and can affect the future when you apply for colleges or jobs. You can manage your online reputation by remembering to Own Your Online Presence and setting privacy and security settings to your comfort level for information sharing. Some firms do online auditing for applicants before they give them the jobs
13	You are playing a game on a smartphone and the app asks for your current location. It's okay to enable location services because all of your friends play the game and if they do it, it must be okay	True or False	**FALSE.** Think before you app. Many apps do not need geo-location services enabled in order to provide the service. Make sure you decline or opt-out of the location service feature on your phone. If you don't know how to do this, ask your parents. Protect your personal information by reading the privacy policy of an app before you download it to understand what information the app accesses and how it uses your information.

14	You are deciding on what personal information to post about yourself in an online profile.	You decide to: A. Review the information carefully before you post it because you do not want to post too much information about yourself. B. In order to prevent misuse of your information, don't post too much information about yourself on Facebook, personal websites, your blog, or in chat rooms. C. Go ahead and post information about yourself online, because you can always choose to edit it later if you don't want people viewing certain information. D. BOTH A & B.	**D. Both A&B** Own your online presence. When available, take the time to understand and set privacy and security settings on websites to your comfort level for information sharing. You should know who will see the content before you post it.
15	Abena's friend Priscilla, asks for Abena's password to her Facebook account. What should Abena do?	A. Give Priscilla her password. Priscilla is her friend and Abena can trust her. B. Tell Priscilla her password and change it as soon as she gets home. C. Don't give her password to Priscilla.	**C. Don't give her password to Priscilla.** Protect your personal information. Passwords are never to be shared with anyone other than a parent or guardian. It is a good idea for parents and guardians to keep passwords to make sure you remain safe and secure. Just because you spend time with friends, doesn't mean you have to follow everything they do. If they are doing something that doesn't seem right, you should feel completely comfortable standing up for what you think is right.

16	After a disagreement at school, a group of kids send Jaedon threatening messages on Facebook. What should he do?	A. Block them from his page. B. Keep the emails and comments he receives. C. Tell his parents. D. All of the above.	**D. All of the above.** If someone is bullying or harassing you online, you should tell your parents or a trusted adult. Ignore and block the person and save all messages. Many websites, including Facebook, have ways to report the abuse and/or help you respond to messages that make you uncomfortable.
17	When you are connected to the Internet, you are responsible for your actions. (True or False)	True or False	**TRUE.** Remember to STOP. THINK. CONNECT. Make sure you have taken security precautions, understand the consequences of your actions and behaviours and enjoy the Internet. Remember, the Internet is a shared resource. When you are safer online, you make the Internet more secure for everyone!

1.6 SESSION 6

MONITORING ACTIONS FOR BETTER RESULTS IN THE PROTECTION OF ADOLESCENTS

While it is important to ensure adolescents participate in monitoring activities that impacts their lives, it is also important to be mindful of sustaining their interest. Therefore, it is suggested that interesting tools that make them enjoy what they are doing are used, while collecting/providing the needed information for the programme. This session therefore briefly highlights on some of the tools that can be used with adolescents in monitoring activities.

Learning Outcomes:

By the end of this session, participants would understand some of the different methods and tools that can be used to monitor changes in behaviours that occur by the implementation of interventions and the activities that engage adolescents.

Time: 30mins

Materials:

- **Handout 6.1 – Different methods of monitoring interventions/activities**

Facilitator's Action:

- Ask one or two participants to tell the group what they understand by "monitoring"

- After their responses, summarise by informing participants that monitoring is a systematic, routine and purposeful observation as well as timely collection of information to check if programme activities are being implemented as planned in terms of frequency, timing, and sequence.

- It is important to involve communities (particularly children and adolescents) in monitoring their own activities and actions. This is called participatory monitoring and involves local beneficiaries for measuring, recording, collecting, processing and communicating information to assist in their own development. The process also ensures that community members are engaged in the change process and are motivated by the progress they make.

- It is important, that communities including adolescents are given tools and resources to monitor their own progress in addressing identified issues of concern through agreed actions.

- Inform them that in addition to the monitoring methods described in the main Child Protection Toolkit the examples in **Handout 6.1** below are methods that can be used to engage adolescents to monitor activities and interventions aimed at providing a protective environment for their development.

HANDOUT 6.1 – DIFFERENT METHODS OF MONITORING INTERVENTIONS/ACTIVITIES FOR ADOLESCENT

a. Drawing or Painting:

Adolescents can be encouraged to make drawings about actions that may be taken in their community to protect them, or the safe and unsafe places in their community etc. They can be encouraged to explain their drawings and their meanings. After a period of say six months, when the activities expected to bring behaviour and social change have been carried out, you can ask them to do the drawing again. The difference in the two drawings (at the beginning of the programme and six months after activities have been carried out) can give you an indication of the change that has occurred from the perspective of adolescent girls and boys.

b. Games:

Games can be designed to enable adolescents to share their views and experiences. For example, the classic Snakes and Ladders (or Ludo) game can be adapted for them to discuss when they felt protected or their protection was threatened, what they needed to feel protected as well as what they need to do in order to protect themselves from any form of harm.

c. Role-plays/Drama:

Adolescents are able to create role-plays with their experiences. Sensitive topics can be communicated through role-plays thus they can use this tool to indicate what is going on in the community/school in relation to gender and their protection concerns. Through this process, community actions can be discussed to improve their protection.

d. Storytelling:

In the Ghanaian traditional settings, children and adolescents love storytelling. With the use of stories, they can express the progress being made in the community/school in terms of ensuring a safe environment for their protection. This can be done also through digital storytelling projects (i.e. through video or photographic projects)

e. Focus Group Discussions (FGD) and Knowledge Attitudes and Practices Study (KAPs)

A focus group discussion (FGD) is a good way to gather together people from similar backgrounds or experiences to discuss a specific topic of interest. The main purpose is to provide information (qualitative or descriptive data) in guided or open discussions to enhance change or service targeted at a key group.

Groups of adolescents that are engaged with the activities, exercises and games can be interviewed by asking them about their perceptions, opinions, beliefs, and attitudes towards the various issues of gender and protection concerns that have been discussed through the activities. This when repeated will give an idea of the change in their perceptions, opinions, beliefs, and attitudes concerning the issues. Most of the times a guide with specific questions is used for the discussions.

This technique can also be used to perform a Knowledge, Attitudes and Practices Study (KAPs)/ assessment of the adolescents, their families and the community within which they are. KAPs can be used as a tool for measuring pre-and post-interventions knowledge, Attitudes and practices of the various groups on gender and adolescent protection issues using a KAPS guide. KAPS can also be carried out using individual interviews.

PART II

FACILITATION GUIDE FOR ACTIVITIES ON ADOLESCENCE, SEXUAL AND REPRODUCTIVE HEALTH, GENDER AND SEXUAL AND GENDER BASED VIOLENCE (SGBV)

2.0 INTRODUCTION

The Child Protection Toolkit which is part of the overarching Social and Behaviour Change Communication (SBCC)/Social Drive Strategy of the Government of Ghana and UNICEF[33] contains games, activities and exercises that are designed to stimulate communal reflection on child protection and sexual and gender based-violence (SGBV) issues and encourage local actions towards the safety and protection of children and adolescents in homes and communities. Developed and finalized by key stakeholders, including the Department of Community Development (MoLGRD), UNICEF, local and international NGOs, it has seen since 2016 the training of approximately 400 Government and NGO facilitators in 50 districts countrywide, reaching over 900 communities across the country with at least 300, 000 people participating – about half of them being children.

Based on the toolkit roll-out experience since 2016, two critical content areas were highlighted as requiring additional resources. These include content on adolescent development, gender, adolescent protection concerns - including Sexual and Gender-based violence (SGBV), and adolescent sexual and reproductive health and rights (ASRHR).

33   MoLGRD and MoGCSP and UNICEF (2016) Social and Behaviour Change Communication Strategy for the Protection of Children in Ghana

PART II

FACILITATION GUIDE FOR ACTIVITIES ON ADOLESCENCE, SEXUAL AND REPRODUCTIVE HEALTH, GENDER AND SEXUAL AND GENDER BASED VIOLENCE (SGBV)

Adolescents (defined as between the ages of 10-19 years) are at the heart of population growth and development dynamics in Ghana. To address these gaps there was the need to develop additional toolkit content and resources which would specifically address such issues and would support engagement with adolescent themselves, families and communities on adolescent protection concerns. Some specific tools have therefore been developed for the direct engagement with girls, boys and community members, to effectively complement the tools, materials and resources already available.

A.   GUIDELINES FOR USING THE ADDITIONAL TOOLS

The purpose of these tools is to use participatory methods to directly engage girls, boys and community members into reflective thinking and deeper understanding of emerging issues of gender, adolescent development, ASRHR, and protection concerns - including Sexual and Gender-based violence (SGBV). These tools are to effectively complement the tools, materials and resources already available within the child protection toolkit and are aimed at supporting positive behavioural and social change towards providing a safe and protective environment for adolescents in the home, school and community settings. The participatory methods include role plays, group discussions, brainstorming sessions, story circles using picture cards, games and exercises.

These tools have been adapted from existing best practice community-based facilitation/social mobilization resources and reference materials developed in Ghana and other countries.

B.   SETTING THE STAGE - TO BE GENDER AND AGE RESPONSIVE

In order to set the stage for engagement with the various target groups to be gender age responsive, certain critical considerations have to be taken into account by the facilitators or those who would lead the discussions, games and exercises. This is to help make it easy for everyone including women and men, girls and boys to be comfortable enough to actively participate in the discussions and exercises, making their views known and articulated in a way in which they feel comfortable, respected and empowered. The guiding tips below are therefore to help the facilitators create an enabling environment that is culturally sensitive, gender and age responsive during the engagements in the communities.

a. Considerations for engaging communities in culturally-sensitive, age / gender responsive manner

● The time chosen/fixed for the engagement should be suitable to all, including girls, women, boys and men. Activities shouldn't take place too late, so to address commitment and safety concerns particularly of girls and women. The selected location should also be accessible and safe for women and girls (e.g. enough light, not requiring women and girls to take any route which can expose them to risks, etc.)

● Always clarify what is the expected participants' age group when inviting community members

● Remember that in some instances it is recommended to segment the various groups in terms of age and sex and meet them separately. Those arrangements can allow them to speak more freely about sensitive issues

PART II

FACILITATION GUIDE FOR ACTIVITIES ON ADOLESCENCE, SEXUAL AND REPRODUCTIVE HEALTH, GENDER AND SEXUAL AND GENDER BASED VIOLENCE (SGBV)

- Meet the adolescents separately, without people in whose presence they cannot raise sensitive issues concerning themselves. However, if the need arises that a general meeting be organized that encompasses all groups, then special attention should be given to the adolescents by the facilitating team in order not to allow elderly people dominate the space, preventing adolescent voices from being heard

- The environment should be sensitive to local culture and work around it e.g. if in the community males do not sit with females, the sitting arrangements should be in such a way that the females will be on one side and the males on the other. Another example is males not shaking hands with females in typical Muslim communities

- Dress modestly, respective of local culture, to enable everyone, especially those from rural communities to identify themselves with you

- The meeting place should be neutral e.g. in a community where there are different tribes settled or clustered in specific areas, the meeting point should be a central point which does not belong to any of the tribes

- Use a commonly spoken language and it should be kept in very simple terms that everyone can easily understand and relate to and as much as possible. If some terminology appears too complex for some group of participants (e.g. due to age), facilitators can try to use more descriptive language

- Start the discussions on neutral/easy to discuss topics to capture the participants' interest before veering into sensitive issues. However, it is very important for facilitators to emphasize that while everyone may experience challenges (e.g. due to gender, age, education) to express themselves confidently, every voice in the community matters, as does help the community to become a better place for all its members

- Equitably engage trough the resources all the different groups – e.g. assign roles to women, men, girls and boys for their active participation

- Don't take sides in discussion among participants; just encourage participants to discuss their different viewpoints with one another and help them build a common understanding. Remember it is the views and opinions of the participants that matter, not that of the facilitators. In cases where there are misconceptions, use the tools to help the participants identify and correct the misconceptions themselves and come up with their own solutions

- Build trust and confidence among community members and as much as possible, don't ridicule/ show surprise at issues they raise. Encourage them to speak openly to each other and to express ideas of how issues affecting the community can be addressed. As community members they are best placed to do so

- Recognition of the Community Leaders during the engagement can encourage all participants to invest time to attend and participate especially when they realize the facilitators have the support of their leaders

- Activity meetings must be conclusive (there shouldn't be hanging issues that are not dealt with by the end of the meeting) with the members being allowed and encouraged to come up with solutions and decision on the next steps to take

PART II

FACILITATION GUIDE FOR ACTIVITIES ON ADOLESCENCE, SEXUAL AND REPRODUCTIVE HEALTH, GENDER AND SEXUAL AND GENDER BASED VIOLENCE (SGBV)

b.   Key considerations for Engaging Adolescents

● Consider whether on specific, sensitive topics, adolescent girls and boys may prefer to discuss with facilitators from the same sex or not (ask their opinion in terms of what is most comfortable/preferred by them)

● It is a good idea to introduce each session to adolescents by first explaining the learning objectives of the session. By asking questions, you will help them understand how these objectives relate to their lives and what they have learned in previous sessions. During the facilitation of the session, it is your role as a facilitator to refocus discussions if the discussions get off topic. At the end of the session, you should recap the learning objectives to reinforce take-home messages one final time

● Use language and style that adolescents can easily and comfortably relate to. This will increase their interest, willingness to participate and help them opening up to reflections and dialogues on issues that affect them. Remember they may not have been exposed to some concepts before and take time to explain well and ensure they understand issues discussed

● Adolescents may reveal some sensitive information to the facilitators. It is critical to keep confidentiality, while asking them whether they would require some assistance to refer their concerns to appropriate person/agency/authority for follow-up support

● Create space for the adolescent girls and boys to participate in the facilitation by giving them key roles to play

● Build trust and confidence by assuring them that you will keep their information confidential

● Don't be surprised/show surprise at what they say because it may inhibit them/feel embarrassed

● Empathize with them so they realize you understand all the challenges they face

● Emphasize that boys and girls are equal and their voices should be equally represented in the community engagements

● Identify their interest areas and use those areas as entry points for the broader engagement. Start with non-controversial topics to slowly move into more sensitive ones as they feel more comfortable to speak/open up

● You should select topics and tools that are of relevance to them /tailored to their specific needs and situations they face (i.e. after your initial interactions you should gather an idea of the protection issues they face and they are struggling with)

● Solicit their opinions concerning the issues they are facing through the use of the tools, and seek their views on what they believe are the effects of those issues on their everyday lives and their future

● Find out from them what they think could be solutions to these issues, rather than imposing your predefined views and opinions on them. Guide them and advise them in their thinking and reflection processes while remaining neutral in the discussions. Try to understand if boys and girls have different ideas and make sure they are aware of those differences as they design solutions

PART II

FACILITATION GUIDE FOR ACTIVITIES ON ADOLESCENCE, SEXUAL AND REPRODUCTIVE HEALTH, GENDER AND SEXUAL AND GENDER BASED VIOLENCE (SGBV)

● Make sure that all girls and boys have equal chances to speak. If only one or two people are speaking, encourage others to share their ideas as well, proactively asking for opinions of different participants, especially girls. Some participants may be more vocal than others due to upbringing, gender socialization, level of education, and it is your role to make sure everyone has an equal voice. Certain seating arrangements, such as circles instead of rows, can encourage learners to participate by allowing for more eye contact and creating a more relaxed atmosphere.

