

READY TO LEAD WITH FAITH

Preventing and responding to sexual and gender-based violence and HIV among adolescents and young people



A facilitator's training manual for religious and faith leaders

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About READY

READY is a movement of youth-led and youth-serving organisations working with and for adolescents and young people living with and affected by HIV. It is designed to promote sexual and reproductive health and rights and mental health through youth-driven initiatives. READY creates a platform for young people to take the lead in HIV advocacy and meaningful engagement. The movement reaches adolescents and young people in all their diversity, building resilience and empowering them to influence the decisions that affect their sexual and reproductive health and rights. The READY movement is led by the Global Network of Young People Living with HIV (Y+ Global), with support from Frontline AIDS and its partners.

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Visit www.readymovement.org for news and updates



READYMovement



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Glossary of key terms

Gender	Gender refers to socially constructed ideas, attitudes and norms about women, girls, men, boys and people of diverse genders. This includes stereotypical notions of feminine/female and masculine/male characteristics, roles and abilities as well as expectations that shape the behaviour of women and men. Gender influences how people perceive themselves and each other and how they act.
Gender-based violence (GBV)	Gender-based violence is considered to be any harmful act directed against someone on the basis of their gender.
Gender identity	Gender identity refers to an individual's personal sense of their own gender: how they identify themselves. This may be the same or different from the sex assigned at birth.
Intimate partner violence (IPV)	Intimate partner violence refers to behaviour by an intimate partner or ex-partner that causes physical, sexual or psychological harm. This includes physical aggression, sexual coercion, psychological abuse and controlling behaviours.
Lesbian, gay, bisexual, transgender and intersex (LGBTI+)	LGBTI+ is an inclusive term denoting people of diverse sexual orientations, gender identities and sex characteristics. The "+" represents additional identities.
Sex	Sex refers to the biological characteristics that define humans as female or male. Some individuals (known as intersex) possess both biological characteristics. Determined by a person's genes, sex is not the same as gender. Sex is assigned at birth – rooted in biological difference – whereas gender is seen as socially constructed.
Sexual and gender-based violence (SGBV)	Sexual and gender-based violence refers to any harmful act perpetrated against an individual based on their gender. This includes physical, sexual and psychological violence, often manifested as intimate partner violence, non-partner sexual violence, forced marriage or other coercive acts.
Sexual and reproductive health and rights (SRHR)	Sexual and reproductive health and rights include the rights of all individuals to have access to comprehensive, accurate and timely information about sexual health, the ability to make free and responsible decisions about one's body and reproductive health and the opportunity to access the healthcare needed without fear of discrimination or coercion.
Sexual violence	A form of gender-based violence, sexual violence is broadly understood as any sort of harmful or unwanted sexual behaviour that is imposed on someone. It includes rape, sexual assault/abuse, sexual harassment and sexual exploitation.
Sexuality	Sexuality is a central aspect of being human throughout life that encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships. While sexuality can include all these dimensions, not all of them are always experienced or expressed. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, legal, historical, religious and spiritual factors.
Violence	The use of force or power to harm and/or control someone or impose one's own preferences, decisions or wants on others. Violence can manifest in physical, emotional, verbal, sexual or economic ways, and includes both actual and threatened violence.

Introduction

Sexual and gender-based violence can impact anyone, but women and girls and marginalised communities are disproportionately affected. Almost one in three women are subjected to physical or sexual violence by an intimate partner or sexual violence from a non-partner.¹ Violence against adolescent girls is pervasive, occurring across the globe, with central sub-Saharan Africa (40%) among the worst affected regions.²

Sexual and gender-based violence is not only a violation of human rights but also a major public health issue, with profound impacts on individuals and societies. It increases the likelihood of anxiety and depression for those subjected to it and fuels the risk of HIV, other sexually transmitted infections (STIs) and unintended pregnancies.

But violence is not inevitable. Sexual and gender-based violence is a complex problem that requires an integrated, comprehensive response. Everyone can play a part in ending it.

Given their influence over cultural and social values, religious and faith leaders are instrumental in preventing and responding to sexual and gender-based violence by shifting attitudes, supporting survivors and promoting positive changes in their own churches and communities. Harnessing their powerful position, they can act as role models in condemning and preventing violence, challenging harmful social norms and advocating for gender equality. Through advocacy, education and providing a network of support, they can help create a more just, compassionate society.



As agents of change, religious and faith leaders can also combat the stigma and discrimination faced by adolescents and young people living with and affected by HIV.

They can foster acceptance, compassion and support for marginalised young people, promoting healthier behaviour and encouraging them to seek the healthcare they need without fear of discrimination or judgement.

1. World Health Organization (WHO) (2021), Devastatingly pervasive: 1 in 3 women globally experience violence. Available at: <https://www.who.int/news/item/09-03-2021-devastatingly-pervasive-1-in-3-women-globally-experience-violence>

2. WHO (2024), Adolescent girls face alarming rates of intimate partner violence. Available at: <https://www.who.int/news/item/29-07-2024-adolescent-girls-face-alarming-rates-of-intimate-partner-violence>

About this manual

Since 2021, the READY movement has trained religious and faith leaders in Eastern and Southern Africa on sexual and gender-based violence and its links with HIV among adolescents and young people. The workshops, which took place in Angola, Eswatini, Malawi, Mozambique, Tanzania and Zimbabwe, used a manual that incorporated scriptural teachings. Frontline AIDS has now fully revised and updated the manual.

This manual seeks to develop the knowledge, skills and attitudes of religious and faith leaders to understand and respond effectively to sexual and gender-based violence and how it intersects and drives HIV among adolescents and young people. At the core of this manual is the understanding that sexual and gender-based violence is a major cause of pandemics such as HIV. More broadly, it aims to build the capacity of religious and faith leaders to address the social and structural determinants of health.

The manual is aimed primarily at facilitators who plan to deliver training workshops for faith leaders with the goal of enhancing their knowledge of sexual and gender-based violence and its links with HIV. Although developed by the READY movement – within its READY+ programme – Frontline AIDS hopes that it will be used as a tool by facilitators beyond READY: guiding and inspiring religious and faith leaders across diverse contexts.

Specifically, the manual aims to strengthen the capacity of religious and faith leaders to:

- Adopt youth-friendly approaches, supporting adolescents and young people in all their diversity through the social challenges they face.
- Challenge harmful gender norms and promote gender equality.
- Prevent sexual and gender-based violence and respond to survivors.
- Understand power dynamics in gender relations.
- Promote access to sexual and reproductive healthcare and HIV services.

The manual comprises six modules with three connected key concepts: the scripture, young people and the faith leader. It uses an experiential model of delivery to encourage learners to remain engaged in the training. Each module includes notes for the facilitator: background information intended to enhance the facilitator's knowledge and understanding of the principal issues. Key takeaways at the end of each module conveniently summarise the main points covered.

The training course should not last more than four days and the maximum time needed to complete the course is around 30 hours.



Some of the issues addressed in this manual may be sensitive in certain contexts. Therefore, it is important that the facilitator tailors the content to the setting. Creating a safe space for all is paramount.

Learning objectives

- 1** Provide an overview of the prevalence of sexual and gender-based violence and the barriers young people face in accessing sexual and reproductive healthcare.
- 2** Help religious and faith leaders to deepen their understanding of sexual and gender-based violence, its root causes and consequences, and links with HIV.
- 3** Help religious and faith leaders to understand that gender is a social construct and show how religion contributes to that construct.
- 4** Create space for religious and faith leaders to reflect on their power and influence, how they were socialised and how this power can be used or misused.
- 5** Help religious and faith leaders to better understand young people, their evolving capacities and potential.
- 6** Increase understanding among religious and faith leaders of young people's sexual and reproductive health and rights.



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- Exercise 3: Group commitments and participation		
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- Exercise 1: Case studies on violence and HIV risk among adolescent girls and young women		
- Exercise 2: Country-specific referral mapping		
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Module 3: Gender norms, power and socialisation



25

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30 minutes 25

Activity 2: Gender boxes in society

45 minutes 25

- Exercise 1: Sex and biology
- Exercise 2: How do we learn about gender?

Activity 3: Gender boxes in society

60 minutes 26

- Exercise 1: Act like a man, act like a woman
- Exercise 2: Reflections on the impact of gender boxes

Activity 4: Creation narratives and gender norms

60 minutes 28

Exercise 1: Genesis 1:26-28

Activity 5: Power and status

60 minutes 28

Exercise 1: Power

Exercise 2: Power and sexual and gender-based violence

Exercise 3: Religion and power

Exercise 4: Power and gender boxes

Activity 6: Closing

15 minutes 29

Module 4: Role of religious and faith leaders



31

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30 minutes 31

Activity 2: Who am I?

60 minutes 31

- Exercise 1: Reflecting on personal qualities

Activity 3: Gender fishbowl: a safe space to share about each other's lives

90 minutes 32

- Exercise 1: Reflections on the personal journey
- Exercise 2: Consolidation

Activity 4: Jesus as a model for leadership

90 minutes 33

- Exercise 1:
 - Group 1: Looking at relationships
 - Group 2: Looking at marginalised and stigmatised people
 - Group 3: Looking at leadership
- Exercise 2: Consolidation

Activity 5: Responding to a disclosure of sexual and gender-based violence

60 minutes 35

- Exercise 1: Core principles for responding to disclosure
- Exercise 2: Practising safe responses

Activity 6: Closing

15 minutes 36

Module 5: Young people



38

Activity 1: Reflections and recap of the previous session

30 minutes 39

Activity 2: Defining youth

60 minutes 39

- Exercise 1: Defining youth

- Exercise 2: Life stages

Activity 3: What is young people's contribution to society?

90 minutes 40

- Exercise 1: Ascertaining the value attached to youth

- Exercise 2: A dynamic concept of young people

Activity 4: Youth and sacred texts

60 minutes 42

- Exercise 1: Religious texts on youth

Activity 5: Closing

15 minutes 42

Module 6: Advancing the sexual and reproductive health and rights of young people



44

Activity 1: Reflections and recap of the previous session

30 minutes 45

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120 minutes 45

- Exercise 1: Case study 1

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- Exercise 4: Feedback and discussion

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60 minutes 47

- Exercise 1: Know your epidemic

- Exercise 2: An overview of human rights and sexual and reproductive rights

Activity 4: Integrating healthcare

60 minutes 48

- Exercise 1: Scenarios at a health facility

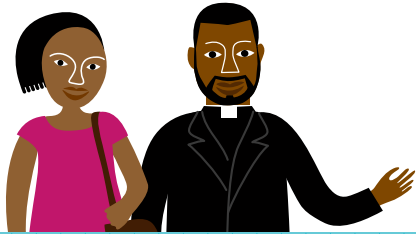
Activity 5: Closing

15 minutes 49

Annex: Sample Christian sermon on sexual and gender-based violence and HIV


50


Module 1: Introduction and setting the scene



Learning objective

Provide an overview of the prevalence of sexual and gender-based violence and the barriers young people face in accessing sexual and reproductive healthcare.


