Project on Integrating Comprehensive Health Education into Tunisian Educational Curricula

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Introduction:

Since the establishment of the Tunisian school, health education has held an important place in curricula and educational activities, manifesting itself in various functions and forms. Initially, health education was confined to the subject of life and earth sciences, limited to activities related to health and hygiene. Later, the function of health education evolved to encompass both preventive and protective aspects within a "biomedical" approach. This approach was essentially reduced to the cognitive aspect, rendering it a matter of memorization for exams, resulting in limited outcomes and failure to achieve the desired objectives.

Research, studies, and field experiences have highlighted the limitations of these approaches, as they have not led to significant changes in the behavior of children and adolescents. The prevalence of risky behaviors, as evidenced by statistics revealing the rise of drug use, sexual harassment, bullying, and violence within the school environment, serves as a stark reminder of their "failure". Many approaches have relied on preaching as the easiest way to impart the knowledge embedded in curricula and programs. Therefore, it has become imperative to contemplate new approaches to comprehensive health education that transcend reductive methods, aiming to embrace a holistic vision that reflects a complex understanding of the issue.

This regional conference, which has adopted the theme of "Comprehensive Sex Education and the Extent of Integrating Sexual and Reproductive Health Concepts into Curricula and Textbooks", presents an opportunity for participants from Arab countries to reflect, discuss, exchange experiences, and propose approaches that contribute to building a conceptual framework and adopting methods that foster awareness of the interconnected relationship between education and rational understanding, leading to the adoption of positive attitudes that enable behavioral change. In this way, comprehensive health education shifts from a content-driven approach to a vision that emphasizes equipping learners with protective skills and active, positive stances within their family, school, and societal environments.

This paper is a contribution to this discussion, in which we strive to present the latest developments in the Tunisian experience in the field of comprehensive health education by outlining its most compelling objective drivers, including institutional, legal, and field-based aspects. We also present the implementation pathway of this experience, highlighting the key stakeholders, documents, and adopted educational options, particularly those related to the nature of concept integration, adopting the UNESCO reference framework adapted to the Tunisian context, and examples of adopted activities.

Comprehensive Health Education[1]

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[1] Comprehensive Health Education" was adopted instead of "Comprehensive Sexual Health Education" after a discussion within the leadership committee sparked initial negative reactions from many parties that initially opposed the project.

Before delving into the concept of comprehensive health education, it is important to acknowledge that this topic has been a part of the Tunisian educational system for decades. In the 1980s and 1990s, the concepts of "population education" and "life skills education" were adopted, and guidelines were developed to assist teachers in integrating these concepts into the curriculum under two approaches:

- **Implicit Integration:** The concept related to sex education is addressed indirectly without being the main topic of the lesson (e.g., the concept is mentioned in a reading text in a foreign language).

- **Explicit Integration:** The concept related to sex education is addressed in-depth and serves as the main topic of the lesson (e.g., protecting the body from infectious diseases, focusing on known infectious diseases for primary school students and sexually transmitted diseases for middle and high school students).

1. Defining Comprehensive Health Education:

Comprehensive health education is the teaching and learning of the cognitive, emotional, skill-based, and social determinants related to sex education and reproductive health. It aims to empower children, adolescents, and youth with knowledge, abilities, attitudes, and values that enable them to enjoy their rights to health, well-being, and dignity; develop respectful social and emotional relationships; choose paths to personal and others' well-being; and understand and protect their rights throughout their lives.

Why Comprehensive Health Education?

Numerous factors highlight the impact of comprehensive health education on children and youth, particularly:

- Comprehensive health education has particularly positive effects on young people who have knowledge about sexual and reproductive health and have acquired positive skills and attitudes.

- Comprehensive health education does not increase the rate of sexual activity, risky sexual practices, or the number of serious sexually transmitted infections.

- Studies have shown that programs focused on prevention and restriction are not the best solution to reduce risky sexual practices. Instead, the solution lies in including content related to sex education in educational programs.

- Programs that consider gender from the perspective of equality between women and men contribute to reducing unwanted pregnancies.

- The effectiveness and importance of lessons related to comprehensive health education increase when they are supported by the involvement of parents, teachers, service-providing institutions, and youth-oriented training.

2. Why Comprehensive Health Education in the Tunisian Context?

A. General Context:

Studies have shown that Tunisian youth lack information about sexual and reproductive health. A study conducted in 2018 by "Union Group Bel Sheikh[2]" revealed that 40% of Tunisian boys had not received any educational exposure regarding puberty, while 58% of Tunisian girls had not received information about sexual health. Tunisian youth obtain information from unofficial sources, which cannot be trusted, with limited access to specialists or resource persons (teachers or health professionals). The aforementioned study[3] indicated that 61% of the information came from friends, 46% from the internet, 30% from teachers, and 1% from health workers.

This situation puts adolescents and young people in a vulnerable position, susceptible to risky behaviors regarding their sexual and reproductive health, as well as their physical, mental, and social well-being. Furthermore, the latest statistics[4] from 2019 indicate that 18.5% of adolescents do not know any methods of contraception, and only 15% are aware of methods for protection against sexually transmitted diseases[5].

A report [6]by the General Delegate for Childhood revealed data indicating various forms of sexual exploitation of children (incest, sexual harassment, sexual activity with a child, sexual exploitation through modern communication means, child prostitution, exposure of children to sexual practices or scenes), these assaults amounted to 1027 incidents, representing 5.5% of the total recorded assaults.

