



Government of Ghana

GUIDELINES

FOR COMPREHENSIVE SEXUALITY EDUCATION
IN GHANA

GUIDELINES FOR
COMPREHENSIVE SEXUALITY EDUCATION
IN GHANA

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Foreword


Dear Reader,

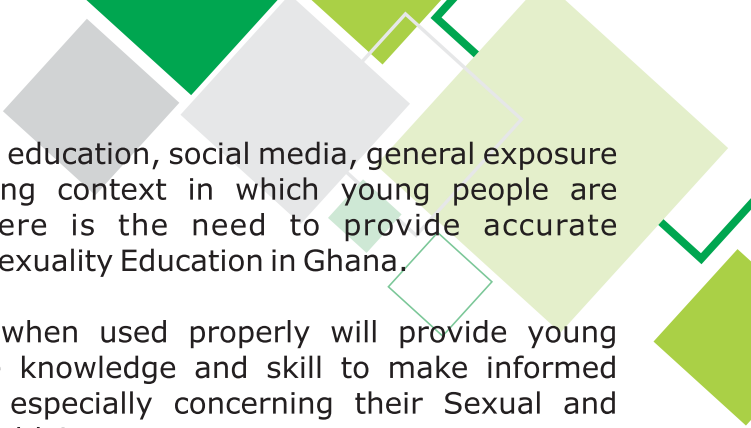
This is a guide on Comprehensive Sexuality and Reproductive Health Education (CSRHE) in Ghana. It is divided into two main sets of guidelines with modules.

The first set of guidelines are meant for in-school CSRHE. It is organised according to grade and age modules, spanning from age 4 to 18 years. They are to be used by teachers from the Kindergarten level to Senior High School level.

The second set of guidelines are also meant for Community-Based CSRHE. The modules are organised by age targeting children, adolescents and young people (ages 6-24 years). The Community-Based CSRHE can be used by stakeholders who offer Reproductive Health Education in communities in Ghana.

The purpose of the guidelines is to help teachers and other stakeholders (such as Community-Based Organisations) to provide appropriate training and support for young people. Specifically, to help them:

- acquire accurate and reliable information on sexual rights and reproductive health.
 - develop skills for self-development and decision-making, sense of self-confidence, assertiveness, ability to take responsibility, ability to ask questions, and seek help and empathy.
 - nurture positive attitudes and values including open-mindedness, respect for self and others, positive self-worth/esteem, comfort, non-judgmental attitude, sense of responsibility concerning their sexual and reproductive health issues.
- 



Due to improved education, social media, general exposure and the changing context in which young people are developing, there is the need to provide accurate information on Sexuality Education in Ghana.

The guidelines when used properly will provide young people with the knowledge and skill to make informed choices in life, especially concerning their Sexual and Reproductive Health issues.

These guidelines are therefore timely, and the Ghana Education Service is grateful to UNFPA for funding the development and printing.

More information and ideas on Comprehensive Sexuality Education in Ghana can be found on the Ministry of Education website (www.moe.gov.gh).

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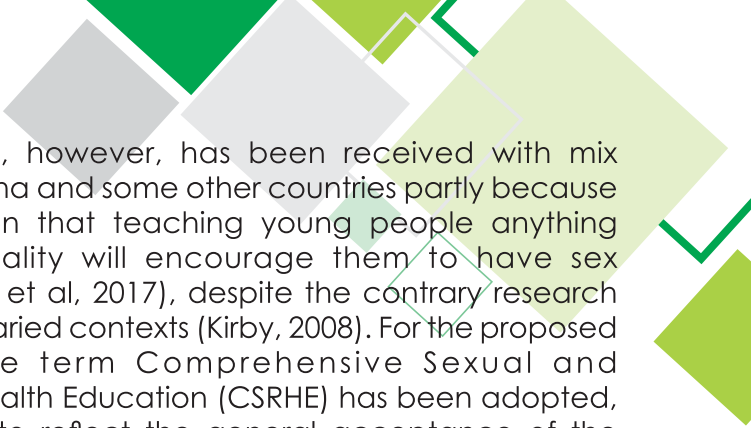
PROPOSED GUIDELINES FOR COMPREHENSIVE SEXUAL AND REPRODUCTIVE HEALTH EDUCATION IN GHANA

1. Introduction

Ghana has long recognised sexual and reproductive health education as a conduit for addressing the sexual and reproductive health of young people. Originally provided by elders and other traditional leaders in communities, aspects of reproductive health education were introduced into the school system with the advent of formal education. In the school system, a structured curriculum provides an opportunity for young people to obtain knowledge and skills which are essential for life. The initial attempt to provide reproductive health education, both in communities and in the school system, emphasised reproductive physiology, abstinence before marriage, ways of avoiding negative consequences of pre-marital sex and gendered roles in society. Subsequent programmes were guided by some of the core principles and standards that have evolved sexual and reproductive health, especially since the Cairo Conference of 1994 (Kirby et al, 2007; UNESCO, 2009; UNFPA, 2014). Experience over the years, and best practices around the world, suggest that an effective reproductive health education should cover a wide range of issues including gender equality, power relations, values, human rights, as well as personal and social skills such as self-assertiveness, negotiation and decision-making skills (Haberland, 2015).

