

10. SEXUAL AND REPRODUCTIVE HEALTH

Key concept 8

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1 - INTRODUCTION

In this topic, we will address sexual and reproductive health—essential subjects for young people to learn how to take care of themselves and make informed, free, and safe decisions.

Adolescence is a key stage in the formation of identity, where young people begin to explore and define their sexuality, autonomy, and interpersonal relationships. Therefore, addressing sexual and reproductive health from an educational, comprehensive, and rights-based perspective becomes a fundamental tool for youth development.

In addition to knowledge about pregnancy and STIs, this approach promotes respect for diversity, gender equality, consent, assertive communication, and informed decision-making.

It is divided into the following topics:

- **Pregnancy and Pregnancy Prevention**
- **HIV and AIDS Stigma, Care, Treatment and Support**
- **Understanding, Recognizing and Reducing the Risk of STIs, including HIV**



<https://www.youtube.com/watch?v=0D0OnZ0bluo>

2- BASIC CONCEPTS

HEALTH:

**"HEALTH IS A STATE OF COMPLETE PHYSICAL, MENTAL AND SOCIAL WELL-BEING AND NOT MERELY THE ABSENCE OF DISEASE OR INFIRMITY."
(WHO)**

SEXUAL HEALTH:

**"...A STATE OF PHYSICAL, EMOTIONAL, MENTAL, AND SOCIAL WELL-BEING IN RELATION TO SEXUALITY; IT IS NOT MERELY THE ABSENCE OF DISEASE, DYSFUNCTION, OR INFIRMITY."
(WHO)**

The WHO continues:

"...Sexual health 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."

IMPORTANCE FOR PHYSICAL, EMOTIONAL, AND SOCIAL WELL-BEING

SEXUAL AND REPRODUCTIVE HEALTH IS ESSENTIAL FOR THE COMPREHENSIVE DEVELOPMENT OF YOUNG PEOPLE BECAUSE:

- Physically, it helps prevent diseases such as sexually transmitted infections (STIs), HIV, and unplanned or high-risk pregnancies.
- Emotionally, it promotes healthy relationships based on respect, communication, and consent.
- Mentally, it strengthens self-esteem, bodily autonomy, and responsible decision-making.
- Socially, it reduces discrimination, promotes gender equity, and helps build healthier and more aware communities.

3- PREGNANCY AND PREGNANCY PREVENTION

In previous units, we have explained how pregnancy occurs, how it develops, and its impact on the female body. We have also covered the menstrual cycle, which is fundamental for young women to become aware of their bodies and make informed decisions about them.

In this unit, we will explore how to plan for pregnancy, how to prevent it, and key concepts related to these topics.

3.1 PREGNANCY PLANNING

PLANNING A PREGNANCY MEANS MAKING CONSCIOUS AND RESPONSIBLE DECISIONS ABOUT MOTHERHOOD AND FATHERHOOD. THIS INCLUDES THE USE OF CONTRACEPTIVE METHODS, SEXUAL EDUCATION, AND KNOWLEDGE OF ONE'S OWN BODY.

THAT IS WHY IT IS ESSENTIAL FOR PREGNANCY TO BE A CONSCIOUS DECISION, SO THAT CHILDREN ARE BORN INTO A SAFE, LOVING, AND STABLE ENVIRONMENT.

ASPECTS TO CONSIDER

- Children should be wanted, cared for, and loved.
- Having a child involves a great responsibility, as they need love, attention, support, and care even before they are born.

SO IT IS ESSENTIAL



THAT PREGNANCY IS A CONSCIOUS DECISION

- NOT ALL INDIVIDUALS OR COUPLES HAVE CHILDREN.

Not everyone wishes to have children, and many couples may choose not to become parents. There are also medical, personal, or social circumstances that can make reproduction difficult or impossible. It is important to respect and accept these decisions as valid and personal.

