HIV/AIDS

abstinence

GENDER or SEX: WHO CARES?

Skills-Building Resource Pack on Gender and Reproductive Health for Adolescents and Youth Workers

With a Special Emphasis on Violence, HIV/STIs, Unwanted Pregnancy and Unsafe Abortion

unwanted pregnancy

CONDOMS

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(from left to right) K. Vidya, Carmen Murguía, Nkosikhulule Nyembezi, Nadine France and Maria de Bruyn

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Preface

Skills-building for youth can help them enjoy responsible and healthy lives

Gender or sex: who cares? Everyone should care about the difference between gender and sex and how gender affects our health, especially adolescents who have most of their lives ahead of them. This resource pack, which includes a manual, curriculum cards and overhead transparencies/handouts, provides an introduction to the topic of gender and sexual and reproductive health (SRH). It was developed by Ipas and Health & Development Networks with technical support from the Instituto de Educación y Salud (Lima, Peru) and the World Health Organization (WHO) through its Departments of Reproductive Health, and Child & Adolescent Health. Funding for the project was provided by the Summit Foundation and Wallace Global Fund.

Numerous resources have been developed for training on gender. In addition, many curricula are available worldwide on SRH topics such as HIV/AIDS, sexually transmitted infections (STIs), and violence prevention [1]. Few training resources are available, however, for professionals and volunteers who work with young people concerning the influence of gender on SRH issues. This resource pack aims to help fill that gap by:

1) providing a workshop curriculum that incorporates suggestions and feedback from organizations in various regions of the world so that it can be easily adapted to specific cultural situations, including those in resource-poor areas
2) supporting a skills-building approach to work with youth that focuses on enhancing their development so that they can enjoy responsible and healthy lives that promote positive experiences of sexuality and reproduction.

This resource pack does not aim to replace other SRH training materials because they provide participants with needed facts (for example, about reproductive anatomy, sexuality, HIV/STIs) and activities focused on individual skills, such as developing assertiveness and negotiating in relationships (see Section 6 for relevant materials). Instead it aims to complement those materials by providing a participatory tool to differentiate gender from sex and to show how gender affects SRH.

The curriculum development process

With the help of local co-facilitators, different versions of the workshop curriculum were presented to and tested with 443 participants at six international conferences:

- ❑ 4th International Congress on AIDS in Asia and the Pacific, the Philippines, October 1997: 95 participants
- ❑ VI Pan-American Conference on AIDS, Brazil, September 1999: 65 participants
- ❑ X Congress on Sexology and Sex Education, Colombia, October 1999: 24 participants
- ❑ 5th International Congress on HIV/AIDS in Asia and the Pacific, Malaysia, October 1999, 134 participants

- XIII International Conference on HIV/AIDS, South Africa, July 2000: 99 participants
- XI Congress on Sexology and Sex Education, Peru, October 2000: 26 participants.

Participants – both adults and young adults of about 24-30 years – at the conference workshops came from Argentina, Australia, Bangladesh, Barbados, Bolivia, Brazil, Cambodia, Chile, People's Republic of China, Hong Kong-China, Colombia, Costa Rica, Dominican Republic, Ecuador, Ghana, Honduras, India, Indonesia, Jamaica, Kenya, Lao PDR, Lesotho, Malawi, Mali, Malaysia, Mongolia, Mozambique, Myanmar, Namibia, Nepal, Nigeria, Pakistan, Peru, Puerto Rico, the Philippines, Rwanda, Senegal, Singapore, South Africa, Sri Lanka, Swaziland, Thailand, Trinidad and Tobago, Tunisia, Uganda, Uruguay, USA, Vietnam, Zambia and Zimbabwe. They included people working for NGOs specializing in HIV/AIDS, adolescent health and SRH, universities, health services and hospitals, governmental ministries, and United Nations agencies including the United Nations Development Program and UNIFEM.

Twenty-one NGOs tested the whole curriculum or parts of it with over 970 adolescent and adult women and men aged 13-65 years in Brazil, Guatemala, Kosovo, Malawi, Malaysia, Mexico, Mozambique, Nigeria, Peru, The Philippines, Tanzania, Zambia and the USA; dissemination also took place through the Internet and e-mail.

We would like to have your feedback on using the curriculum and resource pack. Your commments may be shared with others through the Ipas website. Send your comments to: ipas@ipas.org

"IES has witnessed the evolution of this curriculum…and how it has incorporated changes according to needs observed in diverse realities where the workshop has been presented….we believe that it has gradually become sensitive to cultural differences, which validates its applicability in different contexts. We believe that the theme of gender and gender equity is a unifying element that cuts across cultures and generations." (Peru)

"We saw how the teaching methodologies, e.g., brainstorming, role-play, discussion, etc., can be used for difficult issues. These are good additions instead of forgettable facts." (Tanzania)

"This workshop has contributed to our overall work in that it has enriched our HIV/AIDS curriculum content and supplied us with some new vocabulary. It has opened the young people's minds to understand and accept that there are people who are different from themselves and their ways of life…" (Zambia)

"The response we received from the participants during and after the workshop was very positive… this workshop has benefited the participants enormously in relation to how they relate within their personal relationships, their attitudes and behaviour and how it can influence their reproductive health." (Kosovo)

"Overall, the workshop is very informative and very systematically conceptualised. The module is very helpful in clarifying key points on gender and sex. [Our] experience in handling this activity has helped us further mould our workshops in contextualising Filipino issues…We admire the idea that all activities are very interactive and participatory. Some of the participants have claimed that they have learned new things while having fun." (the Philippines)

"All of [the participants] found that they gained a lot of new information that they never could get through textbooks. They thought that this is an interesting way to learn about reproductive health by discussing and taking a participatory role rather than just reading or through lectures. All of them found that this workshop allowed them to bring up and discuss topics that are in normal circumstances taboo and sensitive in the society. They were quite shy with each other at first but as the activities progressed they grew comfortable with everyone. They found that being able to discuss about these topics is important to voice out concern later in the society. Quite a few thought that it is a good training to put into practice. They would very much like to recommend their friends, parents and other adults to participate in a workshop like this." (Malaysia)

Section 1:
Introduction

Who is this resource pack for?

The audience for whom this resource pack is intended is twofold. The first group includes professionals and volunteers who work with adolescents on SRH issues, such as NGO staff, youth outreach workers, teachers and health-service providers who interact with young people. The second group comprises young people aged about 13-24 years. Field-tests have shown that the exercises work well with young people of these ages from a variety of backgrounds. Adolescents and young adults who have experienced societal violence (Kosovo), as well as young women and men living in situations of high HIV prevalence (Malawi, Nigeria, Zambia) and resource-poor environments (rural Tanzania, USA) all benefited and enjoyed the workshops using the curriculum.

How is it organised?

The resource pack has three parts: this manual, a set of curriculum cards for use during workshops and a set of overhead transparencies/handouts. The manual contains six sections:

- ❑ Section 1: introduction
- ❑ Section 2: background information for preparation and planning
- ❑ Section 3: the curriculum exercises
- ❑ Section 4: background materials that facilitators can use for handouts
- ❑ Section 5: additional exercises (for facilitators and, for example, for follow-up activities)
- ❑ Section 6: references and resources.

Facilitators can use the curriculum cards as quick guides during a workshop. The cards contain sample answers to the exercises. The overhead transparencies can also be photocopied for handouts.

Why is it needed?

About 85% of the world's 1.1 billion adolescents (aged 10-19 years) and 1.5 billion young people (aged 10-24 years) live in developing countries. During adolescence and young adulthood these young people experience a transition period during which they learn values, skills and behaviours that can benefit them as workers, heads of house-holds, future parents and contributing members of civil society. They gradually take on numerous responsibilities – often from a very early age – such as childcare, household work and contributing to family income. This transition period to full adulthood is also a time of normal, healthy experimentation during which young people start to form their own opinions, make their own decisions and become more independent.

Unfortunately, large numbers of young people also live in circumstances that can increase their SRH risks, which include violence, HIV/STIs, unwanted pregnancy and unsafe abortion. Their ability to control some of these circumstances, such as poverty, is limited. However, some of the risks that young women and young men face can be reduced if they are equipped to recognise and deal with them. Gender biases are one

such risk factor. When young people learn to recognise how gender-based norms and roles can decrease their choices, they can also begin learning how to change these norms and resist expectations and situations that put them at risk. One way of aiding this process is by focusing on 'developmental assets' – factors in their environment and personal qualities that promote healthy growth and development [2]. The environmental factors include measures to provide young people with support, safety, clear expectations and opportunities to contribute to society. The personal qualities give young women and young men a sense of self-esteem, self-worth, and the capability to make informed and responsible decisions.

This resource pack aims to help young people develop some of the above-mentioned personal qualities such as being able to recognise and deal with gender biases that may affect their SRH. The curriculum allows them to practise analytical skills that can help them identify situations and factors that can increase and decrease their SRH risks, and learn how to express their wishes concerning the information and services they need. These are first steps toward empowering adolescents to exercise their SRH rights.

The participatory exercises in this manual are presented with a progressive focus – both regarding methodology and content – that is integral to the curriculum's effectiveness:

- First, the concepts of sex and gender are introduced so that participants learn the differences.
- Next, participants are given an opportunity to reflect on how these concepts are present in their daily lives and society in general.
- In the third section, participants analyse how the concepts are transmitted and learned.
- In the final set of exercises, participants analyse the effect of gender concepts on SRH problems and are encouraged to come up with ways to deal with these problems.

The progressive design of the curriculum is valuable because it reviews participants' previous experiences, constructs new, or reinforces existing, knowledge with their participation and offers tools so that they can apply the knowledge to their personal lives. Moreover, the exercises touch upon both intellectual understanding and emotional experience, which together can promote more sustainable changes in attitudes and behaviours. It creates an opportunity for participants to look inward and become conscious of barriers that sometimes prevent them from challenging gender-based stereotypes that can negatively influence SRH.

What assumptions is the curriculum content based on?

The curriculum is based on several fundamental assumptions:

- Gender-based norms and stereotypes can lead to increased SRH risks. Adolescents must therefore be equipped to challenge these norms.
- Gender is particularly complex since it interacts with other social factors such as economics, age, power, culture, etc. Because of this it requires responses that address both the individual and institutional levels. This curriculum addresses the individual level.

- It is important to discuss various SRH problems – HIV/STIs, violence, unwanted pregnancy and unsafe abortion – in an integrated manner from a gender perspective. The same risk situations and risk factors increase vulnerability to multiple SRH problems; moreover, different SRH problems affect one another (e.g., sexual violence can lead to both HIV/STI infection and unwanted pregnancy).

- Programmes must respect young people's SRH rights, such as the right to information and education. Adolescents are expected to take on increasing amounts of responsibilities as they mature. They must also have the chance to express their opinions, contribute their knowledge and be enabled to take care of their own sexual and reproductive health. This means that training on SRH must offer them an opportunity to ask all their questions and receive respectful and truthful answers regarding all aspects of SRH [3].

- Effective programmes encourage young people's participation, address the SRH needs of both young women and young men, and address both the positive aspects of sexuality as well as possible negative consequences [4].

- Young people may face considerable criticism if they are perceived to be challenging traditions and social norms. They need to know they can count on gender-sensitive adults who will support them in discussions with parents, teachers and other influential adults in their lives. In order to be able to fulfil this role, facilitators who use this curriculum should have done the exercises first themselves.

Feedback from the Field—
The Curriculum's Progressive Focus

- *"In surveying the workshop I noticed a remarkable change each day. From the participants performing the simpler exercises at the beginning and progressing on to the more complex exercises, the transformation was remarkable. The participants were enthusiastic and got more involved as it progressed. They had no problem with any of the exercises and were very forthcoming with their responses." (Kosovo)*

- *"It opened up the participants' assimilation ability in a way that they had a chance to learn small simple subjects, then went up to now learn a bit complex subject. In the process, they managed to connect two or three subjects to make a full comprehensive meaning." (Malawi)*

- *"It allows a better understanding of the difference between 'sex' and 'gender' to be established first. After which, the concept was used in exercises so that participants see how it has been established in society. The last part was especially useful where participants were able to relate gender issues to real problems in life." (Malaysia)*

- *"It arouses the curiosity of participants and makes them eager to learn more because they don't find the sessions daunting from the onset. Participants are at different levels of knowledge and awareness of topics. Starting with rudimentary information makes it possible to carry everyone along in the learning process." (Nigeria)*

- *"It facilitated reflection and allowed the participants to relate the concepts to their own experiences, facilitating the development of competencies in a progressive manner." (Peru)*

- *"It is indeed useful to follow this incremental flow of discussion on gender and sexuality. This will let participants take time to digest the concepts/issues being presented to them by each activity. This has prepared them to analyse the issue more deeply and meaningfully during the course of the whole activity." (The Philippines)*

- *"In African languages, discussing sexual matters has a lot of stigma. Therefore starting to introduce these slowly helps people get ready and become used to discussing them and using them." (Tanzania)*

- *"It started from the known to the unknown; from the familiar to the less familiar". (Zambia)*

Section 2:

Preparation and Planning

WHAT DO FACILITATORS NEED TO KNOW?

