7. SKILLS FOR HEALTH AND WELL-BEING

Key concept 5

INDEX:

1. Introduction. Key Concept 5
2. Norms and Peer Influence on Sexual Behaviour
3. Decision-making
4. Communication, Refusal and Negotiation Skills
5. Media Literacy and Sexuality
6. Finding Help and Support
7. ISAWP Teaching Materials
8. Bibliography

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1 - INTRODUCTION

- This concept focuses on the development of personal and social skills that enable individuals to make informed and responsible decisions about their health and well-being, especially in the realm of sexuality. It promotes autonomy, respect, effective communication, and the pursuit of appropriate support.

<u>It is divided into the following topics:</u>

- **Norms and Peer Influence on Sexual Behaviour**
- **Decision-making**
- **Communication, Refusal and Negotiation Skills**
- **Media Literacy and Sexuality**
- **Finding Help and Support**

2. NORMS AND PEER INFLUENCE ON SEXUAL BEHAVIOUR

2.1 Las normas sociales, culturales y familiares influyen en las actitudes hacia la sexualidad

SOCIAL NORMS

Unwritten rules that guide and regulate people's behavior within a society or group.

From childhood, people learn what is "expected" of them in relation to sexuality, gender, and relationships. These norms vary according to culture, religion, family traditions, and social environment.

CULTURAL NORMS

A set of values and traditions that influence how a society perceives health and sexuality.

GENDER NORMS

They are expectations and roles assigned to individuals based on their sex or gender identity. These norms can limit opportunities for self-expression and influence perceptions of sexual behavior

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IMPACT ON HEALTH AND SEXUALITY

Social norms can have both positive and negative effects on health.
Some of these norms promote respect and well-being, while others may lead to misinformation, prejudice, and barriers to practicing healthy sexuality.
✅ Positive - Promoting Well-being: Encouraging healthy practices such as access to information on the prevention of sexual diseases, respect for consent, and comprehensive education.
❌ Negative - Limitations and Risks: In some cultures, the taboo surrounding sexuality prevents sexual education, which can lead to health issues such as unplanned pregnancies or the transmission of infections.

2.2. PEER PRESSURE AND INDIVIDUAL DECISION-MAKING

Peer pressure is a powerful force during adolescence and youth, where the need to belong can lead to adopting behaviors impulsively without reflection.
In the context of sexuality, this can manifest in situations where there is pressure to engage in intimate relationships before being ready, adopt risky practices, or conform to external expectations.

THE PEER GROUP CAN EXERT BOTH POSITIVE AND NEGATIVE PRESSURE.

PRESSURE NEGATIVE
When friends or other people in one's environment directly or indirectly pressure someone to make sexual decisions before they are ready.

Example: "If you don't have relationships, you're not normal."

PRESSURE POSITIVE
When the group supports responsible decisions, such as using protection or waiting until they feel ready.

Example: "It's okay to say no, you don't have to do anything you don't want to."

SOCIAL NORMS, GENDER, AND PEER INFLUENCE AFFECT SEXUALITY

❌Pressure to Meet Expectations: People may feel obligated to act according to gender stereotypes, such as proving sexual experience or avoiding discussions about their sexuality.
❌ Barriers to Free Expression: Restrictive norms can prevent individuals from exploring their identity and making decisions based on their personal well-being.
❌ Influence of Peer Groups: Friends and close environments can reinforce social and gender norms, promoting risky or discriminatory behaviors.

YOUNG PEOPLE WITH DISABILITIES MAY FACE ADDITIONAL CHALLENGES WHEN DEALING WITH PEER PRESSURE RELATED TO SEXUALITY.

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STRATEGIES FOR RECOGNIZING AND MANAGING EXTERNAL INFLUENCE

- Development of Critical Thinking: Questioning imposed beliefs and analyzing information based on scientific evidence.
- Building a Personal Sexual Identity: Reflecting on personal values and making decisions aligned with emotional and physical well-being.
- Assertive Communication Skills: Learning to clearly express personal boundaries and desires without feeling obligated to meet external expectations.
- Use of Reliable Sources: Seeking health and wellness information from specialized sources and avoiding the influence of myths and misinformation.
- Strengthening Support Networks: Relying on friends, family, or professionals who provide guidance and support in decision-making.

ENCOURAGING SKILL DEVELOPMENT

It is essential to promote and support young people in:

- Developing their own identity, including their sexual identity. Sexual identity includes sexual orientation, gender identity, and how they experience their sexuality.
- Understanding and recognizing peer pressure.
- Responding with confidence based on their personal values.

