

Research report

Evidence of the impact of Comprehensive Sexual Education on the ability of young people to protect themselves from Gender-Based and Sexual Violence.

This research report is produced in the framework of the Project “Comprehensive Sexual Education for an Inclusive and Gender Equal Society”, implemented by Albanian Center for Population and Development, supported by International Planned Parenthood Federation (IPPF).

Acronyms and Abbreviations

ACPD – Albanian Center for Population and Development

CSE – Comprehensive Sexual Education

SGBV – Sexual and Gender Based Violence

STD – Sexually Transmitted Disease

SI – Sexual Identity

SO- Sexual Orientation

SRHR - Sexual and Reproductive Health and Rights

Executive Summary

The aim of this research is to gather evidences on the impact of the comprehensive sexual education, in particular to evaluate whether the intervention has helped young people to increase their knowledge and skills in protecting themselves from gender-based and sexual violence. The study was conducted with youths of 10th and 11th class and the teachers of “Myslym Keta” school. The data were gathered before and after the intervention. A comparison was made between data gathered on each phase, which creates the foundation of this research report.

The key research questions that guided this research were designed to help the researchers to explore the knowledge, attitudes and practices of adolescents regarding their sexuality. A special emphasis was given to the exploration of the support that the school staff provides in relation to this topic, as well as what are the resources that the teenagers use to learn about sexual and reproductive health.

The results of the research show that the majority of the participants find it easier to communicate with mother for important topics rather than with father and/or teacher. The overall post-intervention data analysis shows that there are changes in communication with parents and teachers before and after the intervention. In most cases the change is positive, indicating that the intervention has helped teenagers to have more open communication with father and mother, as well as with the teachers on topics that are important to them. More has to be done in this regard, not with teenagers only but also with parents and teachers, in order to improve the whole communication environment for youths to speak up on what concerns them.

Regarding the level of concern that teenagers felt for certain situations that include sexual and physical violence; sexual and reproductive health issues such as HIV/AIDS, discrimination based on race, ethnicity and sexual orientation, gender inequality and sexual harassment in school environment, etc., the mean score for each of the questions in the pre-intervention phase ranged from 1.70- 1.93 which indicates a very high concern on each situation. While after the intervention the mean score per each-item measured varies from 1.53 –1.77. This is an important finding because it shows that the adolescents are worried and concerned at high levels regarding sexual and physical violence, sexually transmitted diseases, discrimination gender inequality as well as sexual harassment in the school environment, that in turn affect their overall wellbeing. It remains to be investigated further why such high level of concern amongst pupils as it not the scope of this evaluation. However, we can assume that it is related to the information and knowledge they have received, because after the intervention students were slightly less concerned about such situations because they were supplied with knowledge and skills how to prevent SGBV and, how to address and report it when it happens.

Regarding the school supply with information, 35% of teenagers in pre-intervention phase had not received information regarding gender roles. After the interventions the results showed that 70% had received information.

The results show a positive effect that the intervention has had in terms of helping participants to recognize GBV, considering that it has helped 80% of them. 77% of participants build confidence in reacting to GBV, while 70% consider the intervention helpful in building their skills to self-protection against GBV. 76.7% of participants express that the intervention has helped them to develop skills to help others.

The overall results are positive and encouraging despite the fact that the intervention was implemented in pandemic circumstances, and this might have had its impact on the findings.

Table of Contents

I.	Research background.....	6
II.	Materials and Methods.....	7
III.	Results.....	10
IV.	Conclusions and Recommendations.....	19
V.	References.....	20
VI.	Annex – Research Instruments.....	21

I. Research Background

Sexual and Reproductive Health and Rights (SRHR) are based on the right and the ability of all individuals to decide over their own bodies, and to live healthy and productive lives. Comprehensive sexuality education (CSE) should ideally be integrated in school curriculums and in policies on different levels on education. Sexuality education is still controversial in many places.

The delivery of sexuality education is always affected by ongoing difficulties in education provision, including insufficiently trained or supported teachers, the school environments, specifically policies and practices to address bullying, sexual harassment, discrimination and other violations of rights. In addition, communities and schools are frequently beset by a high prevalence of sexual exploitation and Gender-Based Violence (GBV) which impact on learners' lives as well as directly contradicting positive messages that could be passed through effective, rights-based sexuality education. Different research and study show the necessity to increase the engagement of parents and community on the topic. Sexuality education needs to be better developed as a mechanism to counter gender-based violence throughout society and by actively engaging both men and women, as well as the wider communities in these efforts.

Different researches and reports show that young people lack knowledge and information about how to engage in safe and respectful sexual behavior, how to protect themselves from pregnancy and infection etc. CSE is needed to ensure that individuals and in particular adolescents gain a better knowledge about their rights and to be able to make informed choices about sex and relationships. CSE can also counteract myths and false perceptions about sexuality. Ideally, CSE comprises a rights-based approach that includes prevention of sexual harassment, gender-based violence and discrimination with regard to LGBT people and other marginalized groups (Berglas, Constantine & Ozer 2014.) Also, it is often young people's ability to convert knowledge into practice that is problematic (Aaro et al., 2014). Young people may face barriers to challenge prevailing norms, may have poor access to social and health services and be subject to biased attitudes of those in authority (such as teachers and health care providers).

Albania has made progress in developing and implementing comprehensive sexuality education at pre-university level. A 'Positioning Paper on Comprehensive Sexuality Education for Young People in Albania' is approved in 2012 and from 2015 Comprehensive Sexuality Education started to be implemented in schools. However, the SE program has not been developed to reach out to the children/young people from key populations in informal settings. Many young key populations are not in school and are not reached by school-based programs (IPPF, 2018).

Parents and families play a key role in shaping the way we understand our sexual and social identities. Parents should be able to address physical and behavioral aspects of human sexuality to children and young people, and the latter should be informed and equipped with the knowledge and skills to make responsible decisions about sexuality,

relationships, HIV and other sexually transmitted infections. Today, many young people do not receive the proper preparation for their sexual lives. This makes them more susceptible to bullying, or abuse, unwanted pregnancies and sexually transmitted infections (STIs), including HIV. Preparing children and young people for adulthood has always been one of mankind's greatest challenges, centered on sexuality and human relationships. If we want to have an impact on children and young people before they are sexually active, it is necessary to include comprehensive sexuality education in the school curricula. Teachers are an invaluable resource in the fight against STIs in the education sector (UNFPA, 2019).

This research report it is composed of the baseline study findings and the impact evaluation findings in the framework of the Project “Comprehensive Sexuality Education for an inclusive and gender equal society.” The purpose of the study was to examine the perceptions, nature, extent, causes, and impact of violence in schools; inform prevention initiatives, and evaluate how the situation has changed after the provision of Comprehensive Sexuality Education for a group of students (n 30 young people) who will be the group of intervention in comparison with the comparison group of students who have not received CSE until the end of the initiative (n30 young people).

II. Materials and Methods

This study evaluates the effectiveness of a comprehensive CSE and GBV intervention implemented in secondary schools. One public high schools in Tirana, has been part of the project. A group of intervention (30 students) and a comparison group (30 students) in total 60 students are identified in the beginning of the project. The research explored changes in knowledge and attitude related to sexual and reproductive health knowledge, gender, positive behavior, GBV. Mostly the focus of this research will be the changes in knowledge, because the changes in attitudes and practices requires more time and ongoing intervention.