● Be attentive of special needs and different vulnerabilities. Make a deliberate attempt to involved in activities, reflections and dialogues all girls and boys, particularly those that are more vulnerable and marginalized, including girls and boys with disabilities, out -of-school, adolescent mothers, young brides, working adolescents, etc.

● Adolescents can be engaged through recreational activities e.g. games, role plays and exercises- hence as much as possible use these methods and don't let the engagement end up being a lecture. Feel free to add your own energizers and icebreakers or allow participants to lead energizer sessions themselves to keep them attentive

PART II

FACILITATION GUIDE FOR ACTIVITIES ON ADOLESCENCE, SEXUAL AND REPRODUCTIVE HEALTH, GENDER AND SEXUAL AND GENDER BASED VIOLENCE (SGBV)

2.1 ACTIVITIES AND GAMES FOR ENGAGING ADOLESCENTS

a. THE ADOLESCENT'S JOURNEY

The purpose of this exercise/activity is for the participants to get familiar with the various changes adolescents go through during their developmental stages. The exercise is also intended to shed light on the specific vulnerabilities girls and boys experience during those stages and promote stronger peer support among adolescents.

Materials/Tools:

Flash cards of the developmental stages for the adolescent. You will also need attendance sheets, flipcharts, coloured markers, pens and notebooks as a minimum.

ICE-BREAKER

Inform the participants that:

● We are going to start the session by getting to know each other

● In groups of two, your task will be to interview your partner

● You need to find out some key information about their lives: their name, their age, their family, their favourite food, their favourite activity, what they aspire to become, who their role models are

● Try to ask them as many questions as possible to get to know them

● Your job is to introduce your partner to the whole group, explaining everything you have learnt about her/him

PART II

FACILITATION GUIDE FOR ACTIVITIES ON ADOLESCENCE, SEXUAL AND REPRODUCTIVE HEALTH, GENDER AND SEXUAL AND GENDER BASED VIOLENCE (SGBV)

Method:

- Introduce the exercise by asking them to describe what an adolescent is (ensure they include 'child in the age bracket of 10-19 years')

- Then explain that you are going to look at the different stages of the adolescents' development with them. Certainly, as we grow and mature, changes are bound to occur. Since these are inevitable, it is important to let young people know that such changes and feeling are natural, and prepare their minds in advance of these changes. Knowledge about the obvious changes that occur as people grow will enable them to accept and appreciate the changes when they do take place

- Also inform them that their involvement in this activity is voluntary, they should not feel embarrassed about anything that is discussed, any questions they may have, or any experiences they may want to share. If they feel they don't want to share with the whole group that is fine. Inform them that the facilitators are around if they want to talk to them individually or in private

- Ask volunteers from the group of participants to pick the flash cards with the three stages in the adolescent life and show them to the rest of the participants one after the other in the three age categories (starting from 10-13years, 13-16 years and 16-19 years)

- Ask the participants to describe some of the physical and social changes that occur during these stages of their growth/development

- Ask them also how they compare their childhood with current age

- Ask them if and how those changes differently affect boys and girls. They should consider how they perceive each other, how they are perceived by parents and community members as compared to younger children, if they are they expected to behave, look and act in certain ways

- After they have mentioned and described these changes add that most adolescents go through the same changes and they are normal part of human development and can be grouped into: *(N.B. Use the two flashcards - one for girls and one for boys- from the Menstrual Hygiene Management Tool which summarize the various changes from a physical, emotional, intellectual, sexual perspective to support the discussions below)*

PART II

FACILITATION GUIDE FOR ACTIVITIES ON ADOLESCENCE, SEXUAL AND REPRODUCTIVE HEALTH, GENDER AND SEXUAL AND GENDER BASED VIOLENCE (SGBV)

- **Physical,** which generally involves the experience of a growth spurt, which involves rapid growth of bones and muscles. This begins in girls around the ages of 9-12 and in boys around the ages of 11-14

- **Cognitive,** which involves a dramatic shift in thinking from concrete to abstract, ability to analyse situations logically in terms of cause and effect, rapid development of all aspects of intelligence like judgment, reasoning, comprehension, memory and concentration, ability to think about the future and set personal goals, wanting to challenge authority and contributing to community and family decisions, deciding and doing things for themselves etc.

- **Emotional,** which involves establishing a sense of identity which is made up of two components such as the Self-concept – that is the set of beliefs about oneself, including attributes, roles, goals, interests, values and religious or political beliefs and Self-esteem – which has to do with how one feels about one's self. This include experimenting with different ways of appearing, sounding and behaving at this stage gender and cultural differences, gender roles and stereotyping come in a lot influencing boys and girls on what to wear to be acceptable among peers and in society, how one is expected to relate to others, etc.

- **Social and behavioural,** which takes place in the context of all their relationships, particularly those with their peers and families

- **Sexual maturation (puberty),** which also begins at this time and closely interacts with the physical, emotional and social development especially during puberty (inform them this aspect will be handled in detail in the next activity)

Conclude by asking them to summarize key learning points they are taking away, to share if they got new perspectives and add that this knowledge about the changes they experience will hopefully enable them to embrace adolescence with more confidence, and confront the misconceptions and risks that are often associated with this period of life. Thank them and ask permission to leave after scheduling the next meeting date with them.

PART II

FACILITATION GUIDE FOR ACTIVITIES ON ADOLESCENCE, SEXUAL AND REPRODUCTIVE HEALTH, GENDER AND SEXUAL AND GENDER BASED VIOLENCE (SGBV)

b. PUBERTY AND SEXUAL DEVELOPMENT OF ADOLESCENTS

The purpose of this activity is to discuss with adolescent girls and boys the various changes they may go through during puberty as part of their development process, some of the dangers and risks they may be exposed to e.g. SGBV, STIs etc. and the specific needs they may have in terms of coping strategies and a more enabling environment for their access to quality SRH services, nutrition, counselling and well-being etc.

Materials/Tools:

Pictorial Cards describing puberty (various changes during puberty for boys and girls) including cards showing girls and boys sexual organs as well as the flash cards emphasizing the specific needs of adolescent girls and boys of reproductive age in terms of creating a more enabling environment for their access to quality SRH services, nutrition, counselling and well-being etc. You will also need attendance sheets, flipcharts, coloured markers, pens and notebooks as a minimum.
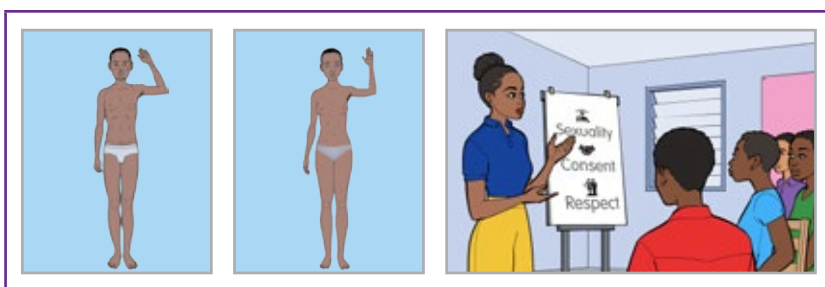
Method:

- Ask participants to explain what they understand by the term "puberty". Allow about 3 girls and 3 boys to provide answers

- Continue by informing them that today's activity is a continuation of the prior activity on the adolescents' development, in order to help them better understand the male and female body, understand what happens in girls and boys during puberty, the various changes and experiences and how to cope with the challenges associated with these changes

- Divide the participants into two Groups, one for boys and the other for girls and ask the boys' group to list some of the changes girls go through during puberty and ask the girls' group to also list the changes boys go through during this period - give them about 10minutes to discuss.

- During plenary ask the two groups to nominate one person each to present what they discussed. After the girls' group does its presentation, ask the boys whether they identify with what the girls have presented and whether there are other things the girls did not include. Repeat same for the boys' group and ask the girls the same question.

- After both the boys and girls have given their inputs, summarize by mentioning the key points included in the Puberty Flashcards (one for girls and one for boys), highlighting the various changes from a physical, emotional, intellectual, sexual perspective

- Ask them how they cope with these changes especially the physical and emotional changes

PART II

FACILITATION GUIDE FOR ACTIVITIES ON ADOLESCENCE, SEXUAL AND REPRODUCTIVE HEALTH, GENDER AND SEXUAL AND GENDER BASED VIOLENCE (SGBV)

- Ask them whether they feel/have felt sexual attraction, how that makes them feel, how they can manage it, how to protect themselves not only from pregnancies but also from STIs/HIV, risks of sexual violence, etc.

- In addition to the answers they give, inform them that puberty can be both confusing and exciting. Puberty brings changes in the way adolescents feel about themselves and about other people and how they are perceived. Many adolescents become sensitive about their bodies, they develop the need to belong and be accepted as well as attraction to the opposite sex. They become curious about sex and may explore their sexuality by themselves, with a friend, or with a sexual or romantic partner.

- Also it is important to spell out clearly the link between menstruation/ovulation/ and capacity of the body to carry a pregnancy (often these linkages are not understood by girls and boys, leading to risky sexual behaviors)

- Highlight that when knowledge and information are based on unreliable sources of information, and explorations are conducted in unsafe manner/against own consent, they may expose young people to the risk of contracting STIs including HIV/AIDS, unplanned pregnancies, being abused and become victim of violence, which bring severe consequences

- Ask them whether they face biases and barriers when reaching out to services for assistance and information, for example on their sexual and reproductive health; whether they experience challenges discussing such issues with peers, parents and other community members as they often are a taboo

- Ask them whether they have heard of/have experienced any negative cultural practice associated with this period of transition into adulthood especially for girls (e.g. puberty rites, female genital cutting/mutilation, child marriage, etc.). Help them reflect on how these practices affect girls' development and outcomes from a health, educational, empowerment, psycho-social wellbeing perspective. Ask them which ones they consider harmful, and which ones they consider beneficial and why

- Ask them what they think they can do in order to help bring a change to abandon such harmful practices (incl. own empowerment and support from parents, family members, friends and community members)

- Highlight that gender roles/expectations often sharpen dramatically around puberty. This change is often marked by a growing gap in boys' and girls' access to information, opportunities and resources and shapes different expectations on their behaviours, including:

  - Boys are pressured to be brave and strong

  - Boys may experience disapproval if they express certain emotions, such as vulnerability, indecisiveness, or tenderness

  - Boys are often pressured to become sexually active at an early stage to prove their masculinity. In contrast, in most settings girls who are sexually active at early stages are met with social disapproval, and labelled as 'bad girls'

  - In some settings, girls find that their freedom is seriously restricted at puberty. Their schooling may end, their style of dressing may be limited, their behaviour may be constrained by social expectations, and they may be assigned additional household duties

PART II

FACILITATION GUIDE FOR ACTIVITIES ON ADOLESCENCE, SEXUAL AND REPRODUCTIVE HEALTH, GENDER AND SEXUAL AND GENDER BASED VIOLENCE (SGBV)

◉ Girls, in particular, are often subject to sexual advances, both well-meaning and harassing

◉ For girls in some settings, reaching puberty signals that they are of an age to be married and have children, at times suffering child marriage and its negative consequences. This is most common in rural areas of Ghana, among poorest households, and affecting particularly girls with lower levels of education

Conclude by summarizing with these points:

● At puberty, sexual and reproductive organs begin to mature. For girls, physical changes associated with puberty include menarche (beginning menstruation); the development of breasts; growth of underarm and pubic hair; and other physical changes. For boys, the physical changes that manifest in their body development at puberty includes: the initiation of involuntary orgasm during sleep (called nocturnal emission or wet dream); production of sperm; the growth of facial, pubic, and body hair; deepening of the voice, among other changes

● Social expectations towards adolescent girls and boys also change. Families and communities often exert great pressure on adolescents to conform to expected gender roles and grow into adults quicker, even if they may not be ready yet for certain roles

● It is normal to experience hormonal changes and sexual attraction during adolescence, therefore the importance to obtain the right information and services to make informed and responsible decision in relation to own sexual behaviors – whether to abstain or to safely protect themselves. Information should be there on options, including abstinence as well as access to contraceptives to prevent unwanted pregnancies and risks of STIs / HIV-AIDS

● It is also critical to highlight the importance of respect and consent in the relationships involving adolescents. Ghana has very alarming statistics of sexual violence, including rape and child sexual abuse). Girls and boys should know that no one should push them into doing something they do not want or do not yet feel ready to do. If something been said or done to them makes them uncomfortable, they should be encouraged to move away from that particular situation and reach out to a trusted adult who can provide necessary information and support (could be a parent, an older sibling, a teacher, a nurse, a social worker, police officer, etc.). It is important for them to know that there are trusted adults that are ready to help them and their information will be kept confidential to ensure their best interest, while they can be referred to support services

Thank them and ask permission to leave after scheduling the next meeting date with them.

PART II

FACILITATION GUIDE FOR ACTIVITIES ON ADOLESCENCE, SEXUAL AND REPRODUCTIVE HEALTH, GENDER AND SEXUAL AND GENDER BASED VIOLENCE (SGBV)

C. MENSTRUAL HYGIENE MANAGEMENT

The purpose of this activity is to explain to girls and boys: what menstruation is, what happens during menstruation, common taboos and stigma around menstruation and how those impact girls' space in the community; how to correctly manage menstrual hygiene; and what support other boys and girls, parents and the community can provide during menstruation to ensure girls' dignity is respected, they do not feel shame and their daily activities remain uninterrupted (e.g. they continue to go to school, play).

