

HEALTHIER SEXUAL BEHAVIOUR - Sex education in Jamestown, Ghana

Karoliina Lahti

Thesis, 2018

Diakonia University of Applied Sciences,

Diak Helsinki

Degree Program in social services

Sosionomi (AMK)

ABSTRACT

Lahti, Karoliina. Healthier sexual behaviour - Sex education in Jamestown, Ghana. Helsinki. Spring 2018. 46.p. 2 appendices. Diaconia University of Applied Sciences, Degree Programme in Social Services. Bachelor of Social Services.

The product thesis, in the form of a sex education guidebook, is created to serve the cultural needs of Ghanaian adolescents in cooperation with a Ghanaian nongovernmental organization, the Street Children Empowerment Foundation, located in Jamestown. The guidebook includes 10 units. The guidebook's focus is on solutions to issues such as teenage pregnancies, peer pressure, sexual abuse, communicable diseases such as STI's / HIV, and promotion of sexual awareness. These issues were selected through semi structured interviews created by using the Purnell Model for Cultural Competence. Each unit includes the background information of the topic, goals and objectives for the unit, art-based exercises related to each unit's topic, and teaching material in the form of simple pictures. Art-based teaching methods were used since not all from the target group were able to read or write. The content of the guidebook is tested in practice by organising a sex education project for the Street Children Empowerment Foundations participants. The evaluation is made by collecting feedback from the participants, from the employee of the organisation and using a teaching diary. The guidebook is going to be published on the organisations website and the printed version is in the organisations headquarter. The book is also given to a couple of institutions in Jamestown.

The aim of the product was to be truly useful for the Streets Children Empowerment Foundation and support them to organize sex education. The second aim was to enable the human sexual right for information and education for as many adolescents in Jamestown as possible through the organized sex education programs. The guidebook and the sex education projects aimed to create more openness around sexuality related issues in Ghana and promote the sustainable development goals of the United Nations.

The results of this project were successful in reaching the aims and objectives set out for it. Approximately 120 adolescents received basic sex education and information. The guidebook was hand out to a couple of institutions which were planning to use it in their projects. The need and the willingness for primary school teachers' sex education was found and it should be done to enable the comprehensive sex education in Ghana. The Purnell Model for Cultural Competence worked well to create the product but was used only at the inner personal level and the community level was forgotten. Forgetting the community level lead to unexpected practical difficulties in the work community.

Keywords: sexual health promotion, sex education, human sexual rights, Ghana, art-based teaching, sustainability, Purnell model of cultural competence, learning material

1.INTRODUCTION.....	4
2.GOALS, OBJECTIVES, CONTEXT, AND METHODS	5
2.1.Street Children Empowerment Foundation in Ghana as the work life partner of the product	5
2.2. Product objectives.....	5
2.2.Cultural competence as a basis of this product	6
2.3.Art-based teaching as a tool in sexual education	9
3. GHANA	12
3.1 Geography.....	12
3.2 Governmental structure.....	12
3.3 Educational structure	13
3.4 Socio-economical structure	14
3.5 Healthcare and prevalent health issues	15
4.SEXUAL HELTH PROMOTION.....	18
4.1. Sexuality	18
4.2 Human sexual rights	18
4.3 Sustainable development goals 2030	19
4.4 Sex education and its current state in Ghana.....	21
5. THE PRODUCT DEVELOPMENT PROCESS	22
5.1 Thesis topic and product selection	22
5.2 Research behind the product	23
5.3 Analyzing the research material	25
5.4 Selecting the components of the product	27
5.5 Creating the teaching material	29
5.6 Implementation of the product.....	30
6. EVALUATION	33
6.1 Evaluation of the product	33
6.2 Evaluation of the research method behind the product	37
6.3 Results of the evaluation.....	38
6.4 Ethics.....	39
6.5 Professional development	40
7. CONCLUSION.....	43
REFERENCES	47

ATTACHMENT 1. SEMI-STRUCTURED INTERVIEW
ATTACHMENT 2. YASH- GUIDEBOOK

1. INTRODUCTION

Every minute 255 babies are born. This translates to 353 000 new babies each day. If humanity keeps growing at the same rate, there will be approximately 8-10 billion people on Earth by the year 2050. (The World Counts 2017). The motivating factor for this study is our planet's meteoric population growth. The highest fertility rates are manifested in developing countries and especially in the most vulnerable communities. Ironically at the same time, some developed countries are having negative fertility rates. However, research shows that the resources of our planet are not capable of sustaining the exponentially increasing human population (Gilbert 2005, 37-38). Developed countries have more resources at their disposal to educate their populations on healthy family development and it is important for the newly developing world to take aggressive steps toward addressing the issue of high birth-rates, else they face increasing food shortages and human health risks. (Heil et.al 2012)

Over population and climate change go hand in hand. Both are outcomes of poor political leadership and lack of direction around family and life planning. Family planning can solve many social and economic problems in societies, especially in poor communities. Healthy families build the base for healthy societies. (Nanvybya 2014, 2) The purpose of family planning is not only about reducing global birth rates, it is also about understanding our individual responsibility for our reproductive actions. Education is the number one tool for creating awareness of global issues. (Sinaga 2015, 2).

Cultural differences around family related issues cannot be overridden. In many African cultures family is the only social security, from birth until death, and children offer future security for elderly. In western societies, it is believed that fewer children provide greater financial security for the family. Fewer children means less family expenses and more time to concentrate on each child's individual needs. The same phenomenon could be seen in big cities around the

world. In African remote and slum areas, however, each additional child could bring more income and workforce to the family. (F.May 2017,308-309).

We, as people of Earth, should aspire to unify the reproductive beliefs from our individual societies into beliefs which consider global prosperity. Reproduction is the primary force human existence and our choices related to it should be made in regard to the balance of our home planet. (Sinaga 2015, 2).

We, as human beings, must engage in open conversation about sexuality to better understand our actions, feelings, and inner selves. Shame and guilt around sexuality prevent us from achieving a holistic understanding of our humanity. (Race 2016, 255) Sexual education is vital to the development of healthy individuals and a deeper understanding of its role in our lives will lead us to better wellbeing. As programs promoting healthier sexual behaviour become more prevalent, I foresee a positive effect on sex crime, as well as human mental and physical health.

This study is a product orientated thesis in cooperation with Ghanaian non-governmental organisation called Street Children Empowerment Foundation (SCEF). The product of this study was to arrange a sex education project and create sex education material, customized to the needs of Ghanaian adolescents, in cooperation with SCEF but through the process the product became a sex education guidebook. The material succeeds well so the cooperating organisation SCEF wanted to collect the materials to an actual sex education guidebook for teachers. This way the material could help local teachers and SCEF's volunteers to arrange sex education projects in the future. The inspiration to create such sex education material started from my interest in research on taboo issues around sexuality. The main inspiration which I explained in the beginning of this chapter is the positive impacts on the health of humanity and our planet which we can reach through proper sex education. I also wanted to create a thesis product which support the United Nations global goals for 2030. These global goals are explained more in the chapter 3.

When creating such sex education material, it is critical to understand the cultural factors present in Accra in order to create education material specific to the students' cultural needs, not from one's personal beliefs. I created the sex education program to serve the needs of Ghanaian culture by using The Purnell Model for Cultural Competence. I applied the model by arranging 5 semi-structured interviews which focused on cultural understanding. The research based on the Purnell Model for Cultural Competence has brought to light several specific problems surrounding sexuality in Ghana. The five main issues are sexual awareness, teenage pregnancies, peer pressure, sexual abuse, and communicable diseases such as STI's / HIV. The entire guidebook focuses on solutions to these problems by using art-based teaching methods. Since not all from the target group are able to read or write, a more functional teaching method is suitable. Art is an appropriate way to deal with taboo issues like sexuality as these topics are often difficult to dissect in traditional classroom settings.

The sex education book is designed to be applied in 10 study units but could also be used effectively by choosing the units that fit to each teacher's needs. I named the sex education guidebook YASH which means Yes for Adolescents Sexual Health. I organised sex education lessons for SCEF's participants for 5 weeks, going through the whole YASH sex education guidebook, and evaluated the entire project by collecting feedback from the students and SCEF's employee.

This report paper starts from explaining the objectives of the thesis product. Then the important concepts for this study are introduced and the current state of sexual health promotion described. Chapter four opens the background of Ghana and the cooperating organisation SCEF. In the chapter five I open the theoretical model I used to create the product, which is the Purnell Model for Cultural Competence. The chapter six explains the art-based teaching and couple of art-based teaching methods which are used in the product. Chapter seven describes the product development process all the way true. The evaluation of the product and the results are introduced in chapter nine. In the conclusion, I discuss about the results of this study, my personal development, and suggestions for improvement.

2. GOALS, OBJECTIVES, CONTEXT, AND METHODS

2.1. Street Children Empowerment Foundation in Ghana as the work life partner of the product

Street Children Empowerment Foundation (SCEF) is a registered non-governmental organization in Ghana. SCEF was founded 2010 when the founder, Paul Semeh, discovered that 36% of street children who began governmental school were dropping out within three months. The motivation behind this action was to provide resources for people who would not have access otherwise, to create healthier communities, stronger families, and to strengthen the development of the Ghanaian people. SCEF's aim is to rescue, rehabilitate and reintegrate vulnerable street children from the poorest part of the city of Accra, Jamestown. Jamestown is currently classified as a slum community by development planners and other professionals. SCEF supports over 130 street children by providing access to educational opportunities and empowers their families through parent-driven initiatives. (SCEF 2017a)

SCEF has a project called Sexual Awareness. In this project SCEF teaches children sex education, provides legal support, and helps young people to become aware about their sexual responsibility. SCEF has a close relationship to several European and American universities and students from these institutions are working continuously towards developing sexual health in Ghana with SCEF employee. (SCEF 2017b)

2.2. Product objectives

Product objective 1. Establish a product which will be truly useful for SCEF.

The Street Children Empowerment Foundation runs the Sexual Awareness Project in Accra, which aims to educate street children's sexual awareness and to seek justice in the case of sexual abuse. Sometimes in this project they organise sex education in some primary schools. Anyhow the organisation is not organizing sex education continuously for its participants or for the primary

schools. I and the lead of SCEF considered it important that the thesis product further the employee and teachers to organise sex education.

Product objective 2. Enable the human sexual right to information and education, for as many adolescents in Jamestown than possible. Human sexual rights should belong to everyone. The possibility to information and education is a human right itself and its implementation enables the other human rights to be acknowledged.

Product objective 3. Create more openness around sexuality related taboo issues in Jamestown, Ghana. As described in the introduction I assume that more openness around sexuality related issues can solve many problems in our societies. Silence often leads to miss communication, which leads to miss understanding, which creates problems. In Ghana, there is lots of unnecessary silence around reproductive health and family planning.

Product objective 4. Promote the United Nations (UN) sustainable developing goals. The alarming situation of the recourses of our planet was described in the introduction. Luckily many institutions are taking aggressive steps toward addressing this issue. I believe that working together humanity would make the decisive change. The UN global goals are an excellent example of global group work and I feel important to carry my part to achieving these global goals through this thesis product. Sex education is needed to enable us to achieve the global goal number 5: gender equality.

2.2. Cultural competence as a basis of this product

In this chapter, I explain the theoretical model I used to reach the cultural competence of Ghanaian culture. Because sexuality related issues are often sensitive and culturally divined topics cultural competence was needed to create the actual thesis product which in this study is a sex education guidebook.

The Model began to form in 1991 when Larry Purnell Discovered the need for health care students and professionals to have a framework for learning about their cultures and the cultures of their customers. The Purnell Model for Cultural competence is designed to help social/ health care workers to work in different cultures or with customers from different cultural backgrounds. The model includes 12 domains (see Figure.1) and each of the domains pictures a part of a culture. Being aware of the context of each domain builds up the cultural competence. (Purnell 2005, 10). To gain the cultural competence for this study I created a semi structured interviews based on the 12 domains (see attachment 1). I interviewed five Ghanaians and analysed the material from the interviews.

Katharine Kuria's research ensured me to apply the model through semi-structured interviews. I found it useful to learn how the Purnell Model for Cultural Competence has been used in previous studies. Katherine Kuria, of Turku University of Applied Sciences, did her thesis about Transcultural Research. The purpose of the research was to analyse how the model has been applied and to help health care workers effectively apply Purnell Model for Cultural Competence in transcultural research. Kuria used a systematic literature review as her research method. By analysing several studies, Kuria found that Purnell Model for Cultural Competence was most useful as a framework for semi-structured interviews. Using the model, researchers are able to ask specific questions based on the 12 domains of the model which reflect the important elements of a given culture. (Kuria 2010,29).

It is important to define the word culture in order to understand the concept of cultural competence. Culture is the collection of behavioural patterns, values, beliefs, family life, and way of life for a particular community. Social workers who are aware of the issues particular to the culture in which they are serving are better able to work with individuals in local communities and achieve their desired results. The outcome of their work, when informed by an in depth understanding of the local culture, will provide better results and satisfy the needs of the target groups. By understanding the holistic picture and connection between health care, politics, economics, and spirituality, social workers are better able to make choices that respect a culture's unique qualities. Cultural competence is the

understanding and ability to work effectively according to the cultural needs of the participants. Another important concept to understand is cultural awareness, which is the sincere appreciation of the unique qualities particular to a culture, such as music or dance. The next concept to define is cultural sensitivity. Cultural sensitivity is an outsider's ability to understand the attitudes and customs allowed in their new environment so as not to do anything offensive. (Purnell 2003,2-4)

The Purnell Model for Cultural Competence is a tool that helps us to work in a foreign culture. The model has been used in many disciplines such as biology, anthropology, sociology, economics, geography, political science, pharmacology, nutrition, communication, and family development. Concepts from each discipline are reflected in the domains used in the model. This affirmation creates a better foundation for collaboration between the social worker and a new culture. The model's outer rim represents the global society, the second rim contains the community, and the third rim contains the family. The inner rim represents the individual. These rims help us to understand cultural factors by looking deeply into personal beliefs, ideologies, habits, and values. The model highlights major cultural differences, such as individualism versus collectivism, which have a huge impact on health and social care. The inner circle includes the following 12 domains:

1. Heritage, origin, residence, economics, topography, politics, education, occupation.
2. Communication, language, dialects, time, names, touch, facial expression, body language, spatial distancing, volume, tone, eye contact
3. Family role and organization, structure, gender, roles, childrearing, social status, roles of child and elderly
4. Workforce, language barriers, autonomy, dominant culture, secondary culture
5. Biocultural ecology, biological and physical characteristics
6. High-risk behaviours, safety, alcohol and drug
7. Nutrition, common foods, rituals, limitations, health promotion
8. Pregnancy and childrearing, fertility practices, view on pregnancy and child rearing, birthing, postpartum
9. Death- rituals, bereavement
10. Spirituality, religion, meaning of life, prayer, spirituality
11. Health care practices, traditions, responsibility for health, self-medication, rehabilitation, beliefs, barriers

12. Health care practitioner, perceptions, folk practices, gender health care status (Purnell 2003,8-11)

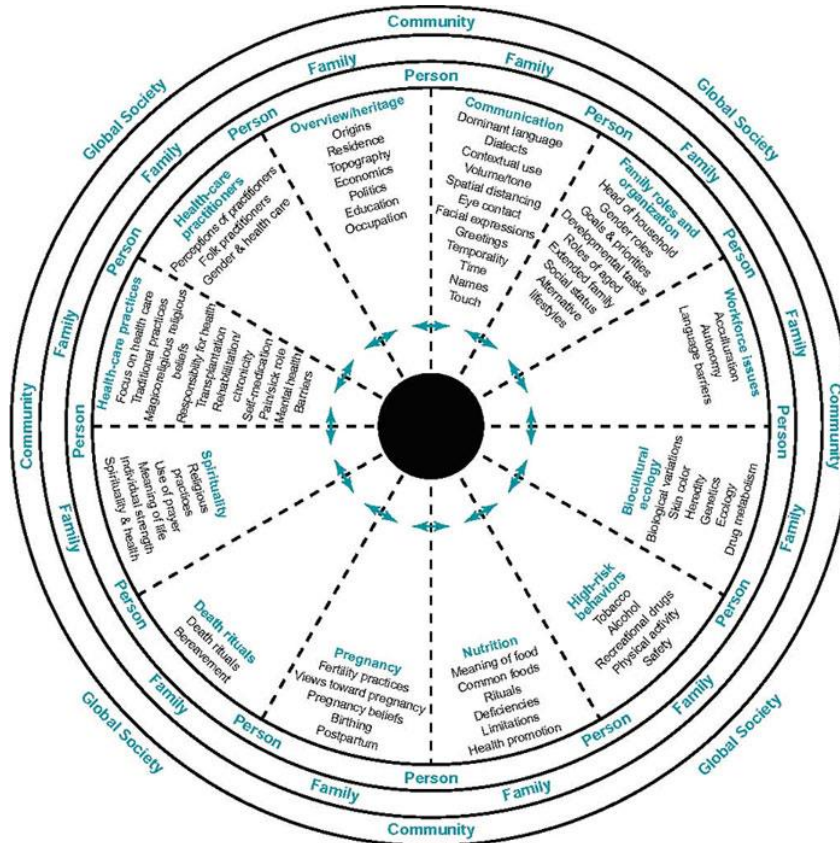


Figure 1: Purnell Model for Cultural Competence, Kuria 2010, 7.

2.3. Art-based teaching as a tool in sexual education

In this thesis product which is sex education guidebook art-based teaching methods are applied as a tool in sex education. Every unit of the guidebook includes art-based exercises. Art-biased methods were chosen to use on the guidebook because the targeted user group includes people with very different level of writing and reading skills. Art as a functional way of learning seemed to be beneficial also for the adolescents who have not been attending to school before.