The methodology was based in a randomized control group pre/post-test design, with baseline and post intervention surveys to assess key outcomes. We combined the methods, qualitative and quantitative, to evaluate the effectiveness of this intervention, incorporating a cluster of 30 young people who were part of the intervention group in comparison with the control group of students who have not received CSE until the end of the initiative (n=30 young people) and as well as post-intervention qualitative semi structure interviews (10 semi structure interviews with young people) and 1 focus group discussion with teachers who teach biology, physical education and civic education, and the caring teachers already trained on CSE. At end line, we added a detailed section on program exposure designed to measure participants’ engagement in different activities developed in school and how they valued the various program activities.

The cluster randomized control trial included 30 young people that were part of the intervention group and 30 young people who were part of the comparison group. This design research has allowed us to compare results before and after intervention program and to determine whether there has been a certain change in participants, as well as to compare with the non-intervention group to evaluate whether the change was as a primary result of the intervention.

Data collection instruments

Data collection involved school **surveys (questionnaires)** with students at baseline and end line, **focus group discussion (FGD)** with teachers, and **semi-structured interviews** with students. The semi-structured interviews with students and focus group discussion with teachers were held during the end line. The data were gathered using online tools (Microsoft tools; Zoom meetings), and in person interviews, according to the availability of teachers and/or pupils. The pre-intervention data were gathered in April 2021 – while the post-test data were gathered in May 2021. Due to COVID-19 the data gathering was postponed.

The questionnaire was organized in three sections, each of them gathering different information. The first section collected **general demographic data**; the second section gathered information in **knowledge and perceptions of pupils related to reproductive health and sexual education**; while the third section gathered data related to **SGBV**. The sections and questions were the same as in the pre-test and post-test, the only difference was that in the post-test it was added an additional subsection to evaluate the impact of the intervention.

FGD and semi-structured interviews had a set of questions that were designed to gather in-depth information on the impact that the intervention had in pupil's education in particular. A copy of the research instruments will be provided in the annex section of this report.

Study population and research sample

The population of the study were young pupils enrolled in public high-school, and teachers affiliated with the selected school. The research sample was composed of pupils of 10th and 11th grade, as well as teachers that taught pre-selected subjects. The school was selected in cooperation with Ministry of Education, Sports and Youth (MESY).

The questionnaires captured information on students' SRGBV knowledge, attitudes, and practices before and after the intervention. The survey questionnaire was pre-tested with young people who had similar characteristics with the study participants.

Key Research questions

- What are the Knowledge's, Attitudes and Practices, that adolescents have regarding their sexuality, (including sexual and reproductive health, gender and relationships, school-related gender based violence (SRGBV)?
- What kind of support and safety does the school environment provide for students in relation to their sexual and reproductive health including SRGBV?
- Which sources do adolescents use to learn about sexuality and GBV? Where do they access/find them?
- What are the differences in knowledge, attitudes and practices of youths after project intervention?
- Can the change between intervention group and comparison group be attributed to the intervention only? How do control group and intervention group stand compared to each-other?
- What are the best practices and lessons learned?

Data analysis

The gathered data were analyzed using thematic analysis for the qualitative data that were gathered via in-depth interviews and FG discussions. While for quantitative data, gathered via questionnaires, SPSS software was used. The test that were performed were descriptive statistics, frequencies and t-tests to compare the intervention group with the non-intervention group.

Research Limitations

This research has some limitations that come as a result of the data gathering process under the circumstances of the COVID-19 pandemic which impacted the education system and the implementation of the Project.

The instruments designed to gather data were adapted for online use. In the beginning they were designed to be used as administered instruments where research assistants would gather data through the questionnaire. But this was not possible due to the fact that the schools were not completely open and the classes took place online. Therefore, pupils had to complete the questionnaire in a self-administrated way. Despite the fact that the researchers trained and explained youths the instrument, still the quality of data gathered if the instrument was administered in person might have been different. The same applies to the two other instruments.

There is a misbalance in terms of gender, where female pupils are predominant in both groups, compared to male pupils. This is noticed in both control and intervention group. This restricts the possibilities to conduct a comparison in terms of gender, as the numbers need to be equal to have statistically significant results. Again, if the questionnaire would have been completed in person this might have been avoided.

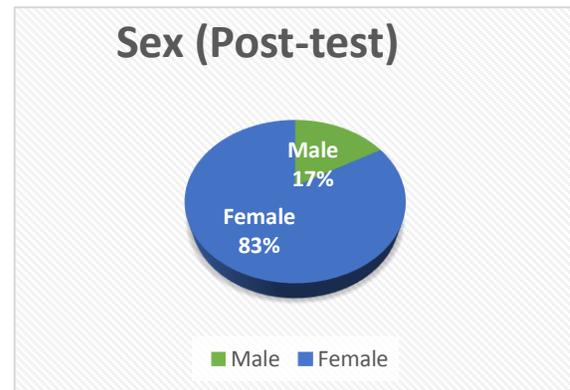
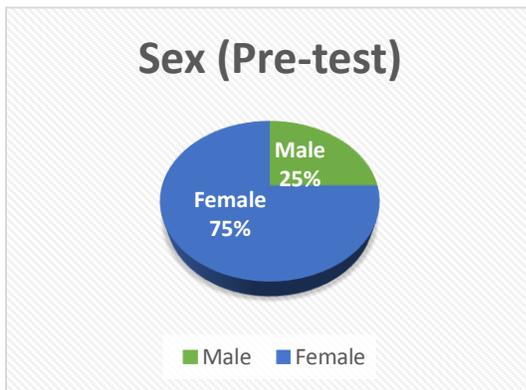
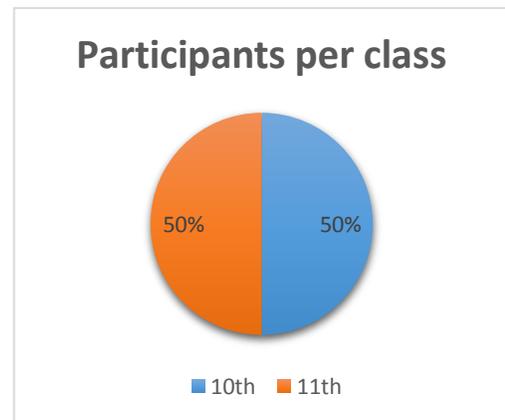
III. Results

In this section we will present the most important findings of the research organized according to the key research question. Quantitative analysis and qualitative analysis will be used complementarily.

Demographic data

The participants in this research were equally distributed in terms of class. Therefore, 50% belonged to the 10th class and 50% to the 11th class. This equal participation creates the possibility to make comparison between two groups.

From both classes there were female and male participants, however in both of them the percentage of females is much higher compared to males. Respectively in the pre-test phase there were 75% females and 25% males. While on post-test the percentages change slightly compared to pre-test, respectively 83% females and 17% males.



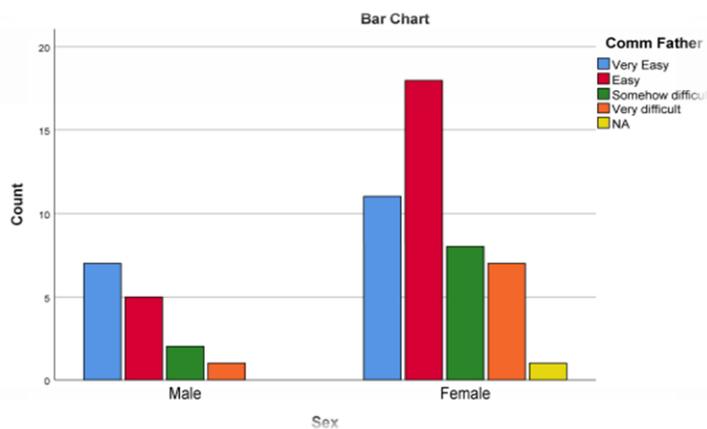
This can be explained with the fact that male-teenagers might have it harder to participate in this kind of research topics compared to their female peers. Another explanation of this misbalance can be related to the fact that the questionnaires were self-administrated therefore the gender equality could not be preserved online.

