

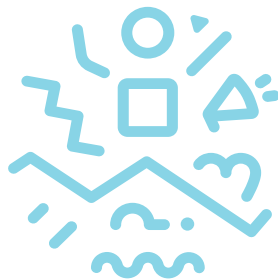
# SO/GIE/SC

## facilitators manual



### MODULE 7

*Sexual and Reproductive Health  
and Rights for young sexual,  
gender and sex minorities*



# MODULE 7

This Module highlights the intersections between SO/GIE/SC, Sexual and Reproductive Health and Rights (SRHR) and human rights, with a focus on young people. Increasingly, governments and civil society organizations (CSOs) are beginning to consider the specific needs, demands, ideas and rights of young people in their SRHR programs. But, are sexual, gender and sex diverse young people and their issues adequately represented? Even more fundamental, what are the SRHR issues for young people that relate to SO/GIE/SC? This Module seeks to provide guidance on how to address these aspects, and facilitates a conversation between participants.

# MODULE 7

## DESCRIPTION

This module interrogates the relevance of sexual and reproductive health and rights (SRHR) for young LGBTI persons. It looks at how to integrate SOGIE/SC issues to the broader SRHR agenda, and specifically focuses on the needs and demands of young sexual, gender and sex minorities. In the literature on SRHR for youth, there is a litany of challenges, and limited stories of success. This module seeks to engage training participants to discuss what inclusive programming and advocacy looks like in the context of addressing SRHR needs of LGBTI persons including LGBTI youth.

## LEARNING OUTCOMES

*At the end of Module 7, participants:*

- understand the needs and demands of (young) LGBTI+ persons in relation to SRHR;
- understand the relevance of LGBTI-inclusive programming for SRHR issues, as well as challenges and opportunities this brings;
- understand the challenges and opportunities in programming for young LGBTI+ persons;
- foster commitment to affirmative and empowering programming for LGBTI+ youth.

## STRUCTURE

- P4** **Module 7.1 - Access to sexual and reproductive health and rights (SRHR) and services for LGBTI youth** ⌚ 75 min.
- P8** **Module 7.2 - Engaging LGBTI youth on SRHR and services** ⌚ 45 min.

## MATERIALS REQUIRED

- Projector and/or LCD Screen
- Felt pens
- Sticky notes
- Flipcharts

Slide:

**MODULE**  
*Learning outcomes*

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**At the end of this Module, you...**

- understand the needs and demands of (young) sexual, gender and sex minorities in relation to SRHR
- understand the relevance of LGBTI-inclusive programming for SRHR issues, as well as challenges and opportunities this brings
- understand the challenges and opportunities in programming for young LGBTI persons
- foster commitment to affirmative and empowering programming for LGBTI youth

**MODULE**  
*Intersections between young people, SOGIE/SC and SRHR*

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Module structure

→ Access SRHR and services for LGBTI youth

→ Engaging LGBTI youth on SRHR and services

SOGIE/SC TRAINING



## Access to sexual and reproductive health and rights (SRHR) and services for LGBTI youth



### FACILITATOR TIPS

Conversations about sexual and reproductive health and rights can be very sensitive and contentious in various parts of the world, even more so when it includes issues related to SO/GIE/SC. The difficulties are further exacerbated when talking with young people about these issues. Be aware that conservative forces often frame any dialogue

or exchange of information on young people and SO/GIE/SC as efforts to “recruit young people into homosexuality” or to “promote non-traditional attitudes”. Therefore, we recommend that you refer back to the rules on this being a safe space, as agreed upon at the start of this training.

### SHORT LECTURE



*Start by sharing a few basics on sexual rights and health rights and services for young (LGBTI) persons.*

1. Explain that this Module seeks to explore the intersections of issues related to SRHR and those related to SO/GIE/SC, from the perspective of young people. The World Health Organization (WHO) <sup>2</sup> defines sexual health as follows:

*“...a state of physical, mental and social well-being in relation to sexuality. It requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence.” <sup>3</sup>*



### FACILITATOR TIPS

This Module addresses main issues related to SO/GIE/SC and Sexual and Reproductive Health and Rights (SRHR) for young people. In the footnote you find references to further training materials that focus on SRHR for young people.<sup>1</sup>

#### Sexual health:

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*“A state of physical, mental and social well-being in relation to sexuality. It requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence.”*