What experience do facilitators need?

The facilitator team using this curriculum should be familiar with SRH issues so that they can answer participants' questions and provide insights. They should also have experience in carrying out group work and/or training workshops.

If possible, it is a good idea to work with a multidisciplinary group including both male and female facilitators; this not only enriches the workshop but can reinforce the facilitators' skills as well. If the facilitator team consists of adults only, it can be beneficial to ensure that the team always includes at least one younger adult. At least two facilitators are needed for this workshop since it is important that they can take turns leading exercises, guiding discussions and taking notes (for example, on points brought up in group discussions that need to be highlighted in exercise summaries).

Ideally, the facilitators will have first completed all the exercises themselves. They will then have a better idea of the issues that may arise during the activities. The exercises will also help them assess their own feelings, assumptions and beliefs regarding gender issues so that they are better able to support adolescents who practise gender-sensitive behaviours [5].

Before actually running a workshop, the team should meet to discuss each exercise in detail and decide whether any adaptations to the local situation are needed (for example, terminology used, examples to illustrate summary points, role-play scenarios that include the most important SRH risk factors in the community). It is also helpful if the facilitators complete the exercise 'What are our attitudes and values?' (Section 5, page 77) before conducting the workshop.

What are the possible difficult issues?

Some people think that 'gender' is just a new word for 'women'; others may believe it is something that is only of interest to 'feminists'. Yet others may believe that discussions about gender have as their real purpose to 'blame men' for inequalities that exist between them and women. All of these misguided beliefs contribute to resistance regarding discussion about gender, particularly among adults.

Many young people will never have heard the word 'gender' before. They will, however, be able to recognise differences in men's and women's roles and behaviours expected of men and women, boys and girls. Testing has shown that even younger adolescents (13-14 years) can identify and express how males and females are treated differently. Facilitators may therefore not want to use the word 'gender' at the start of the workshop, introducing it only after participants have come to understand what it implies.

In some languages, there is no easily identifiable word that describes gender. In these circumstances, it is important for facilitators to choose a word or phrase that adequately represents 'gender' or perhaps introduce the English word if the exercises are being conducted in the local language.

Care must be taken in the exercises to show the effects of gender on both males and females. For example, during group discussions, the facilitators should not only focus on issues and problems that relate to women and female adolescents since men and boys, too, have SRH concerns and may face gender-based biases.

Participants may expect that the workshop will be very serious. This is not a bad expectation in itself but may lessen initial enthusiasm for participation. Testing has shown that, for this reason, laughter and humour are important components of workshops based on this curriculum – they make the subject matter 'lighter', less threatening and fun to consider!

It is preferable NOT to call on participants to answer questions or participate in discussion unless they volunteer to speak. If a participant feels uncomfortable and then is 'put on the spot', this may discourage his/her further participation.

Testing has shown that when facilitators use some of their own personal experiences to illustrate issues under discussion, this helps encourage workshop participants to share their personal observations and experiences. It also demonstrates that everyone is subject to gender influences. For example, facilitators can tell how they have personally 'manipulated' gender-based stereotypes to achieve something they wanted (e.g., women crying or flirting to get something done).

In some cases, it may be difficult for people to speak freely if they are in small groups with people of the opposite sex. If you doubt whether an exercise is culturally appropriate for women and men or girls and boys to do together, divide the participants according to sex and then re-unite the two groups to share their responses with one another. Also keep in mind that the exercises may not be as effective if family members are in the same small groups.

Facilitators should be prepared to deal with the emotions that may arise when participants think about personal experiences related to 'sensitive' and 'taboo' subjects. The amount of information that participants will want about specific SRH issues may vary from group to group, so it is wise to have additional information on hand (such as services and local support groups related to violence, incest, sexual orientation, drug and alcohol abuse). This is particularly important when moving to the exercises on violence as many participants may have had personal experience with it. Resources are mentioned in Section 6 that address the sensitive and ethical issues related to violence.

Feedback from the Field— Abortion Issues

"We had to deal with the legal question of abortion…look at abortion from the churches' point of view; [and] the circumstances under which abortion can be medically permissible because illegal and unsafe abortions happen in spite of the law and the churches." (Zambia)

Where abortion is a taboo subject, the facilitators should be prepared to discuss different aspects of the subject such as the possibility of spontaneous abortions (miscarriages) as a result of violence, circumstances when induced abortion is permitted by law (e.g., in cases of rape and incest), and the fact that women and girls who suffer complications of unsafe abortions **always** have a right to post-abortion care even if there are legal restrictions on induced abortion.

If workshop participants want more information on a particular SRH topic, the facilitators can offer them background materials from Section 4 or relevant local materials (for example, addresses of clinics). Section 6 lists other resources that can be useful. It is helpful to have a large sheet of paper available during the workshop that is marked 'Topics for further consideration' on which facilitators and participants can list subjects

about which they want more information or discussion; the list can then provide ideas for follow-up activities to the workshop.

Facilitators must resist the temptations of being too directive or too removed during small-group work for exercises. Ideally, they stay with the small groups at the beginning, listening, responding to questions and doubts. They can then either observe silently or leave and visit the groups again after 5-10 minutes to ensure that the instructions are understood and that participants do not spend too much time on one part of an exercise.

Although facilitators should not participate in the small-group work itself, they can make suggestions. For example, during a problem tree analysis on unwanted pregnancy (p. 51), they can ask the group to consider to what extent a girl should share decision-making with her partner and to what extent a boy should take responsibility.

What materials do you need?

The curriculum has been designed to require a minimum of workshop supplies. Ideally, the facilitators will be able to use the overhead transparencies included in this resource pack to make key points and help summarize different parts of the workshop. If an overhead projector is not available, the key points can be written onto large sheets of paper that are displayed during the workshop. If you cannot afford to use much paper, a blackboard may also be used in some exercises. For small-group work, the facilitators should have:

- ❑ marker pens and/or pens and pencils
- ❑ small and large sheets of paper (from flipcharts or newsprint)
- ❑ handouts with the questions to be answered in the different small-group exercises – it is helpful to give each participant a folder at the start of the workshop containing the handouts.

A few supplies need to be prepared in advance:

- ❑ a large sheet of paper with proverbs that need to be matched up for exercise 1B (Match the proverbs and sayings)
- ❑ pictures from local magazines and newspapers for exercise 7 (Media images analysis)
- ❑ drawings on large sheets of paper for exercise 10 (Lifeline history: a horizontal line with ages marked and short descriptions of the characters' problems) and exercise 12 (Problem tree analysis: a tree with several large roots and several branches, perhaps with fruits).

The workshop will have added value for adult and peer educator participants if they receive a copy of the curriculum afterwards. If your resources will allow you to photocopy the curriculum, tell the participants at the start of the workshop that they will receive it so that they don't feel the need to take notes.

Workshop Plan: Companion to the Curriculum

Recommended number of participants: 20-30 persons

GETTING STARTED				
Exercise	**Method**	**Expected results – participants:**	**Minimum time needed**	**Materials needed**
Introduction to the workshop	Plenary session discussion	Understand the workshop objectives and agree on ground rules	15 minutes	-Large sheets of paper or transparencies with: • workshop objectives (p. 18) • ground rules (p. 19)
DEFINING GENDER AND SEX				
1A. Sex and gender: what do they mean?	Brainstorming and discussion	Begin to identify the concepts to be addressed in the workshop	10 minutes	-Large sheets of paper -Marker pens and sticky tape -Definitions on large sheet of paper or overhead transparency (p. 21)
1B. Match the proverbs and sayings	Brainstorming and discussion	Begin to identify gender stereotypes promoted in various cultures	10 minutes	-Large sheet of paper or overhead transparency with proverbs and sayings to be matched (p. 23)
2. When we were young	Pair work followed by group sharing of experiences	Realise how gender influenced our early experiences and continues to influence our thinking today	15 minutes	
3. Gender not sex	Brainstorming and discussion	Understand the difference between 'sex' and 'gender' and learn to recognise gender stereotypes	25 minutes	-Large sheets of paper -Marker pens and sticky tape -Flipchart or transparency with definitions related to sexual orientation (p. 27)
Facilitator summary	Facilitator presentation & group dialogue	Understand why knowing about gender influences is important	15 minutes	-Large sheet of paper or overhead transparency with summary points 1-8 (p. 30)

LEARNING ABOUT GENDER AND SEX				
Exercise	**Method**	**Expected results – participants:**	**Minimum time needed**	**Materials needed**
Introduction to small-group work	Facilitator presentation	Learn about the 4 exercises in this section and form small groups	10 minutes	
4. The gender game*	Group reflection & analysis	Demonstrate their understanding of the concepts of gender and sex	25 minutes*	-Handouts with statements & questions (pp. 32-33) -Pens/pencils
5. The language of sex*	Group reflection & analysis	Realise how difficult it is to discuss sex and SRH issues openly and practise using words needed to discuss sexuality and its consequences	25 minutes*	-Handouts with words & questions (p. 35) -Sheets of paper; pens/pencils
6. Learning about sex*	Group reflection & analysis	Identify how we learn about sex and understand the importance of reliable information sources	25 minutes*	-Handouts with information sources (p. 38) -Sheets of paper; pens/pencils
7. Media images analysis*	Group reflection & analysis	Analyse how women and men are portrayed in the media and how images may reinforce or challenge gender-based stereotypes	25 minutes*	-Handouts with questions (p. 40) -Pictures from newspapers, magazines, etc -Large sheets of paper; pens/pencils.
Plenary presentations and summary	Small groups present findings & facilitator summarises	Become aware of the different ways in which we learn about sex and gender	60 minutes	

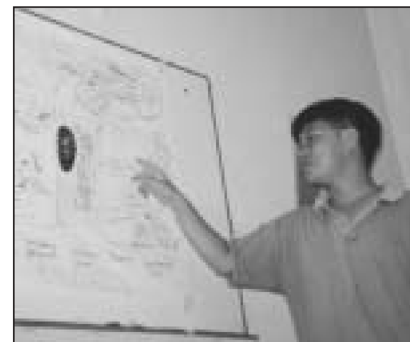
*These exercises can be done simultaneously by small groups

APPLYING GENDER CONCEPTS TO SRH				
Exercise	**Method**	**Expected results – participants:**	**Minimum time needed**	**Materials needed**
Introduction to small-group work	Facilitator presentation	Learn about the next 6 exercises and form small groups	5 minutes	
8. What is violence?	Small-group work & plenary presentations	Develop definitions of violence and explore how these relate to their lives	30 minutes	-Large sheets of paper and marker pens -Handouts or transparencies with definitions of violence (pp. 43-44)
9. Experiencing violence	Role-plays and plenary presentations	Identify some ways in which women and men mistreat each other and how this can affect SRH	30 minutes	-Handouts with scenarios and questions (p. 46)
10. Lifeline history*	Brainstorming, drawing and discussion	Analyse SRH problems that men and women may experience in their lives and the factors that can increase or decrease vulnerability to such problems	30 minutes*	-Large sheets of paper with lifeline and marker pens -Handouts with questions (pp.45-46)
11. Role-play: why?*	Role-plays and discussion	Analyse situations involving gender norms, relationships and sex and think of ways to reduce possible risks	30 minutes*	-Handouts with questions (p. 50)
12. Problem tree analysis*	Brainstorming, drawing and discussion	Analyse SRH problems for an adolescent girl or boy, including causes, consequences and possible solutions	30 minutes*	-Large sheets of paper with tree drawing and marker pens -Handouts or transparency with sample answers (p. 53)
13. Designing youth-friendly SRH services*	Brainstorming and discussion	Analyse how SRH services can be made more appropriate and accommodating for young people	30 minutes*	-Handouts with questions (p. 55) -Sheets of paper and pens/pencils
Plenary presentations, summary, conclusion and evaluation	Small-group presentations and facilitator summarises	Analyse specific gender-based SRH risks, situations and problems and begin thinking about possible solutions; follow-up activities are brainstormed and evaluation is done	90 minutes	-Sticky tape to hang up large papers -Handouts with examples of gender-sensitive measures and interventions -Evaluation forms

*These exercises can be done simultaneously by small groups

WHAT ARE POSSIBLE TIME FRAMES FOR USING THE CURRICULUM?