However, on the other side this percentage of participants reflects the culture and gender-related norms where boys and girls are educated differently, with girls being more participatory and active, and boys more withdrawn and shy, in particular to such topics.

Communication with parents and teachers for important topics

An important question that was asked to participants was related to the communication with parents and teachers on topics that were important for them. The findings show that the majority of the participants find it easier to communicate with mother for such important topics rather than with father and or/teacher. Again such findings are related with the participant's sex who are predominantly females, and it is somehow understandable this finding, knowing the Albanian context of child education where mothers have a huge role in educating their children.

As can be shown from the graph below, when it comes to communication with father male teenagers find it very easy compared to the female peers who find it easy. More specifically, 46.7% of male- teenagers find it very easy to communicate with their father, 33.3% find it easy, and the remaining 13.3% find it difficult and 6.7% very difficult. On the other hand, among female-participants, 24.4% find it very easy to communicate with father, 40% easy and 17.8% difficult while the remaining 15.6% find it very difficult.



To be emphasized is the fact that in both groups we notice that the "somehow difficult", and "very difficult" have also been selected which indicates that there might be some difficulties or obstacles that both girls and boys need to overcome in order to have an open communication for important topics with their fathers.

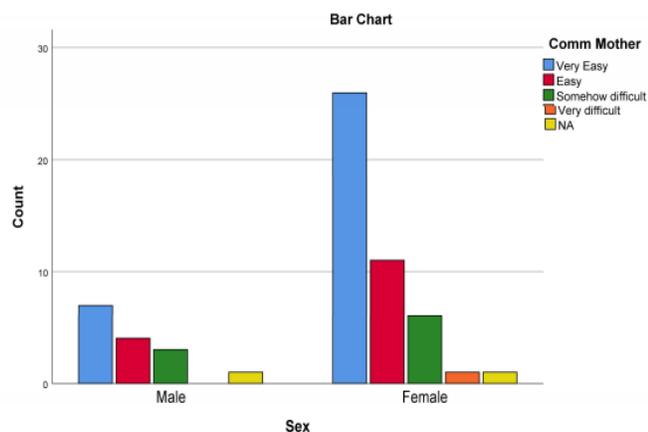
On the other hand, the percentages when it comes to communication with mother, change in particular for the female participants. More concretely they are as shown below.

For 47% of males it is very easy to communicate with mother, for 27% easy while for the remaining 20% it is somehow difficult.

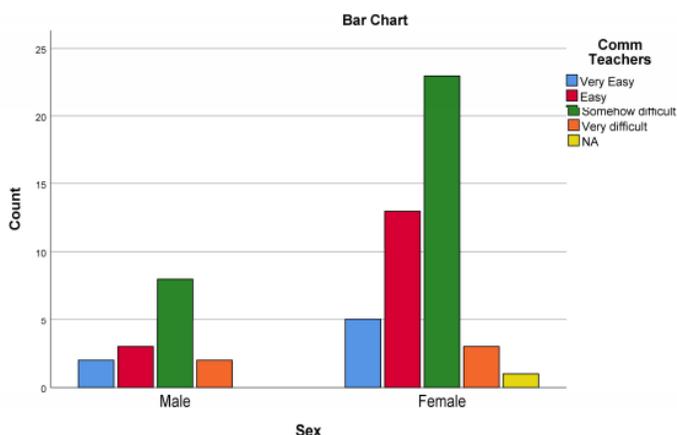
While for 59% of females it is very easy to communicate with mother, for 25% it is easy and for 16% is somehow difficult.

Again, we notice that not all participants find it very easy or easy to communicate with their parents on topics that are important for them,

therefore other interventions should be taken to increase the communication levels with both



parents, in case of boys and girls. The approach would ideally target parents as well, not just pupils.



Teachers are important figures for pupils and/or students. This is also reflected on the traditional culture of Albania where teachers are considered to be “second parents” for their pupils/students. We will see how that is reflected in communication that teenagers have with their teachers for topics that concern or are important to them.

Surprisingly, it is the fact that the majority of participants in both female and male groups, find it somehow difficult to communicate with teachers. More specifically, 13.3% of males find it very easy, 20% find it easy and **53.3% find it somehow difficult and 13.3% find it very difficult**. On the other hand, 11% of female participants find it very easy, 29% find it easy and **51% find it somehow difficult** and the remaining 7% find it very difficult.

In the post-test data analysis, we notice that the percentage of communication with parents and teachers in female and male groups, have changed. In relation to the communication with father 60% of male participants find it very easy and 40% easy. In the female group, 24% find it very easy, 44% easy and 24% somehow difficult and only 8% as difficult.

Related to communication with mother, in the post-test data, we see that 100% of male participants find it very easy to communicate with mother, while on female group 64% find it very easy, 24% easy, and 12% somehow difficult.

Communication with teachers after the intervention seems to like the following: 20% of males find it very easy, 60% easy and only 20% somehow difficult. On female group the situation has changed in the following direction, 12% very easy, 32% easy, 48% somehow difficult and 8% difficult.

The overall post-intervention data analysis shows that there are changes in communication with parents and teachers before and after the intervention. In most cases the change is positive, indicating that the intervention has helped teenagers to have more communication with father mother and teacher on topics that are important to them. More has to be done in this regard, not with teenagers only but also with parents and teachers, in order to improve the whole communication environment for youths to speak up on what concerns them.

Knowledge’s, Attitudes and Practices of adolescents regarding sexuality

The second section of the questionnaire contained questions related to the knowledge, attitude and the practices of adolescents regarding sexuality.

The first set of questions focused on **the level of concern that teenagers felt for certain situation** that include sexual and physical violence; sexual and reproductive health issues such as HIV/AIDS, discrimination based on race, ethnicity and sexual orientation, gender inequality and sexual harassment in school environment.

The mean score for each of the questions in the pre-intervention phase ranged from 1.70- 1.93 which indicates a very high concern on each situation. While after the intervention the mean score per each-item measured varies from 1.53 – 1.77. This is an important finding because it shows that the adolescents are worried and concerned at high levels regarding sexual and physical violence, sexually transmitted diseases, discrimination gender inequality as well as sexual harassment in the school environment, that in turn affect their overall wellbeing.

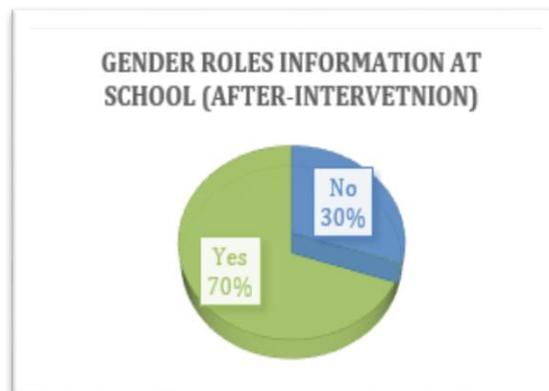
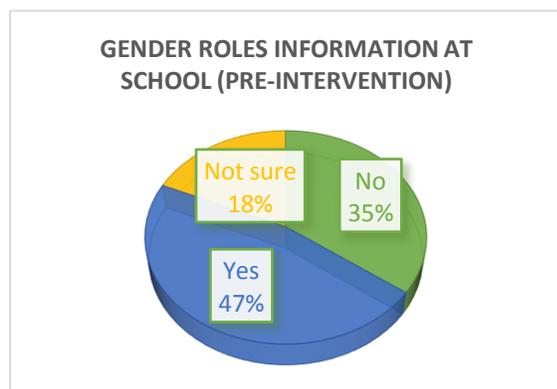
The mean score comparison indicates that after the intervention the mean score has changed slightly but still not considerably, which means that the above mentioned situations remain as a concern for teenagers that have participated in this research, and **more efforts should be done to decrease the level of concern**. The table below summarizes the mean score per each situation before the intervention and after the intervention.

