

# SAY IT OUT LOUD – SEXUAL WELLBEING MATTERS

## PERSPECTIVES FROM YOUNG PEOPLE IN ECUADOR AND UGANDA

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Rutgers

For sexual and  
reproductive health  
and rights



Karolinska  
Institutet

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# List of abbreviations

AIDS	Acquired immune deficiency syndrome
CSE	Comprehensive sexuality education
FGD	Focus group discussion
HIV	Human Immunodeficiency virus
IDI	In-depth interview
LGBTQIA+	Lesbian, gay, bisexual, transgender, queer, intersex, and asexual
LMICs	Low- and Middle-Income Countries
SRH	Sexual and reproductive health
SRHR	Sexual and reproductive health and rights
STI	Sexually transmitted infection
UDHS	Ugandan Demographic and Health Survey
UN	United Nations
WHO	World Health Organization

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# Executive summary

## Background

Many sexual and reproductive health and rights (SRHR) programmes for young people<sup>a</sup> take a 'sexual risk perspective', emphasising the negative consequences of sexual activity, such as sexually transmitted infections (including HIV), unintended pregnancy, and sexual violence. Less emphasis has been placed on the positive or healthy aspects of the development of young people's sexuality and sexual experience. Taboos surrounding young people's sexuality reinforce stigma around sexual pleasure, give people an unrealistic view of what sexual wellbeing is or could be, and may disconnect how people feel and think about sex in reality. Young people's sexual wellbeing, including their positive sexual experiences and their evolving capacity to consent to sex, need to be better understood to improve SRHR programmes.

To inform Plan International's SRHR programming and influencing work, Plan International's Global Hub, Plan International Finland and Plan International Sweden commissioned this qualitative research to explore the perspectives on sexual wellbeing and consent of young people living in Ecuador and Uganda. This report is part of a larger research project that also includes a literature review that was published in September 2021 and is accessible here.

## Objectives

This research project's three main objectives are:

- To explore the understanding of, and perspectives on, sexual wellbeing of young people in low- and middle-income countries (LMICs), including the various aspects of sexuality development during adolescence and the evolving capacity for sexual consent.
- To contribute to the understanding of how local and contextual factors – such as predominant religion, socially acceptable norms, cultural practices and political sentiment – can influence young people's sexual wellbeing and sexual consent in LMICs.
- To formulate recommendations for Plan International to further strengthen their SRHR programmes for young people based on the insights generated through this research.

## Conceptual framework

Our study was guided by the conceptual framework for healthy sexuality development and sexual wellbeing developed by Kågesten and van Reeuwijk. The framework differentiates between personal (such as having a positive sense of one's own self and identity and appreciating one's own body) and relational (such as developing and maintaining mutually respectful relationships) sexual wellbeing, which in turn are shaped by the individual's knowledge, attitude and skills as well as the social-ecological context.

## Study settings

In **Ecuador**, the study was implemented in two communities in Guayaquil, the second largest city in Ecuador

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<sup>a</sup> Following the UN and WHO definitions, we use the following terms and age groups: adolescents: 10 to 19-year-olds / young adults: 20 to 24-year-olds / youth: 15 to 24-year-olds / young people: 10 to 24-year-olds

In **Uganda**, the study was implemented in two slum areas of Kampala city.

## Methodology

Ethical approval was obtained from the University of Cuenca (Ecuador), Mbarara University of Science and Technology (Uganda) and the Uganda National Council of Science and Technology at national level. All participants provided written informed consent.

We conducted a qualitative study between August and September 2021 of young people aged 18 years to 24 years living in Guayaquil (Ecuador) and Kampala city (Uganda). The study consisted of in-depth interviews (IDIs) and focus group discussions (FGDs). In Ecuador, 80 young people (40 male and 40 female) participated in the study. In Uganda, 93 participants (45 male and 48 female) were enrolled in the study. All interviews and FGDs were recorded, transcribed and then coded into themes.

## Findings

Most of the young respondents did not draw a distinction between what they considered to be sexual wellbeing and what they recognised as influencing factors on sexual wellbeing. It appears that this division between influencing factors and the definition was easier to make for sexual consent. Throughout our analysis, we drew on the Kågesten and van Reeuwijk conceptual framework. We organise our findings in this summary by research objective.

### ***R01: Young people's understanding of sexual wellbeing and sexual consent***

#### **Sexual wellbeing**

Young people mentioned various aspects of sexual wellbeing on a personal and relational level. In both countries, aspects of sexual wellbeing at the relational level were most mentioned.

- **Personal aspects of sexual wellbeing** mainly related to body satisfaction and comfort with body, because these made them feel good and attractive to a partner. These included aspects such as a good body shape formed by breasts and hips for young women and beards, a deep voice or having a muscular body for young men. In addition, personal self-esteem and self-love and comfort with emerging sexuality were recognised as important components of sexual wellbeing.
- **Relational aspects of sexual wellbeing** included aspects of physical wellbeing (such as safe sexual encounters, consensual sex, physical attraction and experiencing sexual pleasure) and emotional wellbeing (such as feeling safe and comfortable, and feeling love, support, respect and trust).

These emotional aspects of sexual wellbeing were considered equally important by both young men and young women. They both used the same words to describe them and both referred to them as being important. In Uganda, young men and young women considered the presence of 'love' very important and in Ecuador the respondents mainly referred to 'feeling comfortable' with their partners.

- Young people in both countries seemed to think that sexual wellbeing, including using condoms and contraceptives, was easier to achieve in a more **serious relationship** than in a casual relationship.
- In Uganda, young people also referred to **economic aspects** when describing sexual wellbeing (the ability of young men to provide their female partners with money and their essential needs). On the one hand, this economic aspect can contribute to sexual wellbeing through its function as a symbol of worth and expression of love, and it can pragmatically increase young women's economic decision making and access to resources. However, this same factor can potentially be negative if it is an incentive for sex or sexual relationships where the power imbalance is so large that it compromises consent and safety, or where it makes young men feel 'used'.
- Although most young people were able to define sexual wellbeing and considered it to be important, many did not experience it fully in their relationships, due to a lack of key competencies or a combination of certain influencing factors.

### **Sexual consent**

Sexual consent is a concept that several young people can describe, but that few explicitly apply in their daily lives.

- For many young people this seems to be a new concept. The young people in our research appeared to have their **own understanding of consent** – not a formal yes or no – which included mainly **indirect actions**.
- Our findings further show that sexual consent is **more than 'girls and young women who have to learn to say no'**. In both countries, boys and young men are seen as the ones who take initiative to have sex, and girls and young women are the ones who need to accept. However, 'saying no' or denying sex often seems difficult for girls and young women because of the existence of traditional gender norms. Additionally, the young people in our research did not use direct, verbal approaches, meaning that sexual consent mostly needs to be interpreted from body language or indirect questions – opening a window for misunderstanding and sexual risks.
- The ability to experience sexual consent and the importance of communicating sexual consent seemed to **differ between different types of relationships**. Serious relationships could also lead to more respect and ability to (not) consent. There seems to be a direct relationship between 'love', consent and sexual wellbeing, whereas in 'casual' sexual encounters the goals seem to be different and more short-term and self-centred, for example around pleasure, economic incentive and/or self-esteem, with less interest in the wellbeing and consent of the other.
- **Age and maturity** contribute to sexual consent, mainly for young women. Older female youth seemed to be better informed, more experienced and less naive (even though older young women might still engage in sex when not really wanting to for various reasons such as economic need (Uganda) or fear of losing their partner (both countries)).

### ***R02: Local and contextual factors that influence sexual wellbeing and sexual consent***

- Most participants were convinced that **information about SRHR was lacking and, if provided, not responsive to their needs**. Participants mentioned the importance of receiving youth-responsive and youth-friendly support which is accessible and understandable and is provided from an early age. The need for more knowledge on sexual health topics, was considered the most important factor for achieving sexual wellbeing. The respondents indicated they mainly wanted to receive information from their parents, but schools and NGOs were also mentioned as possible knowledge sources.
- Young people in both countries indicated that they would love to have more open and warm relationships with their **parents**, and were disappointed in their parents for not providing them with more information and for not sharing their own experiences and knowledge related to SRHR.
- Young people refer to **schools, NGOs and health services** to receive SRHR information, services (such as distribution of condoms or individual consultations with professional health providers), and support to develop personal competencies such as being confident. The work of NGOs was generally very much appreciated, but the young people who participated in the study felt that schools often fail to meet the needs of young people.
- **Friends** are another key source for knowledge on SRHR. They might give misguided information or pressure a young person directly or indirectly to engage in sex (before feeling ready for it), but can also contribute to sexual wellbeing and sexual consent by providing help and support in case of health challenges (such as unwanted pregnancy) or other problems (such as violence).
- Lack of information is closely linked to the **taboo around sexuality for young people, mainly for girls** and young women. In Uganda, for example, participants refer to the social norm that prohibits girls and young women from saying 'yes' when a boy or young man wants to have sex with them. They need to bargain and say 'no' first. This makes sexual consent even more complex: how can a genuine 'no' and a 'no' which actually means 'yes' be distinguished from each other?
- **Traditional gender norms are a key barrier to sexual wellbeing and sexual consent**. Young women are taught to learn to listen to men and please them, making it difficult for them to establish boundaries and be respected. This also makes them more vulnerable to abuse.

Our research also provided examples and stories about young women who challenged these norms. We heard the voices of young women sharing their opinions, even when young men did not agree. Male and female participants also indicated that girls and young women can enjoy sexual experiences, and young men in both countries also mentioned the burden of always being expected to want to engage in sex (with multiple partners).

- Talking about sexual consent among young people was a **challenge in the legal context**, given that young people in these countries are legally not able to consent before the ages of 18 years (Uganda) and 14 years (Ecuador). Yet, most young people did not seem to consider the legal context in their daily lives and when engaging in consensual sex – raising important ethical questions in



terms of how programmes should refer to consensual sexual encounters before the age of legal consent.

- Other societal influences on consent and sexual wellbeing included **religion** (in Uganda) that puts emphasis on abstinence but also can connect two religious partners and **(social) media and films** – where young people learn about relationships and SRHR.

### ***RO3: Recommendations for Plan International to strengthen its SRHR programmes***

- ***General recommendations***
  1. Embrace a sex-positive approach  
Our findings demonstrate the importance of programme implementers and policy makers embracing a sex-positive approach that accepts sexuality as a normal part of human life and something that can be positive and fulfilling, a source of joy in life.
  2. Engage youth in programme development and implementation  
Young people –the target group of the programme – have an important role to play in generating knowledge about their realities, needs and preferences; in co-delivering the interventions; and in monitoring and evaluating these.
  3. Use a comprehensive, multi-component approach  
The findings of this study clearly indicate the need for comprehensive sexuality education (CSE) for adolescents and young people. However, CSE alone is not enough to change young people’s behaviour. They need to have sufficient economic resources, access to SRHR services and contraception, and a supportive environment in terms of social norms and gender equality. Programmes using multi-component systems approaches (MCSA), or ‘wide acting programmes’ are programmes that address structural factors at different levels of the social-ecological model as well as individual-level factors. For SRHR programmes, these can include interventions that improve access to, and quality of, sexuality education and information (‘demand side’), with interventions that increase access and uptake of contraception and sexual and reproductive health (SRH) services (‘supply side’) and interventions that amplify community support for adolescent and youth sexual and reproductive health. It is also important to address harmful social and gender norms and advocate for and promote supportive legislation and policies (creating an enabling environment).
- ***Strengthening key competencies***
  1. Strengthen CSE to promote consent and key competencies  
We recommend focusing on building understanding of consent and interpersonal skills for expressing and respecting wishes and boundaries, promoting safe and consensual sexual intercourse as ‘good lover’ skills, investing in gender-equitable attitudes, combining different delivery channels for CSE and using role models.
  2. Involve parents in CSE and promote child-parent communication  
Young people who participated in this research explicitly asked to receive information from their parents. Parents can be important supporters or opposers of CSE. CSE programmes should therefore always include activities to inform parents about the goals and content of CSE and to build their support.
  3. Actively link CSE with other interventions, such as service provision and community outreach

In line with a multi-component systems approach, it is recommended that CSE is actively linked to youth-friendly SRH services and contraception provision, for example through community health outreach, and/or peer- or community health provider systems. CSE should also actively link with and refer to other trustworthy sources of information and help, such as digital channels and telephone helplines. It is important that the places that young people are referred to are truly youth-friendly and non-judgmental, in order for young people to take up these services. In Uganda it may be worthwhile to explore how relevant the *Senga* system still is for adolescents, and include them in the programme as educators/providers (the *Senga* is an aunt in the family, traditionally responsible for communicating with adolescent girls about sexual behaviour in Uganda).

- ***Create an enabling environment to promote sexual wellbeing and sexual consent***
  1. **Address sexual taboos, myths and misconceptions**  
It is important to engage figures of authority in discussions about sexuality, to help to legitimise and normalise more openness around sexuality. This is a sensitive process which needs careful facilitation and should be done by an organisation that is trusted in the community, and in close collaboration with local authorities.
  2. **Build community and political support for implementation and scaling up of CSE and adolescent and youth SRHR interventions**  
How a CSE programme is introduced in a community is critical for how it is received and accepted. Building collaboration with city government offices is important. Working with a Whole School Approach engages parents and school staff in a process that considers the need and conditions for implementation of CSE and creates ownership and sustainability of CSE within the school.
  3. **Create conditions for broader social and gender norms change**  
To contribute to young people's sexual wellbeing, social norms change is necessary. To achieve change, it is important to target a specific norm, as it requires specific actions. Additionally, people should learn about the laws related to violence, to recognise violence, to react to it and to report it. Specific attention should be given to more vulnerable groups. The government has a specific role of ensuring a legal context that contributes to and assures gender equality and criminalizes sexual and gender-based violence
  4. **Focus on economic empowerment of young people**  
Young people in Uganda were convinced that, to promote SRHR, programming should also specifically focus on the economic empowerment of young people, and mainly girls. Being less economically dependent on parents and on young men (in case of the young women) would contribute to individuals' personal decision making and to sexual wellbeing.
  5. **Consider the role of legal and policy frameworks and build political support for implementation and scaling up of CSE and adolescent and youth SRHR interventions**  
Legal and policy frameworks must aim to protect young people from potential harm whilst also enabling them to freely exercise their rights, including their sexual rights, autonomously. Laws should not criminalise two young people who have consensual sex, and policy and legal frameworks should enable access to SRHR information, education and youth-friendly services from an early age, not linked to the minimum legal age of sexual consent. Legal frameworks need to be in place, people need to be aware of them and duty bearers require the means to implement

them, but should also be supported and capacitated to weigh the evolving capacities and best interests of the child fairly and critically, in the specific cultural context and situation. Finally, political support is needed if CSE is to be rolled out on a large scale. Therefore, informing and involving policy makers and other key stakeholders (such as religious leaders) in all programmes on sexual health and wellbeing of young people is essential.

- **Further research**

The following key areas are considered important for further research:

1. Personal sexual wellbeing among younger adolescents
2. Developing and validating measures of sexual wellbeing and consent
3. Understanding experiences of sexual consent and sexual wellbeing among minority groups, such as LGBTIQIA+ youth and young people with disabilities
4. Understanding the role of social media in shaping sexual wellbeing and consent
5. Understanding most effective ways of combining face-to-face (offline) delivery of CSE with digital channels (online) for delivery of CSE
6. Evaluation of adolescent and young people's SRHR programmes that use positive approaches
7. The role of Senga in Uganda to promote young people's – mainly young women's – sexual wellbeing
8. Acceptable promotion of sexuality education programmes in settings where sexuality of young people is taboo
9. The cost-effectiveness of positive comprehensive sexuality education programmes
10. Case studies on how the legal age of consent is interpreted in the balance between protection and autonomy

# 1 Introduction

## 1.1 Background

Many sexual and reproductive health and rights (SRHR) programmes for young people<sup>b</sup> take a 'sexual risk perspective', highlighting the negative consequences of sexual activity, such as unintended pregnancy, sexually transmitted infections (including HIV) and sexual violence. The positive or healthy aspects of the development of young people's sexuality and sexual experiences has received less attention. Taboos surrounding young people's sexuality strengthen stigma around sexual pleasure, give people an unrealistic view of what sexual wellbeing is or could be, and may disconnect how people feel and think about sex in reality. Young people's sexual wellbeing – including their positive sexual experiences and their evolving capacity to consent to sex – need to be better understood in order to improve SRHR programmes.

Plan International's work on young people's SRHR has been evolving over the past decade. It is underpinned by a gender-transformative approach, aiming to tackle the root causes of gender inequality and to shift the unequal power relations that control female sexuality. Plan International's key investment areas for SRHR are:

- supporting access to comprehensive sexuality education (CSE) and dialogue that enables adolescents to explore values and attitudes, and to build skills and coping mechanisms regarding sex and sexuality;
- strengthening quality adolescent-responsive and gender-responsive SRHR services;
- strengthening support for adolescent girls and young women most-at-risk;
- preventing child, early and forced marriage and unions, female genital mutilation/cutting, HIV and AIDS.

To inform Plan International's SRHR programming and advocacy work, Plan International's Global Hub, Plan International Finland and Plan International Sweden commissioned this qualitative research to explore the perspectives on sexual wellbeing and sexual consent of young people living in Ecuador and Uganda. This report is part of a larger research project that also includes a literature review that was published in September 2021, a comic and a film.<sup>1</sup>

## 1.2 Study objectives

The three main objectives of the research project are:

1. To explore young people's understanding of, and perspectives on, sexual wellbeing and sexual consent in low- and middle-income countries (LMICs), including different aspects of sexuality development during adolescence and evolving capacity for sexual consent.
2. To contribute to the understanding of how local and contextual factors – such as predominant religion, social and cultural norms and practices and political sentiment – can influence sexual wellbeing and sexual consent among young people in LMICs.

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<sup>b</sup> Following the UN and WHO definitions, we use the following terms and age groups: adolescents: 10 to 19-year-olds / young adults: 20 to 24-year-olds / youth: 15 to 24-year-olds / young people: 10 to 24-year-olds

3. To formulate recommendations for Plan International to further strengthen their SRHR programmes for young people based on the insights generated through this research.

### 1.3 Conceptual framework

The current research draws on the conceptual framework for healthy adolescent sexuality development developed by Kågesten and van Reeuwijk.<sup>2</sup>

At the heart of this framework is sexual wellbeing, comprising personal and relational aspects:

- **Personal sexual wellbeing** refers to the internal development of the individual. It includes, but is not limited to, having a positive sense of one's own (sexual) self and identity, appreciating one's own body, and recognising and appreciating feelings of pleasure and desire.
- **Relational sexual wellbeing** refers to developing and maintaining mutually respectful relationships. For adolescents, and especially the youngest age groups, this does not only include relationships with intimate partners, but also those with other people who are part of their "sexual socialization", such as parents and peers. For (older) adolescents who are involved in sexual activities, relational sexual wellbeing can include experiencing positive, pleasurable sexual encounters, free from violence and discrimination. **Sexual consent** thus becomes an implicit part of sexual wellbeing.

The framework proposes six *key competencies* (individual knowledge, skills and attitudes) that are central to healthy adolescent sexuality development. They form the foundation for how adolescents explore sexuality and achieve a sense of sexual wellbeing in relation to themselves and others:

- **Sexual literacy** (such as age- and developmentally appropriate understanding of the human body, relationships and SRHR)
- **Gender equitable attitudes** (including attitudes that support gender-equal norms related to the social and cultural roles, responsibilities, rights and capacities of men and women)
- **Respect for human rights**, understanding of (sexual) consent (such as demonstrating respect and empathy for others, and understanding privacy and consent in relation to the self and others)
- **Critical reflection skills** (such as ability to critically assess and challenge harmful norms and messages related to gender and sexuality)
- **Coping skills and stress management** (such as ability to deal with and learn from negative experiences and adversities, and handling stress and pressure related to social and sexual expectations)
- **Interpersonal relationship skills** (such as ability to communicate, assert values and preferences, and negotiate in both intimate and social relationships)

While knowledge, skills and attitudes are important resources, these competencies are individual and can be limited or annihilated by factors from adolescents' surrounding environments. Therefore, the framework highlights the role of influencing factors ('social-ecological opportunity structures') in shaping if, how and when adolescents are able to use competencies to achieve a sense of sexual wellbeing. Opportunity structures exist at multiple, interacting levels including:



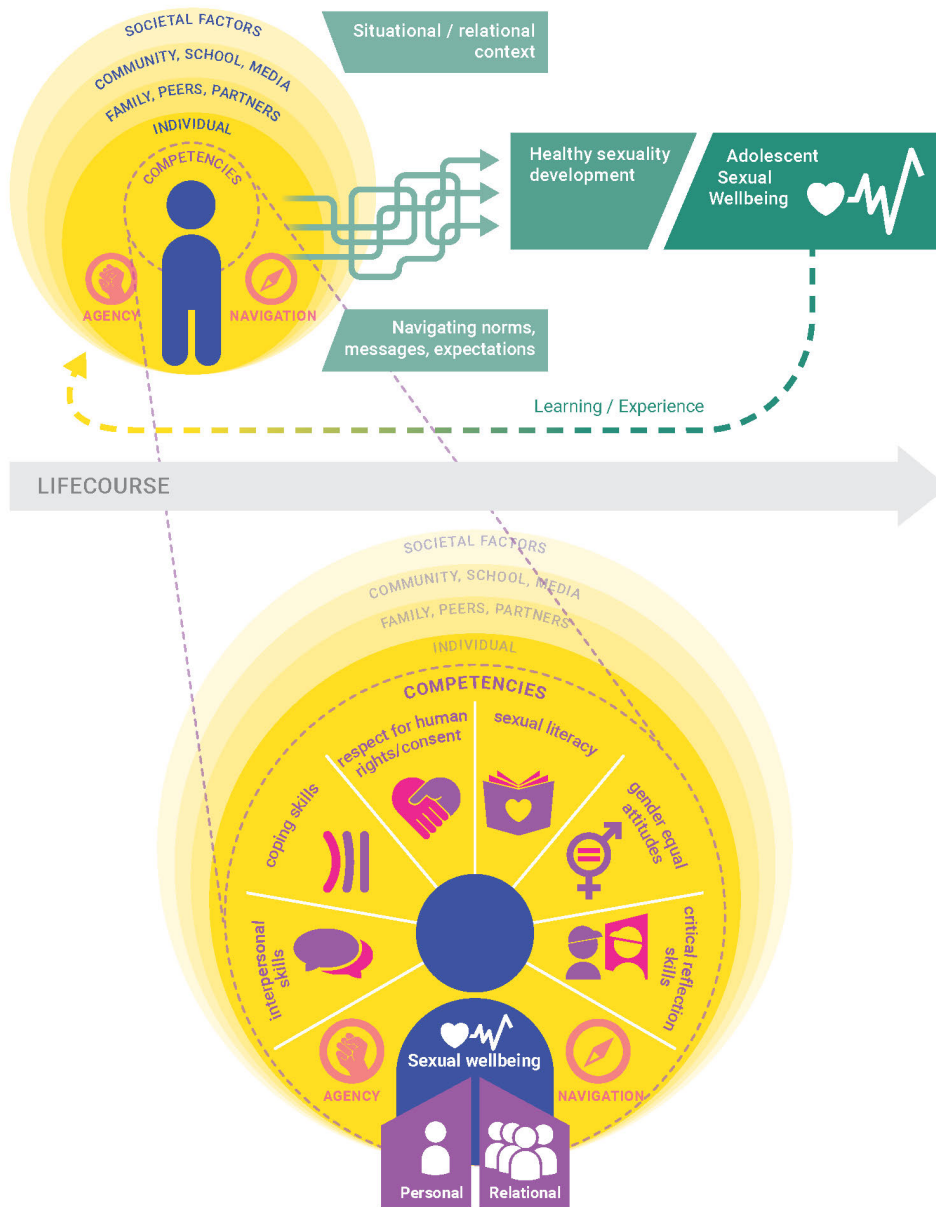
- **Individual**, such as experiences, physical health, and socio-demographic background
- **Family, peers and partners**, such as relationships and connectedness with parents, siblings, peers and partners
- **Community**, school and media, such as availability of health services, and connectedness with teachers
- The broader **societal level**, including macro factors such as norms, laws, policies and economy.

The framework further discusses the role of **sexual agency** in shaping whether young people can translate competencies into desired actions and choices – that is, sexual wellbeing outcomes – but the exploration of this link is beyond the scope of the current study.

For this research, the framework was used to organise key factors that promote or undermine young people’s sexual wellbeing and sexual consent.

Figure 1: Conceptual framework highlighting key competencies for healthy adolescent sexuality development and its potential link with sexual wellbeing (Kågesten and van Reeuwijk, 2021).<sup>2</sup>

Conceptual model for healthy adolescent sexuality development



Adolescents' Perspectives of sexual wellbeing and consent: Young people's perspectives on sexual wellbeing and sexual consent: A qualitative study in Ecuador and

1.4 SRHR of young people in Ecuador and Uganda

1.4.1 SRHR of young people in Ecuador

Health

Young people in Ecuador today have a wide range of health care needs, in particular related to sexual and reproductive health.<sup>3</sup> A major concern is the high rates of adolescent pregnancy. According to 2010 statistics from the National Statistics and Census Institute (Instituto Nacional de Estadística y Censos – INEC), 44.1 per cent of mothers had their first children when they were 15 to 17 years old, and 2.4 per cent had their first children when they were between 12 and 14 years old. Some 3.4 per cent of the approximately 3.6 million mothers in Ecuador in 2010 were between 12 and 19 years old. The percentage of adolescents aged 15–19 with at least one child increased from 14.84 per cent in 1990 to 17.53 per cent in 2010.<sup>3</sup> Research also indicates that indigenous groups are more vulnerable. Members of these groups have – for example – higher rates of teenage pregnancy and sexually transmitted infections (STIs), including HIV.<sup>3</sup>

### Culture

Like the cultures of many Latin American countries, the Ecuadorian culture is characterised by traditional norms related to sexuality, gender and religion. A lot of research among young people in Ecuador refers to a cultural machismo/marianismo system, which includes a traditional gender ideal of male dominance and female submission. Studies in the Caribbean and Ecuador indicate that these diverse social and cultural gender norms lead to different sexual behaviour among young men and young women. Macho young men are supposed to be heterosexual and have many sexual partners, and there is a social norm that they engage in higher sexual risk behaviour than young women, who are expected to be innocent and self-sacrificing (and therefore more likely to suffer from negative SRH outcomes such as violence and unwanted pregnancies). These traditional gender norms are also barriers to girls and young women enjoying sexual experiences.<sup>4</sup>

A 2011 UNFPA study found that 68 per cent of women and 61 per cent of men did not approve of sexual relationships among adolescents.<sup>5</sup> These attitudes are also common among health workers. Given this, one of the main barriers to adolescent access to contraception – and a major reason for the gap between knowledge about contraception and its actual use – is the attitude of health workers who believe that contraception is not an adequate response to sexual activity among adolescents.<sup>3</sup> One of the main challenges for young people is the many barriers that limit their access to health services in general, and sexual and reproductive health services in particular. Of course, there are many reasons for this, but an important one for our research is the influence of traditional cultural norms. These norms are resistant to providing young people with sexual and reproductive health information and services, and are also translated in legal restrictions against unmarried young people receiving certain services. Young people may encounter health staff that have judgmental attitudes and are reluctant to provide them with SRH-related care.<sup>3</sup>

### Legal context

The legal age of consent for same sex and heterosexual sex in Ecuador is 14 years old. Individuals aged 13 or younger in Ecuador are not legally allowed to consent to sexual activity, and such activity may result in prosecution.<sup>6</sup> This is also the case if both partners are younger than 14 years old.

Since June 2019, same-sex marriages are legal in Ecuador.

## 1.4.2 SRHR of young people in Uganda

### Health

Statistics from the Uganda Demographic Health Survey (DHS) in 2016 indicate that Ugandan adolescents may make their sexual debut at an early age. Among 20 to 29

year olds, 11 per cent of men and 18 per cent of women said they had begun sexual activity below the age of 15 years.<sup>7</sup> In a study conducted among young people aged 13 to 24 years in 2017 in a slum area in Kampala, the median age of first sex was 16 years, and 31 per cent of these experiences were non-consensual encounters.<sup>8</sup> In this context, it has been documented that at least 25 per cent of girls are pregnant before the age of 18 years. Deaths in teenage pregnancy account for 17 per cent of overall maternal mortality in Uganda.<sup>7</sup>

### Culture

In Uganda, like most societies across the globe, culture is and remains an important determinant of sexuality. Through cultural norms and institutions individuals are socialized into their expected gender roles and identities, which are part and parcel of sexuality.<sup>9, 10</sup> While sexuality-related cultural norms and practices are diverse across Ugandan cultures, their gendered crosscutting characteristics – which put women and girls at higher sexual and reproductive health risk than men and boys – are similar.<sup>11, 12</sup> Prominent cultural norms characterise ideal men as providers, protectors, and decision makers, and ideal women as obedient and submissive caretakers.<sup>13</sup> Common gendered cultural practices across most communities include bride price, early marriage, polygamy and wife inheritance. As a result of subordination and control, which all compromise women's and girls' ability and position to negotiate positive sexuality practices.<sup>10, 13</sup>

Sexual negotiation and decision making are often compromised because of a transaction arrangement which was coined as bride price: a groom's gift to the family in appreciation for his wife. This contributes to reduced power and negotiation capacity for women in marriage, and is perceived to promote domestic violence.<sup>14</sup> The woman is expected to fulfil marital obligations and has limited control over sexual decision making, fertility or contraception use. To some extent, this cultural practice promotes early or forced marriage for girls in exchange for bride price, and an expectation that girls should receive cash gifts or rewards in a relationship that promotes transactional sex and relationships with older partners who are economically empowered to meet these obligations.<sup>15</sup> To date, young women remain in transactional relationships, further compromising their sexual negotiation power.<sup>13</sup>

In Uganda, like in several other African countries, discussions about sex or sexuality are a cultural taboo in public, and usually take place in private.<sup>16</sup> Traditionally, adolescents are prepared for marriage through traditional sex education sessions delivered by a paternal aunt commonly known as "Senga" in Buganda in Uganda. The Senga had a moral authority to instruct adolescent girls on expected sexual behaviour.<sup>15</sup> This education included how to handle menstruation and labial stretching, and how to enhance sexual pleasure for men. The Senga emphasised gender roles in preparation for womanhood, ensuring hygiene, good behaviour, respect for elders and in-laws and general home maintenance.