The workshop plan shows a time frame in which some exercises are done simultaneously (i.e., small groups do different exercises during the same time period). It shows the minimum amount of time in which we believe that the curriculum exercises can be handled adequately during a full-day workshop (9 hours including a 'getting acquainted exercise', an hour for lunch and two 20-minute refreshment breaks). More time may be preferable for some of the activities, especially if facilitators wish to encourage in-depth discussion, but experience has shown that participants' desire for discussion varies considerably from group to group. Testing has also shown that the first time facilitators offer the workshop, they may need more time than that shown in the workshop plan because they are unfamiliar with the exercises – the more often facilitators offer the workshop, the easier it becomes to manage the discussions and give feedback. That is also why facilitators should do the exercises first themselves!



It is important to recognise that the workshop plan can be adapted to different time frames. For example, more time for exercises may be available when the curriculum is offered over two or more days. The next pages give some examples of how the exercises can be adapted to different time frames (refer to the workshop plan for details).

If time permits, we recommend that the workshop start with a 'getting acquainted exercise' so that participants get to know one another; this exercise should be designed locally. For the full-day workshop, it is helpful to include some 'energising' exercises that include stretching and walking around as well as refreshment breaks of about 20 minutes.

When the curriculum is offered in sessions on different days, participants can be invited to do some 'home-work' assignments between sessions that are discussed at the beginning of the subsequent sessions. See page 58 for suggested home-work assignments.

Participants in Kosovo, Malaysia and South Africa during small-group work

Full-day Workshop (9 hours)

Time	Activity	Done with
8:00 - 8:15 a.m.	Introduction	entire group
8:15 - 8:35 a.m.	'Getting to know one another' exercise	entire group
8:35 - 8:45 a.m.	Exercise 1A or 1B	entire group
8:45 - 9:00 a.m.	Exercise 2	entire group
9:00 - 9:25 a.m.	Exercise 3	entire group
9:25 - 9:40 a.m.	Facilitator summary	entire group
9:40 - 10:00 a.m.	Refreshment break	entire group
10:00 - 10:10 a.m..	Introduction to small-group work	entire group
10:10 - 10:35 a.m.	Exercises 4, 5, 6 and 7 done simultaneously	small groups
10:35 - 11:35 a.m.	Small-group presentations & facilitator summary	entire group
11:35 - 12:35 p.m.	Lunch	
12:35 - 12:40 p.m.	Introduction to small-group work	entire group
12:40 - 1:10 p.m.	Exercise 8	entire group
1:10 - 1:40 p.m.	Exercise 9	
1:40 - 2:00 p.m.	Refreshment break	small groups/entire group
2:00 - 2:30 p.m.	Exercises 10, 11 and 12 done simultaneously	small groups/entire group
2:30 - 3:00 p.m.	Exercise 13	small groups/entire group
3:00 - 4:30 p.m.	Small-group presentations & facilitator summary	entire group
4:30 - 5:00 p.m..	Conclusion and completion of evaluation	entire group

Two Sessions on Separate Days

Time	Activity	Done with
Session 1 (3 hours, 5 minutes)		
6:00 - 6:15 p.m.	Introduction	entire group
6:15 - 6:25 p.m.	Exercise 1A or 1B	entire group
6:25 - 6:40 p.m.	Exercise 2	entire group
6:40 - 7:05 p.m.	Exercise 3	entire group
7:05 - 7:20 p.m.	Facilitator summary	entire group
7:20 - 7:30 p.m.	Refreshment break	
7:30 - 7:40 p.m.	Introduction 'Learning about gender and sex'	entire group
7:40 - 8:05 p.m.	Exercise 4	entire group
8:05 - 8:30 p.m.	Exercises 5-7 done simultaneously	small groups
8:30 - 9:00 p.m.	Plenary presentations/facilitator summary	entire group
9:00 - 9:05 p.m.	Home-work assignments given	entire group
Session 2 (3 hours)		
6:00 - 6:30 p.m.	Review of home-work assignments	entire group
6:30 - 6:40 p.m.	Introduction 'Applying gender concepts to SRH'	entire group
6:40 - 7:10 p.m.	Exercise 8	small groups/entire group
7:10 - 7:40 p.m.	Exercise 9	small groups/entire group
7:40 - 8:10 p.m.	Exercises 10-13 done simultaneously	small groups
8:10 - 8:45 p.m.	Plenary presentations/facilitator summary	entire group
8:45 - 9:00 p.m.	Conclusion and completion of evaluation	entire group

Four Sessions on Separate Days

Time	Activity	Done with
Session 1 (1.5 hours)		
6:00 - 6:15 p.m.	Introduction	entire group
6:15 - 6:25 p.m.	Exercise 1	entire group
6:25 - 6:40 p.m.	Exercise 2	entire group
6:40 - 7:10 p.m.	Exercise 3	entire group
7:10 - 7:25 p.m.	Facilitator summary	entire group
7:25 - 7:30 p.m.	Home-work assignments	entire group
Session 2 (2.5 hours)		
6:00 - 6:20 p.m.	Review of home-work assignments	entire group
6:20 - 6:30 p.m.	Introduction 'Learning about gender and sex'	entire group
6:30 - 7:00 p.m.	Exercises 4 and 5 done simultaneously	small groups
7:00 - 7:30 p.m.	Plenary presentations/facilitator summary	entire group
7:30 - 7:45 p.m.	Refreshment break	
7:45 - 8:05 p.m.	Exercises 6 and 7 done simultaneously	small groups
8:05 - 8:25 p.m.	Plenary presentations/facilitator summary	entire group
8:25 - 8:30 p.m.	Home-work assignments	entire group
Session 3 (2 hours)		
6:00 - 6:30 p.m.	Review of home-work assignments	entire group
6:30 - 6:40 p.m.	Introduction 'Applying gender concepts to SRH'	entire group
6:40 - 7:10 p.m.	Exercise 8	entire group
7:10 - 7:20 p.m.	Refreshment break	
7:20 - 7:50 p.m.	Exercise 9	small groups/entire group
7:50 - 8:00 p.m.	Home-work assignments	entire group
Session 4 (3 hours)		
6:00 - 6:20 p.m.	Review of home-work assignments	entire group
6:20 - 6:50 p.m.	Exercises 10-12 done simultaneously	small groups
6:50 - 7:30 p.m.	Plenary presentations/facilitator summary	entire group
7:30 - 7:45 p.m.	Refreshment break	
7:45 - 8:15 p.m.	Exercise 13	small groups
8:15 - 8:45 p.m.	Plenary presentations/facilitator summary	entire group
8:45 - 9:00 p.m.	Conclusion and completion of evaluation	entire group

WHAT CAN YOU DO AFTER THE WORKSHOP?

Adults and adolescents who have participated in this workshop may wish to follow it up with concrete activities; these can be discussed during the conclusion or ideas can be requested on the evaluation form. Some suggestions:

For adult participants:

- ❑ Find/design other gender-focused exercises for discussion and use.
- ❑ Offer other workshops that examine some topics raised in more depth, for example, boy-girl relationships, domestic violence.
- ❑ Accompany young people to the local family planning association to see first-hand what services are available.
- ❑ Incorporate some of the exercises into 30-minute sessions with various community groups during other educational activities.
- ❑ Prepare a video-tape of a workshop that can be shown in schools and to community leaders and policy-makers.
- ❑ Involve young people in SRH centres by incorporating recommendations from the workshop, for example, by establishing a youth advisory group.
- ❑ Ensure that other activities carried out for and with young people include gender-sensitive measures and indicators for monitoring and evaluation.

For adolescents and peer educators:

- ❑ Offer the same workshop to other adolescents on a regular basis.
- ❑ Organise discussion groups on the topics raised.
- ❑ Incorporate some of the exercises from this workshop into other training courses.
- ❑ Make action plans for educating others in their community on issues of gender and SRH, including their parents.
- ❑ Assess SRH information and education campaigns in the community to see if the information given is accurate and gender-sensitive; present the findings to the organisers of the campaigns.
- ❑ Help one another be more aware of how gender-sensitive they are in their speech, actions and educational activities.

Section 3:
The Curriculum

This section of the booklet presents the curriculum in the order in which the exercises should be done. The order of the exercises is important because of the progressive focus – it allows participants to gradually understand the concepts being presented, to relate these to their own lives and finally to apply them to SRH problems. If it is necessary to omit some exercises due to time constraints, choose one or two from exercises 4-7 and 9-12.

The workshop plan on pages 10-12 provides an overview of the expected results for each exercise, the methodology used, the minimum amount of time needed to carry out the exercise and the materials that are necessary. (See pages 14-15 for examples of how the exercises can be fitted to different workshop time frames.) We recommend that facilitators use the plan to prepare sessions and have a photocopy of it available for reference during the sessions.

The exercises are presented in detail, including important points that facilitators can use to help summarise each exercise. Because the workshop can be done with adults (professionals and volunteers who work with young people) and adolescents, different summary points are indicated for these audiences where appropriate. Possible adaptations to the exercise are given in some cases. The overhead transparencies/handouts in the resource pack are shown for each exercise, and marked "overhead/handout.". References are also made to background materials in Section 4 that can be used to prepare the exercises or for additional handouts.

The curriculum cards in this resource pack can be used during a workshop as reminders and discussion guides for facilitators. They include: the exercise name, expected results, basic instructions, discussion questions and sample answers.

Getting Started

Introduction to the Workshop (curriculum card 1)

Expected results

Participants understand the workshop objectives and agree on ground rules

Materials needed

Large sheets of flipchart or newsprint paper or overhead transparencies with the workshop objectives and ground rules

Instructions

- ❑ Begin by welcoming the participants and thanking them for their willingness to attend the workshop.
- ❑ Mention that this workshop will not include lectures. Instead, the facilitators and participants will work together actively in a variety of exercises. The success of the

exercises will depend on the participants' willingness to voluntarily contribute their ideas and comments.

- ❑ For adults and older peer educators: explain that the workshop is an introduction to the subject of gender and sexual/reproductive health. Invite participants who feel they already know a lot about the subject to share their knowledge and learn from the other participants' observations.
- ❑ For participants who are unfamiliar with the term 'gender': explain that the workshop is an introduction to understanding how society's expectations concerning men and women affect our sexual/reproductive health.
- ❑ Introduce the workshop objectives which have been written on a large sheet of paper or overhead transparency:

overhead/ handout

Objectives for Adolescents

- Learn the difference between 'sex' and 'women's and men's roles in society' (gender)
- Allow participants to examine how they learn about what is expected of women and men by society
- Provide participants with an opportunity to share their experiences in being female or male
- Help participants identify how being female or male can affect their sexual and reproductive health

overhead/ handout

Objectives for Adults and Peer Educators

- Come to a shared definition of the terms sex and gender
- Provide participants with experience in using some practical tools to address gender issues in their SRH work with adolescents
- Show how violence, HIV/STIs, unwanted pregnancy and its consequences may be related and affect one another
- Provide participants with an opportunity to share their experiences and methodologies in addressing gender and SRH

- ❑ Introduce the ground rules, which have been written on a large sheet of paper or an overhead transparency, and ask whether the participants can agree to them.
- ❑ Ask the participants if they want to add any new ground rules.