 4 hours 45 minutes

 Materials:

- Flipchart
- Pens
- Post-it notes
- Paper



*Come now, let us
reason together...*


Isaiah 1:18 

3. Inclusive & Affirming Ministries (IAM) (2022), Best practices in training clergy and other religious leaders. Available at: https://iam.org.za/wp-content/uploads/2019/04/Best-Practices-in-Training-Clergy_v5.pdf

Preliminaries

- Registration and logistics

Activity 1: Introduction, expectations and participation

 45 minutes

Exercise 1: Personal introductions

- Welcome participants.
- Ask participants to introduce themselves. They should state their names, organisations and roles in their organisations and/or communities.


Exercise 2: Expectations

- Ask participants to write down their expectations of the workshop on a post-it note.
- In a different colour, ask them to write down what they hope to contribute – it could be a skill, knowledge or expertise.
- Consolidate the expectations.
- Share the programme (see page 7), with reference to their expectations. Outline the whole process.

Exercise 3: Group commitments and participation

- Emphasise the commitment to positive, inclusive participation as an essential and integral part of the programme.
- Develop ground rules, for example, ensure that confidentiality and privacy are understood and maintained throughout the training course.
- Encourage authentic dialogue. Some issues may be challenging and sensitive, so make sure that the group agrees on what is needed to create a safe space. For further guidance on this, see IAM's toolkit.³
- Wrap up this session by helping participants develop a group contract agreeing to the commitments made as well as the behaviour expected from each other.

Activity 2: Prevalence of sexual and gender-based violence among adolescents

 120 minutes

Exercise 1: In groups

Option 1

Divide the participants into groups and ask each participant to share in their groups an example of violence that was perpetrated against an adolescent or young person in their community or village. The account must include a description of what happened, who was involved (but not their name), who was affected and in what way, and what happened after the incident to the actors involved. It may be a story they have heard of.

The group agrees on one story that they will share in plenary. The group presents their story on a flipchart, and they then share it with the other participants.

OR 

Option 2

Divide the participants into groups and ask each participant to share a story about a young person's sexual and reproductive health that they know of. This should include how the young person was affected (but not their name), how the family and community reacted and how the incident impacted the young person's life.

The group agrees on one story that they will share in plenary. The group presents their story on a flipchart and they then share it with the other participants.

Exercise 2: In plenary

- Participants reflect in an open discussion on the main elements of the stories they have heard. The following questions may guide the discussion:
 - What causes these issues?
 - Why should Christians address this issue?
 - What is our responsibility towards those who are affected?
 - What should the community be like and what should it do for those who have experienced sexual and gender-based violence in this context?
- Invite participants to post their responses on the flipchart and allow a few minutes of reflection.



Notes for the facilitator

Definition and scope of sexual and gender-based violence

Sexual and gender-based violence refers to any harmful act perpetrated against an individual based on their gender. This includes physical, sexual and psychological violence, often manifested as intimate partner violence, non-partner sexual violence, forced marriage or other coercive acts. Globally, sexual and gender-based violence is recognised as a violation of human rights and a significant public health issue, with profound impacts on individuals and societies.

Sexual and gender-based violence affects everyone. But women and girls; lesbian, gay, bisexual, transgender and intersex (LGBTI+) individuals; and people with disabilities are disproportionately impacted by all forms of sexual and gender-based violence.

Adolescents, particularly girls aged 15–19, are highly vulnerable to violence due to social, economic and cultural factors. According to the World Health Organization (WHO), nearly one in four adolescent girls who have been in a relationship have experienced physical and/or sexual intimate partner violence by the age of 20.⁴ Violence during this critical life stage can lead to lasting physical, psychological and social harm, underscoring the need for targeted prevention and support.

Prevalence and predictors of sexual and gender-based violence

1. Global prevalence

- WHO reports that 30% of women globally experience physical or sexual intimate partner violence in their lifetime, with adolescent girls in low- and middle-income countries at heightened risk.
- A study conducted across South Africa, Nigeria and the United States found that up to 36.6% of partnered adolescent girls reported intimate partner violence in the

past year, while up to 12.6% experienced non-partner sexual violence.⁵

- In humanitarian crises and conflict settings, when law and order and normal protection structures break down, rates of sexual and gender-based violence rise.⁶

2. Health and social impacts

- Survivors of sexual and gender-based violence are more likely to experience depression, anxiety, suicidal ideation and substance abuse. For example, in Johannesburg, survivors of intimate partner violence were three times more likely to experience depression and almost eight times more likely to engage in binge drinking.⁷
- Sexual and gender-based violence is not only a traumatic experience, it also significantly increases the risk of HIV, other STIs and unintended pregnancies. WHO highlights that survivors of intimate partner violence are disproportionately represented in global HIV statistics, particularly in Sub-Saharan Africa. See page 21 for more information on the links between HIV and sexual and gender-based violence.

3. Predictors of sexual and gender-based violence

Factors that heighten the risk of sexual and gender-based violence include:

- **Demographics:** Adolescents aged 15–19 with lower educational attainment, economic dependence and unstable housing are at greater risk.
- **Cultural norms:** Patriarchal values and gender inequality normalise violence and perpetuate harmful practices such as child marriage and female genital mutilation. This, in turn, increases vulnerability to intimate partner violence.
- **Economic challenges:** Poverty intensifies power imbalances in relationships, with transactional relationships often leading to coercion and exploitation.

Barriers to accessing sexual and reproductive health services

Despite the availability of sexual and reproductive healthcare in some contexts, several barriers hinder survivors from seeking help:

1. **Stigma and fear:** Survivors fear judgement, discrimination or being ostracised from society, which discourages them from accessing essential services, care and support.
2. **Systemic challenges:** Limited availability of youth-friendly services and information, lack of trained healthcare professionals and restrictive laws all prevent adolescents and young people from accessing healthcare.
3. **Cultural barriers:** Harmful gender norms, societal expectations and taboos suppress open discussions of sexual and reproductive health and rights.

To address the complex challenges of sexual and gender-based violence, a multi-pronged approach is essential.

Evidence-based strategies for prevention and support should include:

1. **Capacity building for religious and faith leaders:** Faith leaders are influential community figures who can challenge harmful norms, advocate for gender equality and support survivors.
2. **Education and advocacy:** WHO and UN Women emphasise the importance of school-based interventions to teach adolescents

about healthy relationships, gender equality and preventing violence. Campaigns that engage men and boys in these conversations can be particularly effective.

3. **Integrated care models:** Programmes like READY+ highlight the need for integrated sexual and reproductive healthcare and sexual and gender-based violence services to ensure that survivors receive holistic support.
4. **Policy and legal reforms:** Expanding girls' access to secondary education and securing equal property rights for women and men can reduce sexual and gender-based violence. Ending harmful practices such as child marriage and enforcing laws against intimate partner violence and sexual violence are also vital steps.

Efforts to combat sexual and gender-based violence must prioritise the needs of adolescents and young people, recognising their unique vulnerabilities and potential for resilience.

The approach of READY+ to empowering faith leaders and fostering community dialogue provides a critical framework for addressing the social and structural determinants of sexual and gender-based violence and promoting young people's health and wellbeing.

With a robust, evidence-based response, communities can break the cycles of violence, improve health outcomes and create safer environments where adolescents and young people in all their diversity can thrive.

4. WHO (2024), Adolescent girls face alarming rates of intimate partner violence. Available at: <https://www.who.int/news/item/29-07-2024-adolescent-girls-face-alarming-rates-of-intimate-partner-violence>


5. Decker MR et al (2014), Prevalence and health impact of intimate partner violence and non-partner sexual violence among female adolescents aged 15-19 years in vulnerable urban environments: a multi-country study. J Adolesc Health, Available at: <https://pubmed.ncbi.nlm.nih.gov/25454004/>

6. OHCHR, Women's human rights and gender-related concerns in situations of conflict and instability.

Available at: <https://www.ohchr.org/en/women/womens-human-rights-and-gender-related-concerns-situations-conflict-and-instability>

7. Decker MR et al (2014).

Activity 3: READY+ programme

 45 minutes

- Share a presentation on READY+, showcasing its model of integrating quality sexual and reproductive healthcare and HIV services for adolescents and young people, with meaningful youth engagement front and centre. Highlight key challenges that underline the need to work with religious and faith leaders in the programme, including:
 - Stigma faced by adolescents and young people in accessing sexual and reproductive health services.
 - High levels of sexual and gender-based violence and the role of religion in that process.
 - The challenges facing marginalised young people most affected by intersecting health and social issues such as HIV, sexual and gender-based violence, unintended teenage pregnancies, disability, poverty and inequality, which often amplify the stigmatisation and vulnerability of marginalised young people.
 - The power and influence of religious and faith leaders who can contribute to the desired change.
- Q & A session follows.



Notes for the facilitator

Religious and faith leaders are well-placed to address the challenges young people face, particularly regarding their sexual and reproductive health and rights. One of the major issues young people face is stigma surrounding their access to sexual and reproductive health services, especially in conservative or religious communities. This can lead them to delay or avoid accessing healthcare. However, religious and faith leaders can help combat this stigma by using scriptural teachings to promote messages of acceptance, compassion and support: ultimately, encouraging young people to seek the healthcare they need without fear of judgement.


As outlined above, women, adolescent girls, LGBTI+ people and people with disabilities are at increased risk of sexual and gender-based violence. While certain interpretations of religious texts may perpetuate harmful gender norms, faith leaders have the power to reinterpret these teachings to advocate for gender equality and condemn violence. By supporting survivors of sexual and gender-based violence and challenging cultural norms that normalise violence, religious leaders can reduce its impact on young people.

Young people are also disproportionately affected by the intersection of social issues and health crises, such as HIV and unintended pregnancies, which are often compounded by poverty and inequality. Faith leaders can play a critical role in advocating for youth-friendly policies, supporting access to education and non-judgemental healthcare and creating safe spaces for dialogue and empowerment.