Descriptive Statistics		
	Pre-Intervention	Post-Intervention
Item	Mean Score	Mean Score
Sexual/Physical Violence	1.75	1.53
HIV/STD	1.95	1.77
Discrimination	1.70	1.57
Gender Inequality	1.68	1.57
Sexual harassment in school environment	1.93	1.77

Note: 1= very highly concerned and 4= not concerned at all

Support and safety of the school environment

The second set of questions gathered information on reproductive health and sexual education. The findings show that **35% of teenagers in pre-intervention phase had not received information in school regarding gender roles, while 46.7% reported as having received such information**. The remaining 18% were not sure whether they had received such information or not. **After the interventions the results showed that 30% had not received information at school, while 56.7% had received information and the percentage of those who were not sure was reduced to 13%.** There is a



change in % in the information gathered pre-and post-intervention which shows that it has had an impact in information dissemination regarding gender roles.

Sources that adolescents use to learn about sexuality and GBV

In relation to the sources of information which informed teens on the norms of behavior between girls and boys and vice-versa, participants were asked to list two first sources of information and the desired source of information. **The majority in the pre-test phase responded that the first source of information for the 50% of participants was mother**, while 18.3% social networks and around 12% school/teachers. **The second source of information was 21.7% schools/teachers and 13.3% social networks. While the desired source of information was 51.7% school/teachers and 28.3% professionals (doctors, psychologists, social workers).** This is an important finding which shows that schools/teachers are amongst the most desired sources that the pupils would like to receive information related to sexuality and GBV.

Sources of information to learn about sexuality and GBV (pre-intervention)			
List of options	First Source of Information	Second Source of Information	Desired Source of Information
School/Teachers	11.7%	21.7%	51.7%
Mother	50%	16.7%	6.7%
Father	6.7%	10%	6.7%
Siblings	5%	15 %	1.7%
Friends	1.7%	6.7%	1.7%
Social Networks	20 %	13.3%	3.3%
Magazines/books/Movies	5%	16.7%	NA
*Doctors/Psychologists/Social Worker	-	-	28.3%

While the **sources of information after the intervention were mother for 53.3% of participants, social networks for 26.7% and 10% school/teachers.** Second source of information in the post-intervention phase was mother and social networks for 26.7% of participants, and 23.3% siblings while school/teachers and fathers for 10% of participants. **The desired source of information in the post-intervention phase for 60% of participants was school/teachers, followed by professionals (doctors, psychologists, social workers), and the remaining % is mother, father and siblings.**

Sources of information to learn about sexuality and GBV (post-intervention)			
List of options	First Source of Information	Second Source of Information	Desired Source of Information
School/Teachers	10%	10%	60%
Mother	53.3%	26.7%	3.3%
Father	6.7%	10%	6.7%
Siblings	-	23.3%	10%
Friends	-	-	-
Social Networks	26.7%	26.7%	-
Magazines/books/Movies	3.3	3.3%	-

*Doctors/Psychologists/Social Worker	-	-	20%
--------------------------------------	---	---	-----

What is important to emphasize is that both in the pre-and post-intervention phase, **teenagers currently get a lot of information from social media, while on the other had when asked which would be their favorite/desired source of information in the pre-intervention it is a choice for 3% of participants, while in the post-intervention none of the participants selected it.** Here we have an interesting situation, which is somehow contradictory, but on the other hands reaffirms the necessity to have and extend such intervention at schools amongst youths. Leaving such important information in the hand of social media comes with its own risks because the information encountered might not be approved or accurate therefore leading to misinformation of youths on sexual and reproductive health.

On the other hand, **it is quite encouraging the finding that amongst the desired source of information in both pre-and post-intervention more than 50% of youths select schools/teachers and more than 20% professionals (doctors, psychologists, social workers).** This shows that in case that the teachers and schools staff gets trained this could help to improve the CSE amongst youngsters.

Section three of the questionnaire contained questions related to the sexual and gender related violence. For each statement participants had to respond with their level of agreement from 1 (Do not agree at all) to 4 (completely agree). To compare the results in both phases, pre and post-intervention we analyze the mean score per each item.

As the comparison table shows, there are changes in the mean score in the pre-intervention and the post-intervention phase. The changes are due to the fact of the intervention because as it can be understood from analyzing each question separately the mean change direction relates to the information that participants have received from the Project intervention.

Descriptive Statistics			
	Pre-Intervention		Post-Intervention
Item	Mean Score		Mean Score
Gender ID	2.45		2.47
Sexual Orientation	3.10		2.87
Freedom of SO expression	3.58		3.77
Gender Social Norms	2.97		3.07
GBV and character	2.32		1.97
Violence Provocation	1.59		1.23
Women and Violence	2.15		1.33
GBV and Status	2.75		2.67
Pregnancy Obligation	1.29		1.27
Violence Justification	1.14		1.07
Transgender and GBV	3.19		3.33
Cultural Practices	3.07		2.87
Mobile Spying	1.71		1.47
Password sharing	2.43		2.63

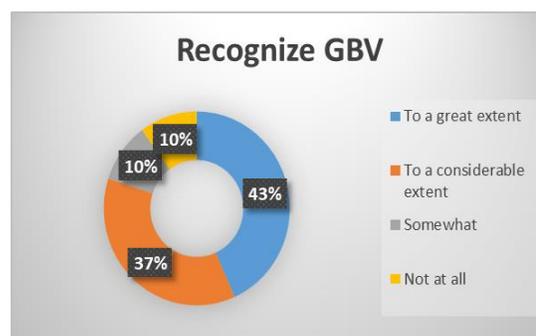
Unnoticed control	2.05	2.07
Constant control	2.88	3
Social media monitoring	2.28	2
Threatening messages	3.22	2.87
Intimate photos	1.34	1.70
Silence doesn't mean "yes"	1.32	1.30
Repeated Sexual Intercourse	2.91	3
Gifts & Sexual intercourse	2.03	1.80
Marriage	1.55	1.50
Sexual intercourse affirmation	1.71	1.60
Sexting	3.14	3.30
Intimacy jokes	2.34	2.47
Intimate photos of self	1.37	1.23
Naked photo of self	1.32	1.23
Manhood proof	1.27	1.20
Manipulation against will	3.40	3.57
Gossiping about intimate photos of someone else	1.49	1.47
Behavior Change	1.59	1.60
GBV is a personal matter	2.08	1.67
Self-Handling GBV	1.76	2
Preparedness for action	2.93	3.20
Helping Others	3.19	3

The differences in knowledge, attitudes and practices of youths after intervention

To evaluate the changes in knowledge and attitudes after intervention a set of questions designed to gather that information were asked to evaluate how helpful was the intervention in helping them to recognize GBV, build confidence in reacting to BGV, protect oneself from GBV as well as develop skills to help others.

The results show a positive effect that the intervention has had in terms of helping participants to recognize GBV, considering that for 43.3% of participants it has helped to a great extent while for the 36.7% it has helped to a considerable extent, as shown in the graph.