<sup>1</sup> See for example: Rutgers, “Sexual and Reproductive Health and Rights Programmes for Young People: What young people want, what young people need. Essential Package” (Rutgers, 2016). [https://www.rutgers.international/sites/rutgersorg/files/PDF/Essential%20Packages%20Manual\\_SRHR%20programmes%20for%20young%20people\\_%202016.pdf](https://www.rutgers.international/sites/rutgersorg/files/PDF/Essential%20Packages%20Manual_SRHR%20programmes%20for%20young%20people_%202016.pdf)

<sup>2</sup> Here we use the definitions of sexual health and reproductive health from the World Health Organization (WHO) because they are comprehensive and also they impart the authority of this globally credible body.

<sup>3</sup> [http://www.who.int/topics/sexual\\_health/en/](http://www.who.int/topics/sexual_health/en/)

WHO derives its definition of reproductive health from the definition of health, which says:

*“...reproductive health addresses the reproductive processes, functions and system at all stages of life. Reproductive health, therefore, implies that people are able to have a responsible, satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so.”<sup>4</sup>*

2. From these two definitions, certain key concepts emerge, such as that each person:

- ➔ has the right to make decisions concerning their sexual activity and reproduction, and to do so free from discrimination, coercion, and violence;
- ➔ is able to choose whether, when, and with whom to engage in sexual activity;
- ➔ is able to choose whether, when and with whom to have children.

3. For young persons, including young sexual, gender and sex minorities, it is important to have access to comprehensive sexuality education that reflects their specific needs. When issues related to SO/GIE/SC remain unaddressed in these materials, it leaves young persons that identify as LGBTI unguided and with many unaddressed questions. This contributes to the prevalent feeling of not belonging, of being an outsider. For these young LGBTI persons, who are in the process of discovering themselves (their sexuality, sexual orientation and/or gender identity), and who are having their first sexual experiences, it is key to understand that whatever their sexual preference or identity, it is to be viewed as natural and normal, and not to be automatically marginalized or pathologized.
4. While in many countries access to youth friendly sexual health services is already difficult for heterosexual, cisgender young persons, it is even much more difficult for young sexual, gender and sex minorities. When seeking health services, they generally do not find services that respond to their specific needs, or health professionals who are sensitized to those issues. In fact, they often experience direct and overt discrimination by health service staff, or indirect, systemic negation of their specific needs.

#### Reproductive health:

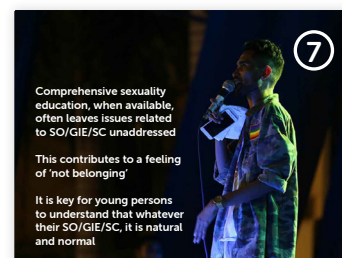
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“Reproductive health addresses the reproductive processes, functions and system at all stages of life. Reproductive health, therefore, implies that people are able to have a responsible, satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so.”

#### Key concepts related to sexual and reproductive health and rights:

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- ➔ The right to make decisions concerning their sexual activity and reproduction, and to do so free from discrimination, coercion, and violence;
- ➔ The ability to choose whether, when, and with whom to engage in sexual activity;
- ➔ The ability to choose whether, when and with whom to have children.



Comprehensive sexuality education, when available, often leaves issues related to SO/GIE/SC unaddressed

This contributes to a feeling of 'not belonging'

It is key for young persons to understand that whatever their SO/GIE/SC, it is natural and normal



<sup>4</sup> [http://www.who.int/topics/reproductive\\_health/en/](http://www.who.int/topics/reproductive_health/en/)

5. Point out that all too often, resources on SRHR at the national and international level pay no attention to the diversity of people in terms of their SO/GIE/SC and / or age.

#### GROUP EXERCISE



45 min.

*“Do young LGBTI persons have access to SRHR and services in (y)our country?”<sup>5</sup>*

**Purpose:** Participants become aware of the obstacles of sexual, gender and sex minorities to access to SRH rights and services. Participants think of ways to improve their access.

#### EXERCISE

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Do young people have access to SRH rights and services in your country?