FORMING AN IDENTITY REQUIRES:

- **Knowing oneself.**
- **Accessing truthful and unbiased information.**
- **Questioning imposed stereotypes and roles.**
- **Respecting sexual and gender diversity.**

PRACTICAL EXAMPLE:

Sofía is an 18-year-old young woman with an intellectual disability. In her group of friends, conversations often revolve around romantic relationships and the beginning of sexual experiences. One of her friends tells her that "it's about time" she has her first intimate experience because "everyone has done it." Sofía starts to feel confused and pressured, as she is unsure whether she truly wants to take that step or if she is ready.

How Peer Pressure Can Affect Her

- Sofía feels she must conform to what her friends consider "normal."
- She may experience anxiety from uncertainty about whether her decision is right.
- She may be more vulnerable to misinformation or external influence without critical reflection.

Strategies to Help Her Make Safe Decisions

✅ Encouraging Autonomy: Helping Sofía recognize that her sexuality is a personal choice, based on what she truly wants rather than external expectations.
✅ Providing Accessible Information: Explaining concepts about sexuality, consent, and well-being in a clear and adapted way for her understanding.
✅ Strengthening Communication Skills: Practicing safe and assertive responses, such as "I choose to wait because I don't feel ready yet."
✅ Identifying Support Networks: Connecting with family, professionals, or trusted individuals who can guide and support her in her decisions.
✅ Teaching How to Recognize Social Pressure: Helping her differentiate external opinions from her own emotions and values.

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3. DECISION-MAKING

Making informed and conscious decisions is a fundamental process in life, especially when it comes to health and sexuality. Decision-making involves evaluating options, identifying risks and benefits, and acting in a safe and responsible way, while respecting both one's own values and the rights of others.

INFORMED DECISION-MAKING PROCESS

The decision-making process consists of several key stages:

1- Identify the decision: Recognize the situation that requires a choice and define the desired goal or outcome.
2- Gather information: Search for reliable data, analyze options, and consider advice from trustworthy sources.
3- Evaluate alternatives: Compare possible decisions and their consequences, weighing risks and benefits.
4- Reflect on personal values: Ensure the decision aligns with personal beliefs and well-being.
5- Make the decision: Choose the best option with confidence and clarity.
6- Act responsibly: Implement the decision while considering its impact on oneself and others.
7- Evaluate the outcome: Reflect on the decision made and adjust future choices based on lessons learned.

FACTORS THAT MAKE DECISION-MAKING DIFFICULT

- Emotions and Self-Esteem

Emotions such as fear, anxiety, the pressure to fit in, the desire for affection, or falling in love can cloud judgment, leading people to make impulsive or poorly thought-out decisions.
Example: Making rushed decisions to please someone or avoid feeling rejected.

- Alcohol and Drug Use

These substances alter perception, reduce judgment, and lower inhibitions, which can lead to engaging in risky sexual behaviors, including unprotected sex or situations without clear consent.
Example: Participating in sexual activity without remembering giving or receiving consent.

- Social Factors

Conditions such as poverty, violence, lack of access to education or healthcare services, and gender inequality directly affect the freedom and ability to make informed and safe decisions.

- Gender Inequality

In contexts where women, girls, or individuals with diverse sexual identities have less power, they are often pressured or forced to accept imposed sexual decisions without real negotiation or consent.

- Violence

Physical, psychological, or sexual violence directly affects the ability to make safe and responsible decisions. In abusive situations, fear can silence or suppress a person's ability to act according to their own desires and well-being.

- Education and Access to Information

Knowing sexual and reproductive rights allows individuals to make autonomous decisions.

Example: A person without access to contraceptives or sexual education may have fewer tools to make responsible decisions.

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SKILLS FOR DECISION-MAKING IN SEXUALITY AND WELL-BEING

As educators, it is essential to develop skills that enable young people to face social pressure, clearly express their boundaries, and support others in vulnerable situations.