Given the power of religious and faith leaders to influence community beliefs, attitudes and behaviours, their involvement is crucial for fostering positive change. By mobilising communities to support young people's access to sexual and reproductive healthcare, addressing harmful practices such as child marriage and female genital mutilation, and promoting inclusive narratives, religious and faith leaders can significantly enhance young people's wellbeing.

Programmes like READY+ have shown that engaging faith leaders can increase awareness, reduce stigma and improve access to sexual and reproductive health services. This underlines the potential for religious and faith leaders to drive meaningful change in their communities.

Activity 4: The faith mandate

 60 minutes

In groups

- Ask some of the participants to read **Revelation 21:1-5** and **1 Corinthians 12:4-7**.
- After the reading, invite participants to reflect on the messages in relation to sexual and gender-based violence and those affected. What lessons can be drawn for our times?
- These questions can guide the group discussions:
 - Why should Christians address this issue?
 - What is our responsibility towards those who are affected?
 - What should the ideal church be like for those who have experienced sexual and gender-based violence?

Feedback

- Groups give feedback from their discussions.
- These points may help emphasise why believers cannot turn a blind eye:
 - We are one body.
 - As one body, we must care for each other. An injury to one is an injury to all.
 - It is vital to create a safe space free from violence, condemnation and discrimination.

Revelation 21:1-5:



"Then I saw a new heaven and a new earth, for the first heaven and the first earth had passed away, and there was no longer any sea. I saw the Holy City, the new Jerusalem, coming down out of heaven from God, prepared as a bride beautifully dressed for her husband. And I heard a loud voice from the throne saying, 'Look! God's dwelling place is now among the people, and he will dwell with them. They will be his people, and God himself will be with them and be their God. He will wipe every tear from their eyes. There will be no more death or mourning or crying or pain, for the old order of things has passed away.' He who was seated on the throne said, 'I am making everything new!'"

1 Corinthians 12:4-7:



"There are different kinds of gifts, but the same Spirit distributes them. There are different kinds of service, but the same Lord. There are different kinds of working, but in all of them and in everyone it is the same God at work. Now to each one the manifestation of the Spirit is given for the common good."




These biblical passages invite us to reflect on the renewal and unity that God desires for humanity. In Revelation 21, we are reminded of the divine promise of a world free from pain, sorrow and violence, where God will wipe away every tear. This vision of hope inspires us to work towards communities that reflect this ideal: creating safe, welcoming spaces for everyone, especially for those who have endured the pain and trauma of sexual and gender-based violence.

On the other hand, 1 Corinthians 12 highlights the diversity of spiritual gifts and the importance of using them for the common good. Each member of the church has a unique role to play in caring for the most vulnerable people. When we use our gifts to support survivors of sexual and gender-based violence, we not only fulfil our Christian calling but also strengthen the unity of the body of Christ. Ignoring the suffering of one member harms the entire body, while acting with love and compassion fortifies the whole community.

These scriptures challenge us to envision the church as a place of healing and renewal. An ideal church is one that embraces people who are suffering, offering spiritual, emotional and practical support. It must be a space where survivors of sexual and gender-based violence find dignity, respect and opportunities to rebuild their lives. Achieving this vision requires active commitment from religious and faith leaders and the community to confront harmful norms, promote gender equality and create an environment where all can experience the fullness of life promised by God.

Activity 5: Closing

 15 minutes

1. Debriefing and checkout.
2. Local closing ritual.



Module 1: Key takeaways

- Sexual and gender-based violence is a violation of human rights and a significant public health issue. Adolescents, particularly girls aged 15–19, are highly vulnerable to violence due to social, economic and cultural factors.
- Survivors of sexual and gender-based violence suffer severe consequences. Yet those who seek help face a range of barriers, including stigma and discrimination, limited availability of youth-friendly services and information, lack of trained healthcare providers and restrictive laws.
- Meaningful young engagement is at the heart of the READY+ programme. READY+ effectively integrates sexual and reproductive healthcare, HIV services, mental health support and services to prevent and respond to sexual and gender-based violence.
- As agents of change, religious and faith leaders can play an important role in reducing stigma, changing harmful attitudes within their communities and responding to survivors: fostering dignity, compassion and respect.

Module 2: Sexual and gender-based violence and HIV



Learning objective

Help religious and faith leaders to deepen their understanding of sexual and gender-based violence, its root causes and consequences, and links with HIV.

🕒 5 hours 45 minutes

✂️ Materials:

- Flipchart
- Pens
- Post-it notes
- Paper



“No, my brother!” she said to him. “Don’t force me! Such a thing should not be done in Israel! Don’t do this wicked thing.

2 Samuel 13:12 ”

Activity 1: Reflections and recap of the previous session

🕒 30 minutes

- Recap on the activities and key messages from the previous session.
- Encourage participants to share their own lessons learned or any questions they might have.

Activity 2: Defining sex and gender

🕒 60 minutes

Exercise 1: Defining sex and sexuality

- Write down the letters S and G or put them as headings of different columns of a table.
- Ask participants if they know what the letters S and G stand for in the acronym SGBV. Give them time to respond and encourage participation.
- Ask participants to define the word ‘sex’. Then write down their responses under S on the flipchart or table. Encourage them to define sexuality, based on their understanding of what sex means.
- Share WHO’s definition of sexuality.

The World Health Organization defines sexuality as:

“...a central aspect of being human throughout life [that] encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships. While sexuality can include all these dimensions, not all of them are always experienced or expressed. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, legal, historical, religious and spiritual factors.”

Exercise 2: Defining gender and gender-based violence

- Ask participants to define 'gender'. Then write down their responses under G on the flipchart or table.
- Encourage them to define 'gender-based', building on their understanding of what gender means.
- Consolidate responses, using the definition in the manual.

Exercise 3: Violence

- Invite participants to reflect on violence by asking what it means to them. When they have responded, follow up by asking what the main characteristics of violence are. (For example, it is harmful, it entails the use of force and has negative consequences).
- Write down their responses on the paper with the letter V written on it.
- Ask them what types of violence they are aware of. (Examples include physical, sexual, emotional and economic violence. Try to group these different types into categories such as intimate partner violence or sexual violence).

Conclude this activity by noting these key definitions:

Sex:

Sex refers to the biological characteristics that define humans as female or male. Some individuals (known as intersex) possess both biological characteristics. Determined by a person's genes, sex is not the same as gender. Sex is assigned at birth – rooted in biological difference – whereas gender is seen as socially constructed.

Gender:

Gender refers to socially constructed ideas, attitudes and norms about women, girls, men, boys and people of diverse genders. This includes stereotypical notions of feminine/female and masculine/male characteristics, roles and abilities as well as expectations that shape the behaviour of women and men. Gender influences how people perceive themselves and each other and how they act.


Gender identity:

Gender identity refers to an individual's personal sense of their own gender: how individuals identify themselves. This may be the same or different from the sex assigned at birth.

Violence:


The use of force or power to harm and/or control someone or impose one's own preferences, decisions or wants on others. Violence can manifest in physical, emotional, verbal, sexual or economic ways, and includes both actual and threatened violence.

Activity 3: What is sexual and gender-based violence?

 45 minutes

- Ask participants to explain briefly what they understand by the term 'sexual and gender-based violence'. Paraphrase and underline key ideas to help them understand the correct concepts in defining sexual and gender-based violence.
- Invite them to list acts of sexual and gender-based violence and record them on a flipchart. (Examples include rape, sexual abuse/assault, domestic violence, denial of food and resources, humiliation, physical beating and early and forced marriage).
- Write the working definition of sexual and gender-based violence on a flipchart, as agreed by the participants (see the example on page 3) and place it where everyone can see it.
- Ask participants to:
 - Share data on the prevalence of sexual and gender-based violence in the local community. (Note that local organisers should prepare this in advance).
 - List the various ways in which sexual and gender-based violence is manifested in society.
 - Acknowledge that sexual and gender-based violence affects men and boys in many ways too, but that it affects women and girls disproportionately. Many LGBTI+ people are subjected to violence because they are perceived to threaten gender norms. Marginalised people with disabilities are also more vulnerable to all forms of sexual and gender-based violence.

Activity 4: Root causes of sexual and gender-based violence

 120 minutes

Exercise 1: In groups – the story of Tamar

- Divide participants into groups and ask them to read and reflect on **2 Samuel 13:1-22**.
- The questions below should be used as guidelines, with responses noted on a flipchart:



- What is this story about?
- Who are the main characters and what are their roles in this story?
- What caused the rape of Tamar?
- What were the men's roles in the story?
- What were the consequences for Tamar?
- What did David do?
- What did he do as far as Tamar was concerned?
- What does the story tell us about the community in which all of this happened?

- Invite participants to present their conclusions to the larger group.
- After receiving the feedback and taking points for discussion, underline the following key messages:

- The rape of Tamar was planned. Her role as a woman in that household made her vulnerable to exploitation.
- Amnon used his position and power over Tamar to get what he wanted, despite the harm it caused her. He chose to violate her.
- Jonadab gave bad advice to Amnon. This illustrates how some men and boys do not intervene or model positive behaviour even if they themselves do not perpetrate violence.
- Absalom asked Tamar to be silent and did not help her access justice. Compare this with how many survivors today are asked to suffer in silence, without getting the help and support they need.
- David had a legacy of sexual violence: he had previously used his power and privilege as the King of Israel to have sex with Bathsheba (who was not in a position to refuse even though she was married to someone else) and then have her husband killed. Remember that sexual and gender-based violence does not always involve physical force, most often it entails the use of power and coercion, where the people who experience it are made vulnerable and powerless.


- Ask the groups to take five minutes to present an alternative scenario. What could the male characters in this story have done differently so that Tamar had another outcome? Ask them to present a brief response.
- Conclude by making the links between this passage and the previous session on how violence is a choice. Often, it is not contested. Make the point that in many cases, other men do not intervene to stop the abuse.

Exercise 2: Problem tree analysis

- Draw a picture of a tree with roots and call it a 'problem tree'. Write the word 'consequences' on the branches and 'root causes' on the roots. See example of a tree on page 51.
- Divide participants into groups and ask them to:
 - List the examples of sexual and gender-based violence mentioned in previous discussions and in the story of Tamar, noting the types of violence experienced.
 - Consider why violence occurs in our society. Who are the perpetrators? Does it happen disproportionately against women and girls? Are marginalised communities also more vulnerable to violence?
 - Brainstorm the consequences and root causes of violence. Write three principal consequences and three root causes of violence on a flipchart. (Explain to them that the root causes have different layers, such as structural, political and socio-economic factors.)