Among girls, the practice of labial pulling or stretching, which involves stretching the inner labia with herbs, is mainly conducted during puberty to prepare young girls for marriage to suit their future husbands' sexual tastes and needs. However, this practice may be accompanied by risks including pain, swelling, bleeding, possible infection and neuro-sensitivity. In addition, there are psychosocial challenges of anxiety, shame or fear of exclusion arising from intimidation for those who forego the practice.<sup>17</sup>

In addition, it was also the duty of a Senga to ensure that the niece maintained her virginity until marriage.<sup>14</sup> This is particularly important because 'virgins' at marriage would attract a higher bride price. In the event that the niece lost her virginity before marriage, the Senga would be blamed and the girl would be considered a disgrace to

the whole clan and community.<sup>15</sup> In a context where sexual experience is prestigious for boys and young men, this is stigmatizing for girls and young women, who are expected to remain virgins until marriage.<sup>18</sup>

### Legal context

The legal age of consent for men and women to engage in heterosexual sex is 18 years old.<sup>19</sup> Homosexual activities are criminalised.<sup>19</sup> This non-permissive legal framework for sexual relationships at a young age may lead to young people engaging in secretive sexual relationships, which may lead to sexual risks for which it becomes difficult to seek SRHR support or advice.<sup>18</sup>

A few policies make information and services on SRHR available for adolescents aged 10 to 19 years. These include the 2012 Adolescent Health Policy and the HIV testing policy, which allows consent for testing for adolescents who attain 12 years of age.<sup>20</sup> This policy – when viewed in the context of consensual relationships – would provide adolescents with an opportunity to know their status and that of their sexual partners.

## 2 Methodology

In this chapter, we present the study sites, the methodology of working with young co-researchers and youth experts, the recruitment of participants, data collection and analysis, ethical considerations – including measurements related to COVID-19 – and limitations.<sup>c</sup>

### 2.1 Study sites

In both countries, the study sites were selected by Plan International (international and country offices). This choice was mainly pragmatic: a focus on areas where Plan International is implementing programmes facilitated community entrance, and also made the recommendations more valuable and actionable for Plan International. In addition, and due to the COVID-19 pandemic, Plan International also chose to work in urban areas, where online sessions with young people were more feasible than in rural areas.

The city selected for the study in **Ecuador** was Guayaquil. With an estimated population of 2,350,915 inhabitants, Guayaquil is the second largest city in the country.<sup>21</sup> It is divided into 21 parishes: 16 urban and 5 rural. The study was conducted in Tarqui, one of the urban parishes. The data collection was organised in two sectors of this parish: Nuevo Prosperina and Socio Vivienda 2. In Nueva Prosperina the data collection took place in the community centre, while in Socio Vivienda 2 data were collected in a health centre and in an educational institution. Tarqui is one of the largest parishes in Guayaquil (in area and population), with a population of over 835,000 inhabitants. It has low-cost houses with limited basic services and where multiple families cohabit. Access to the parish is difficult because it does not have paved roads and it is prone to flooding. Most of the population depend on daily wage jobs. Regarding education, most of the inhabitants complete secondary education, but very few attend university. Finally, crime and delinquency are prevalent in the city of Guayaquil, with the urban parishes having particularly high murder rates.

<sup>c</sup> Most information in this chapter is based on the description of the methodology in the national reports, developed by Ana Cevallos Neira from Cuenca University in Ecuador and Dr Kemigisha Elizabeth from Mbarara University of Science and Technology.



In **Uganda**, the study took place in the capital, Kampala. Kampala is the largest city in Uganda, with over 1,5 million people.<sup>22</sup> It has 5 administrative divisions include Kampala Central, Kawempe, Makindye, Nakawa and Rubaga divisions. The study was conducted in Kawempe division, in two zones located in the slum areas of Katoogo and Kakungulu. This area has low-cost houses, which are congested, and some lack essential sanitary facilities. The area is low-lying and prone to flooding. It has poor sanitation and limited access to safe water. Most people depend on daily wage jobs.<sup>23</sup> Most of the participants had education up to secondary level 4 or less.



Cevallos Neira 2021, Picture of an area in Nueva Prosperina, Guayaquil



Kemigisha 2021, Picture of an area in Katoogo zone, Kawempe, Kampala

## 2.2 Working with young co-researchers and youth experts

For data collection, the country research teams were set up and led by the lead international researcher (Sara De Meyer) and a national co-lead researcher experienced in qualitative research (Ana Cevallos Neira in Ecuador and Elizabeth Kemigisha in Uganda).

- The team in Ecuador also included six young people (three young men and three young women, aged between 17 and 22 years of age), living in the sectors where the study was conducted. The young people were trained as co-researchers and conducted interviews and focus group discussions. In the case of the co-researcher who was 17 years old, consent was obtained from his mother. Beside the national co-lead, the team in Uganda also comprised three research assistants aged 25 to 28 years.
- In Uganda, the national co-lead was assisted by two research assistants and one professional co-researcher. Due to strict COVID-19 mitigation measures in Uganda, it was not possible to work with a group of young co-researchers. However, the team was supported by an expert panel, which comprised six young experts (four young women and two young men, aged between 18 and 26 years<sup>d</sup>). They were selected because of their previous work experience with young people on SRHR. As such, they were considered able to represent the diverse opinions of young people their age. The role of the expert panel was to provide insights on the data collection methods and interview guides and to participate in interpretation of the research findings. Four online meetings were held with the committee, two prior to data collection to give information about the project and receive feedback on the interview guides, one during

<sup>d</sup> One girl of 26 years old was recruited as young expert as she is the Youth Country Coordinator of the Sexual and Reproductive Health and Rights Alliance of Uganda and therefore has extensive knowledge about SRHR issues of young people in Uganda.

data collection and one after data collection, both to obtain feedback on the interpretation of the results and to formulate recommendations.

All but one (in Uganda) of the young persons involved in the research or expert panel had experience as volunteers on SRHR projects of Plan International (for example as health promotor, peer educator, youth activist or champion of change). This was important, as they were known to be able to talk about sensitive issues such as sexual experiences, sexual consent, and positive aspects of sexuality. It also enabled them to use their former experiences and the research capacities to be developed to help with the formulation of recommendations based on the research results.

All the co-researchers involved in the study participated in a training session. In both countries, an online training session was provided by the local Plan International offices on safeguarding policy, risk assessment and ethical referral (including exercises on ethical aspects of research and on dealing with ethical dilemmas) prior to data collection. This training was based on the guidelines and protocols developed by Plan International. In Ecuador, an additional training event was conducted by the international researcher and the national co-lead. This was a five-day training event, organised partly remotely and partly face-to-face. In Uganda, additional training of the research assistants was conducted by the national professional researcher. This included two sessions online and one physical session each, lasting at least three hours. Both training events followed the Explore methodology developed by Rutgers,<sup>24</sup> which consists of an introduction to the research purpose and joint conceptualization of key topics such as sexual consent and sexual wellbeing. At the beginning of the training, all the members of the advisory board in Uganda and all the co-researchers were interviewed by the international researcher, to help them to better understand the research and its instruments. The young researchers were given the opportunity to practise using the interview tools and informed consent forms.

Working with these young people facilitated access to other young people, and created a conducive environment for other youth to share their experiences openly and honestly. Working with young people as researchers can significantly reduce the power differentials between the researcher and the informant, and thereby increase the validity and reliability of data collected. In our experience, young informants were less restrained when they talked about personal and sensitive issues with other young people who they could identify with, rather than adult researchers. Young co-researchers generate different discourses than adult researchers, because they use language and methods that more closely fit the knowledge, understanding and interest of their peers. This helps to create a space for youth to express themselves more freely and honestly.<sup>24, 25</sup> Furthermore, the young co-researchers' own experiences and understandings of growing up, and the local context (they were from the research areas), helped to inform the research design and data interpretation.

### 2.3 Recruitment of research participants

In both countries, the primary research participants were young people aged between 18 and 26 years old, who responded retrospectively to questions about their experiences from the age of 10 years. This age range was chosen taking into account national laws around the age of sexual consent, and to increase the likelihood that young people would feel both comfortable and able to discuss personal experiences related to sexual wellbeing and sexual consent. The local researchers worked closely with the Plan International programme staff to get introduced to the community, explain the research purpose and seek permission from local leadership or key gatekeepers.

In **Ecuador**, a total of 80 young people participated in this research, 40 males and 40 females. Prior to the research, about 70 per cent were involved in Plan International Programming. Overall, 10 focus group discussions were conducted, with between 4-6 participants each, as well as 27 in-depth interviews. The participants in the study were convened by the co-researchers, who also lived in the selected communities. Plan International Ecuador also provided support.

**Table 1: Description of research participants in Ecuador**

	Data collection site		Total
	Nueva Prosperina	Socio Vivienda	
In depth interviews	21 (11 young women, 10 young men)	6 (5 young men, 1 young women)	27
Focus group discussions	2 young women only	2 young women only	4
	2 young women only	1 young man only	3
	2 mixed	1 mixed	3

A more detailed description of the participants can be found in Annex 1.

In **Uganda**, 11 focus group discussions - each with six participants – and 27 individual interviews were organised. The respondents were selected by community mobilisers from Plan Uganda project areas in Kakungulu and Katoogo zones. A total of 93 young people participated in the study, of whom 45 were male and 48 female. About 80 per cent of participants in the interviews and focus group discussions were recruited from participants of Plan programmes in the study sites. These young people are different from other youth in the community because the Plan International programmes have equipped them with skills to be assertive and speak about their concerns as young people. They received information about sexual and reproductive health, including information on topics such as assertiveness; establishing borders in relationships; prevention of HIV, STIs and unwanted pregnancy; rights and recognition; and reporting violence. They have participated in advocacy programmes with community leaders within Kawempe division as well as the city council, and some at parliament level.

In addition, six in-depth interviews were held with a group of young experts aged 21 to 26 years. Two of them were 25 and 26 years old and slightly older than the target age of the other research participants. They were added to the group due to their vast experience of working with young people.

A total of 66 young people participated in focus group discussions; each group comprised six participants. Four focus group discussions were held with young women only (two from Katoogo and two from Kakungulu), four with young men only (two from Katoogo and two from Kakungulu) and three focus group discussions were mixed (two from Katoogo and one from Kakungulu). Young people were selected in different age categories – both younger (18-21 years) and older (22-24 years) for both interviews and focus group discussions.

**Table 2: Description of research participants in Uganda**

	Data collection site			Total
	Katoogo Zone	Kakungulu zone	Online young experts	

In depth interviews	10 (7 young women, 3 young men)	11 (7 young men, 4 young women)	6 (2 young men and 4 young women)	27
Focus group discussions	2 young women only	2 young women only	-	4
	2 young men only	2 young men only	-	4
	2 mixed	1 mixed	-	3

A more detailed description of the participants can be found in Annex 1.

Due to the explorative purpose of our research, we only asked for the age and the sex assigned at birth of the research participants. Additional background information – such as socio-economic situation, educational level or romantic and sexual background – were not requested.

## 2.4 Field data collection and analysis

In Ecuador (13-24 September 2021) and Uganda (6-17 September 2021), data collection took two weeks. In Ecuador, most of the interviews were conducted by the young co-researchers. The co-lead interviewed two respondents. All the interviews were conducted in Spanish. In Uganda, the interviews were conducted in English and Luganda by the co-lead and a trained professional researcher (aged 28 years). Research assistants were available to take notes in the focus group discussions and assist with translation.

Data were collected through individual in-depth interviews (IDIs) and focus group discussions (FGDs), using guides (see Annexes 2 and 3). The IDIs focused on personal experiences related to sexual wellbeing and sexual consent, while the FGDs focused on the general experiences of young people. The former lasted on average one hour while the latter took on average one hour and a half. To protect the participants' anonymity, we did not ask for names, except in cases of safeguarding concerns. The guides were developed in English and translated into Spanish (Ecuador) and Luganda (Uganda).

The interviews were recorded with audio recorders and the interviewers took notes. The recordings were transcribed in Spanish (Ecuador) and English (Uganda) by native speakers. The notes were discussed during debriefing meetings that were organised at the beginning (Ecuador) or end (Uganda) of each day of data collection. In the debriefing meetings, the team reflected on key findings and new insights, the quality of the data and the direction for the upcoming interviews. In Ecuador, this was organised online with the co-researchers and the national and international researchers. In Uganda, the debriefings were organised with the local team, face t -face. During the period of data collection, research professionals reviewed transcripts and provided feedback (to each other and the co-researchers) to support quality and learning. In Uganda, additional meetings were organised with youth experts to receive feedback on the results and their interpretation. In both countries, an additional stakeholder meeting was organised during which preliminary results and recommendations were presented and discussed.

The coding framework was developed jointly by the national and the international research leads, based on the conceptual framework developed by Kågesten and van Reeuwijk. The data were then coded and subsequently organised into themes and categories and analysed thematically based on the context and lived experiences of the young people. Verbatim quotes were identified and matched with the findings to provide

evidence on the views and aspirations of the research participants. The data were analysed manually and using NVIVO version 12.

## 2.5 Ethical considerations

The study was approved by the ethical committees of the University of Cuenca (Ecuador) and Mbarara University of Science and Technology (Uganda). In Uganda, additional approval was obtained from the Uganda National Council of Science and Technology at national level. In both countries, administrative clearance was also provided from the community leaders where data collection took place. Before participating in the research, all the respondents were asked to give their written informed consent. Ethical approval was also applied for from the Swedish Ethical Review Authority (EPN), for analysis of secondary (de-identified) data.

The research followed Plan International's COVID-19 guidance and protocols at global level and in the study countries. During data collection and before the stakeholder meeting, the research team was regularly tested for COVID-19. The research participants had to conduct a temperature measurement check, and to use alcohol hand rub and face masks, both provided by the study. Focus group discussions were maintained at a maximum number of six participants who sat at spaced intervals of at least 1 metre. Large group meetings, such as the validation meeting and the stakeholder meeting, were organised with a minimum number of participants and prescribed procedures were followed.

## 2.6 Limitations

### COVID-19 pandemic

The study was made challenging by the COVID-19 pandemic. This complicated the selection of participants and the number of people who could participate. The pandemic also required sanitary measures for all people involved, and meant that the international consultant could not travel to Ecuador and Uganda. Due to this, remote data collection needed to be feasible, and study sites with good internet connections were selected.

### Specific group of research participants

Most of the respondents had participated – prior to our research – in Plan International programmes. As a result, we noticed that the respondents - mainly in Uganda - differed from other young people living in the same communities. They were more empowered to reflect critically and talk about issues related to SRHR. On one hand, this can be considered as strength as they could be considered representatives of young people living in their communities. On the other hand, it meant that we heard the voices of specific young people and that we cannot generalize from these results for all the young men and young women living in Uganda and Ecuador.

### Minority groups

As we were working in countries where homosexual acts are taboo or even criminalised (Uganda), our research strictly focused on heterosexual contacts. Young people were informed about this before starting the interview. This means that more nuanced analysis of sexual diversity was not possible.

This restriction in analysis is also relevant for other minority groups, such as young people with disabilities or young people with diverse gender identities. Our research was a qualitative explorative study and as such could not include the wide range of diverse young people that would have been necessary to formulate distinct



conclusions. For each research participant, only age and sex assigned at birth were asked as background information.

**Language**

In Uganda, the use of Luganda sometimes hindered the flow of the interviews and the interpretation. Fortunately, the research assistants who were fluent in Luganda and English could support the national co-lead of the research.

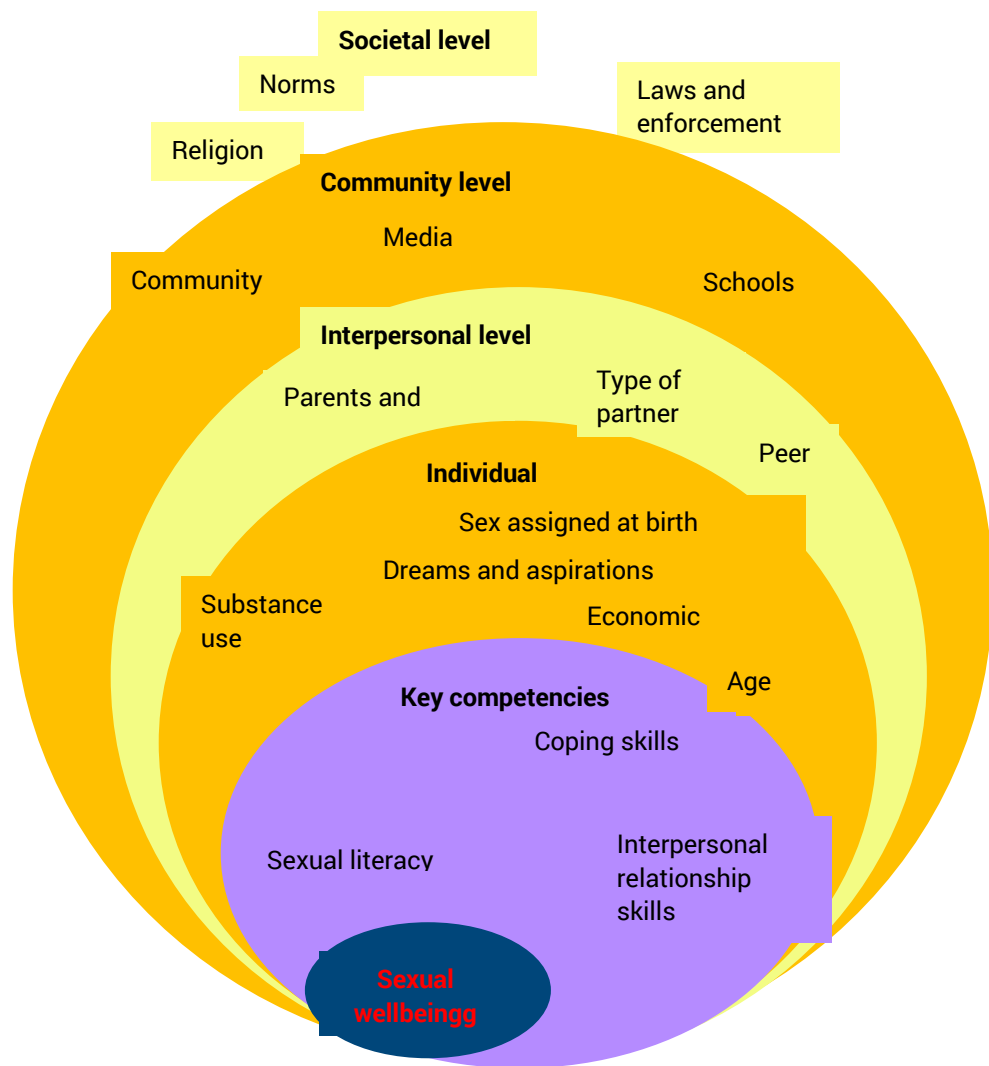
**Influence of methodology**

Although we are still convinced of the added value of working with young co-researchers, we also noticed that the research results in Ecuador describe less details than the data collected by professional researchers in Uganda. In addition, our results were influenced by the fact that we asked young women and men questions about romantic and sexual encounters. This resulted in more information being received about relational sexual wellbeing than about personal sexual wellbeing.

### 3 Findings

In this section, we will describe how young people in Ecuador and Uganda perceive sexual wellbeing<sup>e</sup> (3.1) and sexual consent (3.2), which key competences they need to achieve a sense of sexual wellbeing (3.3) and what they consider to be external influencing factors for sexual wellbeing and sexual consent (3.4). Throughout this, we draw on the Kågesten and van Reeuwijk conceptual framework to organise the findings, where relevant. Figure 2 shows the main themes that emerged from the data. These are not exhaustive: that is, the absence of certain aspects of sexual wellbeing and consent, or their influencing factors, does not mean that these are not important; It simply means that these concepts did not emerge as key themes in the current research.

Figure 2<sup>f</sup>. Overview of main study findings related to young people’s understanding of sexual wellbeing and consent, their influencing factors and key competencies to achieve a sense of wellbeing.



<sup>e</sup> All the words in the text that are underlined (not titles) are hyperlinks. You can click (ctrl + click) on them and move directly to the corresponding sections in the report.

<sup>f</sup> All the words in this figure are hyperlinks. You can click (ctrl + click) on them and move directly to the corresponding sections in the report.

#### Personal

- Body satisfaction or comfort
- Self-esteem and self-love
- Comfort with emerging sexuality

#### Relational

- Physical wellbeing in sexual encounters **including sexual consent**
- Emotional wellbeing in sexual encounters
- Economic wellbeing in sexual encounters

### 3.1 Young people's understanding of sexual wellbeing

The findings of our research indicate that young people's understanding of sexual wellbeing is complex and dynamic. When asked to reflect on what sexual wellbeing entails or means to them, **young people did not necessarily distinguish between what they considered to be sexual wellbeing per se and what they recognised as influencing factors.**

**Young people did not necessarily distinguish between what they considered to be sexual wellbeing per se and what they recognised as influencing factors.**

Only a few young people explicitly tried to provide a definition of sexual wellbeing, ranging from broad perceptions of sexual wellbeing involving "everything" to more specific understandings related to being "comfortable" in intimate relationships.

"It [sexual wellbeing] involves everything, it involves being myself physically, emotionally and socially". Ecuador, FGD 4, young women only, age range 19-21 years

"Sexual wellbeing is being comfortable with that person, with your partner. Being comfortable and determined about what you're going to do and what you're not going to do." Ecuador, woman, 21 years

"In my own perspective, I would define it [sexual wellbeing] as being in a mutual relationship where by all partners are playing their roles effectively, where by you do what is good for the both of you without compromising each other's interests, whereby you make sure that in each and everything you do in that relationship, you make sure that her interests are protected and your interests are protected as well." Uganda, boy, 21 years

"Sexual wellbeing would be first, I think... [referring to the] sexual body. But I mean, if I did have a scientific definition, it would be that maybe your sexual body organs are okay... But I feel like it would be wider than this, ... if we are talking about general sexual wellbeing it would include things like whether you enjoy your sexual experiences ..., consent, and whether you are STI free, and a lot of that kind of stuff. So, coming up with a definition is very hard for me." Uganda, girl, 23 years

The fact that only few young people shared *explicit* definitions about sexual wellbeing does not mean that they did not understand the concept. Their discussions around influencing factors were also meaningful as steps towards ultimate understanding and

definition of sexual wellbeing as a complex concept.<sup>26</sup> Recognising this complexity, the findings that we present related to young people's understanding of sexual wellbeing sometimes intersect with the social-ecological factors that may contribute to this wellbeing, although we have attempted to separate the two.

### There are similarities and differences in how young men and young women understand sexual wellbeing.

Further, the data show **similarities and differences in how young men and young women understand sexual wellbeing**. Both young women and young men underscore the importance of emotional wellbeing, using similar words to describe it. In Ecuador, respondents mainly referred to 'feeling comfortable' with their partners. In Uganda, young men and young women considered the presence of 'love' very important.

Material gains, such as money and gifts, were very important for young women in Uganda. Having a hard-working or wealthy partner was considered important in starting and sustaining relationships.

"If you have done nothing to provide, you are not entitled to my body. Where do I gain from?" Uganda, FGD 8, young women only, age range 21-24 years

"For girls it's basically money and care that they want. A man should be with money in order to be in a romantic relationship." Uganda, FGD 2, young men only, age range 18-22 years

"For me, based on what I know, you cannot be in a happy relationship when there is no money. It is difficult. I don't know any such girl. That you will just give her words, that one is not there." Uganda, FGD 3, young men only, age range 21-23 years

For young men, the economic aspect of sexual wellbeing relates to independence and ability to provide in a relationship. They preferred partners who could add value in the relationship, such as contributing to better economic achievement, such as connections to get better job opportunities.

"Girls should know that there not supposed to get each and every thing from men, that is everything from A up to Z; they should also work hard, for example engaging in skills like hair dressing so that they can look after themselves." Uganda, FGD 2, young men only, age range 18-22 years

However, some respondents did mention that love is possible without exchanging gifts. Also, mutual economic support was reported.

"If my boyfriend has debts and I have money, I can support him and we clear the debt. There are some circumstances whereby the boyfriend gets sick and he is no longer working, if I have money I can help him with some money if I have, why not...?" Uganda, FGD 4, mixed group, sex unknown, age range 19-23 years

The following section presents key themes related to how young people understand sexual wellbeing from both **personal** (for example, sense of self and body) and **relational** (for example, mutually respectful sexual encounters with partners) aspects. Given that our research questions focused primarily on sexual encounters in relation to partners, relational aspects of wellbeing were more often than individual aspects by the participants in both countries.

The themes were apparent for both young men and young women of different ages, but there were also notable sex differences as further described below. During the whole research process, we consistently probed for differences in age, between young men and young women, and between those involved in steady and more casual relationships. If these differences are not mentioned below, it means that the research participants could not provide information about them.

### 3.1.1 Personal aspects of sexual wellbeing

Young people discussed three main aspects of personal sexual wellbeing: *body satisfaction or comfort*, *self-esteem*, and *comfort with emerging sexuality*.

#### Body satisfaction or comfort

In both countries, young people mentioned aspects of their body image that promoted their sexual wellbeing. They referred to pubertal changes that made them feel good and attractive, such as developing breasts (young women) and a deep voice (young men).

“Our girls also like touching beards. Also, some scientists say that beards are the source of sexual energy in men.” Uganda, FGD 9, young men only, age range 21-24 years

Additionally, young people illustrated taking measures to enhance their attractiveness, such as watching their diets and taking care of their personal hygiene. In Uganda, some young men mentioned that they went to the gym to train for a six-pack, and participants indicated that young women would wear seductive clothing.

“About our body parts: some youths go to the gym to achieve a ‘six-pack’ [abdomen] and they say that women love men/boys with six-packs.” Uganda, FGD 2, young men only, age range 18-22 years

“When you have not yet reached puberty, you do not care how you look like, you don’t notice yet: ‘ah, this is a beautiful boy’, such things. But when puberty starts, one wants to see people more groomed and with a nice smell and all these things. And you start watching boys: ‘no, this is a beautiful boy’, ‘this is a beautiful girl’. Things like that.” Ecuador, young woman, 21 years

Some participants in both countries also indicated how discomfort with the body could be a barrier to sexual wellbeing. Some young women in Ecuador mentioned that they did not like to receive sexually related comments from boys and men when growing up. Additionally, some young women also felt sad and insecure due to the start of their menstruation, for example if that had not been informed about it.

“In the context of sexuality [...] women are more worried about their bodies.” Ecuador, young man, 21 years

“For example, here in Ecuador, when I was 18 or 19 years old... Well, my clothes are normal, and as your breasts and hips grow, they associate it with the fact that you have already had sex: that happened to me. Once an unknown man, when I was shopping at the butcher shop, gave me a comment making me feel that I had already had sex. And I thought: ‘Why does he say this? ... It is not right for him to tell me that, he does not know me.’ Obviously, I felt bad, because it is not a compliment or anything like that, they are making me feel bad. They make me feel uncomfortable.” Ecuador, young woman, 22 years

"...girls going into menstruation periods, yet some feel bad whenever they go in their periods." Uganda, FGD 6, young men only, age range 22-24 years

"If you don't have information [about menstruation]. And fortunately, there was information [for me] ... and I kept on being confused or, I should say ... at some point I was so stressed and depressed, but no one could even diagnose that ...." Uganda, young woman, 26 years

"But generally, I think with the girls, and speaking for myself, it was a very negative experience, especially with menstruation and stuff, because our mothers do not talk to us about that. They'll just assume that the teachers at school told you, but also the teachers don't tell you because they are assuming mothers are telling you the things, so yeah. Yeah. So, you know, I remember the first time I was like, 'Okay, now what is this?' I could not even face my mother to tell her: 'So, is there something wrong with me?' And you know, they teach me things at school in biology classes, but it's different when it happens, you know, the pain." Uganda, young woman, 23 years

Some participants also indicated that being aware of your body and your right to decide what to do with it contributes to being able to decide whether to consent or not, illustrating the interlinkages between personal sexual wellbeing (body comfort) and relational wellbeing (consensual sex).

"I mean... suppose your partner tells you 'no, let's do this, let's do that' just to please him or her and you don't agree anymore... That is why I have always said... think things through because you are the one and only person who decides about your body or about what happens in your life; you are the only one who knows what you want." Ecuador, FGD 10, mixed group, sex unknown, age range 18-21 years

In section 3.3.2, where we discuss, among other issues, individual influences on sexual wellbeing and sexual consent, we also describe how 'being physically healthy' can influence sexual wellbeing and sexual consent.

### Self-esteem and self-love

**Young people in both countries mentioned the importance of having positive self-esteem, loving oneself and believing in oneself as part of sexual wellbeing.**

Young people in both countries mentioned the importance of having positive self-esteem, loving oneself and believing in yourself. Having positive self-esteem could include being self-driven and being confident.

"Girls should say no to certain things, for example unwanted sex. If the boy asks you for sex, it does not mean you should accept anyone all the time. Girls should be self-driven and confident, and they should mean what they say." Uganda, FGD 4, mixed group, sex unknown, age range 19-23 years

"Having self-love and confidence. Self-love is the ability to appreciate yourself, and you express it by embracing what you have and be proud of it and stand out and speak about yourself." Uganda, girl, 18 years



"[Sexual wellbeing is] to be sure of oneself, to be aware of who you are, to be satisfied with who you are and not to want to be like someone else." Ecuador, FGD 3, mixed group, sex unknown, age range 18-21 years

"Things affect us a lot when you don't have self-confidence, there are so many insecurities that we let ourselves be carried away by little things. For example, I like football, but a teammate comes and tells me: 'you don't know how to play', it may affect me or it may not, it also depends on how I take it, if I see it as something positive or as a negative thing, because many times we can take that negative thing as a motivation to improve ourselves. It's the same with relationships, you could say so." Ecuador, FGD 3, mixed group, sex unknown, age range 18-21 years

One co-researcher in Ecuador also cited an example of how some female participants indicated that societal expectations can influence the self-esteem of young women while growing up.

"I think it is important to also work on the part of self-esteem [...] because [the respondents] say that things become more complicated because of what society tells them what to do. That girls should have a certain sort of body. And that makes them feel bad and their self-esteem goes down. That is what a girl said." Ecuador, meeting of co-researchers, age range 17-22 years

### Comfort with emerging sexuality

In Uganda, young people further talked about the fact that sexuality and sexual feelings are natural and that it is important to be able to accept and appreciate positive feelings such as sexual pleasure, sexual satisfaction and desire as part of sexual wellbeing.