The situation of children and adolescents in Tunisia, characterized by the absence of comprehensive health education in schools with high-quality standards suitable for various stages of child development and age, can render them vulnerable to risky behaviors and sexual exploitation.

In contrast, studies[7] [8]adopting a qualitative approach and targeting areas in the central and southern regions of Tunisia have highlighted the need to integrate sexual health education into

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[2] Survey on Sexual and Reproductive Health among Youth in Greater Tunis Tawhida Ben Cheikh Group, 2018
[3] Survey on Sexual and Reproductive Health among Youth in Greater Tunis Tawhida Ben Cheikh Group, 2018
[4]Survey on Sexual and Reproductive Health among Youth in Greater Tunis Tawhida Ben Cheikh Group, 2018
[5]Qualitative Study on Sexual and Reproductive Health and Female Genital Mutilation conducted among adolescent girls and their needs in terms of services and information – CREDIF/UNFPA December 2019
[6] General Delegate for Childhood's Report for the year 2019
[7]Toward a Tunisian sexual education framework: Qualitative survey and literature review, Tunisian Society of Clinical Sexology, Sousse, 2018
[8] Perceptions on the introduction of sexual education into the curriculum in Tunisia, Qualitative survey, ATSR, 2018

the educational curriculum. This need has been expressed by students, parents, teachers, doctors, officials, civil society organizations, as well as religious leaders and clerics

B. Legislative Framework for Integrating Comprehensive Health Education into Curricula

- **International Commitments of Tunisia:**
    - International instruments ratified by Tunisia:
        - Lanzarote[9] Convention on the Protection of Children against Sexual Exploitation and Sexual Abuse
        - International Convention on the Rights of the Child[10]
        - Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)[11]
    - Tunisia's commitment at the Nairobi Summit[12] CIPD+25 (November 2019) to integrate sexual education in schools.
    - Implementation of the recommendations of the comprehensive periodic review of Tunisia, which calls for enhancing education on health and rights in sexual matters on a wide scale.

Tunisian Legal Framework:

- Child Protection Code[13]: Chapter 2 ensures the child's right to various preventive measures, including social, educational, and health measures aimed at protecting them from all forms of violence or harm, whether physical, psychological, sexual, neglect, or negligence.
- Tunisian Republic Constitution[14] for the year 2022: Article 52 guarantees the rights of the child, ensuring dignity, health, care, education, and protection, providing all forms of protection for all children without discrimination, according to the child's best interests. The state takes care of abandoned or parentless children.
- Organic Law No. 58 of [15]2017 regarding the Elimination of Violence against Women:
- A. Article 7: Requires ministries responsible for education, higher education, vocational training, culture, health, youth, sports, childhood, women, and religious affairs to take measures to protect and combat violence against women in their respective institutions through:

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[9] https://www.unhcr.org/ar/543a31166
[10] https://www.ohchr.org/ar/instruments-mechanisms/instruments/convention-rights-child
[11] https://www.ohchr.org/ar/instruments-mechanisms/instruments/convention-elimination-all-forms-discrimination-against-women
[12] https://www.ippf.org/file/12445/download?token=uyHfv8Wr
[13] https://www.toufoula.tn/document/4
[14] http://chaexpert.com/documents/JORT%200922022%20constitution%20tunisie%202022.pdf
[15] https://wrcati.cawtar.org/assets/documents/pdf/LoiOrganiqueN58ViolenceFemme.pdf

- Developing educational, cultural, and educational programs aimed at rejecting and combating violence and discrimination against women and promoting human rights principles, gender equality, and health and sexual education.
- Training educators and supervisors in the educational field on equality, non-discrimination, and combating violence to help them address violence issues in the educational space.

B. Article 15: Defines sexual harassment and the penalties imposed on perpetrators of this crime.

Based on the above, there is an urgent need for the integration of comprehensive and inclusive health education. This education would preserve physical and mental safety, ensure well-being, instill respect for human rights and equality, and empower children, adolescents, and youth to lead healthy, safe, and fruitful lives.

3. Project Leadership Team for Integrating Comprehensive Health Education into Curricula:

The leadership of this project involves multiple integrated parties:

- From the official and institutional side: the Tunisian Ministry of Education, represented specifically by the Program and Training Administration.
- From the international organizations: the Tunis Office of the United Nations Population Fund.
- From the regional organizations: the Arab Institute for Human Rights.
- From civil society and local communities: the Tunisian Association for Reproductive Health.

The leadership team is accompanied by a group of experts consisting of educational inspectors[16] from elementary, middle, and high school levels, representatives of unions, experts from the National Council for Family and Human Settlement, the Tunisian Society of Sexual Medicine, and the Young Peer Education Network **(Y-PEER).**

4. Project Progress:

- 2017: The project started with advocacy campaigns and awareness of the importance of integrating comprehensive health education into curricula through sharing experiences between some countries and disseminating the results of completed studies at the national and local levels.
- 2018: Establishment of the expert committee and initiation of workshops to adapt health education references, supported by training courses for the expert team.