Materials/Tools:

Pictorial Card of the female reproductive system, menstrual cycle and cards depicting management of menstruation and menstrual hygiene. You will also need attendance sheets, flipcharts, coloured markers, pens and notebooks as a minimum
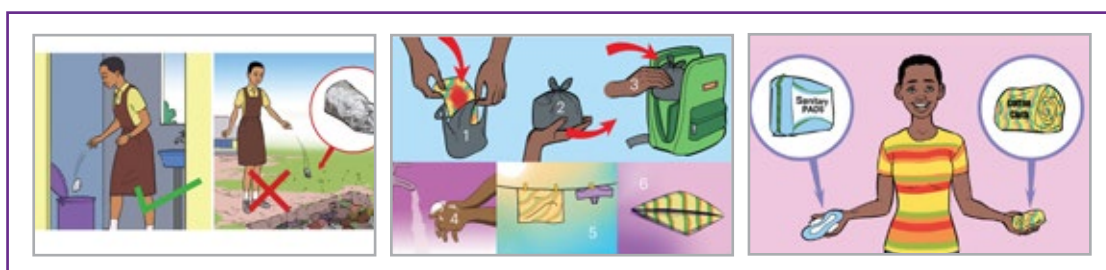
Method:

- Start the discussion by stating the objectives of the activity for the day and asking participants what they know about Menstruation and how is menstruation seen in their community. Allow both boys and girls to contribute with answers

- Continue the discussions by saying that: menstruation is the monthly flow of blood from the uterus through the vagina and it is a natural process that girls after a certain age and all women experience. It is commonly referred to as Period because it occurs monthly and it lasts for three to seven days, varying from female to female. A girl should not feel embarrassed about her period. It is a healthy sign that she has reached puberty and that her body is functioning well. It means a girl is growing up and her body is physically able to conceive life and carry a pregnancy if a girl was to engage in unprotected sexual intercourse with a boy/man.

- You can continue the conversation suggesting it is important for boys, parents and community members, to understand menstruation and what girls experience, in order to provide them with better support and address any taboos they may face during this time of the month

- Ask one participant to pick the picture on the female reproductive organs and show it to the others. Then ask one or two volunteers to explain the process a girl's body goes through during menstruation using the picture (e.g. "When a girl is born, she has thousands of egg cells in her two ovaries. Each egg is the size of one grain of sand. Each month, one egg ripens and leaves the ovaries. This is ovulation. The egg is then picked up by the fallopian tube and starts moving towards the uterus, the V -shaped area. At the same time, the uterus starts getting ready for the egg by thickening its inner lining. If the egg is not fertilized by male sperm, this lining, the tissue, and the egg flow out from the uterus through the vagina and leave the body. This is called menstruation').

PART II

FACILITATION GUIDE FOR ACTIVITIES ON ADOLESCENCE, SEXUAL AND REPRODUCTIVE HEALTH, GENDER AND SEXUAL AND GENDER BASED VIOLENCE (SGBV)

- Ask participants what the menstrual cycle is (e.g. 'menstrual cycle is the interval between the first and the next menstrual period. On average, the length of the menstrual cycle is 28 days, but generally this varies from woman to woman. Any girl can track her period through a calendar (*show the flashcard card with the circle of the cycle*). It's important to explain to girls and boys that there are fertile and non -fertile days, and that if they engage in unprotected sexual intercourse during fertile days, the risk of unwanted pregnancies is very high. Girls and boys should be informed about option available to them, from abstinence to use of contraceptives, so they can best protect themselves not only from unwanted pregnancies but also from risks of STIs and HIV/AIDS infections

- Further, ask them what menstrual hygiene is - (e.g. 'You know you are practicing good menstrual hygiene management when you have: An understanding of basic facts linked to the menstrual cycle and how to manage it without discomfort and fear; Access to clean absorbent material to collect menstrual blood; Access to privacy to change used materials as often as necessary; Access to soap and water for washing the body as required; and Access to safe and convenient facilities to dispose of used menstrual materials')

- Ask them to mention some of the menstrual hygiene materials they know of /they use (e.g. old cotton fabric, sanitary pad). Some will mention T-roll and paper but inform them that those are not healthy and will make them develop health problems with their reproductive organs, so they should be avoided

- Ask them what they should do and what they should not do as far as menstrual hygiene is concerned:

  - **DO's**

    - Wrap and dispose of your sanitary materials in latrine bins in your school, community or at home;

    - If using a cloth, ensure it is washed often, hang to dry in the sun, and stored in a clean and dry place until next use

  - **DON'Ts**

    - Do not dispose of your sanitary materials in toilet bowls or toilet pits,

    - Do not dispose of your sanitary pad on the toilet floor,

    - Do not throw your used sanitary pad on a pile of refuse.)

- Some tips for personal hygiene during this period also include:

  - Changing your sanitary pad or old cotton fabric as often as possible to prevent pad rash or other infections

  - Washing yourself regularly with water and soap, washing your private area from front to back and not back to front, to prevent the contamination of the vagina with harmful anal bacteria

  - Only using water to wash your vagina and always carrying extra sanitary materials on you

- Ask them what some of the potential risks are associated with poor menstrual hygiene management - (e.g. Vaginal discharge accompanied by itching, rash or soreness, Persistent increased discharge, etc. Add that they should seek medical attention if they notice any of these symptoms

PART II

FACILITATION GUIDE FOR ACTIVITIES ON ADOLESCENCE, SEXUAL AND REPRODUCTIVE HEALTH, GENDER AND SEXUAL AND GENDER BASED VIOLENCE (SGBV)

- Ask them some of the experiences girls have during this period (mood changes, abdominal cramps, loss of appetite, frequently feeling tired etc.)

- Ask them to mention some of the stigma and discrimination they face during this period? What are the concerns (e.g. not being able to attend school during those days)? Do issues of MHM expose them to protection risks? For example, in a content in which parents do not cater for basic needs of girls (including sanitary pads) and how does that push them into transactional sex to cover for basic needs, etc.

- Ask what are some of girls' experiences going to school or generally being active when menstruating? Whether they get teased if they soil themselves? How that affects them? Why do girls experience shame? How can that turn around with the support of boys, parents, community members. Highlight that with the right support, girls can and should continue to do anything doing the menstruation period of the month (e.g. going to school, doing sports, taking bath, go out with friends, participate in community functions, etc.)

- Ask them what they think is the linkage between menstruation, fertility, pregnancy and protection concerns. (e.g. At puberty, sexual and reproductive organs begin to mature. Sexual reproduction results from fertilization of the egg released from the ovaries by the male sperm, typically as result of unprotected sexual intercourse between a man and a woman. This is why if girls and boys decide to engage in sexual intercourse, they should be using contraceptives in order to avoid unplanned pregnancies as well as STIs

Conclude by adding that menstruation is natural process and it part of girl's healthy development and transition into adulthood. Menstruation may be accompanied with taboos, stigma, mood changes, loss of appetite, tiredness etc. which can affect girls' coping ability. However girls can still feel good by trying to eat nutritious foods during menstruation, by being self-confident and asking for help when needed, by taking part in school, social and religious activities during menstruation and by supporting other female classmates during their menstruation.

Boys can also be supportive by understanding puberty and what girls go through during menstruation, by looking after girls' well-being in school and community

Thank them and ask permission to leave after scheduling the next meeting date with them.

PART II

FACILITATION GUIDE FOR ACTIVITIES ON ADOLESCENCE, SEXUAL AND REPRODUCTIVE HEALTH, GENDER AND SEXUAL AND GENDER BASED VIOLENCE (SGBV)

d. ADOLESCENT PROTECTION ISSUES

The purpose of this activity is to give adolescent girls and boys the platform to share and discuss some of the common challenges and protection risks/concerns they encounter during this stage of their growth and development (e.g. SGBV, drug use, online abuse and exploitation) and what coping strategies they can adopt in order to overcome some of these key challenges, develop to their full potential, and become productive members in society.

Materials/Tools:

Multiple flashcard can be used for this activity, including:

- Child marriage
- Adolescent pregnancy
- Sexual violence
- Bullying
- School drop-out
- Child labour
- Drugs and alcohol use
- Online abuse and exploitation
- Sexual harassment in school
- Gambling
- Trafficking
- Public shaming
- Exposure to pornography
- Sexual exploitation/transactional sex
- Internet Fraud
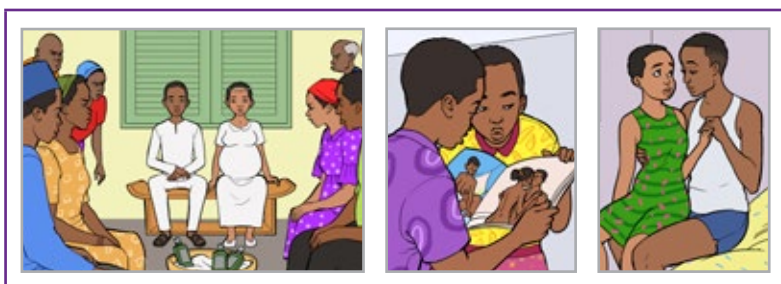
Method:

- Introduce the exercise by sharing with girls and boys that every adolescent needs care, support and protection to reach their full potential and safely transition into adulthood. Adolescents are often left to cater for themselves at that tender age and this may result in them being exposed to a lot of challenges and protection risks. Negative influences from peers, other adults and media also pose risks and dangers and may lead them astray preventing them from achieving their full potentials in life

- Inform them about the purpose of the discussion and ask volunteers to mention some of the challenges and problems they/their friends are exposed to. Ask them to think about differences (if any) between girls and boys

- Ask four or five volunteers to pick the flash cards which identify the issues they have raised and show them to the other participants

- Ask each of them to describe what they see on the card they are holding, ask whether the situation/challenge or problem depicted on the flash card is common among adolescents. Also, ask if the issue affects boys and girls equally or is predominant among boys or girls. If it affects one sex more than other, ask them to explain why

PART II

FACILITATION GUIDE FOR ACTIVITIES ON ADOLESCENCE, SEXUAL AND REPRODUCTIVE HEALTH, GENDER AND SEXUAL AND GENDER BASED VIOLENCE (SGBV)

- Summarize the challenges and problems: (e.g. rape and child sexual abuse, child marriage and teenage pregnancy, peer pressure, school drop-out, exposure to pornography, sexual exploitation, gambling, trafficking, etc.)

- Ask the participants to express their views on why they believe such issues happen and affect adolescent girls and boys in their communities

- Ask them how they think these problems could be addressed – i.e. strategies they think could be used to overcome these challenges they have listed (allow them to do that for each of the challenges/problems depicted on the cards). They should reflect about both personal copying strategies for adolescents as well as family and community strategies

- Ask the group these questions:

  - Is it difficult to say no to something when friends (peers and elderly sibling) are asking you to do it? If the answer is yes, ask why. See if girls or boys experience different type of pressure and on what issues

  - In your community, do adolescents sometimes push their friends to drink alcohol, steal, take drugs, have early sex etc.? If the answer is yes, how common it is? Is it something the community should be alarmed about?

  - In what way do being a girl or a boy and the attitudes and behaviours expected from them by the society (gender roles, norms, perceptions and stereotyping) expose them to these dangers and challenges?

  - What are the things that adolescents can do together in order for them not to fall into any of these dangers and problems? What can be support mechanisms available? Would girls or boys need more support, what type and why?

Conclude by adding that these challenges may not seem easy but are common, others have overcome them and lived successful lives, contributing positively to the development of the society and hence also to solutions to these problems. Adolescents should seek information and acquire skills to make informed decisions, develop coping strategies, and express their voices on issues that affect them. They should also feel confident and comfortable to reach to parents, elderly siblings and role models e.g. teacher, nurse, social worker, someone they trust in community or church, etc. in order to obtain guidance, advice and support available to them.

Thank them and ask permission to leave after scheduling the next meeting date with them.

PART II

FACILITATION GUIDE FOR ACTIVITIES ON ADOLESCENCE, SEXUAL AND REPRODUCTIVE HEALTH, GENDER AND SEXUAL AND GENDER BASED VIOLENCE (SGBV)

e. THE PROTECTION SNAKE AND LADDER GAME

The purpose of this activity is to help the participants assess and discuss risks with regards to Sexual and Gender-based violence (SGBV), adolescent sexual and reproductive health (ASRH), online exploitation, sexual exploitation, and other challenges and problems adolescents face- as well as how/where they can seek information and support to overcome such challenges, escape such dangers/risks, and identify solutions for their own protection.

Materials/Tools:

The Snake and Ladder Ludo Game, a dice, coloured discs for playing, a chart that describes the risks (negative)/ and enablers (positives) reflecting the different coloured boxes in the Ludo board. You will also need attendance sheets, flipcharts, coloured markers, pens and notebooks as a minimum

Method:

● This game can be played by 4 people or 4 small teams (based on the need and activity set-up). It is designed to be played with adolescents but it could also be adjusted to play it with adults.

● Mention the purpose of the game as stated above. In addition, mention that the players are the girls and boys, which are represented by the marbles they have chosen; that each board square is a real life situation they face; the mouth of the snake is the dangers adolescents are exposed to; the ladder is the support, positive behavior that enables the girl/boy to stay away or come out from the dangerous situation; and the squares on the board represent the stages in the journey of life of adolescents, which are full of ups and downs, of opportunities and dangers in real life circumstances

● Allow the participants to play using the dice – they will move on the board with the marbles and when they reach a colorful square they will be read the life situation as per board instruction. They will need to discuss that situation and how it applies to them before being either sent back on the board (if they arrive at the mouth of the snake they will go back to the square of the tail of the snake) or sent forward (if they arrive at bottom of ladder they will go forward to the square with the top of the ladder).

PART II

FACILITATION GUIDE FOR ACTIVITIES ON ADOLESCENCE, SEXUAL AND REPRODUCTIVE HEALTH, GENDER AND SEXUAL AND GENDER BASED VIOLENCE (SGBV)

- After they have finished playing ask participants that got bitten by the snakes how they felt when they were sent backward below the number/height they had reached. Also ask those who had the chance of climbing the ladder to a higher number to describe how they also felt when playing skillfully they got elevated to higher levels

- Ask them what lessons they have learnt from the game and how they are going to apply those lessons in order not to get exposed to those risks and challenges that were listed

- Also explain that in normal life everyone faces challenges and makes mistakes, but the important thing is to learn the lesson, build new knowledge and skills, change course of action, and continue to grow. Also that if girls and boys have the right knowledge, skills, and support from their families and communities they can develop to full potential and progress in life – i.e. become much less vulnerable and exposed to the 'snake' risks.

In conclusion add that both adolescents and adults need to acknowledge that life is not hard but rather a journey full of ups and downs (challenges). However each party is to play their roles and responsibilities in order to make the journey become smoother and more successful.

Thank them and ask permission to leave after scheduling the next meeting date with them.