3.2 UNDERSTANDING THE KEY CHARACTERISTICS OF PREGNANCY

KEY CHARACTERISTICS OF PREGNANCY:

- It begins with the fertilization of the egg, which usually takes place in the fallopian tubes.
- The fertilized egg implants itself in the uterus, where the embryo—and later the fetus—begins to develop.
- Significant hormonal changes occur during pregnancy, primarily due to the hormone human chorionic gonadotropin (hCG).
- Physical and emotional symptoms may appear as early as the first few weeks.

Pregnancy is considered adolescent when it occurs between the ages of 10 and 19.

COMMON SIGNS OF PREGNANCY:

- Absence of menstruation (amenorrhea)
- Nausea or vomiting (especially in the morning)
- Breast tenderness
- Fatigue or extreme tiredness
- Increased frequency of urination
- Changes in appetite or sense of taste
- Mood swings or heightened emotional sensitivity

AVAILABLE PREGNANCY DETECTION TESTS

The most common tests include:

- Home urine tests, which detect the hormone hCG (available at pharmacies).
- Blood tests, performed at medical centers, which also detect hCG with greater accuracy.
- Ultrasound scans, which allow visualization of the embryo or fetus in the uterus.

⚠ These symptoms can vary and do not always indicate pregnancy. That's why it is essential to take a test to confirm it.



✅ If the test is positive, it is important to go to a health center to receive proper medical care, guidance, and support.



3.3 HEALTH RISKS ASSOCIATED WITH EARLY PREGNANCY AND CHILDBIRTH



- **COMPLICATIONS RELATED TO PREGNANCY AND CHILDBIRTH ARE AMONG THE LEADING CAUSES OF DEATH IN GIRLS AGED 15 TO 19 YEARS.**
- **EVERY YEAR, AT LEAST 12 MILLION GIRLS ARE MARRIED BEFORE THEY TURN 18.**

(FUENTES: WHO)



RISKS OF EARLY PREGNANCY

- Higher likelihood of complications during pregnancy and childbirth (such as hemorrhages, preeclampsia, premature birth).
- Increased risk of maternal and infant mortality.
- Interruption of adolescents' education.
- Social and emotional isolation.
- Vulnerability to violence and economic dependence.

Early pregnancy can hinder continued schooling, limit opportunities for personal and professional development, and increase social and family pressure. Additionally, it can expose the young mother to medical risks as well as greater emotional and economic stress.

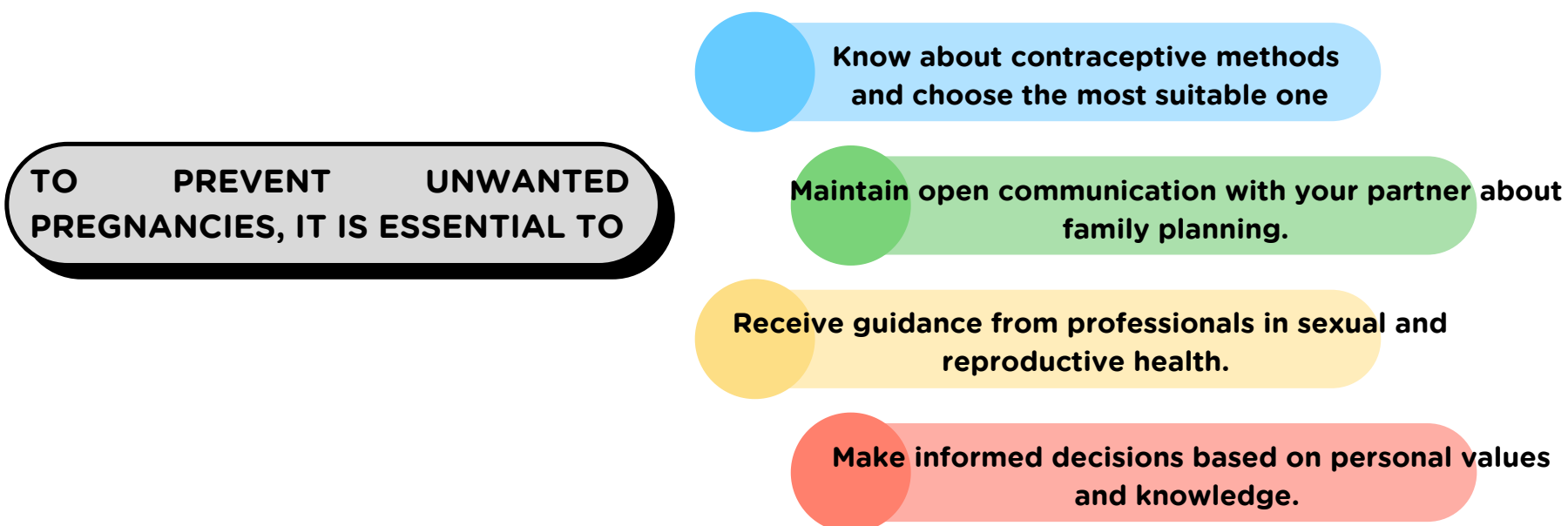
EARLY MARRIAGE (VOLUNTARY AND FORCED)