"Refusing to Do Something They Don't Want to Do".	**Refusing in an Uncomfortable or Unwanted Situation**	Direct and Firm Expression: Use phrases like: • "I don't want to do this." • "I'm not comfortable with this situation.	Example: If someone insists that a person take part in an unwanted sexual activity, it is essential to respond with confidence and remove yourself from the situation if necessary.
Being Assertive in the Face of Peer Pressure About Sexuality	• Recognize external pressure • Express your opinion without fear • Turn to support networks	• **Say clearly: "That's not for me" or "I choose to wait because it's my personal decision."** • **Seek guidance from trusted people.**	A group of friends says it's "weird" that someone hasn't had sex. The assertive person can respond: **"Everyone decides when they feel ready. There's no rule for this."**
"Challenging the Negative Peer Influence on Sexuality"	• Challenge mistaken beliefs • Promote an environment of respect • Support those facing pressure	• Debunk myths about sexuality and promote critical thinking • Advocate that everyone has the right to make decisions about their sexuality without pressure • Offer help to friends who feel pressured or confused	**Example: If someone is criticized for not having started their sexual life, another person can step in and say:** **"Everyone has their own process. No one should feel forced to do something they don't want to."**

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SKILLS FOR DECISION-MAKING IN SEXUALITY AND WELL-BEING

As educators, it is essential to develop skills that enable young people to face social pressure, express their boundaries clearly, and help others in vulnerable situations.

TIPS FOR WORKING WITH YOUTH WITH DISABILITIES

1- Foster autonomy step by step
Use concrete, everyday examples to teach that everyone has the right to make decisions about their body and relationships.

2. Support with clear and visual language

3- Teach the decision-making process

Break the process into 4 easy steps:

- **What is happening?**
- **What options do I have?**
- **What happens if I choose each one?**
- **Which option makes me feel safe and respected?**

4- Do role-play with real situations
Practice how to say "no," how to ask for help, or how to speak up if something makes you uncomfortable. Use examples related to real life: friendships, internet, social media, unwanted touches, etc.

5- Identify external influences
Help them recognize how other people (friends, networks, family, media) influence their decisions.
Ask: "Is this what I want, or is it what others are asking from me?"

6- Work on managing emotions
Use activities to identify emotions (faces, emotional thermometer, cards).

7- Practice how to ask for help
Create a map of trusted adults (with photos or names).
Practice: "If I don't feel okay, I can ask for help from..."

8- Adjust the pace and celebrate achievements
Everyone learns at their own pace. Positively reinforce their progress.
Use concrete examples of good decisions they have made.

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4. COMMUNICATION, REFUSAL, AND NEGOTIATION SKILLS

Paul Watzlawick's theory of human communication states that misunderstandings between people (in communication) arise because each individual interprets messages from their own perspective, influenced by experiences, emotions, and personal contexts.

Watzlawick and his colleagues at the Mental Research Institute in Palo Alto identified five fundamental axioms that govern human communication:

1. It is impossible not to communicate: Every behavior, including silence or inaction, conveys a message.
2. Every communication has a content level and a relationship level:
3. The nature of a relationship depends on the punctuation of communication sequences: Each person organizes and interprets communicative events differently, which can lead to misunderstandings.
4. Human communication involves two modalities: digital and analog: The digital modality corresponds to verbal language, while the analog refers to nonverbal communication such as gestures and tone of voice.
5. Communication exchanges can be symmetrical or complementary: In symmetrical relationships, the interlocutors interact as equals; in complementary relationships, there is a difference in power or role.

Watzlawick, P., Beavin, J. H., & Jackson, D. D. (1967). Pragmatics of human communication: A study of interactional patterns, pathologies, and paradoxes. W. W. Norton.

4.1 TYPES OF COMMUNICATION

VERBAL COMMUNICATION:

This is communication that uses words to transmit messages, either orally or in writing.

- Oral: Conversations, speeches, phone calls.
- Written: Letters, emails, text messages.

It is characterized by its precision and clarity, allowing ideas and emotions to be expressed directly.

NONVERBAL COMMUNICATION:

This involves transmitting messages without the use of words, through gestures, posture, facial expressions, eye contact, and tone of voice.
This form of communication can complement or even contradict the verbal message.

It is important that verbal and nonverbal communication are consistent to avoid misunderstandings.

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4.2 HEALTHY COMMUNICATION VS. UNHEALTHY COMMUNICATION

HEALTHY COMMUNICATION	UNHEALTHY COMMUNICATION
Active listening: full attention, without interruptions, showing interest. Express emotions clearly and appropriately. Thoughts and feelings are expressed without aggression. Demonstrate empathy and understanding towards the speaker. Maintain appropriate eye contact, showing attention and respect Consistent message: similarity between what is said and how it is said (gestures, tone).	IFrequent interruptions, lack of attention. Suppressing or expressing emotions inappropriately. Lack of empathy, disinterest in the other person's point of view. Avoiding eye contact, looking away, or turning one's back. Contradiction between words and body language.