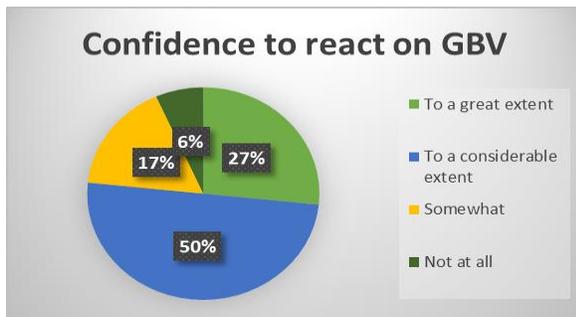
At the level of knowledge, the teachers reported that new information was received as: for sexual rights, gender roles, sexual basis, etc. At the level of practice, they reported that they



became careful and awaited to observe different behaviors of pupils. Most likely to hear pupil debates, as in the routine of their work, they not always stopped in detail in the various situations created by the pupils. Teachers explain that they have become more reflective and careful in the management of conflicts, ending in the essence of the matter to prevent actions that can be included young people.

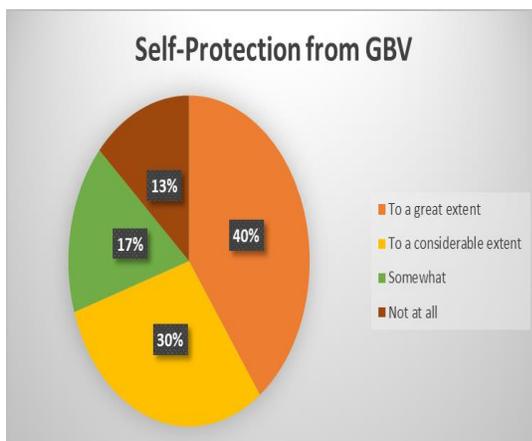
“After the training I changed the way of observing students. I started to be more prudent during different situations in class”. High school teacher

Young people report that for them it was very helpful to participate in the training developed about comprehensive sexuality education and prevention of sexual gender based violence, because these are some issues that mostly is not easy for teachers to be articulated during the teaching or education process. **They stressed the fact that information shared during the training was very clear and all the concepts and information were treated very deeply.** The fact that the training was developed online created some little barriers in the interaction but the trainer has used different techniques by involving all students and giving a lot of examples and cases to raise their understanding in issues.



When it comes to confidence to react on GBV, results show that **27% of participants found the intervention helpful to a great extent, while 50% helpful to a considerable extent.** Again, this result confirms the difference that the intervention has made in participant’s confidence levels regarding reaction to GBV.

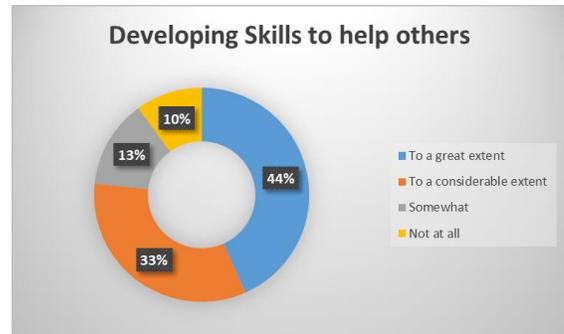
Self-protection from GBV it is a crucial skill one should develop, and that build over-time. However, at this phase we evaluate the information and the change in knowledge not in practice. **The results indicate that 40% of the participants found the intervention extremely helpful in preparing them to self-protect from GBV, while 30% found it considerably helpful.**



There is 30% who still feel that more should be done in this regard, or that % can be interpreted with the time in disposal to figure out whether one can protect itself or not. Additional explanations could be related to the specific situation each participant finds itself and on which should be discovered more as it is beyond the scope of this study.

Developing skills to help others it is the long-term goal of the intervention because after one person has been fully equipped and prepared to protect oneself and react on GBV he/she then could be helpful to others who might find themselves in GBV situations.

Results show that for **43.3% of the participants found the intervention helpful to a great extent in this regard, while 33.3% found it helpful to a considerable extent.** A remaining 23.3% report that the intervention has helped them somehow and not at all. Again, this result can be explained that the intervention was implemented under pandemic situation facing certain restrictions and also it takes time for the change in practices to be seen, as it cannot be felt immediately after the intervention.



The students recognized the training had positive effects on group atmosphere and communication with each other about the topics discussed during the training. During personal interviews of these evaluations, **students reported personal outcomes they value greatly, such as feelings of empowerment, positive self-image and growing self-confidence and level of information about comprehensive sexuality education and prevention of sexual gender based violence.** The study shows that CSE can also increase young people's knowledge, awareness and attitudes towards VAWG – and reduce tolerance of various forms of violence including intimate partner violence, sexual violence, and child, early and forced marriage (Holden, Bell. & Schauerhammer, 2015).

The students that have participated in training compared with the control group of students show a significant high level of information related to the topics that are discussed in training. The trained students responded directly about the topics and were very well informed by giving explanations and their arguments. **The control group of students reported a lot missing information for the questions or they had wrong information. For the students that have participated in the training it was easy to speak on the topics of sexuality, gender based violence, reproductive rights.** They felt more comfortable handling these issues and they have mentioned that the training helped them to see differently the issue without feeling tense or embarrassment and reported being able to have open discussions. Trained young people reported that after the training they were more critical and reflective about gender norms, sexuality and the acceptability of violence.

The students reported that the CSE information helped them understand more about sexuality rights, gender based violence and that they felt more comfortable handling these topics in their communication with peers. They were now able to relate with the opposite sex more comfortably; they became more receptive of CSE information without feeling tense or embarrassed and reported being able have open discussions. Young people reported that CSE empower girls and boys to negotiate the terms of sexual activity, and learning how to resist peer pressure and to expect equality in a relationship.

Students had hypersensitivity in this area and they express the interest of more other trainings in the future on these topics. They enjoyed and appreciated discussing through different situations, real situations from everyday life, and they wanted to follow up more other trainings and follow ups in the future about gender based sexual violence, sexuality, and other forms of abuse. They want help about the techniques and methodologies how to prevent these problems in the future.

“I’m so much informed and I feel more prepared. We need more such activities on topics that our society continues to consider as a taboo”. Student, class 10

The students reported their interest on different issues during training regarding the myths about sexual abuse and family/societal norms related to it, violence of intimate partner and; sexual harassment and online bullying, sexual abuse. Students expressed enthusiasm to learn more in depth about the topic of online violence and especially on the ways on how to protect themselves and each other.

Best practices and lessons learned

Beneficiaries, including target **young people and teachers, considered the project intervention very important because of the focus in program implementation and quality, as well as assessment of the views of the young people themselves.** They reported the critical importance of involving young people in research and evaluation as a way to empower young people to address barriers to their sexual well-being – and to encourage respectful partnerships between young people, program staff and community stakeholders, build local capacity for evaluation and research, and improve the quality and use of collected data.

The formal sexuality education in school was found to be mostly embedded in more general objectives in school like healthy lifestyle, citizenship. **The interviewers show that little or no attention is attributed to information about important and sensitive topics such as the abortion, positive sex, etc., and the development of key competences about sexuality education, or how gender norms, culture, identity,** etc. influence the learner’s attitudes and behavior.

Teachers reported that the project was very significant for their work and role in school, and helping to break some barriers. Training had an impact on teachers themselves at a personal level, helping them examine their own attitudes toward sexuality and behaviors regarding STIs and gender based violence, understand the content they are teaching, learn participatory teaching skills, and gain confidence to discuss sensitive and controversial topics.