Child marriage is any marriage in which at least one party is under 18 years old.

- It is considered a form of forced marriage, as one or both parties have not given their full, free, and informed consent.
- Child marriage can lead to girls engaging in sexual relations before they are physically and emotionally ready, and at a time when they have little knowledge about their own sexual and reproductive health and rights (SRHR).
- Child marriage is a key factor in adolescent pregnancy, which carries serious health risks, and it can increase the risk of contracting sexually transmitted infections and experiencing gender-based violence.



3.4 PREVENTION OF UNPLANNED PREGNANCY

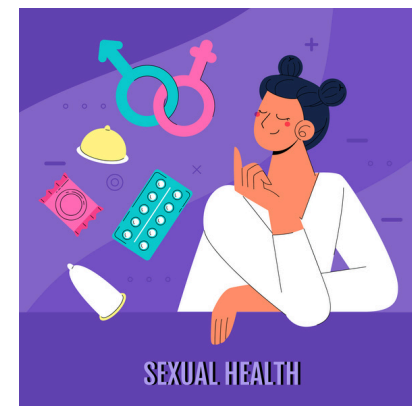


3.5 CONTRACEPTIVE METHODS

There are different contraceptive methods, some used by females and others by males.

It is important to know that protection is needed not only against unwanted pregnancies but also against sexually transmitted infections (STIs).

Not all contraceptive methods protect against STIs.



TYPES OF CONTRACEPTIVE METHODS:

HORMONAL METHODS

They release hormones inside the body to prevent sperm and egg from joining, thus preventing pregnancy.

They do not protect against sexually transmitted infections.

- **Pills:** Take one pill every day for a month.
- **Injections:** Shots given every few months.
- **Implants:** Placed under the skin in the arm (last several years).
- **Vaginal ring:** Inserted into the vagina once a month and then removed.
- **Patches:** Applied to the skin once a month.
- **IUD (Intrauterine Device):** Can be hormonal or non-hormonal; inserted by a doctor at the entrance of the uterus.

CONDOM

MALE CONDOM:

Worn on the penis.

They come in different shapes and flavors, and there are even options for people allergic to latex.

They protect against pregnancy and sexually transmitted infections (STIs).

They are for single use only.

FEMALE CONDOM:

Similar to the male condom but inserted inside the vagina.

They protect against pregnancy and sexually transmitted infections (STIs).

They are for single use only.



THE CONDOM IS THE ONLY METHOD THAT PROTECTS AGAINST BOTH UNWANTED PREGNANCY AND POSSIBLE SEXUALLY TRANSMITTED INFECTIONS (STIS).



SUPPORT FOR UNPLANNED PREGNANCIES

An unplanned pregnancy during adolescence can bring numerous challenges that affect the young person's physical and emotional health, personal growth, social relationships, and educational opportunities.