BENEFITS OF HEALTHY COMMUNICATION

- Strengthens relationships based on respect and empathy.
- Fosters trust and emotional bonding.
- Prevents misunderstandings and unnecessary conflicts.
- Provides greater emotional support during difficult times.
- Encourages cooperation and teamwork.
- Contributes to overall well-being and smooth communication.

HAVING GOOD COMMUNICATION SKILLS CAN GREATLY IMPROVE THE QUALITY OF RELATIONSHIPS.

ASSERTIVE COMMUNICATION

THE ABILITY TO EXPRESS THOUGHTS, FEELINGS, AND NEEDS CLEARLY, DIRECTLY, AND RESPECTFULLY

WITHOUT HURTING OTHERS OR VIOLATING THEIR RIGHTS.

4.3 EFFECTIVE COMMUNICATION IS KEY TO EXPRESSING PERSONAL NEEDS AND SEXUAL LIMITS.

What we explained about communication in the previous section applies to any area, and of course, it applies to relationships and sexuality.

Developing assertive communication and negotiation skills in the sexual realm is essential to establish healthy relationships based on mutual respect, consent, and emotional safety.

These skills allow us to express and defend our needs and boundaries, as well as understand and respect those of our partner, contributing to a fulfilling and healthy sexual life.

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SET PERSONAL BOUNDARIES

- **Express your boundary firmly but kindly:**

"I prefer not to discuss personal topics. Thank you for understanding.

"Express your boundary firmly but kindly:

- **Stand your ground: If someone tries to ignore your boundary, calmly and confidently repeat it.**

LISTEN TO AND RESPECT THE BOUNDARIES OF OTHERS

- Practica la escucha activa
- Respeta las opiniones y emociones ajenas: No minimices ni ridiculices sus sentimientos.
- En lugar de decir "Eso es exagerado", prueba: "Entiendo que eso te afecte. ¿Cómo puedo ayudarte?"
- Pregunta y valida: Si no estás seguro de un límite, pregunta con respeto:
- "¿Quieres hablar de este tema?"

PRACTICE ASSERTIVE COMMUNICATION

EXPRESA TUS DESEOS Y NECESIDADES

Use direct but respectful phrases:
"I would like to try something new, what do you think?"
"I'm not comfortable with this, I prefer not to do it."

CONSENT ALWAYS

- **Make sure there is explicit and ongoing consent.**

Ask naturally if the other person is comfortable: "Do you like this?"

PRACTICE ACTIVE LISTENING

- **Show interest when your partner shares their desires and boundaries.**
- **"I understand this is important to you, how can we find a middle ground?"**

AVOID PRESSURE AND GUILT

Sexuality should be enjoyed without pressure. If someone doesn't want something, respect their decision without insisting.
Do not use manipulative phrases like, "If you loved me, you would do it."

PRACTICAL EXAMPLE

Mary and Paula are sitting on the couch watching a movie.

Mary asks if she can give Paula a kiss.

Mary : "Would you like me to kiss you? We can stop if you don't like it."
Paula : (Looks at Mary , smiles and replies)
"Yes, I want you to kiss me. I feel comfortable with you."

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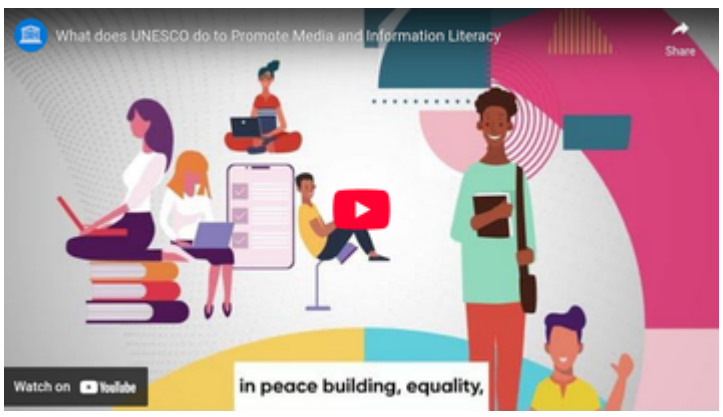
5. MEDIA LITERACY AND SEXUALITY

DEFINITION
MEDIA INFORMATION ANDA LITERACY

"A set of skills that empower citizens to access, analyze, interpret, understand, evaluate, use, create, and share information and multimedia content in all formats, using various tools, in a critical, ethical, and creative manner."
UNESCO, (2011).