Colour	What it stands for in the game (will need to describe)
●	Be aware of sexual and reproductive health issues; know how to protect yourself; ask advice from a trusted adult if not sure (ladder)
●	Say NO when someone makes you feel uncomfortable; go to a safe place; report sexual violence and abuse to a trusted adult (ladder)
●	Know your rights; seek help of a trusted person when you or your friends experience violence and abuse (ladder)
●	Focus on your goals; avoid bad influences; learn positive behaviours and be respectful of family, peers and elders (ladder)
●	Peer pressure; engaging in risky and dangerous activities; staying out late unsupervised (snake)
●	Parental neglect; lack of dialogue and support between parents and children (snake)
●	Experimenting use of drugs without doctor's advice /prescription (snake)
●	Send naked pictures via phone/internet; meet in person a stranger that contacted you online; exchange sexual favors for money, food, clothes, etc

PART II

FACILITATION GUIDE FOR ACTIVITIES ON ADOLESCENCE, SEXUAL AND REPRODUCTIVE HEALTH, GENDER AND SEXUAL AND GENDER BASED VIOLENCE (SGBV)

f.   THE SPOONFUL OF LIFE GAME

The purpose of this activity is to help girls and boys to reflect on how to stay focused on their goals, dreams and aspirations in spite of many distractions that they face every day. How to shape their personal and professional ambitions, build their strategic thinking skills, develop their leadership potentials, as well as create space to develop self-esteem, self-confidence, assertiveness, goals setting and positive aspirations for their lives.

Materials/Tools:

Table Spoons and water. You will also need attendance sheets as a minimum

Method:

- Explain that in this game about five adolescents (girls and boys, mixed) are given a spoon each filled with water and allowed to walk a certain distance (approx. 20-30 meters). During their walk with the spoonful of water there will be distractors along their path (identify few of the other girls/boys that will act as 'distractors'), for example friends calling them, little push from other members, others crossing their path, others shouting at them, others putting obstacle along their path etc. until they get to their destination.

- Also explain that the **Water** in the spoon represents their life, **Destination** represents their future aspiration and the **Distractors** are things that will prevent them from reaching their desired goals in life. The game ends with discussions on the obstacles and things that can distract adolescents from reaching their goals in life and how they can overcome them.

- Before they begin, ask each of the participants to mention what their goals in life are and what they think they would need to do in order to achieve those goals. Ask what influenced those choices: role models they were surrounded with, parental expectations, community expectations for girls/boys, etc.? Do they think they can aspire higher? If not, why? Pay particular attention to any differences between the responses of girls and boys. Also, probe them with additional questions. For example, if a girl says she wants to become a nurse, ask her why not a doctor?

- Ask 5 volunteers to pick the spoons and fill them with water and ask them to walk, run, crawl or do whatever it takes to get to the point you will mark as the end, making sure they don't spill the water (remembering that the water represents their lives, and future goals and aspirations)

- Ask the others to act the various roles of the distractors as mentioned above

- After everyone reaches the end point, let the rest of the participants come closer to the protagonists of the game and see which participant has the most water still remaining in his/her spoon

- Then ask those who participated in the game to share how they felt during the period, when some of the water was spilling and which strategies they used to try not to let the water spill

- Ask the observers what they think were the qualities of those that succeeded

- Ask all the participants what lessons they have learnt from the game by asking these questions:

PART II

FACILITATION GUIDE FOR ACTIVITIES ON ADOLESCENCE, SEXUAL AND REPRODUCTIVE HEALTH, GENDER AND SEXUAL AND GENDER BASED VIOLENCE (SGBV)

- ◉ How did it feel when you shared your goals for the future with your peers?

- ◉ How do you think being a girl or a boy affects your goals for the future?

- ◉ In your opinion are young women and young men both able to achieve all their goals in your community? Why or why not?

- ◉ What are some of the 'distractors' from your goals in your community?

- ◉ What are the things that you can do to make sure you stay on path to achieve your goals?

- ◉ What are some of the values and skills that you think will greatly help you in life to achieve your goals and aspirations?

- ◉ How can you support other young people in the community to achieve their goals as well?

- ◉ Do you think your actions may constrain some of your peers' choices? For example, if a boy wants to become a nurse and gets teased by peers? If a girl wants to become a mechanic or engineer?

- ● After they have answered the questions add that it is important to have goals in life and to think about what you want your life to look like in the future. It is also important to share your goals with your peers and adults so that they can support you with investment in your education (particularly that of girls) and skills as you grow older. Talking about your goals will help you achieve them or make people more aware about the barriers you may experience in achieving them because you are a boy or a girl

Tips to Remember: Values and Skills

- ● Values are things you believe in and are willing to stand up for in front of people. Values are also things you have chosen on your own with no outside pressure although they may be influenced by your surroundings. They are also things that you use to make choices and that guide your behaviour

- ● **Examples of skills are**
  - ◉ **self -esteem and assertiveness -** building confidence in themselves by learning about their own strengths and weaknesses while at the same time, developing communication skills for respectful and assertive interaction with others
  - ◉ Decision Making when faced with difficult and challenging situations, when faced with more than one choice and when there is a problem
  - ◉ **Communication Skills -** a two way process that involves talking and listening to what is said and what is not said
  - ◉ **Negotiation Skills -** a process involving two or more people of either equal or unequal power meeting to discuss shared and/or opposed interests in relation to a particular area of mutual concern. Negotiating a workable balance among competing interests requires a combination of direct and indirect diplomacy, discussion and consultation, compromise and concession, and above all, flexibility.

Conclude by summarising the key learning points from the activity and thank them and ask permission to leave after scheduling the next meeting date with them.

PART II

FACILITATION GUIDE FOR ACTIVITIES ON ADOLESCENCE, SEXUAL AND REPRODUCTIVE HEALTH, GENDER AND SEXUAL AND GENDER BASED VIOLENCE (SGBV)

g. THE GAME ON HOW ALCOHOL FEELS

The purpose of this activity is to help the adolescent girls and boys to understand what happens when one drinks alcohol and how it can possibly affect one's judgement, actions and future aspirations.

Materials/Tools:

Marker, Chalk or stick. You will also need attendance sheets, flipcharts, coloured markers, pens and notebooks as a minimum

Method:

- Draw a line, about 3 metres long, in the sand or on the floor (depending on where this activity or game is held) using a stick, your hand, a chalk or a marker

- Ask participants to stand in a straight line, at one end of the line in the sand or on the floor

- Ask everybody to think about a goal that they have for the future. This can be something for the near future, such as wanting to obtain a good mark at school or something for the distant future, such as wanting to own one's own business one day

- Ask them to imagine that their goal is sitting at the end of the line, and that they are trying to reach it

- Ask them to state their goals out aloud one by one so that everybody can hear, and walk along the line to the other end pretending the line is a beam, high up in the air

- Inform each to walk one foot in front of the other, carefully, keeping their feet on the line and every time their feet fell off the line will be counted

- When the first person reaches the other end, the next person in line will begin.

- Count out loud each time a participant's foot lands outside the line instead of on top of it

- Once the whole group has made it to the other end of the line, inform them that you are going to repeat the game however this time each of them must close their eyes and spin around in a circle four times very quickly, before stating their goals and walking across the line

- Again count the number of times each person's feet land outside the line instead of on top of it

- Once everyone has made it to the other end, ask these questions.

  - How did the spinning affect the game this time?

  - How do you think this activity might relate to drinking alcohol?

  - How do you think drinking alcohol makes it harder to reach your goals?

  - How do you think drinking alcohol affects the families in your community?

  - What do you think it means to drink responsibly?

  - What are some of the other things you can do as an adolescent without alcohol that will keep you happy and safe?

PART II

FACILITATION GUIDE FOR ACTIVITIES ON ADOLESCENCE, SEXUAL AND REPRODUCTIVE HEALTH, GENDER AND SEXUAL AND GENDER BASED VIOLENCE (SGBV)

Conclude by summarising what they have said and let them reflect on the fact that drinking alcohol can lead to many problems such as poor performance in school and sports and making bad decisions that can put one at risk. It also can make one feel sick and do things that are hurtful toward oneself or others, like having unprotected sex or being violent. When one drinks too much alcohol, it can be harder to stay focused in order to achieve one's goals. There are so many fun activities and hobbies that one can do that do not involve drinking alcohol and still keep you happy and safe with your friends and peers. Ask them to reflect on some of those alternatives.

Thank them and ask permission to leave after scheduling the next meeting date with them.

h.   THE MODEL OF PERFECTION ACTIVITY

The purpose of this activity is to unpack what adolescents see as an "ideal man/woman" or what they see as the attributes of a good girl/woman or good boy/men and why as well as, discuss how those projections may limit boys/girls and lead to a sense of failure when the perceived ideal for one's gender is not met.

Materials/Tools:

The flash cards with pictures of the different body sizes and shapes of males and females. You will also need attendance sheets, flipcharts, coloured markers, pens and notebooks as a minimum
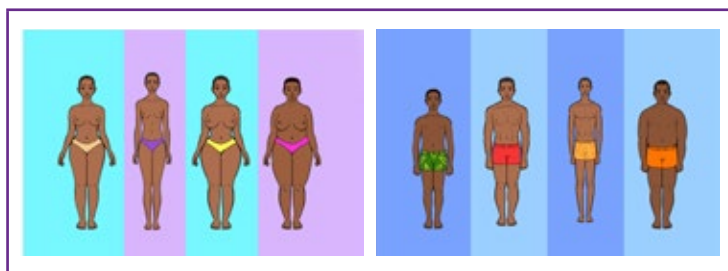
Method:

Introduce the activity by informing participants that adolescents do not look all the same and that is what makes each of them unique. They come in different shapes, heights, sizes and features as will be shown in the images on the flash cards

● Ask participants to describe what they think the ideal body size/shape (ask the girls and also ask the boys)

● The ask them how comfortable they feel in their own skin.

● Ask volunteers to pick the flash cards with the different body shapes and sizes for females and the one with different shapes and sizes for males and show them to the other participants

● Place the participants in same sex groups to discuss which images they believe are the ideal male and female body types and complexion and if they believe such images exist.

● The groups should present their conclusions and various responses from the groups must be discussed by the larger group.

PART II

FACILITATION GUIDE FOR ACTIVITIES ON ADOLESCENCE, SEXUAL AND REPRODUCTIVE HEALTH, GENDER AND SEXUAL AND GENDER BASED VIOLENCE (SGBV)

- The facilitator must then ask the group for a discussion on the following:

  - Do you think there is an ideal body type/complexion? If any group answered yes, ask the next questions.

  - Why did you select this body type/complexion? What do you find beautiful/attractive in it?

  - Which is considered ideal or normal in your community? What influences the choice of this ideal type?

- How comfortable do you feel in your own body compared to their 'model of perfection'?

  - What can lead to negative body image?

  - What can lead to a positive body image?

  - How do the body expectations for females and males differ?

  - How do you think these affect boys and girls as they grow up?

- Ask them how societal norms, stereotyping and perceptions have added to their selection of the ideal body size and complexion?

  - How does this affect a young person's sexual and reproductive health?

  - What do you think can be done to ensure young people feel good with their own body without being conditioned by external models?

- Ask them what they think are the attributes of an ideal girl/woman or boy/girl? What defines this? Can those ideals change? Would they make boys and girls happier knowing they are all beautiful in their own way? (when looking at the attributes, would be important to emphasize the protection component -whether there are any attributes defined by gender/age socialization that can pose risks for girls and boys (e.g. girls expected to be more submissive and reserved/ adolescents/children expected to be submissive towards adults – which may expose them to experience sexual violence without feeling they have any power over it or no power to oppose or disclose it)

- Discuss with the participants how those projections and perceptions may limit them and lead to a sense of failure when the perceived ideal for one's gender is not met, how those perceptions impact their decision-making power, self-confidence, aspirations etc. throughout their life

- Would be important to emphasize any implications in terms of safety and protection for adolescents (for examples, gender stereotyping that required girls to be 'quiet and submissive' could expose them to inability to express their consent, disclose abuses, seek help, in cases of violence and abuse etc.).

Conclude by adding that males and females differ in shapes, sizes, appearance and functions. Having a positive body image is an important element of confidence and self-esteem. Key message: 'Do not yield to pressure from society to change who you are and how you look or how you feel about yourself. This especially applies to girls. Perception of poor body image should not lead to sexual compromises. Develop and maintain positive self-image in all circumstances. Each one of us is unique and beautiful in his/her own way'.

Thank them and ask permission to leave after scheduling the next meeting date with them.

PART II

FACILITATION GUIDE FOR ACTIVITIES ON ADOLESCENCE, SEXUAL AND REPRODUCTIVE HEALTH, GENDER AND SEXUAL AND GENDER BASED VIOLENCE (SGBV)

i WHO DOES WHAT GAME?

The purpose of this activity is to discuss how gender norms, roles and stereotyping affect decision making by adolescent about the kind of carriers they want pursue. This is a game on gender norms/stereotypes and aspirations (e.g. certain professions and who does them - to inspire them to dream big in what they want to become in life or start to challenge gender stereotypes that perpetuate inequality in societal roles or family dynamics).

Materials/Tools:

Flash Cards with the different jobs. You will also need attendance sheets, flipcharts, coloured markers, pens and notebooks as a minimum.

Method:

- Select two locations (for example, two trees), about 10 metres apart. Tell the group that one location is called "boys/men" and the other is called "girls/women". Select a spot in the middle of the two locations and call this "both boys/men and girls/women".

- Ask volunteers among the participants to pick the cards for the various jobs and attributes and show it to the whole group

- Inform them that you are going to talk about the different types of jobs and attributes that both men and women can do and express. As a form of introduction add that, in the past, there were certain jobs that only men did and other jobs that only women did. For instance, one could rarely find a woman who ran a small business, or a man that took care of children in the house or even in a school setting. Now, things are changing and this is becoming more acceptable but there are still many professions which female/male are dominated

- Ask volunteers from the participants to pick one job picture each and ask them to place themselves under the three locations depending on who they think fits which sex

- Ask the participants from each side to tell you why they chose that location. Encourage the others to share their views and debate as well. Key message: 'both girls and boys, men and women should have the same opportunities to become what they want to become in life, provided that they have the same knowledge and skills. The sex of a person should not determine what kind of career path one should follow and what success in trying to achieve his/her dreams or aspirations'

- For the second part of the game inform the rest seated/standing that you are going to mention some words and you want them to move to the location where they think that word belongs (under male/female/or both). Below are some of the examples of words that could be used (*Facilitators should look for the local translation of these words before starting the session. Some languages may not have a translation for some of these words):

PART II

FACILITATION GUIDE FOR ACTIVITIES ON ADOLESCENCE, SEXUAL AND REPRODUCTIVE HEALTH, GENDER AND SEXUAL AND GENDER BASED VIOLENCE (SGBV)

Strong	A good communicator	In charge of the family
Unfaithful	Financially successful	Aggressive
Assertive	Cooking	Takes care of children
Loving	Decision-maker	Washing and cleaning
Submissive	Humble	Determined

- Once everyone moves to a location, ask at least two participants from each side to tell you why they chose that location. Encourage the others to share and debate as well.