Other recourses supported the art-based teaching as a tool in sex education as well. Virva Huuki-Saarine and Tanja Valkoinen did a thesis research about the use of art-based methods in adolescent's sex education. The results showed that 69% of adolescents liked much or very much the art-based methods in sex education and 52% thought that art-based methods are more effective than traditional lecture setting (Huuki-saarinen & Valkoinen 2014, 3). In Väestöliitto's teacher's guidebook for adolescent boy's sex education, art is discussed as a tool for sex education. The guidebook describes how films and drama can be good tools to observe some topics from distance and enable to see other people's perspectives. (Halonen et.al 2014, 18)

Teaching is art based when any type of art form is used to support learning and teaching. Art education is a key to creativity, writes Karheleen Tale who has over 19 years' experience as a special education teacher in the United States. She says that creativity is needed especially these days to create new industries. Karheleen tells in her article "art-based teaching in elementary schools" that Former U.S. Secretary of Education, Arne Duncan, has written that arts in education are more important than ever and "in the global economy, creativity is essential". (Tale 2017)

Art based teaching has been found successful in several ways. Robin Rooney, Ph.D reflects the positive effects on his review of the literature "Arts-Based Teaching and Learning". Art based teaching develops thinking skills and problem solving which helps the student to see contrasts in the surrounding world. Especially visual arts have been seen to increase visual problem solving because through visual arts student learns to see deeper meanings in different symbols. Music increases the effectiveness of the brain and can be used to support learning. (Rooney 2004, 7-10)

Positive development trough art has also been found in social field. Art can develop student's cooperation and communication skills because art offers tools for self-expression and effective self-expression improves relationships. Art based teaching and effective self-expression also help to connect students and the community they are living in. Good self-expression through art can increase

self-esteem and effect in that way to our well-being. Art based learning usually engages the student more about their own learning and changes their attitudes to more positive towards the school. (Rooney 2004,10-12)

There are several well-known art-based methods such as, Forum theatre, the theatre of observation, which was created by Brazilian actor Augusto Boal. His ideology is used in social work activism. The purpose of forum theatre is to investigate an issue in society, to find different ways of reacting to it, and to teach how to take positive actions. Actors are acting in a short play about a specific topic. The audience finds parts where they would act differently in the play. Instead of just commenting on it, the audience will come to the stage and replace the actors in the play and perform what they would do differently. Actors begin the play again and the audience takes notes on how the different action creates a different outcome. By acting the ideas out student can understand how by their choices, they can make a difference. Begin a conversation about how to find solutions for problems in their communities or individuals lives. (Poikela 2013,6)

A bit newer method is Empowering photography. Empowering photography is a therapeutically aligned pedagogic method created by Miina Savolainen from Finland. The method of empowering photography is assigned to serve one's identity work and communicating between people. Meaningful but unnoticed aspects that construct an individual or community, can be made visible by photography. With photography, one can also share the way in which she/he perceive beauty individually. (Voimauttavavalokuva.net 2017)

3. GHANA

3.1 Geography

The Republic of Ghana is located in Western Africa along the Gulf of Guinea and Atlantic Ocean. Ghana covers an area of 238,535 km². Ghana is bordered by Burkina Faso to the north, Ivory Coast to the west, Togo to the east, the Gulf of Guinea and Atlantic Ocean to the south. The name Ghana means "Warrior King" in the Soninke language. Ghana was a British colony from 1867 until its independence in 1957 and it was formally called "The Gold Coast". (Salm & Falola 2002, 2-3)

There are 10 regions in Ghana: Volta, Upper west, Upper east, Western, Northern, Eastern, Central, Greater Accra, Ashanti and Brog-Afaho. The capital of the country and the largest city is Accra with 2.27 million inhabitants. Accra is located on the Atlantic coast. Ghana's geography includes several islands, plains, waterfalls, low hills, rivers, and Lake Volta, the world's largest artificial lake. (Salm & Falola 2002, 3-4)

The climate of Ghana is tropical. There are two main seasons, the wet and the dry season. North Ghana has its rainy season from March to November while in Southern Ghana it starts from April to the middle of November. The tropical climate of Ghana is relatively mild for its latitude. A dry desert wind which is called Harmattan, blows in north-east Ghana from December to March, lowering the humidity. The average temperature ranges from 21°C to 28°C and the average rainfall ranges from 78 to 216 centimetres a year.(Ghana web 2017a)

3.2 Governmental structure

Ghana is a former British colony and gained its independence on the 6th of March, 1957. Ghana is a presidential representative democratic republic, whereby the President of Ghana is the head of state, the head of government, and the head of a multi-party system. According to the constitution, more than half of the president's appointed ministers of state must be chosen from parliament (the

legislative branch of government). The current president of Ghana is Nana Addo Dankwa Akufo-Addo. Executive power is exercised by the president. Legislative power is vested in both the president and parliament. The judiciary branch is independent of the executive and the legislative branch. Legislative functions are vested in parliament, which consists of 275-members. To become law, legislation must have the consent of the president, who has a qualified veto over all bills except those to which a vote of urgency is attached. (Ghana web 2017b)

Ghana's two largest political parties are the New Patriotic Party (NPP), with 169 seats in parliament, and The National Democratic Congress (NDC) with 106 seats. The parties establish patron-client relationships with community members and leaders to win elections. Politicians rely on personal relationships as well networks based on religion, parenthood, and tradition. Presidential and parliamentary elections been held every four years since 1992. Presidential elections is won by having more than fifty percent of votes while the parliamentary elections is won by simply having the majority of votes. The parliament of Ghana has 275 members. (Ghana web 2017b)

3.3 Educational structure

Ghana has 18,530 primary schools, 8,850 junior secondary schools, 900 senior secondary schools, 28 training colleges, 20 technical institutions, four diploma-awarding institutions, six public universities, and over 15 private universities in addition to 12 polytechnic universities. Basic Education lasts for 11 years. This includes 2 years of Kindergarten, 6 years of Primary School, and 3 years of Junior High School (JHS). After JHS, students may choose to go into different development tracks in Senior High School (SHS). These are comprised of general and technical education, vocational and agricultural and training (TVET), or participation in an apprenticeship scheme with support from the Government. After basic school, pupils may enter senior high (or technical/vocational) schools for a three-year course, which prepare them for university education. Ghana's spending on education is between 30 and 40 percent of its annual budget. (Ghana web 2017c)

A new Education Plan was finalised in 2007 with the aim to provide universal free primary education by 2015 in line with Ghana's Millennium Development Goals. Most Ghanaians have relatively easy access to primary and secondary education. The government supports public schools by subsidizing family education expenses. The official language of instruction throughout the Ghanaian educational system is English. Students may study in any of eleven local languages for much of the first three years, after which English becomes the standard. (Ghana web 2017c)

3.4 Socio-economical structure

The current population of Ghana is 28,511,403 which is based on the latest United Nations estimates from April 2017. The median age in Ghana is 20.7 years. The major ethnic groups in Ghana are the Akan which are 44% of the population, Mole-Dagbani (17%), Ewe (14%), Ga-Adangbe (7%), Gurma (6%), Guan (4%), Grunsi (2,5%) and Bissa (1%). The subdivisions of each group share a common cultural heritage, history, language, and origin. Ghana's official language is English. There are, however, 9 different government recognized languages and 26 nongovernmental languages. Christianity is the largest religion in Ghana making up approximately 71.2 percent of the country's population. The second largest religion is Islam at 17 percent of the population. 5 percent of Ghanaians practice traditional religions. (Ghana web, 2017d)

The economy in Ghana is dominated by agriculture, which employs about 40 percent of the working population. Ghana is one of the leading exporters of cocoa in the world. Other export products are gold, timber, bauxite, manganese, and electricity. Ghana is a popular tourist destination and much of the country's economy is centred on tourism. Ghana's GDP totalled 37.54 billion USD in 2015. Ghana's economy relies heavily on foreign assistance and remittances from Ghanaians abroad. The official currency is the Ghana Cedi (GH¢). (Ghana web 2017e)

More than half of Ghana's population lives in cities. Since the 1980's, Ghana's urban population has grown from 4 million to more than 14 million, 5.5 million of whom live in slums. In Accra there are two large slum areas called Nima and Jamestown. Young girls living in these slums are at particularly high risk of dropping out of school because of teenage pregnancy and the inability of their parents to sponsor their education. (Awal & Paller 2016)

Population growth is a serious issue in Ghana. It has placed significant pressure on cities which already lack resources, jobs, and housing. In Ghana the fertility rate (total births per woman) is 4.168 which is high compared to the Western world but close to the average in other African countries. The highest rates in the world are 6-8 children per woman in Niger, Mali, and Somalia. The countries neighbouring Ghana have a fertility rate of over 5 children per woman which increases the immigration to Ghana as well. Western countries have the lowest fertility rates with approximately less than 2 children per woman. For healthy population growth the ideal number of children is 2. At the moment this only exists in Western countries but with the promotion of family planning, many countries like Bangladesh have decreased their child birth rate from 7 to 2.5. (The World Bank, 2017) Most of the African cultures still value large families and birth control is not culturally accepted. (National Population Council 2006,8; The World Bank 2017)

3.5 Healthcare and prevalent health issues

Ghana's healthcare is still inequitable. Sufficient healthcare services are available only in the largest cities and most of the population in other areas cannot afford the travel costs. In many cases, the rural population relies on traditional African medicine. The Ghanaian government pays for most of the public healthcare system and with some funding coming from non-governmental organisations. The ministry of health has a National Universal Medical System (NHIS) which costs 10 USD per year, per person. Insurance covers most basic health care fees and NHIS bills the hospitals monthly for those who have joined the program. Unfortunately, this program doesn't bring many benefits to the

poorest population, for example, it doesn't include HIV involved expenses. (Drislane ym. 2014; Debpuur 2015,1-2)

Typhoid, tuberculosis, and malaria are very common infections all over the country. Woman suffers with several pregnancy-related issues. Abortions are available in safe clinics for approximately 25 USD but that option is not a possibility for most of the woman because of lack funds, distance to clinics, and social disapproval. Birth is given mainly in homes which also leads to many cases of infant mortality. (Drislane et.al 2014)

In UNAIDS Country HIV and AIDS estimates from the year 2016, In Ghana, there was approximately 290 000 people living with HIV. Of these HIV positive individuals approximately, 260 000 were adults, and 32 000 children. There was approximately 20 000 new HIV infections and 15 000 AIDS related deaths.(UNAIDS 2016)

About 95% of the population is aware of the HIV and AIDS. People living with HIV/AIDS have to face strong stigmatisation in their everyday lives. HIV/AIDS is a huge factor in the country's medical, economic, and social challenges. However, gender roles also carry much importance and women are more vulnerable to the virus because of the lack of their sexual rights, reproductive choice, and a lack of common knowledge around healthy sexual behaviour. (Ocran & Yaw Danco 2009,10-11)

In 2015, as a part of the framework to achieve sustainable development goals UNAIDS and The African Union made goals to end AIDS among young women and adolescent girls by 2030. To stop new HIV infections and empower young women and adolescent girls they committed to an Africa-wide ministerial commitment to comprehensive sexuality education. Africa's population is increasingly youthful, and these young people provide a great opportunity for growth. Half of the population is under 18 years old in sub-Saharan Africa. Most of these countries are rapidly urbanizing and Africa will be 56% more urban by 2050. It is projected that 52% of HIV-positive individuals will live in urban areas and 62% of these urban people will be living in slums. UNAIDS has

recommendations to end the AIDS epidemic among the young girls and women which include strategies to keep girls in school and comprehensive sexuality education. (UNAIDS 2015, 8-11)

4. SEXUAL HEALTH PROMOTION

This chapter explains the important concepts of this study and the current state of sexual health promotion in our society and in Ghana.

4.1. Sexuality

Sexuality is what we are and sex is what we do. Sexuality is an essential part of every human being's life cycle. It includes sexual growth, biological sex, social gender identity, sexual orientation, erotic interests, satisfaction, intimacy, and continuation of the genus. Sexuality is the innate ability to react physically and psychologically to sensations and stimulus by exploring erotic or sexual satisfaction. Sexuality could be expressed by everything a person is, feels, thinks and does. Sexuality is experienced and expressed in different ways through thoughts, fantasies, desires, beliefs, attitudes, behaviours, roles, and relationships. (Sexpo 2017)

4.2 Human sexual rights

It is a must that every human has the right to make decisions in regard to our own sexuality. We must be free to make such decisions without fear of discrimination, violence, imprisonment, or death. Sexual rights also empower gender equality. Gender equality has a definitive impact on the world economy. Some parts of the world have no understanding of the concept of sexual rights and many cultures do not value sexual rights in the same ways as Western cultures. It is always important to be culturally sensitive when talking about sexual rights, so that we may avoid conflicts, but a lack of any human right is never an acceptable situation. (Ilmonen & Korhonen 2015, 4-7)

There are several definitions of sexual rights. For example, the IPPF (International Planned Parenthood Federation), WAS (World Association for Sexual Health), WHO (World Health Organization), have their own standards of

sexual rights. WHO defines sexual rights as following: “The responsible exercise of human rights requires that all persons respect the rights of others.

Rights critical to the realization of sexual health include:

- the rights to equality and non-discrimination
- the right to be free from torture or to cruel, inhumane or degrading treatment or punishment
- the right to privacy
- the rights to the highest attainable standard of health (including sexual health) and social security
- the right to marry and to found a family and enter into marriage with the free and full consent of the intending spouses, and to equality in and at the dissolution of marriage
- the right to decide the number and spacing of one's children
- the rights to information, as well as education
- the rights to freedom of opinion and expression,
- the right to an effective remedy for violations of fundamental rights.”
(WHO 2017)

4.3 Sustainable development goals 2030

On September 24th, 2015 seventeen sustainable developing goals were set to end poverty and protect the planet in the next fifteen years by world leaders in the United Nations (UN) summit. Sustainable development is defined by UN as the following: ‘development that meets the needs of the present without compromising the ability of future generations to meet their own needs’. The sustainable developmental SDG's are based on the Millennium developing goals. The Millennium development goals were set for fifteen years from 2000 till 2015. The Millennium development goals achieved successful results and inspired the new sustainable developing goals to go further to end all forms of poverty. (United nations 2017)

It is being recognized that sustainable economic growth cannot only lay on financial aspects but have to also address social needs and protect the environment. That is why all the seventeen sustainable developing goals go hand-in-hand and support each other to secure that no one in the world will be left behind. Every government is expected to take the leadership of achieving these seventeen global goals. Every country has the primary responsibility to follow up the progress because SDG's are not legally binding. (United Nations 2017)

One of the aims of this study is supporting and working to achieve the UN goal number 5, which is gender equality. Gender equality is a necessary element of sustainable world. While gender equality exists in the world more than ever it still does not reach its fullest element. Women and girls still suffer discrimination all over the globe. Especially in sub-Saharan Africa big number of girls are not entering to primary and secondary schools. This is why sex education is crucial part of providing girls protection from STI's, teenage pregnancies, and sexual abuse. (United nations 2017)

In 2016, United Nations created a goal for 2030 to strengthen education in West and Central Africa by improving sexual and reproductive health. West and Central Africa have the largest percentage of young people and the highest gender disparity in education in the world. There are many factors which inhibit access to sex education such as cultural taboos and social norms, large classes, rote learning styles, and teachers' level of comfort with talking about sexuality. Gender-based emotional, physical, or sexual violence still exist in schools and often affect students' sexual health and academic achievement. Studies show that more must be done to integrate skills and critical thinking for young people. Sex education gives young people the knowledge they require to make informed decisions about their sexual and reproductive health and to develop values which support human rights. (United Nations 2016,2-4)

4.4 Sex education and its current state in Ghana

Sex education is health education about bodily development, sex, sexuality, and relationships. The purpose of sex education is to build up communication skills and to make informed decisions regarding sex and sexual health. Education should play a part in every child's life from the birth and should continue into adulthood with family planning and promotion of healthy sexual behaviour. It should include information about puberty, reproduction, abstinence, contraception, relationships, sexual violence prevention, body image, gender identity, and sexual orientation. It should be taught by trained teachers. Sex education should be informed by evidence of what works best to prevent unintended pregnancy and sexually transmitted communicable diseases, such as HIV and STI'. Sex education should treat sexual development as a normal, natural part of human development. (WHO 2010,20)

Sex education does not exist in many Ghanaian homes and schools. Bridgette Abakah, from the University of Ghana, researched to identify sex education practices in the Greater Accra Region's senior high schools. She selected 449 adolescents ages 13-20 and had them fill out a questionnaire which was used to obtain data on the students' prior sexual education and their sexual behaviour. The results demonstrated that parental discussions around sexuality and sex education at schools are very rare. Peer pressure to increase sexual behaviour was observed but social media was seen as a platform for romantic relationships and not as a means to find sex. 93% of students were interested in having more sex education programs to meet their needs for increased sexual and reproductive health. Abakah writes that sex education is required to lead these student's sexual behaviour in a healthy direction. Sex education is needed in schools and homes to help adolescents to make responsible informed choices around sex and reproduction. (Abakah 2015,5). Nyarko Kinley's research on Parental attitude towards sex education at the lower primary in Ghana supports Abakah's results. Nyarko's researched the negative attitudes towards sex education which are deep in the Ghanaian culture and in traditional believes. These believes are the main obstacle for implementing comprehensive sex education. (Nyarko 2014, 21-22)

5. THE PRODUCT DEVELOPMENT PROCESS

This chapter describes the product development process from the idea to the Implementation.

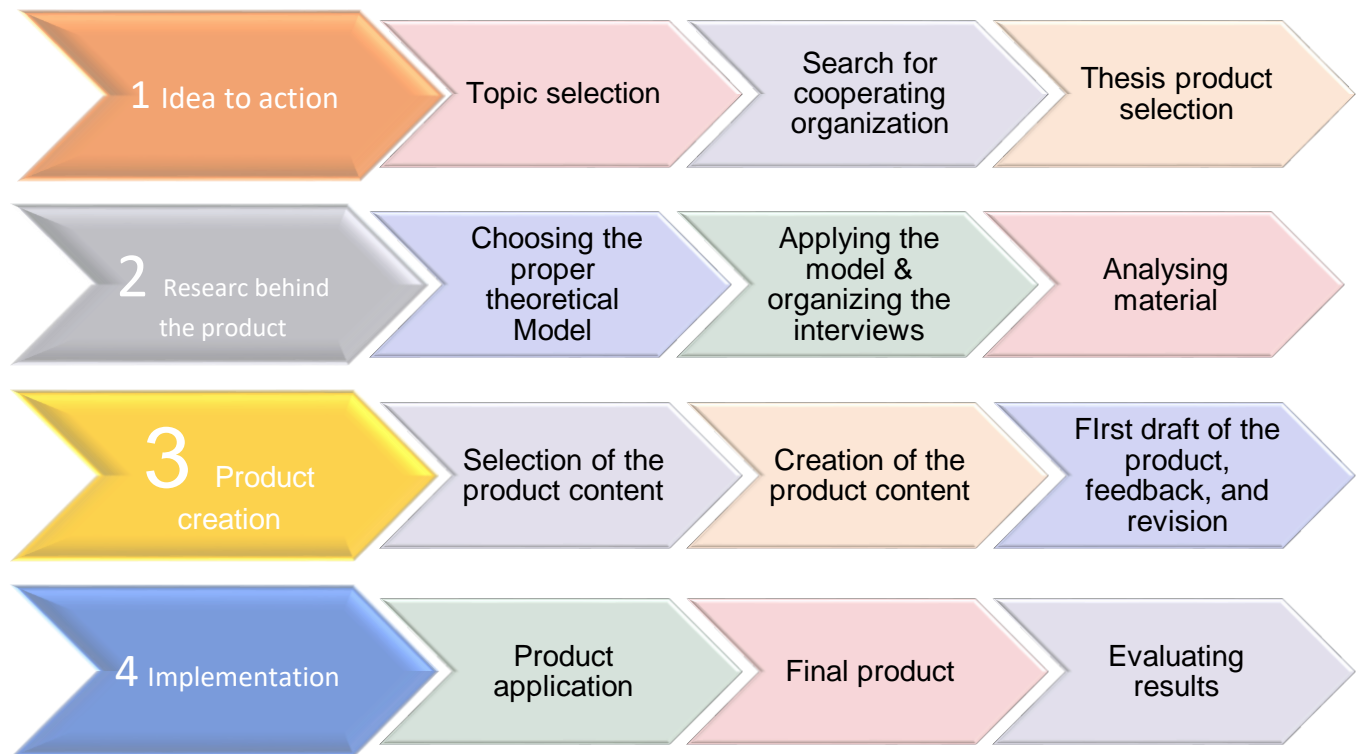


Figure 2: Product steps

5.1 Thesis topic and product selection

I knew from the beginning that the focus of my thesis would be on promoting better sexual health worldwide. My first step was to look for an organization that would be interested in cooperating with me. I found an organization which provides sexual awareness in Accra, Ghana, from my university's foreign exchange destination database. I emailed them my proposal for the creation of sex education project. The Street Children Empowerment Foundation (SCEF) accepted my submission and gave me information about the target group for my program and the conditions of the teaching facilities.

I decided with SCEF and my university that my thesis would be a product which will also be useful to SCEF in the future. The product would be sex education project including the teaching materials. The materials would stay in the organisation for the future use.

5.2 Research behind the product

When starting to plan the sex education project, which I named YASH (Yes for Adolescent's Sexual Health), I came up with two questions:

1. Which subjects should sex education concentrate on in order to promote the healthy development of Ghanaian adolescents?
2. Which cultural factors are important when creating a sex education material in order to assure that its application is respectful of Ghanaian culture?

I wanted to apply theoretical background that would help me to consider the widest conception of cultural understanding regarding the subject. I found The Purnell Model for Cultural Competence most suitable for my work. Using the Purnell Model for Cultural Competence, I was able to find the specific issues affecting Ghanaian sexual health.

I conducted semi-structured interviews about Ghanaian culture with questions and themes developed from Purnell's 12 domains. Each of these domains have subtitles which explains the domain deeper. I went through each domain and the subtitles and created a question that could help me to understand the certain issue in foreign culture. I kept all the questions wide and open because I was not looking for any specific answer but I wanted to know how does each domain appear in that person's individual life. Because culture is such a wide topic most of the questions were more like themes to talk about than straight detailed questions. For example, one of the domain is called spirituality, one of the subtitles in this domain is religion. I decided to simply ask a question "Could you tell me about your religion, if you have one?" then I asked follow up question depending on the direction the conversation started to go after the main question.

After preparing the structure of the interview, I began to look for interview subjects. Interviewees were found by using social media and through personal contacts. I explained to them the aim of my thesis and why I would need to understand Ghanaian culture. I found 5 volunteers to answer my questions. I sent them the interview questions and arranged the first sessions.