Some concepts are considered difficult on the teachers to be discussed with the pupils and this training helped them to understand their importance in their education. Teachers explain that some topics are very delicate and very sensitive and on the other hand is missing the approach how to share such information with the pupils. **The project helps to develop new perspectives for new discussions that need to develop with the pupils and methods that can be applied to increase the inclusion of all children.** Training of teachers was essential because these teaching subjects are sometimes sensitive and therefore require special teaching skills, and also because teachers may not be familiar with the required interactive and participatory teaching methods

Training format with teachers although online was very inclusive, interactive. Teachers shared different experiences and good practices of their work. **Studying different cases during the training helped teachers to deepen in understanding different issues and concepts in the practical plan.** The teachers admit that they have a crucial role in the education of children, and on the development of their competences in the field sexuality education and prevention of sexual gender based violence.

IV. Conclusions and Recommendations

- Sexuality education is essential to prevent and combat sexual violence and the adolescents are worried and concerned at high levels regarding sexual and physical violence, sexually transmitted diseases, discrimination gender inequality as well as sexual harassment in the school environment, that in turn affect their overall wellbeing.
- By providing factual, non-stigmatizing information on sexual orientation and gender identity as one aspect of human development, comprehensive sexuality education can contribute to combating homophobia at school and beyond, to change the mentality and to creating a safer and more inclusive learning environment for all.
- If we want that sexuality education to be accepted and successfully implemented, it should take into account the communities' and parents' cultural and religious backgrounds. Schools should be supported to engage with them, to provide families with accurate information and to take their views into account as long as they do not contradict the very aims of sexuality education, and to ensure the best interest of the child.
- New technologies can be utilized to improve the delivery of sexuality education messages.
- Sexuality education should not be limited to young people in school, but should focus and other young people from vulnerable groups. Civil society organizations can play an important role in bringing sexuality education t
- o young people or to vulnerable groups.
- Integrating training on sexuality education in regular teacher training programs, is an effective way of ensuring that all teachers are adequately prepared. Effective teaching and appropriate teaching methodologies are critical to sexuality education and SGBV success and all teachers involved require appropriate training and teaching materials.

V. References

Berglas, N., Constantine, N., and E. Ozer (2014) A rights-based approach to sexuality education: conceptualization, clarification and challenges. *Perspectives on Sexual and Reproductive Health*.

Aaro, L, Mathews, C., Kaaya, S., Katahoire, A., Onya, H, Abrahams, C, Klepp, K-I, Wubds, A, Eggers, S and H de Vries (2014). Promoting sexual and reproductive health among adolescents in southern and eastern Africa (PREPARE): project design and conceptual framework. *BMC Public health* 2014

IPPF, (2018). *Sexuality Education in Europe and Central Asia: State of the Art and Recent Developments*.

In: https://www.bzgawhocc.de/fileadmin/user_upload/Dokumente/BZgA_Comprehensive%20Country%20Report_online_EN.pdf

UNFPA, 2019. *Comprehensive sexuality education*

Holden, J., Bell, E. & Schauerhammer, V. (2015). *We Want to Learn About Good Love: Findings from a Qualitative Study Assessing the Links Between Comprehensive Sexuality Education and Violence Against Women and Girls*. London: Plan International UK and Social Development Direct

VI. Annexes- Research Instruments

I. The Questionnaire (pre-post intervention)

Pyetësi Fillestar

Qendra Shqiptare për Popullsinë dhe Zhvillimin (QSHPZH me mbështetjen e Federatës Ndërkombëtare të Planifikimit Familjar të Planifikuar (IPPF) është duke zhvilluar një kërkim mbi edukimin seksual dhe shëndetin riprodhues tek të rinjtë në Shqipëri, në kuadër të projektit “Edukimi Seksual Gjithëpërfshirës për një shoqëri gjithëpërfshirëse dhe me barazi gjinore”. Qëllimi i sondazhit është të maten njohuritë, qëndrimet dhe veprimet e të rinjve/nxënësve/adoleshentëve lidhur me edukimin seksual dhe dhunën seksuale dhe atë me bazë gjinore dhe të vlerësohet ndikimi i edukimit seksual në parandalimin dhe përgjigjen ndaj dhunës me bazë gjinore dhe asaj seksuale.

Ju mund të vendosni të mos merrni pjesë në anketim, ose mund të më bëni me dije që preferoni të mos i përgjigjeni një pyetjeje specifike dhe unë do ta kapërcej atë pyetje. Nëse dëshironi, ju mund ta përfundoni anketën në çdo kohë dhe kjo nuk do të ndikojë në marrëdhënien tuaj me shkollën, ACPD-në, apo me financuesit e projektit.

Ne garantojmë që i gjithë informacioni që ju do të na jepni gjatë plotësimit të këtij pyetësi do të jetë konfidencial, duke garantuar privatësinë tuaj.

Për çdo pyetje rreth studimit, ose nëse shfaqen probleme, ju mund të kontaktoni QSHPZH-në në info@acpd.org.al ose tel. 0 422 51 475.

PËR ANKETUESIN/STUDIUESIN: SHËNO TË DHËNAT E ANKETËS

Intervista Nr.	Shkolla	Klasa	(shëno të dhëna të tjera)

SEKSIONI I: TË DHËNA DEMOGRAFIKE

1. Gjinia 1. M 2.F

2. Moshë _____

3. Sa të lehtë e ke komunikimin me prindërit, mësuesit për çështjet e që janë të rëndësishme për ty?
Ju lutem zgjidhni nga një shkallë 1-4.

	Shumë të lehtë	Të lehtë	Disi të vështirë	Shumë të vështirë	NA
A. Sa të lehtë e ke të flasësh me babain?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99
B. Sa të lehtë e ke të flasësh me mamin?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99
C. Sa të lehtë e ke të flasësh me mësuesit?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99

4. Ka shumë fenomene me të cilat adoleshentët përballen sot, ju lutem më tregoni se sa shqetësim përbejnë për ju pikat në vijim. Ju lutem, përdorni një shkallë nga 1 (shqetësim shumë i madh) deri në 4 (Nuk është aspak shqetësim).

	Shqetësim shumë i madh	Shqetësim disi i madh	Nuk është shumë shqetësues	Nuk është aspak shqetësim	NU
A. Dhuna seksuale ose dhuna fizike	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/>
B. Çështje të shëndetit seksual të tilla si HIV, IST dhe shtatzënia	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/>

C. Diskriminimi për shkak të racës, etnisë, gjinisë ose orientimit seksual	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/>
D. Pabarazia gjinore midis djemve dhe vajzave	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/>
E. Ngacmimi seksual në mjediset e shkollës	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/>
F...	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/>

SEKSIONI II: SHËNDETI RIPRODHUES DHE EDUKIMI SEKSUAL

5. Pyetjet në vijim lidhen me burimet e informacionit dhe njohuritë e shëndetit riprodhues. Lexoni me kujdes secilën prej tyre dhe përcaktoni rëndësinë nga 1-10, ku 1= më e rëndësishmja.

E). A keni marrë në shkollë informacioni në lidhje me pubertetin, për shëndetin seksual dhe riprodhuese dhe për marrëdhëniet midis djemve dhe vajzave. A keni ndjekur ndonjëherë orë mësimore për ndonjë nga këto tema?				
Po		1		
Jo		2		
Nuk jam i sigurt		3		
F). Po në lidhje me burimet e informacionit mbi marrëdhëniet – (sesi djemtë duhet t'i trajtojnë vajzat dhe anasjelltas). Cili ka qenë burimi më i rëndësishëm i informacionit për këtë temë? Dhe e dyta më e rëndësishme?		(1)	(2)	(3)
Shkolla mësuesit	E para më e rëndësishmja	E dyta më e rëndësishmja	Preferonit	
Nëna	01	01	01	
Babai	02	02	02	
Vëllai	03	03	03	
Motra	04	04	04	
Shokët/shoqët				
Mjekët				
<i>Rrethoni kolonën 1 dhe 2.</i>				

G). Nga kush, apo ku, do të preferonit të kishit marrë më shumë informacion mbi këtë temë? <i>Rretho një përgjigje në kolonën 3</i>	Revistat/Librat	05	05	05
	Filmat/videot	06	06	06
	Rrjetet sociale	07	07	07
	Tjetër	08	08	08
	Specifiko_____	09	09	09
		10	10	10
		11	11	11

SEKSIONI III. DHUNA SEKSUALE DHE AJO ME BAZË GJINORE

Pjesa A

Vlerësoni në çfarë mase bini dakord me thëniet e mëposhtme, duke rrethuar përgjigjen që përshkruan më së miri mendimin tuaj.