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[16] a group of specialists in the field of education, tasked with inspecting and monitoring the quality of education in schools and educational institutions

- 2019:
  - Adoption of the project by the Tunisian Ministry of Education following an incident in Sfax[17].
  - Brainstorming workshop on the sexual education integration program.
  - Workshops for writing references and pedagogical tools[18].
  - Training for educational inspectors.
  - National seminar for the official launch of the program (December 2019).
- 2020: Due to the COVID-19 crisis, the project resorted to a workshop for approval of the reference and the national strategy for media and advocacy.
- 2021:
  - Launch of advocacy and media plan on social media platforms.
  - Workshop for reviewing pedagogical tools[19].
- 2022:
  - Structuring the project at the ministry level by appointing a project coordinator.
  - Development of a training program for various teachers.
  - Preparation of pedagogical tools [20]for the middle school stage for several subjects in harmony with the reference for comprehensive health education.
  - Advocacy and awareness tools for parents by adopting materials presented in colloquial language.

5. Content:

Comprehensive health education has been integrated into the official curriculum using an age-appropriate and locally relevant reference framework that aligns with a human rights approach, respects gender equality, adheres to international standards, and draws upon comparative experiences.

The reference framework revolves around eight key concepts of equal importance that work together and are conceptually distinct:

1. Relationships between individuals
2. Values, rights, and culture
3. Understanding the concept of gender discrimination
4. Violence and Safety
5. Skills for health and well-being
6. The body and its development

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[17] https://www.babnet.net/cadredetail-178599.asp
The number of students affected by the indecent assaults and harassment of one teacher has reached approximately 20 male and female students…
[18]Educational tools
[19] Educational resources
[20] Educational tools

7. Sexuality and sexual behavior
8. Sexual and reproductive health

The development of the reference framework involved the following steps:

- Adoption of the reference framework prepared by UNESCO in 2018[21]
- Review of the reference framework by a committee of experts and understanding its components
- Identification of the age groups that will be the focus of the first phase
- Adaptation and tailoring to the Tunisian social, cultural, and educational context:
  - Deletion of key concepts that do not fit the age group in the Tunisian context
  - Rewording of key concepts to align with the Tunisian educational context
  - Deletion of knowledge, attitudes, and skills that do not align with the social and cultural context
  - Rewording of knowledge, attitudes, and skills to align with the Tunisian educational context

The reference document serves as the framework from which activities related to the content of the official programs are derived. This approach requires the rewording of some of the content of the official programs in line with the key concepts and ideas that make up the reference document and that allow for the design and implementation of certain activities.

A. **Target Age Groups:**

The pedagogical[22] objectives related to comprehensive health education have been set in accordance with the age group (5-8 years, 9-12 years, 12-15 years, 15-18 years) and are consistent with a logical sequence and become more complex as age progresses, usually resulting in maturity. It is worth noting that the first six concepts are limited to the primary stage (5-8 years, 9-12 years), which are concepts related to the body, physical privacy protection skills, and seeking help.

B. **Adopted Approach:**

Comprehensive health education falls under the broader category of "education on..." which aims to build social and ethical[23] competencies among students through an action-oriented pedagogy[24] or "the ability to act." This approach, characterized by its purposeful nature and horizontal integration across subjects, intersects with life skills development. The school has a special responsibility towards the health of students and preparing them for adult life within its educational role.

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[21] https://www.unfpa.org/sites/default/files/pub-pdf/266214fre.pdf
[22] Educational Objectives
[23] Building social and ethical skills
[24] By adopting an educational approach

This necessitates the development of student competencies related to various domains, particularly "citizenship education," "health education," "education for sustainable development," "information and media education," "gender equality education," and "comprehensive health education," among others.

The primary goal of comprehensive health education is to provide children with security, protection, and well-being, ensuring a safe and balanced physical health based on respect for human rights and the integrity of the self—physically, mentally, and emotionally. This is achieved by equipping learners with the necessary knowledge, skills, attitudes, and values through:

- Providing youth with tools (knowledge, skills, behaviors, and attitudes) to face threats to their physical integrity and to ensure their dignity, as well as better awareness of risks and adoption of preventive behaviors.
- Contributing to the development of the learner's personality and citizenship education, enabling them to adopt attitudes reflecting individual and collective responsibility.
- Developing critical thinking, especially through analyzing common social roles and models.
- Adhering to the principles of universal human rights and the requirements of cultural and social specificity.

The preparation of the comprehensive sexual health education framework considered the specificities of each age group, based on learning and didactic [25]theories. The activities developed were based on diverse pedagogical approaches, including the creative approach, playful approach, project-based approach, authentic situations approach, reference social practices approach, and inclusive approach (for individuals with disabilities, disorders, and vulnerable groups).

Integrating Comprehensive Health Education: Two Complementary Pathways

C. Integration through Curriculum Infusion

Comprehensive health education is not a standalone subject but rather integrated into existing curriculum areas within formal education programs:

- Elementary School: Arabic, French, Science Discovery, Islamic Education
- Middle and High School: Life Sciences, Civic Education, Islamic Education, Arabic, English, Philosophy, French

Selection of Subjects:

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[25] Teaching and learning subjects

- Science Subjects (Science Discovery, Life Sciences): To introduce and reinforce concepts.
- Life Sciences: To incorporate scientific and biological concepts related to the body, sexual health, and reproductive health.
- Civic Education: To address concepts related to values and human rights (accepting differences, countering violence, respect, etc.).
- Islamic Education: To incorporate concepts, values, and attitudes (family, accepting others, etc.).
- Language Arts: To incorporate life skills and health skills by developing a culture of dialogue, negotiation, productive discussion, and critical thinking.

In addition to expanding the range of subjects that can be included, such as history, theater education, visual arts education, music education, etc.