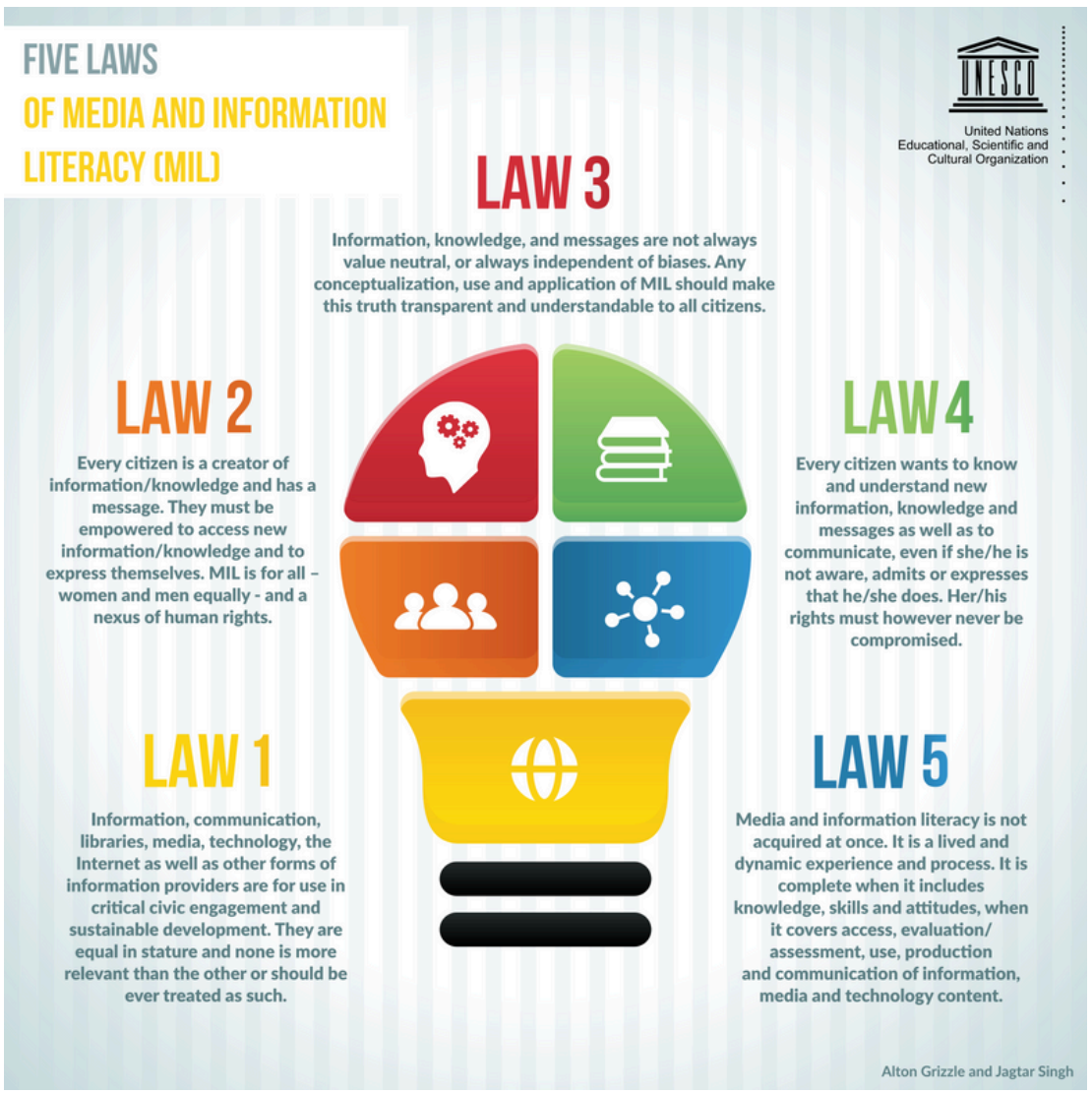
Media and information literacy is a 21st-century educational approach.

"It provides a set of essential skills to face the challenges of the 21st century, including the proliferation of misinformation and hate speech, declining trust in the media, and digital innovations, particularly Artificial Intelligence."
(UNESCO)



https://www.youtube.com/watch?v=jNylupj7OGA

UNESCO proposes the Five Laws of Media and Information Literacy.