	Nuk jam aspak dakord	Nuk jam dakord	Asnjëanës	Jam dakord
1. Të gjithë njerëzit identifikohen si djem ose vajza, burra ose gra	1	2	3	4
2. Orientimi seksual nuk është binar (d.m.th. heteroseksual kundrejt homoseksualit); përkundrazi shprehet në një spektër të larmishëm	1	2	3	4
3. Një person duhet të jetë në gjendje të shprehë lirisht gjininë dhe identitetin e tij seksual siç e përcaktojnë dhe përjetojnë ato, pa marrë parasysh sa dallojnë këto identitete nga 'norma'.	1	2	3	4
4. Pritjet shoqërore dhe normat shoqërore në lidhje me gjininë, identitetin gjinor dhe orientimin seksual shpesh çojnë në dhunë seksuale dhe të bazuar në gjini	1	2	3	4

Pjesa B

1. Personat që përjetojnë dhunë me bazë gjinore janë zakonisht me karakter të dobët	1	2	3	4
2. Dhuna zakonisht ndodh sepse personi që përjeton abuzimin duhet të ketë bërë diçka për ta provokuar atë.	1	2	3	4
3. Shumica e grave përjetojnë abuzim seksual për shkak të asaj që veshin, ose sepse ato i tërheqin personat abuzues.	1	2	3	4
4. Dhuna e bazuar në gjini është rezultat i ndryshimeve në pushtet ose privilegji midis grupeve të ndryshme në shoqëri.	1	2	3	4

5. Nuk ka asgjë të keqe që një burrë ta detyrojë gruan e tij të mbetet shtatzënë, sepse ata janë të martuar.	1	2	3	4
6. Është e justifikueshme që një grua të rrihet nëse ajo ka turpëruar familjen e saj	1	2	3	4
7. Gratë trans janë më të prekshme nga dhuna me bazë gjinore, sepse ato përjetojnë shumë nivele diskriminimi	1	2	3	4
8. Disa praktika kulturore mund të jenë një formë e dhunës ndaj grave (të tilla si gjymtimi i organeve gjenitale të grave, martesë të detyruara etj.)	1	2	3	4
9. Përjashtimi, shmangia ose izolimi i një personi që shpreh gjininë e tij/saj ndryshe (d.m.th. jashtë binomit burrit/gruas) nuk është aq e dëmshme sepse askush nuk është abuziv me ta.	1	2	3	4

10. Një trans, emigrant, femër, punonjëse seksi ka më shumë rrezik të përjetojë abuzim seksual dhe me bazë gjinore sesa një femër e bardhë.	1	2	3	4
11. Nuk ka asgjë të keqe të spiunosh në celularin e partnerit tënd	1	2	3	4
12. Është e pranueshme t'i jepni partnerit tuaj fjalëkalimin e llogarisë tuaj në Instagram, për sa kohë që ata kanë ndarë fjalëkalimin e tyre me ju gjithashtu	1	2	3	4
13. Paraqitja e pa lajmëruar për të kontrolluar partnerin tuaj ose kërkesa për të ditur vazhdimisht se ku janë është një formë e kujdesit dhe mbrojtjes.	1	2	3	4

14. Kontrollimi i vazhdueshëm i partnerit nëpërmjet telefonatave, dërgimit të mesazheve, ose përdorimi i mediave sociale për të gjurmuar vazhdimisht se ku janë dhe për çfarë bëjnë, është një formë e abuzimit të marrëdhënieve.	1	2	3	4
15. Monitorimi i postimeve, shpërndarjeve, pëlqimeve, etiketimeve dhe ndjekësve të një partneri në mediat sociale është sjellje normale midis dy personave që kujdesen për njëri-tjetrin	1	2	3	4
16. Presioni i vazhdueshëm i partnerit për të lënë disa nga hobet e tyre dhe për të kaluar më pak kohë me miqtë e tyre është një formë abuzimi në marrëdhënie.	1	2	3	4
17. Dërgimi i mesazheve degraduese, fyese ose kërcënuese përmes mediave sociale nuk është aq e dëmshme sa t'i thuash ato gjëra personalisht	1	2	3	4
18. Kur dikush ndan foto intime, seksuale të partnerit të tyre me të tjerët, ka shumë të ngjarë ta bëjnë atë si një shaka.	1	2	3	4

19. Nuk mund të merret e mirëqenë se dikush është dakord për të kryer një aktivitet të caktuar seksual nëse nuk thotë asgjë për këtë.	1	2	3	4
---	---	---	---	---

20. Është e pranueshme të supozohet se dikush dëshiron të bëjë marrëdhënie seksuale me ty nëse ju të dy keni kryer marrëdhënie edhe më parë.	1	2	3	4
21. Është në rregull që dikush të kërkojë të nga partneri i tij/saj që të kryejnë marrëdhënie seksuale nëse vazhdon t'u blejë atyre dhurata dhe t'i qerasë vazhdimisht kur dalin	1	2	3	4
22. Një grua duhet të pranojë të kryejë marrëdhënie seksuale me personin me të cilin do të martohet dhe që prindërit e saj e miratojnë	1	2	3	4
23. Edhe nëse jeni në një lidhje, duhet të vazhdoni ta pyesni partnerin/en tuaj çdo herë nëse ai/ajo dëshiron të kryejë marrëdhënie seksuale	1	2	3	4

24. Nuk ka asgjë të keqe të angazhohesh në sexting (ndarja e fotografive / videove seksuale) për sa kohë që ekziston pëlqimi, besimi dhe respektimi i privatësisë.	1	2	3	4
25. Kur dikush ndan foto intime, seksuale të partnerit/es së tyre me të tjerët, ka shumë të ngjarë ta bëjë atë si një shaka.	1	2	3	4
26. Është më mirë të dërgoni një fotografi seksi ose të zhveshur të vetes tuaj tek partneri juaj seksual nëse ai jua kërkon, sepse ata mund të humbin interesin për ju nëse nuk e bëni.	1	2	3	4
27. Kur një djali i kërkohet t'i dërgojë një fotografi të zhveshur të vetes personit me të cilin po flirton, ai duhet ta bëjë atë në mënyrë që të provojë burrërinë e tij.	1	2	3	4
28. Manipulimi i dikujt për të dërguar një fotografi seksuale të vetvetes kur nuk dëshirojnë vërtet ta bëjnë këtë gjë (d.m.th. gradualisht por intensivisht t'i bindësh ta bëjnë atë), është një formë e abuzimit seksual.	1	2	3	4
29. Nuk ka asgjë të keqe të bësh thashetheme në lidhje me fotografinë seksuale të dikujt, që është shpërndarë gjerësisht dhe ju nuk mund të bëni asgjë për të. Gjithësesi, nuk është se e ndatë ju i/e pari/a.	1	2	3	4

Pjesa C

30. Ju mund të ndryshoni sjelljen e dhunshme të dikujt duke qenë i durueshëm dhe duke shpresuar që sjellja e tij të ndryshojë me kalimin e kohës.	1	2	3	4
31. Dhuna me bazë gjinore është një çështje personale. Është më mirë të lini njerëzit e përfshirë t'i zgjidhnin dallimet mes tyre sipas mënyrës së tyre.	1	2	3	4
32. Është më mirë për njerëzit që përjetojnë dhunë me bazë gjinore të përpiqen të merren me të vetë. Kjo do t'i bëjë ata më të fortë.	1	2	3	4

Pjesa D

Vlerësoni në çfarë mase bini dakord me thëniet e mëposhtme, duke rrethuar përgjigjen që përshkruan më së miri mendimin tuaj.