D. Integration through School Life Activities

This pathway leverages specific events related to health education:

- School Health Week
- November 25: International Day for the Elimination of Violence against Women
- December 1: World AIDS Day
- December 10: Human Rights Day
- March 8: International Women's Day
- April 7: World Health Day

Awareness activities are organized within the framework of club activities supervised by specialists like school psychologists, doctors, and nurses. These activities culminate in workshops where students produce paper or digital materials that are published within the school and on social media platforms.

The following table presents these activities and their dates, the concepts intended to be introduced, the proposed activities, and the involved parties

Club Activities

Annual Dates	Date	Key Concept	Objectives or Central Idea	Proposed Activity
Combating Violence Against Women	25-Nov	Gender and Gender Equality	- Learners understand what gender-based violence means and recognize that it can occur in various places (home, public spaces, school - Learners identify different forms of gender-based violence that can occur in different places such as home, public spaces, and school - Learners become aware that our perceptions of social roles and related stereotypes can influence how we treat others - Learners understand that all forms of gender-based violence are harmful to the individual and society and that the victim is never responsible for it - Learners identify a trusted person and explain how to contact them if they or someone else is a victim.	- Awareness campaign - Drawing workshop - Watching and discussing an appropriate film (can be an animated film if available).
World AIDS Day	1-Dec	Violence and Protection	- Learners distinguish between bullying (harassment/annoyance/opposition/peer domination) and harassment and violence - Learners are aware of the harm caused by harassment and violence, regardless of the source, and that victims are not responsible for it at all - Learners acquire the ability to combat harassment and violence in safe and legitimate ways.	Awareness day addressing this issue organized within the club and supervised by specialists: psychologist, school doctor, civil society activists.
Universal Declaration of Human Rights	10-Dec	-	Awareness of the importance of respecting the fundamental rights of individuals regardless of nationality.	Preparing an awareness spot and sharing it on social media.

Annual Dates	Date	Key Concept	Objectives or Central Idea	Proposed Activity
International Women's Day	8-Mar	Gender and Gender Equality	- Learners provide examples of gender-based violence (harassment, psychological and domestic violence, violence against different individuals, rape, early and forced marriage, incest, etc.) and identify the spaces where it occurs, especially in school, public space, and cyberspace - Learners understand that sexual abuse of minors is criminalized by law, and there are authorities and specialized services available to assist victims. - Learners demonstrate how to act effectively when someone in their environment is a victim of bullying, harassment, or sexual assault. - Learners show how to seek help for themselves or someone in their environment in cases of bullying, harassment, sexual assault, or incest.	Preparing a play to be performed at a school event.
World Health Day	7-Apr	Body and Human Development (Adolescence)	- Learners understand that puberty is a natural and healthy stage of adolescence - Learners learn about the process of puberty and its signs - Learners list the main physical and emotional changes that occur during puberty - Learners explain how to obtain accurate information about puberty.	Awareness campaign conducted within the club for the benefit of fifth and sixth-grade students, supervised by specialists: psychologist, school doctor, nurse, culminating in a workshop to produce digital materials published on social media.

Note: The clubs operate normally, and on the dates mentioned in the table, their activities are tailored according to the above program and content.

6. Examples of Activities:

Before preparing the activities, experts reviewed previous experiences of integrating sexual and reproductive health education into the curricula. Some key observations about this integration highlighted its focus on informational and moral dimensions and the dichotomy of good and evil. This can be seen in the context of middle school programs during the following periods:

- 1963 to 1980: Concepts related to vaccinations and germs were introduced.
- 1980 to 1990: Programs included topics related to smoking, alcohol, addiction, and AIDS, with sexual and reproductive health education being limited to AIDS and sexually transmitted diseases.
- 1990 to 2003: Some concepts related to sexual and reproductive health education, such as adolescence, the sexual cycle, and sexual maturity, were integrated.

Experts also reviewed the current official Tunisian programs (2003) to identify concepts and content compatible with the reference framework. One of the notable observations was that the various components of the reference framework (key concepts, knowledge, attitudes, and skills) aligned well with the components of the official Tunisian programs, which mainly consist of competencies, objectives, and content. For example, the primary school science awakening program includes the following:

Growth (First Year)			
Specific Objective	**Content**	**Comprehensive Health Education Framework**	**Suggested Resource**
Recognize signs indicating human body growth.	Changes during growth		
	Human: height...	Body and Human Growth (6)	Dynamic video and activity sheets
Recognize signs indicating animal body growth.	Animal: size, appearance of feathers, hair, or fur...		

Similarly, we find in the middle school life and earth sciences programs:

- Building the importance of the function of reproduction in continuing life and preserving the species - Learning about sex cells and their role in forming the egg - Learning about the menstrual cycle in women - Understanding the importance of some methods of birth control - Recognizing the seriousness of some sexually transmitted diseases on an individual's health	1. Signs of Sexual Maturity 2. The Reproductive System 3. Sex Cells 4. Development of sexual maturity 5. Fertilization 6. Implantation 7. Family Planning 8. Monitoring Pregnancy Health 9. Sexually Transmitted Diseases: Gonorrhea, Syphilis, AIDS	- Through discussion with the students, we will review the importance of reproduction and its function in society, and the health problems associated with it, and raise the issue of reproduction and control. Deduce the signs of sexual maturity in males and females - Describe the male and female reproductive systems, referring to the functions of the gonads. - Observe sex cells and compare them to recognize sex cells and their role in the formation of the egg. - Complete a drawing of the sex cells - Discussing the external manifestations of puberty and questioning the mechanism of its occurrence - Recognize menstruation by observing a slice of an ovary of a mammal and observing follicles with a description of the stages of ovulation - Describe the menstrual cycle through explanations based on the development of the uterine lining and the importance of ovarian hormones - Describe the process of fertilization: sperm meeting egg - Refer to implantation and its importance and the role of the placenta - Use research conducted by students on methods and means of birth control to identify the most important methods of birth control - Based on documents and through discussion with students about the safety of the pregnant woman and fetus, rules and regulations are developed to guarantee the safety of the pregnant woman and her fetus from infectious diseases (measles, tetanus, etc.) and genetic and malnutrition - Use written or audiovisual documents or research related to sexually transmitted diseases to learn about their causes, symptoms, risks, and methods of transmission, and to extract preventive measures