**Sexuality and sexual feelings are natural. It is important to be able to accept and appreciate positive feelings such as sexual pleasure, sexual satisfaction and desire as part of sexual wellbeing.**

"...being aware about my sexual needs and having the power to decide on what actually makes me happy, and also having that moment or, you know, that space that no one is going to judge me for my decision. That actually makes me happy." Uganda, girl, 26 years

"When there is communication between the two, things can be said because it could be that one may have had already other [sexual] experiences and the other could be inexperienced. Or the two mutually could share the experience of saying 'no, no I don't like that' or they can help each other to have the sexual pleasure they want." Ecuador, girl, 20 years

"You cannot be there [exist or live] without loving someone or being loved by someone... Sometimes it just happens because of circumstances. You find yourself gravitating towards a man. I still think it is human nature." Uganda, FGD 11, mixed group, sex unknown, age range 18-23 years

### 3.1.2 Relational aspect of sexual wellbeing

Relational sexual wellbeing can entail developing and maintaining mutually respectful relationships with partners, parents, peers, relatives and other community members.<sup>2</sup> However, as we conducted our research among young people aged 18-24, we focused

on relational sexual wellbeing in the context of intimate partner relationships. Young people in both countries took a broad perspective and described sexual wellbeing in relation to intimate partners as spanning both **physical** (safe, consensual sex, physical attraction to the partner and pleasure), **emotional** (love, happiness, respect, trust, faithfulness and different forms of support, such as emotional and moral) and **economic**.

### Physical wellbeing in sexual encounters

Young people referred to several aspects related to physical wellbeing in sexual encounters, such as having safe experiences, being able to consent, feeling attracted to the partner and feeling sexual pleasure.

### Safe sexual encounters

**Young people in both countries discussed safe sex as one of the most important aspects of sexual wellbeing, to prevent sexually transmitted infections and unintended pregnancies.** They discussed the importance of using condoms, while simultaneously emphasizing traditional (rather than modern) methods of family planning. In Uganda, respondents considered natural family planning methods important to avoid unwanted pregnancies, while in Ecuador, they often referred to coitus interruptus. Some respondents in Uganda described how young people – mainly females – might ask for a health check from their partner before engaging in sexual experiences, and in Ecuador young people linked safe sex to the need to know the sexual trajectory or history of their partners, as illustrated in the quotes below.

“For example, if I have a girlfriend [...] a lot of people say I go to the chongo [sex bar], but you don't know if those girls use protection, and then you go with your girl and you have sex and you infect her. Or even if you're not someone's boyfriend, but you're having sex. Just try not to give her a disease, use protection, keep yourself protected.” Ecuador, young man, 18 years

“It is important to avoid diseases [STIs] and unwanted pregnancies: boys at this age just want to enjoy sex but are not ready to be fathers. Also, to use condoms, before they distributed them out but now I don't know.” Uganda, FGD 8, young women only, age range 21-24 years

“For instance, if I am crazy about this man and he is able control my feelings and tell me aha [name deleted] slow down, you are still at school maybe if you are ready for sex right now let's use condoms so you don't get pregnant and you can continue towards your goals.” Uganda, girl, 22 years

In contrast, young people in Uganda also discussed the complexity of using condoms, which may not always be a straightforward choice. Several factors influence the use of contraceptives. We present some examples:

### The decision to use condoms is not always a straightforward choice.

- Fear of reducing pleasure

“My first time having sex, I didn't use a condom, and it was fun, the next time there was a condom and it was not the same. Sometimes you meet a beautiful girl and you just want to have sex with her live [without a condom]: at this point you don't even mind whether you get HIV.” Uganda, FGD 3, young men only, age range 21-23 years

“The feelings you get while using condoms are not the same as those when you are not using them; most people enjoy sex more when they don’t use condoms”. Uganda, FGD 2, young men only, age range 18-22 years

- Issues of trust

“For me, when my girlfriend tells me to use condoms I can be scared that she doesn’t trust me and it means that she trusts condoms more than me: whenever she meets other men, she asks for condoms” Uganda, FGD 2, young men only, age range 18-22 years

- Not considered necessary

“For example, in Bwaise, you might find a young girl thinking that she doesn’t know anything, but when you want to have sex with her, she can discourage you from putting on a condom because she is using other family planning methods like the pill.” Uganda, FGD 2, young men only, age range 18-22 years

- Wanting to have children

“Me, as a boy, I want to have children yet the girl wants me to use a condom; I will refuse and tell her I will withdraw then I make her pregnant.” Uganda, FGD 4, mixed group, sex unknown, age range 19-23 years

#### Factors encouraging and discouraging contraceptive use

Various reasons are mentioned about why to use contraceptives:

- boys and girls who don’t want to become parents – fear of unwanted pregnancy
- boys who are afraid for prison if they get girls pregnant before the legal age of sexual consent (Uganda only)
- avoiding pregnancy
- avoiding STIs, including HIV
- lack of trust and fear of STI and HIV so use is necessary – more in casual relationships (Uganda only)

Despite these reasons, many respondents indicate that contraceptives, and especially condoms, are often not used. The reasons not to do so are:

- Young people don’t know how to use them
- Young people are embarrassed to buy them
- Boys might want to have children (Uganda only)
- Although many girls seem to prefer to use contraceptives, they often agree not to use them because their male partners don’t want to, and they don’t want to lose them.
- If a girl asks to use a contraceptive the boy might think that she thinks he has HIV, and she does not want to offend him (Uganda only)
- If a girl asks to use a contraceptive or condom it might mean that she doesn’t trust her partner or that he is not trustworthy (and has sex with other people as well), and girls want to avoid this (Uganda only)
- If a girl asks a boy to use a condom she will be considered ‘easy’ and not taken seriously.
- Young people seem to be more worried about unwanted pregnancy than about diseases; therefore, they often do not use a condom when another contraceptive method or natural family planning method is used.

- Young people believe in myths related to condom use:
  - The most important myth is that you cannot enjoy sex when using them. Uganda: “sweet tawoomera mu kaveera” literally meaning you cannot enjoy eating a sweet without removing its wrappings.
  - They are not safe enough – examples of people who used them and got pregnant
  - They can be of bad quality
  - They may make someone have a distinct ‘sex’ smell after use which the parents may detect
  - They get torn
  - They can fall off during sex – because the condom is not the right size (Uganda only)
  - Girls may feel pain when using a condom – issues in the fallopian tubes (Uganda only)

### **Consensual sexual encounters**

**Experiencing consensual, non-forceful sexual encounters was recognised as critical for experiencing sexual wellbeing.**

In addition, experiencing consensual, non-forceful sexual encounters was also recognised by both young men and women in the two study sites as critical to experiencing sexual wellbeing. Given that understanding perceptions of sexual consent was a research objective in itself, these findings will be discussed in more detail in section 3.2.

For example, participants noted that:

“I think I must wait for her to consent to take the initiative, because that would make her feel good: she would see that you respect her or that you prefer her to decide.” Ecuador, young man, 18 years

“My experience taught me that a woman has to be handled well. The first thing: she shouldn’t be forced into sex. There are some men, even when the woman isn’t in a good mood, they are forceful.” Uganda, young man, 21 years

“Yes, sometimes you may not be feeling well or not interested, he has to ask. He has to ask all the time.” Uganda, FGD 10, young women only, age range 18-22 years

I: “Do you think young people feel entitled or the need to ask for sexual consent?”

R 1: “Yes because you cannot force someone into sex.... The one that does not ask for consent is not a partner.” Uganda, FGD 8, young women only, age range 21-24 years

In Ecuador, female respondents also indicated how important it was for them to express their boundaries at the beginning of a relationship.

“You have to do everything from the beginning... Because if you don't set the limits from the beginning and let him take advantage of everything no, one has to put a stop from the beginning. If you say no, it's no, but if you give the opportunity that if you said no and he still did something, then he's always going to do it again.” Ecuador, girl, 19 years

In addition, they mentioned how boys and young men try to push the boundaries of their girlfriends, and try to convince them to have sex with them.

“Sometimes there are guys who, for example, invite you to their houses to talk and stuff, but between kisses and kisses they already want to [have sex] and when you don’t want [...] and you say: ‘no, I don’t want to’, they insist. And that is when one gets angry because one does not want to, that is, they cannot force you to do something that you do not want to do and they are begging you and begging you.” Ecuador, FGD 2, young women only, age range 18-20 years

This pushing of the boundaries was seen as a barrier to sexual wellbeing, as doing this limits young women’s ability to negotiate sexual consent. Young people preferred mutual decision making, including mutual agreement on when to have sex.

“[It is important to allow] ... your girlfriend to make decisions during sexual encounters, for example decisions on condom use and listening to her if she say to have sex.” Uganda, FGD 2, young men only, age range 18-22 years

### ***Feeling attracted to a partner***

Young people in Uganda (but not Ecuador) further mentioned that having a partner to whom young people are physically attracted to – such as the partner having a beautiful face, body shape and good hygiene – was important for sexual wellbeing.

**Having attractive partners seemed to be more important for boys and young men than for girls and young women, for whom the partner’s ability to provide economic support appeared to be more important.** This is discussed further below as a separate theme.

“My breasts made me feel good when they became bigger. My bum and hips – though they weren’t that big – they would make me feel very good because men were attracted to me because of my body changes”. Uganda, girl, 22 years

“The girl was soooooo beautiful. So, this girl also wanted money from me. We did whatever we did, I saw her in one week and in that week, I had already sex with her ... She [was] ... squeezing money out of me. In the end, I decided to dump her. ... I loved her so much ... The situation was tough... [because] the girl was veryyyy beautiful.” Uganda, FGD 9, young men only, age range 21-24 years

### ***Experiencing sexual pleasure***

**Young people in Ecuador and Uganda also indicated that being able to experience sexual pleasure with your partner is a key aspect of sexual wellbeing, especially for boys and young men.**

“I You mean girls don’t enjoy?

R Girls do not enjoy so much like boys.

R1 Boys mostly enjoy sex.” Uganda, FGD 1, young women only, 18 years

“Once I experience an orgasm, I feel good, now I don’t know if she also feels good.” Uganda, boy, 22 years

“Your body has sexual urges that need to be satisfied. There is a stage that you reach, especially for those who are sexually active, where you cannot abstain for a very long time. It is difficult and so you find yourself going back

to men because your body wants it." Uganda, FGD 11, mixed group, sex unknown, age range 18-23 years

"[In]Uganda, for a real relationship, you may not have sex but you ... feel one another and when you have sex, you enjoy each other." Uganda, FGD 8, young women only, age range 21 – 24 years old

"This means that sexual satisfaction is also important in relationships: that is why some women leave rich men and go to poor ones. For example, pastor X's former wife left him and went with a chapatti seller." Uganda, FGD 6, young men only, age range 22-24 years

"For sexual wellbeing? It's right to keep it to myself, not just for pleasure, but with the person I love. In the end, if you do it with anyone, you can feel pleasure. But with the person you love, it's not just pleasure, it's the satisfaction of sharing the bond and that it was worth it." Ecuador, young man, 18 years

"I don't know how to explain, but sexual satisfaction is when a man and a woman feel that they have found happiness in a loving or sexual relationship." Ecuador, FGD 3, mixed group, sex unknown, age range 18-21 years

As reflected in the quote below, young people described the need for a partner to meet their sexual expectations and desires, and stated that lack of sexual satisfaction could, in turn, be a rationale for infidelity or having multiple partners.

"Because when I want and you are not there to do what I want, I will go for another man." Uganda, FGD 4, mixed group, sex unknown, age range 19-23 years

### **Emotional wellbeing in sexual encounters**

Key emotional qualities in a relationship that ensures sexual wellbeing that emerged from young people's discussions in both sites included: *feelings of love and happiness*; *feelings of being supported by the partner*; and *respect, trust and faithfulness*. These aspects were considered important for both young men and young women in both countries. Below, some examples are provided.

#### ***Feelings of love and happiness***

#### **Feelings of love are considered important for sexual wellbeing by the participants.**

"When he told me he loved me and I was his only one I felt very good". Uganda, girl, 22 years

"Sometimes boys expect a lot from the girls. If a boy gets someone [who] loves him he can feel secure, though we talk about settling, if the love between them is real, he will have peace. He will think 'this girl friend of mine gives me peace.' ... I thought boys just want to have sex with the girls but now there are boys who have true love." Uganda, FGD 8, young women only, age range 21-24 years

"When you are with someone who brings you peace and they give you everything you need, love continues to grow." Uganda, FGD 11, mixed group, sex unknown, age range 18-23 years



“You get comfortable, you feel confident, there is a way it gives you harmony when you are loved, I may compare it with that special kind of parental love, so when you feel loved by someone, you feel proud of yourself, so it gives you courage.” Uganda, young man, 24 years

I: “What is another important aspect [of sexual wellbeing] apart from respect?”  
R: “Love.” Ecuador, FGD 5, mixed group, sex unknown, age range 18-24 years

“When a relationship is healthy and secure, I think that relationship creates or raises your self-esteem. because when you are in love your eyes shine.” Ecuador, FGD 1, young men only, age range 18-20 years

Participants mentioned that ‘love’ is more present in serious relationships and less in casual relationships. In Ecuador, young people therefore indicated that sexual wellbeing is mainly experienced in serious loving relationships instead of casual sexual encounters, where love is less important and where people are at higher risk of spreading diseases.

**Sexual wellbeing is linked to love and therefore considered easier to experience in serious relationships than in casual relationships.**

“When the relationship is for fun you can often catch diseases and spread them to the person you are dating.” Ecuador, FGD 3, mixed group

Most participants mentioned being happy if they had a relationship that fulfilled their physical, emotional and economic needs or in which they feel attractive.

“Now the happiness aspect of wellbeing has the [following] factors: information services, the environment and my individual choices. Okay, the environment. I mean, like for example, I can freely say I choose to ... [have sex] [...] and my parents don't intervene”. Uganda, youth expert meeting, age range 21 – 26 years

Examples were given of young people who felt really sad when their relationships ended.

I: “Have you ever been worried or felt insecure or afraid because of your developing body or your sexual feelings?”

R: “It was a girl who broke up with me, I ended up getting sick and thin. ... She was told that I had other girls.”

I: “How did you manage?”

R: “I had a friend who helped me through that time, he would take walks with me.” Uganda, young man, 20 years

#### ***Feeling supported by the partner***

**Young people discussed that sexual wellbeing also entails feeling supported by the partner.** As reflected in the quotes below, such support could be both **protective** and moral.

“He was there when my family turned their back on me. I felt that he gave me support, I felt protected by him, he gave me those things that I never got at home. He taught me something that I had never been taught at home: how important it is to work. Ecuador, girl, 19 years

“If sometimes you’re in love, when someone has made you angry, you can make some time and go to your boyfriend, and he comforts you, you feel the anger has gone and you cool down.” Uganda, young women, 24 years

Participants also described how young people may engage in more positive behaviour because they do not want to disappoint the partner, which creates a sense of implicit **moral support**.

“The girls have the power to change you, especially when you have loved her. I used to be badly behaved, for sure, I used to do unworthy things, but there was a girl I dated called Shanitah, this girl changed me. For instance, whenever I was going to do something, I would ask myself, how would Shanitah feel seeing me do it? If I dress like this, how would Shanitah look at me? So, these girls can change you completely”. Uganda, FGD 3, young men only, age range 21-23 years

### ***Respect, trust and faithfulness between partners***

**In both countries, young people indicated that it is important for a partner to respect them as who they are.**

“The first time I had a romantic relationship, I didn’t know the girl very well. The day we were together I was unhappy with my nose, it was too big, but she told me to be calm, that it didn’t have to affect me. On my first time, when my whole body was exposed, I had little esteem for my body and I was too afraid of other people seeing me, but I felt safe because I told the person how I felt and she told me that there are skinny people fat people, and that it didn’t have to affect me. That helped my self-esteem, it helped me with something that I didn’t have, and it made me feel more confident: she said nice things to me.” Ecuador, young man, 18 years

Young people talked about respect in the context of being able to wait until your partner wants to engage in sex, protecting your partner from unwanted pregnancy and disease, and respecting privacy – for example by not checking the mobile phone while you are spending time together.

In Uganda, respecting a “God-given call” to love each other, to trust in God and to pray for a partner was also mentioned key for experiencing sexual wellbeing.

“You know, the fear of God is the beginning of wisdom, I won’t be here shaking beads [traditional spiritual ornaments for the worship of gods] while you’re going to church, we won’t get along. We need to have a shared belief in our love.” Uganda, young man, 21 years

Additionally, being respectful was seen as related to having trust and being faithful.

**Relational sexual wellbeing is related to trusting your partner and being faithful to him or her.**

Trust was described by young people as not being afraid of your partner and not believing rumours, such as being suspicious that a partner may be cheating. These aspects were considered important for both young men and women.

“It is important to be able to apply what is good in our relationships: that is, to know what is right and what is wrong and to apply that to the relationship we

have. In other words, communication, trust between the couple, and the comfort of being with that person.” Ecuador, boy, 18 years

“I need some respect, let’s say she earns more than me or is taller and she may say, ‘You man, you’re short, you’re fake [slang for someone imperfect or unworthy]’: no, that’s not necessary, I have to be respected regardless of whatever level I am at, whether I am broke [without money], whether I have money.” Uganda, young man, 21 years

“When a girl cheats on her boyfriend, that shows disrespect and also when a man cheats, it’s also disrespect.” Uganda, FGD 2, young men only, age range 18 -22 years

“For one to be with someone they love, there should be respect. If I love a woman and yet you despise her or she despises you, you will not live with her.” Uganda, FGD 3, young men only, age range 21-23 years

“[Respect] is to give him his space, his time, his affection, ... Respect for going out to eat and things like that.” Ecuador, FGD 1, young men only, age range 18-20 years

“We both had a deal, my deal with him was that I didn’t want to be a mum, and he didn’t want to be a dad: he talked to me and I accepted. I felt that he was hurting me in things, that ... he was affecting things in my future because I felt that he had broken the agreement and I had to respect it. That made me feel bad right away: you start thinking about your life, your things [hopes and plans], and with a child it’s different. I thought that he had finished [ejaculated] inside me, but he hadn’t. I thought that he had [...], but he hadn’t. I felt that he had broken our agreement.” Ecuador, girl, 19 years

“For them [young people] to have happiness is when they find trust between the two people, they respect each other, they are loyal and, despite all the problems, they are always together: you know when it is true love and not just an illusion.” Ecuador, FGD 3, mixed group, sex unknown, age range 18-21 years

In Ecuador, one participant illustrated how the lack of respect from her partner in turn influenced her self-esteem, and as such her sense of personal sexual wellbeing.

“It affects my self-esteem because if I tell him something he has to do it, but he went on and on and on [pushing her to have sex] and [he] didn’t respect my decision.” Ecuador, girl, 20 years old

### **Economic wellbeing in sexual encounters (Uganda only)**

**In Uganda, the ability to provide (young men) or receive money or gifts (young women) was considered one of the key aspects of relational sexual wellbeing.**

The most notable difference between participants in Uganda and Ecuador when defining sexual wellbeing is the importance of **economic support**. In Uganda, the ability of young men to provide or of young women receive money or gifts was considered one of the key aspects of relational sexual wellbeing, whereas this was not discussed at all in Ecuador.

“There are many [types of] care, for example moral, financial and others. So, it is based on the kind of situation, for example if a girl has financial needs, then

you bring financial care to support her.” Uganda, FGD 3, young men only, age range 21-23 years

Conversely, some Ugandan male participants also indicated pressure to provide money or gifts as a way of showing their manhood, fearing that young women only chose them because of their money.

“You cannot get a man who has each and every thing, for example money and being handsome.” Uganda, FGD 2, young men only, age range 18-22 years

“The problem comes from girls because some girls – I don’t know where they got it from – they think that when you have a man, the man must contribute. Sometimes they ask for things that they might ask for maybe from their parents or close relatives but when you have a boyfriend, then he has to cater for everything.” Uganda, young man, 24 years

“There is that saying which says that *“omwavu tafumita lindaazi”*, which literally meaning that if you don’t have money you can’t buy anything. So, if the boy/man is poor, the girl is going to leave and go for another rich man who has money and can afford to buy for her gifts. She will leave you because you have nothing to offer, that is why girls love older men, because for them they have money for buying gifts.” Uganda, FGD 1, young women only, 18 years

Additional information about how economic resources may influence sexual consent is illustrated in section 3.3.2. where we describe influencing factors at individual level.

### 3.1.3 Sexual wellbeing in daily life

The above findings clearly show that the study participants considered sexual wellbeing to be an important part of their lives. At the same time, there was a tension between what young people perceived as sexual wellbeing, and their daily realities. Several participants in both countries reported that it is something that is difficult to experience in their day-to-day lives, and that they themselves or their friends lack a sense of sexual wellbeing.

**Although most study participants considered sexual wellbeing to be an important part of their lives, the research also indicates that it is difficult for many young people to experience it in their day-to-day lives.**

For example, while it is considered a key aspect of sexual wellbeing, many young people did not practise safe sex, and implied that sexual consent seems hard to realise in practice.

This notion is reflected in the quote below, where a young women described how (teenage) pregnancy and sexually transmitted infections are common in her community because of lack of “communication and respect”, even though these are emphasised as important relationship elements.

“We live in a world where communication and respect no longer exist. There are few people who encourage you to talk or to respect. I have friends, even in my own family, someone meets a girl or a boy and in less than a month or two months they have sex, and therefore get pregnant or can have a sexual disease.” Ecuador, FGD 2, young women only, age range 18-20 years

The respondents further stressed that the idea that a partner will fulfil all your (sexual) expectations is too ambitious, and will need to be adapted. For example, faithfulness – not having more than one partner at the same time – was considered important by both young men and women. However, there were clear gender differences, as faithfulness was more often expected of young women (by men), while on the other hand they simultaneously expected girls to be understanding and accept the fact that young men (need to) have many girlfriends to ensure their sexual wellbeing. Given this, young women in Uganda described how their lived realities required them to accept that ‘the fairy tale’ does not exist, and that young men will not be faithful despite what is considered ideal.

“Girls should know that no one is perfect in each and every thing because angels are in heaven”. Uganda, FGD 2, young men only, age range 18-22 years

## 3.2 Young people’s understanding of sexual consent

### 3.2.1 General description

Sexual consent appears to be a new concept for the young participants. Compared to sexual wellbeing, it was more difficult for participants in both countries to define key aspects of sexual consent and how it is obtained. This was most obvious in Ecuador. **Consent was interpreted on a spectrum, and could entail active acceptance of sexual encounters (verbal or non-verbal) or overall respect for boundaries; but it could also manifest via absence of refusal, as well as compromises in relationships.**

The most common interpretation of consent was active agreement to have sex or to respect each other’s boundaries, in one way or another. We mention some examples:

- Accepting and agreeing to have sex. This can depend on a specific moment and/or partner, but it can also refer to a general agreement between two partners to have or not have sex in their relationship.

“It depends on both parties: when they agree as couples to have sex, that is what we call a good relationship, and it means that there is consent. But in our communities where we stay; most boys/men believe that when a girl visits you, it means that you have to play sex.” Uganda, FGD 2, young men only, age range 18-22 years

“[Sexual consent] means that I agree to be with someone intimately”. Ecuador, young man, 18 years

“[Sexual consent means] your partner agrees to have sex with you.” Ecuador, FGD 1, young men only, age range 18-20 years

I: “Please define sexual consent”

R2: “That is accepting to give yourself to someone.”

R5: “It is connecting with that person.” Uganda, FGD 11, mixed group, sex unknown, age range 18-23 years

- Respect sexual choices

“Speaking from my experience, ... even if I have accepted, I tell him no, he accepts. If he accepts it is a positive thing because it gives me to understand that he is respecting my moment, my time, and even though I have given him

my word, he still respects and tells me: 'no, let's wait'". Ecuador, FGD 2, young women only, age range 18-20 years

"Respect my choices. For example, there are people who like anal sex and others who don't, but you have to respect. If I don't like it, you respect it." Ecuador, girl, 19 years

At the same time, some young people indicated that consent is the result of compromising, and that the mere absence of refusal also equals consent, which contradicts the former point. The absence of refusal was, however, only defined by a couple of participants as consent.

R. "If the boy touches the girl and she does not resist, it means she has accepted and she has allowed the boy to do whatever he wants."

I. "What if you just visit, does it mean always you have said yes?"

R. "If the girl resists touches, it means she has refused." Uganda, FGD 1, young women only, 18 years

### 3.2.2 Types of sexual consent

Besides the general definition of sexual consent, young people gave examples of situations in which they considered sexual consent to be present. We categorise these examples, using the four strategies that were identified by Hickman and Muehlenhard to communicate sexual consent: (1) direct verbal signals, (2) direct nonverbal signals, (3) indirect verbal signals, and (4) indirect nonverbal signals.<sup>27</sup>

Although the respondents referred to the examples as being cases of sexual consent, it is hard to tell the extent to which consent is actually asked and given.

**There were some important sex and age differences in perceptions of consent.** In both countries, participants indicated that boys are usually considered to be the ones who initiate the intimacy and girls are the ones who need to decide where it will stop.

"Yes, there is a difference, because the man comes up to you and says: 'You know what, I want to be with you', and men are like that, they just say it; but the woman won't come up to you and say 'I want to be with you' because she is embarrassed. It's more the man who invites." Ecuador, FGD 2, young women only, age range 18-20 years

According to the respondents, young men's use of direct approaches is closely related to their age, noting, for example, that older men tend to ask (girls) for sex more directly than younger boys do:

"I would think that age would come into play here. If it's an older person, let's say he's going to ask the girl if she wants to have sex, but if it's a teenager, they focus more on watching Netflix or things like that [...] In this case, if the girl does not want [to have sex], she will just say 'I'll go with you' but in the end she stands him up and doesn't go, then that would be her way of saying she doesn't want to [have sex]." Ecuador, meeting of co-researchers, age range 17-22 years

Participants also mentioned that the **personality of the person** can be an important factor on how sexual consent is experienced. For example, more shy and introverted persons would probably give or ask for verbal consent less.



### Direct verbal signals

In both countries, most of the respondents felt that asking for consent verbally is difficult and makes them feel embarrassed. This approach is rarely used and, when it is, it is mainly by boys.

#### Direct verbal signals to communicate sexual consent are rarely used.

However, young participants in Uganda mentioned that young women can say 'no'. Moreover, they are expected to say 'no' or resist in another way, whether they like the boy or not. In the dissemination meeting with stakeholders in Uganda it was clarified that the girl's hesitancy to say 'yes' immediately if interested in sex may be attributed to maintaining value or dignity. The girls perceive the act of bargaining to increase their value, and this is more dignified. This makes the process of sexual consent complex. How can a girl express that she is genuinely not interested? And how do boys recognise and accept this? Young male participants illustrated how different kinds of 'no' exist:

R 3: "First of all, we boys have a myth, that when a girl says no, we think it is a yes."

I: "So how should no be said for you to understand that someone said no."

R 4: "I take someone's no as a no. To also avoid getting embarrassed, you take the no. You may have a girlfriend, and if she says no and you insist the love may stop there, and if you insist you can cause a scene and you get embarrassed."

R 1: "For a girl's no to be a no, it has to be accompanied by reasons. In most cases, girls don't say yes, they say no."

R 2: "Also the tone matters."

R 1 : "Even the tone may be high but still the no meaning yes except if she accompanies her no with reasons."

R 2: "One can say a no and you can also surely see that it is a joke, but then there is a tone, and you know that it is surely a no." Uganda, FGD 3, young men only, age range 21-23 years

### Direct non-verbal signals

**Direct non-verbal signals – which refer to behaving in such a way that the other person knows whether you want to engage in sexual behaviour – were most acknowledged among the participants in both countries.**

Direct non-verbal consent refers to behaving in such a way that the other person knows if you want to engage in a sexual behaviour. This was the most acknowledged signal among the participants in both countries, and was interpreted as gestures or physical actions that can show that a partner has consented to a sexual encounter. These included a response (mainly from a girl) to a touch/caress, or a response to a kiss and so on (from a boy).

"I mean, it is very likely that men, like women, become flirtatious, giggly, or with their looks, or in the way they talk...." Ecuador, FGD4, young women only, age range 19-21 years

"I mean it's the flirting, the touching, they might touch your back, before they used to hug you but now they're touching your buttocks or they might start to get a little more romantic, they start to give you more affection, it's more sticky, it's more chewy." Ecuador, FGD 3, mixed group, sex unknown, age range 18-21 years

Respondents described that if a partner does not respond to the touch/caress or brushes it off, this is a form of non-verbal signal that they do not give consent. Other forms included turning their back on someone and, in Uganda, young participants also indicated how dressing in skin-tight trousers – which may be hard to remove by a partner – and a sitting posture – for example cross-legged – can be used as non-verbal signals of non-consent.

### Indirect verbal signals

Using indirect verbal signals means that young people ask a question which implicitly asks for a sexual encounter. Respondents described various indirect verbal signals, in the form of informal cues, which in turn could easily be misinterpreted. In Uganda, young people mentioned that they could ask for consent by inviting someone to come and visit them at home. Girls would be considered to be indirectly consenting when “saying no in a soft tone or whisper” or asking to take a bath at a boy’s home, whereas in Ecuador, young people might invite each other to come and watch Netflix. If someone accepts these invites, sexual consent could be implicitly assumed.

**If someone accepts an invitation to visit a young man or young woman at their home, sexual consent will most probably be assumed.**

“They invite you to see a movie... [But] ... you already know what is going to happen. You know it is [being] home alone, so the movie never ends up being a movie [but also having sex]. But they [the young people] know the meaning [of being asked to watch a movie].” Ecuador, meeting of co-researchers, age range 17-22 years

### Indirect non-verbal signals

Participants in both countries also mentioned indirect, non-verbal ways of asking consent, focusing mainly on what girls should do (non-verbally) to implicitly reveal interest (or lack thereof) in having sex. **In Uganda, giving and accepting gifts was considered the most important approach, meaning that if a girl accepts a gift from a boy, sexual consent is assumed.** Other examples discussed included behaving sleepy or shy (young women) and boys appearing sweaty and restless due to being sexually stimulated. If a girl dresses provocatively, befriends the boy’s siblings or parents, or comes to the boy’s home, this would also be interpreted by some as consent for sex. Also, not responding or not reporting rape to the authority can be understood as giving sexual consent. Participants described that to indirectly say ‘no’ in a non-verbal way, girls and young women could bring friends when visiting a boy, keep their visits very short, or simply avoid picking up the phone or visiting at all. In all these cases, the respondents noted that the boy will know that sexual activity is out of the question.