- Once you are finished, ask participants to form a circle and ask these questions. (Give them time to respond before moving onto the next question).

  - Which of these words were difficult to decide whether they are for men, women or both?

  - Many people believe that only men can be strong, brave, financially successful, and make decisions for the family. They also believe that only women can do the cooking and be good communicators.

  - How do you feel about these beliefs? How do you think they influence aspirations of women and men?

  - Can an ideal man be caring and kind? Can an ideal woman be strong and make decisions for the family? Explain your answer.

  - If your younger sister or cousin told you she wants to be a mechanic, bus driver or bank manager, what would you say to her?

  - If your younger brother or cousin told you he wants to be a caterer or a cook, a nurse, what would you say?

  - What can the community do to support girls and boys who aspire to do something which goes beyond what the community expects for them?

- It is very important also to emphasize that: gender affiliation with certain jobs can change overtime and in different cultures (give participants some examples from Ghanian context) and that often the actual capacity to undertake a job is not linked with physical capacity/incapacity by a male or female (is not biological) but cultural, and therefore can change within a culture and overtime.

- Conclude by saying that sometimes, people in our community expect us to do things or be a certain way just because we are male or female. But, you would be surprised by how much both men and women can do the same things. For instance, both men and women can be strong, brave, funny, powerful, and caring. Men and women can be police officers, carpenters, cooks and sellers in the market. Then ask them to go around the circle and tell the group one thing that they would like to try, either now or when they are older, that members of their sex do not typically do. (For instance, as boys they may want to try cooking. As girls they may want to become agronomists).

Thank them and ask permission to leave after scheduling the next meeting date with them.

PART II

FACILITATION GUIDE FOR ACTIVITIES ON ADOLESCENCE, SEXUAL AND REPRODUCTIVE HEALTH, GENDER AND SEXUAL AND GENDER BASED VIOLENCE (SGBV)

j. WHO DO YOU TRUST (THE BLINDFOLD GAME)

The purpose of this activity is for the participant to discuss who they can trust, who they can easily go to for information, counseling and when confronted by challenges incl. in relation to ASRH, SGBV and other sensitive issues.

Materials/Tools:

Pieces of cloth or scarf for the blindfold. You will also need attendance sheets, flipcharts, coloured markers, pens and notebooks as a minimum

Method:

- Introduce the activity by stating the purpose as stated above and inform participants that today's exercise is to help them reflect on the issues of who they can trust/rely on in their everyday life for guidance and support when they are scared or feel confused and lost

- Ask about 8 of them to volunteer to participate in the exercise and pair them, (ensure gender balance –equal number of girls and boys)

- Ask each of the pairs to select who will be the guide and who will be the one to be blindfolded

- Mark a point where the guides will hold the hands of their blindfolded partners and send them. Place obstacles on the ground along the path (e.g. stones, boxes, chairs) and ask the other participants to also try and distract them by shouting, creating noise, giving alerts (like watch out, you are going to fall into a ditch etc.).

- Now let the pairs start the exercise asking the guides to carefully guide their blindfolded pairs to the end ensuring their safety and also inform the blindfolded pairs to as much as possible follow the instructions their guides will give them so they can reach the end of the journey. (Intentionally ask one of the guides to lead his or her partner astray – without the partner hearing or knowing).

- When they have all reached the end (with the one deceiving guide leading the partner astray), ask them to remove the blindfolds.

- Ask those who acted as guides to describe how they felt making sure they lead their partners to the end of the journey without their falling

- Ask the one who led his/her partner astray to also describe how he/felt doing that and vice versa – how the one who was led astray felt?

- Now ask those who were blindfolded to also describe how they felt being led to a place without they themselves seeing what was happening on the way.

- Ask the participants what lessons they can learn from the exercise and continue by asking them the following questions:

  - Do you feel comfortable discussing personal concerns? What makes you comfortable/ what makes you uncomfortable and why?

  - Who do you trust?

  - Who do you share your secrets with?

PART II

FACILITATION GUIDE FOR ACTIVITIES ON ADOLESCENCE, SEXUAL AND REPRODUCTIVE HEALTH, GENDER AND SEXUAL AND GENDER BASED VIOLENCE (SGBV)

- ◉ Who do you discuss sexual and reproductive health issues with? Observe and highlight any differences between boys and girls

- ◉ Who do you speak to when in need of SRH information and services and what are some of the experiences they have had in trying to access such information or services

- ◉ What are the socio-cultural barriers, especially for girls, in accessing SRH services involving parents, teachers, service providers, other elderly persons from the community etc.

- ◉ Who do you think you can go to report any case of abuse experienced by you or any of your friends (e.g. unwanted attentions, touches or acts performed against will like – sexual harassment, sexual violence, forced marriage, rape, sexual exploitation etc.)?

- ◉ If you had experienced abuse, would you be confident to report it? (If answer is no, require an explanation). Would you disclose/report an abuse to help a friend in need of help?

- ● After they have provided answers for all these questions, allow them to share some of their pleasant and unpleasant experiences with regards to going to someone they trusted when they needed support, advice, encouragement, information and services.

- ● It is important to let them know that in case of need they can rely on Social Welfare, DOVVSU/police, teacher, Parents/Caregivers, community members, trusted adult, peers, etc.

- ● It is important to reiterate that criminal matters need to be reported to appropriate authorities (e.g. DOVVSU, police, CHRAJ, etc.) and should not be solved through informal agreements. Girls and boys have the right to be protected against these forms of abuse under the laws of Ghana (e.g. in cases of sexual harassment and sexual violence, domestic violence, child sexual abuse, rape, child marriage, FGM/C, sexual exploitation, etc.)

Thank them and ask permission to leave after scheduling the next meeting date with them.

k. ADOLESCENTS' ONLINE SAFETY

The purpose of this activity is to identify the risks and opportunities associated with use of ICT tools and the internet and to ensure adolescent girls and boys put in place measures to ensure that they are safe when they use the internet and social media.

Materials/Tools:

The flash card depicting a girl sending nude pictures to friends via social Media, and the online flash card #1 depicting adolescents using the different ICT devices, the flashcard representing the 'sakawa' scam practice. You will also need attendance sheets, flipcharts, coloured markers, pens and notebooks as a minimum

PART II

FACILITATION GUIDE FOR ACTIVITIES ON ADOLESCENCE, SEXUAL AND REPRODUCTIVE HEALTH, GENDER AND SEXUAL AND GENDER BASED VIOLENCE (SGBV)
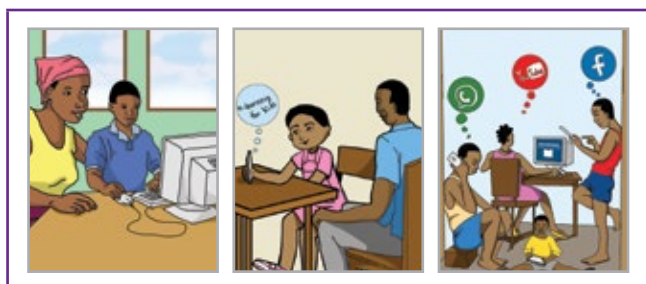
Method:

● After stating the objective of the activity, introduce it by informing the participants that while it is important to protect themselves in the physical world, it is even more important to ensure they are also safe in the virtual world when they use the internet and social media so that they can derive the maximum benefits from their use.

● First ask the participants to name some of the ICT devices they are familiar with

● Then show them the flash card depicting adolescents using the different ICT devices and ask them what they see in the picture

● Ask them what those ICT devices/equipment are used for and whether they use these devices

● Ask them some of the benefits from using these devices

● Then ask them whether there are any risks associated with the use of these devices and how they can protect themselves from such risks

● Allow participants to offer as many solutions as possible. After the discussion you can add some points from the list below that were not mentioned by participants.

◉ Cyber safety is the safe and responsible use of information and communication technology (ICT). It is about keeping information safe and secure, but also about being responsible with that information, being respectful of other people online, and using good 'netiquette' (internet etiquette).

◉ Measures to make the use of the internet (social media) safer for adolescents could include:

✓ Not posting any personal information online – like your address, email address or mobile number especially on sites you are not too sure of or to strangers

✓ Thinking carefully before posting pictures (especially NAKED photos) or videos of yourself. Once you've put a picture of yourself online most people can see it and may be able to download it, it's not just yours anymore, and pictures will potentially remain online forever.

✓ Never giving out your passwords

✓ People you don't know are strangers, don't befriend them

✓ Not meeting up with people you've met only online. Speak to your parent or caregiver or an elderly person you trust about people suggesting you meet up with them

✓ Remembering that not everyone online is who they say they are

✓ Thinking carefully about what you say before you post something online

✓ Respecting other people's views, even if you don't agree with someone else's views doesn't mean you need to be rude

✓ If you see something online that makes you feel uncomfortable, unsafe or worried: leave the website, turn off your computer if you want to and tell a trusted adult immediately.

PART II

FACILITATION GUIDE FOR ACTIVITIES ON ADOLESCENCE, SEXUAL AND REPRODUCTIVE HEALTH, GENDER AND SEXUAL AND GENDER BASED VIOLENCE (SGBV)

This can be summarised in the SMART Tips below

TIPS ON HOW TO KEEP SAFE ONLINE				
Always Remember that Internet is used for the following purposes				
Searching Information	**Learning New ideas and innovations**	**Connecting with people and communication**	**Education and learning**	**Marketing and Business**

S	M	A	R	T
Stay Safe	**Don't Meet Up**	**Don't Accept**	**Reliable?**	**Tell Someone**
Stay Safe online by not giving out your personal information to people / place you don't know	Meeting up with someone you have been in touch online can be dangerous. Always check with a adult you trust.	Don't accept files, pictures, message and friend requests from strangers. It can cause problems.	Not everything you see online in reliable. You can check with a trusted adult about the content from the internet.	Tell a trusted adult, parent or teacher if someone or something online makes you feel worried or uncomfortable

● You can also engage them in the online safety quiz (below) by asking them the questions in the table below and allowing them to debate on the answers and finally giving them the correct answer as indicated in the table.

● For the second part of the activity, ask one volunteer to pick the picture of the girl sending her nude picture to her male friend and the male friend sharing it with others who in turn are laughing at the lady. Ask the volunteer to show the picture to all the participants.

● Ask two or three volunteers to describe what they see in the picture

● Ask all the participants whether what they see and have described happens amongst adolescents, why they think it happens, whether it is safe to do that and what needs to be done to safeguard against such behaviours.

● Conduct the **Online Safety Quiz[34]** (refer to Handout 5.1 at the page 62)

● Conclude by saying that with adolescents spending so much time online and on social media it is very important that you explicitly put measures in place to protect yourselves online. Most adolescents get the "stranger danger" talk at home and school, so they know about how to handle strangers in their neighbourhood and in face-to-face situations but not how to handle the stranger they meet online/social media.

● In as much as these media can be used to access information for studies etc. there are also very dangerous, harmful and un-useful information all over the internet. This is why it is very important to really think about the sites you visit, the information you share on the various social media platforms and who you share your personal information with on these platforms.

Thank them and ask permission to leave after scheduling the next meeting date with them.

---

34   www.stopthinkconnect.org

PART II

FACILITATION GUIDE FOR ACTIVITIES ON ADOLESCENCE, SEXUAL AND REPRODUCTIVE HEALTH, GENDER AND SEXUAL AND GENDER BASED VIOLENCE (SGBV)

2.2 TOOLS AND EXERCISES FOR ENGAGING FAMILY AND COMMUNITY MEMBERS

In these exercises involving parents, families and community members, the facilitators should try to increase participants' understanding of the unique vulnerabilities, challenges and protection concerns that adolescent girls and boys face growing up, and try to stimulate reflection/ address any biases they may have which prevent them from openly speaking to adolescents; often perceiving adolescents as unruly, stubborn, trouble markers; reinforcing gender stereotypes that unfairly discriminate between resources and opportunities provided to adolescent girls and boys.

a. ADOLESCENTS DEVELOPMENT LADDER

The purpose of this exercise/activity is to help the families and community members to understand the various developmental stages adolescents go through and appreciate the challenges associated with these changes using flash cards for the various age categories (starting from 10-13years, 13-16 years and 16-19 years) and discuss what they can do to support adolescents in their wellbeing and to achieve their full potential.

The discussion points will also include the gender socialization aspects, and how various gender norms and stereotypes can affect unequal opportunities for girls and boys growing up, what places and resources they have access to, what they are told they can do, what they are taught is proper to do or feel or say depending on whether they are a boy or a girl, which different type of challenges they face that can ultimately affect their capacity to be protected from violence and abuse, continue in their education and develop to their full potential.

> *For greater detail on this activity, it is also suggested that facilitators refer to the earlier section "Activities and Games for Engaging Adolescents".*

Materials/Tools:

Various flashcard can be used to support such discussions, including:

● **Flash cards of the child development stages (focus on 10-13, 13-16 and 16-19 years)**

● **Puberty and sexuality flashcards**

● **Adolescent Protection issues flashcards**

You will also need attendance sheets, flipcharts, coloured markers, pens and notebooks as a minimum.

PART II

FACILITATION GUIDE FOR ACTIVITIES ON ADOLESCENCE, SEXUAL AND REPRODUCTIVE HEALTH, GENDER AND SEXUAL AND GENDER BASED VIOLENCE (SGBV)
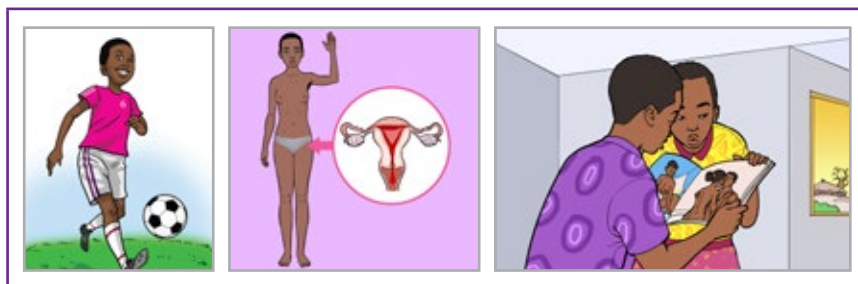
Method:

- Introduce the exercise by asking the participants to describe what adolescence is (ensure they include definition of a child in the age bracket of 10-19 years)

- Then explain that you are going to look at the different stages of the adolescents' development with them. Certainly, as children grow, changes are bound to occur. Since these are inevitable, it is important for families and community members to understand the changes and feelings they go through so they can support them by preparing their minds in advance of these changes. Knowledge about the obvious changes that occur as people grow will enable them to accept and appreciate the changes when they do take place.