Ground Rules

- Facilitators will not call on participants to answer questions unless several people have raised their hands and wish to contribute.
- A person does not need to answer questions during the workshop if s/he feels uncomfortable.
- Listen with respect to every person's opinion even if you don't agree with him/her.
- Speak in 'I' statements (I think…, I believe…, I like/dislike…, etc.) rather than 'you' statements (You are wrong when you say that…; you shouldn't think that way, etc.).
- Respect confidentiality – if someone shares something personal don't repeat it outside the room in a way that can identify him/her.
- Put aside our fears of expressing what we really think and feel about a subject; there are no correct or incorrect answers – each person's personal experience is true for him/her. We should acknowledge, however, that some experiences may have been harmful to those involved (for example, suffering violence or discrimination).
- Agree to allow the use of 'sensitive' or 'taboo' words and terms during the workshop; when we talk about sexuality, we may need to use such phrases.
- Come back from small-group work and any refreshment breaks on time!

overhead/ handout

Defining Gender and Sex

Exercise 1A: Sex and Gender: What Do They Mean? (curriculum card 2)

Sample list from a field-test

This exercise should only be done if the majority of participants are familiar with the word gender. If this is not the case, do exercise 1B – Match the proverbs and sayings – instead.

Expected results

Participants begin to distinguish the concepts to be addressed in the workshop

Materials needed

Large sheets of flipchart or newsprint paper, marker pens and sticky tape, a large sheet of paper or overhead transparency with the definitions of sex and gender

Instructions

- ❑ Write the word 'sex' as a column heading in the top left corner of a blackboard or large sheet of paper.
- ❑ Ask the group to say what other words they think of or the first thing that comes to mind when they hear the word 'sex'. Stress that these can be synonyms for sex but that they may also say taboo words in the context of this workshop.
- ❑ Write their answers underneath the word sex.
- ❑ If participants are shy or embarrassed, encourage them by giving a few examples (pleasure, taboo, intimacy, breasts).
- ❑ Next write the word 'gender' towards the right-hand corner to begin a new column on the blackboard or sheet of paper and ask the group to say what words they think of when they hear the word 'gender'.
- ❑ Write their answers underneath the word 'gender'.

Summary

- ❏ If the participants have given mostly physical (biological, genetic) associations for 'sex' and social concepts for 'gender', compliment them on their knowledge of the terms.
- ❏ Hand out the workshop definitions of 'sex' and 'gender' to the participants and also use the overhead transparency or a large sheet of paper with the definitions on the wall. Read through the definitions and ask if the participants need anything explained.

> *Feedback from the Field—*
>
> *"Some participants mentioned that they had never thought of separating sex from gender since they always considered these to be part of the same thing."*
> *(XI Congress on Sexology and Sex Education, Peru)*

Definitions of Sex and Gender

overhead/ handout

Sex refers to physiological attributes that identify a person as male or female:

- type of genital organs (penis, testicles, vagina, womb, breasts)
- type of predominant hormones circulating in the body (oestrogen, testosterone)
- ability to produce sperm or ova (eggs)
- ability to give birth and breastfeed children.

Gender refers to widely shared ideas and expectations (norms) concerning women and men. These include ideas about 'typically' feminine or female and masculine or male characteristics and abilities and commonly shared expectations about how women and men should behave in various situations. These ideas and expectations are learned from: family, friends, opinion leaders, religious and cultural institutions, schools, the workplace, advertising and the media. They reflect and influence the different roles, social status, economic and political power of women and men in society.

- ❏ If anyone asks about dictionary definitions of sex and gender, point out that dictionary definitions tend to define sex and gender in a similar way; we are talking about a social-science definition of the term 'gender'. (See the sample definitions on pages 61-62) in Section 4; note that you can also use definitions from your local dictionaries.)

Possible adaptation of the exercise

- ❏ Ask the participants to gather in groups of 3 persons; give each group a sheet of paper.
- ❏ Ask the participants to spend 5 minutes writing down words and phrases that come to mind when they think of 'sex' and 'gender'.
- ❏ Next ask the groups to take 5 minutes to make up definitions of 'sex' and 'gender' based on what they have written down for each word.
- ❏ Ask some of the groups to present their definitions to the entire group and point out similarities and differences in the definitions.
- ❏ Present the definitions of 'sex' and 'gender' that will be used in the workshop and proceed with the summary.

Exercise 1B: Match the Proverbs and Sayings (curriculum card 3)

Expected results

Participants begin to identify gender stereotypes promoted in various cultures

Materials needed

Large sheet of flipchart or newsprint paper or overhead transparency with proverbs and sayings to be matched

Instructions

- ❑ Show the overhead transparency or post a large sheet of paper on the wall with popular proverbs and sayings that have been divided in half (see p. 23).
- ❑ Tell the participants the sayings have been divided and now the two halves of each saying are not matched correctly.
- ❑ Ask the participants to match up the correct halves of the sayings and then to say what they think the sayings mean.
- ❑ Tell the participants what the sayings mean if they have not guessed this correctly.

Sample proverbs and sayings and their meanings

- ❑ Men are gold, women are cloth—saying from Cambodia: this means that women, like a white cloth, are easily soiled by sex while men can have repeated sexual encounters and be polished clean like gold each time
- ❑ Husbands of ugly women always wake scared—saying from Brazil: this means that men think badly about women who are not beautiful
- ❑ Women are like a duiker's dung—Bemba proverb from Zambia: this means that women are as plentiful as duiker's dung; if your wife misbehaves, throw her away and find another one – a duiker is a kind of small antelope
- ❑ He who listens to women suffers from famine at harvest time—Tonga proverb from Zambia: this means one must not put too much weight on women's words; it might lead to trouble later on
- ❑ Men are like cars and women are like parking spaces—expression from an Asian country: this means that men can choose their partners (parking spaces) while women have no choice (anyone can park in them as they are a fixed space)
- ❑ Husbands who help their wives are called slave of the wife—saying from India: this means that men who help women are not 'real men'
- ❑ The kind of love between a husband and wife in the early days of marriage is absent after the birth of children—saying from India: this means that romantic love changes when parents have to take care of their children
- ❑ If the hours are long enough and the pay is short enough, someone will say it's women's work—Swahili proverb: this means that women generally have to work harder and earn less than men
- ❑ It is believed that women are governed by weak 'stars' so they often become possessed by evil spirits—saying from India: this means that women tend to be more unstable than men

- ❑ A house without an owner is like a woman without a husband —bilingual Summerian and Akkadian proverb: this means that a woman alone is not complete as a human being
- ❑ A woman's place is in the kitchen—proverb from the USA: this means that women should stay at home and only do domestic work
- ❑ Strong winds and ugly women only break twigs—saying from Brazil: they both cause problems
- ❑ In the hands of women rests the dignity of the house—saying from India: this means that what people think about a family depends on a woman's behaviour
- ❑ A boy who is a coward should wear bangles in his hand—saying from India: this means that boys who are afraid or who do not like violence are like women or girls

Match the Proverbs and Sayings

Men are gold	they often become possessed by evil spirits
Husbands of ugly women	are called slave of the wife
Men are like cars	women are cloth
Husbands who help their wives	always wake scared
Women are like	the kitchen
A house without an owner is like	a duiker's dung
He who listens to women	a woman without a husband
The kind of love between a husband & wife in the early days of marriage	suffers from famine at harvest time
If the hours are long enough & the pay is short enough, someone will say	only break twigs
A woman's place is in	the dignity of the house
It is believed that women are governed by weak 'stars' so	women are like parking spaces
A boy who is a coward	is absent after the birth of children
Strong winds and ugly women	should wear bangles in his hand
In the hands of women rests	it's women's work

overhead/ handout

Summary

- ❑ Talk with the participants about how sayings may have negative meanings for women and girls and men and boys, mentioning that there are more negative sayings about women in many cultures. Point out that the sayings demonstrate social expectations regarding the intelligence, abilities and behaviours of women, girls, men and boys.
- ❑ Explain that such social expectations are not based on sex – physical characteristics – but on ideas concerning women, girls, men and boys. The word 'gender' is used to describe such ideas. Explain that this workshop will be looking at such ideas and expectations.
- ❑ Hand out the workshop definitions of 'sex' and 'gender' to the participants, using the overhead transparency or a large sheet of paper with the definitions on the wall (p. 21). Read through the definitions and ask if the participants need anything explained.

Possible adaptation of the exercise

- ❑ Write the first half of each saying on a slip of paper marked A and the second half on a slip of paper marked B.
- ❑ Distribute the slips of paper to the participants, making sure that the first and second halves of each saying have been given to someone.
- ❑ Ask a volunteer with an A paper to read out their first half of a saying.
- ❑ Ask participants with B papers to guess whether they might have the second half of the saying.
- ❑ When the second half of the saying has been correctly identified, ask for another volunteer to read out an A paper and continue the process.

Exercise 2: When We Were Young (curriculum card 4)

Participants in Colombia think back to when they were young

Expected results

Participants realise how gender influenced our early experiences and continues to influence our thinking today

Instructions

- ❑ If there is enough space, ask the participants to walk around the room for about 30 seconds; then ask them to stop and pair up with the person next to them, sitting down with their backs to one another.
- ❑ If there is not enough space, ask them to switch chairs with someone across the room and place the chairs back to back in pairs.
- ❑ Next say: "Close your eyes and think of yourself in a beautiful place, perhaps with soft music that you like playing in the background; you can also think about a person that you have really admired in your life. Now think back to when you were young and try to remember when you first realised that you were male or female, some event that made it obvious to you that boys and girls were different or something that the admired person taught you about being male or female. Reflect on whether this experience had to do with something biological (for

example, experiencing first menstruation or wet dreams) or with comments/ reactions from other people (what boys and girls should or should not do). Was your memory a good or bad experience? Or did the experience seem neither good nor bad?"

- ❑ Allow them to think in silence for about 3 minutes.
- ❑ Ask them to share some of their early memories with their partners.
- ❑ After a couple of minutes, ask a few volunteers to share their experiences with the entire group, mentioning whether they were good, bad or neutral (neither good nor bad). If no one in the group wants to share right away, give some examples from your own life; this often prompts participants to share.
- ❑ Discuss the experiences to identify which ones had to do with sex (e.g., seeing a boy's or girl's genitals and realising they were different, having a first menstrual period or wet dream) and which were related to gender (e.g., activities that boys or girls were forbidden to do). If no one mentioned a story involving sex characteristics, give an example of what that might be.

Summary

- ❑ Point out that even when early experiences in recognising one's own sex were related to biology, we often really learn about what it means to be a man or woman from the reactions and comments of people around us (for example, being told that menstruation is 'a woman's curse').
- ❑ Encourage adolescents to look beyond the boundaries that may have been placed on them if these limit their possibilities for development – for example, boys being told that the nursing profession is only for women or girls being told they don't need secondary education since they will only stay at home when they are married.
- ❑ For adults: point out that many of us disliked the limits placed on us when we were young (for example, girls shouldn't play rough sports) – we should remember such experiences so that we don't reinforce such messages when dealing with adolescents today.

Feedback from the Field—

"It helped the participants to appreciate that each and every human being knows what sex…she/he has from infancy and the gender roles each one starts to undertake from that age." (Malawi)

Possible adaptations of the exercise

Adaptation 1

This adaptation can be used in places where people are not familiar with participatory workshops.

- ❑ If participants feel uncomfortable choosing a partner, assign them to pairs yourself.
- ❑ After the participants have shared their memories with their partners, ask them to share what their partners said without naming the partner – this can be less embarrassing for them.

Adaptation 2

When there are equal numbers of participants of both sexes in your workshop:

- ❑ Instead of asking participants to walk around the room, ask them to pair up with someone of the opposite sex.
- ❑ Then continue the basic exercise as described, with the participants sitting with their eyes closed.

Adaptation 3

When there are equal numbers of participants of both sexes in your workshop:

- ❑ Group all the men or boys in an outside circle and group the women and girls in an inside circle.
- ❑ Play some music and ask the inner circle to walk to the right and the outer circle to walk to the left.
- ❑ Stop the music and ask the inner circle to face the outer circle. Then ask the participants to pair up with a person opposite them.
- ❑ Continue the basic exercise as described, with the participants sitting with their eyes closed.

Adaptation 4

- ❑ Carry out the exercise as described and add the following discussion questions:
  1. Are there any advantages and disadvantages to being born female or male?
  2. If there are advantages or disadvantages for either sex, why do these differences exist and which ones have to do with sex and which ones have to do with gender?