“The phone calls, surprises and gifts which are exchanged show sexual consent. When a girl takes your gifts, it means she has already consented to be with you, even sexually.” Uganda, FGD 6, young men only, age range 22-24 years

“There are already hints through chat, you would put obvious things like an emoji, or indirect, like for example: ‘hello, today I’m going to be home alone.’” Ecuador, young man, 18 years

### Online consent

In addition to the four strategies identified by Hickman and Muehlenhard, to communicate sexual consent, we add an additional category to reflect *online consent*. Participants in Ecuador illustrated how text messages such as “are we going to make a baby” or “are we going to kill it [the sexual tension]” or messages with aubergines and

apricots are sent to invite someone to have sex. **It seems that – in contrast to real life experiences – girls were socially less restricted from taking the initiative online.**

“Nowadays, nowadays, they start chatting and in the chat room, because nowadays nothing is done face to face, everything is done in the chat room, and they agree on something. For example, a girl said to my cousin: ‘yes, tomorrow I’ll wait for you to have a baby’, but not to get her pregnant, just to be intimate.” Ecuador, FGD 2, young women only, age range 18-20 years

“I think I would tell him by message, but after a month I wouldn’t be able to see him. He would say: ‘she is shy, reserved’. It’s that by message you are one but personally you are another, because by message I only write, and they don’t see my face.” Ecuador, young woman, 19 years old

**Our data provide examples of the five strategies to communicate sexual consent: (1) direct verbal signals, (2) direct nonverbal signals, (3) indirect verbal signals, (4) indirect nonverbal signals, and (5) online consent.**

### 3.2.3 Sexual consent in daily life

**Even though young people were interested in discussing sexual consent, for many it seemed to be an entirely new concept. Few young people seemed to know how to apply it in their daily lives, explaining that consenting was often not possible.**

“I have just heard of sexual consent today. It is my first time”. Uganda, FGD 10, young women only, age range 18-22 years

“According to people of our age, it is not easy to seek consent; some boys will just start the action without asking you for consent. So, I think some young people do not understand it properly.” Uganda, FGD 4, mixed group, sex unknown, age range 19-23 years

“It is also not about culture: a girl says no so that you can stick to her and take time chasing after her.” Uganda, FGD 3, young men only, age range 21-23 years

The fact that young people had the impression that they were not always able to consent to sex is closely related to how young people initiate sexual activities and to who is socially allowed and expected to do so. Participants in both countries mentioned that communication among young people about sexual consent does not happen that much in their community. In both countries, participants explained, that boys and young men are usually expected to take the initiative and girls and young women are the ones who need to decide where it stops. However, our research also shows that girls and young women rarely verbally indicate their boundaries. This means that **sexual consent is mostly assumed**. More information about how traditional gender norms influence sexual consent is provided in section 3.3.2, where we describe influencing factors at societal level.

“No, it’s usually the boys who take the initiative.” Ecuador, meeting of co-researchers, age range 17-22 years

I: “How do you indicate to the person with whom you have had sex that it is time or that you are willing to have that experience, did you use any words or expressions to let her know that you wanted to engage in that sexual relationship?”

R: "In the sexual sphere, to have sex, I haven't said anything, it just flows, and the sex happens. At least what I have experienced."

I: "Maybe with expressions or words?"

R: "No, it's like typical, we're talking in the room, the kissing starts, and the temperature starts to rise, and it happens." Ecuador, boy, 21 years

"They used a phrase that says, 'hands to the prey', that is to say that they don't ask her directly, but they immediately start touching the girl to see what her reaction is, to see if she wants to or not." Ecuador, meeting of co-researchers, age range 17-22 years

"R 2: A girl may come and visit you, and if her body is down, you will know but if her body responds then you know that she wants it. ...

R 4: Most women have no programme, by the time you remove the knickers, she has already accepted." Uganda, FGD 9, young men only, age range 21-24 years

In Ecuador, participants described that it is very common that boys ask their girlfriends for 'la prueba de amor', which means "proof of love" – noting that it can be difficult for girls to refuse having (unwanted) sex because they are afraid of upsetting or losing their partner.

"The guy says 'no, if you love me, let's have sex' and it's like a pressure ... because 'by obligation' I'm going to have sex with him. So, I think that's the way the girls think more or less. Yes, because in the end it came out very much also in terms of consent ... doing things for fear of losing their partner. So, I think it's a strong pressure, and indeed the girls at some point would give in for fear of losing their boyfriend or their relationship." Ecuador, meeting of co-researchers, age range 17-22 years

"Men don't like to wait, and I don't speak for myself: that is, I haven't had my own experience, but I have friends and they have told me that the boys ask for the 'proof of love'. If you don't give him the 'proof of love' [have sex] it's because you don't love him. So, I have seen among my friends that if they don't give him [the boyfriend] the proof of love, they [the boyfriends] leave them, and the girl gives him the 'proof of love' for fear of being left alone". Ecuador, girl, 21 years old

However, the fear of losing a boyfriend was also present when young men did not explicitly pressure young women or asked them to engage in sex. Young women in both countries indicated that they know that they should satisfy their boyfriends if they want them to stay. Also, friends seemed to warn each other about this.

"I didn't want to, but I agreed to satisfy him." Ecuador, girl, 20 years

"Sometimes the woman is like, 'well, if I tell him that [no to sex] he is going to leave me for someone else', she creates insecurities in her mind and sometimes she accepts [having sex] because of that." Ecuador, girl, 18 years

"You know, you're a girl, you're supposed to keep yourself a virgin until your marriage. You're the same girl who has friends who are having sex. They talk about it all the time and you're feeling maybe your boyfriend is having sex with another woman. That's why he's not asking for it. ... You start feeling guilty and then all your friends are like: 'That guy...he will leave.' You know? There is a lot of pressure [to engage in sex]. Uganda, girl, 26 years

**Besides the blurred lines of consent, young people also mentioned that sexual abuse and violence occurred quite often.** In Uganda, participants indicated that girls can be harassed verbally or even physically.

“He always wanted [sex]. ... He would hurt me since it was forceful [sex]: my vagina would hurt, my legs would hurt, my chest would hurt and my whole body would hurt me.” Uganda, girl, 22 years

**To some extent, violence also seemed justified by young people in Uganda.** Going back to the importance economic support for sexual wellbeing, there was a general perception that boys are simply entitled to sex if they provide gifts or money to a girl in a relationship, or if a girl visits their home. In such circumstances, the girl may be blamed if a forced encounter occurred during the visit.

“If a girl visited and got raped, they would ask what she had gone to do there. Visiting a boy loosely translates to consent and so people would not pity the girl for getting raped. But it is not a must that every time you visit a man, there must be sexual relations. There are times when I just want to spend time with you being playful without anything sexual happening.” Uganda, FGD 11, mixed group, sex unknown, age range 18-23 years

Also in Ecuador, participants indicated that these types of abuse occurred. Verbally, young girls and women, for example, receive sex-related comments from boys and men while growing up and experiencing body changes. One participant shared her story about physical abuse from her ex-boyfriend.

I: “How did you indicate to your partner that you were willing to have sex? How did you express to your partner that you were willing to have sex?”

R: “The one I was with, I mean, I didn't give it [sex] to him. We were chatting and he was telling me that he wanted to be with me, I was thinking about being with him. And it was the other way, and we went out and then it happened, I didn't want to.”

I: “When it happened did you express to him in any way that you didn't want to at that time?”

R: “Yes.”

I: “How did you express yourself?”

E: “I told him I didn't want to, out of fear. [...] I was clear with him that I didn't want to. But nevertheless, it happened.” Ecuador, girl, 20 years

“The girl can say no, but if the boy wants to do it [have sex] [then] ... the boy's feelings win [over] ... the girl's because he would convince her, because the girl would be afraid of losing that person. She can [also] be threatened or be forced.” Ecuador, girl, 19 years

### 3.3 Influencing factors

In this section we describe key influencing factors in the experiences of sexual wellbeing and sexual consent, based on participants' stories. We start by describing **individual knowledge, attitudes and skills as key competencies or internal resources** that support healthy sexual wellbeing. We then move on to discussing potential external influences that influence sexual wellbeing and sexual consent at different levels of the social-ecological framework.

### 3.3.1 Key competencies: internal influences

Kågesten and van Reeuwijk refer in their framework to six interrelated domains of knowledge, attitudes and skills – or “**key competencies**” – to support healthy sexuality development: sexual literacy, respect for human rights and consent, gender-equitable attitudes, interpersonal relationship skills, critical reflection skills, and coping skills. Several of these competencies were mentioned by the young people in our research, focusing mainly on the importance of *sexual literacy, gender-equitable attitudes, coping skills and interpersonal relationship skills*.

#### Sexual literacy

**The need for more knowledge on sexual health topics, was considered the most important factor to be able to achieve sexual wellbeing.** Young people in both countries indicated that they were very interested in receiving this information, but that it is currently lacking.

#### Content of information

**Respondents most commonly mentioned the need for more information on contraception. However, in both countries, respondents also mentioned that they wanted to receive broader knowledge that enables them to make healthy choices, including information that teaches young people about their rights.** Some young women reported that they also would have liked to receive information about menstruation. The fact that they were not informed about this before experiencing it made them feel sad and insecure.

#### Information sources

In terms of information sources, young people first of all indicated that due to the lack of education they were obliged to educate themselves. They did this by talking to friends, looking for information on the internet or watching movies and television (mainly mentioned in Uganda). A few participants also referred to reading books.

“[It is about] having the willpower to investigate oneself, not to wait for our schools or our parents to give the information, as many times they keep quiet because it is taboo, or they give us wrong information.” Ecuador, FGD 3, mixed group, sex unknown, age range 18-21 years

“I self-educated myself a lot with various books and so on and I already knew about that part. Other people didn't inform me, but I informed myself about those topics.” Ecuador, boy, 21 years

“You can look for information on the internet, honestly you search a lot on the internet, you can look for the pros and cons of things, but the advice of your parents is very useful.” Ecuador, boy, 19 years

“So, what we know about sex in most African homes is something that we watch when you watch girls, or women watch such... movies and stories, which usually is a cliché kind of experience for girls. You know, most African communities, because sex is a taboo. And so, young girls and boys are just sent into the world to discover sex on their own, which is, I think, which is not really a good thing.” Uganda, girl, 23 years

**However, many young participants mentioned they would very much like to be educated by their parents and teachers.** In addition, health care providers were also mentioned as educators, and some participants mentioned social media as a potentially good source



for disseminating information messages. More information about these sources is also provided in the corresponding sub-sections of section 3.3.2.

### Gender-equitable attitudes

Young people mentioned gender-equitable attitudes in the context of sexual consent and of sexual experiences (for example, protected or not). As described in section 3.2, both boys and girls indicated that it is more difficult for girls to (not) consent to sex. In general, young people believed that boys should take the initiative to have sex and girls are expected to agree.

“I mean I think I should wait for her consent to take the initiative because that would make her feel good anyway, that is, to see that I respect her or that I prefer her to decide whether or not.” Ecuador, boy, 21 years

The influence of gender norms on sexual wellbeing is described in detail in section 3.3.2, where we describe the influence of societal factors.

### Coping skills

**In Ecuador, young people refer to the fact that someone can learn from former experiences, and that bad experiences can help you avoid similar situations in new relationships.**

“Sitting down to talk, telling him about the experience you had with your former partner. And if that person accepts you with your mistakes, with your defects, and helps you to not to make the same mistakes again as the ones you made in your former relationship and he accepts you like that, then well... it's welcome. And if not, well, then another person will come and make you happy.” Ecuador, girl, 22 years

### Interpersonal relationship skills (negotiation, communication and being patient)

#### **Negotiation skills**

**Negotiation skills, mainly related to contraceptive and condom use, were mentioned as important skills to achieve sexual wellbeing and sexual consent.** Participants, both boys and girls, indicated that using protection can help to prevent diseases and unwanted pregnancies and, as such, contribute to sexual wellbeing. Whether or not to use a condom, also seemed to be an important aspect for several young people to be able to consent to having sex. While it seemed that mainly girls in both countries prefer to use condoms, mostly boys decided if a condom was to be used. Some participants indicated that girls often are too shy to request use of a contraceptive, though this improves with age. Other differences between young women and men are discussed in section 3.3.2., where we describe the influence of individual factors on sexual wellbeing and sexual consent.

“Me as a boy, I may have intentions of wanting to have children, yet the girl wants me to use a condom: I will refuse and tell her that I will withdraw then I make her pregnant.” Uganda, FGD 4, mixed group, young man, age range 19-23 years

#### **Communication skills**

**Participants indicated that communication between partners is important for sexual wellbeing.** Being able to discuss what you (do not) want enhances sexual wellbeing and sexual consent. Participants relate communication skills to (not) having sex, (not) using protection, and fertility intentions.

"It's mostly about communication. Suppose she tells me: 'you know I'm going to do something, I need time, about two or three hours', then I will understand her, but if she leaves without saying anything, then that's when the bad thoughts and mistrust come." Ecuador, FGD 1, young men only, age range 18-20 years

"There were boys who also talked about the need for planning, mainly the ones in serious relationships. In serious relationships it is easier to communicate. Therefore, there was this communication about planning. What are we going to do, what is done and what is not done. Things like that." Ecuador, meeting of co-researchers, age range 17-22 years

"He respected my decision. He told me: "I understand you, don't worry, parenthood is a problem for me too"." Ecuador, girl, 19 years

I: "What do you think girls or boys can do to have a relationship without any complications?"

R1. "Talking about a good sexual relationship ... First you have to understand each other, like knowing someone's character and hobbies." Uganda, FGD 2, young men only, age range 18-22 years

### **Being patient**

**Finally, being patient about engaging in sexual activities was mentioned as a competence that contributes to sexual wellbeing.** This included taking time to get to know each other. Additionally, Ugandan respondents also mentioned patience in the context of waiting for the results of health checks. If boys are patient, girls interpret this as a proof of love. Girls who have patient boyfriends were admired by other girls.

"In the relationship that I had, I was never forced, it was always what I wanted. He waited for almost half a year. Another boy would have told me that he is leaving. He told me that he would be with me [have sex] when I was ready." Ecuador, girl, 19 years

Girl: "I spent two years with my boyfriend but he never asked me for sex yet he used to buy me gifts." Boy: "[...] You mean he was not asking you for sex?"

Girl: "Yes, I used to visit him at his home and help him to wash his clothes, and cook the food he wanted at that time, but he gave me time to get ready."

Other girl: "By the way you are going to give me your number I will need counselling from you, you need to tell me how you do it for up to two years. Hahahahaha...."

*All participants laughed.* Uganda, FGD 4, mixed group, sex unknown, age range 19-23 years

### **3.3.2 Social-ecological opportunity structures: external influences**

While knowledge, skills and attitudes are important resources, these key competencies are individual and can be limited or annihilated by factors from adolescents' surrounding environments. Therefore, it is essential to investigate the role of

influencing factors (“social-ecological opportunity structures”) that determine whether adolescents can use the key competencies to achieve sexual wellbeing and sexual consent. These factors exist at multiple, interacting levels including individual, interpersonal (family, peers and partners), community (school, media and community), and societal levels.

### Individual level

#### *Sex assigned at birth*

#### **Young women face more challenges than young men to experience sexual wellbeing and sexual consent.**

Many participants indicated that girls experience **more challenges** than boys to **consent to sexual activities and achieve sexual wellbeing**. This was related to traditional gender norms, which act as barriers for girls to express and put into practice their personal sexual wishes and desires.

“Women are always more preserved: “no, at an early age you can't do this, not even at the age of majority, you have to study and after you finish studying, if you want to, you have a boyfriend. You can't go out on weekends to dance [...]', and if they give you permission it is from 7 to 9, or maximum until 10 p.m.” Ecuador, FGD 2, young women only, age range 18-20 years

“If a girl had a sexual experience, it would simply be different because she is a girl, because she has to be delicate and reserved, well that's what people say. If a girl is seen from one place to another, they tell her that she is crazy, and I think they would say that it is wrong to have sex because she is a girl and things like that.” Ecuador, boy, 18 years

More information about the role of gender norms on sexual wellbeing and sexual consent of young people is described in this section on ‘Societal factors’.

More information about how economic support is important for young women and young men is described as the final influencing factor for sexual consent at the individual level in this section (3.3.2) and its’ relationship to sexual wellbeing is mentioned in section 3.1.2.

In addition, sexual satisfaction and pleasure were also considered more important for young men than for young women in Uganda.

We did not find substantive differences in how young men and young women understand sexual consent.

#### **Age**

#### **Young people in both countries think that sexual wellbeing and sexual consent improve with age – for boys and girls – as young people become more experienced and mature and have more knowledge.**

The results illustrated that young people are romantically and sexually engaged in casual and serious relationships from an early age. In Uganda, the participants indicated that the large majority of young people have had sexual intercourse by the age of 16, two years before the legal age of consent in the country. In Ecuador, there were also cases of young people engaging in sex before the national legal age to consent (14 years old).

"I know friends and friends have lost their virginity, I think they have lived free and fed up with it at a young age." Ecuador, girl, 19 years

"Do you think teenagers at this age are saving themselves for marriage? Not a chance.... I've never heard of people saving themselves for marriage anymore." Ecuador, boy, 18 years

Nevertheless, almost all the research participants in both countries **were convinced that sexual wellbeing and sexual consent are easier to achieve when older and more experienced.** In Ecuador, research participants referred to immaturity among young people. Older young people were reported to have better capacity to make informed decisions.

"I don't know if age has something to do with it, or if maturity has something to do with it. I feel that you can talk to a person as an adult and at the same time say: 'That person is not mature', no matter how old they are. Rather, it is because of maturity." Ecuador, girl, 19 years

"Among children from 12 to 14 years old curiosity prevails, but on the other hand, in people of 16 years and older it is different because one already has information, knows what to do and everything." Ecuador, FGD 3, mixed group, sex unknown, age range 18-21 years

"When you're a kid and you're 14-15 years old you take things more lightly, but when you're 19, let's say you have your head a bit more focused." Ecuador, FGD 4, young women only, age range 19-21 years

"Fourteen year olds are just going through puberty, and what you hear is that there are many children who at an early age already want to have sex, so it's like they are just kissing and kissing and end up doing what they shouldn't, but at an older age you become aware and you have more experience, but when you are younger and you are just going through puberty you do things you shouldn't because that's how you gain experience." Ecuador, girl, 18 years

"I think that now minors want to experience everything at once, they want everything as if there were no tomorrow, so it's like they don't set enough limits and, if they do, they break them themselves. On the other hand, with older people, it's like I set limits and that's where I stay. But there are children who are more responsible and more mature than older people and vice versa, there is a lot of difference there." Ecuador, girl, 21 years

"Those between 10 and 14 years are shy, they cannot decide for themselves, they just accept but those who are older, 15 -20 years, can agree when to have sex. Also, young people between 10 and 14 years don't have the information about STIs: that is why they can easily engage in sex, but for the case of older people know how to protect themselves while having sex, for example using condoms." Uganda, FGD 2, young men only, age range 18-22 years

### **Substance use**

**In Uganda, using drugs is mentioned as a barrier to sexual wellbeing and sexual consent.** Boys who use drugs are reported to force girls to have sex. In Ecuador, stories were shared in which drunk girls engaged in sexual activities that they might regret afterwards.

“But once they [friends] all got drunk. I saw a boy lowering his pants and she [his female friend] was lying down. I punched that boy because he did not know her, neither did she know him and that seemed wrong because I thought that he was taking advantage of her because she was drunk. So, I took my friend out of there, away from the party.” Ecuador, young man, 19 years

R 1: “The boy needs to avoid drugs because they usually push them to have sex and they even lose their senses”

R 2: “Those drugs can also cause the boy to rape the girl and they imprison him.” Uganda, FGD 5, young women only, age range 22-24 years

### ***Having dreams and aspirations***

**Having dreams and aspirations positively influences sexual wellbeing and sexual consent.** Communicating with your partner about these helps with focus and making healthy decisions, such as using protection during sex. Partners may remind each other of their academic and/or professional dreams when tempted to engage in unprotected sex. More information about the importance of communication among partners for sexual wellbeing is **contained** in the section on

### **Coping skills**

In Ecuador, young people refer to the fact that someone can learn from former experiences, and that bad experiences can help you avoid similar situations in new relationships.

“Sitting down to talk, telling him about the experience you had with your former partner. And if that person accepts you with your mistakes, with your defects, and helps you to not to make the same mistakes again as the ones you made in your former relationship and he accepts you like that, then well... it’s welcome. And if not, well, then another person will come and make you happy.” Ecuador, girl, 22 years

Interpersonal relationship skills (negotiation, communication and being patient) .

“In case I am crazy about this man but the man can always control my feelings and tell me: slow down you are still at school or maybe if you are ready for sex right now let us use condoms for you not to get pregnant so as to continue with my goals” Uganda, young woman, 22 years

In Ecuador, this was referred to as ‘proyecto de vida’ (a life project). Respondents emphasised the importance of a life project for an individual, but also the possibility that people who are in a serious relationship share a common ‘proyecto de vida’.

“In my current relationship – we already have a relationship of two years and more – as in all relationships we have ups and downs, but we have clear points. I am going to study this, and she is going to study law, I want to be this in life and she wants to be this, so we make a plan. We say: ‘I’m going to study this, while I study law, I don’t want to get pregnant’. Then I also have my planning because I also have my dreams and aspirations. I also want this – relationship – and while it is happening, I don’t want to have children, and we do it with protection.” Ecuador, young man, 18 years

### ***Economic resources (Uganda only)***

In the context of Uganda, economic resources were very important in relation to sexual wellbeing and sexual consent. The role of economic resources for sexual wellbeing is

described in the section on interpersonal sexual wellbeing (section 3.1.2). Here, we focus on how economic resources can be important for sexual consent.

**For boys, having money was considered essential for having sex.** It allows boys to buy gifts for girls and as such enables them to express their love. Once a girl accepts a gift, the boy can be pretty sure she will have sex with him. Some male participants indicated that not having money can lead to stress and to less willingness to engage in sex. While, in general, most participants mentioned that boys are almost always interested in having sex, not having financial resources could mean that they are not able to have sex, even if their girlfriend is willing.

Several boys indicated they feel pressure because of this custom. They felt that girls should understand that 'the perfect man' does not exist, and they should not expect them to be handsome and rich. A few male participants indicated that girls should also work so they do not expect to be given everything by their boyfriend.

**For girls, access to more economic resources means they will more frequently not consent to having sex.** When receiving a present from a boy, they may not accept it, or might just give a present in return without engaging in sex. What is more, girls from wealthier families are, in general, also have higher educational attainment and, therefore, are better informed about their right to decide in which experience they (do not) want to engage.

## Family, peers, partners

### *The type of partner*

The role of the partner is part of the relational aspect of sexual wellbeing which we described in section 3.1.2. This section discusses the role of the partner in relation to sexual consent (and not for sexual wellbeing).

**In both countries, young people indicated that the presence of 'love' in a relationship made it easier to ask for consent because the partners feel respected.** Therefore, sexual consent is more present in serious relationships than in casual relationships, which focus more on sexual pleasure. Female participants in Uganda also indicated that 'being asked for consent' made them feel special. Nevertheless, as mentioned before, there were stories in both countries in which boys pressured their 'serious' girlfriends to have sex with them. For example, by asking for 'la prueba de amor' – proof of love – in Ecuador.

In casual relationships, aspects of care are not taken into account. These measures are not used. But because of emotion [desire] they just go and do it [have sex], and they do it without protection." Ecuador, young man, 18 years

"When the relationship is for fun you can often catch diseases and spread them to the person you are dating." Ecuador, FGD 3, mixed group, sex unknown, age range 18-21 years

### *Parents and family*

**Parents play a crucial role in how young people establish and navigate relationships.** Several themes were identified in the data: parental expectations, parents as role models, parent-child connectedness, communication about sexuality and parents engaged in children's lives. An example is also provided of how comparing one's own development to siblings can influence sexual wellbeing.

### *Expectations from parents*

The first area of influence is the expectation that parents have about the relationships of their children. In both countries, parents played a key role in the romantic relationships of young people by setting guidance on what kind of partner they expected their children to have. In Ecuador, this was mainly mentioned for girls. This guidance might limit the sexual wellbeing of the young people and their ability to consent to a relationship and sexual experiences.

**The guidance of parents about what kind of partner their children should have might limit the sexual wellbeing of the young people and their ability to consent to a relationship and sexual experiences.**

In Uganda, most parents seemed to stimulate their children to find partners who could provide good economic prospects. Girls, more often than boys, were encouraged to seek wealthy partners who would support them and their family through gifts, especially on marriage. Examples were given of parents who encouraged young girls to remain in abusive relationships as long as the partner was rich.

“Parents do not consider that [sexual wellbeing], and they can’t even think about it, even if the man is mistreating you, they will be like you are lying because they do not want you to leave him.” Uganda, young woman, 22 years

“Some parents also send their children to get these gifts by seducing men, especially due to poverty.” Uganda, FGD 10, young women only, age range 18-22 years

Participants indicated that this need for material gain in a relationship may interfere with ability to consent. For instance, some parents participate in selecting potential marriage partners for their daughters at an early age for material benefits, and in such cases the girls might not have consented. In addition, some girls may also consent easily for material gains instead of engaging in sex because of feelings of sexual desire or pleasure.

“Some mothers can marry off a 16 year old because there is pressure at home for material things, as long as the man can bring some things, make an introduction and a wedding, the parents marry off their daughter even if she does not want it.” Uganda, FGD 10, young women only, age range 18-22 years

Similarly, parents in Uganda also encouraged boys to date educated, rich or high-profile girls to help connect them to lucrative jobs or other opportunities. In addition, the parents pay attention to the character of the partners, religion and ability to formalise a relationship through formal marriage.

**In Uganda, the expectations of parents and grandparents regarding young people's relationships often changed with age, from a controlling to a more permissive nature.**

In Ecuador this was not the case, with parents remaining strict. It seems that in general parents commonly expect young people to engage in sexual relationships when they are older. In Uganda, this would be once married. In Ecuador, the need to marry was not mentioned. In any case, young people also felt that, from a certain age – often above 18 years – parents also wish to see their son or daughter involved in a relationship. In Uganda, some of the parents may ask their daughter to dress up to attract men’s attention. Boys from both countries who are not seen dating and who are not sexually active may be considered abnormal or ‘gay’. In Ecuador, participants mentioned that these boys might be taken to prostitutes by their father and uncles. In Uganda, this



pressure to be in a relationship as a boy may be higher if he is the only boy in the family, as the parents worry about continuing the family lineage.

"Sometimes, when you are like 19, and yet you do not have gifts that you bring home, she [the mother] will wonder why the girl is not being asked for a date by any boy." Uganda, FGD 8, young women only, age range 21-24 years

"So last year my grandmother asked me: 'what are you planning?', she didn't ask me directly she just asked me what I am planning to do, I told her that I still need time, I need to first work, then she said: 'but do you have someone?', I said not yet but I will bring her when the time comes. So she went on and told me, "you know you are alone [only boy, parents died], you have to get a wife and have children". So that is one of the ways they may force you to even get married." Uganda, boy, 24 years

In Ecuador, participants also mentioned that parents might expect certain things for their children based on what they have seen or heard from people, and therefore prohibit contact with specific persons.

"With her parents it's complicated, but her mum refers to the experience of her cousins. They all left home when they were 15 or 16 years old. She's 19, older than me by a year, but her mum says: 'if I let you be with him, then he will become your husband' [meaning sexual partner]. In other words, just like the cousins. The mother told her not to go near him, she said: "I don't want you to be with him". It's because of what happened with the cousins." Ecuador, boy, 19 years

#### *Parents as role models*

**Participants mentioned that their lived experiences might be modelled by the experiences and values of their own parents.** In Uganda, young people said that respectful relationships between parents may be copied by their children. On the other hand, parents who have experienced challenges in their relationships, including breakups or having multiple partners, may influence the lives of their young children negatively. Participants in Uganda also illustrated how being exposed to listening to parents' sexual activities in crowded homes may influence young people to initiate sexual activity at an early age.

"You find that these kids stay with their parents in the same room, so they hear them when they are having sex. And just know sex is something that triggers your mind for as long as people are doing it: even if you're sleeping you have to wake up." Uganda, girl, 23 years

In Ecuador, participants mentioned that it is very important for young people to learn to respect their partners, and primarily women and girls. This should not only be taught by observation but also explicitly. Some participants were convinced that young men who learned respect for girls at home, from their parents, would be more open to ask sexual consent to their female partners.

#### *Parent-child connectedness and communication*

**Parent-child connectedness, including the ability to communicate openly in a friendly way, was also mentioned in both countries as an important factor for ensuring the sexual wellbeing of young people.** Participants mentioned that friendly parents made it easy to share personal experiences, including romantic relationships.

“As parents, they have really contributed so much in terms of advising me as a girl or as a lady to always be careful. They advise me on what I should do, how I should treat my partner.” Uganda, young woman expert, 25 years

In both countries, mothers were more likely than fathers to be approached by their male and female children. In addition to the more general need to be able to communicate openly with parents, almost all participants indicated the desire and the need to be informed by their parents about sex. **Many participants asked for more openness from parents about their own relationship experiences, and for detailed information about safety measures such as use of condoms and contraception.** In the context of providing this information, the role of parents seemed far more important for young people than the role of peers.

“Parents would help a lot with well-being and care in a sexual relationship because they already have experience and can give you advice on how to maintain and manage a relationship, and how to keep it healthy.” Ecuador, young man, 20 years

“You can look for information on the internet, honestly you search a lot on the internet, you can look for the pros and cons of things, but the advice of your parents is very useful.” Ecuador, young man, 19 years

“Parents should spare some time and talk to their children, for example about the problems young people can have when they engage in sex at early ages: they need to be guided by their parents.” Uganda, FGD 6, young men only, age range 22-24 years

Nevertheless, participants in both countries also mentioned that parents rarely talked about sex, positive sexual experiences or contraceptives. In Uganda, parents communicated this information very vaguely, or used myths such as ‘if you have sex, you will always get pregnant’. In Ecuador, participants mentioned that boys receive limited information about contraceptives, whereas girls only hear indirect messages such as ‘be careful that you don’t get pregnant’ and myths.