- Also inform them that their involvement in this activity is voluntary, they should not feel embarrassed about anything that is discussed, any questions they may have, or any experiences they may want to share. If they feel they don't want to share with the whole group that is fine. Inform them that the facilitators are around if they want to talk to them individually or in private

- Ask volunteers from the group to pick the flash cards with the three stages in the adolescent life and show them to the rest of the participants across the three age category (starting from 10-13years, 13-16 years and 16-19 years)

- Ask the participants to describe some of the changes they know which occur during each of these stages of adolescents' growth/development
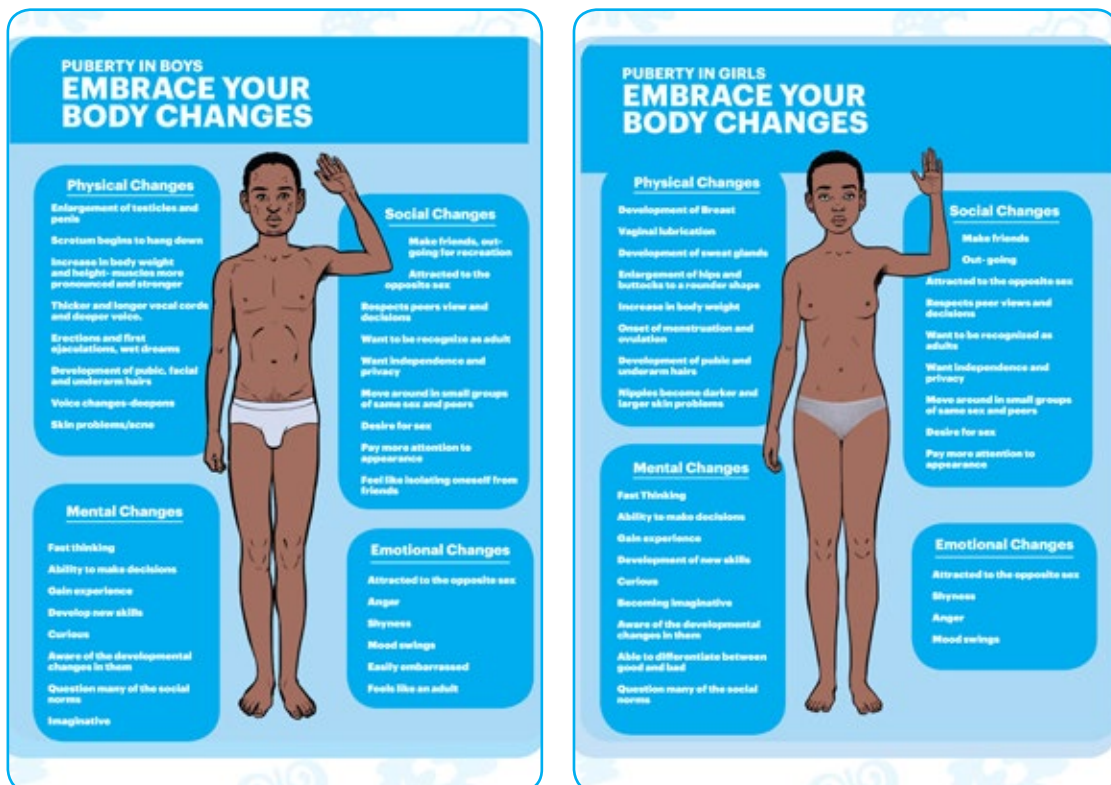
- After they have mentioned and described these changes add that most adolescents go through the same types of changes and transitional phases which are part of normal human development and can be grouped into:

  - **Physical,** which generally involves the experience of a growth spurt, which involves rapid growth of bones and muscles. This begins in girls around the ages of 9-12 and in boys around the ages of 11-14

  - **Cognitive,** which involves a dramatic shift in thinking from concrete to abstract, ability to analyse situations logically in terms of cause and effect, rapid development of all aspects of intelligence like judgment, reasoning, comprehension, memory and concentration, ability to think about the future and set personal goals, wanting to challenge authority and contributing to community and family decisions, deciding and doing things for themselves etc.

  - **Emotional,** which involves establishing a sense of identity which is made up of two components such as the Self-concept – that is the set of beliefs about oneself, including attributes, roles, goals, interests, values and religious or political beliefs and Self-esteem – which has to do with how one feels about one's self. This include experimenting with different ways of appearing, sounding and behaving at this stage gender and cultural differences, gender roles and stereotyping come in a lot influencing boys and girls on what to wear to be acceptable among peers and in society, how one is expected to relate to others, etc.

PART II

FACILITATION GUIDE FOR ACTIVITIES ON ADOLESCENCE, SEXUAL AND REPRODUCTIVE HEALTH, GENDER AND SEXUAL AND GENDER BASED VIOLENCE (SGBV)

- ◎ **Social and behavioural,** which takes place in the context of all their relationships, particularly those with their peers and families

- ◎ **Sexual maturation (puberty),** which also begins at this time and closely interacts with the physical, emotional and social development especially during puberty (inform them this aspect will be handled in detail in the next activity)

● Ask them how when growing up culture, gender roles, norms, stereotyping and perceptions affect these changes boys and girls go through and their experiences. E.g. what adolescents wear, which places they have access to, what toys they are expected to play with, what they are told they can do, what they are taught is proper to do or feel or say depending on if they are girls or boys, etc.

● Ask 2 or 3 volunteers to summarize the key learning points and add that knowledge about the natural changes adolescents experience will enable parents, family members and community members to better understand their needs and peculiar vulnerabilities, while avoiding stereotyping misconceptions about adolescents (i.e. ask the participants to mention some of the misconceptions they have about adolescents – for example that they are stubborn, that they always want to argue with the parents or older siblings, that they like indulging in risky behaviours, etc.). It is important for parents and caregivers to understand that such drastic changes can be very fast and confusing, and are associated with many challenges. Hence adolescents need to be supported rather than judged and guided to make informed and empowered decisions about life choices

● Introduce the second part of the activity by asking participant to mention some of the challenges and protection risks adolescents face in their communities, paying attention to what girls and boys experience differently *(Note: this second part can be another activity that can be carried out on another day if the discussions on the first part take a longer time than anticipated. In this case you can let participants know that the discussions will continue at the next community meeting)*

● Then ask volunteers to pick the flash cards depicting the challenges adolescents face and to show them to the other participants

● One by one, let the volunteers describe what they see in the flash cards they are holding and ask the whole group whether such challenges exist in their communities

● Ask them why they think these challenges exist, what are some of the root causes

● Ask them whether the challenges are associated with culture, gender norms, stereotypical roles or perceptions, and how in their opinion socio-cultural barriers constrain or disadvantage adolescents, especially girls

● Ask the participants to explain what a "good or ideal boy/girl" is and what a "bad/stubborn boy/girl" is for them (support them in challenging common stereotypes)

PART II

FACILITATION GUIDE FOR ACTIVITIES ON ADOLESCENCE, SEXUAL AND REPRODUCTIVE HEALTH, GENDER AND SEXUAL AND GENDER BASED VIOLENCE (SGBV)

- Finally ask them what they can do as family and community members to support adolescents in the community so they don't' fall victims to such challenges and have access to the information and skills they need to make informed and positive choices for their lives (e.g. you can take as an example the issue of teen-age pregnancy, to have a reflection/dialogue around what were the causing factors and what families and communities could have done differently to support the adolescents involved – like family dialogue, access to ASRH information/services, counseling, support to girls' material needs and education, school re-entry after delivery, etc.

- Take the opportunity to bring the attention to what families and communities can do to better address the needs of particularly vulnerable groups of adolescent girls and boys (e.g. adolescents with disabilities, teen-age mothers, married girls, girls and boys from poor households, out of school children, working adolescents, etc.)

- Highlight how it is critical to empower adolescent girls and boys with the right knowledge, skills and support so they are the first responsible for their own protection and development. Add that some of the solutions to the problems and challenges adolescents face include good parental care, open and frequent dialogue between parents and children, support and guidance from extended family members, community members, religious leaders, church groups, peers, positive role models, etc.

Thank them and ask permission to leave after scheduling the next meeting date with them.

PART II

FACILITATION GUIDE FOR ACTIVITIES ON ADOLESCENCE, SEXUAL AND REPRODUCTIVE HEALTH, GENDER AND SEXUAL AND GENDER BASED VIOLENCE (SGBV)

b. PUBERTY AND SEXUAL DEVELOPMENT OF ADOLESCENTS

The purpose of this activity is to enlighten families and community members on the various changes adolescents go through during puberty as part of their development process, some of the dangers and risks they may be exposed to e.g. SGBV, STIs etc. and the specific needs adolescents, particularly adolescent girls, may have in terms of a more enabling environment for their access to quality ASRH services, counselling, and well-being etc. While the tools for girls and boys under the Puberty section have a lot of emphasis on the biological experience of adolescence, this Section is being included for the family and community members to support their understanding of the puberty phase during adolescence and the peculiar vulnerabilities and challenges associated to it.

Materials/Tools:

Pictorial Cards describing puberty (various changes during puberty for boys and girls), including cards showing girls and boys sexual organs, as well as the flash cards emphasizing the specific needs of adolescent girls and boys in terms of creating a more enabling environment for their access to quality SRH services, counselling and well-being etc.

You will also need attendance sheets, flipcharts, coloured markers, pens and notebooks as a minimum.
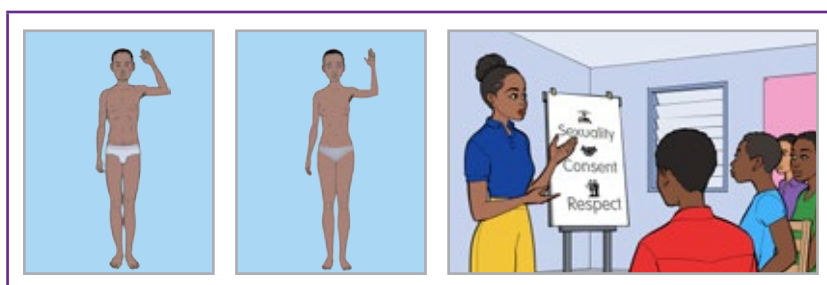
Method:

● Ask participants to explain to you what they understand by the term "puberty". Allow about 3 women or men to give you their answers – depending on whether the group is made up of women or men or both (this activity can be carried out separately for women and men if perceived that this would enable greater participation from both sides due to the topic sensitivity)

● Continue by informing them that today's activity is a continuation of the last activity on the adolescents' development, to better understand what happens to girls and boys during puberty, the different changes and experiences they face, and how they can be supported to cope with the challenges associated with these changes. Also, how caregivers can become more sensitive and overcome own biases

● Divide the participants into two Groups, one for women and the other for men. Ask the women's group to try and list some of the changes boys go through during puberty and ask the men's group to also list the changes girls go through during this period and give them about 10minutes to discuss

PART II

FACILITATION GUIDE FOR ACTIVITIES ON ADOLESCENCE, SEXUAL AND REPRODUCTIVE HEALTH, GENDER AND SEXUAL AND GENDER BASED VIOLENCE (SGBV)

- During plenary ask the two groups to nominate one person each to present what they discussed. After the women's group completes their presentation, ask the men whether they remember and identify with the changes the women have presented and whether there are other things they did not include. Repeat same for the men's group and ask the women the same question

- After both the women and men have given their inputs summarize by mentioning the key points included in the Puberty Flashcards (one for girls and one for boys), highlighting the various changes from a physical, emotional, intellectual, sexual perspective

- Ask them how they coped with these changes especially the physical, sexual and emotional changes when they were young and how they think they can help their adolescent girls and boys to cope with these changes

- In addition to the answers they give, inform them that puberty can be both confusing and exciting. Adolescence bring changes in the way they feel about themselves and about other people. Many adolescents become sensitive about their bodies, they develop the need to belong and be accepted as well as the attraction towards the opposite sex, which is normal in this stage of life. They become curious about sex and may explore their sexuality by themselves, with a friend, or with a sexual or romantic partner. When these explorations are based on unreliable sources of information, young people stand the risk of contracting Sexually Transmitted Infections, including HIV, having unplanned pregnancies, with the attendant consequences - hence it is very critical that parents and community members convey the right and reliable information, guidance and dialogue about these issues with girls and boys, at the time they need it the most

- Ask the participants how gender roles, gender norms, perceptions and stereotyping can affect adolescents during this period – if differently for boys and for girls

- Ask them whether they are aware of any negative cultural practice associated with this period of transition into adulthood especially for girls (e.g. puberty rites, female genital cutting/mutilation, child marriage, etc.). Help them reflect on how these practices affect girls' development and outcomes from a health, educational, empowerment, psycho-social wellbeing perspective. Ask them which ones they consider harmful, and which ones they consider beneficial and why

- Ask them what they think they can do in order to help bring a change to abandon such harmful practices

- Highlight that gender roles/expectations often sharpen dramatically around puberty. This change is often marked by a growing gap in boys' and girls' access to information, opportunities and resources and shapes different expectations on their behaviours, including:

  ◉ Boys are pressured to be brave and strong

  ◉ Boys may experience disapproval if they express certain emotions, such as vulnerability, indecisiveness, or tenderness

  ◉ Boys are often pressured to become sexually active at an early stage to prove their masculinity. In contrast, in most settings girls who are sexually active at early stages are met with social disapproval, and labelled as 'bad girls'

PART II

FACILITATION GUIDE FOR ACTIVITIES ON ADOLESCENCE, SEXUAL AND REPRODUCTIVE HEALTH, GENDER AND SEXUAL AND GENDER BASED VIOLENCE (SGBV)

- ◉ In some settings, girls find that their freedom is seriously restricted at puberty. Their schooling may end, their style of dressing may be limited, their behaviour may be constrained by social expectations, and they may be assigned additional household duties

- ◉ Girls, in particular, are often subject to sexual advances, both well-meaning and harassing

- ◉ For girls in some settings, reaching puberty signals that they are of an age to be married and have children, at times suffering child marriage and its negative consequences. This is most common in rural areas of Ghana, among poorest households, and affecting particularly girls with lower levels of education

Conclude by summarizing with these points

- ● At puberty, sexual and reproductive organs begin to mature. For girls, physical changes associated with puberty include menarche (beginning menstruation); the development of breasts; growth of underarm and pubic hair; and other physical changes. For boys, the physical changes that become manifest in their body development at puberty includes: the initiation of involuntary orgasm during sleep (called nocturnal emission or wet dream); production of sperm; the growth of facial, pubic, and body hair; deepening of the voice, among other changes

- ● Families and communities often expect adolescents to assume greater responsibilities and sometimes allow them greater freedom during adolescence

- ● Families and communities also exert great pressure on adolescents to conform to expected and stricter gender roles as they grow up

- ● The challenges and risks these changes during puberty present call for responsible parenting, in particular as regards to sexuality and relationship education for adolescent girls and boys, based on consent and respect. It is important to bring their attention to role parents and caregivers can play in reducing vulnerabilities and risks, particularly for girls, to exploitation, violence and abuse (e.g. parental neglect most often cited among the pushing factors for girls to engage in transactional sex to cover their basic needs). It is also important for parents/caregivers to create an environment in which they listen to adolescents and make them they feel comfortable to open up and talk to adults when there are issues that they are afraid of, that hurt them or when they feel in danger and need help (e.g. in case of sexual harassment in school, sexual violence, online exploitation, etc.)