This is covered in the Life and Earth Sciences textbook for ninth grade basic education[26]

Preparation of activities

A team of experts is responsible for preparing models of activities to be used in training inspectors[27] and teachers, ensuring that the training takes the form of workshops where activities are produced integrating concepts related to comprehensive health education. This way, the trainee acquires skills and produces educational materials

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[26] https://cnp.com.tn/CNP1/web/arabic/biblio/man-eleves.jsp

[27] Educational inspectors

Template for an Activity Portfolio

Reference		Programs			
Key Concept	Objectives	Field / Subject	Competencies	Activity Objectives	Activity Description

Activity Portfolio (Ages 5-6)

Reference		Programs			
Key Concept[28]	**Objectives**	**Activities:**	**Competencies**[29]	**Activity Objectives**	**Activity Description**

Preparatory Curriculum	To introduce the following values: equality, respect, acceptance of others	Language activities	Children become aware of civil, ethical, national, and universal values	Awareness of the components of the social environment and sensitivity to universal values	Component 3: Departmental Charter Model
					- At the beginning of the year, students and their teacher agree on a set of behavioral rules included in the departmental charter.
					- The departmental charter model is presented along with a set of symbols (digital or paper-based, prepared manually), and is built with students based on the question: How can we enjoy what we do inside the classroom? Include symbols agreed upon:
					   • Listening
					   • Respecting others
					   • Collaborative work
					   • Rejecting violence
					Print the model and display it in the department The teacher can choose other related activities

Description of the Component

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[28] "As stated in the reference"

[29] "As stated in the Preparatory Section curriculum"

16

A departmental charter model and a set of symbols (digital and paper-based) indicating: listening, respecting others, collaborative work, rejecting violence.

Activity Portfolio (Ages 8-7)

Reference		Programs: Second Year			
Key Concept	**Objectives**	**Field / Subject**	**Competencies**	**Activity Objectives**	**Activity Description**
Decision Making	- Learner acknowledges that children may need assistance from their parents, guardians, or trusted adults to make some decisions.	Arabic Language: Structured Dialogue	Self-transcendence: adopts a new position or a new working method	Students practices making decisions by either disclosing situations or keeping them confidential	Component 5: Set of Silent Scenes • Presenting two scenes (e.g., Scene 1 and 2) (digitally or on paper) • Interacting with them spontaneously • Guiding the dialogue by the teacher and accompanying students in being aware of the consequences of the decision to be made: confidentiality/disclosure: • Should I keep what is said to be confidential or disclose it? • Extension: remaining scenes and student experiences