- Back in plenary, allow groups to give feedback.
- Categorise the different types of consequences of sexual and gender-based violence according to the following types: physical, emotional, sexual, social, economic and political. Help participants to understand and acknowledge that the consequences of sexual and gender-based violence are multiple, therefore, our response should not be the same and not just focus on one element. Faith communities are well-placed to address more than one aspect and so can play a pivotal role in helping and supporting survivors.

Activity 5: Understanding the links between sexual and gender-based violence (SGBV) and HIV

 75 minutes



Notes for the facilitator

Sexual and gender-based violence directly and indirectly increases vulnerability to HIV. First, forced or coerced sex often results in genital injury, heightening the biological risk of HIV transmission. Second, fear of violence reduces the ability of adolescents and young women to negotiate condom use or refuse sex. Third, trauma and stigma following violence prevent survivors from accessing HIV testing, post-exposure prophylaxis (PEP), emergency contraception and psychosocial support. Finally, disclosure of HIV status itself can trigger further violence, leading to delays in treatment initiation and poor adherence.

- This activity aims to help faith leaders clearly understand and explain how sexual and gender-based violence increases vulnerability to HIV, and how HIV-related stigma can in turn fuel violence.
- Ask participants to reflect on the links between sexual and gender-based violence and HIV.
- Then introduce the following four interconnected pathways, using simple language and local examples:

1. Direct biological risk

- Rape and coerced sex often cause genital trauma, increasing the risk of HIV transmission.
- Young bodies (especially adolescent girls and young women) are biologically more vulnerable to HIV infection. In Eastern and Southern Africa, adolescent girls are six times as likely to acquire HIV than boys.⁸

8. UNICEF (2024), Press release. Available at: <https://www.unicef.org/esa/press-releases/adolescent-girls-are-six-times-likely-acquire-hiv-boys-eastern-and-southern-africa>

2. Power, fear and HIV prevention behaviour

- Fear of violence makes it difficult for young people – especially girls – to negotiate condom use or refuse sex.
- Violent or controlling partners may stop their partners attending a clinic and accessing HIV testing or contraception.

3. Trauma, stigma and access to services

- Trauma affects decision-making and self-worth, stopping survivors from visualising a positive future.
- Shame and stigma prevent survivors from seeking HIV testing, post-exposure prophylaxis, emergency contraception and trauma counselling.

4. Violence after HIV disclosure

- Disclosure of HIV status can trigger violence, abandonment or spiritual condemnation.
- Fear of this violence leads to delayed testing, non-disclosure and poor adherence to life-saving antiretroviral therapy.
- Underline the key message that sexual and gender-based violence is not only a social or moral issue – it is a driver of the HIV epidemic.


Exercise 1: Case studies on violence and HIV risk among adolescent girls and young women

- Divide participants into small groups.
- Ask each group to discuss short case studies (see example below).
- A 17-year-old girl is raped by an older man known to her family. She is told to keep quiet to protect the family's reputation. She does not go to a clinic within 72 hours and later tests HIV-positive.
- Ask participants to discuss these questions:
 - How exactly did violence increase HIV risk?
 - What services should have been accessed immediately?
 - As a faith leader, what role could you have played to support the girl?
- Emphasise post-exposure prophylaxis, testing, counselling and referral pathways in every discussion.

Exercise 2: Country-specific referral mapping

- This exercise aims to ground the response in real, local systems.
- For each country, draw a simple map or table with these columns: health services (post-exposure prophylaxis, HIV testing, antiretroviral therapy); psychosocial support (counselling, social workers); protection/legal services; faith-based or community safe spaces.
- Ask participants to populate the map using their own knowledge.
- Encourage them to identify gaps, risks and safe referral practices.
- Underline the key message that religious and faith leaders do not replace services – they connect survivors to them.

Activity 6: Closing

 15 minutes

- Debriefing and checkout.
- Local closing ritual.

Some more scripture references:



Deuteronomy 21:10-14 *If you see a pretty woman among your captives and would like her for a wife, then bring her home and “go in unto her”. Later, if you decide you don’t like her, you can simply “let her go”.*

Deuteronomy 22:23-24 *If a betrothed virgin is raped in the city and doesn’t cry out loud enough, then “the men of the city shall stone her to death”.*

Judges 19:24 *“Look, let me bring out my virgin daughter and the man’s concubine, and you can use them and do with them as you wish. But do not do such a vile thing to this man.”*



Notes for the facilitator

Sexual and gender-based violence is a serious violation of human rights, attacking fundamental rights to life, bodily integrity, health and freedom. It is recognised as torture, a war crime and crime against humanity. Sexual and gender-based violence is especially prevalent against women and children but affects people of all genders, with devastating individual and societal impacts, requiring state action to prevent, protect and prosecute perpetrators under international and national laws. It is a complex issue that affects the people who experience it in various ways, resulting in physical, social, emotional, economic and political consequences. These consequences are interconnected and therefore require a comprehensive response.

Consequences of sexual and gender-based violence

Sexual and gender-based violence has a profound, multifaceted impact on those subjected to it. Physically, it can cause injuries, infections, diseases

and reproductive complications. Socially, it leads to stigmatisation, isolation and challenges in family relationships. Emotionally, sexual and gender-based violence results in psychological trauma, such as depression and anxiety. Additionally, violence has economic implications, making it difficult for survivors to support themselves or access resources. Politically, the lack of effective public policies and under-representation of women and marginalised groups perpetuate violence.

Integrated response

An effective, integrated response combines care for survivors of sexual and gender-based violence, sexual and reproductive healthcare including HIV services, and mental health support. It includes the following critical components: trauma-informed care, HIV and STI testing, post-exposure prophylaxis to prevent HIV, emergency contraception to avert unintended pregnancy, and referrals for medical care and psychosocial support, including counselling.

Role of religious communities

Religious communities are in a unique position to take action against sexual and gender-based violence. They can:

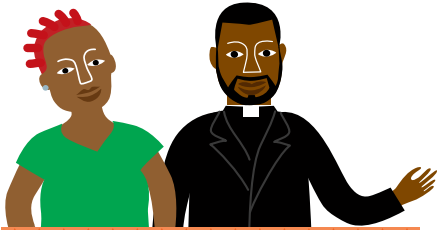
- **Promote a holistic approach:** By recognising that the consequences of sexual and gender-based violence are multiple, religious communities can offer support in various areas, including health, justice and emotional wellbeing.
- **Prevent sexual and gender-based violence:** Religious communities can influence cultural and social attitudes. They have the power to question harmful norms that perpetuate violence, promoting gender equality and respect for the rights of women, girls and marginalised groups.
- **Provide support to survivors:** Religious communities can provide a safe space for survivors and refer them for healthcare and psychosocial support, helping them to recover emotionally and physically so that they can reintegrate into society. See page 35 for more information on how to respond to a disclosure of sexual and gender-based violence.
- **Advocate for political change:** Religious and faith leaders can be allies in calling for more effective public policies. They can also raise awareness in the community of the severity of sexual and gender-based violence and the urgent need to address it.
- **Offer spiritual guidance:** Many survivors of sexual and gender-based violence experience a crisis of faith or spiritual distress. Religious communities can provide spiritual counselling and guidance, helping survivors regain their sense of hope and self-worth so that they can visualise a positive future.
- **Create community-based support systems:** Religious institutions often have extensive networks that can be mobilised to offer practical assistance, such as shelter, food and legal aid, helping survivors of violence to rebuild their lives.
- **Educate and raise awareness:** Religious leaders can use their platforms to educate congregations about the harmful effects of gender-based violence and advocate for a culture of respect, compassion and non-violence.



Module 2: Key takeaways

- Sex is assigned at birth, whereas gender is seen as socially constructed.
- Sexual and gender-based violence affects everyone, but women and adolescent girls, marginalised LGBTI+ communities and people with disabilities are disproportionately impacted.
- In the Bible, the rape of Tamar illustrates Tamar's vulnerability and suffering, the abuse of power and, significantly, the failure of some men and boys to intervene to prevent violence.
- The underlying causes of sexual and gender-based violence are rooted in inequality.
- Sexual and gender-based violence has severe physical, social, emotional and economic consequences for those subjected to it.
- Violence undermines the HIV response: sexual and gender-based violence both increases HIV risk and blocks access to HIV prevention and treatment.
- The consequences of sexual and gender-based violence are multiple, therefore, our response should not just focus on one aspect. Faith communities are well-placed to provide a comprehensive response: helping to prevent violence, advocating for change and offering support to survivors in various areas.
- Ending HIV among young people requires ending violence, stigma and silence.


Module 3: Gender norms, power and socialisation



Learning objective

Help religious and faith leaders to understand that gender is a social construct and show how religion contributes to that construct.

 4 hours 30 minutes

 Materials:


- Flipchart
- Pens
- Post-it notes
- Paper



“Jesus called them together and said, ‘You know that the rulers of the Gentiles lord it over them, and their high officials exercise authority over them. Not so with you. Instead, whoever wants to become great among you must be your servant.’”


Matthew 20:25-26

Activity 1: Reflections and recap of the previous session

 30 minutes

- Recap on the activities and key messages from the previous session.
- Encourage participants to share their own lessons learned or questions.

Activity 2: Gender boxes in society

 45 minutes

Exercise 1: Sex and biology


- Put up a flipchart marked SEX on one side of the room and one marked GENDER on the other side. Explain to the participants that you will be reading a series of statements on sex and gender. After you have read each one, participants should decide whether the statement refers to sex or gender and, accordingly, move to the relevant flipchart. If they are not sure, they should stay in the middle.
- Read the following statements:
 - Women give birth to babies; men do not.
 - Girls should be gentle; boys should be tough.
 - Globally, women and girls are the primary caregivers for those with AIDS-related illnesses in more than two-thirds of households.
 - Women can breastfeed babies; men can bottle-feed babies.
 - Many women do not freely make their own decisions, especially regarding their bodies, sexuality and relationships.
 - Women are better at caring for children than men.
 - Most people who drive vehicles are men.
 - Women get paid less than men for doing the same work.
 - Men have a greater sex drive than women.
 - Men should be the wage earners of a family, not women.

- After you've read each statement, and participants have moved to different parts of the room, invite one or two participants to explain their response. Continue until all statements have been read out.