While the concept of providing formal education on sexual and reproductive health in the school system has been accepted, various terminologies for such education have emerged for the concept over the years. Among them are Population and Family Life Education (PFLE), Adolescent Reproductive Health (ARH), Reproductive Health (RH) for young people, and Reproductive Health and Development (RHD). The term Comprehensive Sexuality Education (CSE) is used in many international guidelines.




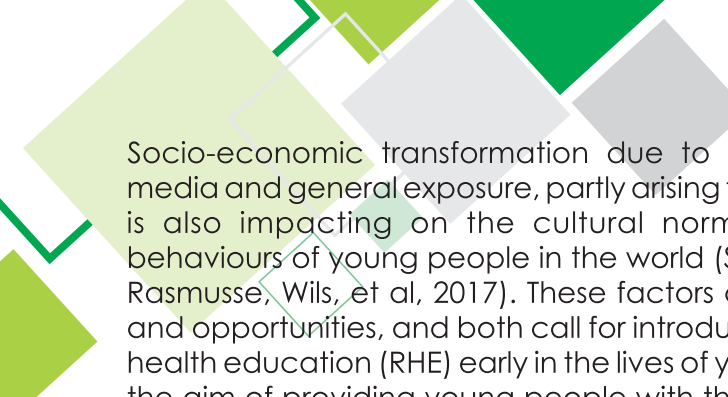


This terminology, however, has been received with mixed reactions in Ghana and some other countries partly because of misconception that teaching young people anything related to sexuality will encourage them to have sex (Awusabo-Asare et al, 2017), despite the contrary research evidence from varied contexts (Kirby, 2008). For the proposed guidelines, the term Comprehensive Sexual and Reproductive Health Education (CSRHE) has been adopted, instead of CSE, to reflect the general acceptance of the concept of sexual and reproductive health for young people in the country (UNFPA, 2015).

The selected topics cover the sexual and reproductive health topics associated with CSE, defined as a “systematic approach to equip young people with the knowledge, skills, attitudes and values they need to determine and enjoy their sexuality - physically and emotionally, individually and in relationships” (International Planned Parenthood Federation (IPPF), 2006:6). This definition has been adopted since it captures the dimensions of sexuality education “as a lifelong process that begins in childhood and progresses through adolescence and adulthood, and includes the cognitive, emotional, social interactive aspects of sexuality” (UNFPA, 2015).

The need for CSRHE has become imperative due to the changing context in which young people are growing up (Llyod, 2005). For instance, available evidence suggests that age at first menstruation has decreased in the last three decades due to improvements in diets as well as personal and environmental health. As a result, more adolescents need access to a full range of information about their sexual and reproductive health early in life. Secondly, young people are expected to delay marriage and develop themselves through formal education and training.





Socio-economic transformation due to education, social media and general exposure, partly arising from globalization, is also impacting on the cultural norms, attitudes and behaviours of young people in the world (Sheehan, Sweeny, Rasmusse, Wils, et al, 2017). These factors create challenges and opportunities, and both call for introducing reproductive health education (RHE) early in the lives of young people, with the aim of providing young people with the knowledge and skills which will help them to make informed choices in life. As Patton, Sawyer, Santelli, et al, (2016:2) have argued, such “Investments in adolescent health and wellbeing bring a triple dividend of benefits now, into future adult life, and for the next generation of children”.

2. Objective


As outlined by UNFPA (2009), the objective of the proposed CSRHE is to help young people:

- a. Acquire accurate and reliable information on sexual and reproductive health and rights;
- b. Develop skills such as critical thinking, communication and negotiation, self development and decision-making; sense of self, confidence, assertiveness, ability to take responsibility, ability to ask questions and seek help, and empathy;
- c. Nurture positive attitudes and values, including open-mindedness, respect for self and others, positive self-worth/esteem, comfort, non-judgemental attitude, sense of responsibility, and positive attitude toward their sexual and reproductive health.