#### MATERIALS /PREPARATIONS:

- You are advised to write all sheets in advance
- Sheet with nine SRH rights (see box Group 1)
- Sheet with three questions related to these SRH rights (see box Group 1)
- Sheet with five SRH services (see box Group 2)
- Sheet with three questions related to these SHR services (see box Group 2)
- Flipchart
- Felt pens



#### FACILITATOR TIPS

The purpose of this exercise is to create awareness among participants on how SRHR (access to rights and to services) is different for young people of sexual, gender or sex minorities. The exercise also helps participants to create the start of an action agenda for change. It has two components: one fo-

cusing on 'rights' and another focusing on 'access to services'. Due to diversity in laws, culture, and religious beliefs and practices between different countries, for this exercise we invite participants to reflect on how sexual, gender and sex minorities enjoy the following rights in their specific country.

6. Divide the group in two. It is advisable to have only two groups, so that one group discusses and answers the questions on 'rights', and the second group discusses 'access to services'.
7. Provide group 1 with the sheet on the nine rights and a sheet with the corresponding three questions.



<sup>5</sup> The lists used in this exercise are retrieved from the website of the World Health Organisation. [http://www.who.int/reproductivehealth/topics/gender\\_rights/sexual\\_health/en/](http://www.who.int/reproductivehealth/topics/gender_rights/sexual_health/en/)

8. Provide group 2 with the sheet on the five services and the corresponding three questions (see below).
9. Provide them with a flipchart and felt pens. Ask each group to choose a rapporteur who will report back to the plenary.
10. Ask each group to read out the respective rights or services with their group, and to then discuss and answer the questions. Ask them to write down the answers on the flipchart.
11. Remind the group to **be aware of the different sub-populations within sexual, gender and sex minorities** and to be specific about that in answering the questions.

### GROUP 1 SRHR includes the right of all persons to:

Read out the nine rights written here below. Participants are then invited to discuss and answer the questions below. They then write the answers of the group on the flipchart.

- Seek, receive, and impart information related to sexuality
- Receive sexuality education
- Have respect for bodily integrity
- Choose their partner
- Decide to be sexually active or not
- Have consensual sexual relations
- Have consensual marriage
- Decide whether or not, and when, to have children
- Pursue a satisfying, safe, and pleasurable sexual life

#### Questions:

1. Can LGBTI persons in your country enjoy each one of the nine rights listed above? If yes, describe how? And if no, why not? Do young LGBTI persons have the same access to these rights? How?
2. For those rights that young LGBTI persons do not currently enjoy, what can be done to change the situation? In your view, what are the areas in which interventions are required?
3. Of that list of intervention areas you have identified, what can you do within your programs (inclusive programming) and advocacy (inclusive advocacy)?

### GROUP 2

Read out the five SRH services here below. Participants are then invited to discuss and answer the questions below. They then write the answers of the group on the flipchart.

#### Comprehensive sexual and reproductive health (SRH) services include:

- Contraceptive information and services, including emergency contraception and a range of modern contraceptive methods
- Safe abortion and post-abortion care
- Prevention, care, and treatment of sexually transmitted infections, HIV/AIDS, reproductive tract infections, and reproductive cancers
- Information, education, and counselling; prevention and surveillance of violence against women (VAW), care for survivors of violence
- Actions to eliminate harmful traditional practices such as FGM and early and forced marriage.

#### Questions:

1. Can LGBTI persons in your country enjoy each one of the nine rights listed above? If yes, describe how? And if no, why not? Do young LGBTI persons have the same access to these rights? How?
2. For those rights that young LGBTI persons do not currently enjoy, what can be done to change the situation? In your view, what are the areas in which interventions are required?
3. Of that list of intervention areas you have identified, what can you do within your programs (inclusive programming) and advocacy (inclusive advocacy)?

**GROUP DISCUSSION****20 min.**

12. Ask each group to report back to the plenary.
13. Discuss the various findings which demonstrate that young sexual, gender and sex minorities experience specific difficulties to access rights and services. Then take a look at the identified areas of concern that apply to the various sub-groups within sexual, gender and sex minorities.
14. Discuss the possible interventions that were identified that could help bridge these gaps. Which interventions could be taken up in inclusive advocacy and/or inclusive programming efforts?