“You’re left with the ‘I’m not going to ask them [the parents] any more’, I prefer to stay with the doubt and investigate elsewhere, but sometimes the investigations elsewhere don’t turn out very well, they turn out badly.” Ecuador, girl, 18 years

“Parents tend not to talk to us about that specific topic, they just go off at the deep end, they just tell us: ‘take care of yourselves’, but that’s why some young people are confused, because they don’t give them clear and concrete, clear and concise information so that they can be clear about things.” Ecuador, young man, 20 years

“Parents, they should talk freely to their children about how these relationships go, how to handle them, how to choose their partners, boyfriends or girlfriends.” Uganda, young man, 24 years

**Many young people involved in the study were convinced that parents did not share this information because they do not know it themselves, and also believe the myths are true, or that they are shy and uncomfortable to talk about these things.**

"My mother and I have never really for instance spoken about sex. I've never discussed sex with any of my older female relatives... You know, [in] most African communities, because sex is a taboo." Uganda, young woman, 23 years

"Something that caught my attention is that very few girls or boys talked about talking with their parents. In all the experiences – or most of the experiences rather they referred to talking to the mother or being hit by the mother. Either the mother told her [the daughter] you can't do this, [...] this person suits you or not but [...]; only one girl said: 'The one who sat down with me and told me things as they are was my daddy'. Thus, all the examples speak and refer to the mother." Ecuador, meeting of co-researchers, age range 17-22 years

"I arrived with my notebook [from school] and I told her: 'mummy look at the human body'. She almost had a heart attack. She went to my school and asked why they were insinuating sexual things to us?" Ecuador, young woman, 19 years

"I think that parents don't talk to you for fear that you will do things later. But if they don't tell us things, we won't do things the right way. Because if you tell your friends, they tell you: 'don't use a condom because it will make you less sensitive'. But if you tell your parents, your mother, she will sit down and say: 'if you are going to have sex take care of yourself because it's not just pregnancy but diseases as well'. If my parents had told me about sexuality it would have been better." Ecuador, young man, 19 years

"I think it's how the parents were raised, it's like they follow a generation but now we are in another century. It's different, and they think we are still in another century. My mum was raised very strong and they didn't even let her go out to the corner." Ecuador, young woman, 22 years

In addition, some participants in both countries also indicated that they were afraid to talk with their parents. Most respondents in both countries indicated that they would keep their sexual relationships secret. They would not tell their parents out of fear of their reaction such as punishment or, in Uganda, withdrawal of support, imprisonment, banishment from the home or even being killed. Young people indicated that this secrecy was usually regretted when young people faced challenges within relationships, such as unintended pregnancy. Some of the young people in Uganda reported having to undergo unsafe abortions, or running away from home for fear of parents finding out.

"They are afraid to express themselves, they are afraid of being judged or that their parents will hold them back." Ecuador, young man, 18 years

"Another time, a girl comes to my place and the parents got to know about it, I was worried. They called for a meeting with my parents, and they discussed many things. I have no idea what they discussed but I was waiting to go to jail and dig for the government." Uganda, young man, 21 years

"I was afraid, that is why I ran away from home after realising I was pregnant, and I couldn't tell anyone because I was afraid that the person would tell my parents." Uganda, young woman, 24 years

#### *Parents engaged in children's lives*

**Having parents who were actively engaged in the lives of their children is also mentioned as an important influencing factor for sexual wellbeing and sexual consent**

**in Uganda and Ecuador.** Some of the participants mentioned that lack of time and affection from their own parents encouraged them to form relationships.

“If you are always busy as a parent and you do not give your daughter time that is when maybe challenged at school maybe the teacher who is courting her. I don't have anyone to report to. There is this uncle in the community that is harassing me, you don't have time to listen to me. Maybe it is time for my periods, you are not there to provide my pads, because you even don't know the days that I receive my periods. But all over those challenges there is this guy who is ready to listen. ‘Oh James, I don't have money for pads’, and he provides it. This person is challenging me, or rather he fights for me so at times that provokes a girl to go for these relationships.” Uganda, young woman, 22 years

In Uganda, participants indicated that having strict parents – especially fathers – influenced the children's relationships positively. Young women were able to establish more respect and boundaries in their relationships, and use more contraception and condoms to prevent pregnancies. For example, some participants mentioned that they did not accept gifts because their parents would ask where they got them. As ‘accepting gifts’ was generally considered as consenting to sex, this also meant that sexual activity was postponed. In Ecuador, a girl illustrated how the controlling attitude of her mother contributed to her not getting pregnant.

“I was scared because I was still a virgin. In my house, in that sense, they have always been very careful with those things. I didn't have much freedom to go out, they were always giving me medical check-ups to see if I was a virgin and so on. My mum is like the devil, she went from doctor to doctor.” Ecuador, young woman, 20 years

However, some participants in Uganda also felt that too much control over a child's behaviour could also affect the sexual wellbeing of the child negatively, as young people could feel the need to break free from the parental control and experience life differently, including exploring sexual relationships.

Nevertheless, participants mentioned that not being actively engaged in the children's lives would reduce sexual wellbeing and the ability to consent for sex. It may also lead to early engagement in sexual activity and accepting gifts in exchange for sexual activities.

#### *Comparing to siblings*

In Uganda, one girl also indicated how her sexual wellbeing was influenced by comparing her own development to the physical development of her older sister.

“I grew breasts earlier. Everything came to me faster than my older sister. And for you, as a child, [to] understand [that] your hormones are faster than your eldest sister [hers] is a very technical biological issue. If you don't have information. And unfortunately, there was information [in my case] ... and I kept on being confused. I should say me, but at some point I was so stressed and depressed, but no one could even diagnose that this kid is going through that.” Uganda, young woman, 26 years

#### *Peers*

Peers may influence young people's sexual wellbeing or sexual consent in different ways, as a barrier or as a contributing factor. The following examples were given: influence or pressure to engage in relationships or sexual experiences, jealousy and help between friends.

*Influence to engage in relationships or sexual experiences*

**Participants in both countries indicated that friends directly and indirectly influence young people to engage in relationships or sexual experiences.**

First, participants in both countries indicated that friends influence young people to engage in relationships or sexual experiences. This can be done directly – which seems mostly the case for boys – and indirectly, by talking about their experiences and the benefits of being sexually active and making their peers curious – which seems to happen for boys and girls. In Uganda, the benefits for girls are mainly related to money or love. A girl may be encouraged to get a boyfriend, usually one who is rich to show off to peers through group outings and having fun.

“Our friends become happy when our boyfriends take them out to eat and drink, there they will say ‘*walonda*’ literally meaning that you got the right person.”  
Uganda, FGD 1, young women only, 18 years

“Friends do influence me to have sex because they gave me ideas, they told me: ‘we already experimented, we feel this... it feels good, at the beginning it hurts’ and things like that.” Ecuador, young women, 18 years

“Friendships have a lot of influence because, as I said, it’s the comments people make to you: ‘oops, you’re gay’ or ‘oops, that girl is very arrogant’ or things like that, and obviously the other person [...] wants to look good in the group or [does not] [...] want to be rejected from [the group]. So obviously that has an influence.” Ecuador, young woman, 18 years

Ugandan boys may feel good among peers if they have a beautiful girlfriend to show off. Peers may tease boys that they are growing too old and need to have a girlfriend, or they may even have a bet among themselves about a successful ‘conquest’ of a girl into a relationship. Also, some participants indicated that a peer may be contacted to help in establishing a connection with a popular girl or one at a higher economic level, and once the relationships established. Others disagreed with this, saying that sending someone may lead to a potential girlfriend being taken by a competitor (the one being sent).

“It differs a bit on my end. How do you convince someone [from a] higher [economical status] than you? If you send someone, they can speak on your behalf and maybe you can meet this person who is at a higher level than you. But if you meet them personally for the first time you may fail on your first step. She can end up looking and despising you.

“We are good pretenders. Girls are many, and though she is among high-profile people, you can time it to meet her when she is alone and you give her your word.

“So, whatever the profile, I can go to the person. You go step by step, you don’t rush, and by the time they get to know that you are a mere tailor the relationship has gone far. She will even be the one to ask you to leave the tailoring job and she will get you a job at that National Water. Then she brings you closer.”  
Uganda, FGD 3, young men only, age range 21-23 years

**Participants in Uganda also indicated that peers can encourage certain risky sexual practices.** For instance, some boys and girls mentioned that peer groups may encourage competition about who has the highest number of partners and encourage multiple partner relationships. Girls mentioned that they encourage each other to have casual relationships with boys for monetary gain.

“For me, I have my friends, we call ourselves, ‘girls with money’, the moment you cry that you are poor, they ask you: ‘aren’t you a girl?’. So, you also find yourself being pushed to look for a man so as to get money” Uganda, young woman only, age range 21-24 years

*Pressure from friends to engage in relationships or sexual experiences*

**Young people in both countries indicated that they experience this influence of friends and peers as a form of pressure that makes them consent to experiences they are not ready for, and which can limit their sexual wellbeing.** This pressure existed for young women and young men, though young men are more exposed to it and often it is more verbal for them. In turn, they often pressure their girlfriends to engage in sex.

- Direct pressure on young men

“I think the pressure was more on the boys, because their friends would say ‘you’ve been dating for how long? You can have sex, you have to have sex, you have to have sex, you have to [ask] to give ‘proof of love’ [la prueba de amor = having sex]. It is very common to hear this, so I think the pressure is much more direct towards the boys because they have to be ‘men’ supposedly.” Ecuador, meeting of co-researchers, age range 17-22 years

“It’s the environment of friends, it’s that boys are too open, and they just want to have sex. Friends pressurise or push to have the first sexual relation and it is something negative because it is a pressure that young people feel: ‘Wow, I haven’t had my first time yet and my friends have already had it”, so sometimes they fill their heads with bad ideas.” Ecuador, young man, 21 years

- Indirect pressure on young women

“Peer pressure makes young boys or girls engage in sexual relationships. Even if you had decided that you are going to abstain. Your friends who have boyfriends, ... will influence you because during their conversations they [will] be talking about their boyfriends, so you can start admiring to have one. This is because sometimes they can be talking about what they get from their boyfriends, for example gifts like phones, clothes, shoes, so you also get the morale of having a boyfriend.” Uganda, FGD 1, young women only, 18 years

“There are girls who are 17 years old and who haven’t experimented [yet with sex], but there are girls of 15 who have already experimented [with sex]. They talk about their experience, then the others are like [...] To be part of the group and look good, they say: ‘no, I’m going to do it too’.” Ecuador, young woman, 20 years

In Ecuador, few male participants also admitted lying about being sexually active to friends to be accepted by their friends. However, they also added feeling bad about it because of betraying the trust of their friends.

“These are things you talk about with your friends. I tell you something, but don’t tell anyone. Sometimes you feel left out, because your friend tells you things that he has done, and you did not. And I’ve said things that I’ve supposedly done, but I never really did, I never did anything. [...] You feel left out, excluded [...] And you do have the opportunity, but there are people who don’t want it just yet and that’s it. They want something that really is for life, and there are people who do keep it to themselves. I did have several opportunities,



but I never did it [having sex]. The moments I could, I said no. At the time I said no, it's not worth it. But otherwise, I also told [my friends] that it [sex] had already happened. Between friends it is like everyone wants to feel superior." Ecuador, young man, 18 years

#### *Jealousy among friends*

**In Uganda, girls and boys mentioned that friends might be jealous of their friends' partners and try to steal them away.** In the case of disagreements or relationship failure, or failure to establish a love relationship, a boy may solicit help from fellow boys to tarnish the image of the girl, usually by claiming she is ugly or could be sick [having HIV]. Peers may work in a group to harass such a girl and make her uncomfortable.

"Sometimes you may be in a group all eyeing the same girl, so if you have been friends and one takes the girl, I cannot give my friend good advice because I am jealous." Uganda, FGD 3, young men only, age range 21-23 years

#### *Helping each other*

However, peers and friends also try to help each other. Participants in both countries indicated that friends informed each other and shared information about sexual health issues. Unfortunately, this information is often based on myths and therefore jeopardizes sexual wellbeing and sexual consent.

**Participants in both countries indicated that friends often share incorrect information with each other.**

Additionally, in Uganda participants also mentioned that peers may help each other to obtain a relationship or sexual experience by, for example, encouraging each other to address specific personal flaws such as personal hygiene or dressing style that may interfere with their credibility, or by encouraging a boy to provide gifts to a girl and even at times lending him money to buy gifts. Help is also offered in the selection of the partner. Peers may warn a boy against having a relationship with a girl of suspicious moral character or one who is suspected to have HIV. Participants indicated that having a partner that was approved by their friends contributed to their happiness. Peers may also encourage each other to avoid unwanted sexual encounters, for instance going on a date or a visit in groups or with a friend so that the partner does not get an opportunity to demand for sex.

"If the girl does not trust the boy, she will choose to go with her friends for security purposes, just in case of anything. If a girl goes with her friends, the boy can't do anything bad to her." Uganda, FGD 1, young women only, 18 years

"If you don't want to have sex with her, you don't tell her directly, you just invite in another friend to be around. Then for some girls, if she doesn't want to have sex with you, as she comes to pay a visit she comes with another friend. Those are the tricks they use because you cannot have sex in the presence of a friend." Uganda, young man, 23 years

In addition, young people also provided advice on how to manage and maintain a happy relationship by sharing assistance on what can make a partner happy or on what to do in case of disagreement.

"They give you advice... when I was at school I saw many young people in relationships and they gave advice among friends about how to manage a relationship, that is, [...] from people who already have more experience in that area. The advice was about emotions: they told you not to have toxic moments,



when for example your partner wants to know where you are and who you are with or that you send him evidence of where you are.” Ecuador, young woman, 19 years old

Friends may also help in building confidence in seeking health services, especially if they are older and have passed through related experiences such as childbirth. The participants mentioned that having a partner who is appreciated by the friends makes them feel more confident in the relationship, and also happy.

In Ecuador, male participants indicated that they ask help from female friends to interpret the behaviour of their girlfriends when seeking sexual consent.

Also in Ecuador, participants indicated how peers can provide emotional support.

“She told me that she had sex when she was 12 years old, and what I did at that time was hug her.” Ecuador, young woman, 19 years

Help did not necessarily need to be in a direct way. Participants in Ecuador pointed out that by hearing stories and experiences from friends, young people learned what they didn’t want and what they needed to avoid. They also indicated that this was similar for their parents.

## Community, school, media

### Community

#### Myths

At the community level, myths were mentioned as very important barriers to sexual wellbeing and sexual consent in both countries. Many participants indicated how they negatively influence the sexual wellbeing and sexual consent of young people. Myths seem to be shared among friends and by parents, and provide wrong information. Due to these myths young people might engage in sexual activities though they do not yet feel ready.

“They were carried away by the myths .... that they were going to get the perfect body [by having sex]. They did it [having sex] because of that myth.” Ecuador, meeting of co-researchers, age range 17-22 years

“Young people want to experiment without a condom because they say it feels good, but it could lead to them getting a disease or conceiving a baby. So, it’s a negative influence because it encourages them to do it [have sex] to see how it feels, but they wouldn’t be prepared for a disease or to have a baby.” Ecuador, young man, 18 years

**Participants mentioned that myths might also lead to unprotected sex and that they might cause insecurity in young people, for example when faced with body changes during puberty.**

Some examples of myths are:

- Myths related to condom use (see section 3.3.1)
- Myths related to pubertal changes, such as:
  - A girl’s body can only develop beautifully once she is sexually active
  - If you have pain while menstruating, the pain will go away when you have sex (only Uganda)

- Myths related to sexual activity such as:
  - If a boy is not sexually active, he is gay
  - If you have sex, you always will get pregnant (only Uganda)
  - Boys are always willing to have sex
  - It is not good to stay a virgin very long because it might lead to having fertility problems (Uganda, mainly for boys)
  - If a boy masturbates, hair will grow on his hands (Ecuador)
- Other
  - If girls do not participate in the cultural practice of 'labia pulling', they will not be able to have children (only Uganda)
  - Girls can burn boys (only Uganda)

**In both countries, participants also referred to the fact that parents are also influenced by myths.** In Ecuador, respondents illustrated how the belief in myths by parents can lead to lack of correct information exchange with their children, or even violence.

"It's mainly because of society, society thinks that all people are like that, and they say: 'Don't even let your daughter go because she's going to go with her husband' or 'I saw your daughter with someone, beat her up because she's going to get engaged to him for sure'. I tell you a case, [...], I don't know if it is true. The girl was found with her boyfriend and her parents were very strict. They didn't like that she was with him, they were so angry that they hit her. The parents felt guilty for hitting her and didn't take her to the hospital and the girl died." Ecuador, young man, 21 years

In Uganda, parents seemed to use myths such as "when you meet a man, your stomach will swell", as a form of indirect communication to mitigate sexual risks among young people and influence them to delay sexual encounters until they were older. As one participant said, one such myth helped him delay sex.

"You may have your girlfriend, but remember your parents told you that women burn, so they end up taking your girlfriend because you fear having sex with her that she will burn you". Uganda, FGD 2, young men, age range 18 – 22 years old

#### *Cultural practices*

**Cultural practices reduce the ability of young men and young women to consent to sex and/or lead to secretive sexual behaviour that can also influence young people's sexual wellbeing.**

In Ecuador, some participants referred to the **cultural practice** of uncles and fathers taking boys to prostitutes if they are not sexually active at the age of more or less 18 years. This practice seemed strongly related to the widely held myth that men who don't have sex before a certain age (about 18 years) are 'gay'. This practice reduces the ability of young men to consent to sex, and as such can also influence their sexual wellbeing.

"For example, it happens that the father says: 'No, you are already a certain age, I can take you to the famous 'school' or the exact word: 'chongo' [sex bar]. He says: 'I can already take you to that place. Your [pubic] hair is starting to grow; I can take you there.' Because there are fathers who do this, who tell their children this." Ecuador, young woman, 18 years

The existence of cultural practices was also mentioned in Uganda: labia elongation, early marriage and bride price. Labial stretching or extension – commonly known as pulling or '*okukyalila ensiiko*' (which literally means 'visiting the bush' – is a practice

mainly in the central region of Uganda where the study was conducted. It involves use of herbs to pull the inner lips (labia minora) to varying lengths. The practice is initiated in early puberty (about 10 to 12 years). Young girls are conditioned to have this procedure carried out and sometimes threatened that, if they do not proceed with it:

- they would not find marriage partners in future
- they would not be happy in marriage
- men will not like them because they only like women who have had pulling
- they will be infertile
- they will die during childbirth
- they would be embarrassed in public. For instance, having their genitalia exposed with chicken feed poured in it and chickens being allowed to poke her.

“They used to tell us we have to ‘visit the bush’ to elongate our labias but I never liked pulling of labia because it is a painful experience”. Uganda, FGD 1, young women only, 18 years

“But there are some who still do it. Take, for example, if you are a Muganda and you marry a typical Muganda, you must have them otherwise you will not prosper in marriage”. Uganda, FGD 3, young men only, age range 21-23 years

In general, parents still seemed to support the practice for their daughters. Examples were given of parents who compelled their daughters to undergo the practice during childhood and before puberty, out of fear that their children would not be cooperative. Nevertheless, several respondents did not practise it, or felt that parents should obtain consent from the children before undergoing the practice.

A few examples were given of how this practice affected the sexual wellbeing of young women. Some participants mentioned that they had friends who had to undergo an operation because their partners did not like the elongated labia, and others had relationships that ended because of the same reason.

“We find men of different tribes: for me I had dated a man from Teso. We were out, just finished the session [sex], we ate he gave me transport money, of 50,000, and kept quiet and did not tell me why. I met him two years later and asked why he did not get in touch .... he said, the truth is that I loved you madam but that you said you are a Muganda I know you did that pulling.” Uganda, young woman, 22 years

Participants also perceived this practice to be related to myths and to encourage girls to be sexually active to prove their womanhood.

All in all, the young people mentioned that they do not follow these and other cultural traditions and customs anymore (such as getting married, remaining a virgin until marriage) because times have changed, and they are no longer regarded as very important in their lives.

“There is no wedding in Kakungulu. Once these two see each other and like each other, then they start building their lives step by step. It was also simplified, as long as you visit the parents, you are good to go...Those who can afford it can have a wedding.” Uganda, FGD 7, mixed group, sex unknown, age range 18-24 years

“Even in the era in which we are now, people got tired of traditions. The kingdoms are trying to push people to come back to the norms, but people are

not interested.” Uganda, FGD 7, mixed group, sex unknown, age range 18-24 years

However, young people did indicate that their parents and other community members might still want them to follow these traditions. To avoid disappointing them, young people might, for example, have clandestine sexual relationships (before marriage).

### *Marriage practices*

Cultural practices regarding **marriage** might affect the sexual wellbeing or consent of young people either positively or negatively. First, participants referred to the cultural expectation for girls to be virgins at marriage. This makes parents very protective of girls, and some parents allow them to marry at an early age before they are engaged in sexual relationships or get pregnant before marriage. A few participants mentioned that some parents, especially from the Muslim community, may select potential partners for their girls even when they are still young at school. Such parents choose rich partners so that they may bring more gifts for bride price at marriage. Some participants mentioned that some of their peers have rejected such arranged marriages.

“Some mothers can marry off a 16 year old because there is pressure at home for material things, so as long the man can bring some things, make an introduction and wedding, parents marry off their daughter even if she does not want it. It is also common for Muslims: parents have married off their children in this period [COVID-19 epidemic], because they do not want their children to get spoiled by random boys in the village, they choose to marry them off to these rich Hajjis”. Uganda, FGD 10, young women only, age range 18-22 years

“In Kampala, when some girls drop out of school, some parents, mostly Muslims, and they get for you a husband. And even if the child is still studying... let me say that they can be family friends, if one side of the family has a boy who wants to marry and they have appreciated the girl in a certain family, they come, talk to the family head and from there they can agree and even if the girl is not willing to go, they force her to go”. Uganda, young man, 24 years

**Participants indicated that the expectation that girls remain virgins before marriage is no longer possible today.** Young people said they think of marriage much later than the age they start to engage in sexual relationships. Some wanted to first complete education, get jobs and become independent.

“Parents expect a lot in us. A child is, like, 14 and is having sex with someone who is much older than her. A parent expects to marry off her girl who is a virgin but yet she lost her virginity a long time ago”. Uganda, FGD 8, young women only, age range 21-24 years

Because romantic relationships are not openly tolerated before marriage, young people might engage in secretive relationships. In case of pregnancy, they might get married to conceal the pregnancy even when they are not ready or not in love.

“He was not ready to experience it: he only married me because he had made me pregnant and he had no choice; after all I had run away from home. I think that is even the reason why he used to torture me a lot. Both of us were still young by the way!” Uganda, girl, 24 years

**Marriage expectations are intertwined with culture and religion.** For instance, under Islamic marriage, a woman asks the husband for a specific wedding gift the ‘Mahare’: this can be of any amount she wishes. After a month of weddings, the Sheikh and family

may visit to ensure that the Mahare has been provided. The Mahare is comparable to a bride price in non-Muslim marriage. The difference is that the former is estimated by the bride, while the latter is decided upon by the family members. The amount given also relates to the financial capacity of the groom – so a rich groom is preferred. This gift is expected to be returned to the man if the marriage fails. This may affect a woman's sexual wellbeing as she is expected to tolerate hardships including abuse in marriage or else the family is bound to return the Mahare or the bride price. Young people referred to the fact that women are taught to be submissive and fulfil the man's needs in obedience to cultural/religious norms. For instance, sexual consent cannot be denied in any circumstances. Failure to fulfil marital obligations, including sex, is justification for a man to marry another woman and become polygamous; this is not the case for women.

“For instance, when you complain of a relationship conflict instead of them solving your problem, they tell you to respect your husband. So, they put the women down and they don't have a chance to [seek] consent on anything but to just bear [it].... I tried to go to my mother and aunties, but they were saying the major thing [name deleted], you are stubborn you cannot be advised”  
Uganda, girl, 22 years

#### *The role of Senga*

**In Uganda 'Senga', aunties play an important role in preparing young girls for how to behave in relationships and how to take care of men.**

The final cultural practice mentioned by participants in Uganda was the role of 'Senga' aunties in the preparation of young girls for marriage. This involves close interaction, especially at puberty, on how to behave in relationships and how to take care of men. It also includes pubertal rites like labial pulling. In the older times, the aunt would have sex with the groom to prove that he is potent.

#### *Sexual and reproductive health programmes*

As a fourth influencing factor at the community level, young people referred to the importance of sexual and reproductive health programmes and youth empowerment programmes. This study did not specifically ask questions about available community programmes on sexual and reproductive health that influence the sexual wellbeing and sexual consent of young people. However, we were able to identify some examples that the young people liked or would like to receive to improve their sexual health and wellbeing.

**Many participants appreciated the work of NGOs in their communities and schools. However, in Uganda, some youth mentioned that more could be done to include boys and young men in their programming.**

Participants in Uganda mentioned a few NGOs, including Plan International, that played a major role in the lives of young people through various youth empowerment programmes, including economic empowerment through vocational skills; promoting youth competences such as appreciation of self, self-confidence, self-respect and assertiveness; and ability to participate in youth advocacy and relevant programming by NGOs or government. Plan International also trains community counsellors who provide counselling when young people experience challenges, and who train youth to avoid sexual and reproductive health risks. However, some youth in Uganda felt more could be done, such as having specific programmes targeting boys.

“They [Plan] put much emphasis on the girls and they forget us, the boys, who are the real problem. Boys are the ones who take drugs and end up making girls pregnant.” Uganda, FGD 9, young men only, age range 21-24 years

“Plan teaches us so we get to know our value, dignity. [Plan taught me that it is OK that it] ... annoys me if someone comes from nowhere and they touch in your head, your neck. I really find this disrespectful”. Uganda, FGD 10, young women only, age range 18-22 years

Participants in Uganda and Ecuador also appreciated the presence of other NGOs in their communities. In Uganda, these mainly aimed to teach youth about sexual and reproductive health knowledge and skills such as condom use, post-abortion care and family planning. Participants indicated that these seem to have an impact on the prevailing attitudes on youth sexuality, for instance the acceptability of condom use. Some of these organisations also provided toll-free phone lines for youth to contact them, and also free family planning commodities.

“There are people who come to educate in the community, for example about family planning and safe abortion, and so if they come and teach you the importance of a condom. Previously, it was so offensive to find you with a condom, but now it is not strange for people of our age to have them.” Uganda, FGD 10, young women only, age range 18-22 years

When asked whether they wanted to participate in programmes that consider sexuality to be an integral and positive part of their lives, they all responded positively. Some participants mentioned that young people might be shy or reluctant to participate in such programmes due to the taboo, but no one would not be interested.

I: “If you think about the poor communities, for example in Kampala where we are doing the research, do you think that young people over there would be open for programmes with a positive approach? “

R: “Very very much. This one, I can't even a bet my life, like I'm sure because I'm interacting with modern societies, you know, adolescents and, you know, young people, they have a lot of questions and they're just looking for the right information and you give them that. They will not leave this topic. [...] So, I feel like if there is an opportunity for this positive learning on sexual pleasures, a sexual wellbeing... The young people, the adolescents they're looking for a space to embrace it from. But of course, the leaders will always make sure you have hiccups either way.” Uganda, young woman - expert 26 years

**The participants in this research are convinced that young people are interested in receiving programmes that consider sexuality to be an integral and positive part of their lives.**

#### *Sexual and reproductive health services*

Also in Uganda, the government has made dispensers of condoms available in public places. Young people found these useful as they were able to obtain condoms when in need. However, as described in the earlier section of the report, they were concerns regarding myths about condom use, necessary skills for appropriate use and also the fact that they were in public places where youth felt embarrassed to access them during the day. Additionally, there is evidence that young people visited health centres to have HIV tests and abortions.

In Ecuador, young people indicated that they would like to receive more information in health care centres about sexual and reproductive health issues.

"I heard that they think it would be interesting to have talks like this in the health centre, where they give you an orientation on how to use a condom so that you are not looking for so much information on the internet and you are not guided by your friends; this also applies to the morning after pill". Ecuador, meeting of co-researchers, age range 17-22 years

They mentioned that this does not occur currently. Young people from the selected communities mainly seemed to go to health care centres when they were already pregnant. One co-researcher also shared an experience in which health care providers were not willing to inform young people about sexual health issues.

**The young people also added that it would be important for health care providers to share information that is accessible and understandable. They pointed out that information is often shared in a language that is too technical and medical.** Young people expressed the need to be able to talk to psychologists in health care centres.

Besides involving the staff of health care centres, young people in Ecuador also referred to the important role of pharmacists. They are the ones who sell contraceptives to young people, mainly boys. Young people illustrated how these pharmacists often judge boys and girls when buying contraceptives and thus establish barriers to young people buying contraceptives.

"If you go to a pharmacy and you ask for an injection or this or that, first, if they see you are very young, they start looking at you... and that makes you insecure and makes you feel ashamed and [you think] 'I'll never shop here again', especially if it's a pharmacy near your house." Ecuador, young woman, 18 years

"For men it's seen as normal to buy condoms, but for girls it's like they're going to criticize you and say things like 'why are you buying this?'" Ecuador, young woman, 20 years

### **Schools**

**Many participants in this research expressed how they would love to receive more SRHR information at school.**

In both countries, young people saw a key role for schools to contribute to their sexual wellbeing and to a lesser extent also to their sexual consent.

I: "So do you mean that having more experiences because, for example, you go to college and have more knowledge contributes to sexual wellbeing?"

R: "Yes definitely, information is power." Uganda, young woman, 23 years

However, they also added that schools did not take up that role.

"I think that sexual wellbeing depends on us, on any person, because in schools they do talk about sexuality, but about superficial topics, but they don't give you the living matter, but [...] everyone wants to have their sexual wellbeing." Ecuador, FGD4, young women only, age range 19-21 years

### *Source of information*

First, young people in both countries mentioned that schools could be a key source of information on sexual and reproductive health issues including pubertal changes, STIs, pregnancy prevention and laws related to sexuality. In reality, it seemed that only a few schools provided limited information. Participants in Uganda said that sexual wellbeing



is hardly mentioned because young people are expected to abstain from sex. However, a few examples of initiatives were mentioned. In Ecuador, some schools seemed to provide information occasionally, whereas participants would like to receive information on a regular basis.

“Actually, right now, we are in a generation which is learned, and they have ‘PIASCYg groups’ at school which teach them, or they tell them don’t accept gifts, then they know that when I accept someone’s gifts, I must give to myself. So, I don’t think that there are people who still just accept gifts anyhow and from anywhere, and also even if it is a birthday gift.” Uganda, FGD 3, young men only, age range 21-23 years

“Sex education is also very useful because there are times when boys and girls do not know much, and they have an unwanted or unplanned pregnancy [meter la pata]. Perhaps a main and fundamental course at school [could be recommended]. There, they should teach the children from the age of 10 [about sex-related topics]. Because the truth is that it would have a lot of influence, they would not be encouraging them to have relationships.” Ecuador, young woman, 24 years

Besides the provision of SRHR content to students, young people in Uganda also referred to the need to have good role models in schools. **While romantic relationships were often discouraged and some boys and girls were punished or embarrassed when suspected to be in relationships, teachers themselves often seem to engage in romantic relationships with students.**

“Some schools don’t tell us anything, because even teachers fall in love with students”. Uganda, FGD 1, young women only, 18 years

#### Services

In Uganda, participants also indicated how schools provided services to contribute to the sexual wellbeing of their students. Some schools seemed to carry out random pregnancy tests to help girls to avoid pregnancy while at school. Participants mentioned that this practice was important to prevent teenage pregnancies, and even helped in negotiations for contraception / condom use with a partner. **Nevertheless, some participants thought it was unfair that the schools only punished girls when they get pregnant by expelling them from schools, while they left the boys who may be responsible for the pregnancy unpunished.**

“A boy cannot be affected: even if he impregnates a woman he will still go to school yet a girl the moment she gets pregnant she will be dismissed from school: a boy’s life would continue which is not the case with girls.” Uganda, young woman, 22 years

“Some schools are taking responsibility: they periodically check girls for pregnancy, and it controls and reduces the young people who engage in sex.” Uganda, FGD 9, young men only, age range 21-24 years

Other examples were given of schools who allow NGOs to distribute condoms among their students (above 16 years of age).