Thank them and ask permission to leave after scheduling the next meeting date with them.

PART II

FACILITATION GUIDE FOR ACTIVITIES ON ADOLESCENCE, SEXUAL AND REPRODUCTIVE HEALTH, GENDER AND SEXUAL AND GENDER BASED VIOLENCE (SGBV)

c. FRIENDLY CONVERSATION WITH ADOLESCENTS

The purpose of this activity is to discuss with families and community members the importance of having friendly conversations with adolescents and make them feel good about themselves in a period which is difficult for them.

Materials/Tools:

Multiple flashcards can be used for this activity, including:

● The Flash Card depicting parents and adolescents having a good conversation in a very friendly and relaxed manner

● The card with an adolescent boy/girl making his/her point during a family discussion

● Card of adolescent been praised by an elderly community member.

You will also need attendance sheets, flipcharts, coloured markers, pens and notebooks as a minimum

Method:

● Introduce the activity by informing participants about the objectives as stated above.

● Ask volunteers to pick the flash cards and show them one by one to the participants (ensure some gender balancing among the volunteers)

● Ask the volunteers one by one to describe what they see in the picture

● After every volunteer describes what the picture depicts, ask the participants whether the situation described is common in their homes or in the community

● Ask them what they think are the advantages of creating spaces for dialogue with adolescents in families and communities, how they can benefit the adolescents girls and boys, and how they benefit their caregivers and family members

● If these scenarios are not considered common in their homes and communities, ask them why, what are the barriers and what they would like to do to see the situation changed

● Add that often there are some "push and pulling factors" that affect adolescents protection and development. What pushes girls and boys outside of their homes into risky behaviors? Are parents and caregivers responsible for some of those pushing factors? What pulls girls and boys within the communities to risky behaviors? Allow participants to come up with examples relevant to their own local context (e.g. poverty, parental neglect, family breakdowns, domestic violence,

PART II

FACILITATION GUIDE FOR ACTIVITIES ON ADOLESCENCE, SEXUAL AND REPRODUCTIVE HEALTH, GENDER AND SEXUAL AND GENDER BASED VIOLENCE (SGBV)

- Help them to reflect on what makes a community safe or unsafe for adolescents, and what are the responsibilities of caregivers and community members to create safer environment/spaces for adolescents, especially girls

- Add that these "push and pull factors" are the more reason why it is very critical for caregivers, family and community members to create an enabling and friendly environment for adolescents to feel loved and comfortable to freely discuss issues concerning them, and the challenges they face as they go through this very delicate stage of their development.

Thank them and ask permission to leave after scheduling the next meeting date with them.

d. THE GENDER/AGE POWER WALK ACTIVITY

The purpose of this activity is to demonstrate to community members how gender and age, as well as factors like inequities in communities' culture, socio-economic and rural/urban status, can pose particular risks and at times limit opportunities for certain more vulnerable groups.

Materials/Tools:

Character Cards and the sentences. You will also need attendance sheets, flipcharts, coloured markers, pens and notebooks as a minimum

THE POWERWALK CHARATERS CARD

(*Can use as many characters as there are participants)

Headmistress of a Senior High School	Street boy, aged 10
Male Lawyer with private firm	Girl aged 13, Pure water seller on the street
A rich cocoa farmer	Boy aged 14, never went to school
A female medical Doctor at the District Hospital	Girl, aged 12, never went to school
Village Court Magistrate (Male)	Boy aged 10, living in an Institution
15 year old son of the village chief	Boy aged 18, completed SHS
Local member of Parliament	Girl, aged 13, completed JHS
Police Station Commander	Boy, aged 12, working on fishing boats in the Lake Volta
Female HIV and AIDS peer educator	Boy aged 17, arrested for robbery
Female sex worker, 16 years, never went to school	Girl, 14 years old, victim of sexual abuse
Male University Student	Teenage mother, aged 14, dropped out of JHS
Girl 15years Kayayo living and working in the streets	Girl, 15 years given in marriage by her family
Girl 13 years house help	A Boy 10 years with a disability
Female university student	Girl, 14 years, from a poor family
Single mother of 4 young children	

PART II

FACILITATION GUIDE FOR ACTIVITIES ON ADOLESCENCE, SEXUAL AND REPRODUCTIVE HEALTH, GENDER AND SEXUAL AND GENDER BASED VIOLENCE (SGBV)

Method:

- Give each of the participants a piece of paper with a character written on it. The characters are listed in the above Table. If there are fewer than 20 participants, reduce the number of characters, making sure you do not take out too many one from one group (e.g. all the powerful ones, or all the vulnerable ones)

- Request the participants to join at an open space for the exercise. Ask participants to stand in a row

- Give an instruction to participants to take one step forward if the read aloud statement applies to his/her given character. For all other characters where a statement is not applicable, they cannot move and must stay where they are

- Read the following statements:

NB: Please adapt the statement to suit the context of the target groups engaged in the exercise. Select statements that are applicable to your context.

SENTENCES

1. I feel confident that I can achieve my dreams and aspirations
2. I have a network of support that I can rely on in case of need
3. I feel that I am treated respectfully and valued by my peers and superiors
4. If I am arrested, I get legal representation
5. I have time to rest, study and do my home work
6. I would be confident if I had to speak to make my views heard and obtain what I want
7. I know where to report and seek support and information if I am abused or maltreated
8. I feel safe in my daily life
9. If I was hungry, I could access nutritious food, or buy it
10. I can decide when and who to marry and when to have children
11. I can easily find a job or employment opportunity to sustain myself
12. I can seek justice if my rights are abused
13. My views are listened and respected in my family and the community
14. I have time to play and have fun with my friends
15. If I am arrested, I would not be treated violently or roughly
16. I can go to school to any level I want
17. I have access to information on sexual and reproductive health issues to make informed decisions
18. If I got into a fight, people would ask and believe my side of the story
19. I can name some of the laws in the country that state my rights
20. I feel I am treated equally to my siblings and given the same attention and opportunities
21. I feel I am treated fairly on the workplace compared to other co-workers

PART II

FACILITATION GUIDE FOR ACTIVITIES ON ADOLESCENCE, SEXUAL AND REPRODUCTIVE HEALTH, GENDER AND SEXUAL AND GENDER BASED VIOLENCE (SGBV)

- Upon completion of the sentences, participants will find themselves spread in different positions with some closer to the reader and others still at the back of the space/room. Some participants may have never been able to move from their original position throughout the game.

- **Some key questions facilitators may want to ask for reflections**

  - Why are some people at the back, and others are at the front?

  - Ask those at front: who are you? How did you feel when you realized you could move forward? What are some of the factors that enabled you to move forward? What do you think about the people that stayed at the back?

  - Ask those at the back: Who are you? How did you feel when the others were stepping forward? What are some of the factors that you think hold you back? What do you think about the people at the front?

  - Can the participants who took none or only took a few steps have their voices heard by those at the front? How could they be heard?

  - What is the position of girls, boys (children) and women relative to others in the power walk? *(this is because normally adolescent girls, boys and women will mainly be the characters that stayed at the back)*

  - Does this happen in our communities? What can we do to address the inequalities and specific needs of adolescent girls and boys and women in our communities?

Key Take-Away Points

- Explain that these are people we normally meet when in the community. Explain that these (adolescent girls and boys, women) are people who deserve attention, because they are disproportionately and unfairly disadvantaged.

- Gender and Age can pose particular vulnerabilities and at time limit opportunities /expose to risks

- The distance between participants symbolizes lots of real distances or inequities in communities. What are they? (gender, age, socio-economic, cultural, rural/urban, status, etc.)

- Discuss the outcomes of the power walk and its implication on community level activities. Deliberate efforts are required to identify these more vulnerable groups and engage them/ address their needs in deliberated/targeted manner

- How can we build capacities to identify these vulnerable groups in the community, listen to them and provide support as per their vulnerabilities and needs?

Thank them and ask permission to leave after scheduling the next meeting date with them.

PART II

FACILITATION GUIDE FOR ACTIVITIES ON ADOLESCENCE, SEXUAL AND REPRODUCTIVE HEALTH, GENDER AND SEXUAL AND GENDER BASED VIOLENCE (SGBV)

e. SUPPORTING THE ADOLESCENT MOTHER

The purpose of this activity is to discuss with families and community members what they can do in order to support the psycho-social wellbeing of the adolescent mother – ensuring networks of support, her health, mental and emotional wellbeing, education needs, care for her new-born, etc.

Materials/Tools:

The Flash Cards of a young mother being supported by family and friends to return to school after delivery, and re-establish her peer networks of support.

You will also need attendance sheets, flipcharts, coloured markers, pens and notebooks as a minimum.

Method:

● Introduce this exercise to the participants by stating the purpose thereof as indicated above (it will be revealing to carry out this activity with participants mix of both women and men).

● Bring participants attention to the fact that in many communities in Ghana adolescent girls who get pregnant during teen age, are considered as "bad girls" and hence are left on their own to cater for themselves; some parents threaten to disown them or they stop providing for them and their new-borns; most of them drop-out of school; some are forced to marry or cohabitate with the boy/man responsible for the pregnancy, at times against her will; they face challenges in providing adequate nutrition and healthcare to their children, they face barriers including the inability to register their child at birth

● Ask a volunteer among the participants to pick the flash card and show it to the other participants. One after the other, ask those holding the card to describe what they see and ask whether such situations occur in the community (i.e. Does this happen in this community? What are the causes? – Facilitator should remember that pregnancy during adolescence can happen for many different reasons- unprotected consensual sex, unwanted /forced sex, as a result of child marriage and family formation, because it may be desirable/valued in a certain community and by girls, due to sexual exploitation, etc. and hence the facilitator should try using this opportunity for the community to reflect on why this is happening in their community and identify solutions)

PART II

FACILITATION GUIDE FOR ACTIVITIES ON ADOLESCENCE, SEXUAL AND REPRODUCTIVE HEALTH, GENDER AND SEXUAL AND GENDER BASED VIOLENCE (SGBV)

- These are some of the possible questions to stimulate community reflection and dialogue:

- How are teenage girls treated in this community when they get pregnant? Are they accepted in the family or thrown out of the house and considered outcasts? If they are thrown out, what are the reasons for the families to take those decisions? Ask the group to discuss what kind of impact that decision has on the wellbeing, protection and development of the girls and her new-born child

- Are the girls forced to marry or move in to live with the one responsible (cohabitation)? How are adolescent boys seen and regarded in the community if they are responsible for the pregnancy? Do they face the same level of stigma, judgement and limited options/opportunities than girls?

- Are girls supported to go back to school by their parents, friends and families or are they forced to drop out to take care of their babies? Is it the same treatment/expectation for boys and girls?

- What support can parents, caregivers and community members provide to adolescent mothers for their psycho-social wellbeing, health and development?

- What can the community also do in order to prevent or reduce teenage pregnancy and child marriage in the community? How girls can be given alternatives?

- After discussions, remind participants that child marriage is against the laws in Ghana for any child and adolescent below the age of 18 years. Child marriage in Ghana affects mostly girls, who are out of school, live in rural areas and belong to the poorest households. Also add that engaging in sexual acts with a child below the age of consent to sex, which in Ghana is 16 years, is child sexual abuse, which is a criminal offence in Ghana punishable with jail term

- It is important for parents and caregivers to feel confident to engage in dialogues with girls and boys on ASRH issues and provide them with accurate information and critical skills to enable them to make informed decisions about their sexuality and relationships and prevent unplanned pregnancies, STIs and possible exposure to exploitation and violence

- It is important to create safe spaces in the community for adolescent girls and boys to come together and feel safe and protected in discussing sensitive issues that affect them

- It is critical to engage boys and men on their responsibilities, defining more equitable gender roles and power relations, and highlighting their roles in the safety, protection and well-being of girls and women (Facilitators should also help caregivers reflect on their role to socialize adolescent boys as being respectful towards girls, supportive of equal distribution of power, resources and opportunities between girls and boys, adverse to violence and valuing relationships based on respect, trust and consent)

Thank them and ask permission to leave after scheduling the next meeting date with them.

PART II

FACILITATION GUIDE FOR ACTIVITIES ON ADOLESCENCE, SEXUAL AND REPRODUCTIVE HEALTH, GENDER AND SEXUAL AND GENDER BASED VIOLENCE (SGBV)

f. PROMOTING BIRTH REGISTRATION

Purpose:

The purpose of this activity is to help parents and family members to know the importance of Birth registration especially before the first birthday of the child (i.e. one year old).

Materials:

Flash Cards on Birth Registration

Method:

Explain that Birth registration is the process by which a child's birth is recorded in the civil register by the government authority. In Ghana this service is provided by the Births and Deaths Registry. It provides the first legal recognition of the child and is generally required or the child to obtain a birth certificate as a proof of registration. A birth certificate is one of the fundamental documents that serves as evidence to confirm a person's age, identity and nationality

Only 63% of children born in 2016 registered leaving nearly 40% unregistered (Births and Deaths Registry Report 2016) even though ALL children are expected to be registered. A lack of recognition and a proof of identity will ultimately make life more difficult for children as they grow older. The aim of this session therefore is to raise awareness on the importance of birth registration and where the service can be accessed. It is however very important to link birth registration with a very important traditional practice – Naming Ceremonies, which is done for almost every child by every ethnic group in Ghana. This is to reinforce this positive indigenous practice and also motivate parents to formalize this by registering the birth of the child with the Births and Deaths Registry.