Therefore, it is essential that adolescent girls have support, that their rights are respected, and that they have access to comprehensive health and education services in an environment free of prejudice and exclusion.

Adolescent girls should have the right to:

- Access reproductive health services and medical care, including prenatal check-ups, pregnancy counseling, psychological support, and social assistance.
- Continue and complete their education without being excluded or punished for being pregnant. School should be a safe space where they can keep learning.
-

IMPORTANT!

UNSAFE ABORTION IS A SERIOUS HEALTH RISK

In contexts where legal and safe abortion is not available, many young women resort to unsafe practices that endanger their health and lives. Unsafe abortion is one of the leading causes of maternal mortality worldwide, especially among adolescents.

It is important to ensure:

- Access to clear, evidence-based information about available options.
- Safe, confidential, and non-judgmental health services, in compliance with national laws and human rights standards.

SOME MYTHS ABOUT CONTRACEPTIVE METHODS

1. "Using a condom reduces pleasure."

Reality: ☒ Condoms do not have to reduce pleasure. There are many types of condoms designed to increase sensitivity or comfort.

2. "Only women should worry about contraception."

Reality: ☒ Pregnancy prevention is a shared responsibility. There are methods for men, such as condoms and vasectomy, and both partners should be involved in deciding which method to use.

3. "I can't get pregnant if it's my first time having sex."

Reality: ☒ It is possible to get pregnant from the first sexual encounter. If ovulation occurs and no protection is used, there is a risk of pregnancy.

4. "Emergency contraception is abortive."

Reality: ☒ Emergency contraception is not abortion. Its function is to prevent ovulation or fertilization. It does not terminate an existing pregnancy.

5. "Hormonal contraceptives are dangerous for all women."

Reality: ☒ Hormonal contraceptives are safe for most people. Like any medication, they may have side effects, but most are mild and temporary. It is recommended to consult a healthcare professional.

3.6 INFLUENCE OF GENDER ROLES AND SOCIAL NORMS ON PREGNANCY PREVENTION

Influence of Gender Roles and Social Norms, as discussed in previous units, also includes sexuality and pregnancy prevention.

Recognizing these influences is key to making responsible and informed decisions about contraceptive use and preventing unplanned pregnancy.

How do gender roles and peer pressure influence?

From an early age, many people receive messages about how men and women “should” behave. For example:

- Men are expected to take the initiative in sexual relationships, but without discussing protection.
- Women are taught to avoid sex but are not given enough information on how to protect themselves if they choose to have sex.
-

Social and gender norms, and the power dynamics within them, differ for adolescent boys and girls, often disadvantaging girls, as some studies have concluded. These studies also indicate that unplanned pregnancy is linked to gender, unequal relationships, and a traditional view of female roles.

Some studies conclude that:

“Gender conditioning in the field of contraception places girls in an unequal position in affective-sexual relationships...”

(Yago-Simón, T., & Tomás-Aznar, C. (2015))

“Culture is a determining factor in the sexual behavior of adolescents in various studies and in how they experienced these experiences. Generally, culture promoted sexual abstinence until marriage for women, but at the same time, it was found that adolescent girls also engaged in premarital sex, often lacking sexual agency, which led to risky sexual relationships.”

(Alzola Blanco, M. (2024))

RECOMMENDATIONS FOR EDUCATORS - KEY ASPECTS TO TEACH

- Create an environment of respect and trust.
- Base your teaching on scientific evidence, not personal opinions.
- Make sure the information you share is up-to-date, scientifically accurate, and age-appropriate for your students.
- Avoid conveying value judgments or stereotypes. It is essential to maintain a neutral and professional stance.
- Use open-ended questions to encourage the group to think critically, question beliefs, and safely share experiences.
- Don't forget the emotional and social dimensions: sexuality is not only a biological topic but also involves emotions, relationships, identity, and values.
- It is essential to communicate that pregnancy prevention is the responsibility of both members of the sexual partnership. It should not fall solely on women nor depend exclusively on men.
- Encourage equal dialogue and shared responsibility in sexual decisions and the use of contraceptive methods.
- Inform the group about where they can access sexual and reproductive health services, such as health centers, helplines, or informative apps.