**SRHR includes the right of all persons to:****7**

- ➔ Seek, receive, and impart information related to sexuality
- ➔ Receive sexuality education
- ➔ Have respect for bodily integrity
- ➔ Choose their partner
- ➔ Decide to be sexually active or not
- ➔ Have consensual sexual relations
- ➔ Have consensual marriage
- ➔ Decide whether or not, and when, to have children
- ➔ Pursue a satisfying, safe, and pleasurable sexual life

**Comprehensive sexual and reproductive health (SRH) services include :****7**

- ➔ Contraceptive information and services, including emergency contraception and a range of modern contraceptive methods
- ➔ Safe abortion and post-abortion care
- ➔ Prevention, care, and treatment of sexually transmitted infections, HIV/AIDS, reproductive tract infections, and reproductive cancers
- ➔ Information, education, and counselling; prevention and surveillance of violence against women (VAW), care for survivors of violence
- ➔ Actions to eliminate harmful traditional practices such as FGM and early and forced marriage.

## 7.2

### *Engaging LGBTI youth on SRHR and services*

**GROUP CONVERSATION****45 min.**

15. Arrange seating/tables so that you are all in a circle. Explain that you will now build on the conclusions of the previous exercise, and dive deeper into the outcomes through a group conversation, while recording the findings on a flipchart.
16. Start the conversation by asking the group how the issues of law, culture and religious beliefs and practices interfere with the access to SRHR of young persons and of young LGBTI persons in particular. Relate these issues to the possible ways forward that were identified (question 3 of the previous exercise).
17. In this discussion, refer to comprehensive sexuality education. Such education would ideally take place in schools, but in practice this has proven difficult or impossible for numerous reasons, as the following clip from a Kenyan girls' school shows.

Lesbian students expelled - <https://www.youtube.com/watch?v=34oOsvhYl6U>

**GROUP DISCUSSION****7**

**How do issues of law, culture and religious beliefs and practices interfere with the access to SRHR of young people, and of young LGBTI persons in particular?**

**SRHR for young LGBTI persons: defining obstacles, identifying opportunities**

<https://www.youtube.com/watch?v=34oOsvhYl6U>

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18. Discuss the content of this video with the group. What do they think about it? What sort of actions could be employed to change this situation?

19. Ask if the participants can think of other channels to provide information about sexuality, and particularly to young sexual and gender minorities? Is it for example an option to work with (social) media on this topic? If so, what would be possible actions? What are the risks in doing so?



20. Suggest that another opportunity to create a more inclusive environment for LGBTI young people regarding SRHR, might be at the transition from childhood to adulthood; this is a special and marked moment in many societies and cultures. Would that be an opportunity to recognize the SRHR needs and vulnerabilities of young people, and particularly of young sexual, gender and sex minorities? If so, what might such an intervention look like?

21. Point out that many SRHR guidelines for youth include meaningful youth participation (MYP) as a core value and strategy of all rights-based sexual and reproductive health programs for young people. Yet, this core value is often difficult to uphold in a context where the sexuality and sexual rights of a person are outlawed, stigmatized, negated or violently reacted to. What are ways to go about ensuring meaningful youth participation?

**SRHR for young LGBTI persons: defining obstacles, identifying opportunities**

Meaningful youth participation is part of most SRHR guidelines, but in practice it is still difficult.

This is even more valid in a context where your sexual orientation and gender identity and expression or sex characteristics are outlawed, stigmatized, negated or violently reacted on?

Also, narrative of 'recruitment' creates fear within organizations to work with young LGBTI persons, or to push for inclusion of information on SO/GIE/SC in CSE and in youth-focused SRHR.

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22. Explain that a specific obstacle is that when it comes to SO/GIE issues, in many parts of the world people hold a misguided view that one can be 'recruited into becoming part of the community of sexual and gender minorities'. This **narrative of recruitment** has been one of the main reasons for some of the most draconian anti-LGBT laws, such as the Uganda Anti-Homosexuality Bill.<sup>6</sup> LGBTI organizations, therefore, very often fear to work with younger community members because of this 'recruitment' accusation.

23. This means that young sexual, gender and sex minorities not only experience the same social stigma and exclusion as older community members, but that they also lack any form of structured support system to address their needs. This is even more so because in this phase of life they are generally discovering their sexuality, and therefore are extremely unlikely to have any access to a supportive or informed network.