Scene Set 5: Total 5 scenes

Scene 1: A young girl is standing next to an adult figure who is instructing her to keep a secret about something. The adult's finger is raised to their lips, indicating silence.
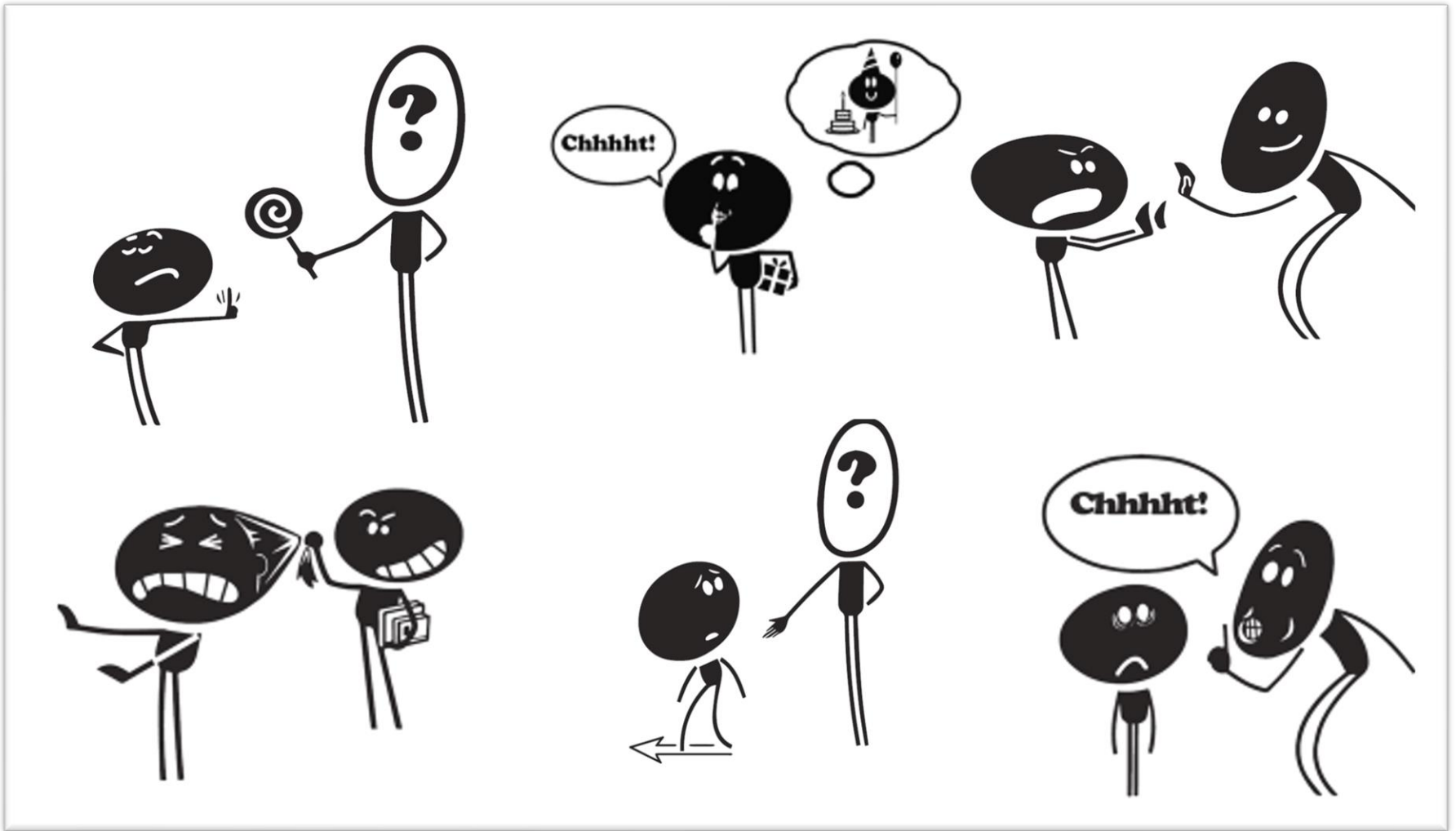
Scene 2: A child is standing next to their mother, who is telling them to keep a surprise for their sibling's birthday a secret. The mother's finger is raised to her lips, indicating silence. In another frame, a young girl is seen with birthday party decorations.

Scene 3: A young girl is being pulled by her hair by another child. In another frame, a question mark is shown next to an image of the child's parents.

Scene 4: A child is standing next to an adult figure whose head is replaced by a question mark. The adult is giving the child a piece of candy. In another frame, a question mark is shown next to an image of the child's parents.

Scene 5: A child is standing next to an adult figure whose expression is sinister. The adult is reaching out towards the child with their hand, and the child is trying to fend them off with their arms. The child's face is filled with fear and terror. In another frame, a question mark is shown next to an image of the child's parents.

Activity Portfolio (Ages 12 – 13)

Reference		Programs: Arabic			
Key Concept	**Objectives**	**Educational Level**	**Subject**	**Learning Material**	**Activity Objectives**
al Relations / Self-Identity	A set of images depicting positive presences of individuals the learner can interact with (a teacher teaching them, a principal discussing and explaining an administrative procedure, a school official ensuring order, a friend chatting and playing with them). A second set depicts negative presences of others (focusing on students among themselves: a bully boy bullying a student, a cunning person standing outside the school, lurking and observing the learner's movements as they leave school or on their way back, luring the learner with something...). The images can be replaced by two video clips, one depicting a balanced and positive relationship between peers (studying, playing, accompanying, and enjoying the company of a friend on the way), and the other depicting a bullying situation (a student bullying another and taking their money or mobile phone...).	Seventh grade as a fundamental education level	Arabic	Reading	Axis (Children in the World): - Learns about aspects of children's lives in the world: reasons for children's happiness and sadness. - Demonstrates the importance of communication and solidarity among children in the world.

Activity Description

- The teacher/facilitator asks the learners to contemplate the images or watch the video clips.
- They conduct a guided discussion with precise questions that stimulate learners' interest and lead them to:
- Identify the different individuals they interact with in the school environment (teacher, supervisory staff, assistants, peers, friends, etc.).
- Understand the need to establish relationships with these individuals (utilitarian, human, emotional) and recognize the legal and ethical guidelines governing these relationships.
- Realize the importance of these relationships in shaping the learner's personality (the other can be a stabilizing factor and a support in facing the burdens of study, a guide/mentor, a supportive friend who listens to their fears and concerns, encourages them, alleviates their worries, and helps them find solutions to crises they might face).
- Be aware of individuals in the school environment or surrounding areas who may pose a danger to the learner (bully, harasser, mocker).
- Develop the ability to resist these individuals and identify safe, legitimate ways to confront them (forming new relationships that protect the learner and provide security).
- Develop the ability to evaluate behaviors and classify them as appropriate or inappropriate.
- Develop the ability to manage oneself, control emotions, and communicate effectively with others, especially in facing violence.

Note:

- The teacher/facilitator determines the timing of the activity based on its position within the teaching and learning process. They may use only some images and ask learners to recall other real-life situations not depicted in the images.
- The teacher/facilitator provides learners with the opportunity to freely discuss the role of friends in understanding their concerns during a transitional period of their growth.

20

English Lesson, Ninth Grade Basic (Age 15)

Main concept 6: Human body and growth

6.4: Body Image

Main Idea : *Body image affects health, behavior and self-perception*

The possibility of including this concept in the English program in middle and high schools : Teachers can work on this concept and the main idea through the topics of bullying, violence and social media in textbooks.