Adolescent mothers and fathers often lack information and resources to ensure that new-born babies receive their birth certificates. It is important for caregivers, families, communities and service providers to guide them and support them in this process

Introduce the exercise by asking the participants why we give names to our children and why this is important. What are the traditions that go with the naming of our children? What do people take into consideration before they give names to their children?

PART II

FACILITATION GUIDE FOR ACTIVITIES ON ADOLESCENCE, SEXUAL AND REPRODUCTIVE HEALTH, GENDER AND SEXUAL AND GENDER BASED VIOLENCE (SGBV)

Show them the **Flash Card # 1** and ask participants the following questions and probe further to stimulate the discussions.

i.   What do you see in the picture?

ii.   Does this happen in our community?

iii. Where do naming ceremonies take place in this community? E.g. in homes, churches, mosques etc.

iv.   Who are the people who normally officiate the naming ceremonies? E.g. Family Heads, Pastors, Imams etc.

NB: Facilitator should link this important tradition to birth registration and encourage parents to go beyond the naming ceremony to register the birth of their children with the Births and Deaths Registry.

● Show **Card # 2** on Birth Registration. And ask the following questions to stimulate the discussion.

i.   What do you see in the picture?

ii.   What do you think is happening?

iii. Do parents in this community do this for their children?

iv.   What are the reasons why some do and others do not?

v.   Do adolescent mothers and fathers register their children? If not, what are the reasons? Are there any barriers?

vi.   Why is it important to register the birth of every child?

vii. What will be the effect if we don't register our children?

viii. Where can parents go to register the birth of their children in this community/area?

PART II

FACILITATION GUIDE FOR ACTIVITIES ON ADOLESCENCE, SEXUAL AND REPRODUCTIVE HEALTH, GENDER AND SEXUAL AND GENDER BASED VIOLENCE (SGBV)

Continue the discussion by mentioning the importance of Birth Registration as listed below

THE IMPORTANCE OF BIRTH REGISTRATION

i. Proof of Identity and Nationality: The birth certificate is a useful document and may be required as a proof of identity, nationality, age and parentage

ii. Access to Services e.g. education, health etc.:

  ⦿ Facilitate to access certain services e.g. education
     (admission requirement for some schools)

  ⦿ Ensures age appropriate medication for the child)

  ⦿ Facilitate acquisition of travel documents e.g. passport, visas etc.

  ⦿ Facilitate recruitment processes for employment, pensions etc.

iii. It can provide protection: Birth registration protects children and provides them with their legal rights. Without identification, government officials have no documentation of a child's existence and age. As a result, the law is incapable of protecting such children from crimes and abuse.

iv. It can help provide an inheritance: If an unregistered child's parents die, they need to legally prove that they are related to inherit their family property. With birth registration, a child will have the legal proof of their family ties, ensuring they receive what belongs to them.

v. It creates a permanent record of existence: If a disaster strikes and a child is separated from his or her family, a reunion could be next to impossible without proper identification. But with birth registration, government officials can safely unite families and prevent any child from going unaccounted for.

Conclude by providing the following key messages:

i. Birth Registration is a basic right for every child

ii. In Ghana Birth Registration is free for children less than 1 year. So don't wait, register your child immediately after birth.

iii. A fee will be charged for late registration, i.e. for persons who are 1 year and above.

iv. You will be given a birth certificate as a proof of the registration of birth.

v. Family Heads, Pastors, Imams etc. who officiate naming ceremonies should encourage parents to register the births of their children. Religious leaders can also demand the birth certificate as requirement for other religious ceremonies such as dedication, baptism, confirmation etc.

vi. Adolescent mothers and fathers often lack information and resources to ensure that their new-born babies receive their birth certificates. It is important for caregivers, families, communities and service providers to guide them and support them in this process

vii. Contact the Births and Deaths Registry at the District Assembly or the Nearest Hospital or Birth Registration Volunteer

viii. In conclusion stress on the importance of registering the birth of a child immediately after birth and where the parents can register the birth of their children.

PART II

FACILITATION GUIDE FOR ACTIVITIES ON ADOLESCENCE, SEXUAL AND REPRODUCTIVE HEALTH, GENDER AND SEXUAL AND GENDER BASED VIOLENCE (SGBV)

2.3 SUGGESTIONS FOR USING EXISTING TOOLS TO DISCUSS ISSUES OF GENDER, ADOLESCENCE, ASRH, SGBV

Existing Toolkit Activity	Using the Tool to facilitate discussions on Gender, Adolescence, ASRH, SGBV
C.2: Good and Bad Behaviour (can be used to engage adolescents)	Give each child a sheet of paper and ask them to write down or draw good and bad behaviours particularly exhibited by adolescents or by others against adolescents that come into their minds which are present in their community/school.
C3: Mapping of Safe and Unsafe Areas within the Communities/ Schools (can be used to engage adolescents)	Divide the adolescents into groups and hand out a sheet of paper and marker pens to each group. Ask each group to draw a map of their community/village/school or the road to school and to mark out on the map areas considered safe and unsafe, especially for girls. Usually it may be easier to separate younger adolescents (10-13) from older adolescents (14-18). Also, it may be useful at times to separate girls from boys, as they may have different perspectives on what constitute a safe and an unsafe place; lastly look at particular needs (e.g. young mothers with children/ working adolescents, etc.) which may have peculiar perspectives. Ask a volunteer from each group to provide the feedback to the larger group and to highlight why they consider the areas unsafe. Finally ask them what they can do to ensure they are safe and protected in their homes, schools and community
C.4: Children's Rights and Responsibilities (can be used to engage adolescents, families and communities too)	Introduce the exercise by informing participants that every human being has rights but these rights have the corresponding responsibility. Ask the participants (adolescent girls and boys, families or community members depending on the group being engaged) to read the rights, As well as the responsibilities that go with those rights. Help them to reflect on why the focus should not only be on the rights but also on the responsibilities, particular as it applies to the adolescence age

PART II

FACILITATION GUIDE FOR ACTIVITIES ON ADOLESCENCE, SEXUAL AND REPRODUCTIVE HEALTH, GENDER AND SEXUAL AND GENDER BASED VIOLENCE (SGBV)

C.6: The Shark's Island or the Crocodile's Island (can be used to engage adolescents)	Ask them to reflect and discuss who the "lifeguards" are (those they can trust), who the 'sharks' are (risks and dangers), where are the 'islands' (safe places) or other places where they can feel protected, and how can they help each other in order to stay safe and protected. It is also possible to discuss the other 'dangers of the sea', the places or situations where they can be more or less at risk (e.g. in the street, staying outside late in the night, unguided street jams after funerals that run late in the night, being in a violent home, having unprotected sex, etc.). Discuss with them and ask them how they think they can protect themselves from these dangers. Conclude by reminding them that protecting themselves from these dangers is one of their responsibilities that goes with their right of being protected, and has an impact on their capacity to achieve their dreams and full potential.
F4: Boys and Girls Roles Analysis (can be used to engage adolescents, families and the community)	Highlight how gender socialization becomes even more accentuated during adolescence and reflect on what kinds of inequalities it brings for girls vs boys. Support girls and boys in challenging gender stereotypes and propose alternative roles distribution models. Highlight how gender roles and norms can change with time and from culture to culture. Therefore, change towards more equitable roles and opportunities distribution for girls, boys, men and women is possible starting from our own families and communities
F.6: The Family Gift Box (can be used to engage adolescents, families and community	Use the same guidelines but emphasize what 'gifts' can be given to adolescents to ensure they grow to be productive and contribute to the development of the society. Stress the fact that adolescents have been created with the inner strength to solve many problems on their own but need "gifts" from parents, elderly siblings and members of the community to build and sharpen this inner strength. No matter how strong adolescents are or may appear to be, parents, caregivers, siblings, family and community members need to remember that they need all the love, warmth, guidance and structure to guide them to become responsible and productive adults and make the right decisions and choices.
CM.3: Tug of War (for engaging community members)	Tugs represent all different options, possibilities and temptations that pull adolescents in various directions. The focus of discussion should also include what adolescents can do to protect themselves, what families and communities can do ensure that adolescents don't become victims of such risks and temptations or are supported to recover once they fall victims (e.g. supporting a teenage mother/father to go back to school)

PART II

FACILITATION GUIDE FOR ACTIVITIES ON ADOLESCENCE, SEXUAL AND REPRODUCTIVE HEALTH, GENDER AND SEXUAL AND GENDER BASED VIOLENCE (SGBV)

CM.4: Sack of Stones (for engaging girls and boys and community members)	Focus of the discussion should be on the dangers and challenges adolescents face during this developmental stage. Attention should be given to different needs, vulnerabilities and challenges faced by girls vs boys, and what are protective actions that all families and community members can take to support adolescents in this delicate stage of their lives
CM.5: Children's Problems, Our Problems (for engaging community members) - the title then becomes Adolescents' Problems, our Problems	The purpose of this exercise is to help community members realize that the problems that adolescents face are their problems as well; hence they are also responsible for creating a safe, protective and problem free environment in the community for the adolescents.
CM.6: The balloon game (both adolescents and community members)	This game can also be used to engage adolescents, in which case the balloons represent their lives that they need to protect from dangers and risks associated with their development by making the right choices. Reflect with them on what parents/caregivers/community members can do to reduce their vulnerabilities and create a more protective environment around them (e.g. being present, provide guidance, meet basis needs, listening, etc.)
CM.8: Circle of Support (both adolescents and community members)	This activity helps the community to realize how they can become a more supportive environment for adolescent girls and boys if they work together (e.g. case of an adolescent girl/child bride who becomes pregnant being in the middle of the circle).
	This can also be conducted with adolescent girls and boys to emphasize how they can support each other as peers when they are in need of information, support or they are at risk, and how they can rely on support network of adults (e.g. teacher, parent, trusted adult, social welfare, nurse, police, church member, etc.)
Existing Flashcards	There are already developed flashcards that can be used on adolescent protection issues –i.e. on sexual harassment in school, sexual violence, trafficking, teen age pregnancy, child marriage, school drop-out and child labour, gambling, alcohol and drugs, etc.

REFERENCES

Some of the information, tools and exercises outlined in this document have been adapted from existing community-based facilitation/social mobilization resources and reference materials developed in Ghana and other countries. These include:

Action Aid Ghana, Training Manual for Girls' Clubs, Patrons and Organisations working for Girls' Rights and Development

Barry Tolchard, Franklin Glozah and David Pevalin, Attitudes towards Gambling in Ghanaian Adolescents, University of New England & University of Essex, 2014

Centre for Reproductive Rights, Empowering Adolescents to Exercise their Reproductive Rights, 2017

Daniel Ennin, Cybercrime in Ghana: A Study of Offenders, Victims and the Law, Thesis submitted to the University of Ghana, Legon in partial fulfilment of the requirement for the award of MPhil Sociology degree, July 2015

Ghana Education Service (GES), Be Amazing, Resources in Menstrual Hygiene and Management, www.menstrualhygienegh.org

Ghana Education Service (GES) and UNICEF Ghana, Teachers Handbook on Safe Schools, 2016

Ghana Health Service (GHS), Adolescent Health Service Policy and Strategy (2016-2020)

Ghana Statistical Service (GSS), Ghana Demographic and Health Survey, 2014

IRC Jordan, Adolescent Curriculum, with funding from the United Nations' Children's Fund (UNICEF)

John, N. A., Stoebenau, K., Ritter, S., Edmeades, J. and Balvin, N., Gender Socialization during adolescence in Low- and Middle-Income Countries: Conceptualization, influences and outcomes. Innocenti Discussion Paper 2017-01, UNICEF Office of Research – Innocenti, Florence, 2017

Ministry of Gender, Children and Social Protection (MoGCSP), Domestic Violence in Ghana, Incidence, attitudes, determinants and consequences, 2016

Ministry of Gender. Children and Social Protection (MoGCSP), National Strategic Framework on Ending Child Marriage in Ghana 2017-2026

Participatory Development Associates, A Situation Analysis, Adolescents and Young People in Ghana (10 to 24 years), Prepared for: Government of Ghana, UNICEF, DFID, UNFPA, January 2014

Plan Ghana, Strengthening Health Outcomes for Women & children (SHOW) Project Resources

Planned Parenthood Association of Ghana (PPAG) "KnowItOwnItLiveIt" Comprehensive Sexuality Education Manual for Young People, 2017

Population Council Ghana and UNFPA Ghana, Situational Analysis of Adolescent Girls and Young Women in Ghana – Synthesizing Data to Identify and Work with the Most Vulnerable Young Women, 2017

Sonia Livingstone, Anulekha Nandi, Shakuntala Banaji and Mariya Stoilova, Young adolescents and digital media uses, risks and opportunities in low- and middle-income countries: A rapid evidence review, 2017

UNESCO and UN Women, Global Guidance on Addressing School-related Gender-based Violence, 2016

UNFPA, Review of Policies, Strategies and Laws related to Child Marriage, Adolescent Health, Education and Employment in Five Countries in West Africa, 2016

UNICEF, Ending Child Marriage: Progress and Prospects, 2014

UNICEF, The National Training Manual for Community Engagement- Protecting Children from Violence, Abuse, Neglect and Exploitation, 2014

UNICEF Ghana, Handbook on Safe Schools

UNICEF Ghana, Risks and Opportunities Related to Children's Online Practices, Ghana country report, December 2017

UNICEF New York, A profile of child marriage in Ghana, Data and Analytics section Division of Data, Research and Policy, July 2016

UNICEF New York, Statistical Profile On Female Genital Mutilation/Cutting in Ghana, Data and Analytics section Division of Data, Research and Policy, December 2013

World Health Organization (WHO), Global Accelerated Action for the Health of Adolescents (AA-HA!), 2017

World Health Organization (WHO), Health for the World's Adolescents: A second chance in the second decade, 2014

World Health Organization (WHO), The Global Accelerated Action for the Health of Adolescents Framework, Towards implementation of the Global Strategy for Women's, Children's and Adolescents' Health (2016-2030)

PROVIDING
A SAFE AND PROTECTIVE
ENVIRONMENT FOR THE CHILD
Our Collective Responsibility

**ADDITIONAL TRAINING MODULE & ACTIVITY
FACILITATION GUIDE ON ADOLESCENCE, SEXUAL
AND REPRODUCTIVE HEALTH, GENDER, AND
SEXUAL AND GENDER BASED VIOLENCE (SGBV)**

GACA
GHANAIANS
AGAINST CHILD ABUSE

unicef
for every child

UNFPA-UNICEF Global Programme to Accelerate Action to End Child Marriage in Ghana

UNFPA

UKaid
from the British people

Government of the Netherlands

European Commission

Canada

unicef