3. Approach

In developing the guidelines, the following approaches were adopted:

- a. Review of CSRHE in the curriculum of pre-tertiary schools and community-based programmes. These materials informed the context, content, depth and the selection of topics;

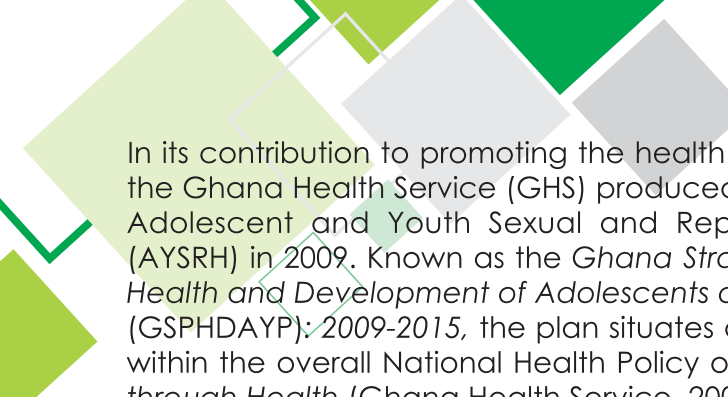
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- b. Review of CSRHE documents of selected countries and international organizations;
 - c. Interviews with selected persons (through telephone, Skype and face-to-face) on their views on CSRHE for young people in the country;
 - d. Validation exercises with organizations involved in reproductive education and services in the country; and
 - e. Consultations with various stakeholders.

The findings from these sources informed the general content and the selection of topics and groupings indicated in Appendix 1.

4. Background

In developing the school-based curricula and community-based reproductive health education programmes, Ghana has been informed by national and international events. Within the country, the Population Policy of 1969, and its subsequent revision in 1994, and the 1992 Fourth Republican constitution have provided political backing and framework for population related programmes. Objective 4.3.7 of the 1994 Population Policy states: *To educate the youth on population matters which directly affect them such as sexual relationships, fertility regulation, adolescent health, marriage and child-bearing, in order to guide them towards responsible parenthood and small family sizes.* The Adolescent Reproductive Health Policy of 2000, the policy informing reproductive health interventions among young people, emanated from this Objective. Informed by the experiences gained with the implementation of the 2000 Adolescent Reproductive Health Policy, the National Population Council revised it in 2016, and is now known as the *Sexual and Reproductive Health Policy for Young People in Ghana*.¹

¹ The 1994 National Population Policy was similarly revised in 2016.




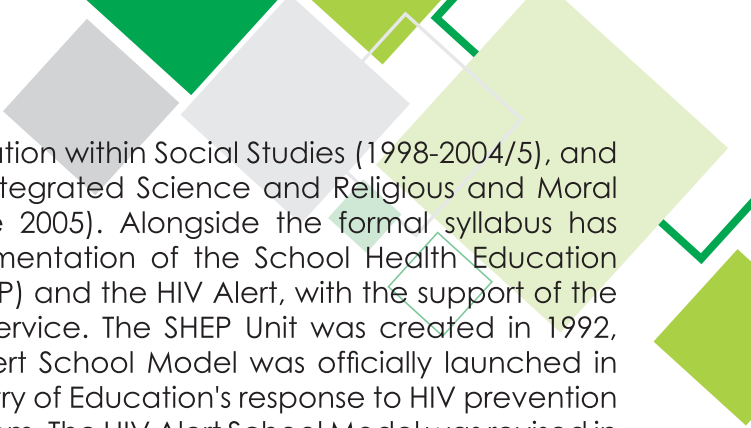
In its contribution to promoting the health of young people, the Ghana Health Service (GHS) produced a 7-year plan for Adolescent and Youth Sexual and Reproductive Health (AYSRH) in 2009. Known as the *Ghana Strategic Plan for the Health and Development of Adolescents and Young People (GSPHDAYP): 2009-2015*, the plan situates adolescent health within the overall National Health Policy of *Creating Wealth through Health* (Ghana Health Service, 2009). These national policies on population and reproductive health are further reinforced in Article 37 (4) of the 1992 Fourth Republican Constitution which calls on the State to maintain a population policy which is consistent with the aspirations of the country, and this includes adolescent sexual and reproductive health.

At the international level, Ghana has either ratified or subscribed to a number of conventions, treaties and recommendations. Among them are Health for All by 2000 (Almaty Declaration, 1978), Education for All (Jomtein, 1990 and Dakar, 2000), The International Conference on Population and Development (ICPD) in Cairo (1994), and its post-conference meetings, namely the ICPD+5 in The Hague (1999), ICPD +10 in New York (2004), ICPD +15 in Kampala (2009), and ICPD+20 in New York (2014), the Platform for Action of the Fourth International Women's Conference held in Beijing (1995), Convention on the Right of Children (CRC), Convention on the Elimination of Discrimination Against Women (CEDAW), Protocol on the Rights of Women in Africa, the Millennium Development Goals (MDGs), and the Sustainable Development Goals (SDGs). All these have informed the population and health programmes of the country, including sexual and reproductive health education.