Exercise 2: How do we learn about gender?

- Ask participants to name the places, people and things that teach us about what it means to be a woman or a man. This may include schoolteachers, religious leaders and institutions, parents, families, friends, neighbours, culture, media and the internet.
- Explain that from the moment we are born, we begin learning about the different rules, expectations and norms that govern the behaviour of women and men. Explain that these are then reinforced over time and through different channels. We can therefore say that gender is a social construct.

Activity 3: Gender boxes in society

 60 minutes

Exercise 1: Act like a man, act like a woman

- Divide participants into two groups – preferably, men in one group and women in another, should the numbers allow.
- Ask group 1 to discuss and respond to the following three questions:
 1. What messages are given to men and boys when they are told to 'act like a man or boy'? (For example, be tough, not emotional, the decision-maker, the protector, provider, adviser, the person who disciplines, can have multiple partners, does not ask for help, controls the finances and the women in the house).
 2. Where do these messages come from (for example, home or schools)? And from who?
 3. How are these messages given, sent or conveyed (for example, sermons, TV/radio or school)?
- Ask group 2 to discuss and answer the following three questions:
 1. What messages are given to women and girls when they are told to 'act like a woman or girl'? (For example, a woman cannot lead; she has to give birth to many children, if she can't, then she is dishonourable or not valued; she must not speak too much; she has to be submissive and obedient; and be faithful).
 2. Where do these messages come (for example, home or schools)? And from who?
 3. How are these messages given, sent or conveyed (for example, sermons, TV/radio or school)?
- In plenary, ask the groups to share the key messages they have developed and note them on a flipchart under the headings ACT LIKE A MAN and ACT LIKE A WOMAN.

Exercise 2: Reflections on the impact of gender boxes

- In plenary, ask participants to consider the following questions and record their responses outside the respective boxes:
 - Are there men and women who don't conform to these messages? How do they do that?
 - What impact do these gender boxes have on intersex people who are born with sex characteristics that do not fit typical binary definitions of male or female bodies?
 - What happens to men, boys, women and girls who don't conform to this behaviour? (For example, they might be beaten, raped, shamed, stigmatised, discriminated against, harassed or coerced to do things they don't want to).
 - How are men and women kept within these gender boxes? What strategies, tools and actions are used?
 - Are there messages here that are harmful to men and women? (Refer to what happens when they don't conform to the messages).
 - Are there specific consequences for women and girls who don't conform? How might women and girls feel when they experience these harmful actions and words because they don't conform and when they are forced to conform? How might men and boys feel when they are forced to conform to these gender boxes?
 - What about people with non-binary gender identities – people who do not identify as simply male or female? What impact do these gender boxes have on them?
 - How do we respond to young people whose sexuality or gender identity differs from traditional expectations? (Make the point that Jesus' ministry welcomed all marginalised people, often in direct contrast to the social and religious norms of His time).
- Ask participants to share their thoughts on this.
- Conclude by saying that we can now begin to see how society creates very different rules and expectations for the behaviours of men and women.




Notes for the facilitator

These rules are sometimes called 'gender norms' because they define what is 'normal' for how men and women should think, feel and act. Roles and expectations restrict the lives of both men and women by keeping men in their 'Act like a man' box and women in their 'Act like a woman' box.

In addition, strict gender roles can be harmful to non-binary people who do not fit into these gender boxes and to those people whose sexuality differs from traditional expectations. Rigid gender norms fuel stigma and discrimination, harassment and violence against LGBTI+ people because of how they present, express themselves or what love looks like for them.


Activity 4: Creation narratives and gender norms

 60 minutes

Exercise 1: Genesis 1:26-28

- Ask participants to read and reflect on the above passage from scripture, using the points below:
 - How did God create man and woman? (In God's image).
 - 'Let us make man in our own image'. Why is God saying, 'us' and 'our image'? What does this mean?
 - What does it mean for men and women to be made in the image of God, especially in the image of the Trinity?
- Ask participants to break into three mixed groups (of men and women) to share their thoughts on the above.
- Further reflections:
 - If God created man and woman in his image, are they equal?
 - Did God create men to be superior to women? Where did the inequality between men and women come from?
 - Is the intention of God in creation – everyone equal – reflected in the gendered roles and expectations of men and women in society?

Activity 5: Power and status

 60 minutes

Exercise 1: Power

- Write the word 'power' on a flipchart and ask participants to answer the following questions on post-it notes:
 - What do you think of when you hear the word 'power'?
 - How do you know if someone has power?
 - Who decides who has more power and who has less power?
 - What are some different types of power you know of?
- Note the responses on a flipchart.

Exercise 2: Power and sexual and gender-based violence

- Ask participants to answer these questions:
 - How does power relate to discussions about sexual and gender-based violence, especially in relation to the root causes we previously discussed?
 - How important is it to address power in preventing and responding to sexual and gender-based violence?

Exercise 3: Religion and power

- Ask participants to consider these questions:
 - Does religious affiliation or position give some people power or status over others in your community?
 - Have you ever been discriminated against because of your religion or seen someone being discriminated against because of their religious beliefs? How did this make you or that person feel?
 - Have you looked down on another person because of their religious beliefs? What made you do so?
 - What contribution does the assumed power held by different religions make to peacebuilding in communities?

Exercise 4: Power and gender boxes


Introduce the following concepts:



- **Power over** refers to controlling the actions or choices of another person or group of people, limiting their freedom or opportunities, or devaluing them as a person.
- **Power with** refers to working in equal partnership with others, supporting those in need and those coming together to bring about change, and asking for support or help.
- **Power to** refers to being able to freely make your own decisions, voice your opinions, work, go to school and improve your position in life, while believing that you have the right to do these things.

- Ask participants to look at the flipchart on gender boxes and think individually about these questions:
 - Who has more power (employers, men, adults or clergy) and who has less power (young people, women, people with disabilities or people living in poverty)?
 - Have you been in situations where you had less power? More power? How did you feel about it?
- Ask them to share their thoughts with the wider group and note responses on a flipchart.

Activity 6: Closing

 15 minutes

- Debriefing and checkout.
- Local closing ritual.

Some more scripture references:



1 Corinthians 11:8-9 *“For man was not made from woman, but woman from man. Neither was man created for woman, but woman for man.”*



Deuteronomy 22:13-21 *If a man marries a woman and then decides that he hates her, he can claim she wasn't a virgin when they married.*



1 Corinthians 11:3 [...] *“the head of a wife is her husband.”*

Power



1 Peter 5:2-3 *“Be shepherds of God's flock that is under your care, watching over them – not because you must, but because you are willing, as God wants you to be; not pursuing dishonest gain, but eager to serve; not lording it over those entrusted to you, but being examples to the flock.”*



Leviticus 15:19 *“When a woman has her regular flow of blood, the impurity of her monthly period will last seven days, and anyone who touches her will be unclean till evening.”*



Hosea 2:3 and 10 *Hosea stripping the wife naked and dragging her before the public.*



John 8:3-11 *“The teachers of the law and the Pharisees brought in a woman caught in adultery. [...] ‘Teacher, this woman was caught in the act of adultery. In the Law Moses commanded us to stone such women. Now what do you say?’”*



Module 3: Key takeaways

- Gender is a social construct. From birth, messages about how women/girls and men/boys should act, dress and behave are reinforced through numerous channels.
- Gender roles, expectations and norms – called ‘gender boxes’ in this module – limit the lives of both men and women. Men and women who do not conform to these gender boxes can experience harm.
- These gender roles also have a major impact on the health and wellbeing of people whose gender identity and/or sexuality differs from traditional expectations. Rigid gender norms fuel stigma and discrimination, harassment and violence against LGBTI+ people because of how they present, express themselves or what love looks like for them.
- Power imbalances, inequality and sexual and gender-based violence are all inextricably linked.

Module 4: Role of religious and faith leaders



Learning objective

Create space for religious and faith leaders to reflect on their power and influence, how they were socialised and how this power can be used or misused.

🕒 5 hours 45 minutes

✂️ Materials:

- Flipchart
- Pens
- Post-it notes
- Paper



“Be shepherds of God’s flock that is under your care, watching over them – not because you must, but because you are willing, as God wants you to be; not pursuing dishonest gain, but eager to serve; not lording it over those entrusted to you, but being examples to the flock.”

1 Peter 5:2-3

Activity 1: Reflections and recap of the previous session

🕒 30 minutes

- Recap on the activities and key messages from the previous session.
- Encourage participants to share their own lessons learned or questions.


Activity 2: Who am I?

🕒 60 minutes

Exercise 1: Reflecting on personal qualities

- Ask each participant to make a poster entitled ‘Who am I?’. They should draw a picture of themselves in the centre and list their attributes, identities, characteristics, roles – everything that might affect how others see and experience them. This could include their sex, age, educational status, ethnicity, disability (if appropriate), language, roles/jobs (economic and in the household and community), if they are a parent, membership of groups, how they dress, if they are confident or shy.
- Then ask them to present their poster to their small group and discuss the ways in which these attributes might affect others.
- Ask them to discuss how they could act to make others feel comfortable and confident (for example, how they speak, dress and listen to others).
- Ask some of the participants to present back to the whole group to ensure that key points are covered, including:
 - The power and influence religious and faith leaders have in society across political, social, economic and spiritual spheres.
 - Instances when religious and faith leaders have abused their power.

Activity 3: Gender fishbowl: a safe space to share about each other's lives

 90 minutes

Exercise 1: Reflections on the personal journey

- Divide the participants into two groups: one made up of adults and another of younger people.
- Facilitate a 30-minute discussion, starting with the adult group talking and the young people on the outside, listening and observing. Then, without any discussion between the groups, invite them to swap places. Facilitate a 30-minute discussion, but this time with the young people in the inner circle talking and the adults in the outer circle listening and observing.

Use the questions below to facilitate discussions:

- What is the most difficult thing about being an adult/young person in... [insert the name of the country or community, as appropriate]?
- What do you want to tell young people/adults that will help them better understand your views on sexuality and gender issues?
- What do you find difficult to understand about young people/adults?
- How can young people/adults better support other young people/adults?
- How can young people be better allies with adults?
- How can adults be better allies with young people?
- What is the most difficult thing for adults and young people to talk about?
- Is there something you never want to hear said again about young people/adults?
- What do you remember about growing up? What did you like about being a boy/girl? What didn't you like? What was difficult about being a girl/boy?
- Who are some positive influences in your life? Why are they positive?
- Which rights are hardest for young people/adults to exercise in... [insert the country/ community, as appropriate]?
- Is it particularly difficult for certain marginalised groups to exercise their rights, for example young people with disabilities? (If safe and appropriate in the context, also refer to male survivors of sexual violence, LGBTI+ people and non-binary young people.)
- How do we respond – pastorally and practically – to a young person whose gender identity or sexuality differs from traditional expectations?
- Is there one Bible verse that you feel uplifts, protects or supports young people/adults?
- Is there one Bible verse that you feel disempowers young people/adults or is used against young people/adults because of misinterpretations?