This lesson plan is just an example. Teachers can prepare their own age and level appropriate lessons.

Lesson plan example

Topic : Bullying

Objectives :
- Students will learn how body image affects health, behavior and self-perception.
- Students will learn what bullying is and know the different forms of bullying.
- Students will know that being bullied makes people feel bad and upset.
- Students will raise awareness of bullying in their school.

Skills : Speaking / Writing

Language in focus :
- **Vocabulary :** lexis introduced in the lesson /body image / self image /self-perception/ bullying / bullies/ /bullied/cyber bullying/intimidate/harm/.....
- **Grammar :** The grammar point introduced in the lesson

Functions :
- Expressing feelings
- Criticizing

1. **Pre-stage**

Activity 1 :
- *Materials Needed:* pictures / pens
- *Time :* 5 minutes
- *Interaction pattern :* individual work
- *Procedure :*

a. The teacher distibutes pictures of different people and ask students to rate their beauty from 0 to 10

b. After rating the pictures have each student write a sentence starting with « A beautiful person is someone who…….. ». Students put their rates and sentences aside to reflect on them later on.

Activity 2 :
- **Material needed :** a board
- **Time :** 5 minutes
- **Interaction patterns :** individual work / teacher-students interaction
- **Procedure :**

a. The purpose of this activity is to facilitate a discussion with students about their feelings around their body image. The teacher asks students to answer the following question : Do you like your body ? why or why not ? The teacher writes down key words or expressions used by the students on the board.

While-stage :
Activity 1 :
- **Material needed :** same pictures of the pre-stage activity / pens / students' notebooks
- **Time :** 10 minutes
- **Interaction patterns :** pair work
- **Procedure :**

a. The teacher asks the students to compare and discuss the rates they gave to the people in the pictures in pair work.
**b.** In pairs students list gender-related beauty standards

Activity 2 :
- **Material needed :** a board / students' notebooks
- **Time :** 10 minutes
- **Interaction patterns :** teacher – students interaction / pair work /group work
- **Procedure :**

a. Students list down the types of remarks and behavior badly rated people may receive from others. How do they feel ?
b. The teacher, via brain storming, produces the definition of « bullying » with the students.
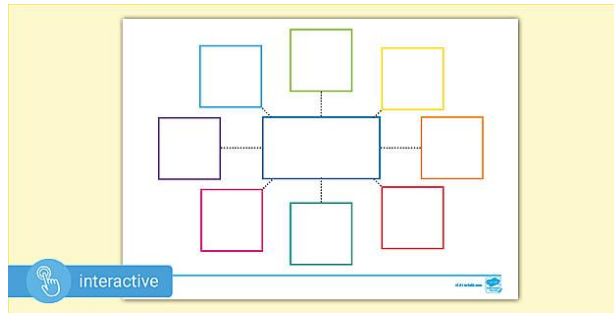
Bullying is not just physical, like hitting or kicking someone, or taking their things without permission. Bullying can also be with words – saying or writing things that are not nice. Another type of bullying is social – choosing not to include someone, embarrassing someone or telling other people not to be friends with them. Bullying can happen at school, on public transport, when you're walking home, online ... in fact, it can happen anywhere. Bullying involves an imbalance of power – one person (or a group of people) that is more powerful than another. Maybe this person has private information or is more popular, or maybe they are physically bigger and stronger. *(Bullying | LearnEnglish Teens - British Councilhttps://learnenglishteens.britishcouncil.org)*

Activity 3 :
- **Material needed :** a board / students' notebooks
- **Time :** 10 minutes
- **Interaction patterns :** teacher – students interaction / group work
- **Procedure :**
a. In groups, students complete the following table :

The disorders individuals may experience in connection with their body image	*Appearance Altering and risk Behaviours*
• Anxiety • Depression • Lower self-esteem • Anorexia • Bulimia	• Dangerous diets • Dangerous ways to lose weight • Risky plastic surgery • Over exercising

b. Students rethink the already listed gender-related beauty standards. (stereotypes)

Conclusions
- People who have a negative or unhealthy body image are self-critical, compare themselves with others, and feel unhappy with their appearance. People who feel like this might want to change their body weight or shape.
- A positive or healthy body image is feeling happy and satisfied with your body, as well as being comfortable with and accepting the way you look.
- When you feel good about your body, you're more likely to have good self-esteem and mental health as well as a balanced attitude to eating and physical activity.
- The factors influencing body image include family environment, ability or disability, the attitudes of peers, social media, cultural background and more.

- Self-esteem is how you value and respect yourself as a person. Having a healthy body image means recognizing the qualities and strengths that make you feel good about yourself.
- Avoid body comparison with peers, siblings and celebrities.
  (from internet)

Post –stage :

Activity : Writing

- **Material needed :** students' notebooks
- **Time :** 20 minutes
- **Interaction patterns :** group work
  - Students produce different types of writing (poems, acrostic poems, slam song lyrics, rap song lyrics) that
    a. appreciate the benefits of accepting and feeling good about one's body.
    b. condemn bullying.

Project work ideas :

- Students, in groups, prepare a school charter addressing bullying on body image to promote inclusion and help students rebuild confidence.
- Anti-bullying week to monitor cases of bullying and create safe spaces for expression and assistance.