4.1. In-School Reproductive Health Education in Ghana

In the pre-independence and immediate post-independence period up to 1971, RH topics were integrated into Hygiene and Civics. From 1972, RH topics have been integrated into various subjects: Social Studies and Integrated Science (1972-1987), Life Skills (1987-1998), Population and

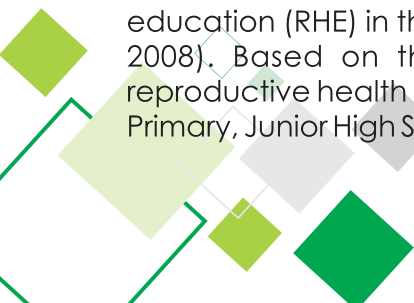




Family Life Education within Social Studies (1998-2004/5), and Social Studies, Integrated Science and Religious and Moral Education (since 2005). Alongside the formal syllabus has been the implementation of the School Health Education Programme (SHEP) and the HIV Alert, with the support of the Ghana Health Service. The SHEP Unit was created in 1992, while the HIV Alert School Model was officially launched in 2003 as the Ministry of Education's response to HIV prevention in the school system. The HIV Alert School Model was revised in 2010 to include psychosocial skills, HIV issues, Disaster Management Reduction, Sports for Development, Nutrition Education as well as Guidance and Counselling. The revised version became known as the Enhanced SHEP (e-SHEP) (Awusabo-Asare et al, 2017). The two co-curricular programmes – (SHEP and e-SHEP) – are offered to Primary and JHS pupils aged 4-14 years. The integrated approach adopted for the development of the school-based curricular, and the co-curricular programmes, have ensured that there is a uniform set of topics for all in-school pupils in the country.

In the community-based programmes, sexual and reproductive education has either been presented as reproductive health or within the context of HIV and AIDS education, particularly from 2000 (Planned Parenthood Association of Ghana (PPAG) et al, 2017). Unlike the school based curriculum, the community-focused organisations have no national curriculum from which they draw their programmes. Hence, the content of what is presented vary by content and emphasis.

4.2. Approach adopted for In-School Programme



Ghana has adopted the integration approach, as opposed to standalone, to introduce topics on reproductive health education (RHE) in the school syllabus (Valerio, Beasley et al., 2008). Based on that approach, topics on sexual and reproductive health are integrated into various subjects in the Primary, Junior High School (JHS) and Senior High School (SHS).



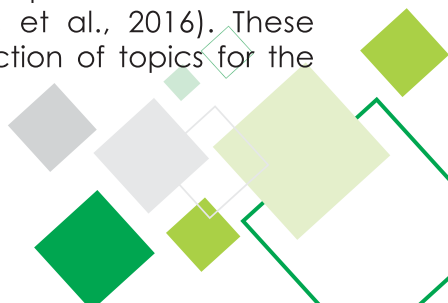
These are:

1. Primary school: topics on reproductive health have been integrated into three main subjects, namely Social Studies, Integrated Science and Moral and Religious Education. For the rest of the subjects, RH topics are discussed indirectly in the curriculum such as in comprehension and essay writing in the teaching of languages;
2. Junior High School (JHS): At this level, reproductive health topics are integrated into Integrated Science, Social Studies, and Moral and Religious Education. As in the Primary school, SE topic can be found in activities in other subjects such as English Language; and
3. Senior High schools (SHS): At the SHS level, SE topics are integrated into two core subjects (Integrated Science and Social Studies) and two elective subjects (Biology and Management in Living). Other subjects such as English Language and Art incorporate activities based on RH topics

5. Proposed Guidelines

5.1. *Rational for the Proposed guidelines*

The proposed guidelines integrate gender, human values, and sexual and reproductive health and rights perspectives into sexuality education in Ghana. At this stage of their development, CSRHE for young people should cover a broad range of issues relating to their physical, biological, emotional and social development, as well as the development positive decision making, self-esteem and the building of healthy relationships skills. The aim is for reproductive health and rights education to be delivered with confidence and empathy, and to contribute to the healthy development of positive attitudes, values and skills that young people need now and in the future (Patton, Sawyer, Santelli, et al., 2016). These observations have informed the selection of topics for the guidelines.



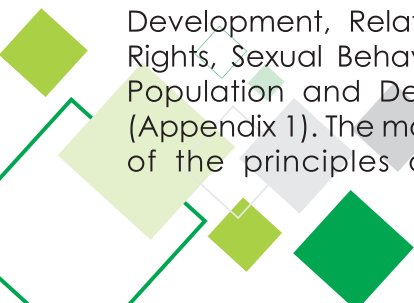


The choice of topics has also been informed by the six features of CSE in the Bogota Declaration of 2010 (UNFPA, 2014:7):