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Adolescents and youth use social media and the internet as their main sources of information. Generally, we can say they have trust in the media. Additionally, studies indicate that more than 80% say they learn something or a lot about sex, drugs, and violence through television, movies, and other media. But the question remains:

Are they digitally literate?

Once this question is raised, we move on to explain about media, its influences on sexuality and gender stereotypes, and strategies to work with young people.

5.1 TYPES OF MEDIA

Traditional media: television, radio, print press.

Digital/social media: social networks, blogs, YouTube videos, streaming platforms.

5.2 RELIABLE SOURCES OF INFORMATION

- They are based on scientific evidence (verified data).
- They come from experts or recognized institutions (such as WHO, UNESCO, universities, ministries of health, etc.).
- They cite their sources and allow for information verification.
- They are regularly updated.
- They use clear, respectful language without sensationalism.

5.3 UNRELIABLE SOURCES OF INFORMATION

- They spread myths or misinformation without scientific basis.
- They do not indicate where the information comes from.
- They use alarmist, prejudiced, or sensationalist language.
- They may have hidden interests, such as selling products or manipulating beliefs.
- Often appear on social media without an identified author.
- Examples:
- WhatsApp chain messages
- Videos or blogs with testimonials lacking scientific basis
- Influencers without training who speak as if they were experts
- Websites with misleading advertising

HOW TO IDENTIFY A RELIABLE SOURCE?

- **Who says it? → Is it an expert or a reputable institution?**
- **Where did it come from? → Are there references or studies?**
- **When was it published? → Is it up to date?**
- **Does it have a hidden agenda? → Is it trying to inform me or sell me something?**

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5.4 IMPACT OF MEDIA ON THE PERCEPTION OF SEXUALITY

Mass media exerts a powerful influence on the construction of social values, attitudes, and behaviors, particularly regarding sexuality and gender.

From an early age, girls, boys, and adolescents are exposed to constant messages that influence their understanding of how men and women should be, what types of sexual behaviors are considered appropriate or attractive, and how they should act or appear in their personal relationships.

There are numerous studies on gender representation in the media, on the portrayal of women's images, etc. (Rodríguez, M. P., Pando-Canteli, M. J., & Berasategi, M. (2016), Instituto de la Mujer (2008), European Institute for Gender Equality (EIGE) - Gender Equality in Media).

Some of these studies indicate that:

- "Women appear 2.5 times less in the media than men."
- "Women's names appear 21% less in headlines than men's."
- "There is 20% more discussion about women's physical appearance than when news talks about men."

HOW DO THE MEDIA INFLUENCE?

✅ **Positive influence:**

- Access to adapted educational resources.
- Visibility of sexual and affective diversity in people with disabilities.
- Positive models of relationships based on respect.
- Social awareness: Some media have contributed to open dialogue about previously taboo topics (e.g., consent, sexual health, non-violent masculinities).

Examples:

- A youth series that shows healthy and respectful relationships among young people, including LGBTQ+ representation.
- Advertising campaigns promoting respect for consent and body diversity.

❌ **Negative influence:**

- Misinformation about sexual rights and autonomy.
- Lack of accessible content for different types of disabilities.
- Stereotypical representations of sexuality in people with disabilities.
- Portrayal of sexuality in unrealistic, idealized, or violent ways.
- Limited access to truthful information.
- Reinforcement of traditional gender roles and harmful stereotypes.
- Spread of myths or false ideas about sex, love, or the body.

Examples:

- Advertisements that depict women as sexual objects to sell products.
- Movies where men must be "dominant" and women "submissive" to be desirable.

IMPACT ON GENDER PERCEPTION AND SELF-ESTEEM

Often, unrealistic images about sexuality and relationships are shown. Perfect bodies are idealized, violence or control in relationships is romanticized, and fundamental aspects such as consent, sexual diversity, and safe sexual practices are made invisible.

This vision can cause confusion among young people, and also creates social pressure to meet these ideals and expectations, which they may come to see as desirable and valid.

Real-Life Impact:

- Creates pressure to behave or look a certain way.
- Increases insecurity or frustration when reality doesn't match what is seen on screen.
- Makes it harder to value relationships based on respect, consent, and communication.

Impact on Self-Esteem:

- Many people feel "not good enough" if they don't look like the models on social media or TV.
- Can lead to anxiety, low self-esteem, or body image disorders.