Knowlege	Life Skills
- How body image affects health, behavior and self-perception. - What bullying is.	- Self empowerment (self-esteem). - Critical thinking.
Human rights	**Representations**
- The right to difference. - The right to physical integrity.	Stereotyped gender-related beauty standards.

7. Role of the Teacher

The teacher is considered the cornerstone of this process. The teacher needs to possess a set of qualities in addition to general professional skills related to teaching and specific knowledge and skills that align with the nature of integrating comprehensive health education into the curriculum. The unique nature of this integration requires scientific knowledge as well as the ability to quickly notice situations that require attention to convey a concept related to comprehensive health, train on a skill that helps with protection, or adopt behavior appropriate to the situation. This requires certain characteristics to perform a variety of roles effectively.

Characteristics Expected in a Teacher:

- Trustworthy
- A role models

- Shows flexibility and adaptability
- Integrates the values they work on with the students into their behavior and attitudes, such as respect, freedom, non-discrimination, diversity, participation, etc.

Roles of the Teacher Developed by the Project:

- Create an environment that supports students' learning.
- Encourage student participation and facilitate discussions, especially for girls and students with disabilities.
- Encourage students to enjoy and grow naturally, especially girls and students with disabilities.
- Provide opportunities for students to think critically about their behaviors.
- Consider the specificities and needs of students: their psychological state, gender, disabilities, etc.
- Involve students in decisions that concern them.
- Pay attention to cases of violence and bullying.
- Pay attention to students' opinions and attitudes.
- Avoid making judgments about students' ideas.

8. Project Implementation

The project started with a pilot experience covering 26 educational institutions (13 primary and 13 secondary) distributed across 13 governorates divided into 7 regions (northeast, northwest, east-central, central, west-central, southeast, and southwest).

The selection of governorates was based on criteria that ensure the success of the project:

- Presence of a pedagogical[30] expert who participated in the project preparation.
- Availability of a citizenship and human rights education club[31].
- Availability of a health club established by the Ministry of Health.
- Presence of an active association in the field of comprehensive health education or human rights.
- Presence of an active regional educational hub in the field of human rights.

Communication and Advocacy Strategy

A strategy was developed to simplify concepts and highlight the need for comprehensive health education:

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[30] Educational
[31] Clubs established in a number of educational institutions since 2012 by the Arab Institute for Human Rights

- Smooth and simplified communication directed at the general public: parents, religious leaders, children, teenagers, and youth.
- An advocacy and media campaign targeting government institutions (relevant ministries: education, health, social affairs, and parliament), as well as the media and civil society.

This strategy was accompanied by a series of training sessions targeting inspectors[32], teachers, parents, preachers, media professionals, and of course, students.

9. Monitoring and Evaluation Mechanisms

A monitoring and evaluation network for the project was established by the inspectors[33], who are required to carry this out due to the nature of their work (monitoring and evaluation).

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[32] Educational inspectors
[33] Educational inspectors

Network for Evaluating and Monitoring the Sexual Health Education Project

	Monitoring and Evaluation Area	Criteria	Yes	No	Insufficient	Notes
1	**Composition**	Training sessions for teachers were organized				
2		Directors and pedagogical assistants participated in these sessions				
3		Demonstration lessons were organized				
4		Sexual health education references were used				
5		Lesson plans integrating comprehensive health education were prepared				
6		Follow-up visits were conducted by the inspector or pedagogical assistant				
7	**Sensitization**	Awareness campaigns were organized				
8		Educational actors and parents participated				
9		Civil society participated				
10		Specialists contributed to the activities				
11		Regional delegations (local educational administrations) were involved				
12		Materials were prepared by the ministry				
13	**Resources**	Nationally produced lesson plans were utilized				
14		Digitally produced resources by the ministry were utilized				
15		Locally prepared lesson plans were utilized				
16		Other digital resources were utilized				
17		Resources provided by organizations supporting the project were utilized				
18	**Demonstrations**	Local or regional conferences were organized				
19		Club-level events were organized				
20		Supporting parties were involved				
21		Competitions were organized				

10. **Key Upcoming Milestones for Pedagogical and Educational Implementation of the Project:**

1. Issuance of a memorandum by the Ministry of Education to regulate the implementation process in regions and departments.
2. Establishment of a project monitoring and evaluation committee.
3. Selection of educational institutions involved in the project based on the criteria mentioned in the previous paragraph.
4. Development of a training plan for preparing educational activities that integrate comprehensive health education.
5. Organizing meetings to introduce the reference framework and activities.
6. Accompanying this work with an awareness and information campaign for all stakeholders.
7. Generalizing the experience to all educational levels.

11. Key Challenges:

The project of integrating comprehensive health education into Tunisian educational curricula, in its current form, is relatively new and still needs further development. It faces several challenges, the most important of which are:

- Communication and Awareness: This challenge is one of the first challenges that the project must address to ensure the involvement of parents, civil society, and the media.
- Training (Professional Development): Training teachers to be aware of the situations and opportunities available to integrate comprehensive health education concepts.
- Experience Sharing: This is an important element to ensure the availability of situations that help students acquire concepts and develop skills about comprehensive education.

Conclusion:

The comprehensive health education project is part of a deep awareness of the responsibility of educational institutions as a public utility and an organized educational institution under common laws and references that can be monitored and evaluated using objective and scientific tools. In one of its aspects, it is a practical embodiment of the protective role that the educational institution must play by empowering learners with skills to protect themselves from the risks that threaten them daily in all their dimensions and ensure a decent, safe life and active citizenship.

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