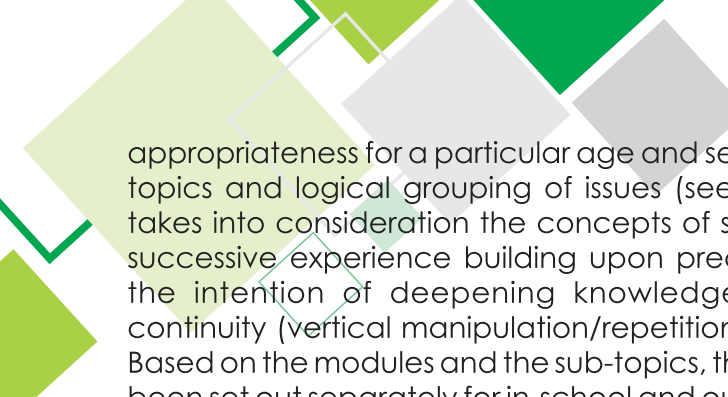
- Respect for human rights and diversity, with sexuality education affirmed as a right
- Critical thinking skills, promotion of young people's participation in decision-making, and strengthening of their capacities for citizenship
- Fostering of norms and attitudes that promote gender equality and inclusion
- Addressing vulnerabilities and exclusion
- Local ownership and cultural relevance
- A positive life-cycle approach to sexuality.

The selection and grouping of topics have also been guided by Anderson et al., (2001) conceptual framework, *A Taxonomy for Learning, Teaching, and Assessing: A Revision of Bloom's Taxonomy of Educational Objectives*, which seeks to provide guidelines to instructors on three key areas: *what is worth learning? how will teaching and learning occur? and what is to be examined?* (Anderson et al., 2001). These questions basically translate into: objectives, structure and processes, cognition, knowledge and assessment. Driven by this theory, the resultant guidelines will help teachers/instructors and other stakeholders in CRHE deliver quality, effective and context-appropriate reproductive health education to young people in Ghana. Furthermore, high quality CRHE needs to be diverse and should operate in a conducive environment.

5.2. Structure of the Guidelines



The guidelines consist of nine modules with 60 topics. The nine modules are Values, Attitudes and Skills, Health Living, Human Development, Relationships, Culture, Society and Human Rights, Sexual Behaviour, Sexual and Reproductive Health, Population and Development and Engineering Change (Appendix 1). The modular approach was guided by aspects of the principles of curriculum development, namely




appropriateness for a particular age and setting, matching of topics and logical grouping of issues (see UNAIDS, 2009). It takes into consideration the concepts of sequencing (each successive experience building upon preceding issues with the intention of deepening knowledge and skills) and continuity (vertical manipulation/repetition of components). Based on the modules and the sub-topics, the guidelines have been set out separately for in-school and out-of-school young people.

6. Proposed Teaching Approaches

By the nature of SE, the use of instructional strategies, which are learner-centered, interactive and that promote active engagement among participants have been found to build students' critical thinking skills and personal development. In a study on the teaching of SE in Ghana, over 90 percent of teachers indicated that they used the lecture method, and fewer used creative participatory teaching activities; this was confirmed by students (Awusabo-Asare et al., 2017). In the proposed system, instructional strategies should be demonstration, brainstorming, group discussion, co-operative learning, role-plays and independent study. There should also be an effort to develop teaching and learning (T & L) materials to aid teaching. This will help to bring alive the teaching of CRHE and encourage active participation among young people.

7. Concluding Statement

The focus of the proposed structure and the approach for presentation are the use of positive lenses to present the benefits of SE for young people in Ghana. This view is based on the increasing body of evidence which supports the need for comprehensive sexuality education due to their effectiveness in improving knowledge and positive behavioural outcomes (Patton, Sawyer, Santelli, 2016).





GUIDELINES FOR SCHOOL-BASED COMPREHENSIVE SEXUAL AND REPRODUCTIVE HEALTH EDUCATION (CSRHE) BY GRADE AND AGE

The proposed outline for the in-school is from age 4 years (the notional age for Kindergarten 1) through to 18 years, the end of the period for pre-tertiary education. The topics have been arranged by grade (from Pre-school to Senior High School) and the notional ages associated with the various classes. In the current structure of education, children are expected to start pre-school at age 4 years, and the proposal is to introduce them to personal hygiene and basic values as aspects of sexual and reproductive health. The topics have been arranged taking into consideration, the horizontal and vertical linkages under school instructions. They have also been set out in such a way that they lend themselves to the integrated or the standalone approaches. In the case of the former, the topics can be integrated into subjects that are appropriate for the stage and age. For instance, at the Primary and JHS levels, topics on values and rights can be incorporated into Moral and Religious Education and Social Studies. At the SHS level, the topics can be integrated into Social Studies, Integrated Science and other subjects as may be deemed fit (as is currently the case). The alternative is for the topics to be presented in a standalone cross-cutting subject in the school system. With this approach, the emphasis should be on civic responsibilities, gender and development, human rights as well as social and personal skills (skills for life). Whatever the approach which will be adopted, the essence is for the core issues to be captured in the syllabus.