All interviews were with Ghanaians ages 20-43. Three currently live in Ghana, one has lived in Finland for five years, and one had recently moved to Portugal. Because I was not able to travel to Ghana at this point, the interviews with those who live in Ghana were made via Facebook video call and WhatsApp chat. The interviews in Finland and Portugal were held face to face. Three of the interviews were split into 3-4 separate meetings. With each follow-up, the interviewees felt increasingly comfortable going deeper into each topic. Two of the interviews were conducted in a single session. Although the internet interview was not ideal, I found it an appropriate way to give space in order to facilitate an open and honest discussion of typically uncomfortable issues. Most of the topics were very personal and intimate issues. I found that thousands of miles of distance helped people to open up to a stranger but also made it more difficult to gain a deep connection with these interviewees.

Poor internet connection made the communication more complicated. I assume that the conversation could not go as deep as possible because the call was dropped around every 10 minutes. Once we even arranged a new time because the connection was too bad for a long conversation. I asked some of the questions again in a text message to make sure that I understood correctly. Face to face interviews were obviously easier for reading non-verbal communication and demonstrated how some topics brought many difficult emotions. Only one out of five of the subjects was female. I wanted to have more female opinions but I could not find any volunteers to attend this research, which could suggest gender inequality in discussing sex education.

5.3 Analyzing the research material

From the actual research material, it was quite easy to see the taboo issues in Ghanaian culture and the needs for sex education. Issues around alternative life styles stirred up many powerful emotions and this felt awkward at first. By alternative life styles I mean different sexual orientations, single parenting, divorce, atheism, and single life. Only one out of five subjects said that being homosexual does not bother them personally and that everyone should be free to be what they want. He/she made sure to emphasize how his/her way of thinking is a rare exception and he/she is not able to truly show his/her opinion without the threat of social exclusion.

My research taught me that Ghanaian culture is strongly collectivistic. The role of family and community has a strong influence over all life sectors. Social norms are important to know and to follow in order to show and receive respect from others. The culture has several social customs in regards showing respect. These customs are, for example, to not use the left hand when communicating with others and using names which show respect for people with higher social status. Demonstrating respect often comes down to having an appropriate time understanding. Like in many collectivistic cultures it is disrespectful for an individual to concentrate too much on their personal life and achievements as supposed to taking care of others. Ghanaians treat time flexibly and it is more important to share the time with others than to be on time, earn money, or be really productive.

People who act outside of these several social norms are often seen as selfish or even demonic. This comes down to religious beliefs which are strong all throughout Ghana. Atheism is not accepted. Ghana and other African countries are heavily influenced by traditional beliefs and religious fusion with Christianity and Islam. Strong beliefs in witchcraft is common in Ghana and the so called demonic side of Christianity. Acts which are considered sins by the Bible or the Koran are defined as demonic. These include homosexuality, anal and oral sex, premarital sex, and divorce. Homosexual acts can be punished by death in the worst cases. Talking about these issues is believed to be dangerous for people

because it could lead to temptation to practice such acts. There are many taboo issues around sexuality. The values of Christianity and Islam have a strong effect on people's sexual relations. For example, marriage is seen as a must for everybody and sexual relations besides marriage are not accepted.

I found STI's a confusing topic to talk about. One of the subjects said that people are having the information about HIV but because of the fear of social stigma they are not going to test themselves. If a community finds out that someone is HIV positive that person will be socially isolated. A couple other subjects said that HIV/ AIDS is not a problem in Ghana and there is no other STI's either. I talked about this issue with SCEF and they gave me similar information about the social stigma. I also found out that the STI scanning and treatment are often too expensive and not available for the population in rural areas. I contacted one hospital in Accra and asked them the actual prices for the STI scanning and treatment. The information they gave me was that all of that is going to be free for everyone. However, every other resource showed me this information not to be true. Some of the interviewees and SCEF explained me that the Hospital needed to give a good image about themselves. They even told that the HIV statistics at the hospital are much lower than the real numbers because if people saw that hospital treating many HIV cases the hospital would get very bad attention and people would not come there anymore.

In addition to religious values, silence can also create a lack of knowledge and shame when seeking information around sexual issues. Sexual education is a part of primary and high school's curriculum but in many cases, it is not put into practice because of lack of interest, knowledge, and shame for discussing these topics. (Abakah 2015, 40)

Every interviewee saw sex education as an important way to increase reproductive health among adolescents in Ghana. Everyone pointed out that girls should be able to stay in schools longer before starting family life and some of them pointed out that social stigmas around HIV/AIDS need improvement. Everyone was happy that there are people to help them to tackle these difficult issues.

5.4 Selecting the components of the product

After conducting the interviews and going over several studies I had a holistic image of Ghanaian culture. I was still lacking in experimental knowledge, but I had enough information to decide how I would structure the sex education project and material. I showed a rough draft of my proposed material, developed from the interviews, to the interviewees and asked them to make corrections if I have understood or applied something incorrectly. Several research articles which cover the same issues demonstrated similar outcomes as my interviews, suggesting that I was on the right track. I was ready to create the actual lesson plan for each class. I showed the final material for my interviewees and send it to SCEF as well.

The first part of the YASH sex education project concentrates on understanding sexuality. It offers a safe space for questions, self-reflection, helps children to understand puberty and the processes of human development. It also provides an opportunity for children to talk about their feelings and the importance of mental health. Although much action has been taken towards breaking the social stigma around mental illnesses, it is still seen as a taboo in Ghana. (Aikins 2015). When talking about sexual health, it is important to give children a holistic picture of the aspects off human health. Sexual health has mental and physical factors as well and understanding of these concepts is important.

The second section of the project concentrate on reproduction through the lens of teenage pregnancy. Teenage pregnancies force many girls out of school before completion, especially in the poor neighbourhoods. In Ghana, teenage pregnancies are extremely common even in the law of Ghana sex before age 16 is illegal. (SCEF 2017c). West and central Africa have an adolescent birth rate of nearly 140 per 1000 women, the highest rate for women aged 15-19 in the world. Too often teenage pregnancies lead to unsafe abortions. (United Nations 2016,2-4) All the interviewees agreed that teenage pregnancies are one of the most alarming problems among adolescent. By offering basic knowledge about reproduction, birth control, and family planning, I will provide children with a space

to consider their future opportunities and help them understand the importance of education and learning.

The third section addresses peer pressure which I found in several research articles and was brought up in every interview. Peer pressure will always be commonplace in teenage social groups, but collectivism culture supports following others instead of keeping your own way as well. I want to help children see how our environment shapes our beliefs. This will also be a good time to introduce global views, how many different cultures there are, how in every culture people act similarly, how people from each city act similarly, and finally how our closest relatives effect to us. After understanding where our beliefs come from, we can have more power to stand up for our own values. Adolescence is a time when we build our identity and trying different things is an important part of the process. There are several good films about sex, drugs, and alcohol, to which teenagers can relate to and learn how many people struggle with such choices at that age.

The fourth section of the program is about STI's and HIV/AIDS. Since there are many social stigmas around HIV/AIDS, it is extremely important to talk about. General information on all STI's and contraception is needed but working to combat negative beliefs about people with HIV/AIDS is a constant struggle. My interviews showed that people are avoiding HIV tests because they are scares of positive test results and the social isolation that comes with it. The fact is that Ghana has one of the highest HIV/AIDS positive rates in the world and that Ghanaians must look this issue straight in the eye. I want to especially work with the stigma around HIV by telling the facts in very simple way and highlighting how the right treatment can safe HIV positive person's life. It would be crucial to make people familiar with routine HIV/ STI's testing.

The last section will cover sexual abuse, human sexual rights, sexual crime, and how to seek justice. As a Finnish person, I find that the concept of abuse is different in our cultures. In the interviews, we frequently debated the definition of abuse. European standards are fairly straight forward with sexual rights compared to Ghana. Ghanaian law says that a rape between married couple is

not possible and will not be forbidden by law (SCEF 2017c). Because of the culturally different perspective for this issue I planned to define the term abuse with the students and talk about the cultural differences. According to SCEF practical knowledge sexual abuses are very common especially in the poor neighbourhoods and people are lacking the knowledge of their own rights.

All the research material also supported my decision to use art-based teaching methods instead of classic class room settings. Art is a great way of discussing sensitive issues, such as sexuality, and at the same time it can be extremely empowering for street children. With practical action, they can see their progress immediately, learn different ways of expressing feelings, and discover new sides of themselves. All this can have a positive effect to one's self esteem. Half of the YASH lessons introduce four different art categories such as arts and crafts, drama, photography, and film. The last half of the lessons allow students to choose their favourite art method and build a final project around it. The final project will be performed in the last class when students organize an exhibition for their work. That way the art can be in its primary function, sharing.

5.5 Creating the teaching material

When I knew the main topics that the program, should concentrate on, I started to think the most practical way of delivering the information. I knew that the material had to be as simple as possible and rather pictures than text, because not all the participants can read or write. Also, I could not expect that everyone can understand English well. I wanted everything to be portable. I did not know how the teaching space was going to be, if I would be able to use computer, electricity, chalkboard, or any of those. I found simple posters to be the most convenient option.

I decided to create the posters by myself because I could not find anything similar to my idea. I looked examples from material that already existed from Planned Parenthood, WHO, and Väestöliitto and I collected the information that fitted my topics. I planned all the posters I would need for each class and started to draw

them. I draw the pictures on a large chalkboard wall, took a picture of the board, and edited the picture on my computer to a A3 poster size. I printed the posters out and laminated them. Now I knew that however the teaching conditions were going to be and if we did not have the same language to communicate, at least I would have something simple to show for the students.

I didn't want the teaching to be only a conversation of the pictures I created, so I started to plan the exercises for each topic. I already decided that different art methods would be used, such as photography, forum theatre and treasure maps. I had used all of these methods before in my previous internships and I wanted to see how they could be used in this concept. I also looked for inspiration from other organisations that work with sex education and I found some classic sex education games. I applied the exercises I already knew and the ones I found to be suitable for the YASH project.

5.6 Implementation of the product

On the first day, I started to work at SCEF, I had a meeting with my supervisor and the manager of SCEF. We went through all the material I had created and discussed if it was suitable to use in this particular environment. I was afraid that maybe I would not be able to show pictures of human genital areas but they told me that simple pictures like that will be helpful to our target group, who are not familiar talking about genital areas.

The only thing they wanted to change was a poster of the most common recreational drugs around the world. They told me to teach only about the drugs which are common in Ghana, such as marijuana and cocaine. My supervisor said that talking about drugs which are not common will just encourage students to use them. My supervisor advised me to use music in teaching as well. She said that I should make a song which we could sing before each class because the children in Ghana really like to sing and that would help me to catch their interest. I decided to make a short simple rap which I showed her and she was happy with it.

Instead of just keeping the sex education material at SCEF we decided to print it out as an actual book and give couple of copies out for the schools and organisations in the area. The teaching manual would be also available in SCEF's webpage as a PDF file. The book would give a background information of the selected topics, guidelines for different exercises, and the posters which I have already created. Basically, this meant just collecting my reaches knowledge, my class plans and the teaching material together in a book format. I decide that I should first test the material and the class plans trough the project. With the practical knowledge, I would be better able to write the book. Already now I could see from the class plans that I have 10 different components and each of these components should be presented in the book as an unit.

I started to hold my classes every afternoon, from Monday to Friday, for 1 hour. In a class I had 10-12 students. Most of them were the same students from the beginning until the end. Only 3 of them did not come after the first two classes so we replaced them with new students. From the twelve students 4 were boys and the rest were girls.

We went through each 10 topics/units that I selected based on the theme interviews. Some of the units took much longer than one afternoon so in the end the whole program took 5 weeks, which means 25 hours. In the last Friday, we organised the exhibition of all the art works the student made during the project. Around 25 adolescents from the neighbourhood and some of the staff from SCEF attended. The students performed a theatre play which they had made by themselves, we watched the short film and music video we had made during the project, and all the paintings and photograph projects were on display in one room. In one room, we hanged all the teaching material from the project and couple student stayed there to explain for the visitors what they have learned. The visitors could also get information about sex and ask questions.

When all the planned lessons were held, was the time to select the material for the book. I had already written a raw draft during the project but still had to put everything together. I showed the draft for everyone at SCEF and asked them to give me feedback. However, I noticed that we were evaluating the results from a

different perspective. SCEF concentrated on the possible financial growth which YASH- project could offer. I was trying to evaluate if the book is functional for the teachers and does each unit really offer valuable information for the students. In this point, I also realised that our goals for the project were different. Some of the volunteers were able to proof read the book. They told me if the exercises were not explained simply and if some of the information were not relevant for Ghana.

Next thing was to edit and print the book. The editing took 3 weeks and the copies were out in my last work day. We planned to have a publishing event where to hand the book for the schools and organisations but because the lack of time and other reasons that were not depending on me the launching was cancelled. Anyhow I went personally to give one of the copies for the school nearby and my supervisor gave one copy for the social service department of Accra.

6. EVALUATION

This chapter demonstrates the evaluation of the product and how the Purnell Model for Cultural Competence worked as a tool to creating the product. In the end of the chapter the results of this study are summarized and the ethics and my personal growth are discussed.

6.1 Evaluation of the product

Evaluation of the product is made through verbal feedback session with the students. First, I demonstrate the results from the feedback session and then I compare the students feedback to my teaching diary, which I was writing after every class, and to the feedback I got from my supervisor Nancy Aree and my co-worker Patricia Schumacher who was attending to the project 99% of the time. Nancy Aree and Patricia Schumacher allowed me to mention their full names in this study. It is important to mention that I was not able to evaluate the product as deeply as planned. The evaluation project brought up the fact that the organisation had different aims for the product than I. The organisation was expecting financial growth through the product and they did not see it as important to evaluate the product goals and objectives deeply. The next chapter 8.2 explains better the reasons for this misunderstanding.

After the project, I organised a feedback session with the students. Because everyone was not strong at writing I carried out the questions verbally. 8 out of 12 students were able to attend the session. I asked these five questions which are presented below:

1. Raise your hand if you liked the project:

- All 8 students raised their hands.

2. What was your favourite art method we used in the class?

- 3 answered drama, 2 answered photography, one answered singing the song, one answered making the music video, and one liked the film.

3. Tell one thing you learned in the class:

1. A lot about sex and the YASH song
2. Not to get a baby when I am too young
3. I learned how to use a condom, if you put it wrong way do not use it again because the semen can be on the top
4. Hygienic
5. Body parts and what happens in teenage
6. I learned vagina and penis
7. Make a movie
8. I learned about HIV and that I do not like it.

4. Tell something you did not like:

- One of them answered that touching condoms was disgusting. All the rest were complaining about shouting and screaming in the class. One of them said that the teacher was sometimes mad and that was not fun.

5. What are your feelings about the whole project right now?

- Everyone was happy about joining the project. One of them wanted to still learn more and three of them were sad that the project was over.

My teaching diary, the feedback from Nancy Aree, Patricia Schumacher, and from the students all shows that the project has been successful and meaningful for the students. A large number of the students were the same from the beginning which showed their interest for the topic. Patricia Schumacher told that the topic was definitely in point. The community we were working in, really needs such a thing as sex education. She said that the students enjoyed the classes, probably because it was the only place where they could talk sexuality related issues openly. Nancy Aree was very happy about the implementation of the project and she believed that the good preparations were the secret of the success.

Nancy Aree was assured that using the art methods in teaching worked well. The art exercises kept the students interested in the project, thought them to express themselves and increased their self-esteem. The photography project helped some of the students to see the beauty of their neighbourhood which could be important for their identity growth. Nancy Aree mentioned that she saw one usually shy student performing openly in a drama exercise. Patricia Schumacher's feedback was giving similar results about the photography. She said that the second unit about body parts and photography was good. The students enjoyed the photography and they were able to express themselves in a way they probably never have before. She said that active art exercises offered for the students a new way of learning.

The actual teaching material (the posters) worked out well. Keeping the poster always in the middle of everyone opened the conversation exactly like it was planned and the students were interested to look at them. SCEF also saw those as a good tool for sex education and they wanted to make the posters into an actual teaching book. Patricia Schumacher mentioned on her feedback that the posters worked well because they were simple and easy to show for everyone.

Nancy Aree did part of the evaluation by interviewing students after the classes. She was asking them what they had learned and done. She got the impression that the students really had learned many important things. One of the students explained her how to use a condom, one of them told how to take care of their personal hygiene and the body changes that occur in puberty. Two of the girls told her that they didn't know about periods before the class, and one of them told her to wait till you are old enough before having a baby. Nancy Aree told that the project seemed to be in point, because these are also the things she wanted them to learn. The feedback session with the students gave similar results. Patricia Schumacher mentioned that one reason why we were able to deliver the information successfully was because all of the students were attending to school, their level of English was good. The outcome could have been different with children who haven't been in school before.

YASH -project was slightly effective to the surrounding community. In the teaching diary, I wrote how the students give their best effort for the exhibition. I asked them to tell for the audiences what they had learned in the class and one of them told in front of everyone that we learned how to use a condom. He/she described in detail how to fix a condom correctly. This showed how at least one person was able to talk about the sensitive topic openly without feeling shame and share his/her knowledge with others. This is exactly answering to the project goal to create more open conversation around sexuality. Patricia Schumacher said that if the project could be organised continuously it could have very effective impact in the community. Nancy Aree mentions that she has seen the children telling about the things they have learned in the class to other children, so the project had a wider impact in the community. Patricia Schumacher mention exactly similar results. Patricia Schumacher mentions that the song was great because the students liked it and because they were teaching it for other students the project got more attention.

We gave one copy of the book for the social welfare department of Accra. They promised to use in their youth program. One copy we gave for the head ministries of the Adadempo primary school where we also organised 6 weeks sex education project for their approximately 120 students. The project based on the YASH-project. The head ministers hoped that I could also organise a work shop for the teachers, where they could learn how to sex educate adolescents. Unfortunately, I did not have time for it but my supervisor promised to organise someone for it. The YASH -project inspired one of the volunteers at SCEF to continue empowering photography with the children. She decided to implement a yearlong empowering photography project. One of the book copies stayed at SCEF and the eBook version is also on their web page.

Patricia Schumacher told that I could have been stricter on my way of teaching, many times the students were miss behaving but I did not punish them anyhow and I did not have clear rules in my class. She said that probably it was good to be friendly and easy going around the sensitive topics, but more boundaries would have been needed. Sometimes I did not carry the exercise all the way true. For example, the students did not understand the idea of forum theatre that well

and because of lack of time I let them just perform their plays without correcting and teaching the idea of forum theatre. Patricia Schumacher said that I should have hold on my idea and continued from that in the next class. In the diary I was able to see similarities for the students and Patricia Schumacher's feedback. Many times, I was struggling to keep the class quiet. This was my first time to be the only teacher for entire project. Sometimes the students were misbehaving and fighting each other in their local language. It took a long time for me to figure out who said what. Many times, the students were listening in the beginning but every time we started to do more active exercises in groups the atmosphere got quite wild. I noticed that they were not familiar to work in groups, so it took time for them to learn a new way of working.

In the other hand the relation between me and the students was really good. They were able to ask me anything. Even though the class was noisy sometimes, I reached my main goal to create trust and connection to my students, so they could be asking anything they wanted to know and get the proper information through me. Patricia Schumacher mentioned that she liked that my way of explaining everything was simple, so everyone was able to understand.

6.2 Evaluation of the research method behind the product

The topic selection of the YASH -project was successful so the Purnell Model for Cultural Competence worked well on its function to gain cultural competence. The product concentrates on right points and the students learned exactly the things that the organisation and I found important to teach.

Anyhow, when using the model, I was concentrating on the first level called personal level of the model and forgot to consider the second level called community level. In this case the first level is the actual work between me and the students and the second level are the work community. I skipped how I will face the culture differences in the work community and I only concentrated to the teaching material and the lesson plans. This created many misunderstandings which slowed down the product development. I should have been aware about

the culture differences in the work community on the same way I was aware about the taboo issues around human sexuality. That way I would have put my personal working ideologies on a side and avoid the misunderstandings between me and the organisation.

I forgot to pay attention to issues such as hierarchy, way of express critic, and time understanding. We experienced misunderstanding on splitting the responsibilities, clarity of common goals and objectives of the product and timetables. The organisation was expecting my project to bring financial growth, while I was concentrating on creating awareness of sexual health promotion in a professional level. This both accepts are important and should be supporting each other. Because of the miscommunication between me and the organisation we could not understand each other's points early enough. Several other things also slowed down the project such as, general power outages, poor internet connection, and culturally different time understanding. These issues I should have thought before and extend my stay at least one month to avoid the rush to finalise everything.