<sup>g</sup> Presidential Initiative on AIDS Strategy for Communication to Youth is a strategy introduced by the Ministry of Education and Sports in Uganda, aimed at helping teachers to provide accurate information to young people, who are at great risk.

“In the schools we attended, we would get guidance, we would also get condoms, in schools. Organisations would bring condoms. They knew students from Senior Four [above 16 years] upwards have grown and can do anything.” Uganda, FGD 9, young men only, age range 21 – 24 years

“You can give a reason for asking for the condom for instance ‘I am in my unsafe days, and things like that because a girl can be school going and engage in this early sex but just not want to get pregnant while at school.” Uganda, FGD 10, young women only, age range 18-22 years

In Uganda, the participants also affirmed the role of schools in preventing early engagement in sex, and mentioned that prolonged school closure due to the COVID-19 epidemic has led to an increase in unintended pregnancies among school-aged children. Various reasons were mentioned, including being more at home with other family members and lack of information.

R: “The girls who have got pregnant during this COVID are greater than the women who are in marriage. ...”

I: “You said many girls got pregnant in this COVID?”

R: “Yes, girls these days are so active, and they don’t care about sex. Many girls were at health centres taking medicine for antenatal and the numbers were more than those of even married men.” Uganda, FGD 9, young men only, age range 21-24 years

“Let me speak about an issue that needs a little attention – sexual violence. There’s a study that the Ministry of Health did last year in Uganda, to just see how it was. Basically, focusing on how the adolescents and young people are coping during the COVID-19 pandemic in terms of SRHR. One statistic that shocked me is 44 per cent of ... child survivors of violence, are actually being violated by their own parents or their very caregivers.” Uganda, young woman, 26 years

“I would really see good in it if the government took it upon themselves to see that adolescents get this information, because if someone is not informed, she will end up messing up. How? That’s why we see that during this period of COVID, young girls are getting pregnant, because they need certain things, they end up making rushed decisions, so the government should take it upon themselves to see that information is given out and young girls are helped in one way or the other.” Uganda, young woman, 24 years

#### *Support in development of personal competencies*

Besides an increase in knowledge exchange and provision of services, participants in Uganda also saw additional roles for schools. They mentioned that schools were important in developing personal competences, such as being assertive and confident in saying no to sexual relationships when not ready, rejecting gifts from boys, and remaining focused by having dreams for the future. This would help young people establish boundaries in their relationships. More information about key competencies is given in section 3.3.1.

**Schools should also strengthen key individual competencies that contribute to an individual’s ability to experience sexual wellbeing and sexual consent.**

#### **Media**

*(Social) media/internet*

Young people in Uganda illustrated how they saw their peers post pictures receiving gifts from their partners on social media and felt they needed to have the same experience. As such, girlfriends seemed to pressurise their boyfriends to be like the boys online and in the movies. Besides receiving gifts, some girls also expected their boyfriends to use products that are advertised in the media to promote sexual wellbeing such as '*mukama nayamba*' herbal drinks that enlarge penis size or increase sexual prowess. Some girls felt their partners needed to take these herbs to fulfil their sexual needs.

**(Social) media and internet influence the expectations young people have of their partners.**

*Movies*

Participants in Uganda illustrated various ways in which movies influence the sexual wellbeing of young people. First, respondents indicated how they learned the importance of giving and receiving gifts watching movies or television programmes. **In addition, participants also mentioned movies as a source of sexual learning.** Some participants indicated that they learned to have sex by watching movies and by copying what they saw. However, young people also agreed that real life situations may differ from what is seen on the media, and so they should not take all the information as factual.

"I used to see them in movies, and I wanted to taste because it was in my brain. I would see them having sex, kissing. Me I started having sex at that age of 7, and by the time I was 10 years, it was not new to me". Uganda, FGD 3, young men only, age range 21-23 years

"Young people watch it on television and therefore do it to try out. We have always found them in bathrooms trying to practise what they see and hear about." Uganda, FGD 4, mixed group, sex unknown, age range 19-23 years

"You see movies, they act things which may not be real." Uganda, FGD 9, young men only, age range 21-24 years

**Societal factors**

***Norms: young people's sexuality as a taboo and traditional gender norms***

There are two sets of norms that seemed to be very important in both countries when talking about sexual wellbeing and sexual consent of young people: the norm of considering sexuality as a taboo and traditional gender norms. Both are considered barriers. By social norms we refer to shared standards of acceptable behaviour by groups. As such we can define gender norms as ideas about how women and men should be and act. A taboo is something that is prohibited or restricted by social custom.

*Young people's sexuality as a taboo*

**In both countries, young people's sexuality seems to be a taboo. This taboo is larger for young women than for young men, and influences access to information and the ability to communicate about SRHR.**

Young people mentioned that most people in Ecuador consider young people's sexuality to be a taboo. When participants referred to this norm it is almost always linked to lack of knowledge. Because of this taboo and because of fear of encouraging their children to engage in sex, their parents and teachers did not inform them about

changes in their bodies, romantic and sexual relationships, contraceptives and their rights related to these topics. This taboo is larger in both countries for young women than for young men.

“Maybe the taboo of talking about sexuality has been lost a little bit, but it still exists, because there are parents who follow the same patterns of: “No, not talking about sexuality”, because the first thing the girl will do is have sex. [...] But, for example, Juan [fictive name of co-researcher who is also a peer educator for Plan International] said that he doesn't feel that there is that taboo among his friends, but it is because he expresses himself freely, because he has already gone through processes that have helped him to strengthen and lose that fear of talking about sexuality. So, I feel that it also depends on this.”  
Ecuador, meeting of co-researchers, age range 17-22 years

Due to the taboo, young people were not used to talking about sex, which also hinders communication about this with partners. Consequently, verbal communication on contraceptive use and verbal requests for sexual consent do not happen frequently.

However, despite the taboo, young people themselves were very interested in sexuality and, as mentioned before, from the age of 18, young people might even be encouraged by parents and grandparents to engage in sexual activities (see section on the role of parents and cultural practices). This means that despite sex being a taboo, and receiving messages to not engage in sex, young people were also pressurised to engage in sex. When asked about how they manage this, the participants seemed to find it difficult to respond. Indirectly, the message was given that pressure from friends and partners, and one's personal curiosity and feelings, were most important.

“The information I got from my uncle was so different from that from my aunt; and even with friends different friends give different information and it's up to one to choose relevant information for oneself.” Uganda, youth expert meeting, age range 21-26 years

#### *Traditional gender norms*

The second set of norms which were considered to restrict sexual wellbeing and sexual consent are traditional gender norms. Young people in both countries did not frequently explicitly reflect on these norms. Discussing this fact within the expert group in Uganda, one expert said the following:

“The traditional gender norms are even more present than what young people might think. These are years and years of conditioning and young people are powerless to know how to negotiate and break free from these gender stereotypes. They are so deep, and I feel that the people who hold the power and that are supposed to help us navigate these stereotypes are not helping”.  
Uganda, young woman, 23 years

This means it might be difficult for young people to recognise the role of traditional gender norms. **Nevertheless, in both countries, participants provided examples of how traditional gender expectations and behaviours are also relevant for them, and can lead to reduced sexual wellbeing and sexual consent for both young women and young men.** The former seem to experience more disadvantages since they have less power than boys and young men. Below we present some examples:

**Young people in Ecuador and Uganda indicated that they are taught from a very young age how girls and boys should behave.**

“As children girls get dolls and receive the message they should get married; boys get cars and are taught to work hard and make a living.” Uganda, young man, 21 years

“From an early age, girls are taught to be alone at home and to be faithful to their husbands, while men are taught to be the boss, the one with the authority at home with the women, and that is where machismo comes more and that is how men are judged more than women in society.” Ecuador, boy, 19 years

“What happens is that parents think that girls are born to be at home and boys are born to be in the street, that’s what happens. So, if a girl goes out there is a problem and: ‘You are a girl, you have to be at home helping your mother, fixing the house, arranging here, serving the food’ begins. On the other hand for the boy it is simple: that is to say it is like he can be in the street.” Ecuador, girl, 21 years

**In both countries, many participants indicated how boys and young men are socialized to be loud, to be sexually active (with various partners), to be the one to decide if the couple will engage in sex, and to be hardworking providers (Uganda).**

“If the boy does not want to have sex, even the girl has to listen because he is in charge”. Uganda, FGD 1, young women only, 18 years

“Men in our society are entitled to sex: in other words they expect their partners to offer them sex”. Uganda, youth expert meeting, age range 21-26 years

“If she is a girl, she should first understand that men can have many women”. Uganda, FGD 2, young men only, age range 18-22 years

**In both countries, girls and young women learn to be shy, submissive, timid and take care of their boyfriends and please them (sexually).**

“Women are taught (by their aunties) to please a man and their partners, not to do things for themselves”. Uganda, youth expert meeting, age range 21-26 years

“A man is free to love any girl he wants. and the other thing is that a man is respected, so a woman is supposed to be submissive to a man.” Uganda, FGD 2, young men only, age range 18-22 years

**Young women in both countries indicated that it is very difficult for them to be sexually assertive when genuinely interested in engaging in sex due to the cultural taboo related to young people’s – and especially girls’ and young women’s – sexuality.** It could be bad for a girl’s reputation to openly admit that she wants sex. In both countries, the participants mentioned that girls in the selected communities almost never initiate sexual behaviour.

“Girls can’t experience their sexual desire due to society and some experience it in hiding, [with] tension about no one finding out what they are up to”. Uganda, youth expert meeting, age range 21-26 years

However, in Ecuador, the co-researchers added that taking initiative might increase with age.

“In the focus groups and interviews that I remember, they said that girls – for example 14-15 year olds – the girls are not direct, they are quite shy and the boys are more direct, but if the girl, for example, is 19-24 years old, in that age range, the girl is more direct, maybe because of her maturity: she already knows what she wants or maybe because she already has experience, it wasn't her first time.” Ecuador, meeting of co-researchers, age range 17-22 years

In Uganda, the experts involved in the study mentioned that this might only be feasible for more educated girls studying in the city. One of the experts shared the following:

R: “So first I feel like the change in attitude towards sex is not a change that every girl experiences, but mainly girls that leave home and go to colleges in universities. In villages the attitudes be more the same, you know you have to satisfy your man. [Girls who go to college have] broader experience sexually than most girls in villages ... if they had any experiences at all, communities are very conservative. For example, they will throw a stone at a girl that has sex before getting married; things which do not happen in town.” Uganda, young woman, 23 years

Also due to these expectations that young women should not experience sexual desire, young women in Uganda were always expected to resist when a boy showed interest in her, whether she liked him or not. We also discuss this in [section 3.2](#).

The exchange of gifts between boys and girl can be considered illustrative of these traditional gender norms in Uganda.

However, examples were also provided of girls and boys who did not agree with existing norms, or who did not behave or think in line with the traditional gender norms. **In both countries, there were examples where traditional gender norms were not put into practice, and where girls could express what they wanted and were respected for it. This was mainly the case when partners loved each other.**

“Young girls can't deny sex for as long as she loves the boy, whether the boy uses actions or words. But sometimes when I don't want, you can't force me.” Uganda, FGD 4, mixed group, sex unknown, age range 19-23 years

“I take someone's no as a no. To also avoid getting embarrassed, you take the no. You may have a girlfriend: if she says no and you insist, the love may stop there and if you insist you can cause a scene and you get embarrassed.” Uganda, FGD 3, young men only, age range 21-23 years

I. “Do you think sexual pleasure is important for girls?”

R1. “Yes, since they are the ones who enjoy more, and they also want to produce children.”

R2. When some girls don't reach orgasm, they end up becoming crazy and they can even start cheating on their boyfriends because of that.”

R3. “To add on his point, she can become unfaithful to her partner if she doesn't get sexual satisfaction.” Uganda, FGD 6, young men only, age range 22-24 years

I: “Can a girl say no to sexual relationships?”

R1: “Yes she can say no, but it is rare.” Uganda, FGD 7, mixed group, sex unknown, age range 18-24 years

R: "I'm direct and if there's something I don't like about you, I'm very sorry. And if there's someone I don't like, I'm sorry, because I say so. [...]"

I: "Do you think anything could have helped you better communicate what you wanted?"

R: "I think it depends on each person. How confident or insecure they are."  
Ecuador, young woman, 19 years

**In both countries, participants also indicated that girls can be interested in having sex and sexual pleasure.**

"Because when I want and you are not there to do what I want, I will go for another man". Uganda, FGD 4, mixed group, sex unknown, age range 19-23 years

"In case I am crazy about this man, but the man can always control my feelings and tell me: slow down, you are still in school or maybe if you are ready for sex right now let us use condoms for you not to get pregnant." Uganda, young woman, 22 years

"I am very talkative. I say whether I want to or not, I mean I say it." Ecuador, young woman, 22 years

**There were also examples in Ecuador and Uganda of young men who did not behave or did not agree with the traditional male gender norms they were expected to follow.**

Below we provide some examples, and refer to some negative consequences the traditional gender norms might have for boys and young men.

Firstly, some young men in Uganda expressed feeling pressure to always provide economically. Some boys shared a desire for girls to know that the 'perfect man' does not exist and that they should also contribute economically. They admitted sometimes not being able to sleep, and having less sexual desire because they worry about work and money.

**Secondly, participants hardly ever talked about sexual consent from the perspective of a boy. Boys in both countries were considered to be always interested in having sex; they needed to take initiative and girls needed to accept or not accept.** A few male participants reported being pressurised to be sexually active and lying about their sexual experiences. If boys were not sexually active enough, they were seen as not being 'man enough'.

"Boys should chase girls – also our cultures sort of expect men to be the ones chasing the girls, so usually the man will do the chasing, implying that he is interested and he has consented". Uganda, youth expert meeting, age range 21-26 years

"Girls tend to think that if a man doesn't accept a gift or a date he is homosexual". Ecuador, young woman, 20 years

"There are very few times that a boy says no, because maybe he is afraid of being judged because not all girls take it well to be told no. Not all girls like to be rejected [...], so girls start to say that he is gay to make him look bad [and] [...] all their friends make fun of him, so that person, even if he doesn't want to do it, he will do it, simply so that it doesn't happen again, so that's why there are no boys who say no to you." Ecuador, young woman, 20 years



Thirdly, and related to the former point, **boys are expected to keep insisting until girls agree to have sex.** Sometimes if a boy respects a girl's non-consent and refuses to have sex with her, the girl will eventually mock the boy as being weak and not persistent in negotiation for sex.

"A girl told me no and I let her go, but then later she told me that she said she just wanted to see if I meant what I really wanted. So, your actions matter."  
Uganda, FGD 3, young men only, age range 21-23 years

"If a girl says no, don't touch me. Then that one is meaning no. But there is one who says no and stops at that. So, when you let such a girl go without doing anything, they can even laugh at you and mock you for it." Uganda, FGD 3, young men only, age range 21-23 years

**Fourthly, boys not only needed to be interested in having sex, but they also needed to want multiple partners.** This of course can be risky for their sexual health.

"There is a saying 'they don't count for the children of the man'. This literally means that a man can produce as many children as he wants, and also he can produce them from any woman of his choice. So, this can have negative effects on a man's life, like acquiring HIV/AIDS because of having sex with many women." Uganda, FGD 2, young men only, age range 18-22 years

"It is normal that men have more women: the African society is traditionally more polygamous; men are expected to have multiple partners; they are praised for it, and I think that's why girls are more tolerant, because it's normal that men are like that; it's something that has been reinforced in the minds of girls. Polyandry is not something that is practised in Africa, and I think boys wouldn't tolerate a girl with more partners." Uganda, youth expert meeting, age range 21-26 years

#### *Changing norms*

**A few participants stated that gender norms in both countries are changing.** As mentioned before, there are examples of girls who express sexual desire and indicate their boundaries. In both countries, participants mentioned that these girls will be girls with higher educational attainment. Additionally, in Uganda, stories were shared of boys and men taking care of their partners and children. Participants considered this as being positive for sexual wellbeing and sexual consent.

"I would say boundaries are not as respected but we are getting better, there had been a lot of feminist organisations in terms of sexual violence especially among young people. It is better than 10 years ago though not yet better, the sexual cases are still every high but especially within learned communities but now that is the only hope we have, because they can understand but you find in villages the norms and cultures are still holding but it is better than it was 10 years ago". Uganda, young woman, 23 years – expert

"Oh yes for instance looking at menstruation; it used to be entirely a woman's issue but of late men are taking up support on menstrual health. One of our participants in Mayuge district said that during his woman's menstruation period, he supports her by providing water for showering for her, making sure children have showered: because of that it has made their relationship stronger, and they have become more happy together. There is more of a shared role when it comes to domestic work, emotional health which is different from way long ago." Uganda, young woman, 26 years – expert

“Even with sexual wellbeing, gender roles in marriages, ladies doing the house chores and men providing for their families; things are changing: some men do make meals for their partners, and I think all this is due to the changing world and of course intermarriages from different races and people getting learned.”  
Uganda, youth expert meeting, age range 21-26 years

### **Law and enforcement**

**Even though many of the young participants indicated that most young people do not consider the legal context when deciding to engage in consensual sexual activities, many respondents in both countries indicated that age was relevant when deciding to engage in sex or not. In Uganda, participants thought young people below 15 were not able to experience sexual wellbeing if they engaged in sex. However, in Ecuador, it was mainly the personal maturity of the young person that was considered to be key.** The importance of age and maturity is also discussed in this section (3.3.2) when describing factors at individual level.

**Primarily in Uganda, most participants thought that young people are aware of laws that prohibit sexual relationships among young people below the age of consent (14 years in Ecuador and 18 years in Uganda). Others thought that young people were not aware about them, an opinion that was also shared by most participants in Ecuador.** In Uganda, the legal age of sexual consent was also mentioned in the context of delaying engagement in sexual relationships until people are older.

Most of the participants in both countries were convinced that most young people do not take these laws into account when wanting to engage in consensual sex. They seemed to have two reasons for this. First, they saw their peers engaged in sexual relationships.

“I don't think they know much about the laws, but in everyday life they wouldn't take it into account either.” Ecuador, young man, 21 years

“No, to me young people don't consider these laws important and therefore they don't take them seriously, because they break them every day. For example, young people get pregnant at 14-16 years old.” Uganda, FGD 4, mixed group, sex unknown, age range 19-23 years

Secondly, participants indicated that not only young people did not take these laws seriously. In Uganda, many participants indicated that legal steps were almost never taken against two minors who engaged in consensual sex.

“I don't think that young people are aware that there is a law that forbids them from having sex. I don't think this is something they take into account. In Uganda the laws are there, the population is not aware: you rarely find a prosecution case of child-to-child sex, and also because these things happen within family settings so for example I find my child having sex with the neighbour's son, so what happens is that I demand compensation from the boy's family because it is assumed he initiated sex, and it is settled on family level so even when the laws are in place they do not help that much.” Uganda, young woman, 23 years – expert

“They don't take it into account, even the law itself... because I thought that the law was brought to guide... maybe the law would be affecting those who are not of that age, because if a boy is 17 and a girl is 14 and they engage in sexual intercourse, we see the law not applying to them. So, the law only applies when one of the

parties is above the age of 18, but if all of them are below that age, the law has no effect on them.” Uganda, young man, 21 years

Some participants also referred to other laws that relate to sexual relationships, including rape, incest, defilement and also a law against abortion. **In contrast to the laws regarding the age of consensual sex, these other laws that could protect young women against non-consensual sex were considered important, mainly to protect young girls from sexual violence or having unwanted pregnancies.**

“These days there is a law that protects girls: if a boy/man forces the girl, she can go and report and we have a right to reject what we do not want, if the boy/man forces you, it is easy to go and report him to the authorities.” Uganda, FGD 1, young women only, 18 years

**Nevertheless, also in this context, participants in both countries felt that enforcement of these laws was lacking.** Prosecution for offenders seems to be weak. Some participants mentioned that not all law enforcers are knowledgeable about sexual abuse, and they may disregard offences such as bad touches.

“Some law makers [sic law enforcers] do not judge correctly ... and [when] you report that you were raped, he can even say that you also wanted it. They will blame you or else they can even buy off the case because of corruption.” Uganda, FGD 1, young women only, 18 years

During the stakeholder meeting organised at the end of data collection during which the preliminary results were presented, the police officer in the department of family and child protection mentioned that lack of awareness may be due to reporting to the wrong office. In the department of family and child protection, well-trained officers who acknowledge all forms of violence including bad touches are present. In addition, young participants also referred to the fact that victims might be blamed because of, for example, the way they dressed. In the example below, the victim was blamed for the offence.

I: “So if the girl who is, like, 16 years old allowed to have sex with a 19-year-old boy, do you think they can arrest them?”

R: “Yes the parent of the girl can arrest you, except if the boy pays the parents of the girl. Even if it is the police, they can be paid by the boy’s parents: then the offender is taken to a different location in such a way that he is no longer seen in the village, the parents of the girl just keep going to the police without being attended to.

“There is a friend of mine who was raped. She was left in the house by her friend. [...] The owner of the house had gone clubbing and had probably eaten someone’s money, so this person broke into the house and raped the girl that he found in the house. When she went to the police, the police officer asked her: ‘Why didn’t you sleep wearing trousers?’ Then he asked her whether she knows the boy, then asked her to buy fuel for the car but she did not have it. What we did, we took her for PEP (post-exposure prophylaxis for prevention of HIV) and the case ended just like that. But even today she is still traumatized, she cannot let boys come near her.” Uganda, FGD 10, young women only, age range 18-22 years

Moreover, two experts in Uganda pointed out that sexual consent was also considered conditional by a member of parliament. He was not convinced that women could always withdraw their consent. Similar ideas about specific conditions related to female sexual consent were also present during the stakeholder meeting, where members stated that

women are expected to engage in sex before a certain age. The experts considered this as an example of the lack of importance that sexual consent has in their country.

“It was, I think, in May: there was a sexual offences bill in parliament and there was a very hot debate on consent. And one of the parliamentarians – I was so disappointed in the Ugandan parliament – one of them said [...] boldly in front of national TV said: ‘But how can a plane take off and you tell it to land?’ Meaning, when am I having sex how can you tell them to stop before they come? So, if we are having policymakers, parents who think consent is some kind of joke related to flights... Even flights have emergency landings.” Uganda, girl, 26 years – expert

Participants in Uganda further mentioned that law enforcement also seems to be conditional. Rich people seem to have cases reported and offenders apprehended, while the poor might not be followed up. Participants indicated how rich parents could bribe the police if their children are the offenders, and how they are subsequently set free without charge. Other examples were provided where the police, due to poor funding, may demand transport from the victim to be able to follow up the case and arrest the offenders. If the transport costs cannot be paid, the case ends there.

“These laws no longer apply, unless we flash back to traditional society where there were measures like: ‘If you get pregnant at this age, this will be your punishment,’ so the girl grows up knowing that, ‘once I do this, I will be punished this way,’ but now in Uganda I don’t think such laws are still there, because in my village where I come from, girls get pregnant at 16 years of age”. Uganda, young man, 19 years

**A few of the participants, illustrated how the importance of sexual consent and law enforcement are considered conditional in Uganda.**

### ***Religion (Uganda)***

**In Uganda, young people shared how religion can be a barrier to sexual consent and sexual wellbeing, and how they would like church/mosque leaders to do more to contribute to it.**

In Uganda, young people also referred to religious institutions and how they influence the sexual wellbeing of young people. This influence was not mentioned by the participants from Ecuador. Young participants in Uganda mentioned how churches or mosques teach about abstinence and encourage young people to wait to have sex until marriage. Young people felt they cannot easily open up to the church/mosque leaders about relationships, because they are not expected to engage in romantic relationships at a young age (which in reality they do). The young people found to be a barrier to their sexual wellbeing because they felt the religious leaders could do more, apart from preaching about abstinence. They felt religious leaders could be trained to teach young people – especially those out of school – on how to handle pubertal challenges such as menstrual pain and handling relationships before marriage.

“Haaa you cannot start a relationship in church while young, even the pastor will not allow it. It is an abomination, unacceptable. How can you tell a pastor that you are 16 or 17 and you have a boyfriend, [do] you want prayers so that you have a successful relationship? There are steps to follow, you have to first finish school and then take the boy to the pastor and the pastor will pray and ask the Holy Spirit if he is the right guy before you go into a relationship.” Uganda, FGD 1, young women only, 18 years

“Religious-wise, people believe that you have to first get married before having sex, though this is not the case in reality.” Uganda, FGD 4, mixed group, sex unknown, age range 19-23 years

For sexual consent, young people said the religion, such as Islam preaches that sexual consent is guaranteed in marriage. Women are expected to be submissive and please men. A woman is not expected to say no to sex if married and that is why a man is permitted to marry more than one woman in Islam. It was not clear whether these notions are practised in pre-marital relationships.

R: “Yes it [consent] is important, but in Islam they say why do you think a man marries a woman and puts her in his home? So that he doesn’t need to have consent every time they have sexual relations with each other, so if the woman denies him sex, he is allowed to bring another woman home and that’s why polygamy is accepted in the religion, so that if one refuses he can go to the other.”

I: “So meaning that a woman in an Islamic marriage, it is okay for her to say no?”

R: “It is not okay.”

I: “Why do you think a woman should always say yes?”

R: “If I want, you must give me what I want. I married you for that purpose.”

Uganda, FGD 11, mixed group, sex unknown, age range 18-23 years

In the section on influencing factors at the community level, we also discuss the role of religion in marriage practices and marital expectations.

## 4 Conclusions

In this section, we first summarise our key conclusions for each specific research objective and then make recommendations for adolescent and youth sexual and reproductive health programming.

### 4.1 General reflections

First, this study demonstrates that it is important to work on the sexual consent and sexual wellbeing of young people in all areas related to SRHR. All the respondents were interested to be **informed about sexual and reproductive health issues**, to **improve their sexual wellbeing** and to **learn about sexual consent**. Despite the cultural taboo related to sexuality and the existence of legal age limitations on sexual consent, young people in the communities involved consider sexuality to be an **important and natural aspect of their lives**.

On top of the interest expressed by the young people, there is also a **clear need to work on sexual wellbeing and sexual consent**. While young people recognise the importance of sexual wellbeing and sexual consent, they also report that it is difficult to achieve this in their daily lives. Our research shows that it is difficult for young people in both countries to fully experience sexual wellbeing and sexual consent, due to limited knowledge, skills, support, socio-cultural barriers and poverty. Many young people seem to get romantically and sexually engaged at an early age and encounter various SRHR-related problems, including unwanted pregnancies, sexual violence, STIs and HIV, lack of information about different contraceptive methods, and not being able to practice sexual consent.

Therefore, it is essential to **strengthen young people's sense of sexual wellbeing** and their **ability to experience consensual sexual relationships**.

### 4.2 Key conclusions

**Young people's understanding of, and perspectives on, sexual wellbeing and sexual consent in LMICs, including various aspects of development of sexuality during adolescence.**

Young people understand **sexual wellbeing** from a broad perspective, spanning both personal and relational dimensions.

- Participants mainly discussed relational aspects, including physical wellbeing (such as safe sexual encounters, consensual sex, physical attraction and experiencing sexual pleasure) and emotional wellbeing (such as feeling safe and comfortable, and feeling love, support, respect and trust).
- Young people in both countries seemed to think that sexual wellbeing, including using condoms and contraceptives, was easier to achieve in a more **serious relationship** than in a casual relationship.
- In Uganda, young people also referred to economic aspects when describing sexual wellbeing (the ability of young men to provide money and essential needs for their female partners). On the one hand, this economic aspect can contribute to sexual wellbeing through its function as a symbol of worth and

expression of love, and can pragmatically increase girls' economic decision making and access to resources. However, this same factor can potentially be negative if it is an incentive for sex or sexual relationships where the power imbalance is so large that it compromises consent and safety, or where it makes boys feel 'used'.

- Although most young people were able to define sexual wellbeing and considered it to be important, many did not experience it fully in their relationships, due to the lack of key competencies (section 3.3.1) or a combination of certain influencing factors (section 3.3.2).

**Sexual consent** is a concept that several young people can describe, but that few apply explicitly in their daily lives.

- For many young people sexual consent was a new concept. Young people in Ecuador and Uganda appeared to have their **own understanding of consent** – not a formal and binary yes or no – which included mainly **indirect actions**. Sexual consent is – in many cases – implied, especially for young women.
- Sexual consent is **more than 'girls and young women who have to learn to say 'no'**. In both countries, boys and young men are seen as the ones who take the initiative to have sex, and girls and young women are the ones who need to accept. However, 'saying no' or denying sex often seems difficult for girls and young women because of the existence of traditional gender norms. Additionally, the young people in our research did not use direct, verbal approaches, meaning that sexual consent mostly needs to be interpreted from body language or indirect questions – opening a window for misunderstanding and sexual risks.
- The ability to experience and practice sexual consent and the importance of communicating sexual consent seemed to **differ between different types of relationship**. Serious relationships could also lead to more respect and ability to (not) consent. There seems to be a direct relationship between 'love', consent and sexual wellbeing, while in 'casual' sexual encounters the goals seem to be different and more short term and self-centred, for example around pleasure, economic incentives and/or self-esteem, with less interest in the wellbeing and consent of the other.
- **Age and maturity** contribute to sexual wellbeing and sexual consent, mainly for young women. Older female youth seemed to be better informed, more experienced and less naive (even though older young women might still engage in sex when not really wanting to for various reasons such as economic needs (Uganda) or fear of losing their partner (both countries)).
- In Uganda, regardless of age and education, it seemed most easy for young women with **economic resources** to decide to consent or not consent to sex.

#### **Influence of local and contextual factors on young people's sexual wellbeing and consent in LMICs.**

Young people identified a set of **key competencies** that are necessary to support healthy sexuality development: sexual literacy, gender-equitable attitudes, coping skills and interpersonal relationship skills.