Pre-School (4-5 years)

Module 1 Session 1: What we believe in; how we interact

Module 2 Session 1: Personal Hygiene I – Oral hygiene



Primary School (6-11 years)

Primary 1 (6 years)

Module 1 Session 1: Values and Society/Social norms/What we believe in

Module 2 Session 1: Personal Hygiene I – Oral and hygiene

Module 3 Session 1: Myself – being a male or female

Primary 2 (7 years)

Module 1 Session 2: Reflecting on our own attitudes

Module 2 Session 1: Personal Hygiene II – Body hygiene

Module 4 Session 1: Roles and responsibilities as a child

Primary 3 (8 years)

Module 1 Session 2: Recognizing whether something is fair or unfair

Module 4 Session 1: Understanding interpersonal relationships – types and forms

Module 4 Session 2: Families and relationships in our lives

Module 5 Session 3: Concept of gender (maleness and femaleness)

Primary 4 (9 years)

Module 3 Session 1: Human growth and development Life Cycle

Module 3 Session 2: Knowing about one's body/Sexual and Reproductive Organs

Module 2 Session 6: Seeking Health Care

Module 6 Session 2: Developing self-esteem

Module 6 Session 6: Leadership Skills 1

Primary 5 (10 years)

Module 1 Session 3: Religion and Social Values

Module 3 Session 3: Puberty/Changes as we grow

Module 4 Session 3: Relationships: friendship, dating and courtship

Module 8 Session 1: Population of Ghana

Primary 6 (11 years)

Module 3 Session 4: Fertility, pregnancy-related issues and childbirth

Module 4 Session 4: Relationships: Marriage and family life

Module 5 Session 3: Concept of gender: norms, roles and stereotyping

Module 6 Session 1: Decision making skills

Module 8 Session 2: Population as a resource/Essence of healthy population for national development

Junior High School (JHS) (12-14 years)

JHS 1 (12 years)

Module 1 Session 4: Norms in interpersonal relationships

Module 2 Session 3: Sources for SRH services/seeking services

Module 3 Session 5: Fertility regulation - abstinence, contraceptives and other methods

Module 3 Session 6: Unintended pregnancy and Abortion

Module 5 Session 1: Human rights

Module 5 Session 2: Sexual and Reproductive Health Rights

JHS 2 (13 years)

Module 2 Session 4: Alcohol, Drug and substance abuse

Module 5 Session 4: Respecting gender differences/Dealing with gender discrimination

Module 5 Session 5: Gender and power relations/Gender and health

Module 6 Session 3: Communication (direct versus indirect communication styles)

Module 6 Session 4: Negotiation skills

Module 6 Session 5: Assertive skills

JHS 3 (14 years)

Module 2 Session 2: Preventing common diseases/infections among adolescents

Module 2 Session 5: Seeking help for drug abuse



Module 6 Session 2: Developing Self-esteem II
Module 7 Session 1: Reproductive tract infections (RTIs)
Module 7 Session 2: About sexually transmitted infections (STIs) and HIV and AIDS□
Module 7 Session 3: Protection against STIs and HIV


Senior High School (SHS) (15-17 years)

SHS 1 (15 years)

Module 5 Session 6: Gender, social and economic mobility, safety and safe public spaces
Module 5 Session 7: Gender and bodily autonomy
Module 5 Session 8: Gender and violence
Module 5 Session 9: Responding to gender-based/intimate partner violence
Module 5 Session 10: Gender Empowerment
Module 6 Session 3: Communication (parent-child, with peers and in relationships)
Module 6 Session 6: Leadership skills
Module 8 Session 3: Population and development/reaping the demographic dividend

SHS 2 (16 years)

Module 2 Session 4: Alcohol, Drug and substance abuse
Module 2 Session 5: Seeking help for drug abuse
Module 4 Session 5: Building healthy relationships: empathy, respect and love
Module 4 Session 10: Avoiding violence within relationships/ bullying, harassment, assault, rape
Module 7 Session 4: Gender equality and HIV and AIDS prevention
Module 7 Session 5: Rights and responsibilities related to preventing STIs and HIV
Module 7 Session 7: Care and support/Issues of stigma and discrimination





SHS 3 (17 years)

Module 6 Session 6: Making changes in our lives and the world around us (Planning for the future/ Managing time

Module 9 Session 1: Concept of change (meaning and process)

Module 9 Session 2: Identifying what needs to change

Module 9 Session 3: Identifying person who can make change happen

Module 9 Session 4: Young people as change agents

Module 9 Session 5: Media and Change

Module 9 Session 6: Collaborating with others to achieve change



GUIDELINES FOR COMMUNITY-BASED COMPREHENSIVE SEXUAL AND REPRODUCTIVE HEALTH EDUCATION (CSRHE) BY AGE

The community-based guidelines are for the ages 6-24 years and are organised around four age groupings: 6-9 years, 10-14 years, 15-19 years and 20-24 years. Those age cut-offs have been adopted to reflect the broad age categories within which social awareness, sexual initiation and progression to family formation and parenthood occur in the (Ghana Statistical Service, Ghana Health Service & IFC Macro, 2015). The minimum age is set at 6 years, the same age as the notional age of entry into Primary 1. The assumption is that in communities, children will be exposed to community- and religious-focused sexual and reproductive health education. The intention is to provide the facilitators with topics to guide what should be presented to such children. The group aged 15-24 years is very diverse with some in school, some married and with or without children. Hence, the proposed topics for the two age groups (15-19 and 20-24) take into consideration its diversity, a situation which does not exist among the in-school population.