Exercise 2: Consolidation

- After both groups have finished their discussions, ask the following questions to prompt further reflections:
 - What surprised you about this activity?
 - How did you feel about talking when others were listening? Did you feel you were heard?
 - What did you learn?

Conclude:

- Explain how most of what we know and learn about one other is shaped, influenced and challenged by stereotypes and gender and social norms. These are then reinforced by many sources, such as the media and even our sermons. It is essential to create safe spaces for dialogue to better understand each other in our homes, churches, schools and communities. Dialogues can help us work towards a society free of violence, stigma and discrimination, where everyone can enjoy their sexual and reproductive health and rights.
- Emphasise that harm comes not from identity, but from rejection, violence and exclusion. Jesus consistently stood with those whose bodies and lives were considered unacceptable.

Activity 4: Jesus as a model for leadership

 90 minutes

Exercise 1:

- Divide participants into three groups. Ask each group to discuss the following questions and present key points to the larger group, giving them 30 minutes to discuss and reflect.

Group 1: Looking at relationships:



- How did Jesus interact with his family, friends, colleagues and the women who followed him? Ask participants to refer to actual examples or sacred texts to illustrate their points.
- What values do you think drove Jesus' behaviour and action?
- If men today were like Jesus, how would they treat women? Girls? Their daughters? Sisters? Wives? Mothers? What kind of fathers and husbands would they be?

Group 2: Looking at marginalised and stigmatised people:



- How did Jesus interact with and treat those who were stigmatised by their community such as women who were rejected and discriminated against?
- What values do you think drove Jesus' behaviour and action?
- If men today were like Jesus, how would they respond to survivors of abuse, including the women and girls who are assaulted and violated in their communities, homes and churches? Would they blame the women and girls who experienced violence? Would they stigmatise them? Reject them? Allow them to be abused again?

Group 3: Looking at leadership:




- What kind of leader was Jesus? How did he lead? How did he teach? How did he interact with those he led?
- What values do you think drove Jesus' behaviour and action?
- If men and women want to be leaders like Jesus, how should they lead? How would they lead to end sexual and gender-based violence? How would they address gender inequality? Polygamy? Harmful practices at home, in our churches and in our community? How would they respond to what they see?

Exercise 2: Consolidation

- Ask participants to reflect on what kind of leadership they have seen in their homes (by fathers/husbands and mothers/wives), churches, communities, province and country.
- Make the point that we can see Jesus was a great role model for positive masculinity. Others wanted to be like him. Even in circumstances that weren't always fair or right, He maintained self-control. He became angry but was never violent. In fact, He spoke out against violence. He protected women and girl children. He communicated without aggression and was patient, meeting people at their point of need. Most importantly, He defied all social, religious and cultural norms relating to how a man should behave at that time.
- Ask participants to reflect on how they can promote this model in their communities, churches and homes and how they personally can model such behaviour. Give them five to ten minutes to brainstorm and then invite groups to present five key ideas each.

Activity 5: Responding to a disclosure of sexual and gender-based violence

 60 minutes

- This activity aims to ensure that faith leaders are prepared, not paralysed, when violence is disclosed.



Notes for the facilitator

It is likely that people who have been subjected to violence will approach religious and faith leaders for help, support and guidance, given their position in the local community.

When a survivor discloses violence, religious and faith leaders must respond with safety, compassion and care, treating the person with dignity and respect. The first responsibility is safety: determining whether the person is in immediate danger. Second, faith leaders should listen with compassion and without judgement or blame so that the person does not feel that the assault/abuse was their fault. Third, it is vital to maintain privacy and confidentiality. Finally, faith leaders should not investigate or counsel beyond their capacity but must refer survivors to appropriate health and psychosocial services.

Exercise 1: Core principles for responding to disclosure

- Introduce and visibly display these five principles:

1. Safety first

- Is the person safe right now?
- Do not send them back into danger. Help them to go to a shelter or safe space with someone they trust.

2. Believe and listen

- Do not doubt, blame or interrogate.
- Avoid spiritualising or minimising harm.

3. Confidentiality

- Do not share information without consent (except where mandatory reporting applies).

4. Do not judge or advise prematurely

- No sermons, no blame, no pressure to forgive or reconcile.

5. Refer, do not replace

- Faith leaders accompany survivors to services – they are not counsellors or investigators.


Share with participants this short, memorable tool for a response framework: **L.I.S.T.E.N:**

- **L**isten with compassion
- **I**nquire about safety
- **S**upport without judgement
- **T**ell them about available services
- **E**ncourage professional help
- **N**ever force decisions.

Exercise 2: Practising safe responses

- In pairs, ask participants to role play a short conversation in which one person discloses that they have experienced violence.
- Ask them to reflect on these questions:
 - What felt difficult?
 - What responses were helpful or harmful?
 - Where did faith help? And where could it harm?
- Back in plenary, allow pairs to provide feedback.

Activity 6: Closing

 15 minutes

- Debriefing and checkout.
- Local closing ritual.

Some more scripture references:



Matthew 19:14 “Jesus said, ‘Let the little children come to me, and do not hinder them, for the kingdom of heaven belongs to such as these.’”



Matthew 20:25-26 “Jesus called them together and said, ‘You know that the rulers of the Gentiles lord it over them, and their high officials exercise authority over them. Not so with you. Instead, whoever wants to become great among you must be your servant.’”

Notes for the facilitator

Group 1: Looking at relationships

The reflection in Group 1 begins with how Jesus interacted with those around Him, especially with women, highlighting the way He treated everyone with respect, dignity and compassion. Jesus did not distinguish between individuals based on their gender, socio-economic status or previous actions. This serves as a clear example of inclusive, equitable leadership. He engaged genuinely with His family, friends, colleagues and followers, serving as an inspiration for those seeking to promote relationships based on mutual respect.

Reflecting on the values that motivated Jesus’ actions, we observe that love, compassion and care for others were the driving forces behind His interactions. He actively challenged the social norms of His time, which marginalised women and other groups, providing them with a space where they were treated with dignity and respect. This can be seen in passages such as **John 8:1-11**, where He protects the adulterous woman from societal violence. And in **Luke 10:38-42**, He values Mary’s pursuit of knowledge, contrary to cultural expectations about the role of women.

When questioning how men today could act if they followed Jesus’ example, especially in their treatment of women, girls, daughters, sisters, wives

and mothers, the reflection aims to show that Jesus' behaviour offers a model of leadership based on equality, respect and empathy. He demonstrated that being a leader is not about power or control – but rather, about serving others and promoting healthy, violence-free relationships. If men followed Jesus' example, they would treat women with the same dignity, respect and compassion that He showed them, challenging the harmful social practices that still exist in communities today.

Group 2: Looking at marginalised and stigmatised people

This group reflects on how Jesus interacted with marginalised individuals, particularly women who were rejected or discriminated against. Jesus showed respect, compassion and dignity for all, in contrast to societal norms that excluded certain people. He taught that all individuals deserve love and care, regardless of their status. His actions serve as a model for how men today should respond to survivors of abuse, offering support and protection rather than blame or rejection.

Group 3: Looking at leadership

This group focuses on Jesus' leadership style, which was based on humility, service and empathy. Jesus led by example, prioritising others over power. He addressed injustice, including gender inequality and harmful practices. The reflection

encourages men and women today to lead like Jesus, tackling issues such as sexual and gender-based violence and creating environments where everyone can live with dignity and in safety.

Exercise 2: Consolidation

In the consolidation exercise, participants are invited to reflect on the types of leadership they observe in their own contexts – at home, in churches and in their communities. The discussion emphasises the need to challenge norms related to leadership that perpetuate gender inequality and violence, using Jesus' example as a powerful model for social transformation. Jesus led through humility, service and mutual respect, teaching that true leadership lies in serving others, especially the most vulnerable people. He promoted a culture of inclusion and equality. These principles can be applied to combat sexual and gender-based violence as well as harmful practices still present in many contexts.

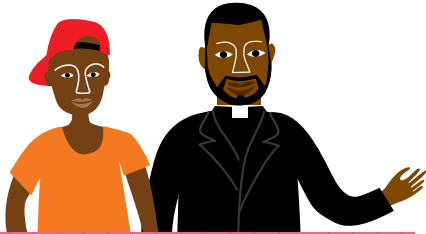
The reflection reinforces that leaders – whether religious, familial or community-based – can all help end sexual and gender-based violence. By following Jesus' example, leaders can become agents of change, creating environments where everyone, regardless of their gender identity or sexuality, can live with dignity and in safety. As Jesus did, we must dismantle the harmful social, cultural and religious norms that reinforce inequality, fostering an environment of inclusion and respect for all.



Module 4: Key takeaways

- Religious and faith leaders have considerable power and influence in society across political, social, economic and spiritual spheres.
- Gender and social norms are reinforced by many sources, including the media and religious sermons.
- It is vital to create safe spaces for dialogues in our homes, churches, schools and communities in order to better understand each other's views. This will help us work towards a society free of violence, stigma and discrimination.
- Jesus treated everyone – including marginalised and excluded people – with love, care, respect and compassion. He was a role model for positive masculinity, defying social, religious and cultural norms relating to how a man should behave at that time.
- By following Jesus' example, leaders can become agents of change, creating environments in which everyone can live with dignity and in safety.
- When responding to disclosures of violence, religious and faith leaders should adopt the L.I.S.T.E.N framework.


Module 5: Young people



Learning objective

Help religious and faith leaders to better understand young people, their evolving capacities and potential.


 4 hours 15 minutes

 Materials:

- Flipchart
- Pens
- Post-it notes
- Paper



“Don’t let anyone look down on you because you are young, but set an example for the believers in speech, in conduct, in love, in faith and in purity.”

1 Timothy 4:12 

Notes for the facilitator

Youth is a period of physical, emotional and social transformation, recognised in the Bible as a phase of potential and leadership. In **1 Timothy 4:12**, Paul instructs Timothy to be an example to the believers, highlighting that youth is an opportunity for change and growth, not a limitation.