4. UNDERSTANDING, RECOGNIZING AND REDUCING THE RISK OF STIS, INCLUDING HIV

WHAT ARE SEXUALLY TRANSMITTED INFECTIONS?

Sexually transmitted infections (STIs) are infections that are mainly transmitted through sexual contact with an infected person.

HOW ARE THEY TRANSMITTED?

Through blood, semen, vaginal fluids, and other body fluids. Some STIs are not acquired exclusively through sexual intercourse, but they can be transmitted to a partner through this means.

ITS COMUNES: VIH, VPH, HERPES, CLAMIDIA, GONORREA.

Common Sexually Transmitted Infections

Many STIs do not cause symptoms or symptoms may not appear for a long time, therefore it is important to get tested.

If you are experiencing symptoms of an STI or you are sexually active and want to get tested find a health center for STI testing today.

STI	Symptoms	Treatment
 Genital herpes	Itchy/painful bumps/fluid filled blisters on genitals, buttock or other areas	Medications are available to ease symptoms, but it cannot be cured
 Chlamydia and Gonorrhea (the clap)	Burning during urination Unusual discharge Painful or swollen testicles Bleeding between periods	Cured with prescription antibiotics If left untreated, it can cause pelvic inflammatory disease that can lead to infertility and long-term pelvic pain
 Hepatitis	Flu-like symptoms Nausea/vomiting Abdominal pain Dark urine/clay-colored stool Jaundice	Vaccines are available to prevent hepatitis and some types are curable with prescription antibiotics
 HIV/AIDS	Flu-like symptoms Rash	PrEP is available to prevent HIV and antiviral medications are available, but it cannot be cured
 Human papillomavirus (HPV)	Genital warts cervical, penile, oral, or anal cancer	Vaccines are available to prevent some types of HPV and it typically goes away on its own
 Syphilis	Sores, skin rash, fever swollen lymph nodes symptoms differ by stage	Cured with prescription antibiotics If left untreated, it can cause heart disease, nervous system problems, paralysis, or blindness
 Trichomoniasis (trich/trick)	Genital itching/burning Discharge with bad odor Pain and/or bleeding during sex	Cured with prescription antibiotics


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4.1 WHAT SYMPTOMS MIGHT YOU NOTICE?



These are infections that cause lesions (ulcers, warts...), changes in vaginal discharge, and itching or pain in the genitals and urinary tract.



SOMETIMES THERE ARE NO SYMPTOMS. THE ONLY WAY TO KNOW IS BY TAKING SPECIFIC TESTS.

MOST COMMON SYMPTOMS OF STIS IN WOMEN

- Burning or itching in the vagina
- Changes in vaginal discharge
- Pain during sexual intercourse
- Foul odor
- Sores on the genital area
- Abdominal pain

MOST COMMON SYMPTOMS OF STIS IN MEN

- Itching and discomfort in the genital area
- Genital herpes
- Pain
- Blisters
- Unusual discharge
- Excessive fatigue
- Sores in the mouth
- Fever

WHAT TO DO IF YOU HAVE SYMPTOMS OR HAVE HAD SEXUAL CONTACT WITH AN INFECTED PERSON?



- Go to a general doctor or specialist (gynecologist, urologist, dermatologist).
- Do not have sexual relations until you have received the appropriate treatment and are cured. (You can still infect others.)
- If you don't know where to go, talk to someone you trust.

TREATMENTS

Some diseases go away on their own, while others require medical treatment lasting days or months.

Some have no cure and must be managed lifelong (like HIV), but with treatment...