6.3 Results of the evaluation

To summarize, the main developing area of the implementation of the product is my personal growth as a teacher/group leader. The contents of the product succeed very good. The Purnell Model worked well to identify the important topics to teach and the taboo issues to avoid, but I forgot to suit it to the community level. That level identifies the culture differences on the work community. I only used the model on the person level which in this case means the communication between me and my students. Forgetting the community level leads to several misunderstandings which slowed down the process and effected to the evaluation and finalizing part of the project. Because of all that we were not able to give the book for as many institutions as we were planning to.

The main results of this thesis were as following:

1. A succeed sex education guidebook which is available in SCEF website, one printed version in SCEF headquarter, and two printed versions in other institutions in Jamestown.
2. The human sexual right for information and education was enabled for approximately 120 adolescents in Jamestown.
3. The sex education promoted the United Nation's sustainable development goal about gender equality by offering proper information for adolescents.
4. The project created openers and knowledge around sex education in Jamestown through the sex education projects, art exhibitions which were open for the community, and by giving the book for the other institutions.
5. Through the project the need and the wiliness for the teacher's sex education was found.

6.4 Ethics

The lack of time might have affected negatively on the credibility of this study. The implementation of the product in Ghana was made in too fast pace. Mainly because the project got noticeable wider without more result or time. The product was supposed to be a sex education project with self-produced teaching materials but the cooperating organization SCEF wanted me to create a guidebook about the project I organized. The creation of the guidebook had several different time concerning elements. The book was planned, tested in practice, evaluated, written to the final form, designed, and prided whit in two months. Considering that the testing part took 6 weeks the evaluation part needed to be done very fast to make sure that the book will be printed early enough.

Miss communication with the cooperating organization created difficulties for the evaluation. I was not aware enough of the cultural differences in work habits. Like I already discussed in the chapter above I did not use the second rim of the Purnell Model for Cultural Competence which is the community level. There were misunderstandings on everyone's responsibilities, I assumed that I would have

had more people to participate for the evaluation, proof reading, printing, and publishing of the guidebook. Because the lack of time and resources I had to finalize the guidebook as I best could. Even I knew that there will be some spelling mistakes, illogical orders of the exercises, and pictures in the wrong places I just had to decide to print the book out rather than not. The spelling mistakes might lower the credibility of the book from professional perspective, but it can still be effectively used in its purpose. Especially because there was no any exiting sex education material in the institutions I gave the guidebook for.

It is important to mention about the research behind the product that social media as a tool of communication in the semi-structured interview and the language border might have affected to the results. Even I asked from the interviewees if I had understood correctly what they told me on the interviews I cannot be sure that they understood my point in the same way I did. Many concepts are strongly culturally related, and one word can have different meanings within two cultures. Even we have been talking about the same word we might have maenad different things and I have made the conclusion based on my personal believes. Presenting the findings in a way that they serve researchers interests is unethical (Kumar 2014, 287.) Would be more reliable if in this type of value related rehearses the data would be analyzed within two or more people.

6.5 Professional development

As an upcoming professional of social services this study developed my skills in three important areas which are the use of art-based methods in social work, group leading, and project management. I had an opportunity to try different art-based methods in practice and I saw how those can improve one's self-esteem and self-expression. Also, I learned how art-based methods works as a tool when building communication between different culture. In multicultural environment it is crucial to do and take action together to build the trust and common understanding.

In many area of social services group leading skill is needed. Through this study I learned how important it is to be well structured when leading a group. The participants need the rules and the structures to stay motivated, the structure of the lessons or meeting is like a common language between the participants and the leader.

My position in this project gave me excellent experience of project management. I was responsible of the entire project and it forced me to face my personal developing areas. The project made me discuss what is the most effective way of development cooperation. Most importantly I notice how important part of the management is the skill of delivering the tasks clearly for the coworkers. I thought that I had delegated the tasks for my coworkers when creating the guidebook but I ended up doing a lot by myself so there was an error on communication. In multicultural work environment the communication needs to be extremely clear and nothing can be assumed as a foregone conclusion.

In my studies I am specialized in multiculturalism and development cooperation work. I have done half of this social service degree abroad and I believe that those experiences abroad have strengthened my communication skills and cultural sensitivity. My goal is to work in development cooperation work in the future. Especially this thesis project has given me valuable knowledge for following my future plans.

I have used to a work culture where an open conversation and constructive critic are highly valued but these methods, might not work out effectively in every culture. Those methods might slow down a work project and lead to difficult social situations. A development cooperation professional should find a culturally effective way of influencing to the disadvantaged in the workplace.

I experienced how value conflicts are the most difficult part of multicultural work especially when dealing with such a sensitive social issue like human sexuality. Sexuality related values are a core part of our identity. Through the project I learned a lot how to avoid this value conflicts and how a professional person can leave the personal values and beliefs outside of the work. However, I am still

wondering where to draw the line when it is needed to hold on own values and when to adapt the new ways of thinking. I mean for example a situation which one sees as a violation of the human rights but someone else sees it as a cultural practice.

When making the timetables for this project I was slightly too optimistic. I did not concerned thinks such as poor public transportation which in the worst days took 6 hours from the work day, poor internet connection and general power outcomes which made it difficult and slow to move any files related to the guidebook, and adapting a new culture always need some time. With more flexibility on the timetables in Ghana I could have had better results.

7. CONCLUSION

This study strengthens my belief that sex education is needed especially in the African remote areas and in the slum areas of big cities such as Jamestown. I suppose that to achieve United Nations sustainable developing goals, should the effort be targeted in the first instance to these most problematic areas of our globe.

The aim of the YASH -project was to promote the global goals to reach gender equality. I see sex education one of the most important tool at creating gender equality, especially in the areas such as Jamestown where teenage pregnancies are extremely common. Offering the proper information about reproduction and contraception, before the adolescents enter to the reproductive maturity, may enable them to make considered decisions and encourage girl to higher education. Teaching family planning for the girls and the boys in the same class can help them to understand the opposite sex better and share the responsibility of reproductive chooses.

The YASH sex education project and material became a guidebook, which is available on SCEF website and the printed version is given for couple institutions besides SCEF. The product objective to create something useful is achieved but it cannot be known yet if the book will be used and full fill its function as a sex education tool for teachers. In order ensure the use of the book, SCEF should be more organized on organizing sex education and encourage the new interns and volunteers to organise sex education programs. I experienced that the environment in the organisation is such good for sex education, in a small class size the topics are easy to discuss and the students feel freer to be open when the sex education happens outside of the school or home as an afterschool program. In the ideal situation feedback would be collected from the next users of the guidebook and second edition of the book made with in more time and experience.

Bridgette Abakah's research results shows the same than my experience. She mentions that adolescent wants the information, but the teachers are not comfortable enough to organise sex education. Even it is comprehensive at schools it does not exist. Based on YASH -project we organised sex education project in one primary school of the neighbourhood and gave them a copy of the final guidebook. The headmistress of the school hoped that we could also educate the teachers to teach sex education because they do not have the knowledge and experience of the topic. To make the sex education permanent in the schools the teachers need to be educated. SCEF promised that they will try to organise workshops for the teachers. We were also discussing that an online guide video would be needed which would be a whole new project.

The school willingness for teacher sex education is a good start for break the silence around sexuality related issues around Jamestown. Breaking this unnecessary silence was one of the product objectives and achieved at least by creating more open conversation and interest around these issues. All of my students were comfortable to discuss the topics during the class and actively attend to the class exercises. The open conversation also ensured the human sexual right for education and information for these 12 participants of the project. In the primary school sex education project, we educated more than 100 children with basic sex education information, in six classes which all lasted for 30 minutes. Altogether I was able to ensure this human right approximately for 120 adolescents, but I cannot be sure that in a big class such as one hundred student everyone understood the information properly.

I see the ideal situation in Jamestown as following, SCEF should run sex education projects continuously several times in a year. The sex education in the schools should be given to every student, face to face counselling about family planning and reproduction should be done in schools so at least each student could have ones an opportunity to get the necessary information. Door to door family planning promotion should be done so the adults could be educated as well, and we could reach the most vulnerable children, the ones who does not attend to school.

To make all this possible I suggest that someone should take the responsible of sex education in Jamestown, a new organisation or some of the already exiting organisations/ institutions. Comprehensive sex education at schools in nation-wide would be extremely important but it will still leave many vulnerable people outside. Solving such problems like poor sexual health and lack of family planning should start community wide in the most problematic areas of the country. If sex education is only a privilege of people in schools, the most vulnerable communities will grow wider and stay struggling witch the same problems than before.

More cooperation of the educating parties would be needed as well. Cooperation of the clinics which are offering family planning and sexual health promotion, the organisations, and the schools would be the first step to permanent sex education. The clinics already have all the necessary knowledge and the access to contraception which they should share with the education institutions.

This thesis project has added my extremely valuable experience of development cooperation. I experienced to manage a subjectively wide project and I saw how my action effected to the community. Most importantly I got much wider understanding of development cooperation. Next time I would be able to include the work environment and the community level of the culture on my cultural competence, not only the person/customer level. I experienced that the main content of development cooperation is facing value conflicts and founding the most equitable and beneficial solution for the human nation without letting your personal values to affect the results. This thesis project was a so-called passion project for me and I definitely want to continue to work in development cooperation field, especially by promoting sexual health.

I truly believe that we can save the world thought education which will concentrate on sexual health promotion, family planning and the sustainable development of our planet.

REFERENCES

- Abakah, B. (2015). *Sex education and its influence in sexual behaviour in the west African senior high school in the greater Accra region*. University of Ghana.
- Aikins, M. (2015). *Mental Health-Related Stigma and Discrimination in Ghana: Experience of Patients and Their Caregivers.*,30-36. Ghana Medical Journal. Retrieved 6.6.2017 from <https://www.ncbi.nlm.nih.gov/pmc/articles/pmc4549818/>
- Awal, M. & Paller, J. (27.1.2016). *Who really governs urban Ghana*. African research institute. Retrieved from 23.7.2017;<https://www.africaresearchinstitute.org/newsite/publications/who-really-governs-urban-ghana/>
- Debpuur, C. Maxwell A. Chatio, S. Adjuik, M. Akweongo, P. (2015). *An exploration of moral hazard behaviors under the national health insurance scheme in Northern Ghana: a qualitative study* BMC Health Services Research. London Vol. 15.
- Drislane, F. Akpalu, A. & Wegdam, H. (9.2014) *The medical system in Ghana*. 87(3): 321–326. Yale journal of biology and medicine. Retrieved 1.8.2017 from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4144286/>.
- F.May, J. (2017) *The Politics of Family Planning Policies and Programs in sub-Saharan Africa. Fertility Transition in Sub-Saharan Africa. Population and development review*.
- Geoffrey, G. (2005). *World Population Second edition*. ABC-CLIO 2005.
- Ghana Web, *The country, Ghana*. Retrieved 23.3.2017e; https://www.ghanaweb.com/GhanaHomePage/country_information/
- Ghana web. *Education*. Retrieved 23.3.2017c from <https://www.ghanaweb.com/GhanaHomePage/education/>
- Ghana web. *Ethnic groups*. Retrieved 23.3.2017 from <https://www.ghanaweb.com/GhanaHomePage/tribes/>
- Ghana web. *Geography Climate*. Retrieved 23.3.2017a from <https://www.ghanaweb.com//GhanaHomePage/geography/climate.php>
- Ghana web. *Government politics*. Retrieved 23.3.2017b from <https://www.ghanaweb.com/GhanaHomePage/education/>
- Halon, M. Reyes, M. Kontula, O. (2014). *Poikanäkökulma seksuaalikasvatukseen- kasvattajan opas*. Väestöliitto. Helsinki.
- Heil, S. Galeema, D. Herrmann, E. (2012). *Incentives to promote family planning*. Prev med. Retrieved 1.12018 from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3578697/>
- Huuki-Saarinen, V. & Valkoinen, T.(2014) *Taidelähtöiset menetelmät 9-luokkalaisten nuorten seksuaalikasvatuksessa*. Turun ammattikorkeakoulu.

- Ilmonen, K. & Korhonen, E. (2015). *Seksuaali-oikeudet, väestötieto, sarja 28*. Väestöliitto. Helsinki.
- Kumar, R. (2014) *Research Methodology*. SAGE Publications Ltd. London.
- Kuria, C. (2010). *Purnell's model for cultural competence in transcultural research – a literature review*. Turku University of applied sciences.
- Nanvubya, A. Sempira, J. Mpendo, J. Setaal, A. Nalutaaya, A. Wambuzi, M. Kitandwe, P. Bagaya, S., Welsh, S. Asimwe, S., Nielsen, L., Makumbi, F., Kiwanuka, N. (2014). *Use of Modern Family Planning Methods in Fishing Communities of Lake Victoria, Uganda*. PLOS ONE. Retrieved 1.1.2018 from <http://web.b.ebscohost.com.anna.diak.fi:2048/ehost/pdfviewer/pdfviewer?vid=2&sid=bf12c626-858b-4674-8eea-fab0a32de9c4%40sessionmgr102>
- National Population Council. (2006). *Ghana's Development Agenda and Population Growth: The Unmet Need for Family Planning*. National Population Council.
- Nyarko, K. Adentwi, K. Asumeng, M. Ahulu, L. (2014). *Parental attitude towards sex education at the lower primary in Ghana*. International Journal of Elementary Education.
- Ocran, W. & Yaw Maclean, D. (2009) *Male adolescents' knowledge, perceptions and attitudes towards HIV/AIDS prevention: A case study of Elembelle District in Ghana*. Jyväskylä University of applied sciences.
- Poikela, K. (2013) *The Nine Step Model in Zambia, How Forum Theatre works for sexuality education*. Bachelor thesis. Centria university of applied sciences. Kokkola.
- Purnell, D. & Paulanka, J. (2003). *Transcultural health care, A culturally competent approach*. F.A Davis Company. Philadelphia.
- Purnell, L. (2002). *The Purnell Model for Cultural Competence*. Journal of transcultural nursing. Research gate.
- Race, L. (2016). *Overcoming the taboo: Sexuality and sexual activity*. British Journal of Mental Health Nursing, November/December 2016 vol.5 no. 6
- Rooney, R. (2004). *Arts-Based Teaching and Learning Review of the Literature*. WESTAT Rockville. Maryland.
- Salm, J. & Falola, T. (2002). *Culture and custom of Ghana*. Greenwood press. London
- Sexpo. (2017). *Seksuaalisuus*. Retrieved 23.3.2017; www.sexpo.fi.
- Sinaga, M. Mohammed, A. Teklu, N. Stelljes, K. Belachew, K. (2015) *Effectiveness of the population health and environment approach in improving family planning outcomes in the Gurage, Zone South Ethiopia. Report*. BMC public health.
- Street Children Empowerment Foundation (SCEF). (2017). *Unpublished lecture material. Sexual awareness- project*. Available at SCEF's headquarter in Jamestown, Ghana. Retrieved 20.11.2017c
- Street Children Empowerment Foundation (SCEF). Retrieved 23.2.2017a from <http://www.scef-international.org/>

- Street Children Empowerment Foundation (SCEF). *Sexual Awareness*. Retrieved 23.2.2017b from <http://www.scef-international.org/what-we-do/sexual-awareness/>
- Tate, J. Ph.D. *Arts based teaching in elementary schools*. EDnews daily. Retrieved 1.8.2017 from <https://www.ednewsdaily.com/arts-based-teaching-in-elementary-schools-tate/>
- The World Bank. *Fertility rate, total births per woman*. Retrieved 23.3.2017 from <https://data.worldbank.org/indicator/sp.dyn.tfrt.in/>
- The world counts. *How many babies are born each a day*. Retrieved 1.8.2017 from <http://www.theworldcounts.com/stories/How-Many-Babies-Are-Born-Each-Day>
- UNAIDS, & The African Union. (2015). *Empowering young women and adolescent girls, fast tracking the end of the AIDS epidemic in Africa*. Retrieved 6.6.2017 from http://www.unaids.org/sites/default/files/media_asset/JC2746_en.pdf.
- UNAIDS. *Country factsheets Ghana 2016*. Retrieved 23.3.2017; <http://www.unaids.org/en/regionscountries/countries/ghana>
- United Nations Educational, Scientific and Cultural Organization. (2016). *Education 2030 Briefing November 2016 volume 3, Strengthening Education in West and Central Africa by Improving Learners' Sexual and Reproductive Health*. Retrieved 6.6.2017 from <http://unesdoc.unesco.org/images/0024/002471/247151e.pdf>.
- United Nations. *Sustainable development goals 17 goals to transform our world*. Retrieved 20.11.2017 from <http://www.un.org/sustainabledevelopment/sustainable-development-goals/>.
- Voimauttavavalokuva.net. *Empowering photography*. Retrieved 1.8.2017 from <http://www.voimauttavavalokuva.net/menetelma.htm>
- WHO regional office for Europe and BZgA. (2010). *Standards for Sexuality education in Europe*. Federal centre for education BZgA, Cologne.
- WHO. *Sexual and reproductive health. Sexual rights*. Retrieved 6.6.2017 from http://www.who.int/reproductivehealth/topics/sexual_health/sh_definitions/en/

ATTACHMENT 1. SEMI-STRUCTURED INTERVIEW

For a better understanding of Ghanaian culture

Reasons and background for this interview:

This interview is intended to create a better understanding of Ghanaian culture and help me to work in Ghana with people by respecting their culture and to achieve positive results in my research. This Interview was created using The Purnell Model for Cultural Competence.

Overview:

- Name: History and meaning of your name?
- Age?
- Sex?
- Origins?
- Residence. Where, with whom?
- Your Education?
- Your occupation?
- Political orientation, are you politically active?

Communication

- Mater tongue: dialect?
- How people treat time in your culture? Busy

Family roles Kinships:

- Who belongs to your family?
- Extended family? Roles, Relations in your life?
- Who is the head of the house hold?
- What makes your role different from the opposite sex in your family? Community? Society?
- How has your role in the family chanced by age?
- What are your priorities in life?
- What are your life goals/ dreams?
- Do you need your own time/ time alone? How often? What do like to do by yourself?
- Alternative life styles: How familiar you are with different sexualities like hetero sexuality, homosexuality, transsexuality and asexuality?
- How about Single parenting, child-less marriage or divorce?

Work and Education, Social status:

- What is the meaning of work and education for you?
- Do people need education? Work?
- What would be an ideal work situation?
- Are you satisfied with your occupation and education?

Spirituality:

- What is your religion, if any?

- How does it appear in your everyday life? How important is spirituality?
- What do you think about another religions?
- What do you think about atheism?
- What is meaning of life for you?
- When Does religion have an impact to your overall health?

Pregnancy

- do people have children usually? Is there a right or wrong time to have children?
- Why do people have children?
- Is having children an individual's own choice, the result of having sex, or something else?
- Could you describe how it goes in your country when someone is giving birth? Where, what who? Do you have rituals around child birth?
- What do you think about extramarital children? Are they treated differently in your culture?
- What do you think about birth control and contraception?
- What do you think about abortion?

Death

- What do you do in your country when someone dies? Beliefs, rituals?
- How do you greave if someone dies?
- What do you think about death?

Health

- What does health means to you?
- How do you take care of yourself / your health? Most important factors?
- What role do other people, the government, and your family play in regard to your health?
- What type of health risks you face in your life?
- How important is mental health? How do you take care of it?
- How important is Sexual health?
- What do you think about sex education in schools? Is it important?
- There still exist many taboos around sex, Do you think should we talk about it more openly or not?
- Are you scared of anything in life?

Nutrition

- What is the meaning of food to you?
- Do you cook by yourself? Do you usually eat with other people? Rituals?
- Do you believe that what we eat has an impact on how we look and feel?
- What is healthy food? Does food need to be healthy?
- Anything you would like to change in your nutrition?

High risk behaviour

- Do you smoke/ have smoked? Why not / how much? Positive and negative effects?

- Do you use/ have used alcohol? Why not / how much? Positive and negative effects?
 - Do you use/ have used drugs recreationally? Why not / how much? Positive and negative effects?
 - Is there anything that you would change about people behaviour around these issues?
 - Why people commit crimes? Violence? Sex crime?
-
- What is a high-risk sexual behaviour for you?