The guidelines target State and non-State actors who offer reproductive health education in communities. These range from State actors such as the Ministries of Gender, Children and Social Protection, Ghana Health Service and National Youth Authority. Among the non-state actors are the nation-wide organisations such as the Planned Parenthood Association of Ghana (PPAG), Adventist Development and Relief Agency (ADRA- Ghana), Catholic Relief Services (CRS) to localised and religious-based organisation (Awusabo-Asare, 2016). The aim is to provide these organisations with a menu of topics from which they can draw for their programmes.

6-9 years

Module 1 Session 1: Values in my Society/What we believe in

Module 2 Session 1: Personal Hygiene I – Oral hygiene

Module 1 Session 2: Reflecting on our own attitudes

Module 2 Session 1: Personal Hygiene II – Body hygiene

Module 1 Session 2: Recognizing whether something is fair or unfair

Module 4 Session 1: Understanding interpersonal relationships – types and forms

Module 4 Session 2: Families and relationships in our lives

Module 5 Session 3: Concept of gender (maleness and femaleness)

Ages 10-14 (early adolescence)

Module 1 Session 1: Social norms/How we interact in our homes and communities

Module 3 Session 2: Knowing about one's body/Sexual and Reproductive Organs

Module 3 Session 5: Fertility regulation: Protecting one's self from infection and pregnancy: abstinence and contraceptive methods

Module 2 Session 6: Seeking health care

Module 1 Session 3: Religion and Social Values

Module 4 Session 3: Relationships: friendship, dating and courtship

Module 5 Session 3: Concept of Gender (maleness and femaleness)

Module 6 Session 2: Developing self-esteem

Module 6 Session 6: Leadership Skills

Module 8 Session 2: Essence of healthy population for national development

Ages 15-19 (older adolescence)

Module 3 Session 4: Fertility, pregnancy-related issues and childbirth

Module 3 Session 5: Fertility regulation – protecting ones' self: abstinence, contraceptives and other methods; seeking help/issues of access

Module 4 Session 4: Relationships: Marriage and family life

Module 4 Session 7: Sexual activity in relationships

Module 6 Session 1: Decision making skills

Module 5 Session 1: Human rights

Module 5 Session 2: Sexual and Reproductive Health Rights

Module 3 Session 6: Unintended pregnancy and Abortion

Module 2 Session 3: Sources for SRH services/seeking services

Module 5 Session 3: Gender norms, roles and stereotypes/
Gender as social construction

Module 5 Session 4: Respecting Gender differences/Dealing with gender discrimination

Module 5 Session 5: Gender and power relations/Gender and Health

Module 6 Session 3: Communication (direct versus indirect communication styles)

Module 6 Session 4: Negotiation skills

Module 6 Session 5: Assertive Skills

Module 2 Session 2: Preventing common diseases/infections among adolescents

Module 2 Session 4: Alcohol, Drug and substance abuse

Module 2 Session 5: Seeking help for drug abuse

Module 7 Session 1: Reproductive tract infections (RTIs)

Module 7 Session 2: About sexually transmitted infections (STIs) and HIV and AIDS□

Module 7 Session 3: Protection against STIs and HIV/Seeking treatment for STI

Module 7 Session 4: Gender equality and HIV and AIDS prevention

Module 7 Session 5: Rights and responsibilities related to preventing STIs and HIV

Module 7 Session 6: Living with HIV and AIDS

Module 7 Session 7: Care and support/Issues of stigma and discrimination

20-24 years (early young adulthood)

Module 4 Session 5: Building healthy relationships: empathy, respect and love

Module 4 Session 6: Making our relationships satisfying and respectful

Module 4 Session 8: Building long-term intimate relationships

Module 4 Session 9: Ending an intimate relationship

Module 4 Session 10: Avoiding violence within relationships/ bullying, harassment, assault, rape

Module 5 Session 6: Gender, and social and economic mobility, safety and safe public spaces

Module 5 Session 7: Gender and bodily autonomy

Module 5 Session 8: Gender and violence

Module 5 Session 9: Responding to gender-based/intimate partner violence

Module 5 Session 10: Gender Empowerment

Module 6 Session 2: Assertive skills

Module 6 Session 3: Communication at home, with peers and in relationships

Module 6 Session 6: Leadership Skills

Module 9 Session 1: Concept of change (meaning and process)

Module 9 Session 2: Identifying what needs to change

Module 6 Session 7: Making changes in our lives and the world around us (Planning for the future/ Managing time