4.2 HOW TO PREVENT STIS

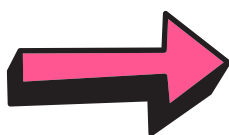
As we have already mentioned, there is one contraceptive method that prevents the transmission of STIs.

The condom is the only method that protects against both unwanted pregnancy and possible infections: male and female condoms.

To prevent STIs, it is essential to use condoms during vaginal, anal, or oral sex.

RECOMMENDATIONS TO AVOID STI TRANSMISSION

- Use condoms every time you have sex.
- Get tested regularly.
- Avoid sharing needles or personal hygiene items.
- Communicate openly and honestly with your partner.



PROPER USE OF THE CONDOM

It is important for young people to know how to use a condom correctly, so it is recommended to include in activities “Proper Use of the Condom”, explaining:

- Where and how to obtain condoms
- Storage and expiration date
- How to put it on properly
- How to remove and dispose of it



<https://www.youtube.com/watch?v=vww9rk1USss>

4.3 SKILLS FOR NEGOTIATION AND REFUSAL OF UNSAFE SEXUAL PRACTICES

What does “unsafe sexual practices” mean?

These are practices that increase the risk of contracting sexually transmitted infections (STIs) or unwanted pregnancies, such as having sex without a condom or sharing objects that may be contaminated with blood.

Having the ability to negotiate and refuse unsafe situations is a right. It is also a way to take care of yourself and set healthy boundaries.

STRATEGIES TO DEVELOP THESE SKILLS:

- Know your rights:

Everyone has the right to make decisions about their own body. No one should pressure you or make you feel bad for saying “no.”

Practice assertive “no”: You can say phrases like:

- “I don’t feel comfortable with that.”
- “I will only do it if we use protection.”
- “Respect my decision, I don’t want to do it.”

- LEARN TO IDENTIFY RISKY SITUATIONS:

It is important to recognize when a situation could put you in danger, for example, if someone wants to have sex without a condom or does not respect your decisions.

- SEEK SUPPORT FROM TRUSTED PEOPLE:

If you feel pressured or have doubts, talk to a trusted adult, educator, or health professional.

- ROLE-PLAYING OR SIMULATION GAMES:

In educational settings, practicing real-life situations can help you gain confidence in how to act or what to say.

4.4 ACCESS TO SEXUAL HEALTH SERVICES

Access to sexual health services is a fundamental right. Everyone, regardless of age, gender, or disability, should have the option to receive clear information, emotional support, and safe, respectful, and confidential medical care. This includes:

- Medical care to prevent and treat sexually transmitted infections (STIs) and unintended pregnancies.
- Access to contraceptive methods.
- Support in making decisions about your own body.
- Voluntary and safe testing for STIs and HIV.
- Sexual education that is accessible and adapted to your needs



It is essential to explain to young people where to get information and where they can go to obtain sexual and reproductive health information.

RECOMMENDATION:

As a classroom activity, a guide can be created on where to seek help and information.

5. HIV AND AIDS: STIGMA, TREATMENT, AND SUPPORT

WHAT IS HIV?

HIV (HUMAN IMMUNODEFICIENCY VIRUS) IS A VIRUS THAT WEAKENS THE IMMUNE SYSTEM. IF UNTREATED, IT CAN PROGRESS TO AIDS, A SERIOUS STAGE WHERE THE BODY LOSES THE ABILITY TO DEFEND ITSELF AGAINST ILLNESSES.

5.1 MODES OF HIV TRANSMISSION

HOW IS HIV TRANSMITTED?

HIV is found in blood, pre-seminal fluid, semen, vaginal fluids, and breast milk.

It is transmitted through contact of these fluids with the mucous membranes or bloodstream of another person.



- **Sexual transmission:** through sexual intercourse with penetration (anal, vaginal, or oral) without a condom. Studies indicate that anal penetration is the highest-risk practice, followed by vaginal penetration.