In terms of barriers that determine whether adolescents can use the key competencies to achieve sexual wellbeing and sexual consent, factors were identified at multiple, interacting levels including: individual, interpersonal (family, peers and partners), community (school, (social) media/internet, movies and community), and societal (social norms, law and enforcement and religion) levels:

- Most of the participants were convinced that **information about SRHR was either lacking or, if provided, not responsive to their needs**. Participants mentioned the importance of receiving youth-responsive and youth-friendly support which is accessible and understandable and is provided from an early age. The need for more knowledge on sexual health topics, was seen as the most important factor for achieving sexual wellbeing. The respondents indicated that they mainly wanted to receive information from their parents, but schools, NGOs and health services were also mentioned as possible knowledge sources.
- Young people in both countries indicated that they would love to have more open and warm relationship with their **parents**, and were disappointed that their parents had not provided them with more information and not shared their own experiences and knowledge related to SRHR.
- Young people refer to **schools, NGOs and health services** to receive SRHR information, services (such as distribution of condoms or individual consultations with professional health providers) and support to develop personal competencies such as being confident. In general, the work of NGOs was very much appreciated, but young people who participated in this study felt that schools often fail to meet the needs of young people.
- **Friends** are also a key source of knowledge. They might give misguided information or pressure a young person directly or indirectly to engage in sex (before feeling ready for it), but they can also contribute to sexual wellbeing and sexual consent by providing help and support in case of health challenges (such as unwanted pregnancy) or other problems (such as violence).
- Lack of information is closely linked to the **taboo on sexuality for young people, mainly for young girls** and young women. In Uganda, for example, participants refer to the social norm that prohibits girls and young women from saying 'yes' when a boy or young men wants to have sex with them. They need to bargain and say 'no' first. This makes sexual consent even more complex, because how can a genuine 'no' and a 'no' which actually means yes be distinguished from each other?
- **Traditional gender norms are a key barrier to sexual wellbeing and sexual consent for both young women and young men**. Young women are taught to learn to listen to men and please them, making it difficult for them to establish boundaries and to be respected for them and it made them also more vulnerable for abuse. Meanwhile young men are expected to economically provide (Uganda), to always be willing to engage in sex and to have multiple parallel sexual partners. This makes it difficult for them to actually consent to sex, and increases their risks of contracting diseases.

Our research also provided examples and stories about young women and young men who challenged these norms. We heard the voices of young women sharing their opinion, even when young men did not agree. Male and female participants also indicated that girls and young women can enjoy sexual

experiences, and young men in both countries also mentioned the burden of always being expected to want to engage in sex (with multiple partners).

- Talking about sexual consent among young people was a **challenge in the legal context**, given that young people in these countries are not legally able to consent before the age of 18 years in Uganda and 14 years old in Ecuador. However, most young people did not seem to consider the legal context in their daily lives and when engaging in consensual sex – raising important ethical questions in terms of how programmes should refer to consensual sexual encounters before the age of legal consent.
- Other societal influences on consent and sexual wellbeing included **religion** (in Uganda), which place emphasis on abstinence but can also connect two religious partners and **(social) media and movies** – where young people learn about relationships and could learn about SRHR.

**In light of these conclusions, the challenge for SRHR programming is to enhance the ability of young men and young women of various ages to engage in positive experiences that ultimately contribute to positive sexual identity and competence, and their ability to prevent or avoid sexual activities that significantly increases risk of harm. In the next section, we discuss key recommendations to be considered in adolescent and youth SRHR programming.**

## 5 Recommendations for adolescent and youth SRHR programming

The study points to several recommendations for adolescent and youth SRHR programming. These recommendations were formulated based on suggestions by the young people who were involved in the research; inputs from stakeholders during validation workshops; and inputs from the consultants on basis of their knowledge of the literature, and their knowledge and experience with SRHR programmes.

The recommendations section is divided in three main parts (Table 3). Firstly, several general, high-level cross-cutting recommendations are formulated for SRHR programmes. Subsequently, specific and practical recommendations are provided to strengthen young people's key competencies that affect sexual wellbeing. Finally, a set of recommendations is listed to create an enabling environment for young people to put their competencies into action in relation to social-ecological structures.

**Table 3: Summary of Recommendations**

<p><b>General recommendations</b></p> <ol style="list-style-type: none"> <li>1. Embrace a sex-positive approach</li> <li>2. Engage youth in programme development and implementation</li> <li>3. Use a comprehensive, multi-component approach</li> </ol> <p><b>Strengthen CSE to promote consent and key competencies</b></p> <ol style="list-style-type: none"> <li>4. Strengthen CSE to promote consent and key competencies</li> <li>5. Involve parents in CSE and promote child-parent communication</li> <li>6. Actively link CSE with other interventions such as service provision and community outreach</li> </ol> <p><b>Enabling environment</b></p> <ol style="list-style-type: none"> <li>7. Address sexual taboo's, myths and misconceptions</li> <li>8. Build community and political support for implementation and scale-up of CSE and adolescent and youth SRHR interventions</li> <li>9. Create conditions for broader social and gender norms change</li> <li>10. Focus on economic empowerment of young people</li> <li>11. Consider the role of legal and policy frameworks and build political support for implementation and scale-up of CSE and adolescent and youth SRHR interventions</li> </ol>
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### 5.1 General recommendations

#### 5.1.1 Embrace a sex-positive approach

Firstly, we see a strong need for programme designers, implementers and policy makers to acknowledge the needs and interests expressed by young people for sexual wellbeing and sexual consent and their lived realities. Young people are sexual beings, and intimacy and sex play an important role in their lives. However, they are confronted with barriers to fully experiencing sexual wellbeing and sexual consent. **Our findings demonstrate the importance of programme implementers and policy makers embracing a sex-positive approach that accepts sexuality as a normal part of human life and something that can be positive and fulfilling, a source of joy in life.** A sex-positive approach focuses on supporting and enabling (young) people to explore, experience

and express their sexuality in healthy, positive, pleasurable and safe ways, rather than only focusing on prevention of negative health consequences. Sex-positive approaches address risks and concerns associated with sexuality, without reinforcing fear, shame or taboo.<sup>28, 29</sup> The information that young people in Ecuador and Uganda shared show that abstinence-only approaches are no real option for the majority of young people in these contexts.

To apply a sex-positive approach, staff and volunteers who implement SRHR programmes for adolescents and young people need to be oriented in how to use this approach and to work on building a shared understanding of how it can be applied in daily work. **Value clarification** is a methodology to build this shared understanding. It is a joint learning process based on personal reflection.<sup>30</sup> It can take the shape of a workshop or training, conducted online or face to face with a professional facilitator. Through a series of exercises, participants explore their own and each other's values in relation to sexuality and gender, and how these were formed, and learn to differentiate between facts and values. Values clarification, or values clarification and attitude transformation (VCAT) can focus on a range of topics, including adolescent sexuality, sexual violence, sexual orientation, abortion, and so on. Value clarification can address fears that a positive approach encourages young people to have sex. Reflective exercises encourage participants to step into the shoes of the young people they work with and for, and to understand their realities and needs. Information from research like this, can help to adapt exercises to match real life situations, motivations and choice options. Value clarification sessions can also be integrated in other capacity building activities, and increasingly address more sensitive adolescent and youth SRHR issues.

Furthermore, programme materials can be screened for moralising or fear-inducing approaches and framed more positively. It is useful to combine such screening with screening for stereotypical messaging regarding gender and sexual diversity (applying a gender transformative approach – see below for more information).

**Examples of good practice:**


***The SRHR value clarification e-learning course of Rutgers.***

***Plan International, Conversations that Matter***  
Internal document


***IPPF Putting sexuality back into comprehensive sexuality education - Tips for delivering sex-positive workshops for young people.***

***IPPF Keys to youth-friendly services: Adopting a sex positive approach.***

Available courses



Exploring Values



### 5.1.2 Engage youth in programme development, research and implementation

The recommendations in the sections that follow below emphasise the need to adapt content, exercises and vignettes to the needs, lives, lived realities and even language of young people. Meaningful and Inclusive Youth Engagement is increasingly recognised as a core principle in SRHR programmes, and a way to achieve better outcomes.<sup>31, 32</sup> To be responsive to adolescents and young people's realities and needs, it is essential that programmes build on information about these realities and needs, and include delivery methods that are attractive and feel safe for young people. Hence, young people have

an important role to play in generating knowledge about their realities, needs and preferences; in co-delivering the interventions; and in monitoring and evaluating these. Ideally, this is done in collaboration with young people, who are the target group of the programme.

When engaging with young people programmes, it is important to consider power dynamics, ensure the creation of a safe learning environment, and use methods that are youth friendly. It may be useful to partner with a youth-led organisation to support this process. Examples of youth-friendly methods include the use of scorecards to assess the youth-friendliness of services; letter boxes for anonymous feedback or questions; photovoice; role play; debates; essays; diaries; and drawings, to name a few. Young people play an important role in the dissemination and utilisation of research results, for example for social accountability purposes.

The box below features some examples of resources that can help organisations and individuals to create the conditions for successful, meaningful and inclusive youth engagement in their programmes.

#### Examples of good practice:

##### **Explore: Toolkit for involving young people as researchers in SRH programs (Rutgers) and Photovoice – facilitators guide.**

This toolkit contains three manuals to train and support young people to conduct qualitative data collection for research and monitoring and evaluation, and a guide on how to create conditions for successful engagement.



##### **Save the Children: The Nine Basic Requirements for Meaningful and Ethical Child Participation.**

A key tool for ensuring quality child participation in any initiative with children



##### **Meaningful and inclusive youth participation: Strengthening inclusivity – a planning tool (Rutgers).**

This planning tool aims to support organisations in their (annual) planning cycle of country programmes. The tool seeks to support the development of inclusive country programmes and can also be used as a reference tool to strengthen other programmes where meaningful and inclusive youth participation is a strategy.

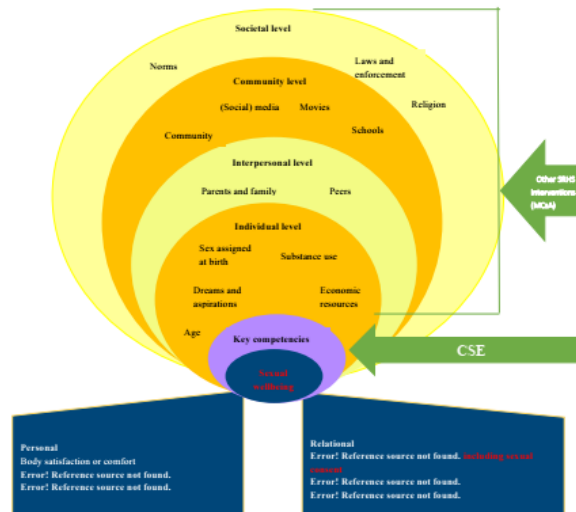


### 5.1.3 Use a comprehensive, multi-component approach

Findings from this study clearly indicate the need for comprehensive sexuality education for adolescents and young people. However, CSE alone is not enough for

young people to change their behaviour accordingly. They need to have sufficient economic resources, access to SRH services and contraception, and a supportive environment in terms of social norms and gender equality.

**Figure 5. Multi-Component (Systems) Approaches (MSCA) and Comprehensive Sexuality Education (CSE) within the conceptual framework of adolescent sexual wellbeing developed by Kågsten and van Reeuwijk.**



Programmes that address structural factors at different levels of the social-ecological model as well as individual level factors are sometimes called ‘Multi-Component (Systems) Approaches’ (MCSA), or ‘wide-acting programmes’. For SRHR programmes, these can include interventions that improve access to and quality of sexuality education and information (‘demand’ side), interventions that increase access and uptake of contraception and SRH services (‘supply’ side), and interventions that amplify community support for AYSRH; address harmful social and gender norms; and advocate to promote supportive legislation and policies (creating an enabling environment). Figure 6 is an example of a multi-component SRHR intervention package with related short-term and long-term results. Ideally such a programme is also combined with a poverty reduction, or economic empowerment programme. Working with programmes that combine such interventions enhances the sustainability and impact of adolescent and youth sexual and reproductive health and wellbeing at scale.<sup>33</sup> To deliver such programmes, often multiple actors and organisations need to work in collaboration, requiring large and long-term funding frameworks.

Below we set out several concrete recommendations for interventions at the individual level, and for interventions on the structural level of the social-ecological model. We do not aim to be exhaustive, but to highlight key interventions and good practices to inspire programme design and programme improvements for adolescent and youth SRHR.



**Figure 6. Example of a multi-component SRHR intervention package with related short-term and long-term results (adapted from Rutgers Multi-Component (Systems) Approaches White paper – see white paper for full TOC).<sup>33</sup>**



## 5.2 Strengthen key competencies

The findings of this research demonstrate the importance for adolescents and young people of exploring their sexuality and having positive experiences for positive and healthy sexuality development. The challenge for SRHR programmes is to enhance boys' and young men's and girls' and young women's ability to have experiences that ultimately contribute to positive sexual identity and competence, and their ability to prevent or avoid experiences of sexual activity that significantly increase risk of harm. The research shows that sexual decision making is not a straightforward line with a simple yes or no. Lived realities include many complex and sometimes conflicting goals, wishes, expectations, norms and messages. The research shows that there is a strong interest and need for young people to have more information, understanding and skills to navigate these realities and consider their options. In the following sections, we present recommendations for actions and interventions that help to strengthen the



key competencies of children and young people: comprehensive sexuality education, parent-child communication, and service provision and community outreach.

### 5.2.1 Strengthen CSE to promote consent and key competencies

Sexuality education and information, especially when comprehensive and delivered in line with UNESCO's international technical guidance – or standards based on those such as Plan International's CSE standards – can strengthen adolescents and young people's key competencies and agency to understand, anticipate and navigate the realities in which they are living.<sup>34, 35</sup> There is a large existing body of research and programme tools for quality content development, quality implementation, delivery channels and scaling up.<sup>36, 37</sup> We are highlighting some specific recommendations on the basis of the research insights. Some recommendations and examples can be (adapted for) use outside of CSE, for example as part of community outreach or community dialogues and (social) media campaigns. It is important to note that many participants in our research requested sexuality education and information from an early age.

#### **Focus on building understanding of consent and interpersonal skills to express and respect wishes and boundaries**

The research findings show that, for many young people, 'sexual consent' was a new concept, often not explicitly expressed or negotiated and frequently assumed. CSE can increase awareness of consent, and of sexual rights, legal obligations and consequences. There are useful tools to help raise understanding and reflection on consent, for instance through video animations such as 'A cup of Tea and Consent' (see the box below). But expressing and recognising consent is also a skill that needs to be developed through practice. One example of how this can be done is from the Netherlands: 'Can you fix it?'. This is an online interactive set of videos that display several 'real life' stories, including peer pressure, flirting, scoring, and so on. The videos show negative scenarios, where things go 'wrong' because the lovers don't communicate well about expectations, wishes or boundaries. Participants are invited to identify where things went wrong and what could be done to change the storyline for a better outcome. They can view the story both from the boy's and the girl's perspective, which helps with practice of taking another person's viewpoint, the basis of empathy.

This is an example of how interventions can be developed to create a safe arena in which to practice and apply skills. The videos are an example of how we can include indirect communication and grey areas around consent. Similar exercises can be conducted 'offline', for example through role play, or reading of a storyline script. It is important that scripts reflect real life situations and show options for both boys and girls – without reemphasizing gender stereotypes. Videos can and should depict actors and storylines that are non-heteronormative and include, for example, young people living with disabilities. The need for these kinds of interactive methods is also indicated by the co-researchers from Ecuador.

"Because the information is good but the way these sessions are conducted... They do not have a good methodology. Usually, it is just [someone] talking, a presentation. They tell young people what to do and what not to do, but they never go beyond what 'that' is. They never go to a 'why', they never go to that kind of more in-depth explanations ... They use a 'non-dynamic' methodology which makes them [the young people] feel bored, and they no longer want to continue ... What they need [to use are] games, being dynamic, being participatory. [They should] not get a

professional, a doctor, a sexologist or a gynaecologist who stand in front of them and tells them: 'This happens, this happens, this happens' and it's over. [In such cases] they [the young people] do not participate and they go home and that's it. It's like knowledge that they already have and it remains dead, so that is what sometimes makes it difficult to get young people involved." Ecuador, meeting of co-researchers, age range 17-22 years

**Examples of good practice:**

***A Cup of Tea and Consent.***

This three-minute video compares sexual consent to asking someone if they want to drink a cup of tea.

***Can you fix it?***

Set of interactive videos (Dutch) where the viewer is encouraged to interfere 'where it goes wrong' in the communication between the actors in the stories.

***'Let's talk about sex – Sex and consent', developed by IPPF.***

A video of about two minutes in which young people talk about sexual consent.

***'Teaching about consent and healthy boundaries – a guide for educators', developed by IPPF.***

This guide provides references to resources which can support a general programme of sexuality education: the focus here is on the topic of consent and healthy boundaries.

**Promote safe and consensual sexual intercourse as a 'good lover' skill**

Our findings show that love and care are important for both boys and girls, especially in longer-term relationships, and that this promotes consent and sexual wellbeing. This seems to be less the case for casual sexual relationships, where goals seem to be more short term and self-centred, such as getting pleasure, economic gain and/or self-esteem. Like the core of social and gender norms change interventions, which replace harmful norms by building on existing positive norms to provide an alternative, the importance of 'caring' can be built upon to promote positive peer and gender norms for being a good lover. Most young people want to be good lovers. Interventions can promote consent seeking and protection as part of being a good lover. Also, in relation to casual sexual encounters, consent seeking (including consent around contraception!) can be promoted as a skill for making one's partner more relaxed (less worried about negative consequences) and able to enjoy it, which can enhance pleasure for both partners.

Delivery of **pleasure-based approaches** like this example is challenging in conservative contexts, and especially in formal settings such as schools. Yet it is essential for the promotion of contraceptives and condom use, especially in contexts where there is transactional sex and gender-power differentials. It may be (more) feasible to deliver such approaches in a way that is complementary to formal teacher-led CSE, such as through peer educators and/or digital channels.

**Examples of good practice:**

***Love Matters - Blush free facts and stories.***

***'Training Toolkit: 'Sexual pleasure: The forgotten link in sexual and reproductive health and rights', developed by The 'Global Advisory Board for Sexual Health and Wellbeing.***

This training toolkit is established for supporting groups of medial, public health, social work and sociology students across the globe and explains how to integrate issues related to sexual pleasure and wellbeing into the delivery of counselling for sexual and reproductive health services.

**'The Trainer's Guide: Secrets of Mixing Pleasure and Prevention', developed by The Pleasure Project.**

This manual gives an overview of exercises that illustrate how pleasure and prevention can be combined. The toolkit is not specifically focussed on young people.

**'Let's talk about sex – Sex and pleasure', developed by IPPF.**

A video of about two minutes in which young people talk about sexual pleasure.

**The 'Good sex' project developed by Brook.**

A one-day training programme for practitioners on talking to young people about sexual pleasure

### Invest in gender-equitable attitudes

CSE that addresses gender and power dynamics is five times more likely to be effective.<sup>38</sup> There are good examples of chapters and exercises for addressing gender and building more equal attitudes through CSE (see box). Specifically, we recommend that this content and the exercises can be further improved on or expanded by including examples of dating / negotiation / consent scripts (such as videos, comics and written scripts) that students can use to identify and reflect on gender roles and expectations and how these maybe harmful for sexual rights and wellbeing. Like 'Can you fix it?', participants can be asked to offer alternative scripts that are more gender equal.

Such exercises can potentially improve '*media literacy*', or the ability to critically examine and make sense of messages in the media and on the internet. Such exercises can help to equip young people to better question, judge and interpret what they see in the media, like gender stereotypical norms for body image and sexual roles

#### Examples of good practice:

**Video: Norwegian kids on unequal payment (Finansforbundet).**

This video makes it easier to understand how gender inequality works. It can be used to show to participants (CSE students) to start the discussion on gender inequality.

**Toolkit for adopting a Gender Transformative Approach in CSE (Rutgers).**

Module 2 of the series of GTA toolkits, focussing on CSE. The module aims to achieve enhanced understanding of gender transformative approach by applying GTA principles to CSE.

**It's all One Curriculum – for a unified approach to sexuality, gender, HIV and human rights education (Population Council et al).**

The curriculum provides a rationale, content, and sample activities for placing gender and rights at the centre of sexuality and HIV curricula. The curriculum has a volume on guidelines and a volume on effective teaching methods and activities. Both volumes have a specific unit on gender.

**Growing Up GREAT (Save the Children and IRH) – intervention package resources.**

This intervention encourages reflection and dialogue through community group engagement to build more equitable gender norms that support adolescent development and well-being.

### Combine different delivery channels for CSE and use role models

As stated above, different types of content may be delivered through different educators and different channels. Some sensitive information may not be appropriate or feasible to deliver in formal classroom settings with teachers, and would be better delivered by peer educators, or through digital channels (such as online curricula or social media).

More research is needed on what works for whom, but also without research evidence we can work with young people from the group we want to reach to identify who can best deliver what, and how. Teachers, for instance, are important as role models to break the silence or taboo around puberty and sexuality. or to set an example for gender equality by changing stereotypical gender divisions in classroom tasks and roles. But social influencers and (social) media can also be important sources for information and role models for (peer) norm setting. Information on CSE is not always delivered at the 'right moment' and using the right method for young people. Blended learning approaches are important to optimize learning, but also to increase the frequency with which they hear key messages on sexuality. Repetition, and hearing similar messages from different sources (teachers, parents, service providers, peers, media, local leaders), are mutually reinforcing, and increase the chance that the message will reach a young person at the right moment (when that information is relevant to things that are happening in their lives at that moment).

#### Examples of good practice:

##### **SautiPlus Campaign by Reach a Hand Uganda (RAHU).**

The SautiPlus campaign embraces the growing and innovative technologies in social media, radio and television, mobile phones, print and digital media to address SRHR issues that affect young people in and out of school. The SautiPlus website contains many links to examples of working with role models, music, tv and other popular media.



Hello, I Am video clips – BBC media action.

The Hello, I Am programme is tackling harmful social norms around child marriage in Bangladesh. BBC Media action produced a series of television videos that were used to facilitate community dialogues and intergenerational debates.

### 5.2.2 Involve parents in CSE and promote child-parent communication

Young people explicitly asked to receive information from their parents. The role of parents in CSE is two-fold: on the one hand parents can be important supporters or opposers of CSE. CSE programmes should, therefore, always include activities to inform parents about the goals and content of CSE and build their support. More on building support for CSE is reported below under Creating an Enabling Environment. Second, parents play an important role in supporting the positive and healthy sexuality development of their children, through communicating with them about sexuality, and

through supporting, for example, more equitable gender attitudes resulting from CSE. But many parents feel shy and lack the tools, knowledge or language to do so. An important first step to improve child-parent communication around sexuality is for parents to understand what normal child and adolescent sexuality development entails, so they can respond adequately and make use of 'organic' moments of child interest in sexuality when the topic is less value loaded. Supporting parents to communicate with their children about sexuality is especially important to convey trust and safety to their children, so that they can come to them in case of questions, issues, or need for support. The co-researchers involved in the study suggested using community leaders to mobilize parents to participate in information sessions.

"Well, I believe that community leaders know each person or know how they are or behave. So, they could say: "You know that this person is very shy, I think that s/he could receive an information session with that person who is more active, so they complement each other a bit." Ecuador, meeting of co-researchers, age range 17-22 years

#### Examples of a good practices:

##### ***Plan International's CSE for parents training manual.***

This guide builds parents' and caregivers' knowledge and skills in CSE and also supports intergenerational sessions between the adults and their children to practice communication.

Internal document

##### ***Parenting Tips and Resources: A Tool for Talking About Sex - Planned Parenthood.***

Planned Parenthood has a list of resources for parents on their website, including links to other websites, factsheets and activities.

Available at: <https://www.plannedparenthood.org/learn/parents/resources-parents>

It has also produced short videos exploring consent and other topics, including a video resources for parents to discuss sexuality with their children. Their website also has games and quizzes.

##### **IPPF – The right to decide series: How can parents effectively support the autonomous decision-making of young people?**

This is no. 4 out of the right to decide series where concepts of 'childhood' and 'capacity for autonomous decision making' are unpacked and translated into advice for parents to support their children's autonomous decision making. It includes a section on lessons learned from effective parenting programmes and successful models.



### 5.2.3 Actively link CSE with other interventions such as service provision and community outreach

In this study, not many respondents referred to health services or other sources that can support their sexual wellbeing. In line with a multi-component systems approach, it is recommended that CSE is actively linked to youth-friendly SRH services (health

care system and private providers like pharmacies) and contraception provision, such as through community health outreach, and/or peer or community health provider systems. This can be done, for instance, by strengthening referral systems; training school nurses; excursions to youth-friendly SRH services; or 'guest visits' by SRH providers, local leaders, or peer/community providers to schools (as part of CSE sessions). CSE should also actively link with and refer to other trustworthy sources of information and help, such as digital channels and telephone helplines. It is important that the places that young people are referred to are truly youth-friendly and non-judgmental, in order that young people take up these services. Hence in an MSCA programme approach, training on a positive and gender transformative approach does not only cover staff and educators, but also staff, volunteers and gatekeepers of the service, and information provision points that are referred to in the programme.

In Uganda special mention was made of the Sengas, 'aunties', who traditionally have been responsible for sexuality education of adolescents. It may be worthwhile to explore how relevant the Senga system still is for adolescents, and to include them in the programme as educators/providers. It will also be important to train the Sengas and ensure they have correct and complete information, and are monitored on the quality of support they provide, to prevent misinformation or harmful traditional practices.

#### Examples of good practice: Actively linking between programme components:

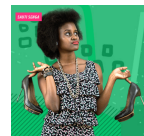
##### **SRHR Alliance week – SRHR Alliance Uganda.**

The SRHR Alliance in Uganda jointly organises community outreach that brings together youth-friendly SRH services with educational and edutainment activities. Once a year the alliance members embark on a week-long campaign where outreach is used to engage with local and government leaders, and large communities are mobilised to raise awareness of adolescent SRHR.



##### **Digital Senga by RAHU's SautiPlus.**

RAHU's SautiPlus campaign includes a Q&A website with a digital Senga:



##### **Literature on Senga**

- Muyinda, H., et al., Harnessing the senga institution of adolescent sex education for the control of HIV and STDs in rural Uganda. AIDS CARE- Psychological and Socio-medical Aspects of AIDS/HIV, 2003. 15(2): p. 159-167.
- Muyinda, H., et al., Traditional sex counselling and STI/HIV prevention among young women in rural Uganda. Culture, Health & Sexuality, 2010. 3(3): p. 353-361.

### 5.3 Create an enabling environment

To support and enable young people to explore, experience and express their sexuality in healthy, positive, pleasurable and safe ways we also need to address structural barriers on the social-ecological level that limit or undermine young people's options for healthy and positive decision making in relation to their sexuality. The following key



recommendations can help to create a more enabling and supportive environment for adolescent and youth SRHR.

### 5.3.1 Address sexual taboos, myths and misconceptions

Working with a MCSA programme provides multiple sources of information about sexuality. When community members are more exposed to, for example, media outlets or community dialogues where sexuality is being discussed, the topic becomes less sensitive. When figures of authority – like local leaders, medical personnel and teachers – are engaged in these discussions, this helps to legitimize and normalize more openness around sexuality. A multi-year programme can iteratively build on this reduction of taboo and increasingly discuss more sensitive topics. But this is a sensitive process which requires careful facilitation, and should be done by an organisation that is trusted in the community and in close collaboration with local authorities.

### 5.3.2 Build community and political support for implementation and scaling up of CSE and adolescent and youth SRHR interventions

Working with a Whole School Approach engages parents and school staff in a process that considers the need and conditions for implementation of CSE, and creates ownership and sustainability of CSE within the school. It actively maps out how the CSE programme can be linked actively to other SRH services in the community.

How a CSE programme is introduced in a community is critical for how it is received and accepted. To build community and political support for implementation and scaling up of CSE and other adolescent and youth SRHR interventions, it is important to build collaboration with the city government offices to select and train schools to implement CSE; to jointly meet with the parents to build their understanding and support; and to engage in joint support, supervision and evaluation of the programme. Case studies and guidance for CSOs on how to work with the Whole School Approach and collaboration with local and national governments can be found in the resources in the box below.

#### Examples of good practice:

##### **The whole school approach (Rutgers).**

This is a step-by-step guide for CSE implementers on how to create an enabling environment and sustainability at school level.



##### **Scaling Up CSE: Lessons learned and considerations for civil society organisations (Rutgers).**

This report presents key steps needed to scale up sexuality education to reach large groups of young people in a sustainable way. It highlights issues that civil society organisations must consider when deciding if and how they can provide support in the scaling up process. It is based on experiences and lessons learned from several case studies from a wide variety of countries like Benin, India, Indonesia and Zambia, and many others.





### 5.3.3 Create conditions for broader social and gender norms change

The results indicated how traditional gender norms increase sexual and reproductive health risks and how it hypothesizes sexual wellbeing and sexual consent. Also, the taboo on young people's sexuality was considered a barrier to their sexual wellbeing and their capacity to consent to sex. To contribute to young people's sexual wellbeing, social norm change is necessary. Many social norms could be targeted, for instance that girls should not buy contraceptives or boys should have many sexual female partners. To achieve change, it is important to target a specific norm that requires specific actions. It is also important to include both men and women, and boys and girls in SRHR programmes and norms change. In particular, the period of very young adolescence (ages 10-14 years) is considered a 'window of opportunity' to improve SRHR outcomes and gender-equitable attitudes.<sup>39</sup> Wins in this period of life can have positive effects through the life course. Save the Children has recently conducted a landscaping study on very young adolescents' interventions and research and listed useful recommendations (see box below for link).

We would like to describe an example of the lack of importance given to sexual consent. Participants in this research illustrated how sexual consent is not always taken seriously in their communities. They mentioned people laughing about situations without consent and making memes about it, and how parliamentarians doubt if sexual consent is always necessary. In Uganda some parents tell their daughters that economic gain is more important than sexual consent even when experiencing sexual violence. And in Ecuador young men, aged approximately 18 years old, are taken to sex workers by their fathers or uncles if they have not yet been sexually active. This norm of lack of interest in sexual consent can be replaced by building on existing positive norms to provide an alternative. For example, the importance of 'caring', which was important for both young men and young women in our research, can be built upon to promote positive peer and gender norms for being a good lover. Most young people want to be a good lover. Interventions can promote consent seeking as part of being a good lover.

At a community level, we recommend investing in making this topic discussable by implementing public campaigns or in community working groups. If possible, it could be interesting to work in mixed groups of men and women so people can hear about the perspectives of each other.

Additionally, people should learn about the laws related to violence. They should know how to recognise violence, to react to it and to report it. This could be done by training police department staff members and community leaders, who in turn can provide community workshops. Participants point out that it will be very important to take into account the most vulnerable people. Therefore, it could be interesting to work with leaders who represent specific vulnerable groups such as people living with HIV, people with disabilities, sex workers, minority ethnic groups and so on. They may bring and/or 'translate' the information to young people who are harder to reach, and could also indicate the community about the specific support these victims need (for instance medical examination or safe shelters). Of course, it will also be important that offenders are punished. The community and NGOs could advocate for this among politicians.