An example from field-testing

Exercise 3: Gender Not Sex (curriculum card 5)

Expected results

Participants understand the difference between 'sex' and 'gender' and learn to recognise gender stereotypes

Materials needed

Large sheets of flipchart or newsprint paper, marker pens and sticky tape, a large sheet of paper or overhead transparency with definitions related to sexual orientation

Instructions

- ❑ Make three columns on a large sheet of paper. Label the first column 'Woman' and leave the other two blank.
- ❑ Ask participants to identify personality traits, abilities and roles ('attributes') that are often associated with women; these may include stereotypes prevalent in the participants' communities or their own ideas.
- ❑ Next label the third column 'Man' and ask participants to again make a list of personality traits, abilities and roles that are often associated with men.
- ❑ If participants do not give any negative or positive traits, abilities or roles for either sex, add some to ensure that both columns include positive and negative words.
- ❑ If the participants do not mention any biological characteristics (such as breasts, beard, penis, vagina, menopause), add some to the two columns.
- ❑ Now reverse the headings of the first and third columns by writing Man above the first column and Woman above the third column. Working down the list, ask the participants whether men can exhibit the characteristics and behaviours attributed to women and whether women can exhibit those attributed to men. Those attributes usually not considered interchangeable are placed into the middle column that is then labelled 'Sex'.

- ❑ To save time, it is not necessary to discuss each term separately; participants can also simply be asked whether there are any terms in the lists which cannot be reversed. However, make sure that all the words that belong in the 'Sex' column are discussed.
- ❑ Expect participants to debate the meanings of some words – one of the goals of this exercise is to demonstrate that people assign different meanings to most characteristics that are gender-based. So don't feel surprised or frustrated by the debates that occur!
- ❑ Be prepared to handle discussions on different types of sexuality. It can be useful to distinguish 'sexual orientation' from gender. If necessary, provide simple definitions related to sexual orientation, using a large sheet of paper or the overhead transparency. Point out that no matter what a person's sexual orientation is, s/he is influenced by social expectations regarding his/her behaviours and roles according to his/her biological sex.

Sexual Orientation and Identity	
Heterosexual	sexual orientation in which a person is physically attracted to people of the opposite sex
Homosexual	sexual orientation in which a person is physically attracted to people of the same sex
Gay	male homosexual; also used for female homosexual
Lesbian	female homosexual
MSM	men who have sexual relations with other men but who do not identify themselves as homosexual
Bisexual	sexual orientation in which a person is physically attracted to people of both sexes
Transvestite	person who dresses, uses cosmetics and acts like a person of the opposite sex
Transsexual	person who has taken measures to change his/her physical characteristics to completely resemble the sex to which he/she feels he/she belongs (e.g., taking hormones and having a sex change operation to have a penis removed or constructed, etc.)
Transgender	person who has characteristics of both transvestite and transsexual, e.g., dressing like the opposite sex and perhaps taking hormones but not having an operation. Also used to refer to transvestites and transsexuals simultaneously

overhead/ handout

Summary

- ❑ Explain that all the words in the 'Man' and 'Woman' columns refer to gender.
- ❑ Explain that sex has to do with biological and genetic matters while gender refers to social/cultural ideas and expected roles for women and men in society. Because of this, the content of gender can vary across cultures and societies.
- ❑ Point out that people often associate sex with gender or vice-versa so that they list the same words under sex and gender; the word 'gender' is also often used inappropriately instead of 'sex' (for example, when people are asked their gender instead of their sex on forms).
- ❑ Stress that stereotyped ideas about female and male qualities can be damaging because they limit our potential to develop the full range of possible human capacities. If we agree to accept stereotypes as guides for our own behaviour, it prevents us from determining our own interests and skills, discourages men from participating in 'women's work' (such as childcare) and restricts women from choosing roles that are traditionally 'male' (such as engineering and sports).
- ❑ Emphasise that this does not mean that we cannot enjoy displaying qualities that are usually associated with our own sex, only that is important for all of us to make our own decisions about what we do.

Feedback from the Field—

"This exercise has given us an assurance that everybody understands the difference between gender and sex." (the Philippines)

Possible adaptations of the exercise

Adaptation 1

This adaptation is possible if you have participants of both sexes in the workshop.

- ❑ Ask the males to suggest attributes for the column headed 'Woman'.
- ❑ Ask the females to suggest attributes for the column headed 'Man'.
- ❑ Ask all the participants to decide whether the attributes still apply when the column headings are reversed.

Adaptation 2

- ❑ Start the exercise by asking the participants to associate colours with being a boy or a girl: start with blue, pink and red and then move on to colours such as orange, grey, green, silver, gold and brown.
- ❑ Alternatively, ask the participants to pull things out of a box such as a bracelet, a ring, lipstick, a condom, a necklace, spectacles, a watch, etc. Ask them to say whether these items would belong to a man or woman, boy or girl, and which ones could belong to either sex.
- ❑ Proceed with the exercise as described up to the summary.
- ❑ Now ask the participants whether they would change their minds about the colours or items that they associated with men and women, boys and girls, and ask them to explain why.
- ❑ Proceed with the summary.

Adaptation 3

- ❑ Carry out the exercise as described.
- ❑ Then ask the male participants to indicate whether they possess or have ever displayed any of the qualities listed for women or whether any men they know have done so. Then ask the female participants to say whether they possess or have ever displayed any of the qualities listed for men and whether they know any women who have done so.

- ❑ Discuss whether they received positive or negative reactions from other people when they behaved in ways not expected for their sex and how this made them feel.
- ❑ Discuss whether they respected the men and women who behaved outside the usual 'gender stereotypes' and why they did or did not.
- ❑ Discuss how groups of adolescents and adults in the community can make it easier for men and women, boys and girls, to challenge negative gender stereotypes.

Facilitator summary for Exercises 1-3 (curriculum card 6)

Expected results

Participants understand why knowing about gender influences is important.

Materials needed

Large sheet of flipchart or newsprint paper or overhead transparency with statements 1-8

Summary

For adults and adolescents:

- ❑ Emphasise that we are all taught to behave in certain ways and to believe certain things from the time we are born. This process continues when we become adults.

- ❑ Some gender-based norms can put us in situations of risk and it may be difficult to avoid those situations. However, young people can try to get adults to help change those situations (for example, making sure young girls do not have to go alone to places where they might be sexually abused). Adolescents can also try to avoid behaviours that may place them at risk (for example, boys can avoid having unprotected sex just to prove to their peers that they are becoming 'real men').

For adults:

- ❑ Emphasise that it is important for all of us working in the area of adolescent SRH to understand the concept of gender and know how we ourselves are influenced by it through our own cultures, traditions and prejudice, sometimes without even knowing it.

- ❑ It **is** possible for adolescents to challenge gender norms and stereotypes and to be more aware of how gender influences their own and their peers' behaviour. What helps in this process is creating a supportive environment by training their peers and adults on the concepts in this curriculum.

- ❑ Mention that to incorporate a gender-sensitive perspective into our work, we don't need to talk about gender or use the word itself; we can, for example, discuss 'female and male roles' or 'men's and women's work' to get discussions and reflection started.

❑ Discuss the following statements with the participants:

overhead/ handout

Important Points to Remember

1. Gender has to do with relationships, not only between men and women but also among women and among men. For example: mothers teach daughters not to contradict men; fathers teach sons 'not to act like women' by crying when they are hurt.
2. A quick way to remember the difference between sex and gender is that sex is biological and gender is social. This means that the term sex refers to innate characteristics, while gender roles are learned gradually and can change.
3. Technology can affect how we view gender. For example, in the past women could breastfeed infants; now boys and girls can help feed infants with bottles. Machines have made it possible for both sexes to do heavy labour; medical technologies have made it possible for sex characteristics to be changed. The content of 'gender' can change for groups of women and men, girls and boys, with time; individuals can change sexually.
4. Gender does not only apply to people who are heterosexual: it affects people who are heterosexual, bisexual, homosexual or lesbian and people who choose to abstain from sex.
5. Men and women can manipulate gender-based ideas and behaviours for their own benefit, presumably without harming anyone but at the same time reinforcing stereotypes (e.g., women crying or flirting to get something done).
6. It is difficult to be 100% gender-sensitive; we are almost all influenced by gender in our ideas and actions.
7. Gender sensitivity does not mean that we no longer recognise differences between men and women. Some differences remain because of biology; we may choose to retain others even in equal relationships (for example, men opening doors for women to be polite).
8. To incorporate a gender-sensitive perspective in our lives, we don't need to talk about 'gender' itself but can refer to male and female roles or men's and women's work, for example.

Learning About Gender and Sex

Introduction to Small-Group Work

Expected results

Participants learn about the four exercises in this section and form small groups

Instructions

- ❑ Explain that in the next section of the workshop, we will explore how we learn and talk about sex and gender.
- ❑ Divide the participants into four small groups by having them count off a number from 1 to 4. Remember that it may not be a good idea to have family members or people who might be uncomfortable with one another in the same small groups.
- ❑ Mention the different exercises very briefly, explaining that each group will receive a handout with instructions for their exercise and questions to be answered. Say that you will give additional explanations to each small group concerning their particular exercise if needed.
- ❑ Ask each group to nominate a person who will report to the plenary feedback session on their behalf.
- ❑ Have the small groups present their work in the following order: The Gender Game, The Language of Sex, Learning about Sex and Media Images Analysis.
- ❑ After each small group presents their work, end their presentation by highlighting the important points in the summary for their exercise.
- ❑ Each group presentation and facilitator summary should take no more than 15 minutes.

Young people in Nigeria debate about gender and SRH

Exercise 4:
The Gender Game (curriculum card 7)

For this exercise it is possible to use the list of statements shown below [6]. If you wish to make it more locally relevant, you can add or substitute statements that refer to the situation of women and men, girls and boys, in your country.

Expected results

Participants demonstrate their understanding of the concepts of gender and sex

Materials needed

Handouts with statements and questions, pens or pencils

Instructions

- ❑ Hand out a sheet of paper with a numbered list of statements regarding men and women and ask one group member to read out each statement. (Note that the list on the curriculum card has the answers in parentheses; give participants the list from the overhead transparency without the answers!).

overhead/ handout

Gender Game

1. Women give birth to children; men don't.
2. Girls are delicate or gentle; boys are tough.
3. Among agricultural workers in India, women receive 40-60% of the wages that men do.
4. Women in sub-Saharan Africa contribute an average of 70% of the labour for household and market food production, yet rural women are poorer than men and have lower levels of literacy, education, health and nutrition.
5. Many women do not make decisions independently and freely, especially regarding sexuality and couple relationships.
6. Men's voices change with puberty, women's voices do not.
7. Women's risk for HIV infection is determined by their partners' sexual behaviour.
8. Women can breastfeed babies, men can bottle-feed babies.
9. In ancient Egypt, men stayed at home and did weaving. Women managed household affairs. Women inherited property and men did not.
10. In Great Britain, the majority of people working in construction are men.
11. Men must have male children to carry on the family line.
12. In 1999, adolescent males in Uganda thought having a child could enhance their status and prove their manhood: "We are fond of impregnating the girls." "It is normal to have a child."
13. Of the estimated 6-7 million persons around the world who inject drugs, four-fifths are men.

- ❑ Ask the group to write 'G' beside the statements they think refer to gender, 'S' beside the statements they think refer to sex, and 'G and S' beside the statements that refer to both gender and sex.

- ❑ Then ask the participants to discuss the following questions:

Gender Game

1. Did any of the statements surprise you? If so, why?
2. Why do you think that gender roles differ among societies and historical periods?
3. How does age interact with gender to determine our social roles?
4. How do these gender-based roles influence men's and women's experience of sexuality?
5. What are some of the disadvantages of gender-based roles for women?
6. What are some of the disadvantages of gender-based roles for men?

overhead/ handout

Summary

- ❑ After the group presents their list to the other participants, discuss whether any statements were marked inappropriately and why.
- ❑ Explain that the inequalities between men and women shown by these statements can also affect sexuality. For example, when women are economically dependent, they may be reluctant to insist on safer sex because they fear losing financial support from their partners. When young men feel pressured into taking risks to show they are 'manly', such as drinking a lot or taking drugs, they may lose control over themselves and end up more quickly forgetting to use a condom, endangering their health.
- ❑ Emphasise that gender influences differ from place to place and over time. This means that they can be changed in all societies.

Feedback from the Field—
"There was a lively discussion of some sensitive statements, especially about freedom of decision-making and women being weak, men strong." (Tanzania)

Possible adaptations of the exercise

Adaptation 1

- ❑ If you have enough handouts for all the participants, ask them to mark them individually and then compare their answers as a group before answering the questions.