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RECOMMENDATIONS FOR EDUCATORS

- Encourage critical thinking: Invite young people to analyze and question the media messages they receive, identifying stereotypes and unrealistic or harmful representations of gender and sexuality.
- Use varied and current examples
- Incorporate diverse perspectives
- Develop skills to detect stereotypes
- Relate content to real life: Help students connect what they learn with their personal and social experiences to understand the impact of media on their self-esteem, relationships, and gender perception.

6. HOW TO FIND HELP AND SUPPORT

6.1 THE IMPORTANCE OF MUTUAL SUPPORT

Mutual support among friends, families, teachers, and within the community is essential for personal development and social coexistence. It is common for people to support one another and seek help from their environment. There are various sources of help and support both at school and in the community in general.
In this context, it is important that young people know how to ask for help from those around them and can identify trusted individuals for this purpose.

Trusted person:

A person who offers safety, listens respectfully, and acts in the best interest of the well-being of the person seeking help.
This can be a family member, teacher, school counselor, social worker, therapist, mentor, or community leader.
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Ways of providing support

- Offer active listening and emotional support.
- Provide guidance and advice.
- Help access resources and services.
- Intervene in situations of danger or abuse.
- Promote safe spaces in the community.

HOW TO SEEK HELP

- Clearly express your concerns: Use phrases like "I feel uncomfortable with this," "I need to talk about something important," or "I don't know what to do, but I need help."
- Choose an appropriate and safe moment: Find a quiet space where the adult can listen without distractions.
- Communication methods: It can be in person, by message, letter, or phone call.
- If one adult doesn't listen or help, try another person: Don't give up, there will always be someone willing to help.
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EVERYONE HAS THE RIGHT TO LIVE IN A SAFE ENVIRONMENT AND RECEIVE HELP WHEN THEY NEED IT.

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MAIN REASONS WHY AN ADOLESCENT OR YOUNG PERSON MIGHT SEEK HELP

- Abuse: Physical, emotional, or sexual.
- Bullying or school harassment: Constant teasing, aggression, or social exclusion.
- Family violence: Conflicts at home, abuse, or neglect.
- Illness or mental health: Anxiety, depression, or emotional problems.
- Sexuality: When there are doubts or curiosity about the body or physical changes; when someone says or does something sexually uncomfortable; when feeling guilt or shame related to sexuality.

USEFUL PHRASES TO TEACH HOW TO ASK FOR HELP WITHOUT FEAR OR SHAME

"I have a question about my body and I want to talk to someone who will listen without judging."

"I don't fully understand something about relationships and I need guidance."

"There's something that worries me about how I feel or what happened to me, but I don't know how to say it. Can you help me?"

6.2 SOURCES OF SUPPORT IN SEXUAL AND REPRODUCTIVE HEALTH

- Health centers and specialized clinics, public health services: Provide medical services and guidance on family planning, contraception, and testing for sexually transmitted infections (STIs).
- Non-governmental organizations (NGOs): Some NGOs offer counseling, legal support, and assistance to people in situations of violence or abuse.
- Helplines and digital platforms: Support phone lines and reliable websites provide information about sexual and reproductive rights.
- Community groups and education programs: Spaces where knowledge about sexual health, protection, and prevention is shared.
- Educational centers: Some schools have sexual education programs and offer support and counseling.

MAKE SURE THEY ARE RELIABLE SOURCES. CHARACTERISTICS:

- Confidentiality and Privacy: Protection of the identity and personal data of those seeking help.
- Accessibility: Availability of resources without economic or social barriers.
- Objectivity and Respect: Free from prejudice, based on scientific information and human rights.
- Professionalism: Care provided by trained experts in sexual and reproductive health.

Sensitivity and Empathy: A safe environment where individuals can express their concerns without fear.

IF YOU LOOK FOR INFORMATION IN MEDIA AND WEBSITES, MAKE SURE THEY MEET CERTAIN STANDARDS:

- Verified sources: Official organizations, health institutions, and specialized NGOs.
- Up-to-date content: Information based on recent research and scientific data.
- Transparency: Clear information about who manages the site and its purpose.
- Safe accessibility: Websites free from misinformation or scams.

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THE RIGHT OF YOUNG PEOPLE TO SAFE ACCESS.

It is essential that young people have access to:

- Access to affordable and unbiased services.
- Receiving support without being judged.
- Being able to seek help with guaranteed privacy.
- Receiving information based on human rights.