Governments have a specific role by providing a legal context that contributes to and ensures gender equality, and criminalises sexual and gender-based violence.

**Examples of good practice:**

Gender roles, equality and transformations. GREAT Project. How-to guide: Institute for Reproductive Health, Georgetown University, 2016.

This guide provides the tools and instructions needed to implement the Gender Roles, Equality, and Transformations (GREAT) project in a community. The GREAT project is an evidence-based international development intervention that succeeded in improving gender norms related to sexual and reproductive health and gender-based violence in Northern Uganda.

**IRH Social Norms Exploration Tool (SNET).**

IRH and partners developed the Social Norms Exploration Tool (SNET), a participatory guide and set of tools to translate theory into practical guidance to inform a social norms exploration. IRH provides capacity building training for organisations on how to work with the tool and support for translation into programming.



**Save the Children: Very young adolescent Sexual and Reproductive Health Landscape: Where are we now? Where do we go from here?**

Save the Children conducted a very young adolescents SRH landscape analysis to describe the current research and programme landscape (2010-2020), understand who is answering what research questions and when we will know the answers to those questions, and identify areas for future investment in young adolescents SRH.



### 5.3.4 Focus on economic empowerment of young people

To promote SRHR in Uganda, young people were convinced that programming should also specifically focus on the **economic empowerment** of young people, and mainly girls. Being less economically dependent on parents and on young men (in the case of young women) contributes to individuals' personal decision making and sexual wellbeing. It becomes easier for them (mainly young women) to only engage in sex when they want to. For young women, the pressure to accept gifts – and as such the expectation to engage in sexual activities – would decrease. This could also increase the negotiation opportunities for safe sex, as more young men than young women seem to want to practice unprotected sex. Being less economically dependent on parents and from young men (in case of the young women) would contribute to an individuals' personal decision making and to sexual wellbeing. In Uganda, developing vocational skills such as hairdressing and making of sanitary napkins were given as examples for young women. In the latter case, the need for creating a market for finished products was mentioned as very important. For young men, participants referred to vocational skills such as tailoring, shoe making, welding and work in local factories.

### 5.3.5 Consider the role of legal and policy frameworks and build political support for implementation and scale up of CSE and adolescent and youth SRHR interventions

Legal and policy frameworks must aim to protect young people from potential harm while also enabling them to freely exercise their rights autonomously, including their sexual rights. The aim of a minimum legal age of sexual consent should be informed by the evolving capacities of young people, and should be purely protective in nature. IPPF has developed a framework to consider when seeking balance between protection and autonomy, guided by the 'evolving capacities' and 'best interests of the child' principles. Laws should not criminalise two young people who have consensual sex, and policy and legal frameworks should enable access to SRHR information, education and youth-friendly services from an early age, not linked to the minimum legal age of sexual consent. Higher age of consent laws could restrict access to these services. The provision of youth-friendly services should be included in MSCA programmes, and providers should receive capacity strengthening.

So, while legal frameworks need to be in place, people need to be aware of them, and duty bearers should have the means to implement them (so, for example, police officers should have transportation) and the willingness to pursue justice (for example, not accepting bribes). However, duty bearers (police, service providers, educators, and so on), especially those working with adolescents, should be supported and capacitated to weigh evolving capacities and the best interest of the child fairly and critically, in specific cultural contexts and situations. So *"interventions are needed simultaneously across a range of areas (government commitment, legislation, services, attitudes, open discussion, capacity of duty-bearers, empowerment of young people, and accountability)"*.<sup>40</sup>

Finally, political support is needed if CSE is to be rolled out on a large-scale. Therefore, informing and involving policy makers and other key stakeholders (for example religious leaders) in all programmes on sexual health and wellbeing of young people is essential.

#### Examples of good practice:

##### **Right Here Right Now database with resources and tools for SRHR advocacy.**

This webpage contains several resources developed and used by partners in the Right Here Right Now programmes for lobbying and advocacy for SRHR programmes including specific tools, materials and guides for advocacy on CSE, in multiple languages:



##### **IPPF Series The Right to Decide: 03 Are protection and autonomy opposing concepts?**

This paper proposes a conceptual basis for programming, policymaking and case-by-case decision-making. The paper sets out the protection-autonomy framework and introduces a series of case studies to provoke discussion.

## 6 Recommendations for further research

Based on the results of this research and the literature review on ‘Young people’s perspectives on sexual wellbeing and sexual consent’, published in September 2021, we suggest investing in further research related to young people’s sexual wellbeing and sexual consent. This research could be implemented among, and with, young people worldwide, especially in LMICs where barriers to achieving SRHR and sexual wellbeing remain the most pervasive.

We recommend focusing research on the following key areas:

- **Personal sexual wellbeing among younger adolescents**

The current study focused on youth aged 18-24 years, clearly showing that young people in this age group are interested in talking about and reflecting on sexual wellbeing and sexual consent. Research is, however, missing on how adolescents below 18 years – including those aged 10-14 years who may have less experience with relationships – understand and perceive wellbeing in terms of body satisfaction, self-esteem and comfort with their emerging sexuality. While a few studies have begun to explore this area in LMICs, deeper as well as broader understanding is needed to better design programmes in line with the unique needs of the youngest adolescents.<sup>23, 41, 42</sup> Such research could enable SRHR programmes to move away from a ‘sexual risk perspective’ to supporting people from an early age in their sexual development, agency and capacity to consent to sexual activities.

There are legal and ethical constraints to engaging very young adolescents in research around sexuality and sexual consent. However, such research is possible if reasons and safeguarding protocols are clearly explained to countries’ ethical review boards who can give permission for such research. Good examples are for instance the Global Early Adolescent Study ([www.geastudy.org](http://www.geastudy.org)) and the WHO’s Guidance on Ethical Considerations in Planning and Reviewing Research Studies on Sexual and Reproductive Health in Adolescents.<sup>43</sup> Furthermore, conducting this kind of research among younger adolescents might be easier in LMICs with lower legal ages of sexual consent, for example Ecuador (legal age of consent 14 years) versus Uganda (legal age of consent 18 years) and by involving and informing schools, parents and community leaders about the relevance of this research for their communities and families.

- **Research to develop and validate measures of sexual wellbeing and consent**

Academics and practitioners in the field need to work together to develop and validate measures of adolescent sexual wellbeing and consent in order to build a more comprehensive and consistent body of global knowledge, and hold organisations and governments accountable for investing in sexual wellbeing of young people worldwide.

- **Understanding and experiences of sexual consent and sexual wellbeing among minority groups such as LGBTQI youth and young people with disabilities**

The literature indicates that belonging to a certain group can decrease agency to make decisions and to have the capacity to realize personal preferences related to

sexual wellbeing. SRHR programming should focus on marginalised groups, such as young girls, LGBTQ+ youth, ethnic minorities, people living in poorer environments, youth who exchange or sell sex and young people with disabilities. Youth belonging to these groups are likely to experience additional vulnerabilities that need to be addressed in programming. Data and evidence on the sexual experiences of marginalised groups is comparatively limited: this points to an urgent need for research to enable better SRHR programming for marginalised groups.

- **Understanding the role of social media in shaping sexual wellbeing and consent**

The role of social media on young people's sexual wellbeing and their experience and ability to express sexual consent is an area that requires further attention, in light of our findings that young women were "freer" to express sexual consent on social media. Given that most young people across the globe have access to a smart phone and/or social media account, it will be important to understand how programmes can draw on these platforms as resources to strengthen sexual wellbeing and consent.

- **Understanding the most effective ways of combining face-to-face (offline) delivery of CSE with digital channels (online) for delivery of CSE**

COVID-19 has fuelled innovation in the delivery of SRHR interventions, including CSE, through digital channels. Digitalisation holds promises for tackling some key implementation barriers for CSE, such as intra-curricular time to deliver it in classrooms, and teacher-level barriers. However, more research is needed on which components of CSE can best be delivered through digital channels and which components work best through face-to-face delivery by educators.

- **Evaluation of adolescents' and young people's SRHR programmes with a positive approach**

Evaluating SRHR programmes that focus on improving the sexual wellbeing of young people in LMICs is critical. These programmes can involve young people, but also other important stakeholders such as parents and other family members, peers, community leaders and schools. These evaluations will teach us what works, for whom, in which conditions and why, and will enable to improve existing SRHR programmes.

- **Research on the role of Senga to promote young people's – mainly women's – sexual wellbeing**

In Uganda special mention was made of the Sengas ('aunties') who were traditionally responsible for sexuality education of adolescents. It may be worthwhile to explore how relevant such systems are for adolescents, and how they can be included in SRHR programming as educators/providers.

- **Research into acceptable promotion of sexuality education programmes in settings where sexuality of young people is taboo**

As long as sexuality of young people is a taboo in societies, it will not be possible to implement large-scale programmes to promote sexual health of young people in a positive way. Therefore, research is needed into how to convince policy makers

and other key stakeholders (such as religious leaders) to support comprehensive sexuality education.

- **Cost-effectiveness studies on positive comprehensive sexuality education programmes**

Cost-effectiveness evaluations of sex-positive sexuality education programmes remain an important gap in literature. Nevertheless, this can be a key argument to convince policy makers. Further, calculating the costs of not undertaking any actions in the field of sexual health and wellbeing of young people could also be an eye-opening exercise.

- **Case studies on how legal age of consent is interpreted in the balance between protection and autonomy**

To inform the capacity strengthening of duty bearers and/or advocacy for legal frameworks that do justice to finding the right balance between protection and autonomy, case studies need to be found and studied on how such frameworks are being interpreted and applied. These case studies could come in the shape of advocacy strategies and messages around the age of consent in law; or as interpretations on access to services; or court rulings on consensual sex between persons below the legal age of consent, or between a person below the legal age and a person above the legal age of consent.

Such case studies can help to shed light on how arguments for protection, autonomy, evolving capacity and best interest are being formulated and weighted. They can serve as a basis for further internal discussions within youth-serving (SRHR) organisations to get clarity on where, for them, the balance lies (while considering local context and situation) and how the organisation can work to improve legal systems and the just and fair implementation of these. One useful approach could be using moral judgement as method: working with a step-wise reflective process to come to a joint decision on which action is the morally right one, taking into sufficient account the rights, interests and wishes of those affected by the decision.<sup>44</sup>

## 7 Annexes

### 7.1 Annex 1 – Overview of participants

#### Participants in Ecuador

##### *Participants in in-depth interviews*

Type of interview	Interview ID	Age (years)	Sex (at birth)	Zone
<b>In-depth interviews with young experts</b>	Co-researcher 1	22	Young woman	N/A
	Co-researcher 2	18	Young woman	N/A
	Co-researcher 3	22	Young woman	N/A
	Co-researcher 4	18	Young man	N/A
	Co-researcher 5	20	Young man	N/A
	Co-researcher 6	17	Young man	N/A
<b>Other in-depth interviews</b>	IDI 1	18	Young man	Nueva Prosperina
	IDI 2	21	Young woman	Nueva Prosperina
	IDI 3	19	Young woman	Nueva Prosperina
	IDI 4	21	Young man	Nueva Prosperina
	IDI 5	19	Young woman	Nueva Prosperina
	IDI 6	18	Young man	Nueva Prosperina
	IDI 7	20	Young woman	Nueva Prosperina
	IDI 8	18	Young man	Socio Vivienda 2
	IDI 9	18	Young woman	Socio Vivienda 2
	IDI 10	18	Young man	Socio Vivienda 2
	IDI 11	18	Young man	Socio Vivienda 2
	IDI 12	18	Young man	Socio Vivienda 2
	IDI 13	18	Young man	Socio Vivienda 2
	IDI 14	20	Young woman	Nueva Prosperina
	IDI 15	19	Young man	Nueva Prosperina



	IDI 16	20	Young woman	Nueva Prosperina
	IDI 17	22	Young man	Nueva Prosperina
	IDI 18	18	Young woman	Nueva Prosperina
	IDI 19	19	Young woman	Nueva Prosperina
	IDI 20	18	Young man	Nueva Prosperina
	IDI 21	18	Young man	Nueva Prosperina

*Participants in focus group discussions*

Type of interview	Description	Number by age
FGD 1	Young men only Nueva Prosperina	18 years – 1 19 years – 2 20 years – 1
FGD 2	Young women only Nueva Prosperina	18 years – 4 19 years – 1 20 years – 1
FGD 3	Mixed sex Nueva Prosperina	Young men 18 years – 1 19 years – 2 20 years – 2 Young women 21 years – 3
FGD 4	Young women only Nueva Prosperina	19 years – 3 21 years – 1
FGD 5	Mixed sex Socio Vivienda 2	Young men 18 years – 1 19 years – 1 24 years – 1 Young women 21 years – 1 24 years – 2
FGD 6	Young women only Socio Vivienda 2	18 years – 1 21 years – 1 22 years – 1
FGD 7	Young women only Socio Vivienda 2	18 years – 4 19 years – 1
FGD 8	Young men only Socio Vivienda 2	18 years – 5 19 years – 1 20 years – 2
FGD 9	Mixed sex Nueva Prosperina	Young men 20 years – 1 22 years – 1 Young women 22 years – 2
FGD 10	Mixed sex Nueva Prosperina	Young men 18 years – 1 20 years – 1

		21 years – 1 Young women 20 years – 1 22 years – 1
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## Participants in Uganda

### *Participants in in-depth interviews*

Type of interview	Interview ID	Age (years)	Sex (at birth)	Zone
<b>In-depth interviews with young experts</b>	Expert 1	23	Young woman	N/A
	Expert 2	25	Young woman	N/A
	Expert 3	21	Young man	N/A
	Expert 4	26	Young woman	N/A
	Expert 5	24	Young man	N/A
	Expert 6	23	Young woman	N/A
<b>Other in-depth interviews*</b>	IDI 1	22	Young woman	Katoogo
	IDI 2	18	Young woman	Katoogo
	IDI 3	20	Young woman	Katoogo
	IDI 4	21	Young man	Katoogo
	IDI 5	18	Young woman	Katoogo
	IDI 6	22	Young woman	Katoogo
	IDI 7	19	Young man	Kakungulu
	IDI 8	24	Young woman	Katoogo
	IDI 9	22	Young woman	Kakungulu
	IDI 10	22	Young man	Katoogo
	IDI 11	24	Young man	Kakungulu
	IDI 12	18	Young woman	Kakungulu
	IDI 13	19	Young man	Kakungulu
	IDI 14	20	Young man	Katoogo
	IDI 15	20	Young man	Kakungulu
	IDI 16	22	Young woman	Katoogo
	IDI 17	22	Young woman	Kakungulu
	IDI 18	24	Young woman	Kakungulu
	IDI 19	20	Young man	Kakungulu
	IDI 20	19	Young man	Kakungulu
	IDI 21	20	Young man	Kakungulu

\* Total 21, 11 Kakungulu (7 young men and 4 young women) and 10 Katoogo (3 young men and 7 young women)

### *Participants in focus group discussions*

Type of interview	Description	Number/age
FGD 1	Young women only Katoogo zone	18 years – 6

FGD 2	Young men only Katoogo zone	18 years – 1 20 years – 2 21 years – 1 22 years – 2
FGD 3	Young men only Katoogo zone	21 years – 4 22 years – 1 23 years – 1
FGD 4	Mixed sex Katoogo zone	Young men 19 years – 2 Young women 19 years – 1 20 years – 1 21 years – 1 23 years – 1
FGD 5	Young women only Katoogo zone	20 years – 2 21 years – 2 23 years – 1 24 years – 1
FGD 6	Young men only Kakungulu zone	22 years – 1 23 years – 3 24 years – 2
FGD 7	Mixed sex Kakungulu zone	Young men 20 years – 1 21 years – 1 24 years – 1 Young women 18 years – 1 20 years – 1 21 years – 1
FGD 8	Young women only Kakungulu zone	21 years – 1 22 years – 2 23 years – 1 24 years – 2
FGD 9	Young men only Kakungulu zone	21 years – 1 22 years – 2 23 years – 1 24 years – 2
FGD 10	Young women only Kakungulu zone	18 years – 4 22 years – 2
FGD 11	Mixed sex Katoogo zone	Young men 18 years – 1 19 years – 2 Young women 20 years – 1 21 years – 1 23 years – 1

## 7.2 Annex 2 – Interview guide

### Step 1: Introduction and informed consent procedure

First, we will start with an introduction exercise. We want to understand more about the **romantic and sexual experiences of young people your age**. Therefore, we will do timeline exercise

*Instructions for the exercise*

Today, I will start by asking you to build a timeline of the key life events that you consider important for the sexual and reproductive health and wellbeing of young people while they grow up. A timeline is a drawing which shows important events over a period of time. On this drawing [prepare the drawing in advance] you see a line from 0 to 24 years old. Could you please indicate what happens during this period, physically, emotionally and mentally that might be important for the sexual and reproductive health and wellbeing of young people growing up? For example: At what age do you think they have a first kiss, or monthly periods or a wet dream, or when do they fall in love for the first time? Or when do they have a first sexual experience? We will first do the exercise for girls and afterwards for boys.

Would you be willing to compare this timeline with your own? Could you tell us if you see similarities or differences between this timeline and your own timeline? If you prefer not to do so, then it isn't a problem. We can just proceed to the next questions.

**Step 2 – Sexual wellbeing experiences**

2.1 And for yourself? Or thank you for sharing the global lifeline of your romantic and sexual experiences. Now, we would like to go a little bit more in depth. Do you have experiences with love/romance that you feel comfortable sharing with us? Have you ever had a crush on anyone or been in love? Can you tell us how that was? (*Here we probe for the relational sexual wellbeing and how that affects also personal sexual wellbeing like self-esteem*). – *If respondent is not comfortable sharing a personal story, we revert to the general timeline and ask questions about a specific event.*

2.2 Was this a nice experience for you? Can you explain why / what made it nice? (*Probe: feelings, self-esteem, social status, access to resources, pleasure. Probe for elements at the individual, interpersonal and societal level*)

2.3 How did you feel afterwards? Could you describe what made you feel like this?

2.4 Do you think something or someone could have helped you to feeling ready and prepared to make it an even nicer experience? (*Here we probe for elements at the individual, interpersonal and societal level*)– e.g. learning from your own education/religious values, from friends/family including extended family, school environment, neighborhood, media, culture norms, political leaders etc.?

*Probe for factors at the individual level*

- Is there anything that you could have done differently?
- Is there any kind of knowledge or attitudes or values that could have helped you?

*Probe for social norms and expectations*

- Were you afraid anyone would find out? Could you tell anyone? Who, who not and why? (parents, friends, siblings). What would happen if these persons would find out? Do you think they expect you to have this experience? Do you experience it as something negative or positive that you have to be secretive?
- Did you tell your friends? How did you feel? How did they react?
- Do you think your friends have similar experiences?

- Do you think it would have been different if you would have been a boy/girl (opposite sex)? If yes, how do you think it be different do you think? And why?
- In general, do you think it is different for boys versus girls what is allowed/ expected? And for younger versus older adolescents? How and why?

### Step 3 – Defining Sexual wellbeing

3.1 We are interested to know what you consider as positive in your sexual encounters. How these things can make you feel good about your sexual self and in your relationship and how it can help you to have a fulfilled sexual life and help your personal development towards becoming a grown man or woman. In literature, people talk about sexual wellbeing, which is related to positive sexual experiences but which is not defined yet. After everything we discussed, could share you with us what you understand by sexual wellbeing?

3.2 What words do you associate with it?

3.3 What are important aspects of sexual wellbeing?

3.4 What do you consider as positive experiences that make you feel good (about your 'sexual self')? Why?

3.5 Do you think that what you consider as positive experiences and/or sexual wellbeing changes when you get older? Or varies depending on the type of relationship you would be in?

3.6 An important factor of sexual wellbeing is practicing safe sex. Imagine that you or your partner wants to use a condom. How would that go? (Probe on how the participants think this would be negotiated and what influencing factors could be). Would this be different if you were of the opposite sex / older or younger / or in another kind of relationship?

3.7 Do you feel free (or allowed) to experience sexual wellbeing and pleasure and to be respected while having sexual physical contact? Would this be different if you were of opposite sex/older or younger/or in another kind of relationship?

3.8 What do you think we can learn from this to strengthen young people's competencies and navigation to achieve sexual wellbeing?

### Step 4 – Sexual consent experiences

4.1 Thinking about your former experiences in a romantic or sexual encounter, were you ever worried about anything?

4.2 Were there any negative aspects or things you regret? Can you explain why?

4.3 How did you indicate to the other persons that you had these experiences and that you were willing to experience this?

*Depending on the personal story and level of details shared – here we can probe into flirting scripts (how do you know someone likes you / how do you let someone know you like him/her; how do you know you/the other wants to go to a next level of intimacy or stop etc.).*

4.4 Do you think something could have helped you to express more clearly what you wanted? *(Here we probe for elements and individual, interpersonal and societal level – give examples)*

4.5 How did you know s/he was willing to experience this?

*Depending on the personal story and level of details shared – here we can probe into flirting scripts (how do you know someone likes you / how do you let someone know you like him/her; how do you know you/the other wants to go to a next level of intimacy or stop etc.).*

4.6 Do you think something could have helped you to understand better what the other person wanted? *(Here we probe for elements and individual, interpersonal and societal level- give examples)*

4.7 In general, how do you know if a boyfriend/girlfriend wants to go to a next level of intimacy or stop? Are there other aspects that you didn't mention yet?

4.8 Do you think your former partners would always respect your boundaries? Why (not)?

4.9 Would you always stop if the other wants you to? Why (not)?

4.10 What did you experience or what do you think might happen when there is no consent?

### **Step 5 – Defining sexual consent**

5.1 We would like to know what “sexual consent” means to you. By sexual consent we refer to the fact that people agree voluntarily to take part in sexual encounters. But what do you understand by it?

5.2 What words do you associate with this term?

5.3 What have you heard about laws and rules about young people and sexual encounters? Do you consider this important? If so, what is the important aspect of this?

### **Step 6: Puberty**

To end we would like to ask you how it is for you to grow up and go through puberty and becoming a young man / young woman in this city? Can you think of a moment when you realized you were growing up, that you were no longer a child.

6.1 Are there positive aspects about this? *(Probe for view on body; increase agency/power/decision making; romantic/sexual feelings; curiosity about sex; ‘trying out things’)*

6.2 Are there negative aspects about growing-up? *(ibid)*

6.3 Have you ever been worried or felt guilty or insecure about your developing body or sexual feelings? Why was that? How did you handle it? *Here (first) menstruation / wet dream might come up.*

6.4. Myths *(learn from research team what predominant myths there are, e.g. about shape and size of genitals/breasts; worries about losing virginity; about side effects of masturbation etc.): Probe for effects of these myths on sexual wellbeing.*

6.5. What could have helped you to prevent or reduce these negative aspects? *(Find out information and service's needs (Probe for different opportunity structures).*

### **Step 7 – Thank you and closing**

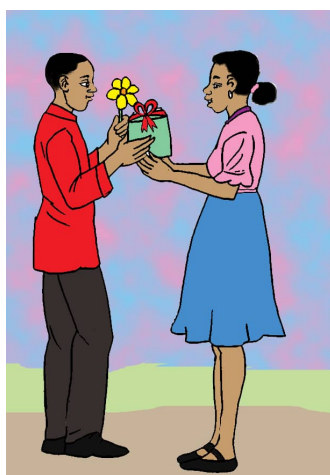
## **7.3 Annex 3 – Interview guide Focus groups**

## Part 1: Introduction + Informed consent procedure

Participants will read the consent form in the language of their preference and ask any questions. They will sign individually to consent to participate in the study. If the participants cannot read, the informed consent will be summarised for them.

## Part 2: Ice-breaking exercise

We want to understand what the **experiences are of people of your age** in relation to puberty, romance, love and sexuality. So, we will ask you to talk about the experience and perspectives of the boys and girls in your neighbourhood. You do not need to talk about your own experiences. Please take a look at this drawing.



Drawing used in Uganda



Drawing used in Ecuador

## Part 3: The drawing

*[Young people select a drawing that represents a common situation, to analyse in-depth using the following questions. Use a sexual scripting approach to gain more insights into the selected case.]*

- 3.1 Please look at the picture carefully. What do you think is happening in the drawing?
- 3.2 What do you think the boy/girl is saying? (*probe for typical scripts*).
- 3.3 What do you think the boy/girl is thinking?
- 3.4 Can (s)he be thinking something positive or also something negative? Explain and what do you think they are thinking about.
- 3.5 What do you think will happen next? What do you think will happen if he/she (for example) accepts the gift, and what could happen if she refuses the gift or him after receiving the gift.
- 3.6 What do you think the boy/girl will consider as a good outcome of this situation? Why?
- 3.7 And what do you think they will consider as a bad outcome? For whom? Why?
- 3.8 How does what happens in this picture correspond with what the young people would like to happens? If it is something different why do you think this is the case?
- 3.9 Why do you think boys and girls behave like this in this situation?



- 3.10 Is this situation in line with what is expected from boys and girls? How?
- 3.11 Are the expectations towards boys and girls different in this situation? If so, why and how? Would this be different for boys and girls of different ages?
- 3.12 Do different people (such as for example friends or siblings or parents) have different expectations? If so, how and why?

#### Part 4: Beyond the drawing – sexual wellbeing

Let us now go beyond the situation in the drawing and think about romantic and sexual experiences of people your age in general.

- 4.1 What do you think a girl/boy do to make a romantic and or sexual experience positive?
- 4.2 What do you think a girl/boy can do to avoid a negative romantic or sexual experience?
- 4.3 What do young people consider as positive experience that make them feel good about their “sexual self” and in their relationship, to have fulfilled sexual lives?
- 4.4 In literature, people talk about sexual wellbeing, which related to positive sexual experiences but which is not defined yet. After everything we discussed, could share with us what you understand by sexual wellbeing?
- 4.5 What words do you associate with it?
- 4.6 What do you think are important aspects of sexual wellbeing?
- 4.7 What could help boy(s)/girl(s) to make experiences more positive and to achieve more sexual wellbeing? *[Here we probe for influencing factors at the individual; interpersonal; family, community and school level; and societal level]*
- 4.8 Do you think this is different for different types of relationships or sexual experiences (for example, casual sex versus sexual experiences in more serious relationships? Or is it different for young people of different ages?
- 4.9 An important factor of sexual wellbeing is practicing safe sex. Imagine that a young person wants to use a condom. How would that go? *[probe on how the participants think this would be negotiated and what influencing factors could be.]*
- Can girls/boys ask for safe sex (for example, using condoms? by age or education status or religious
- Why do boys/girls would not want to use condoms? – myths/irritation/cost/access?/stigma at health facilities.
- 4.10 Do you think young people feel entitled to experience sexual wellbeing and pleasure and to be respected while having sexual physical contact? Is this different for boys and girls? For young people of different ages and for young people in different types of relationships?
- 4.11 What can we learn from this feeling to (not) have the right to experience sexual pleasure and sexual wellbeing to strengthen young people’s competencies and navigation to achieve sexual wellbeing?

#### Part 5: Sexual consent

- 5.1 Going back to the drawing, how can the boy know if the girl wants to receive the gift and want to proceed to a more intimate situation? How does the girl know that the boys wants to proceed to a more intimate situation?
- 5.2 Beyond the situation in the drawing, how do young people indicate their boundaries (emotional, physical and social) in a romantic or sexual encounter? Is this different for boys and girls? Is this different for young adolescents (10-14) compared to older people (15-20)? Is it different depending on the type of partner?

By sexual consent we refer to the fact that people agree voluntarily to take part in sexual encounters.

- 5.3 What do you think young people your age understand by ‘sexual consent’?

5.4 What words do they associate with this term?

5.5 Do you think young people feel entitled (or feel the need) to express (or ask for) sexual consent and say yes or no to someone who wants to have intimate physical contact? Why (not)? Is this different for boys and girls? Is this different for young adolescents (10-14) compared to older youths (15-20)? Is it different depending on the type of partner?

5.6 What are some cultural/social norms regarding consent? What are the expectations in your culture, do they differ for boys compared to girls? Do they vary depending on the type of relationship or whether the adolescents are younger or older?

5.7 What are the anticipated and experienced consequences of not having consent? What could happen if a boy or girl says no to a sexual encounter/advance?

5.8 What have you heard about laws and rules related to sex and young people? Do young people consider this important? If so, what is the important aspect of this?

### **Part 6: Timeline exercise (Will only be done in 1 FGD with boys, 1 FGD with girls and 1 mixed FGD)**

After everything we have discussed so far, we would like to do a short exercise with you. We want to ask you to draw a lifeline of a young person between the age of 0 and 24 years old.

#### *Instructions for the exercise*

*Today, I will start by asking you to build a timeline of the key life events that you consider important for the sexual and reproductive health and wellbeing of young people while they grow up. A timeline is a drawing which shows important events over a period of time. On this drawing [prepare the drawing in advance] you see a line from 0 to 24 years old. Could you please indicate what happens during this period, physically, emotionally and mentally that might be important for the sexual and reproductive health and wellbeing of young people growing up? For example: At what age do you think they have a first kiss, or monthly periods or a wet dream, or when do they fall in love for the first time? Or when do they have a first sexual experience? We will first do the exercise for girls and afterwards for boys.*

### **Part 7: Puberty**

7.1 To end, we would like to ask you about the experiences of young people as they grow up and go through puberty and become a young man/young woman in this city.

- Are there positive aspects about this? (*probe for view on body; increase in ability (allowed, capability) to make decisions; romantic/sexual feelings; curiosity about sex; 'trying out things'*).
- Are there negative aspects about this? (*ibid*)
- Myths (*learn from research team what predominant myths there are, e.g. about shape and size of genitals/breasts; worries about losing virginity; about side effects of masturbation etc.*): Probe for effects of these myths on sexual wellbeing.
- What could have helped to prevent or reduce these negative aspects for young people? (*find out information and service need, probe for different opportunity structure*)

### **Part 8 – Thank you and closing**



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## About Plan International

We strive to advance children's rights and equality for girls all over the world. We recognise the power and potential of every single child. But this is often suppressed by poverty, violence, exclusion and discrimination. And it's girls who are most affected. As an independent development and humanitarian organisation, we work alongside children, young people, our supporters and partners to tackle the root causes of the challenges facing girls and all vulnerable children. We support children's rights from birth until they reach adulthood, and enable children to prepare for and respond to crises and adversity. We drive changes in practice and policy at local, national and global levels using our reach, experience and knowledge. For over 80 years we have been building powerful partnerships for children, and we are active in over 75 countries.

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