YASH

YES, FOR ADOLESCENTS SEXUAL HEALTH

(Sexuality education material with a touch of art)



YASH

YES, FOR ADOLESCENTS SEXUAL HEALTH
(Sexuality education material with a touch of art)

AUTHOR - KAROLIINA LAHTI

TABLE OF CONTENTS

Foreword
How to use this book

4
5

Exercise 4. Photography.
ART INFO, PHOTOGRAPHY

15
16

UNIT 1. HUMAN SEXUALITY

Goals of the unit
Exercise 1. The YASH Rap
Exercise 2. Introduction Games
Exercise 3. Theory of Human Sexuality
Exercise 4. WHO AM I. Painting & Treasure Maps
ART INFO, TREASURE MAP

7
7
8
9
10
10
11

UNIT 3. UNDERSTANDING OUR MINDS

Goals of the unit
Exercise 1. Feelings- Drama warm up
Exercise 2. Forum theatre
Exercise 3. Mental health
Exercise 4. Ingredients of healthy relationship
ART INFO, FORUM THEARTE

18
19
19
20
21
21
22

UNIT 2. LIFE SPAN DEVELOPMENT

Goals of the unit
Exercise 1. Favourite part of me.
Exercise 2. Human development impro-game.
Exercise 3. My body- body development in puberty

13
13
14
14
15

UNIT 4. REPRODUCTION & FAMILY PLANNING

Goals of the unit
Exercise 1. Improv Theatre
Exercise 2. Anatomy of our genitalia.
Exercise 3. Reproduction
Exercise 4. Birth control
Exercise 5. Watch a film.

24
25
25
26
26
27

Unit 5. YOUR FUTURE & HISTORY

Goals of the unit

Exercise 1. Gender roles

Exercise 2. Write your own movie

Exercise 3. Making a short film

ART INFO, FILM MAKING

UNIT 6. PEER PRESURE

Goals of the unit

Exercise 1. Analyzing pictures.

Exercise 2. Arguing.

UNIT 7. HIGH RISK BEHAVIOUR

Goals of the unit

Exercise 1. : Alcohol, drugs, sex, porn, sex work

UNIT 8. SEXUALLY TRANSMITTED DISEASES

Goals for the unit

Exercise 1. Plastic glove game

Exercise 2. The seven weekdays

Exercise 3. HIV facts

29

29

30

30

31

32

34

34

35

35

38

38

38

40

41

42

42

42

UNIT 9. ABUSE

Goals for the unit

Exercise 1. Forum theatre

Exercise 2. Human sexual rights

UNIT 10. EXTRA EXERCISES

Exercise 1. Individual art project

Exercise 2. Relaxing

Exercise 3. Private body parts

Exercise 4. Sex alias

Evaluation

Sexual Awareness & Enforcement at Street Children Empowerment Foundation

The List of Sources

Appendix

44

44

45

45

47

47

48

48

49

50

52

53

54

FORWARD

“ This book is designed especially for West African countries where several sexuality related problems are a part of many societies. The research behind the book brought up the most alarming sexuality related issues in Ghana. This book is concentrating to solve the following problems: 1) Closeness around sexuality; 2) Teenage pregnancies/Family planning; 3) Peer pleasure/Social pressure; 4) Sexual health/sexually transmitted infections; and 5) Human sexual rights/sexual abuse.

The inspiration for this book developed from my interest in confronting taboos around human sexuality. Poor communication around taboo issues has led to problematic situations that could be avoided. The global perspective is very important and therefore, this book works towards the United Nation's Sustainable Development Goals of 2030. The aim of the book is to help our world to reach the Sustainable Development Goal number 5, namely "Gender equality". Adequate sex education plays a major role in addressing gender issues worldwide.

I am deeply grateful for all the support I have had during my journey to make this book a reality. Diakonia-University of Applied Sciences provided me with access to the research behind this book. I want to thank the following professors: Jaana Tilli, Mika Alavaikko, Kyösti Voima, and Sami Kivelä. The Street Children Empowerment Foundation (SCEF) offered me a place to study the phenomena in the field and supported me with the great knowledge they have accumulated from working directly with these issues. The head of SCEF, Paul Semeh, led my project in the right direction and my supervisor, Nancy Aryee, was the right person to evaluate the project because of her experience with social work in Ghana. Thank you to Natalie Schuck who edited the entire book and for my dear friends Petra Pajic and Aaron Jones who supported me during the project. Lastly thank you for the adolescents in SCEF who took part in the first trial of the material.



HOW TO USE THIS BOOK

YASH - is a sexuality education material book for teachers, social workers, nurses, parents, and all adults who are taking part in the life of an adolescent. The book contains 10 units about human sexuality. Each unit follows the same structure. The first part of each unit provides general background information about the topic for the teacher, the next part sets the goal for the unit, and the third part contains the actual exercises to do with the students. Most of the exercises use art based teaching methods. Art can be the most suitable way of dealing with difficult taboo issues and at the same time students can learn different forms of self-expression. The teacher does not have to follow each unit in the given order and not all of the exercises need to be done from each unit. Every teacher can build up a program that suits their class' needs best. Also, all the art methods can be applied to each unit of the book.

The teaching material is mainly in simply painted pictures. The material is made to be as simple as possible and suitable for students who cannot read or write so well. Pictures can be used in teaching by showing them on a computer screen, printing them out, or a teacher can create their own versions on a chalkboard.

Be creative and enjoy the interesting classroom conversations your project inspires!



KAYI
KARTI
@kayikarti
Aracularda
@Socelomani

2017
STUDENT

UNIT 1

HUMAN SEXUALITY



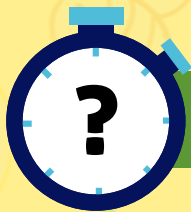
Sexuality is what we are and sex is what we do. Sexuality is an essential part of every human being's life cycle. Human sexuality is complex to understand and it is often considered only in the context of sexual intercourse. Sex is just one part of sexuality. It is important to teach children that their sexuality is a natural part of their human existence and not anything to be embarrassed about. It is every human's right to have information about their sexuality. Poor sexual awareness can lead adolescents to negative sexual behaviour such as low self-esteem, unwanted pregnancies, or sex crimes, etc. Everyone should have the opportunity to explore and understand their sexual growth from childhood to adulthood.

GOALS OF THE UNIT

- *Students learn to express themselves in a safe environment*
- *Students understand the meaning of human sexuality and how it is related to our everyday life*
- *Students have an opportunity to discover their dreams and learn to better identify themselves*

EXERCISE 1. THE YASH RAP

It is good to have routines in every class so the students know what to expect. Singing together also brings the students attention to the class. This rap-song is made for this program. Explain the lyrics to your student. For example, unsafe love is when you do not use protection, or when the sex is hurting you. The lyrics also tells that a good time for making a family is after studies. You can start every class whit this rhyme, tell everyone to stand up, clap their hands, and find a good rapping speed for you. (You can find an example video of YASH-rap from YouTube channel called **YASH**)



Time needed approximately 5 min

I am beautiful
I am free
I control my destiny

I go to school so I can learn
When I finish it is my babies turn

I am beautiful
I am smart
I know how to play my part

I always choose to protect my self
'Couse unsafe love is bad for my health

I am beautiful
I am sure that with my desertion I can change
the world

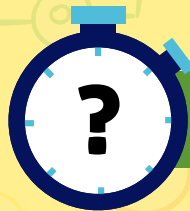
Does not matter where I am from
I can do anything under the sun



EXERCISE 2. INTRODUCTION GAMES

1. Split students in 2 groups.

Tell them to organize themselves in order by age from youngest to oldest. The fastest group wins. Keep on going as long as you feel like and come up with new categories like, alphabetical order by name, surname, mother's name, favourite food, height etc. This game is a good ice breaker in the beginning of the class.



Time needed approximately 10 min

2. Ask everyone to make a big circle.

Each person says their name and one word to describe themselves that begins with the same letter as their name. For example: Sam - sassy, Lisa - lion. Before saying their own name, each person must memorize all the names that have been said before them. Every time someone fails to recall a name, the circle starts again. This is a great game for remembering new friend's names.



Time needed approximately 10 min

EXERCISE 3. THEORY OF HUMAN SEXUALITY

Show a mind map of human sexuality (figure 1, page 55) and explain its contents. Let the students think about sexual behaviour and how we express it. Collect their ideas and show them the next mind map (figure 2, page 56). You can do your own version in a chalk board or use these figures.



Time needed approximately 20 min

EXERCISE 4. WHO AM I. PAINTING & TREASURE MAPS

Instruct the students to make a map of themselves. It can be a map of dreams, their future, just things that they like, or things that they are. They can choose to cut pictures from magazines, draw, or paint. Create your own map as well and share it with students. Ask them to share their work. There is no right or wrong way to do this.



Time needed approximately 1 hour



ART INFO, TREASURE MAP

A treasure map is a blue print of your dream self and your future. It helps you to see what you are, especially what you want to be and how you receive your dreams. Creating a treasure map gives you space to know and listen to yourself a little closer. Teenagers in particular need time to understand themselves and it is important to give them tools to guide their self-discovery.

A treasure map is a method of social work and arts and crafts. Arts and crafts are a form of visual arts. Visual arts include all the visible arts, for example drawing, painting, sculpture, design, jewelry, photography, film, and fabrics. Visual arts are a way we express our sexuality from an early age.



LIFE SPAN DEVELOPMENT

UNIT 2

LIFE SPAN DEVELOPMENT

Humans develop biologically, cognitively, and psychosocially throughout their entire life span. Biological development includes bodily changes, maturation, and growth. Cognitive development covers changes in the human brain and includes imagination, perseverance, reasoning, and problem solving. Psychosocial development includes emotions, personality, social interaction, and social expectations.

Human development can be described in several life stages. These stages include different development areas. Each person's development is individual and development happens at different rates. This is important to tell children and adolescents while teaching them so that they do not feel unusual about their own individual development. Adolescents need information about their bodily and their emotional changes. For instance, without the knowledge of periods and hygiene, adolescents are not able to take care of their health in the best possible way. Many teenage girls around the world experience shame and guilt about their periods even though this should be seen as a natural part of a woman's life. To feel shame is not healthy for the development of a young person's identity.

Erik Erikson, an American developmental psychologist, created a theory of 8 psychological stages of human life span (see figure 3, page 57). Each stage includes different psychological developments. Erikson's theory dives deep to understand each state's ups and downs but in this teaching manual I concentrate only on the main development area of each stage. For adolescents, an understanding of the constantly growing mind is important but it is not necessary to explain each function deeply.

GOALS OF THE UNIT

- *Students understand the human life span development and the special developments of each life stage*
- *Students understand the bodily changes in puberty and have space to talk about them openly*
- *Students feel good about their individual body development and understand how these changes affect their everyday life*



EXERCISE 1. FAVOURITE PART OF ME

Play inspirational music and tell the students to close their eyes. Tell them to choose their favourite part of themselves. For example, it could be their legs because they can run so fast, or their eyes because they can see beautiful things, or that they are funny and how it feels good to make people laugh. Let them think for a while. Share your own favourite part of you and ask them to share theirs.



Time needed approximately 5 min

EXERCISE 2. HUMAN DEVELOPMENT IMPRO -GAME

Write one age from each human life span development stage on a piece of paper. Find 8 volunteers, tell them to choose a partner and give each of them the piece of paper with the written age. Instruct one partner to perform the age in pantomime while the other student try to guess how old are they. Show the map of the human life span development (figure 3, page 57) and begin a conversation about each life stage. Leave the teenage stage as the final pantomime.



Time needed approximately 15 min

EXERCISE 3. MY BODY-BODY DEVELOPMENT IN PUBERTY

Split girls and boys in separate groups and let them list all the puberty related body changes in the opposite sex. Let them think for 5-10 minutes and share their ideas for each other. Explain that everyone's development is individual, happens differently and on their own speed. (use figures 4, page 58 and 5, page 59) Explaining how to maintain personal hygiene is crucial. (use figure 6, page 60)



Time needed approximately 15 min

EXERCISE 4. PHOTOGRAPHY

Begin a conversation about beauty and body image. Give the students a camera and let each child take one picture about something that they find beautiful. Go through each photo and let them explain why they chose to take a picture of that. Notice that the camera does not make the picture but rather the photographer and their vision. You do not need a fancy camera for this exercise, today most smart phones have a good camera. You can use a phone, DSLR, pocket cam, or disposable camera! Alternative: if you do not have any access to a camera, let the children choose a beautiful picture from the internet or a magazine and write a poem of something that is beautiful to them. You can also write only a poem.



Time needed approximately 1 hour



ART INFO, PHOTOGRAPHY

Photography is a great way to work with a person's self-esteem. All of us need positive experiences of performing and a camera can give us that space. With photography, we can also share the way in which we perceive beauty individually. Adolescence is an important time to create positive experiences performing.

Empowering photography is a therapeutically aligned pedagogic method created by Miina Savolainen from Finland. The method of empowering photography is assigned to serve one's identity work and communicating between people. Meaningful but unnoticed aspects that construct an individual or community, can be made visible by photography.



ACCRA ROYAL
PRIM SCH

UNDERSTANDING OUR MINDS

UNIT 3

UNDERSTANDING OUR MINDS

Feelings are emotional states and emotional reactions. Often people react to situations emotionally without understanding the reaction to their feelings. Many times, this happens to not be the best option and leads to miscommunication. Healthy relationships and communication skills are the foundation for a healthy mind. Human beings are social creatures and can suffer from loneliness. Increasing our emotional understanding and communication skills is the best preventive solution for mental health problems. Mentally strong and healthy people create healthy communities. Our mind is like a muscle that must be trained and to train it we must understand how it works. There still exists a social stigma around mental health. However, nobody should be socially isolated because of mental problems. Teaching people from a young age on about mental health is a great way to familiarize them to the topic and to break the social stigma.

Giving a simple real-life example can help to understand the definition of emotional intelligence: Tony is always late

to visit his girlfriend Lisa, Lisa might get angry and say rudely that Tony is “like a five-year-old kid who cannot handle his life.” Tony might get angry because of Lisa’s criticism and the situation is set for an argument. In reality, Lisa did not get angry because Tony is “like a little kid,” but because she feels disrespected. She feels that she deserves a boyfriend who treats her well and shows up on time. An emotionally intelligent person would be able to understand why they get angry and communicate these feelings openly. Lisa could say to Tony that it really bothers her when he is late, that she feels that Tony doesn’t respect her, and that this makes her feel bad about herself. If Tony is emotionally intelligent he will understand how his actions hurt Lisa and that perhaps time management is something he must improve. An emotionally intelligent Tony would tell Lisa how he often struggles with time management and that they will find a way that both feel good in their relationship. We each face similar situations every day at work, school, and home. Emotional intelligence helps us to understand and communicate our feelings and reactions, which are the foundation for every healthy relationship.

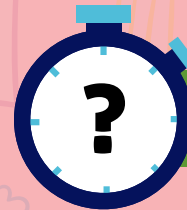


GOALS OF THE UNIT

- *Students understand how feelings effect our everyday life, where feelings come from, and how we can react to them in a way that empowers us*
- *Students understand how mental health is a crucial part of our holistic health*
- *Students understand that relationships can be very different but it is important that every relationship brings a positive value to their lives*

EXERCISE 1. FEELINGS - DRAMA WARM UP

Have the students choose a partner. Have one student ask the other "How do you feel when ___" and fill the blank with whatever situation they want. For example, "when you have an exam," "when you are tired," or "when you eat." The other student will react and describe their feelings in the given situation.



Time needed approximately 10 min

EXERCISE 2. FORUM THEATRE

Divide students into groups. Explain them that a Forum Theatre is the following (and below): Basically, some students play a short story. After playing it through once, they start to play it again. This time anyone from the audience can say "stop!" whenever they see something they would do differently, in any point of the play. Then that person who said "stop", will go to replace the respective character and change that character's action to how he or she wants it to be. Now all the other actors have to also react to the changes, which that person made and the story will change.

The main point is to see how one's action can make a change and also open a conversation about a certain topic, and see different ways of dealing with it. Now you can see which way worked well and why.

You can also give an example: Jennifer is playing the girlfriend and Daniel is playing the boyfriend. Jennifer is pregnant and Daniel is not ready to take a responsibility of the baby. Jennifer gets mad and leaves. Someone could now replace Daniel and change his behaviour to be more understanding or someone could take Jennifer's role and for example explain to Daniel that they both are responsible, not only her, and the story will be different.

Give each group one of the plays (on your right) or you can create your own stories. Let them decide the characters they want to play and the details of the story. Give them 15 minutes to practice. Each group performs their story for the class. Go through each play and have the other students facilitate the actions that they see on the stage. Begin a conversation about how different actions lead to different reactions and how everyone can 'be the change they wish to see in the world' (Ghandi). Let students choose their own topics and perform their own stories. Highlight that the idea of forum theatre is not to be a better actor than someone else, but to change the story line with your own action.



Time needed approximately 1 hour

PLAY 1. MENTAL HEALTH

Emmanuel has been feeling down for the past months. Very difficult things have happened in his family. He does not want to spend time with his friends anymore, he is tired all the time and quiet. His friends have noticed the change, but cannot understand what is going on. They think that Emmanuel is crazy. This makes Emmanuel even more sad. He starts to see nightmares and cannot sleep. One of Emmanuel's friends is worried about him but doesn't know what to do, how can he help?

PLAY 2. COMMUNICATION

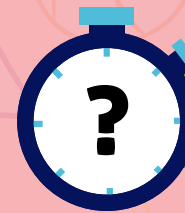
Two friends, Sandra and Abigail, are hanging together after school. Abigail is a little late because she was visiting her new friend, Jessica. She has not spent much time with Sandra lately and Sandra is sad about this. Sandra tells Abigail that she is with her new cool friend all the time now and that she and Abigail are not such good friends anymore. Abigail gets mad because Sandra is being needy and leaves her alone. Both girls go to see their other friends and tell them what happened, how do they react?

PLAY 3. LOVE

Anthony lives on the street with his little brother and his mom. He likes Alice who he met a month ago one evening on the beach. Alice comes from a wealthy family and her parents do not want her to be with Anthony. Anthony's mom is also skeptical of her son's actions but Anthony and Alice like each other, what should they do?

EXERCISE 3. MENTAL HEALTH

Split students in groups and ask them to consider "what is mental health." Collect the ideas and talk about them (for conversation, use Figure 7, page 61).



Time needed approximately 15 min

EXERCISE 4. INGREDIENTS OF HEALTHY RELATIONSHIPS

Explain emotional intelligence and the ingredients of healthy relationships by using the example mind map (Figure 8, page 62)



Time needed approximately 10 min



ART INFO: FORUM THEATRE

Forum theatre, the theatre of observation, was created by Brazilian actor Augusto Boal. His ideology is used in social work activism. The purpose of forum theatre is to investigate an issue in society, to find different ways of reacting to it, and to teach how to take positive actions. Actors are acting in a short play about a specific topic. The audience finds parts where they would act differently in the play. Instead of just commenting on it, the audience will come to the stage and replace the actors in the play and perform what they would do differently. Actors begin the play again and the audience takes notes on how the different action creates a different outcome. By acting the ideas out, students can understand how by their choices, they can make a difference. Begin a conversation about how to find solutions for problems in their communities or individuals lives.



REPRODUCTION & FAMILY PLANNING

UNIT 4

REPRODUCTION & FAMILY PLANNING

Every minute, 255 babies are born. This translates to 353,000 new babies each day. If humanity continues to grow at this rate, there will be approximately 8-10 billion people on earth by the year 2050. Our planet cannot produce the needed resources as fast as humanity uses them up and if we do not change our lifestyle to be more environmentally sustainable, we cannot maintain the living standards we have today. Education, reproductive health, and family planning play a big role. Family planning does not necessarily mean smaller family sizes but rather individual's understanding of their power of choice.

Family planning is knowledge about contraception, pregnancy, and what it takes to raise a child. Talking about family planning, birth control/contraception is not always easy. Many cultural, traditional, and religious beliefs do not accept birth control. However, every human's sexual right includes the right to education and information, and the right to decide the number and spacing of one's children.

Every human should receive this information when they reach reproductive maturity. If the information of family planning is not being offered, it is considered as a violation of human rights. With the right information, adolescents can choose the most suitable life path for themselves and better understand the consequences of their actions.

The right information includes the information of reproduction, the function of our sex organs, introduction of birth control methods, and the information on how to access those methods. Especially closing the gap between adolescents and the provider of birth control is important or otherwise the information cannot be used in practice.