Adolescents gain maturity gradually and at different ages. Their ‘evolving capacities’ to assess risk, make their own decisions and take responsibility for their actions varies. This ability depends on factors such as age, individual development and their understanding of the issue and its consequences. In recognition of their evolving capacities, adolescents should be given opportunities to gain independence, experience and resilience. They should be informed of their rights and how to claim them and be supported to make informed choices.⁹

It is vital that young people in all their diversity access comprehensive support, information about sexual and reproductive health and rights and safe spaces for discussions. Often, young people face stigma, especially in religious communities, where taboos can hinder dialogue about sexual health.

The Bible, in **Matthew 19:14**, shows how Jesus welcomed children, highlighting that everyone – regardless of their age – deserves respect and care. Religious leaders play a crucial role in creating supportive environments for adolescents and young people, allowing them to make informed decisions about their health and wellbeing, aligned with biblical principles of dignity and love for others.

9. International HIV/AIDS Alliance (2017), Good practice guide: READY Adolescent HIV programming. Available at: https://frontlineaids.org/wp-content/uploads/old_site/alliance_gpg-hiv_and_adolescents_final_original.pdf?1519234078

Activity 1: Reflections and recap of the previous session

🕒 30 minutes

- Recap on the activities and key messages from the previous session.
- Encourage participants to share their own lessons learned or any questions they might have.

Activity 2: Defining youth

🕒 60 minutes

Exercise 1: Defining youth

- Draw a square in the middle of a sheet on the flipchart and write the word 'YOUTH' in it.
- Ask participants to share any word that comes to mind when they encounter the word 'youth'. Guide their responses so that they are limited to one word.
- Write down their responses on the flipchart on the corners of the square in these groups: positive, negative, self-descriptions, imposed descriptions.
- Count the words in each cluster and write down the total. Highlight, for example, the number of positive versus negative attitudes towards young people.

Exercise 2: Life stages

- Divide participants into three groups and ask them to:
 - List the different stages of human life (from newborn to old age).
 - Discuss young people's attributes and roles in the home, society and faith formation. Groups should be as pragmatic as possible.
 - Reflect on where adolescents and young people generally find information and advice regarding their choices in life, including sexual and reproductive health.
 - Agree on the age at which a child is considered an adult.
- Ask the groups to report back to plenary. Note the overlaps, imposed adult roles and conflicting roles between the groups, such as home vs faith transition to adulthood.
- Summarise the session by leading a discussion on the impact of overlapping and conflicting roles (for example, a father figure at home vs a child at school or tribal forums).





Notes for the facilitator


In Exercise 2 on the stages of life, participants should identify the different phases of human life, from infancy to old age. These stages include childhood, adolescence, young adulthood, middle age and old age. Each stage brings its own challenges and characteristics, such as physical, emotional and identity development. Regarding young people's attributes and roles, groups should reflect on the role of young people in the home, society and faith. At home, they are learners and responsible individuals; in society, they are agents of change; and in faith, they are called to grow spiritually and assume leadership roles.

As for sources of information, young people typically seek guidance on sexual and reproductive health from the internet, friends, schools and healthcare organisations. Finally, the transition from a child to an adult is marked by factors such as age, emotional

development and decision-making ability, with most countries setting the legal age of adulthood at 18.

In Activity 3 on young people's contribution to society, participants should reflect on the positive impact of youth, which brings innovation, creativity and solutions to social and economic issues. However, they also face many challenges such as unemployment, limited access to education, lack of opportunities, discrimination and mental health issues. To empower young people, it is essential to ensure access to education, employment, youth-friendly healthcare and emotional support. Furthermore, the Bible offers a perspective on youth, highlighting their potential for leadership and virtue. In **1 Timothy 4:12**, Paul exhorts young people to be examples of faith and purity, while Jesus, in his youth, challenged norms and was a model of wisdom and service, teaching that everyone has a meaningful role to play in society.

Activity 3: What is young people's contribution to society?

 90 minutes

Exercise 1: Ascertaining the value attached to youth

- Ask participants: "If young people were removed from society, what else would cease to exist?" Write down the responses on a flipchart for all to see.
- Divide participants into small groups and ask them to:
 - Reflect on youth strides and contributions to society and write two positive and two negative reflections. For example, positive strides could be self-education and contributions to society could be in politics or civil participation.
 - Name at least two people aged 35 or younger who have achieved great things.
 - Identify three young people in the sacred texts and the role they played. Does this say anything about how God views young people?
- Allow participants to share their thoughts and note them down. Use different colour pens to highlight positive and negative acts, character and names. Tally positive and negatives.



Notes for the facilitator

Young people have a significant impact on society, driving innovation and cultural change. They are responsible for advances in technology and creativity as well as leading social movements for civil rights and social justice.

Their active participation in politics and activism helps build a more inclusive, democratic society. However, young people face many challenges that require support from public policies.

Examples of young people making a difference in society include Malala Yousafzai, who fought for girls' education despite being attacked by the Taliban, and Greta Thunberg, who has become a global leader in the fight against climate change. Other notable examples include Emma González, an advocate for gun control after surviving the Parkland shooting, and Marcus Rashford, who has campaigned for free school meals for disadvantaged children in the UK. These young individuals demonstrate the power of youth in shaping a better future.


Exercise 2: A dynamic concept of young people

- Write the words 'YOUNG PEOPLE' and 'ADULTS' on a flipchart, with a line between the words.
- Ask participants to:
 - Mention defining features, descriptions or differences between them that are commonly held by society. For example, young people are 'rebellious' and adults are 'responsible'.
 - Reflect on whether all young people and adults fit these descriptions.
- Now swap the column headings and ask participants to respond to these questions:
 - Do you know young people and adults like this?
 - Can we say that all young people are the same, just as we cannot say that all adults are the same?
 - What are the contextual factors affecting young people? How do these contribute to their functional identity?

Conclude the session by noting that:

- Young people play positive roles in developing and advancing humanity.
- Youth is not a homogenous sector and should not be considered as such.
- Young people do have the capacity to exercise their rights responsibly and should be given the space to do so.

Activity 4: Youth and sacred texts

 60 minutes


Exercise 1: Religious texts on youth

- Ask participants to read and reflect on the following passages of scripture: **Hosea 4:6**, **Jeremiah 1:5,7** and **Luke 2:52**.
- Ask participants to consider these questions:
 - What are the factors that undermine young people and prevent them from being trusted to make decisions about their own lives?
 - What do adolescents and young people need to know in order to go through their life stages positively?
 - What do parents and older people need to know in order to support adolescents and young people to navigate their life stages successfully?

Conclude by:

- Noting that God seems to prefer to entrust young people with the work of liberating and saving humanity from the ills of the world.
- Young people have unique gifts for their own nurturing and growth and for broader humanity.

Activity 5: Closing

 15 minutes

- Debriefing and checkout.
- Local closing ritual.



Notes for the facilitator

In the reflection on youth and sacred texts, participants are invited to analyse important biblical passages: **Hosea 4:6**, **Jeremiah 1:5,7** and **Luke 2:52**. These passages address divine wisdom about young people and the factors that may hinder their full development.

In **Hosea 4:6**, “My people are destroyed for lack of knowledge,” the importance of knowledge and education is emphasised so that young people can make informed decisions. In **Jeremiah 1:5**, “Before I formed

you in the womb, I knew you,” reveals that God already had a plan for young people, implying that they are trustworthy and capable of fulfilling great responsibilities. In **Luke 2:52**, “And Jesus increased in wisdom and stature, and in favour with God and men,” underscores that integral growth, both physical and spiritual, is an essential part of youth development.

Factors that prevent young people from being trusted to make decisions include a lack of guidance and support, the absence of role models and social pressure.

For adolescents to navigate the stages of life positively, they need to acquire wisdom and self-knowledge. Parents and older people must be attentive to the emotional, spiritual and practical needs of young people, offering ongoing support and guidance without imposing unnecessary restrictions.

God, in His wisdom, entrusts young people with a mission of transformation and liberation, as exemplified in the life of Jesus, who, even in His youth, demonstrated great wisdom and responsibility. Young people have unique qualities that not only promote their own growth but also contribute to the good of all humanity.



Some more scripture references:

Job 32:8-9 *“But it is the spirit in a person, the breath of the Almighty, that gives them understanding. It is not only the old who are wise, not only the aged who understand what is right.”*

1 Samuel 16:11-12 *“Then Samuel said to Jesse, ‘Are all your sons here?’ And he said, ‘There remains yet the youngest.’ [...] Now he was ruddy [...] And the LORD said, ‘Arise, anoint him, for this is he.’”*

Romans 16:1 *“I commend to you our sister Phoebe, a deacon of the church in Cenchreae.”*

1 Corinthians 11:8-9 *“For man was not made from woman, but woman from man. Neither was man created for woman, but woman for man.”*

1 Timothy 3:1-2 *“This is a true saying: if a man is eager to be a church leader, he desires an excellent work. A church leader must be without fault; he must have only one wife.”*

Esther 4:16 *“Go, gather together all the Jews ... I will go in unto the king, which is not according to the law: and if I perish, I perish.”*

1 Corinthians 4:17 *“That is why I sent you Timothy, my beloved and faithful child in the Lord.”*



Module 5: Key takeaways

- Youth is a period of physical, emotional and social transformation.
- Adolescents gain maturity gradually and at different ages. Their ‘evolving capacities’ to assess risk, make their own decisions and take responsibility for their actions varies.
- Young people are not all the same, just as adults are not all the same.
- Young people contribute to society and the good of all humanity in many ways, driving innovation, creativity, dynamism and leading social movements. They have the capacity to exercise their rights responsibly.
- However, young people face a range of challenges such as unemployment, limited access to education and youth-friendly healthcare, lack of opportunities, discrimination and mental health issues.
- For adolescents and young people to be empowered to navigate the stages of life positively, they need guidance and ongoing support from parents and older people as well as role models.


Module 6: Advancing the sexual and reproductive health and rights of young people



Learning objective

Increase understanding among religious and faith leaders of young people's sexual and reproductive health and rights.

 4 hours 45 minutes

 Materials:

- Flipchart
- Pens
- Post-it notes
- Paper

Notes for the facilitator

This module aims to deepen participants' understanding of sexual and reproductive health and rights, the HIV epidemic and how adolescents and young people are affected.