	Nuk jam aspak dakord	Nuk jam dakord	Asnjëanës	Jam dakord	Jam d
33. Në rast se përjetoj dhunë seksuale ose me bazë gjinore, besoj se kam njohuri dhe aftësi për të ndërmarrë veprime për të mbrojtur veten.	1	2	3	4	
34. Nëse dëshmoj se një person abuzohet, unë besoj se kam besim dhe aftësi për të ndërhyrë dhe për t'i ndihmuar ata	1	2	3	4	

Pjesa E

Ju lutemi vini re më poshtë shkallën në të cilën ju kanë ndihmuar trajnimet/workshopet:

	Në një masë të madhe	Në një masë të konsiderueshme	Disi
35. Njihni rastet e dhunës seksuale dhe me bazë gjinore	1	2	3
36. Ndërtoni besimin tuaj në reagimin ndaj incidenteve të dhunës seksuale dhe me bazë gjinore	1	2	3
37. Dini sesi të mbronni veten në rast se përjetoni abuzim	1	2	3
38. Zhvilloni aftësi për të ndihmuar një mik në rast se ata përjetojnë abuzim	1	2	3

II. FG Guide

Safe from SGBV-Focus group discussion guide

1. What was the most valuable thing you **gained from the training**?
 - How was this important to you? Please explain.
2. What would you say were the **key messages** of this training?
 - What did this training **try to convey to young people**?
3. To what extent do you think the training encourages young people to engage in a process of reflection and **reevaluation of certain perceptions or behaviors**?
 - **What perceptions/behaviors** did the training help your reevaluate?
 - **How did this happen?** How did the training encourage you to do this? Please explain.

4. How did the training impact your readiness **in avoiding and addressing** sexual and gender based violence?
 - Has it helped you **know what action to take in order to protect** yourself and others from SGBV or not so much?
 - What **type of knowledge and skills** did you gain in this respect (i.e. knowing what action to take in order to protect yourself and others from SGBV). Please provide some examples
 - (if yes) **How** did the training help you do so? Please explain.
 - (If the training didn't enhance their skills or readiness). **What could have helped** to better enhance your skills and readiness level to address/stand up to SGBV?
 - What do you **think was missing** from the training in this respect?

5. And how about your **confidence level** in taking action against SGBV? Has the training have any impact on your overall confidence in reacting to incidences of SGBV?
 - **In what way did it help/not help** your confidence level? Please explain.

6. Overall, what did you think of **the activities** we did during the training?
 - What did you **like** about them?
 - What do you think **worked well**? Please elaborate.
 - What **didn't you like** so much?
 - What would you change or what would you **do differently**? Please elaborate.

III. Interview with pupils

Qendra Shqiptare për Popullsinë dhe Zhvillimin (QShPZH me mbështetjen e Federatës Ndërkombëtare të Planifikimit Familjar të Planifikuar (IPPF) është duke zhvilluar një kërkim mbi edukimin seksual dhe shëndetin riprodhues tek të rinjtë në Shqipëri, në kuadër të projektit “Edukimi Seksual Gjithëpërfshirës për një shoqëri gjithëpërfshirëse dhe me barazi gjinore”. Qëllimi i sondazhit është të maten njohuritë, qëndrimet dhe veprimet e të rinjve/nxënësve/adoleshentëve lidhur me edukimin seksual dhe dhunën seksuale dhe atë me bazë gjinore dhe të vlerësohet ndikimi i edukimit seksual në parandalimin dhe përgjigjen ndaj dhunës me bazë gjinore dhe asaj seksuale.

Ju mund të vendosni të mos merrni pjesë në interviste, ose mund të më bëni me dije që preferoni të mos i përgjigjeni një pyetjeje specifike dhe unë do ta kapërcej atë pyetje. Nëse dëshironi, ju mund ta përfundoni intervisten në çdo kohë dhe kjo nuk do të ndikojë në marrëdhënien tuaj me shkollën, QShPZh-në, apo me financuesit e projektit.

Ne garantojmë që i gjithë informacioni që ju do të na jepni gjatë plotësimit të këtij kesaj interviste do të jetë konfidencial, duke garantuar privatësinë tuaj.

Për çdo pyetje rreth studimit, ose nëse shfaqen probleme, ju mund të kontaktoni QShPZh-në në info@acpd.org.al ose tel. 0 422 51 475.

PËR STUDIUESIN: SHËNO TË DHËNAT E INTERVISTES

Intervista Nr.	Shkolla	Klasa	(shëno të dhëna të tjera)

SEKSIONI I: TË DHËNA DEMOGRAFIKE

Gjinia 1. M 2.F

Mosha _____

SEKSIONI II: PYETJET E THELLUARA

1. Cila ishte gjëja më e vlefshme që keni fituar nga trajnimi? A ishte i rëndësishëm për ju dhe pse?
2. Cfarë mendoni se ka ndryshuar tek ju pas trajnimit? Argumento.
3. Në çfarë mase mendoni se trajnimi ju ka ndihmuar në ndryshimin e perceptimeve dhe/ose sjelljeve të caktuara të lidhura me fenomene të tilla si dhuna seksuale, dhuna fizike, pabarazitë gjinore midis djemve dhe vajzave, diskriminimin për shkak të racës, etnisë, gjinisë ose orientimit seksual, infeksionet seksualisht të transmetueshme, shtatzënitë dhe ngacmimet seksuale.
 - a. Si ndryshuan perceptimet/sjelljet tuaja lidhur me fenomenin e dhunës pas trajnimit?
 - b. Si ndodhi kjo? Si ju inkurajoi trajnimi për ta bërë këtë? Ju lutem shpjegoni.
 - c. A mendoni se tashmë jeni të aftë të identifikoni të gjithë këto fenomene, të mbroheni dhe adresoni ato?
4. Si mendoni se ka ndikuar trajnimi në aftësinë tuaj për të identifikuar, shmangur dhe adresuar dhunën me bazë gjinore dhe seksuale?
 - a. Çfarë lloj njohurish dhe aftësish keni fituar në këtë aspekt. A mendoni se keni njohuri për hapat e veprimit që duhet të ndiqni për të mbrojtur veten dhe të tjerët nga DhBGjS). Ju lutemi jepni disa shembuj
 - b. Si ju ndihmoi trajnimi në njohjen dhe ndjekjen e këtyre hapave? Ju lutem shpjegoni.

- c. (Nëse trajnimi nuk ka ndikuar në rritjen e aftësive ose gatishmërisë tuaj për të reaguar në situatë të tilla). Çfarë mendoni se ju ka ndihmuar për të përmirësuar më mirë aftësitë tuaja dhe nivelin e gatishmërisë për të adresuar DhBGjS?
 - d. Çfarë mendoni se i mungonte trajnimit në këtë drejtim?
-
5. Çfarë mendoni se shkoi mirë gjatë trajnimit? Argumento.
Çfarë nuk shkoi? Argumento
Çfarë do të donit të bënit ndryshe? Argumento.

IV. Photos from FG