- **Blood transmission:** by sharing syringes, needles, or other injection equipment that has been in contact with contaminated blood.

There is also a risk when using cutting or piercing instruments that have not been properly sterilized in procedures such as tattoos, piercings, acupuncture, or ear piercing.

- **Mother-to-child transmission:** when a woman has HIV, the virus can be transmitted during pregnancy, childbirth, or breastfeeding.

HOW IS “NOT” HIV TRANSMITTED?

HIV is not transmitted through everyday contact: kisses, caresses, public toilets, showers, coughing, sneezing, drinking glasses, cutlery, food, workplaces, schools, gyms, swimming pools...

It is also not transmitted through saliva, tears, or sweat, nor through insect bites or contact with domestic animals.

Ministerio de Sanidad. (s.f.). La infección por VIH y el SIDA. Gobierno de España.

WHAT IS PREP AND PEP?

◆ **PrEP (Pre-exposure Prophylaxis):**

A medication treatment taken before a possible exposure to HIV. It must be prescribed by a healthcare professional.

◆ **PEP (POST-EXPOSURE PROPHYLAXIS):**

A treatment taken after potential contact with HIV (for example, after unprotected sex or an accident involving infected blood).

It must be started within the first 72 hours after exposure.

5.2 HISTORICAL CONTEXT:

In 1981, the first cases appeared in the U.S. without knowing what was causing them; it was in 1983 that HIV was discovered as the virus responsible for AIDS. In the 1980s and 1990s, the virus spread rapidly worldwide.

At first, there was much fear, misinformation, and stigmatization, especially towards the LGBTIQ+ community; it was an unknown virus with no cure, and there was little scientific information. Additionally, the first cases were detected mainly in gay men in the U.S., but it also affected other vulnerable populations: drug users, sex workers, transgender people, among others.

These groups were already suffering discrimination, so HIV became another way to attack or blame them. Today we know that HIV has no sexual orientation or social class—it can affect anyone.

In 1996, combined antiretroviral therapy (ART) was introduced. This therapy prevents the virus from multiplying and greatly improves quality and life expectancy. HIV began to be seen as a manageable chronic disease. Antiretroviral treatments allow people to live many years in good health.

Throughout the 21st century, advances have been made in prevention and rights (2005-2020) with:

- Better access to treatments in developing countries.
- New prevention strategies emerged:
 - PrEP (preventive medication for people at risk).
 - Harm reduction programs.
- Greater focus on human rights, education, and stigma reduction.

Current situation:

Millions of people live with HIV, many with undetectable viral loads thanks to treatment.

People with HIV can live normal lives and do not transmit the virus if their viral load is undetectable (“Undetectable = Untransmittable”).

UNAIDS aims to achieve the 95-95-95 target by 2030:

- 95% diagnosed.
- 95% on treatment.
- 95% with viral load suppressed.

HIV IS STILL PRESENT, BUT WITH APPROPRIATE TREATMENT, PEOPLE CAN LIVE WITH THE VIRUS WITHOUT TRANSMITTING IT.

5.3 STIGMA AND PREJUDICE

WHAT IS STIGMA?
NEGATIVE LABELING OR DISCRIMINATION
TOWARD A PERSON OR GROUP OF PEOPLE.



HIV has been subject to stigma and discrimination since the beginning of the epidemic in the 1980s.

As explained, in the early days of discovering the existence of HIV and the first people diagnosed with the virus, there was rejection and discrimination against them. Although improvements have been made in this area, organizations working in this field explain that stigma and discrimination still persist. Stigma can lead people to avoid getting tested, not seek treatment, or hide their diagnosis.

Recent research indicates that prejudice and fear regarding HIV and AIDS continue to exist, and point out that social and structural factors are among the main reasons for delayed diagnosis. There is still much misinformation and false beliefs, such as thinking that HIV only affects certain groups, for example, men who have sex with men, sex workers, or people who use drugs.

Fear of rejection, mistreatment, and being judged also remains, causing many people to avoid testing or discussing the topic.