Access to sexual and reproductive health services is a human right. Sexual and reproductive health and rights refer to the rights of all individuals to have access to comprehensive, accurate and timely information about sexual health, the ability to make informed decisions about their reproductive health and the opportunity to access the healthcare they need without fear of discrimination or coercion. It not only includes access to family planning, maternal healthcare, prevention and treatment of STIs including HIV, and protection from sexual and gender-based violence, but also the right to make free and responsible decisions about one's own body and health.

All relationships should be safe, consensual and free from physical violence or intimidation. But globally, many people, especially women and girls, lack bodily autonomy – the ability to make their choices and decisions about their own bodies. A fundamental human right, bodily autonomy is central to young people's wellbeing. It encompasses giving or refusing consent to sexual activity or healthcare. Consent should be seen through the lens of young people's evolving capacities, since it depends on the individual's ability to understand information, make decisions and take responsibility for their actions.


HIV continues to be a major public health issue, particularly among young people. Marginalised adolescents and young people – especially adolescent girls and young women – are particularly vulnerable due to factors such as limited access to youth-friendly healthcare, lack of comprehensive sexuality education, sexual and gender-based violence and socio-cultural barriers.

These barriers include stigma, discrimination, gender inequalities and restrictive social norms that prevent open discussions about sexual health. As a result, young people are at greater risk not only of contracting HIV and other STIs but also facing unintended pregnancies.

Addressing these barriers is essential to empower young people to make informed choices regarding their own bodies and their sexual and reproductive health. Effective interventions include increasing awareness, improving access to youth-friendly healthcare and ensuring that these services are tailored to meet the needs of adolescents and young people in all their diversity.


Integrating HIV services (including prevention, testing, treatment and support) with other components of sexual and reproductive healthcare can significantly enhance the effectiveness of programmes. By tackling stigma, improving education and fostering supportive environments, young people will be able to access the information, resources and services needed to protect themselves from HIV, STIs, unintended pregnancies and sexual and gender-based violence. Ultimately, a comprehensive, inclusive and rights-based approach prioritises the needs and wellbeing of adolescents and young people, enabling them to thrive.

Activity 1: Reflections and recap of the previous session

 30 minutes

- Recap on the activities and key messages from the previous session.
- Encourage participants to share their own lessons learned or any questions.

Activity 2: Young people's sexual and reproductive rights and evolving capacities

 120 minutes

- Divide participants into groups and ask each group to consider three case studies (below).
- Case studies will be used to help participants reflect more deeply on young people and their sexual and reproductive health and rights.

Exercise 1: Case study 1



You are an outreach religious worker. You have met a 16-year-old who has been having a sexual relationship for two years with an adult who is 20 years older than them. The young person has clearly stated that he/she is happy for this situation to continue.

- Do you think this young person is capable of deciding to continue this relationship?
- Discuss why participants agree or disagree with the position.
- Ask them to mention the factors they considered in reaching their decision, including scriptural references.



It comes to your attention that the young person has been living on the streets for four years following the death of his/her mother. During this time, he/she was supporting two younger siblings who are still in school.

- Does this new information change your position on whether the young person has the capacity to decide whether to continue the relationship or not?
- What advice can you give to the young person?
- Would you say anything to the adult 'partner'?

Exercise 2: Case study 2



A 22-year-old man tells you he wants to have a vasectomy.

- Do you think this young man is capable of deciding to have a vasectomy?
- Discuss why participants agree or disagree with the position.
- Ask them to mention the factors they considered in reaching this decision, including scriptural references.



The young man explains in a very articulate manner that he has no desire to marry or have children and is happy to think of spending his life as a single man.

- Would you change your mind because of this new information?
- What advice can you give to the young person?
- Would you say anything to his adult 'partner'?

Exercise 3: Case study 3



A 17-year-old member of your church informs you that she is pregnant. She seeks your counsel and prayers because she wants to keep the baby. But a week later, she comes back, saying that she doesn't want to keep the baby and is going to terminate the pregnancy that day. In your country, parental consent is not required for those over the age of 16.

- Do you think this young woman is capable of deciding to terminate her pregnancy?
- Discuss why participants agree or disagree with the position.
- Ask them to mention the factors they considered in reaching this decision, including scriptural references.




The young woman explains that she changed her mind because the married man who got her pregnant refuses to take responsibility for the maintenance of the child. The man is also a member of your church.

- Would you change your mind because of this new information?
- What advice can you give to the young woman?
- How would you accompany and support the young woman through this period?
- Would you say anything to the married man?

Exercise 4: Feedback and discussion

- Note that cases like these are difficult, as they challenge our attitudes and beliefs as well as what is legal, acceptable, just and ethical. It is important that participants recognise cases where there are different interests at play and know the tools they can use to help them think through what to do.
- Discuss the following key points with participants:
 - Recognise that young people have valuable insights into their health and wellbeing that adults may not have.
 - Learn about the family, friends and environment in which the young person lives.
 - Guarantee privacy and confidentiality.
 - Make the young person feel comfortable and safe. Don't judge them.
 - Look for evidence that the young person is making informed, autonomous decisions about their healthcare and actions.
 - See the young person through the eyes of a loving, caring, just and compassionate God.

Activity 3: Sexual and reproductive health and rights

 60 minutes

Exercise 1: Know your epidemic

- Ask participants to brainstorm:
 - The root causes of HIV and challenges to sexual and reproductive health and rights.
 - Reflect on whether these can be addressed separately from each other.
- In groups, ask participants to reflect on the following questions:
 - What are the main factors driving the HIV epidemic?
 - Are these similar to other sexual and reproductive health and rights issues such as unintended teenage pregnancies, gender-based violence and sexually transmitted infections?
 - In this country, do specific groups of people experience more challenges than others in realising their sexual and reproductive health and rights?

- What is the impact of HIV on young people? And what is the impact on young people when they are unable to access sexual and reproductive healthcare?
 - Why should religious leaders work with young people in all their diversity?
- Allow for feedback from groups and wrap up by emphasising the vulnerability of adolescents and young people.

Exercise 2: An overview of human rights and sexual and reproductive rights


- Ask participants:
- What does the concept of human rights mean to you?
 - Can you name or describe a human right?
 - Can human rights be aligned to the main teachings of your religion or faith?

Then explain the following core principles of human rights:



- **Universality:** human rights apply to everyone, everywhere.
- **Interdependence and interrelatedness:** all rights are connected, for example, the right to education is linked to the right to health and vice-versa.
- **Accountability:** countries and individuals have a responsibility to respect, promote and fulfil human rights and to report violations.
- **Indivisibility:** all human rights have equal status and cannot be positioned in a hierarchical order.
- **Non-discrimination:** human rights must be applied equally and without discrimination.

Activity 4: Integrating healthcare

 60 minutes

Exercise 1: Scenarios at a health facility


- Break participants into five groups and provide each with the scenarios below. They all describe a young person who goes to a clinic for a certain health service.
- Ask participants to:
- Identify other services the young person might need referring for.
 - Identify the support religious and faith leaders and communities can offer the young person.

Scenarios

- **A 16-year-old who sells sex thinks they have an STI.**
(For example, offer non-judgemental support. Given the age of the young person, explore issues surrounding autonomy and consent. Consider STI/HIV testing and treatment and pre- and post-exposure prophylaxis to prevent HIV. Consider contraception to prevent unintended pregnancy).
- **A 20-year-old migrant worker seeks to terminate her pregnancy.**
(For example, provide support and offer information about sexual violence, as migrant workers might be at higher risk of exploitation. Depending on the legal framework, consider safe termination of pregnancy services and post-termination contraception).
- **A 23-year-old is experiencing irregular bleeding and is concerned that she may have cervical cancer.**
(For example, offer psychosocial support and counselling. Consider screening for human papillomavirus (HPV) and treatment, as needed. Consider HIV testing, as people living with HIV are more likely to acquire HPV.)
- **A 24-year-old woman with three children is pregnant, despite using contraception.**
(For example, consider antenatal care with HIV/STI testing. Explore in a sensitive, non-judgemental way why contraception is failing. Consider options for postpartum contraception).
- **A 17-year-old university student who uses drugs goes for an HIV test.**
(For example, offer support. Consider testing for other STIs as well as HIV. Explore harm reduction services and contraception. Offer information on pre- and post-exposure prophylaxis to prevent HIV).

- Feedback from groups and discussion.

Activity 5: Closing

 15 minutes

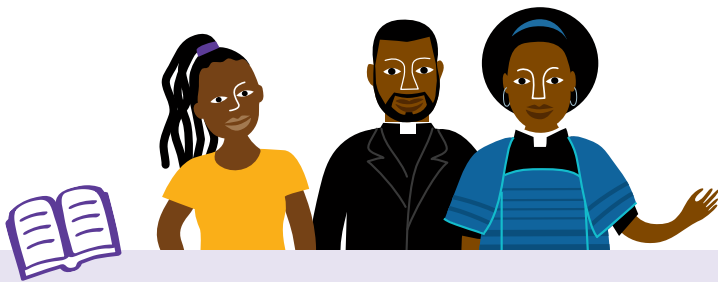
- Debriefing and checkout.
- Closing ritual.



Module 6: Key takeaways

- Access to sexual and reproductive healthcare is a human right. Sexual and reproductive rights are intrinsically linked to other human rights.
- Adolescents and young people – especially adolescent girls and young women – are particularly vulnerable to HIV and face numerous barriers in realising their sexual and reproductive health and rights.
- Integrating health services can significantly enhance the effectiveness of programmes.
- When considering scenarios relating to young people exercising their sexual and reproductive rights, it is important that religious and faith leaders guarantee privacy and confidentiality, offer non-judgemental support and check that the young person is making informed, autonomous decisions.

Sample Christian sermon on sexual and gender-based violence and HIV



Title: “I came that they may have life” (John 10:10)

- Scripture readings: John 10:10; Luke 10:33–35; Psalm 82:3–4

Jesus tells us that He came so that all may have life in its fullness. Violence steals life, dignity and health. Sexual and gender-based violence exposes young people, especially girls, to HIV, trauma and silence. As a church, we are called to protect the vulnerable, to believe the wounded and to act with compassion.

When the Good Samaritan saw the injured man, he did not ask what the man had done wrong. He stopped, he bound wounds and he ensured care. This is our calling: to stop violence, to support survivors and to end stigma so that young people can seek HIV prevention and treatment without fear.

Example problem tree

Consequences



Root causes



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