When talking about family planning, it is extremely important to highlight the equal responsibility of a male and a female. Family planning, the use of contraception, and reproductive health is too often only the woman's responsibility. Traditionally, sex education has often been held separately for girls and boys but this teaching manual encourages both sexes to be in the same class. That way, adolescents can learn about the opposite sex, feel more comfortable to face important issues together, and share the responsibility of family planning.



GOALS OF THE UNIT

- *Students understand the basics of reproduction*
- *Students understand the meaning of family planning and what responsibilities having children brings*
- *Students become familiar with condoms and receive information about birth control*

EXERCISE 1. IMPROV THEATRE

Divide students into small groups and give each group a play (see below). Ask the first group to start acting out their play straight away. The idea is to improvise about the topic so do not let them practice before performing. Give each group 5 minutes to perform and then talk about each group's performance afterwards. Provide items, which are related to the topics, like condoms, baby dolls etc.



Time needed approximately 10 min

PLAY TITLES:

- *15 and pregnant*
- *Raising a child*
- *Single parent*
- *Planning a family*
- *Marriage*

EXERCISE 2. ANATOMY OF GENITALIA

(Figure 9, page 63) is a simple picture of female genitalia which includes following parts: clitoris - a body part which produces sexual satisfaction,

urethral opening - for urination, vagina - for reproduction and giving birth, labia major - protects the inner parts of the vagina, labia minor - additional protection for the inner parts of the vagina, and anus - for defecation. The penis (Figure 10, page 64). is the male genital which includes, foreskin - protection for inner parts, frenulum glans - produce sexual satisfaction, corpus cavernosa and corpus spongiosum - collect the blood in an erection and make the penis hard, testicles - create semen and produce testosterone, scrotum - protects testicle



Time needed approximately 10 min

Male circumcision is an operation where the foreskin of the penis is removed. Different cultures perform circumcision for different reasons, but mainly because of religion or hygiene. The ages for the operation also depend on culture and the family, but very often circumcision is done during the first months after the birth or when a boy enters puberty. Female circumcision is not as common as male and it is usually practiced for traditional reasons. Female circumcision has been proven to be extremely dangerous for a girls' reproductive health. Every teacher decides if and when they

will teach their students about this topic but everyone should have the right to know about decisions that concern their body parts.

EXERCISE 3. REPRODUCTION

(Figure 11, page 65) explains reproduction as simply as possible. People have sex, semen finds an egg and fertilizes it. The embryo begins to grow. And the fetus grows for nine months until birth. We all have sex organs and we all must know how to use them.



Time needed approximately 15 min

EXERCISE 4. BIRTH CONTROL

Show the students actual birth control tools such as condoms or oral contraceptives (pills). Being familiar with condoms is extremely important if we want the students to use them in the future. If possible give each student one condom and let them try to fix it for example on a banana. This will give them more self-confidence to use condom in the future.

BIRTH CONTROL METHODS

1. Condoms are the only birth control method that provides protection from STI's and pregnancy at the same time. Condoms are easy to find and come in many different sizes, shapes, and colours. Show your students how to use the condom and tell them where they can buy them. If possible, try to find some place near to your students that offers condoms for free. Many organizations, hospitals or NGO's do that.

2. There are many different options for hormonal birth control, like pills, an implant, a ring inserted into the vagina, or a shot. Each of these are temporary methods of birth control and need to be used daily/monthly. Find the closest clinic that offers counseling and family planning and introduce it to your students.

3. Intrauterine contraceptive device (IUD) is a more permanent birth control method. It is a piece of copper, which is inserted into the vagina by medical professionals. IUD lasts from 3 to 6 years. There is also a hormonal IUD that can last up to 12 years.

4. Sterilization is a lifelong solution where reproductive body parts have been destroyed by medical professionals.

5. The Withdrawal and Calendar-Rhythm Method are methods that do not require any external equipment. Withdrawal method simply means that men pulls his penis out before ejaculation so the possibility for fertilization gets lower. Even if the man could manage to pull his penis out in the right time, little drops of sperm are dripping during the entire erection and can cause pregnancy. Calendar- Rhythm Method means

avoiding sex during the ovulation which is the most fertile time of the month for a woman, and timing the sex only in the days when the risk for pregnancy is supposed to be very low. These days are straight before, after, and during female's menstruation. Both of these methods are risky and the possibility to become pregnant is still high.



Time needed approximately 30 min

EXERCISE 5. WATCH A FILM

Watching a film is a good way to open a conversation around a topic. There are several movies related to teenage pregnancies, family planning and puberty. Show a film that you find suitable for your class. Ask the students to take notes. Talk about the film together after watching it.



Time needed approximately 1 hour



UNIT 3

YOUR FUTURE & HISTORY

By understanding what our society has taught us about being a woman or being a man, we can better understand ourselves and free ourselves from the expectations of society which often make us afraid to express who we truly are. Gender roles are time and culture related beliefs of how one is supposed to behave. Discussing these beliefs helps young people to understand different cultures, older generations, and themselves.

Dreams motivate us to make the best decisions for our own lives. Young people are full of potential and dreams but frustration and anxiety can lead anyone astray. It is good to encourage them to imagine how they want their life to look like because dreams are the seeds of destiny.

It is important to teach that there are many ways of living. People live in culturally mixed communities and face people from different backgrounds more than ever. Our differences are often related to our sexuality and for that reason it is a sensitive subject to discuss. People have different beliefs around marital life, reproduction, birth control, gender roles, gender identity, and our physical identity (ethnicity).

Too often people judge each other based on sexually related issues. The skills we need to foster in a multicultural world are understanding, compassion, and strong self-confidence in what we believe is best for us individually.

GOALS OF THE UNIT

- *Students understand how our environment shapes our beliefs*
- *Students understand how family planning works in practice*
- *Students are familiar with imagining their future life choices and sharing those dreams with others*

EXERCISE 1. GENDER ROLES

Split the students in two groups. Give each group a big piece of paper. Tell one group to paint according to "what are boys and men made of" and the other group according to "what are girls and women made of". Let them explain their work and facilitate a conversation about gender roles, how those have changed with time, and how gender roles are seen in different cultures.

?

Time needed approximately 40 mins



Figure 15. What are girls and women made of: Girls are made of kitchen tables and chairs. Mouths because they talk so much. Vaginas, breasts, and love. Painting by students in Jamestown 2017.

EXERCISE 2. WRITE YOUR OWN MOVIE

Let the students write a screenplay where they are the main characters. How do they see their future? Ask them to consider whether they are getting married, what kind of partner they will have, how many children, when this could happen, where they might live, and what they would do for work.

Their future stories do not have to be realistic or even positive - it can be a nightmare, a comedy, a fantasy, or whatever they want.

?

Time needed approximately 30 mins

EXERCISE 3. MAKING A SHORT FILM

Teach about filmmaking and the roles on film set. Ask if someone wants to share their story and then make the story a short film. If you do not have a camera, make it a play. Remember to keep the movie as simple as possible because filming takes lots of time and preparation. This exercise can be difficult to implement but by keeping everything as simple as possible it is totally manageable. This can inspire students to be more creative and help them explore their talents in new areas. Doing challenging but exciting things is the most empowering way of learning.



Time needed approximately 5 hours



- 1. Choose the story**
- 2. What settings do you need to tell the story, what needs to happen?**
- 3. Split the story into a beginning, middle, and end**
- 4. Split the roles and responsibilities**
- 5. Shoot it, shot by shot**
- 6. Edit it, put all the clips together, cut them, add music**
- 7. Export the file and enjoy**

ART INFO: FILM-MAKING



Film-making is storytelling. It is a great way of sharing one's point of view, creating common understanding, and a way to learn and share feelings. Filmmaking itself is a multistage creative project. Everything starts from an idea; the idea translates to a screenplay. Screenplay writing is slightly different than writing a story. It is a blueprint of the film and tells the location, time of the day, characters dialogue, impressions, atmosphere, and important details about what is seen on screen.

Once the screenplay is ready it is time to decide how everything is going to be made. Find the work crew: Who is the director, who is the cameraman, sound technician, editor, actors, producer, and set designer. One person can make a movie but more people bring more possibilities.

The main point is to decide how to tell your story. What kind of atmosphere and message is there on the set. You can create the atmosphere with music, the facial expressions of actors, framing and composition, colouring, lighting - the list is endless. Every single step is a place for creativity and everyone can be a film-maker!



PEER PRESSURE

UNIT 6

PEER PRESSURE

Peer pressure is common in every human society. Human beings are social creatures and afraid to be left alone. For our ancestors, to be alone meant certain death. Almost everyone struggles with feeling different and raising their voice when they disagree with the majority. Our environment has a huge impact on who we are. Particularly in adolescence, being accepted is more important than anything else. Where did the belief that 'being different is not accepted' come from? We learn these beliefs as children from how adults behave. Seeing difference in others shakes our own beliefs and forces us to do a reality check on ourselves.

A long-term solution to peer pressure could be that every adult takes responsibility to be more accepting of our differences, leaving nasty comments aside, and replacing them with respect and healthy curiosity. Teaching adolescents to stand for their own values against peer pressure and the pressures of society is very important. Teachers must emphasize respect of others.

Communication skills and true information about sex helps adolescents to make healthier decisions in their sex life.

Peer-pressure leads to impulsive actions which can then cause major life challenges at a young age. Everyone must decide for himself or herself when it is the right time to have sex.

Mass media plays a major role in shaping our society today. The internet is a great tool for learning and finding information, but it can also create social pressure and unrealistic beliefs about what or who we are supposed to be. It is important to tell young people how everything is not real on television and the internet. The single best thing we can do is to build up our own self-esteem and values.

GOALS OF THE UNIT

- *Students understand the connection between our beliefs and our culture*
- *Students understand that there are many different ways of living in the world*
- *Students learn to stand for their own beliefs constructively*



EXERCISE 1. ANALYZING PICTURES

Open a conversation about what kind of social pressure students have experienced in their lives or what issues creates social pressure in their society. Social pressures also clarify what is acceptable and good for our society.

Show the following pictures that reflect different cultures. Analyze the pictures with the students and think about what they are saying; what kind of cultural background do these people have, what social pressures could the people in the pictures have. You can split students into three different groups, one group tells a story about what happened before the picture was taken, one tells a story of what is happening at the moment the picture was taken, and the last group tells what could happen next. Talk about sexuality in the media, how mass media is a new global culture with its own social rules, and how it impacts our lives. You can use the pictures on the next page or find your own from magazines or the internet.



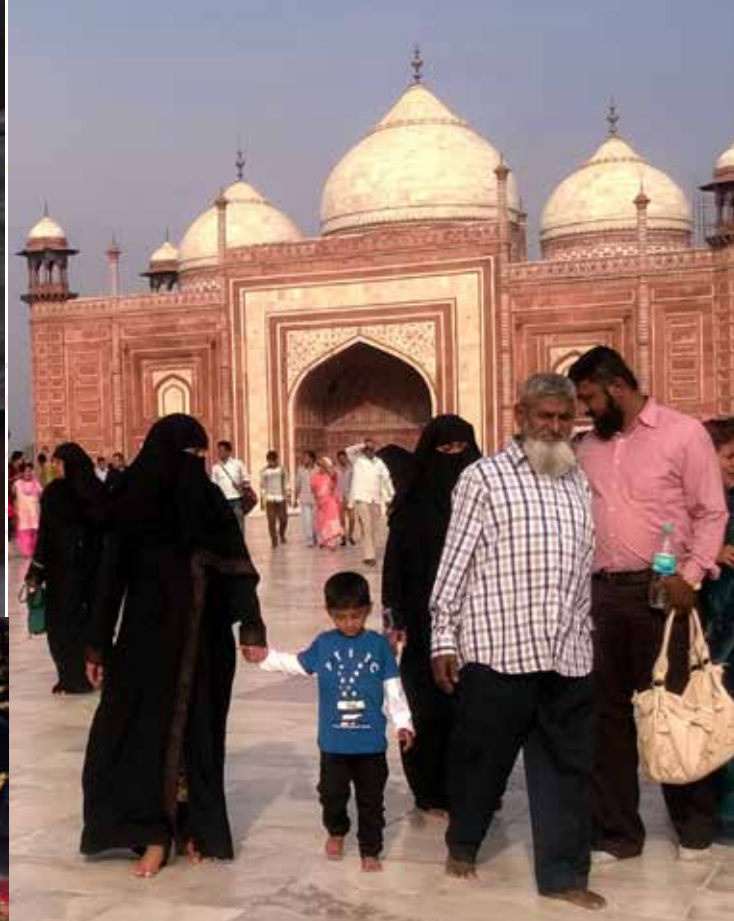
EXERCISE 2. ARGUING

Call five volunteers to the front of the class. Put three of them on one side and one of the students alone on the other side. Give them a topic to argue about and tell each group what side they stand for. For example, three of them like apples and one of them does not. Explain to the students that the exercise is only intended to demonstrate the feeling of being alone with a different opinion and has nothing to do with reality. If you think that being totally alone on one side is too emotionally challenging, add one or two more students. After arguing for a while, ask a different student to facilitate the situation. The facilitating student must try to understand both sides' reasons for thinking as they do. If someone is arguing too aggressively, show them how to have their own opinion without antagonizing others. You can create the argument topics by yourself or use the ones below.



ARGUMENT TOPICS:

- *Soda is bad/good for people.*
- *Facebook is bad/good to have*
- *Everyone should have/should not have children*
- *Everyone should/should not use*
- *condoms when having sex*
- *Everyone should/should not test them self regularly for HIV*
- *It is/it is not embarrassing to be virgin until old age*
- *Drinking alcohol is/is not cool*





HIGH-RISK BEHAVIOUR

UNIT 7

HIGH-RISK BEHAVIOUR

Often adolescents are interested in alcohol, drugs and sex. Everything that is not allowed becomes exciting, because breaking the rules is a part of discovering our own power. Often adolescents want to talk about these issues, and it is important that schools are able to offer it to them. Realistic information about alcohol, drugs, sex, porn, and sex work, help adolescents make good decisions. Perhaps talking about the 'off limits issues' will decrease the excitement of breaking the rules. It is also important to discuss how to recognize high-risk behaviour and how to seek help.

GOAL OF THE UNIT

- *Students understand the concept of high-risk behaviour and how to seek help in the case of these problems appearing in their own lives*

EXERCISE 1. ALCOHOL, DRUGS, SEX, PORN, SEX WORK

Divide students into small groups. Give each group one of the following topics: alcohol, drugs, sex, porn, sex work. Ask them first to discuss the topic and what ideas they get, what kind of problems this topic has, how the topic makes them feel, what kind of opinions about that topic do they have? Ask the students to choose a few ideas they find interesting in the group and draw a painting about it. Give each group a fact sheet about their topic (find below). They can all make their own painting or make one together. Facilitate the conversation in groups and help them choose the topic. For example, alcohol – Lots of beer bottles or being drunk. Let them present their artwork and discuss all the topics. Explain what high-risk behaviour means and how to seek help. Use the Figures (11, page 65), (12, page 66), (13, page 66) and (14, page 67).

Figures (16 & 17, page 68) and (18 & 19, page 69).

?

Time needed approximately 45 mins



SEXUALLY TRANSMITTED INFECTIONS

UNIT 3

SEXUALLY TRANSMITTED INFECTIONS

Teaching about STIs, sexually transmitted infections, is always seen as one of the most important things to teach when it comes to sex. This is appropriate because untreated sexually transmitted infections can have dangerous effects on our health and it is important to dispel any unnecessary fears around sex. In most cases STIs are easily treated. What we should teach students is how to protect and take care of themselves.

There are three main things to teach:

1. Protection: Condoms are the only way of protection against STIs. Condoms must be used in oral, anal, and vaginal sex (because STIs can spread from infected penis through mouth or anus as well)

2. Testing STIs regularly: Everyone should be tested before having unprotected sex with a new partner, after having unprotected sex with a new partner and in relationships when having unprotected sex regularly with the same partner.

Condoms can also break and, for example, HIV is not seen in a test until half a year after the infection.

It is good to get tested once a year and more often if one has been involved in risky sexual contact. The only situation when one doesn't have to test himself or herself is when they have never had sex and they know that their parents did not have any STIs. (STIs can be transmitted during childbirth, HIV, Herpes, syphilis, gonorrhea)

3. Treatment: Most of the STIs are easily treated. Some often take longer and even requiring lifelong medication. Left untreated some STIs can result in death. Test clinics offer proper treatment for STIs. Find out where the best clinics near you are located and tell the information to the students. More than half of the world's population contracts a sexually transmitted disease at some point in their life. STIs were called sexually transmitted diseases, STDs, before but because of the stigma surrounding the word 'disease,' it has been changed to infections. Both terms are still used.



Sex education is an important way of preventing the spread of the HIV virus.

One of the leading HIV/AIDS organizations, UNAIDS has the goal of eradicating the AIDS epidemic among the young girls and woman by 2030, which includes strategies to keep girls in school and comprehensive sexuality education. To get more information and good teaching material about HIV/AIDS go to visit www.teachaids.org

The biggest problems which spreads the HIV virus are the lack of information/ education and the social stigma around HIV and sex itself. Many people do not have the right information and access to proper protection but also often it is the social stigma that leads to ignorance about HIV. Out of fear of social stigma people find it uncomfortable to get tested and treated. Free HIV testing points can be found in many places around the world and are actively informing children to get tested regularly. These facilities save lives. For a HIV-positive person it is possible to live a totally normal life with the right treatment. Untreated HIV will develop into AIDS and eventually cause death. Let's teach the next generations to be smarter by educating them.

GOALS OF THE UNIT

- *Students have all the necessary information about STIs*
- *Students know for sure that a condom is the only method of protection from STIs*
- *Students know all the important information about HIV*
- *Students know how to protect themselves from HIV*
- *Students feel familiar about testing themselves regularly for HIV*

EXERCISE 1. PLASTIC GLOVE GAME

Give a plastic glove to a few students in the class, then give a piece of paper to two other students. Ask students to walk around in the class and shake hands with everyone who walks by. After a while, ask them to stop. Ask two students with a piece of paper to come to the front of the class and ask everyone who shook their hand to stand up. Remind them that this is just a game and then tell the students that the two people who have come to the front happen to have the HIV virus. Now all the students who are standing have the HIV virus, too, as well as anyone who shook their hand after they contracted it - but not the people who had the plastic glove. This game is supposed to show how STDs spread through unprotected sex. Highlight after the game that HIV does not spread by skin contact, dirty toilets, dirty clothes, sweat, or kissing. You can only get the infection in four different ways

1. Through blood (dirty needles, anal sex, mother to baby)
2. Through semen
3. Through vaginal fluids (by unprotected oral, or vaginal sex)
4. Through breast milk.



?

Time needed approximately 15 mins

EXERCISE 2. THE SEVEN WEEKDAYS

Split children into 7 groups, let each group choose one day of the week. Each group gets one STI. Together they must seek as much information about it as possible and make a presentation for the class. Let them choose how they want to present their research. It can be a mind map, a song, poem, play, or anything. Give them a fact sheet about each STI and about 30 minutes to prepare.



?

Time needed approximately 30 mins

EXERCISE 3. HIV FACTS

Ask the students to stand in a line. Give them each one question about HIV/AIDS on a piece of paper, you can find the questions below. Ask the student furthest left in the line to ask the question. If the argument is true, all students should stand still, if they think it is false they must squat. Everyone who gives the correct answer may step one step forward. The student who is furthest from the starting point wins. After the game, review the facts about HIV and tell them how to test themselves. Talk about the social stigmas around HIV. (Figure 20, page 70)



?

Time needed approximately 20 mins

WHAT ABOUT IF SOMEONE
OUCH ME EVEN I DONT
WANT ?



ABUSE

If some boy ~~to~~ come to touch me
I will report him to the police.

I will Give the person a strong
warning or Report him/her to
Someone I know.

You should let the
person know that the
thing he is doing is not
good.