Adaptation 2

- ❑ Post the statements on a flipchart and ask the entire group to classify them as gender or sex and discuss the questions with the entire group.

Exercise 5: The Language of Sex (curriculum card 8)

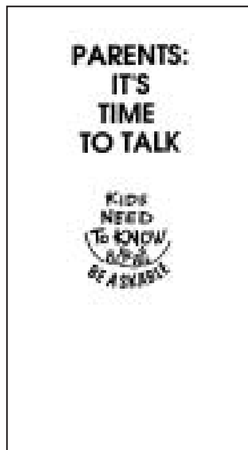
Some participants may find this exercise hard to do – not because it is difficult but because it involves saying words that may be considered 'taboo' [7]. Field-tests indicated that adults may feel more discomfort with this activity than adolescents. It is very important that the facilitators feel comfortable saying such words in front of a group since this can help 'desensitise' the issue for participants. (Practise saying the words in front of people beforehand!)

Synonyms brainstormed by participants in a workshop organized by the Sarawak AIDS Concern Society and Sarawak Family Planning Association

English Language	Malay Language	Chinese Language
Balls	Pelir	Lang Sai
Penis	Butuk	Lang Chiaw
Hard	Batang	Lang Par
Soft	Sosej	**Yang Chi**
Sperm	**Pisang**	Siau Ti Ti
Tadpoles	**Burung**	**Na Ker**
Mushroom	Lembik	**Na Hua Er**
Gentlemen	Buluh	Na Tiau
Long	Tongkat Ali	**Sin Chi Kuan**
Short	**Zakar**	**Ku Ku** (language for children)
Big	Kemaluan	
Small	Biji	
Colour - dark, fair	**Not Not** (language for children)	
Hairy		
Scrotum		
Testicle		
Pubic hair		
Ballot		
Cock		
Come		

Note : Words in bold are supposedly not rude

English Language	Malay Language	Chinese Language
Labia Majora	Rahim	Yin Dao
Labia Minora	Datang kotor	Zhi kun jing
Clitoris	Telur	Zhi kun
Vagina	modes	Xu ruan kuang
Cervix		Ruan zhao
Uterus		Zu ni mou
Fallopian tubes		Ye jin
Ovaries		Ru fang
Hymen		
Mensus		
Ovum		
Sanitary pad		
Vaginal discharge		
breasts		



Parents are often recommended as an information source for young people, but they need help to fulfil this role (from Advocates for Youth, USA)

Expected results

Participants realise how difficult it is to discuss sex and SRH issues openly and practise using words needed to discuss sexuality and its consequences

Materials needed

Handouts with words and questions, sheets of paper, pens or pencils

Instructions

- ❑ Explain that many people find it embarrassing to discuss issues surrounding sex, sexuality and their consequences. Given that there is no vaccine or cure for HIV infection and that men and women contract STIs, have to deal with unwanted pregnancies, etc., we must be able to talk about sexual attitudes, behaviour and the consequences of unprotected sex.
- ❑ Ask the participants to put aside their fears of saying taboo words during this exercise, explaining that we must learn to talk about various sexual parts of the body and different sexual acts in order to protect our SRH.

- Give the group a handout with the lists of words below. Ask them to choose two words (or assign them if they feel shy): one should come from the list related to sex and reproduction and one from the list related to consequences of sex.

The Language of Sex

overhead/ handout

Terms related to sex and reproduction

- male reproductive organs
- female reproductive organs
- penis
- vagina
- breasts
- menstruation
- semen or sperm
- intercourse
- oral intercourse
- anal intercourse
- orgasm
- masturbation
- withdrawal (of the penis during sex)
- condoms
- contraceptives

Terms related to the consequences of sex

- pleasure
- wanted pregnancy
- unwanted pregnancy
- abortion
- STIs
- HIV/AIDS
- unmarried mother
- unmarried father
- woman who has various sexual partners
- man who has various sexual partners

- Next ask the group to write synonyms (similar terms) used in their community for each word on a large sheet of paper. (Some examples of synonyms: 1) penis = tool, cock, prick, instrument, weapon, revolver, banana, sausage; 2) menstruation = woman's curse, period, sick, red days, friends.)

- Ask the group to answer the following questions:

The Language of Sex

overhead/ handout

1. Which synonyms for each word chosen from the list are most acceptable for 'public' use and which are most unacceptable?
2. Which words do young people use most when they talk among themselves?
3. Which words do young people use most when talking with their parents and other adults?
4. Which words have negative meanings for women or men?
5. Do you think that the negative words can be harmful when they are used to embarrass or insult people? If so, why do you use them?
6. Why do you use words that are not respectful of women and men?
7. (For adults) What barriers keep you from using terminology that is effective in communicating with adolescents?

- ❑ When the group presents their answers to the others, post their large sheet of synonyms on the wall for the whole group to see.

Summary

For adolescents

- ❑ Point out that we must adjust our use of language to our audience; this means we may use certain words with our friends and other words with adults such as parents and teachers.
- ❑ Explain that we need to overcome our own sensitivity in using sexually explicit words if we are to be able to talk about sexuality. If we cannot communicate clearly to other people what we like and do not like, what we want and do not want, misunderstandings will occur.
- ❑ Mention that it is also important to be able to say words that clearly refer to sex and sexuality when we want to ask for help, for example, when visiting a health worker.
- ❑ Stress that some of the disrespectful words used can be harmful. For example, in many places, there are lots of 'negative' words for women who have sex outside marriage (e.g., slut, whore), while the words for men who have sex outside marriage or with many partners (e.g., real man, stud) are viewed as positive. This use of language reinforces 'double standards' and inequality between men and women.
- ❑ Also point out any words on the list that are violent in nature (e.g., bat, gun, spear, baton, one-eyed monster for penis) and indicate how using such words can contribute to ideas that violence in sex is permissible.

For adults

- ❑ Point out that it is important to talk to adolescents in their own language – or at least allow them to use the words that they know best so that they feel comfortable in talking about sex and its consequences.
- ❑ Stress that some of the disrespectful words used can be harmful. For example, in many places, there are lots of 'negative' words for women who have sex outside marriage (e.g., slut, whore, prostitute, tramp, fish), while the words for men who have sex outside marriage or with many partners (e.g., real man, stud, player) are viewed as positive. This use of language reinforces 'double standards' and inequality between men and women. We should avoid using such words ourselves and suggest to adolescents that they use other words as well.
- ❑ Point out any words on the list that are violent in nature (e.g., bat, gun, spear, baton, one-eyed monster for penis) and indicate how using such words can contribute to ideas that violence in sex is permissible. Explain that many adolescents are unaware of this connection but quickly understand it when it is discussed with them.

Feedback from the Field—

"...in fact, we the facilitators were quite uncomfortable with the idea of having to mouth words which we were brought up to think are 'dirty'. It takes some pre-mental rehearsal to be comfortable and at the same time confident enough not to blush. Even the participants were not comfortable the first few moments into this session, but after the facilitators assured them that we were there to learn and sensitise ourselves and made several suggestions, the rest were more willing to contribute."

(field-test with young adults aged 16-24 years in Malaysia)

Possible adaptations to the exercise

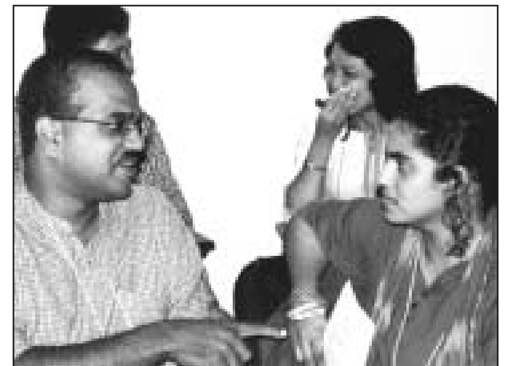
Adaptation 1

Use of this adaptation must be considered carefully according to your participant group. It has been used successfully and with a lot of laughter with young adults in the Philippines.

- ❑ Begin the exercise by telling participants they will do an activity to 'desensitise' the words that will be used.
- ❑ Say that all the participants will pretend they are market vendors who are selling body parts. Then give them an example by calling out something like: "Penis, penis, who wants to buy a penis?" or "Vagina, vagina, who wants a kilo of vagina?"
- ❑ Next say that all the participants together will try to call out the same phrase with the facilitator.
- ❑ Try another phrase and continue until many of the group members are participating.
- ❑ Point out that these are just words and it is only our own ideas that make them more sensitive than other words. If we practise saying them, it becomes easier.

Adaptation 2

- ❑ If participants hesitate to write down synonyms, start them off by giving them some 'technical' or 'vague' terms (e.g., 'genitalia' or 'down there' for reproductive organs).
- ❑ Point out that using such words may make it difficult for people to understand what we are talking about so we should think about the words we have heard that we do understand.



Participants in Malaysia talked about sex and sexuality

Adaptation 3

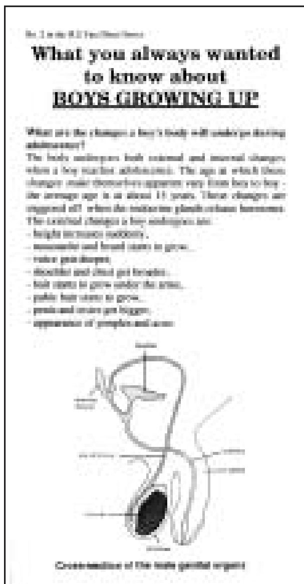
- ❑ Instead of giving the participants a list of words, ask them to brainstorm some words that have to do with sex.
- ❑ After they have identified at least three different terms, ask them to think of synonyms and proceed with the exercise as described.

Adaptation 4

- ❑ Show the group two 'sexy pictures' (e.g., advertisements), one showing a woman and one showing a man.
- ❑ Ask the group members to write down all the 'sex-related' words they think of when seeing the pictures.
- ❑ Then ask the group to answer the questions from the exercise in relation to the words they wrote down.

Adaptation 5

- ❑ Post the flipchart with words and their synonyms on the wall after the exercise is over.
- ❑ Invite participants to write additional synonyms during the workshop so that a group 'glossary' is created.


What you always wanted
to know about
BOYS GROWING UP

Information needs to be clear and specific (from FFPAM, Malaysia)

Exercise 6: Learning About Sex (curriculum card 9)

Expected results

Participants identify how we learn about sex and understand the importance of reliable information sources [8]

Materials needed

Handouts with table of information sources, sheets of paper, pens or pencils

Instructions

- ❑ Ask the group to discuss what they learned about sex from each of the following sources of information: parents, other family members, friends, religion, schools and teachers, music, TV and radio, advertising, books, personal experience, other sources (watching animals, Internet).
- ❑ Tell them to think of specific topics about which they learned, for example, puberty, oral sex, anal sex, masturbation, beliefs such as sex is bad outside marriage or you can go blind from masturbating.
- ❑ Then ask them to fill in the table on the handout (shown below) as a group
- ❑ After they have done this, ask them to decide what the best source(s) of information should be for female and male adolescents in their community to learn about sexuality. Tell them to explain the reasons for their choices.

What I Learned About Sex

Source of information	Most positive information	Most negative information	Most accurate information	Most 'believable' information	Most useful information	No information at all
Parents						
Other family members						
Friends						
Religion						
Schools & teachers						
Music						
TV and radio						
Advertising						
Books						
Own experience						
Other						

overhead/ handout

Summary

- ❑ Point out that individual experiences differ so that people value information sources differently.
- ❑ Explain that all sources of information can have negative and positive aspects depending on the goals and motivations of the information sources (for example, parents who want to protect their children and advertisers who want to sell products).
- ❑ It is important to realise that what we learned and how we learned it influences our behaviour. For example, value judgements that we learn at an early age often colour our views on sexuality and its consequences (e.g., pregnancy within marriage is highly valued, pregnancy outside marriage is bad).
- ❑ It is possible for young people (and even adults!) to know correct facts but still believe in myths (e.g., they know that intercourse can lead to pregnancy but believe that it is impossible for a girl to become pregnant the first time she has intercourse). It is important to check our beliefs with persons who have accurate knowledge about sexuality. (See the exercise 'The damaging effects of myths' on page 78 in Section 5 for examples if necessary.)
- ❑ Point out that boys and girls often receive conflicting messages, for example, girls are bad if they have sex outside marriage while boys need to gain sexual experience before marriage. Such differences contribute to inequality between women and men regarding how they are valued (e.g., in decision-making).
- ❑ Describe the qualities of good information sources so that adolescents can recognise them:
    - The information is understandable.
    - The information is complete.
    - The information is given in a non-judgemental way (the person requesting information is not made to feel stupid, embarrassed or ashamed).
    - There is a chance to ask questions and all questions are answered.