Module 9 Session 3: Young people as change agents

Module 9 Session 4: Identifying person who can make change happen

Module 9 Session 5: Collaborating with others to achieve change

Module 9 Session 6: Media and Change

Module 9 Session 7: Role of the media in social life



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APPENDIX 1 MODULES AND TOPIC AREAS OF COMPREHENSIVE REPRODUCTIVE HEALTH EDUCATION (CRHE) FOR YOUNG PEOPLE IN GHANA

Culture, Values and Attitudes Societal norms Culture Religion Tolerance Empathy Self in relation to Society	Healthy Living Personal hygiene Seeking health care Knowing places to obtain care	Human Development My Body/Anatomy and Physiology Puberty Reproduction Body Image
Interpersonal Relationships Family Friends/Peers Interpersonal relationships Long term commitment Marriage Communication Negotiation skills	Gender and Human Rights Human Rights Sexual and RH Rights Gender Violence in society/IPV	Sexual Behaviour Sexual activity
Sexual and Reproductive Health Preventing Pregnancy Risk reduction for STI, including HIV and AIDS	Population and Development Population Healthy population Development	Engineering Change Personal change Societal Change Media and Change



APPENDIX 2

OUTLINE FOR COMPREHENSIVE REPRODUCTIVE HEALTH EDUCATION

Module 1: Culture, Values and Attitudes

Session 1: Values and Society/Social norms/What we believe in; how we interact

Session 2: Reflecting on our own attitudes/Recognizing whether something is fair or unfair/treated unfairly

Session 3: Religion and Social Values

Session 4: Norms in interpersonal relationships

Module 2: Keeping Healthy

Session 1: Personal hygiene

Session 2: Preventing common diseases/infections among adolescents/during adolescence

Session 3: Sources for SRH services/seeking services

Session 4: Alcohol, Drug and substance abuse

Session 5: Seeking help for drug abuse

Session 6: Seeking health care

Module 3: Human Development

Session 1: Human growth and development/Life Cycle

Session 2: Knowing about one's body/sexual and reproductive organs

Session 3: Puberty/Changes as we grow (menstruation, semenarche)

Session 4: Fertility, pregnancy-related issues and childbirth

Session 5: Fertility regulation - abstinence, contraceptives and other methods

Session 6: Unintended pregnancy and Abortion

Module 4: Family and Building Good Relationships with others


Session 1: Understanding interpersonal relationships – types and forms

Session 2: Families and relationships in our lives

Session 3: Relationships: friendship, dating and courtship

Session 4: Relationships: Marriage and family life






Session 5: Building healthy relationships: empathy, respect and love
Session 6: Making our relationships satisfying and respectful
Session 7: Sexual activity
Session 8: Building long-term intimate relationships
Session 9: Ending an intimate relationship
Session 10: Avoiding violence within relationships/bullying, harassment, assault, rape

Module 5: Gender and Human Rights

Session 1: Human rights
Session 2: Sexual and Reproductive Health Rights
Session 3: Concept of gender/Gender norms, roles and stereotyping
Session 4: Respecting gender differences/Dealing with gender discrimination
Session 5: Gender and power relations/Gender and Health
Session 6: Gender, and social and economic mobility, safety and safe public spaces
Session 7: Gender and bodily autonomy
Session 8: Gender and violence
Session 9: Responding to gender-based/intimate partner violence
Session 10: Gender Empowerment

Module 6: Interpersonal Relationships



Session 1: Decision making skills
Session 2: Developing self-esteem
Session 3: Communication (direct versus indirect communication styles)
Session 4: Negotiation skills
Session 5: Assertive Skills
Session 6: Leadership skills
Session 7: Negotiating Rights in relationships
Session 8: Making changes in our lives and the world around us (Planning for the future/ Managing time



Module 7: Sexually Transmitted Infections, including HIV and AIDS

Session 1: Reproductive tract infections (RTIs)

Session 2: About sexually transmitted infections (STIs) and HIV and AIDS

Session 3: Protection against STIs and HIV/Seeking treatment for STI

Session 4: Gender equality and HIV and AIDS prevention

Session 5: Rights and responsibilities related to preventing STIs and HIV

Session 6: Living with HIV and AIDS

Session 7: Care and support/Issues of stigma and discrimination

Module 8: Population, Health and Development

Session 1: Population of Ghana/ Characteristics of the population of Ghana

Session 2: Population as a resource/Essence of healthy population for national development

Session 3: Population and development/reaping the demographic dividend

Session 4: Population and Environment

Module 9: Be part of the Change which you desire/Preparing for change

Session 1: Concept of change (meaning and process)

Session 2: Identifying what needs to change

Session 3: Young people as change agents

Session 4: Identifying person who can make change happen

Session 5: Collaborating with others to achieve change

Session 6: Media and Change

Module 7: Role of the media in social life



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