I will give the
person warning a strong

I will warn that person
~~that~~ what he do is not
a good thing

Brests
I will Not let anyone touch my
Brest I will report to the

She should tell them that
& She hate that. Or, I will
report to the poli:

JUST

UNIT 9

ABUSE

Sexual abuse is always very serious and a traumatic experience for the victim. Sexual abuse is never acceptable and leads to emotional trauma for the victim. Such trauma is extremely difficult to overcome because of the silence and stigma around sex related issues. Sex being a taboo is also a factor in sex crime. More openness around sex could offer space for everyone to understand their actions better, feel healthier with their own sexuality, and that way lower the possibility for sexual abuse. It is not always easy to identify abuse. Understanding the term sexual harassment can help to draw the line. Sexual harassment is for example sexual messages, request for sexual favours, sexual advances, showing sexual photographs, any sexual motivated physical contact, and actual sex.

GOALS OF THE UNIT

- *Students understand the concept of sexual abuse, how to protect themselves and how to seek help*
- *Students know their own sexual rights*
- *Students feel comfortable reporting the sexual abuse cases*

EXERCISE 1. FORUM THEATRE

Consider how abuse is defined and what sexual abuse is with the students. Ask them to come up with situations in which someone would be called abused and present the situation in a forum theatre setting. Facilitate the activity.



?

Time needed approximately 45 mins

EXERCISE 2. HUMAN SEXUAL RIGHTS

Explain human sexual rights to the students. Ask them to choose the right that they think is the most important. Split them into groups by the rights that they choose. Ask them to consider whether the right they chose exists in our everyday life, what would happen if that right was infringed, and what happens if the enjoyment of the right is provided. Ask them to create a mind map where the sexual right is written in the middle and all their ideas surround it. Discuss everyone's work. Explain to them how to find help in the case of abuse and try to think with them about why someone would abuse another person. Highlight the private parts of a body, explain concepts like sexual harassment, rape, and abuse. (Figure 21, page 70)



?

Time needed approximately 45 mins



It's better
to you
let them
eat a time
quiet!



UNIT 10

EXTRA EXERCISES

EXERCISE 1. INDIVIDUAL ART PROJECT

The first lessons introduce several art methods. Units 6 to 9 are shorter and does not include many exercises. In those units, the students can choose the art method which suits them the best and do a bigger project by applying the method they chose. First let them choose the art method they like best:

1. Paint, draw, art and crafts
2. Photography
3. Drama
4. Creative writing
5. Filmmaking



Time needed approximately several days

Next tell students to choose one topic from the units that they find most interesting. Irrelevant of the reason, it is most important that the chosen topic inspires them.

Sexuality is such a wide topic so everyone will surely find something that peaks his or her interests. Help students to collect ideas.

All projects can be made alone or in groups. Example projects: A photography project about a girl's everyday life, (person takes pictures of what it means to be a girl), a short story about abortion, a short film about being an HIV positive, or a painting about anger.

The goal is to present all the student's art work in an exhibition. It is important that the students have an opportunity to share their work. Sharing their artwork can be a very important experience for the students and for the audience. In the best case, this art exhibition can open a community wide conversation about important issues.

EXERCISE 2. RELAXING

The units cover some difficult issues. It is important to lighten the air with a relaxing moment in the end. It can be as simple as closing eyes, holding hands and everyone get to tell their feelings one after one after the lesson is over.



?

Time needed approximately 10 mins

EXERCISE 3. PRIVATE BODY PARTS

Draw a girl and a boy on a big piece of paper. Mark the private body parts with a number but do not write the name of the part. Let the students fill in the blanks. This exercise reminds us about our private body parts and challenges us to say the names of our genital areas aloud. Sometimes there is lots of unnecessary shame to talk about issues related to our genital areas.



?

Time needed approximately 15 mins

EXERCISE 4. SEX ALIAS

Write all sexuality related terms and words on paper cards for example, penis, abuse, orgasm, and love. Divide students in groups or pairs. One member of the group is trying to explain the word to the others without saying it aloud and the others are trying to guess it. Give each of them 30 seconds to 1 minute to do this. The group who guesses more words in the time limit wins. For example, if the word is love the person who is explaining could say "it's the feeling you get when you really like someone." If the group who is guessing gets it right, they get one point and can move to the next word on the list. But if they do not get it right then it is the other group's turn.



?

Time needed approximately 15 mins

EVALUATION


In the end of the project, it is important to evaluate the entire project. Evaluation gives you tools as a teacher to improve your work and also teaches students to reflect their learning. Evaluation is also a part of the learning process.

These questions are designed to be carried out verbally as an open conversation but if you are teaching a large number of students it is better to give them a question sheet to fill out. In that case, make sure that everyone understands each question and try to facilitate a conversation around each topic asking some of the students to share their opinions, so everyone can learn from each other. Ask the following questions:

1. Put your thumb up if you learned something new in this course? Whoever does it have to mention one thing he or she learned. The teaching has been successful if everyone can mention at least one thing they have learned in the class.
2. What was your favourite way of learning and why? Put your thumb up when you hear your favourite way of learning.

List all the methods you used in your class:

- Photography
- Filming
- Drama
- Drawing/Painting/ Drafty
- Writing
- Poetry



Ask them to explain why they like that particular method the best. The teaching has been successful if everyone is able to explain his or her favourite learning method. It means that they have learned a new way of self-expression and if they explain why, it shows that they are able to use it in the future. At this point, the teaching has reached its goals.

3. Tell one thing you did not like, one thing that could have been done differently, or one thing that did not work out at all.

Ask everyone to give at least one answer. Discuss the developing areas together and try to find solutions how it could be done better next time. It is important to involve the students in this conversation so they can learn problem-solving and developing ideas in a group. Every project has some developing areas and without defining them the learning has not met its fullest potential.

4. What is your feeling right now in the very end of the project?

After talking about the good and bad sides, give each student space to tell their feelings and thoughts about the whole project. Then you can see if the project was worth it.

SEXUAL AWARENESS & ENFORCEMENT AT STREET CHILDREN EMPOWERMENT FOUNDATION

Thanks to Street Children Empowerment Foundation (SCEF), I was able to try out and finalize this book. The NGO, which is based in James Town, a poor neighbourhood in Ghana's capital Accra, works with vulnerable and street children.

Besides many other programmes, SCEF's Sexual Awareness & Enforcement program is informing about sexual rights and helps families in situations of abuse or defilement. SCEF's goal is to promote healthy sexual behavior among young people. The NGO encourages teachers and families to talk with their children about human sexuality and sexually transmitted diseases.

SCEF is holding workshops and seminars in different James Town public schools about:

- Sexual reproduction and strategies to prevent sexual abuse.
- Sexual diseases and prevention.
- Sexual activity; including abstinence and the usage of condoms.
- Their rights when sexual abuse has occurred.

SCEF also offers a place for children and their families where they can get counselling and assistance. The NGO tries to build up a healthy life for the children by answering questions and giving out sanitary pads to girls. In addition, SCEF provides legal aid to seek justice for children who have been defiled by adults in and around James Town.

THE LIST OF SOURCES

- Abakah Bridgette, 2015 Sex education and its influence in sexual behaviour in the west African senior high school in the Greater Accra region. University of Ghana
- Farmer David, Forum theatre 22.11.2014 drama sources
- Ghana's Development Agenda and Population Growth: The Unmet Need for Family Planning, 2006. National Population Council.
- Ilmonen, Kamomilla; Korhonen, Elina. 2015. Seksuaali-oikeudet, väestötieto, sarja 28. Väestöliitto. Helsinki
- Ocran, William; Danso, Yaw Maclean (2009) Male adolescents' knowledge, perceptions and attitudes towards HIV/AIDS prevention: A case study of Elembelle District in Ghana. Jyväskylä University of applied sciences.
- Sexpo, 2017, seksuaalisuus. www.sexpo.fi. Refereed 23.3.2017
- UNAIDS, African Union, 2015 Empowering young woman and adolescent girls, fast tracing the end of the AIDS epidemic in Africa.
- United Nations Educational, Scientific and Cultural Organization, 2016, Education 2030 Briefing November 2016 volume 3, Strengthening Education in West and Central Africa by Improving Learners' Sexual and Reproductive Health.
- WHO regional office for Europe and BZgA, 2010, Standards for Sexuality education in Europe. Federal centre for education BZgA, Cologne.
- WHO, 2002, Defining sexual health. Report of a technical consultation on sexual health 28–31 January 2002, Geneva
- www.africaresearchinstitute.org. Refereed 23.7.2017
- www.ghanaweb.com. Refereed 23.3.2017
- www.unaids.org. Refereed 23.3.2017
- www.voimauttavavalokuva.net. Refereed 1.10.2017
- www.worldbank.org. Refereed 23.3.2017
- Yale journal of biology and medicine, 2014, the medical system in Ghana. Sep; 87(3): 321–326.

HUMAN SEXUALITY

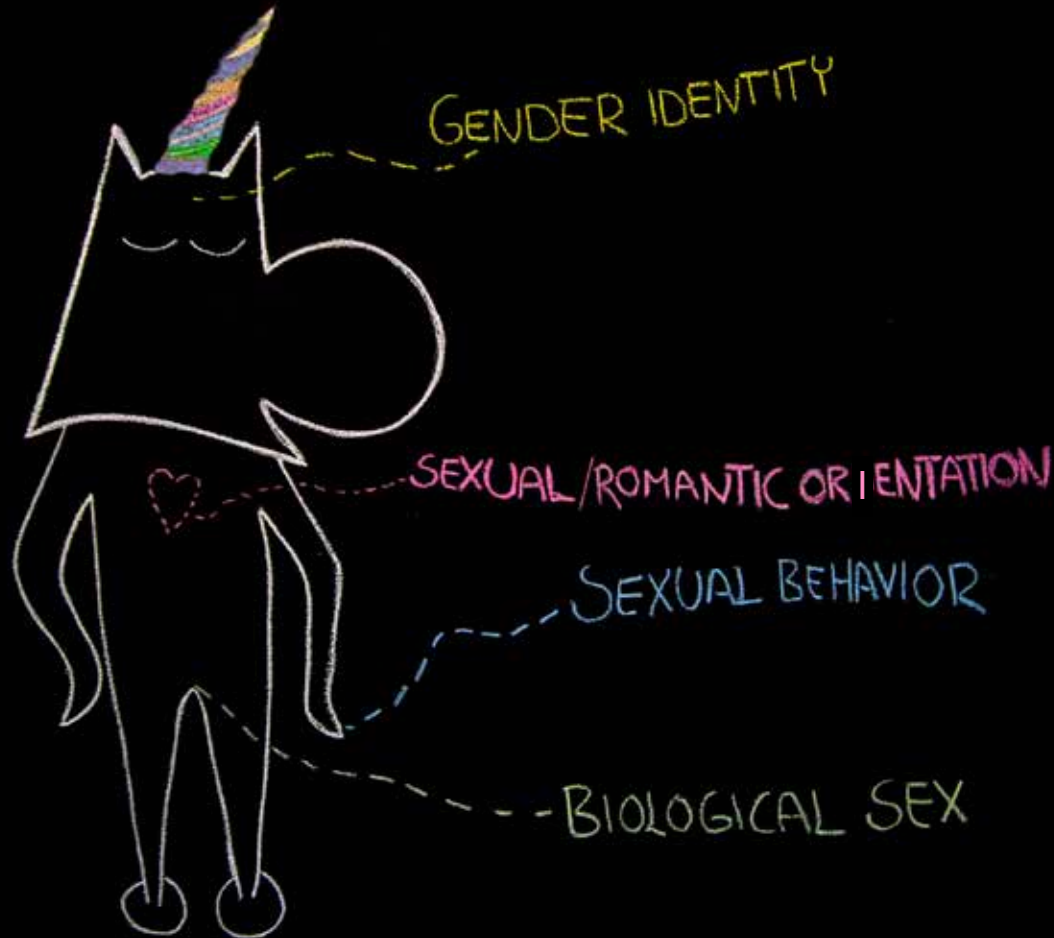


Fig. 1

HOW DO WE EXPRESS OUR SEXUALITY?



EXPLORING...
SEXUAL GROWTH
SATISFACTION

OUR...
FANTASIES
BELIEFS
ATTITUDE
BEHAVIOR

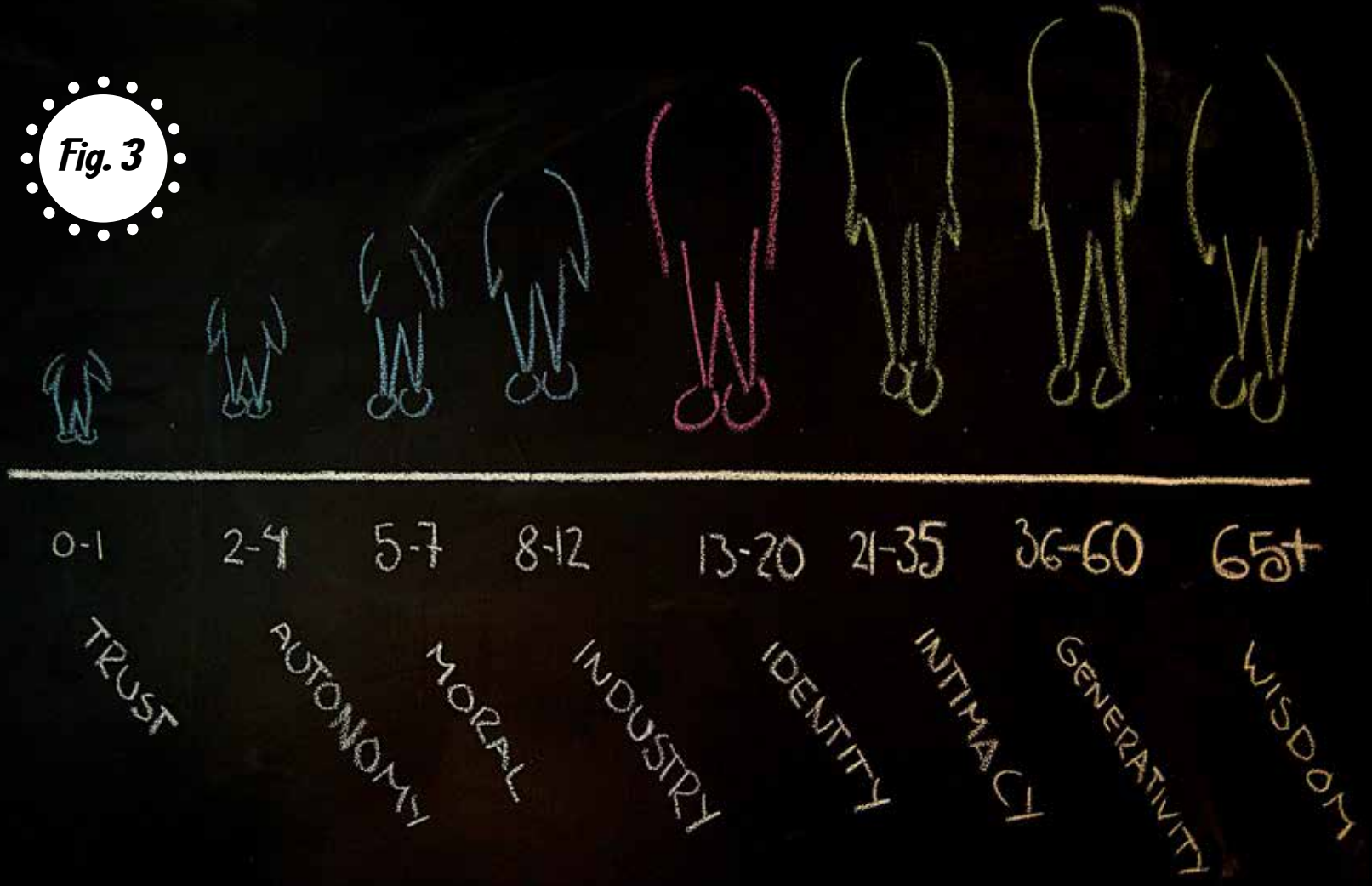
EVERYTHING YOU

FEEL

BE
DO

Fig. 2

Fig. 3





FEELINGS



BREASTS



REPRODUCTIVE MATURITY



BODY HAIR



HIP

VAGINAL DEVELOPMENT

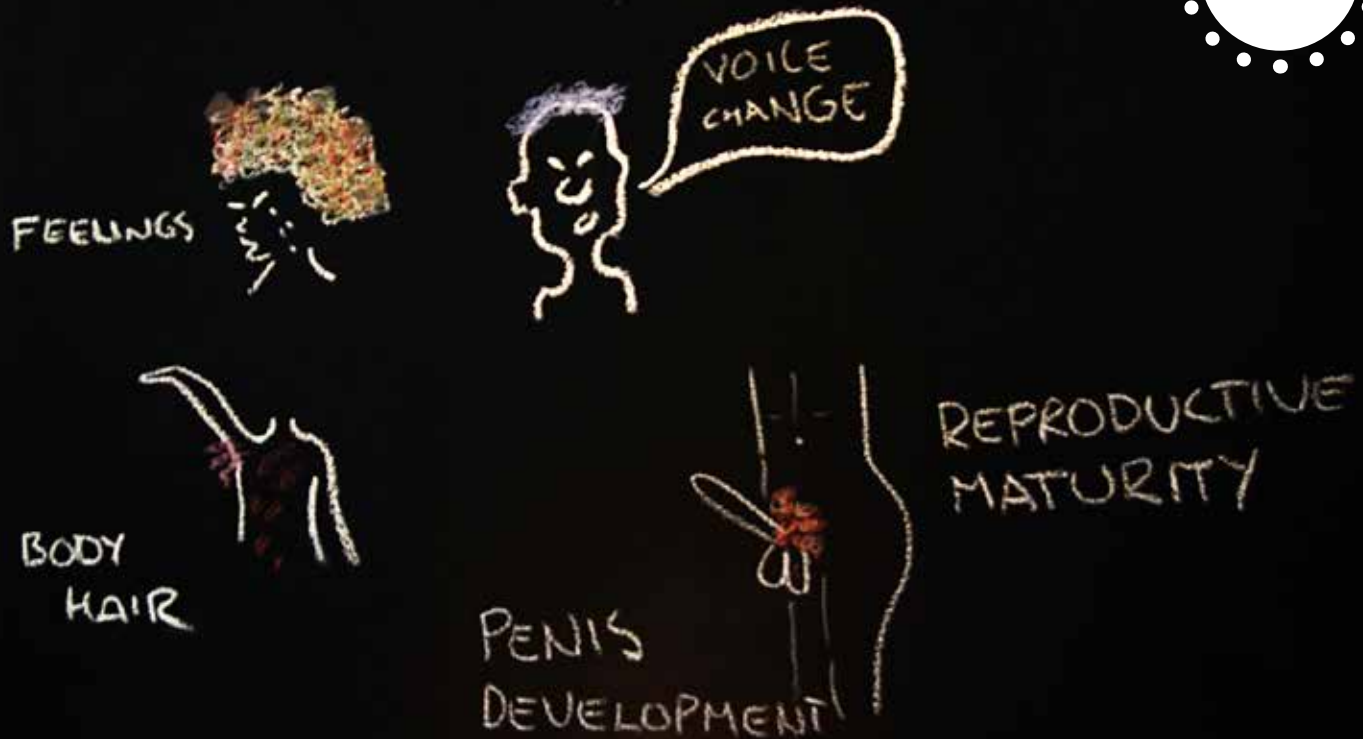


MENSTRUATION

Fig. 4

BODY CHANGES

Fig. 5



BODY HYGIENIC

Fig. 6

- Bath or shower daily
 - Use deodorant to remove unpleasant smell
 - Wash all skin wrinkles well
 - Change underwear every day
 - Wash hands after using the bathroom
 - Call a doctor in case of pain while urinating or abnormal excretions
-
- Wiping from front to back
 - Wash hands before and after changing tampons or sanitary pads
-
- Clean well under the foreskin, the whitish-yellowish secretions must be washed off completely
 - After urinating, dry your glans well