> *Feedback from the Field—*
> *"It worked very well…most learned from child games, from their husbands; some were taught by older people when this was unwanted or from experimentation, e.g. after wet dreams." (Nigeria)*

Exercise 7: Media Images Analysis (curriculum card 10)

Expected results

Participants analyse how women and men are portrayed in the media and how images may reinforce or challenge gender-based stereotypes

Materials needed

Handouts with questions; pictures from newspapers and magazines, large sheet of paper, pens or pencils

Instructions

- ❑ Explain that stereotypes are beliefs or assumptions that seem so 'natural' many of us do not question them. Even if we don't hold these beliefs, we hear or see them expressed over and over, for example through the media. We need to understand how stereotypes can affect our attitudes and behaviour.
- ❑ Pass out images (advertisements, cartoons) from magazines and newspapers that you have collected beforehand. They should include images that both reinforce

In Malaysia, adolescents gave critical analyses of advertisements

and challenge stereotypes, as well as positive images – there is a tendency among participants in this exercise to end up criticising each image without acknowledging that there are good images!

- ❑ Ask the participants to choose 3 images and answer the following questions for each image in turn:

overhead/ handout

Media Images Analysis

1. What is the main message the image gives about women or men?
2. Does the image show women or men in a good or bad way?
3. Does the image reinforce or challenge gender-based stereotypes?
4. Would you like yourself (or your mother/father, brother/sister) to be shown this way in public? Why or why not?

Summary

- ❑ Point out that this exercise provides an opportunity to analyse the impact of one information source – the print media.
- ❑ It is possible to interpret images from different points of view; not everyone receives the same 'message' from an image; we may receive a different message than was intended by those who produced the image. The common experience that all people share is that we are influenced in our ideas about 'proper' or 'desirable' characteristics and behaviours for women and men by such images, often without realising it.
- ❑ Both adolescents and adults continue to learn about gender roles in this way and these roles are important in determining our sexual and reproductive behaviour as well as the consequences of that behaviour.
- ❑ Many challenges to gender stereotypes are good – for example, advertisements showing women playing sports or men caring for children demonstrate that both men and women can carry out such activities regardless of their sex.
- ❑ Media advertisements try to get people to buy products and they often do this by reinforcing gender stereotypes. However, as ideas about women's and men's roles change in society, the media may also challenge gender stereotypes but in a harmful way. For example, tobacco advertisements specifically target women by appealing to their desire for 'adventure' or 'independence'. We therefore need to be aware of the health consequences of the messages we see, even if they challenge gender stereotypes that we want to change.

Feedback from the Field—

"Young people found the activity interesting. It gave them the opportunity to [focus] their minds on how the media project men and women's roles in the society. There was active participation as almost every young person had something to say…[They] used the images to express their views on what the roles of men or women should be, and if women and men can exchange such roles." (Nigeria)

Possible adaptations to the exercise

Adaptation 1

- ❑ Give the participants some magazines and newspapers and ask them to choose three images that reinforce or challenge gender stereotypes.
- ❑ Ask the group to then answer the questions for the images they have chosen.

Adaptation 2

- ❑ After the group has answered the questions for each image, ask them whether the images could have shown either a man or a woman in that situation – for example, could an ad showing a woman carrying a baby have shown a man carrying a baby instead?
- ❑ Then ask the group to discuss the following questions:
  1. Should men and women have certain roles that cannot be shared by the opposite sex? Why or why not?
  2. What would need to happen to make it possible for men and women to exchange or share roles?

Adaptation 3

- ❑ If your organisation has access to a television and video equipment, show some TV advertisements for analysis instead of taking images from magazines and newspapers.

Facilitator Summary for Exercises 4-7 (curriculum card 17)

- ❑ These exercises have shown that messages about gender and sex are given through numerous channels, including channels that we recognise as teaching sources and others in our everyday lives that are less obvious.
- ❑ It is important that adolescents be aware that they sometimes receive incorrect information, so they should seek guidance from knowledgeable adults.
- ❑ We have also realised that, when we discuss sexuality and SRH, it is important to be comfortable talking about sex openly and we should not be afraid of being direct.

Workshop participants in the Phillipines had fun while learning!

Applying Gender Concepts to SRH

Introduction

- ❑ For the next set of exercises, the participants should be divided into five small groups using the same counting method as before (this will hopefully mix people around so they can work with other people).
- ❑ Explain that in the previous exercises we came to understand how we learn about sex and gender from the time we are children and we examined how gender influences affect our ideas and expectations about women's and men's behaviour. In the next set of exercises, we will analyse how gender-based ideas and norms affect our sexual and reproductive health.
- ❑ Mention that the first two exercises in this section – 'What is violence?' and 'Experiencing Violence' – will be done by all the small groups at the same time. The other exercises (10-13) will be split among different small groups and be done simultaneously.
- ❑ Refer to the overhead transparency 'Gender-sensitive measures and interventions' for ideas in discussing exercises 10-12.

Exercise 8: What is Violence? (curriculum card 11)

Since violence is such a sensitive issue, please review the facilitator notes on page 8 again.

Expected results

Participants develop definitions of violence and explore how these relate to their lives

Materials needed

Large sheets of flipchart or newsprint paper, marker pens, handouts or overhead transparencies with examples of violence

Instructions

- ❑ Begin by saying that during the exercise 'The language of sex', we saw that some words used in relation to sex can have violent meanings or be used to hurt people verbally (see page 36). Violence can affect our health in other ways as well, so we will discuss this problem separately in two exercises.
- ❑ Give each small group a large sheet of paper and ask them to make up a definition of violence, reflecting what violence means to them.
- ❑ Next ask them to discuss the following questions:
  1. Does your definition cover different experiences of violence for women, girls, men and boys (in other words, in terms of gender)?
  2. Does your definition cover different types of violence in relation to age?
- ❑ After 15 minutes, ask the groups to present their definitions to one another.

Summary

❑ Post a large sheet of paper or use the overhead transparency with examples of violence. Explain that there are many forms of violence – physical, sexual and emotional – but that we often accept certain kinds of abuse as 'normal' or 'acceptable'. Sometimes we do not even consider some kinds of abusive behaviour to be violent because they go unpunished and it seems that the community tolerates them.

Types of Violence

Emotional and psychological abuse may include:

- telling someone s/he is ugly
- denial of love/affection/sex
- humiliation
- refusing to help someone in need
- name-calling, shouting at the person
- damaging their favourite possessions (clothing, a pet)
- threatening physical or sexual violence
- insulting or cursing a person who has refused to have sex
- writing threatening letters to someone after s/he ends a relationship

Physical violence may include:

- slapping, beating, pinching, hair pulling, burning, strangling
- threatening or attacking with a weapon or object
- throwing objects at a person
- physically confining (locking in a room or tying up)
- ripping off clothes

Sexual violence may include:

- beating a person to force him/her to have sex
- touching a person's sexual body parts against his/her will
- using vulgar and abusive language to coerce someone into having sex
- putting drugs into a person's drink so that it is easier to have sex with him/her
- refusing to use contraceptives or condoms

overhead/ handout

❑ Ask the participants if they want to add any items to the examples of violence.

❑ If you wish, present the definition of violence against women on the overhead transparency, explaining the difficult words (see p. 44).

❑ Mention that there are harmful traditional practices that are also considered to be violence, such as female genital cutting (FGC) and early marriage, and that these also can lead to SRH problems.

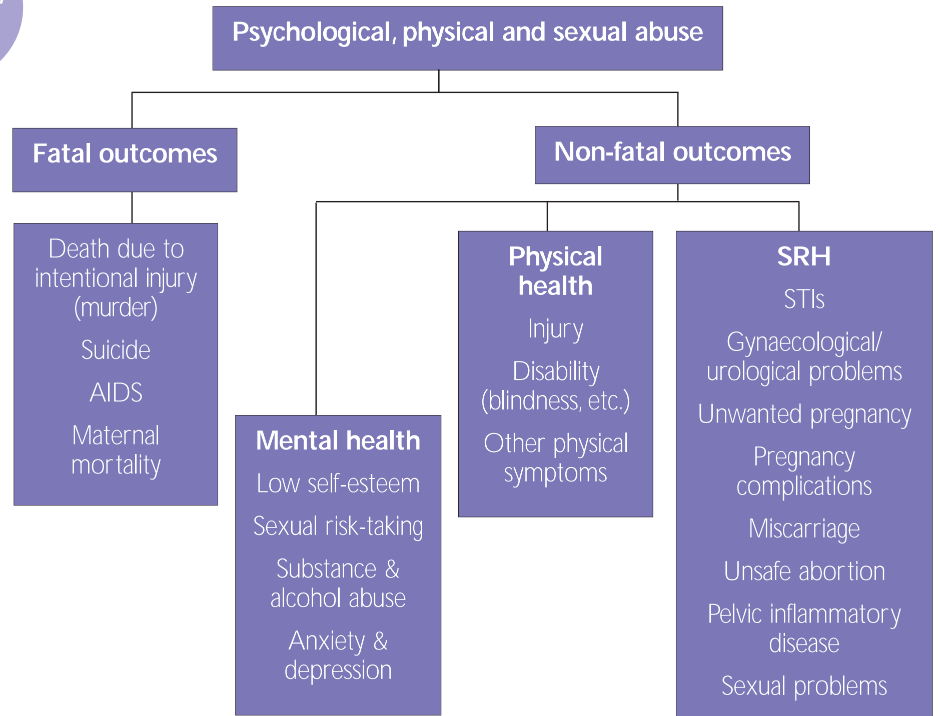
❑ Point out that both women and men, girls and boys, suffer from violence. In some cases, such violence is 'random' and not necessarily related to a person's sex; examples include being assaulted during a robbery, being hit during a schoolyard fight with peers.

Violence Against Women (VAW)

Any act of gender-based violence that results in, or is likely to result in, physical, sexual or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.

overhead/ handout

Some possible results of different types of violence against individuals



Feedback from the Field—

"Issues of incest should come out…forcefully because this 'hidden' crime is one of the areas [where] the silence has not been significantly broken and its consequences often follow the victims for the rest of their lives. Incest is more common than we admit and because of the stigma attached to it, it is very difficult to talk about but if we consciously make it an SRH issue, we might help to break the silence and enable people to access the assistance they need." (Zambia)

❑ Explain that many forms of violence **are** related to gender, as well as age, and give some examples, pointing out whether these would be covered by the small-group definitions

- Examples of gender-based violence: beating of homosexual people because the aggressors feel homosexuals challenge gender stereotypes of what 'real men and real women' should be; young women who suffer acid-throwing because their dowries were not large enough; high rates of murder among young men
- Examples of age-based violence: bullying at school; forced marriage of young girls to older men; incest with young girls and boys; peer pressure to join a gang and prove 'manhood' by physically attacking other men
- Examples of institutional violence: violence by the State, for example, soldiers trying to impregnate refugee women through rape

❑ Explain that violence is a violation of fundamental human rights.

❑ Summarise the possible SRH outcomes of violence using the overhead transparency or handout (shown above).

Possible adaptation to the exercise

- ❑ Ask one or two small groups to list types of violence and then to make a definition of violence that covers the forms of violence on the list.
- ❑ Ask one or two other groups to discuss and define sexual abuse among adolescents.
- ❑ Ask a third group to do a problem tree analysis (see page 51) of the causes and consequences of sexual abuse among adolescents.
- ❑ After the small groups have presented their work to one another, ask all the participants to suggest strategies for addressing this problem by school or primary health care services.