PRACTICING HOW TO ASK FOR HELP IN SEXUALITY WITHOUT GUILT OR SHAME

It is essential to work with young people to normalize asking for help, learning to express doubts, concerns, or needs related to sexuality.

Key Messages to Share with the Group:

- Talking about sexuality is normal and healthy.
- Asking for help is not a weakness, but rather an act of courage and responsibility.
- No one should feel ashamed for having questions or wanting to be informed.
- Everyone deserves to be heard without judgment.

Phrases to Practice:

✅ "I have a question about something I saw or heard. Could you help me understand it bette
✅ "I feel a little confused about my sexuality and need guidance."
✅ "Is there someone I can talk to safely about sexual topics?"
✅ "I'm not sure how to act in a certain situation. Could you give me your opinion without jud
✅ "I know this is a sensitive topic, but I need to talk to someone I trust."

Role-Playing:

- In pairs or groups, practice scenarios where one character asks a trusted adult (teacher, family member, doctor, counselor) for help.

Anonymous Question Box:

- Invite students to write questions or concerns anonymously and then address them as a group.
- This helps eliminate fear and shame, showing that all questions are valid.

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

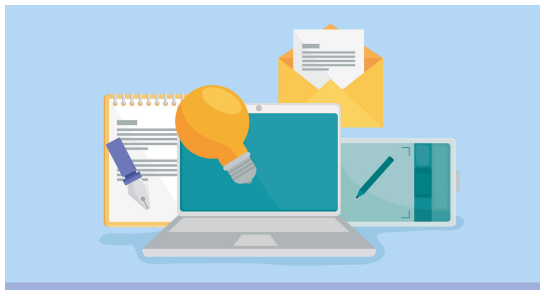
After the theoretical explanations, we now present the teaching materials developed within the framework of the ISAWP project: Inclusive Sexuality: A World of Possibilities. These materials will serve as the foundation for delivering the workshop.

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 5 have been developed by by Gençlik Fırsatları Derneği (GFD),a partner in the ISAWP project.

You can find the materials in "Unit 7 in Classroom".



8. BIBLIOGRAFY

- International Technical Guidelines on Sexuality Education and the WHO's Sex Education Standards for Europe. (2018). UNESCO https://www.who.int/es/health-topics/sexual-health#tab=tab_3
- World Health Organization. (2003). Ageing and health: A global challenge. https://iris.who.int/bitstream/handle/10665/42818/924159103X.pdf
- Cahn, L., Lucas, M., Cortelletti, F., & Valeriano, C. (2019). Comprehensive sex education: A basic guide for working in schools and families (Kindle ed.). Marea.
- UNESCO. (n.d.). Concept note: Consultancy on disability-inclusive comprehensive sexuality education. European Association of Service Providers for Persons with Disabilities (EASPD). https://easpd.eu/fileadmin/user_upload/Concept_Note_-_UNESCO_-_consultancy_disability_inclusive_CSE.pdf
- Singh, J., Kerr, P., & Hamburger, E. (Eds.). (2016). Media and information literacy: Reinforcing human rights, countering radicalization and extremism (p. 25). United Nations Educational, Scientific and Cultural Organization (UNESCO). https://unesdoc.unesco.org/ark:/48223/pf0000246371.page=25
- Ringrose, J., & Renold, E. (2016). An investigation of young girls' responses to sexualized images. Body Image, 19, 150-162. https://doi.org/10.1016/j.bodyim.2016.09.003
- Jongenelis, M. I., Pettigrew, S., Byrne, S. M., & Biagioni, N. (2016). An investigation of young girls' responses to sexualized images. Body Image, 19, 150-158. https://doi.org/10.1016/j.bodyim.2016.09.003
- Halbert, J., & Kaser, L. (2013). Spirals of inquiry: For equity and quality. BC Principals' & Vice-Principals' Association
- Sáez López, J. M., & García González, J. L. (2013). Strategies to develop media education in primary school: Action proposal. EDMETIC, 2(2), 148-163. https://doi.org/10.21071/edmetic.v2i2.287
- Rodríguez, M. P., Pando-Canteli, M. J., & Berasategi, M. (2016). Do the media generate gender stereotypes? A critical reflection for educators. Deusto Social Impact Briefings, (1), 87-115. University of Deusto. https://doi.org/10.18543/dsib-1(2016)-pp87-115.pdf

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