PHYSICAL HEALTH
SLEEP
NUTRITION

BEHAVIOR HABITS

PEERS

SOCIAL LIFE

FAMILY

GENES TRAUMA

MENTAL HEALTH



Fig. 7

SELF AWARENESS

SELF IMAGE

SELF ESTEEM

SOCIAL SKILLS

♡ SYMPATHY

♡ OTHERS NEEDS
♡ CHOOSING TOGETHER

♡

SELF AWARENESS

UNDERSTANDING

GROWING

SELF RESPECT

HEALTHY
RELATIONSHIP

♡ EMOTIONAL INTELLIGENCE

♡ TOLERANCE FOR UNCOMFORTABLE

♡ PATIENCE

♡ REGULATING FEELINGS



Fig. 8



Fig. 9

PENIS

Fig. 10

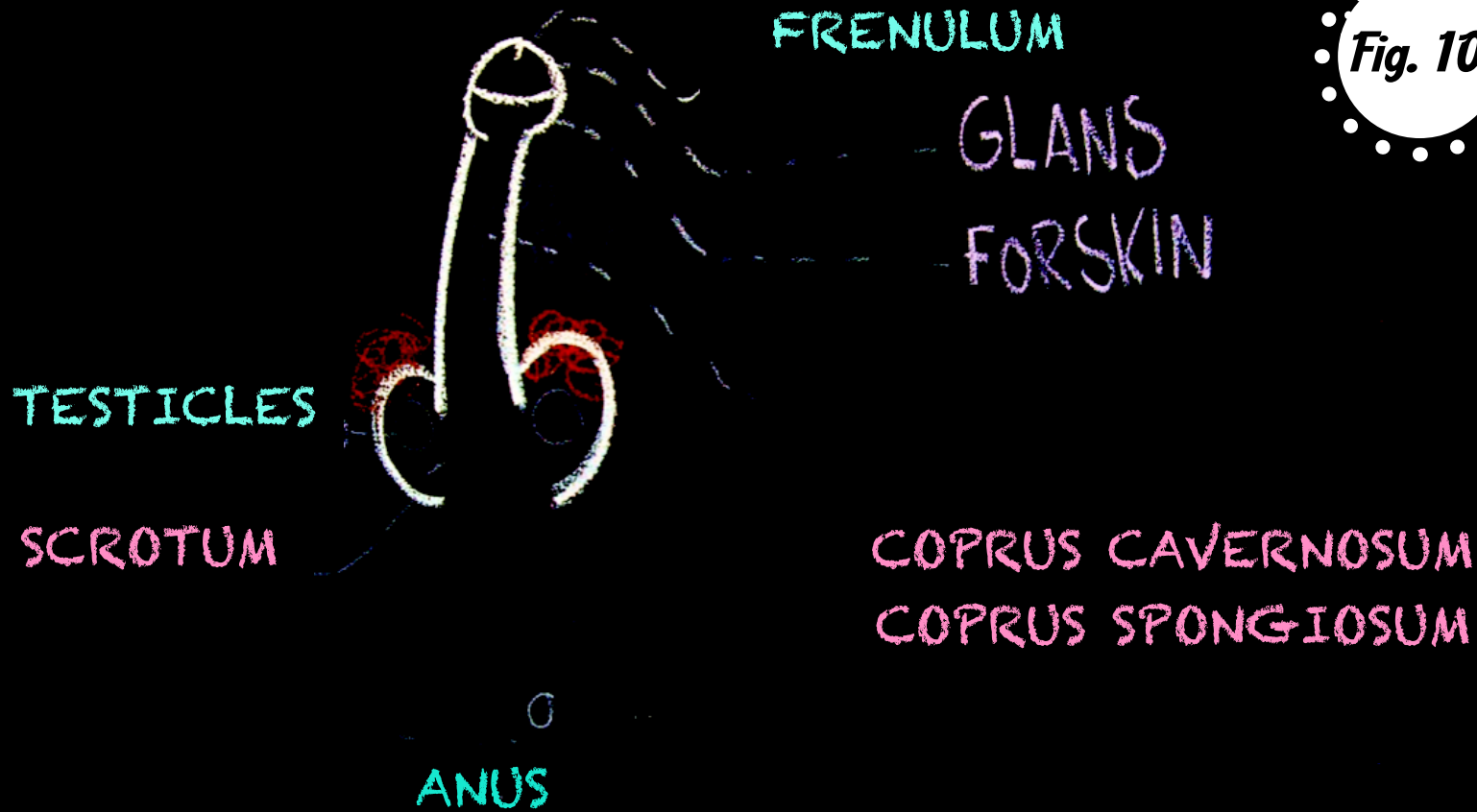
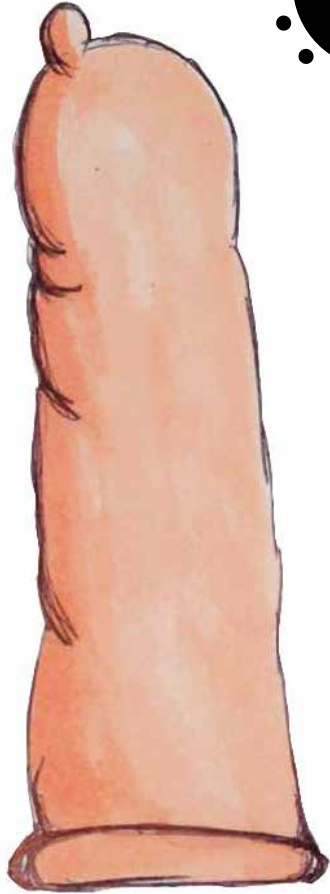


Fig. 11



Fig. 12



condom

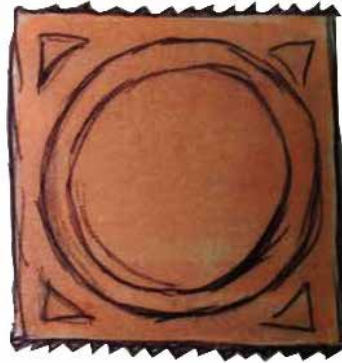
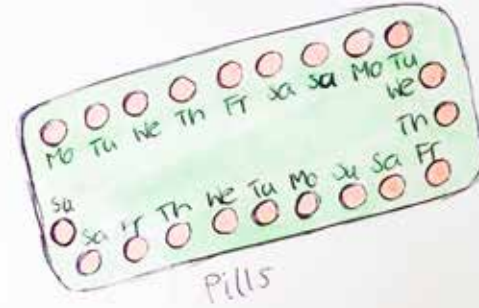


Fig. 13



shot



Implant



Hormonal ring

Fig. 14





Sex work is the offering of sexual services. These services can be erotic dance, prostitution, or pornography. Different countries have different laws regarding sex work. In most of countries, prostitution (selling one's body for sex) is illegal but prostitution still exists everywhere. Because it is illegal there are many criminal organizations running the business and this leads to violence and abuse. Some people do sex work from their own desire, some because of difficult life situations, and some are forced.

Many times young people are at risk of becoming sex workers. In some situationists selling sex can be the only way of making money. Children and women are often kidnapped and sold into sex slavery. Some families even sell their children into prostitution. Sex trafficking violates human rights. Everyone should control their own sexuality and no one has the right to make money by selling another human being.

Fig. 16

Fig. 17

PORNOGRAPHY

Pornography is sexually explicit media. People find sexual satisfaction through porn. Porn is mainly shared via internet, in DVD's, or magazines. Porn most often does not depict natural, healthy sex. It often presents unrealistic situations and gender roles. Most often, porn is male orientated and disrespectful to women.

Watching porn presents an unrealistic image of how people are supposed to have sex. It can also affect our natural sex drive by teaching our brains to get satisfaction through means other than actual human contact. Especially for young people, porn can be the only information source about sex and this develops false beliefs around sex.

Porn is also addictive and researches has shown that porn addiction can have negative effects to out mental health. First, porn whacking takes lots of time from addict person's life and effects to other activities. It also greatest social anxieties, depression and concentration difficulties.





A substance, other than food, that affect how your body works or feels is a drug. Drugs can also be used to heal illness but in this info-pack is about drugs used to alter consciousness. People use drugs for several reasons, to have fun, to be more self-confident, to be more social, to numb feelings, or for spiritual experiences. Drugs are made either in laboratories or made from plants.

The reason why drugs are considered so dangerous is that they can damage our physical and mental health. Long term use of most of recreational drugs can have terrible consequences on our health. Some drugs have worse side effects than others. For example, nicotine, found in tobacco products, is a drug, as is heroine, but heroine damages the body at a much faster rate.

Many drug users struggle with drug addiction. People can be addicted to almost anything. The most common addictions are to drugs, gambling, shopping, sex, food, video games, internet and work. Something is an addiction if it has a negative effect to one's everyday life. Addiction is not an easy thing to deal with and can take a lifetime to overcome.

Drugs are everywhere in the world, almost everyone will face a situation in their life, that is somehow related to drugs. Most drugs are not 100% what they are supposed to be, they have made a long journey from their origin to your street corner. It is really common that drugs are mixed with other chemicals along the way. That makes drug use more dangerous. Overdose can happen with some of the harder drugs and can result in death.

Cannabis is the most common illicit drug in the world. It cannot kill you and you cannot overdose on it but heavy use has a negative side effects on your brain. Especially when used at a young age, cannabis is harmful to your overall development and can open the door to mental health issues. If you are thinking to try a drug, it is wise to wait until you are fully developed and understand all the consequences.

Fig. 18

ALCOHOL

Alcoholic drink - a drink that contains ethanol which is informally called alcohol. People usually make alcohol with different liquids and the combinations of these are most commonly known as, beer, wine, and spirits. Alcohol is one of the most recreationally used drugs worldwide. Alcohol cultures differs greatly between countries. In some countries, it is culturally accepted to drink one to two alcohol drink daily and in some countries, alcohol consumption is illegal.

Alcohol makes people feel relaxed and happy but afterward's tired, sick, and depressed. Heavy drinking can cause people to vomit and to have memory difficulties. Large doses of alcohol can lead to alcohol poisoning and death. Drinking alcohol as a child has negative effects on your health such as stunted growth, and decreased mental faculties.

Drinking alcohol does not create addiction in the short term but heavy drinking can lead to alcoholism. An alcoholic is a person whose life is negatively influenced by alcohol. Alcoholism builds up over time and can be difficult to notice at first.



Fig. 19

HIV TRUE OR FALSE

TRUE

HIV virus starts to damage your body straight away.

HIV attacks your CD4 cells in your immune system.

CD4 cells protect you from getting sick

Untreated, HIV can lead to AIDS

HIV spreads through used needles

HIV spreads through pregnancy from mother to baby

HIV spreads through unprotected sex

HIV is often asymptomatic

AIDS is the final stage of HIV

It is possible to get treatment for HIV and lead a normal life.
after a few weeks of HIV infection, flu-like symptoms can occur.

Condoms are the only way to protect from HIV

Blood tests are the only way to test for the HIV virus.

FALSE

HIV virus does not damage your body in first few months.

HIV attacks your digestive tract first

HIV spreads through kissing

HIV can spread through dirty toilets

HIV spread through air

HIV does not spread with oral sex

HIV leads to death and there is no treatment for it

Condoms do not protect you from HIV

Urine is the only way of testing HIV

Fig. 20

HUMAN SEXUAL RIGHTS

RIGHTS CRITICAL TO THE REALIZATION OF SEXUAL HEALTH INCLUDE:

1. THE RIGHTS TO EQUALITY AND NON-DISCRIMINATION
2. THE RIGHT TO BE FREE FROM TORTURE OR TO CRUEL, INHUMANE OR DEGRADING TREATMENT OR PUNISHMENT
3. THE RIGHT TO PRIVACY
4. THE RIGHTS TO THE HIGHEST ATTAINABLE STANDARD OF HEALTH (INCLUDING SEXUAL HEALTH) AND SOCIAL SECURITY
5. THE RIGHT TO MARRY AND TO FOUND A FAMILY AND ENTER INTO MARRIAGE WITH THE FREE AND FULL CONSENT OF THE INTENDING SPOUSES, AND TO EQUALITY IN AND AT THE DISSOLUTION OF MARRIAGE
6. THE RIGHT TO DECIDE THE NUMBER AND SPACING OF ONE'S CHILDREN
7. THE RIGHTS TO INFORMATION, AS WELL AS EDUCATION
8. THE RIGHTS TO FREEDOM OF OPINION AND EXPRESSION
9. THE RIGHT TO AN EFFECTIVE REMEDY FOR VIOLATIONS OF FUNDAMENTAL RIGHTS.

Fig. 21

BY WORLD HEALTH ORGANIZATION

HIV- human immunodeficiency virus

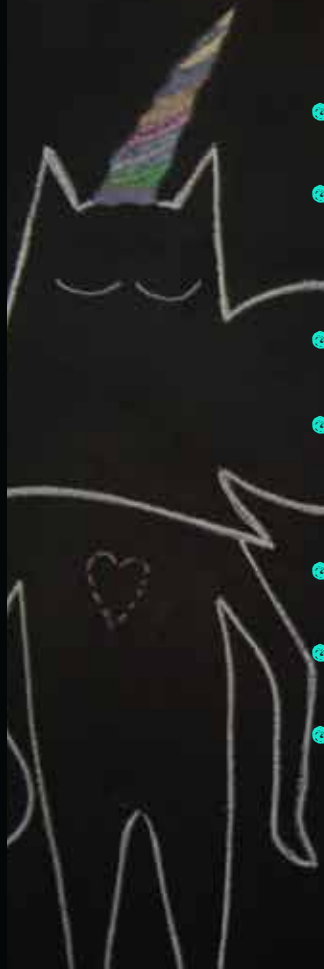
- HIV is a virus that causes damage to your body immediately. HIV attacks to your CD4 cells in your immune system. CD4 cells are important cells that protects you from getting sick. HIV uses CD4 cells to make more copies of it self. When your cd4 cells are damaged your immune system becomes weak and you are prone to getting sick easily.
- HIV spreads through contact with infected blood, semen, of vaginal fluids. Infections is often caused by sharing unclean needle, during pregnancy from mother to baby, or vaginal , anal or oral sex.
- Symptoms- In few weeks of HIV-infection flu-like symptoms surface such as fever, sore throats and fatigue. Then it is usually asymptomatic until it progress to AIDS
- Treatment- The only way to know if you have HIV is to get tested. HIV is tested from Blood. Right treatment can stop HIV damaging your but can not exit the HIV virus completely. Untreated HIV lead to infections, certain, cancers, and AIDS.
- AIDS is Acquired immunodeficiency syndrome and it is the final stage of untreated HIV. There is no cure for AIDS but treatment can slow the disease's progress. AIDS symptoms includes weight lose, fever, night sweets, fatigue,ND reoccurring infections.

SYPHILLIS

- Progresses slowly beginning with sexually transmitted infection
- Spread by sexual contact, vaginal, oral, anal or from mother to baby
- Resolves in couple months
- Multiple states, (primary, secondary, latent, and tertiary) each state has different symptoms, asymptomatic states can last for years
- First symptoms are a single sore or multiple sores on or around the penis, vagina, or anus, or in the rectum, on the lips, or in the mouth which usually disappear as the infection enters the secondary stage
- Tested from blood
- can be cured antibiotics but if syphilis been untreated for long enough then treatment may not undo the damage that the infection has already caused.
- Untreated syphilis can lead to death

GONORRHEA

- Common bacterial sexually transmitted infection
- Spread by sexual contact, vaginal, oral, anal, or from mother to baby
- Resolves in days to weeks
- Usually does not have any symptoms, painful urination and abnormal discharge from the penis or vagina. \
- Tested in Lab from urine.
- can be treated with antibiotics
- Left untreated can lead to serious consequences such as infections and infertility

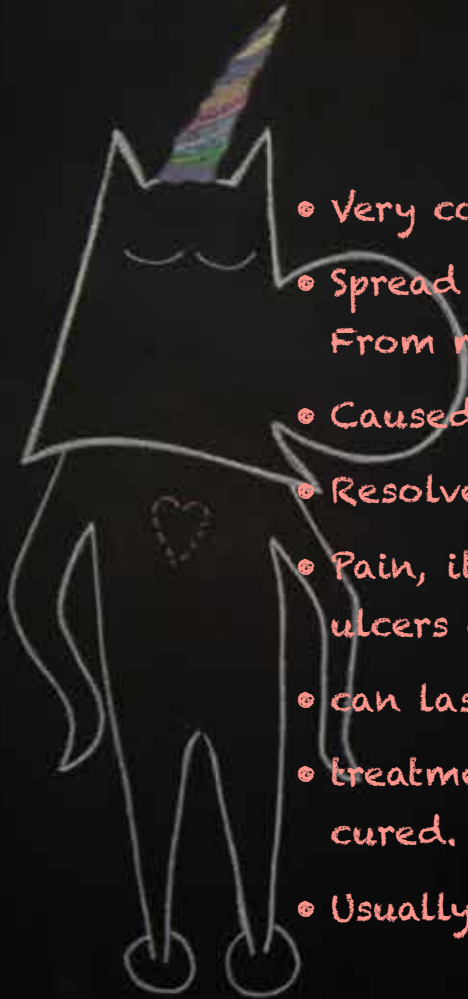


CHLAMYDIA

- Very common sexually transmitted infection, especially among young woman
- Spread by sexual contact, vaginal, oral and anal.
- Resolves in day to two weeks
- Flue like symptoms or pain while peeing. Many times it has no symptoms
- Tested in a lab with urine
- Can be treated with antibiotics
- Left untreated can lead to serious consequences such as infections and infertility



GENITAL HERPES



- Very common sexually transmitted infection
- Spread by sexual contact, vaginal, oral and anal. From mother to baby.
- Caused by herpes simplex virus
- Resolves in a week
- Pain, itching, and small sores appear first that form ulcers and scabs. Symptoms can reoccur for years
- can last for years or be lifelong
- treatment can help, but this condition cannot be cured. Medications can be used to manage outbreaks
- Usually self-diagnosed, confirmed in a lab

HEPATITIS

- Hepatitis is a liver infection caused by several different hepatitis viruses, only hepatitis A, B, and C are transmitted by sexual contact. The most commonly form of hepatitis is type B
- Spread through infected blood, dirty needles, sexual contact, or from mother to child
- Resolves in months to half a year
- Can have symptoms: feeling sick and/or vomiting, aching muscles and joints, weight loss, tiredness, loss of appetite. Symptoms can last up to two months.
- most people do not need treatment and recover within a couple of months. Usually, symptoms are managed at home but if the pain becomes more severe, painkillers may be prescribed. You will also be advised to have regular blood tests and physical check-ups.
- For those who can't fight off the infection, the virus moves to the chronic stage. In the chronic state Medication can keep the symptoms low but cannot eliminate the infection.
- Infection can lead to liver cancer and to death. Dangerous symptoms can take years to develop

- Hepatitis A virus spread through poop so infection can occur from close human contact in poor hygiene conditions. Hepatitis C is not very commonly spread true sexual contact but it is still possible. The C virus spreads through infected blood. Vaccine is recommended to Sexually Active Adults for A and B hepatitis. Hepatitis C does not have vaccination.
- Only using condoms and testing yourself regularly offers the best protection.

HPV- HUMAN PAPYLLOMA VIRUS + genital warts

- Very common sexually transmitted infection
- Most sexually-active men and women will get at least one type of HPV at some point in their lives.
- Spread by sexual contact; vaginal, oral, anal, or from mother to baby.
- There is many different HPI viruses and they censors different symptoms including genital warts and cancers.
- Sometimes develop symptoms years after you have sex with someone who is infected. Symptoms like cancer of the vulva, vagina, penis, anus, and cancer in the back of the throat.
- Cancer often takes years, even decades, to develop after a person gets HPV. The types of HPV that can cause genital warts are not the same as the types of HPV that can cause cancers.
- there are vaccines that can stop these health problems from happening.



YASH

YES, FOR ADOLESCENTS SEXUAL HEALTH

(Sexuality education material with a touch of art)

Is a sexuality education material book for teachers, social workers, nurses, parents, and all adults who are taking part in the life of an adolescent. This book is designed especially for West African countries where several sexuality related problems are a part of many societies. The research behind the book brought up the most alarming sexuality related issues in Ghana. This book is concentrating to solve the following problems: 1) Closeness around sexuality; 2) Teenage pregnancies/Family planning; 3) Peer pleasure/Social pressure; 4) Sexual health/sexually transmitted infections; and 5) Human sexual rights/sexual abuse.

Thanks to Street Children Empowerment Foundation (SCEF), I was able to try out and finalize this book. The NGO, which is based in James Town, a poor neighbourhood in Ghana's capital Accra, works with vulnerable and street children.

Besides many other programmes, SCEF's Sexual Awareness & Enforcement program is informing about sexual rights and helps families in situations of abuse or defilement. SCEF's goal is to promote healthy sexual behavior among young people. The NGO encourages teachers and families to talk with their children about human sexuality and sexually transmitted diseases.

AUTHOR - KAROLIINA LAHTI

LAYOUT - ICRAVATE (0246103223)