**CONSEQUENCES**

Young LGBTI persons experience the same social stigma and exclusion as older LGBTI persons


while at the same time they are discovering their sexuality and gender identity and expression

but generally lack any form of **structured support** to address their needs

They are unlikely to have access to a supportive or informed network

This might lead to feeling of not-belonging, loneliness and even depression

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 <sup>6</sup> <https://www.theguardian.com/world/2015/jan/06/-sp-gay-ugandans-face-new-threat-from-anti-homosexuality-law>

24. For that reason, meeting the SRHR needs of young sexual, gender and sex minorities requires programming that is attentive and intentional in its focus. It also requires a variety of channels and types organizations to share information and offer services. Inclusive programming and inclusive advocacy work has to look not only to the extent to which they have incorporated SO/GIE/SC issues in their programs, but also how they intentionally provide for young sexual and gender minorities.



25. Emphasize that the issue of agency is one that needs to be given due attention. SRHR guidelines advise on partnerships with youth-led organization (MYP). Yet would this mean creating youth-led LGBTI organizations? For many countries this is not feasible. A possible and tested safe manner is to pay attention to these issues (SO/GIE/SC and SRHR) within already-established youth organizations. In time, these organizations can fold these issues into their communications, advocacy and programming. Within existing LGBTI organizations, more attention for the SRHR needs of young community members could be fostered, through the establishment of a youth group or youth forums.

26. Finally, encourage participants to decide on one issue that they want to follow-up on and commit to after this Module. Ask them to write it down. Participants can share that with the group, or they can keep it private.



27. Thank all participants for their participation and commitment. Refer them to the resources in this manual if they want more information, or ask them to contact you or Hivos directly.



# MODULE 7



## Sources overview

### SOURCES MODULE 7: 7.1

- <sup>1</sup> See for example: Rutgers, "Sexual and Reproductive Health and Rights Programmes for Young People: What young people want, what young people need. Essential Package" (Rutgers, 2016).  
[https://www.rutgers.international/sites/rutgersorg/files/PDF/Essential%20 Packages%20Manual\\_SRHR%20 programmes%20for%20young%20people\\_%202016.pdf](https://www.rutgers.international/sites/rutgersorg/files/PDF/Essential%20Packages%20Manual_SRHR%20programmes%20for%20young%20people_%202016.pdf)
- <sup>2</sup> Here we use the definitions of sexual health and reproductive health from the World Health Organization (WHO) because they are comprehensive and also they impart the authority of this globally credible body.
- <sup>3</sup> [http://www.who.int/topics/sexual\\_health/en/](http://www.who.int/topics/sexual_health/en/)
- <sup>4</sup> [http://www.who.int/topics/reproductive\\_health/en/](http://www.who.int/topics/reproductive_health/en/)
- <sup>5</sup> The lists used in this exercise are retrieved from the website of the World Health Organisation.  
[http://www.who.int/reproductivehealth/topics/gender\\_rights/sexual\\_health/en/](http://www.who.int/reproductivehealth/topics/gender_rights/sexual_health/en/)

### SOURCES MODULE 7: 7.2

- <sup>6</sup> <https://www.theguardian.com/world/2015/jan/06/-sp-gay-ugandans-face-new-threat-from-anti-homosexuality-law>

### SOURCES ANNEX

- <sup>7</sup> Please note that:
  - Not all people feel comfortable that their sexuality, gender identity or sex characteristics are determined with a label or they feel it does not describe them accurately. It is also important to be aware that the connotation of a certain label varies according to the social and cultural context, while on a personal level it can also differ greatly how people perceive a certain term. The terms 'queer' or 'homosexual' in particular, can be considered offensive to people. At the same time others may use these labels with pride to identify themselves. It is up to each person to determine this for themselves. In case you are not sure which term the person you talk to prefers, you can ask!
  - Also, sexual orientation and gender identity and gender expression are not always static. Persons can experience changes in who they are attracted to, how they identify and how they express their gender. See for example the work of Lisa Diamond on Sexual Fluidity.
  - Moreover, a person does not necessarily have to be gay or lesbian to have (had) same-sex relations. In some contexts, individuals use 'men who have sex with men' (MSM) or 'women who have sex with women' (WSW) instead of gay or lesbian. This is useful terminology originally deployed within the HIV and AIDS spheres to denote activity, rather than identity). Especially in countries where being gay or lesbian is treated with hostility or even criminalized, it can be better to use the terms MSM and WSW, particularly to address health issues. This way, issues related to the person's sexual health may be addressed by focusing more on the sexual contacts and the possible risks, instead of their sexual orientation/identity.