THESE ORGANIZATIONS EMPHASIZE THE IMPORTANCE OF:

- Access to diagnostic tests, facilitating rapid testing in health centers.
- National and international prevention campaigns.
- Guidance, support, and accompaniment to ensure access to treatment.
- Emotional and psychological support.

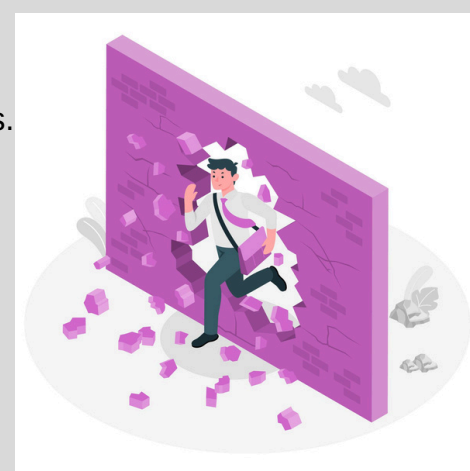
5.4 LIVING WITH HIV: FAMILY, RELATIONSHIPS, AND MOTHERHOOD

BREAKING MYTHS AND PREJUDICES

1- SOME PEOPLE ARE BORN WITH HIV, OTHERS ACQUIRE IT LATER

- Some people were born with the virus because their mothers were living with HIV.
- Others contracted it later, for example, through unprotected sex or sharing needles.

No one chooses to live with HIV, and no one should be judged for their situation.



2- HIV CAN AFFECT FAMILY STRUCTURE AND DYNAMICS

HIV and AIDS can impact families as they sometimes change roles, responsibilities, and emotions within the household:

- There may be an increased need for care or support.
- Fears or doubts arise due to lack of information.

It is key to promote education, respect, and support within the family environment.

3- LIVING WITH HIV DOES NOT PREVENT HAVING RELATIONSHIPS, FORMING A FAMILY, OR LIVING A FULFILLING SEXUAL LIFE

Thanks to medical advances and evidence-based information:

- A person with HIV can have an HIV-negative partner and not transmit the virus if they are on treatment and have an undetectable viral load (Undetectable = Untransmittable).
- They can also have an active, safe, and satisfying sex life, with or without using condoms, depending on the partner's situation.

4- WOMEN WITH HIV CAN HAVE CHILDREN WITHOUT TRANSMITTING THE VIRUS

With access to treatment and proper support:

- A woman with HIV can have a safe pregnancy and give birth to an HIV-negative baby.
- She can also breastfeed safely, following medical guidelines.

Family support, health services, and community involvement are essential to achieving these positive outcomes.

7. ISAWP PROJECT TEACHING MATERIALS : Inclusive Sexuality: A World of Possibilities

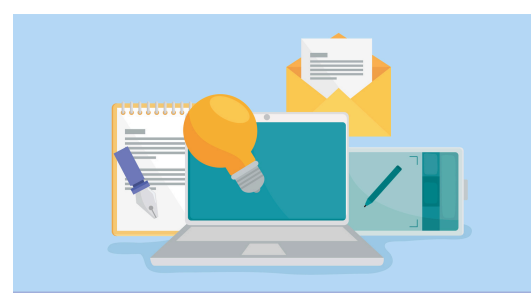
After the theoretical explanations, we now present the teaching materials developed within the framework of the ISAWP project: Inclusive Sexuality: A World of Possibilities. These materials will serve as the foundation for delivering the workshop.

Affective-Sexual Education for Young People with Disabilities which will be held in each of the project's partner countries.

These materials have been created specifically for the ISAWP project, following the key concepts recommended by UNESCO, and taking into account the necessary adaptations to ensure accessibility and suitability for the target group.

The teaching materials for Key Concept 8 have been developed by FAJUB, partner in the ISAWP project.

You can find the materials in "Unit 10 in Classroom".



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