Exercise 9: Experiencing Violence (curriculum card 12)

A role-play at the International AIDS Conference in South Africa (July 2000)

Expected results

Participants identify some ways in which men and women mistreat each other and how this can affect SRH [9]

Materials needed

Handouts with questions

Instructions

- ❑ Begin by saying that we have all seen instances in our communities when men and women, boys and girls, mistreat each other. If you feel comfortable giving an example from your own life, do so, or mention a case that you have heard or read about.
- ❑ Explain that we will now look at the effects of mistreatment and violence on both the victim and the abuser.
- ❑ Give each small group a scenario related to mistreatment. Then ask the groups to design and practice a 3-minute role-play using words, song, dance or just body movement, showing events that could lead up to the type of violence in their scenario. Each group member should play a role if possible. Sample scenarios:
    - An adolescent is raped by a stranger when she or he is walking alone at night.
    - A woman is forced by her husband to have sex when she is feeling unwell.
    - A young boy sees his father abusing his mother verbally and physically.
    - A teacher asks a female student to help him at home and then takes advantage of her sexually.
    - A young girl is sexually abused by her uncle repeatedly when her parents are away.
    - A young boy is sexually abused by his male cousin.

❑ Ask the group to answer the following questions after they have finished their role-play.

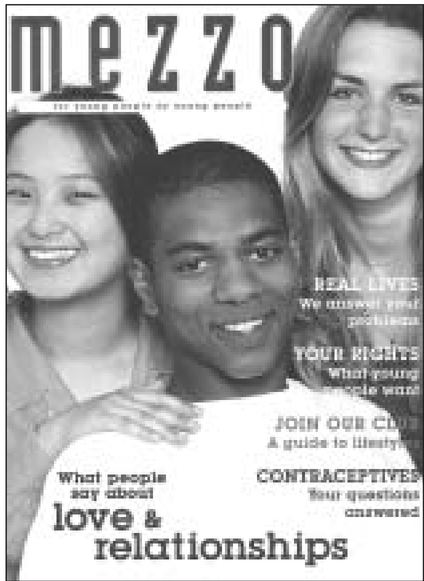
overhead/
handout

Experiencing Violence

1. How does the mistreated person feel when she or he is mistreated like this?
2. How does the abuser feel?
3. Did the mistreated person do anything to cause the violence? Does that mean the violence was justified?
4. In what ways can this experience affect the mistreated person's sexual and reproductive health, either directly or indirectly?
5. What can a person do to help him/herself when he or she experiences such problems?

❑ Emphasise that if any participant feels uncomfortable doing this exercise, s/he may leave the group or the room and come back later.

❑ Ask the groups to present their role-plays and answers to the other groups. Allow members of the other small groups to add their observations to the answers.



Young people need to know they have rights (from ***Mezzo****, a youth magazine)*

Summary

❑ Point out that people find it difficult to talk about physical and sexual violence, especially violence in the home against women and children. It is only when we start talking about it more publicly that community 'tolerance' for such violence will begin to be reduced.

❑ Explain that there is a tendency for victims of violence to feel that they are to blame for what happened to them. For example, a girl who is raped might think she caused it because she allowed some sexual activity such as kissing. However, this does not mean the violence was justified; there is no excuse for forcing someone to do something that can be harmful to his/her health against his/her will.

❑ Explain that there are people of authority in our communities who may make public statements that seem to condone violence; it is up to other people in the community to oppose them, for example, by speaking at public meetings, phoning in to radio talk shows, writing letters to the editor of a newspaper, etc. (You can give some examples of such statements; see pages 62-64 in Section 4).

❑ Emphasise that adolescents have the right to be free from violence.

❑ Mention where adolescents in your community can go for help if they are faced with a situation of violence or the consequences of violence such as rape.

❑ State that adolescents should do all they can to resist being pressured or forced into doing something sexual that they are not comfortable with. Give some examples and ask the participants if they can add others:

❑ **Girls:** give clear messages about what you want – only say yes if you want to have sex; if you don't want to have sex, say no firmly, perhaps giving reasons for saying no that reinforce the message; do not go far away from other people so that you can always call for help if you need it; avoid going out with men who are aggressive or disrespectful; seek help from a trusted adult in cases of incest

- ❑ **Boys:** do not assume that a date should end in sexual intercourse; do not assume that having bought a girl something means she 'owes' you sex in return; accept that a girl means no when she says no.
- ❑ **Girls and boys:** avoid sexual activity after drinking or taking drugs since this can lessen your self-control or make you forget to use condoms; stay with a group of friends if you notice that you are feeling unable to control yourself; seek help from adults to change situations that place you at risk.

> *Feedback from the Field—*
> *"The group who did this activity were all men. The exercise was run as a discussion rather than a role-play…they used their own experiences – violence in relationships is very common (and therefore didn't need a role-play)….they were positive, indicating they understood about guilt, consequences, and shame." (Tanzania)*

Exercise 10: Lifeline History (curriculum card 13)

Expected results

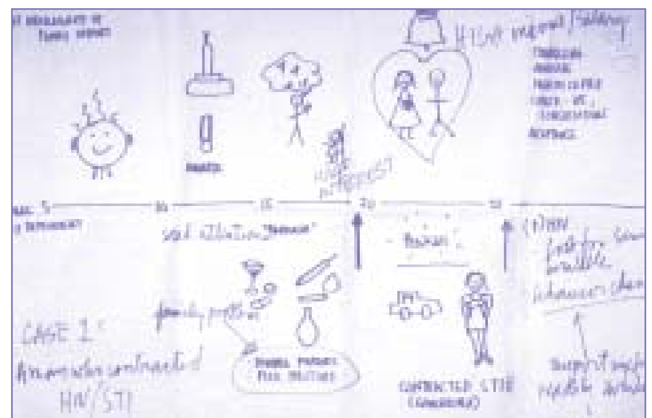
Participants analyse SRH problems that men and women may experience in their lives and the factors that can increase or decrease vulnerability to such problems

Materials needed

Handouts with questions, large sheets of flipchart or newsprint paper, marker pens

Instructions

- ❑ Draw a lifeline on a large sheet of paper before the workshop. Give the small group this paper and a handout describing the imaginary person they will discuss as well as some events in his/her life. Possible lifeline descriptions:
    - Mary was born into a large rural family; when she was an adolescent, she was raped. She did not want the pregnancy and had an abortion. The group imagines how her life continues.
    - Pedro was born into a middle-class family and learned during adolescence that he was homosexual. During his first sexual experience, he had unprotected sex and contracted an STI.
    - Peter came from a wealthy family in the city; during his adolescence he got an STI that he did not have treated. He experienced SRH problems as a result.
- ❑ Ask the group to make a story explaining the person's situation: they should mark happy events and influences above the line (either in words or with symbols or pictures) and sad events and influences below the line. They can also draw dotted lines between events to show how earlier events influenced later events.
- ❑ Participants should decide whether something was positive or negative. Some events might be on the line (neither above or below it), having both positive and negative aspects. An example can be given: for a woman who tried to become pregnant for a long time, giving birth can be a positive experience; for a woman who was raped, the experience might be negative.
- ❑ When they have completed the lifeline, ask them to answer the following



Sample lifelines from field-testing

questions on the back of their paper so that they can present the story and answers to the other participants.

overhead/ handout

Lifeline History

1. What situations and circumstances placed the person at risk?
2. What situations and circumstances allowed the individual to develop his/her capacity to avoid risk?
3. What characteristics, skills and services can help individuals like this one avoid risks – especially during childhood and adolescence?

Small-group work during the 1999 Regional AIDS Conferences in Malaysia and Brazil

Summary

- ❑ Point out that people have experiences that can place them at risk as well as experiences that can help them avoid risks.
- ❑ Risk factors and situations occurring earlier in life may continue to have an impact much later in a person's life; some situations can lead to multiple health problems. For example, a boy who has an untreated STI in adolescence could become infertile; a girl who does not tell her parents about a teacher who is sexually harassing her could be raped, become pregnant and get HIV infection.
- ❑ That is why it is important to address SRH problems from a 'life-cycle approach': young people need skills and services that can have an impact both on their current and future lives. It is important for young people to request training to build their skills, such as assertiveness, negotiating skills, conflict resolution and decision-making.
- ❑ Adolescents have the right to ask for and receive all the information and services they need: comprehensive sex and family life education; access to contraceptives and condoms if they are sexually active; addresses where they can obtain help in cases of violence (including emergency contraception following rape of girls); addresses where they can obtain help for SRH problems such as unwanted pregnancy, complications of unsafe abortion, antenatal and mother-child care, HIV/STI testing and treatment; referrals to self-help groups for people living with HIV infection and dealing with drug and alcohol abuse.

Feedback from the Field—
"The group visualised the life cycle of the person, identifying happy times and difficult moments which we must face during life. They noted that often people don't find resources or emotional and social support in the environment to confront difficult situations, especially during the adolescent phase, which makes people more vulnerable." (Peru)

Possible adaptations to the exercise

Adaptation 1

- ❑ If there is sufficient time, ask the group to make two lifelines: one in which a woman suffers from a problem and one in which a man suffers from the problem. For example: a young woman who is raped as an adolescent and a young man who is raped as an adolescent.
- ❑ Ask the group to identify which gender-based factors made the consequences of the problem different for the two people.

Adaptation 2

- ❑ If there is sufficient time, ask the group to identify which significant persons were present or absent in the person's life at different times to give advice, counselling or other types of assistance. Examples could be: parents, older siblings, friends, a teacher, a religious leader, a youth outreach worker, a nurse or doctor, an employer, an NGO staff-member, a community leader.

Exercise 11:
Role-play: Why? (curriculum card 14)

Expected results

Participants analyse situations involving gender norms, relationships and sex and think of ways to reduce possible risks [10]

Materials needed

Handouts with questions

Instructions

- ❑ Ask the group to choose a situation from the following list or to suggest situations that are relevant in their community:
    - Young girl who is pressured by her family to marry at a young age; because she is under the legal age for marriage, parental consent is required
    - Young man who is pressured to have sex by his friends even though he wants to postpone this experience
    - Young woman of 13 years is pressured to undergo female genital cutting but she does not want to have the procedure
    - Young girl who has been sexually abused as a child; a wealthy older man tempts her with money or gifts
    - Young man approached in a bar by a woman who wants to have sex with him; he is willing but does not have any condoms
    - Young sex worker who wants to use the female condom with her client but he refuses
    - Young man who wants to use a condom but fears loss of trust within the relationship if he suggests it
    - Young wife who wants a child; her husband frequently visits sex workers and she is afraid of getting an STI
    - Young bride who wants to postpone pregnancy but whose husband does not like contraceptives that 'take time' (condoms, spermicides)
- ❑ Ask them to design a 3-minute role-play using words, song, dance or just body movement, that describes what words or actions could lead up to sex occurring in their scene.
- ❑ Tell the group members that they should each take roles – the main character, the person(s) she/he must deal with, friends, parents, etc.

Participants at the 2000 International AIDS Conference explored risk situations in role-plays

- ❑ Ask the group to act out their scene and then answer the following questions for presentation to the other participants:

overhead/ handout

Role-Play: Why?

1. What elements in the scene posed risks to the main characters' SRH?
2. Why did the characters have sex or not? What were the good and bad things (if any) about them having sex?
3. Did the scene illustrate a circumstance in which pregnancy or HIV/STI infection could be prevented? Why or why not?
4. What factors influenced the main character's control or lack of control over the situation?
5. What could the main characters or persons around them have done to reduce SRH risks?

- ❑ After the small group presents their role-play and answers to the questions, ask the other participants if they can suggest any actions the main character could have taken to ensure that s/he did not do something s/he did not want to do.

Summary

- ❑ Emphasise that young women often have less decision-making power regarding sexual activity than their partners – even when they are married and considered adults – and discuss some of the benefits of delaying marriage until an older age.
- ❑ Point out that many factors can influence people's decisions about complying with gender-based expectations and about when and how to have sex, not the least of which are pressures and reactions from other people around them. This is especially the case for adolescents who often respond to adult or peer pressures regarding their decisions. It is important for young people to be clear about what they want and don't want and that they find friends and adults who will support them in their decisions.
- ❑ Explain that it is also important for young people to know about their rights; for example, if young women know the minimum legal age for marriage, they can seek help from supportive adults to resist pressures that encourage child marriage. Such help can include adults organising community education sessions on the topic (e.g., pointing out gender discrepancies in marriage age requirements and the SRH risks involved in too early pregnancies) and getting influential community members (religious leaders, judges, village heads) to speak out on the issue.
- ❑ (For adults): When providing advice to young people about sexual encounters, imagine yourself in their situation so that your advice is realistic and feasible given their circumstances and options.

Possible adaptations to the exercise

Adaptation 1

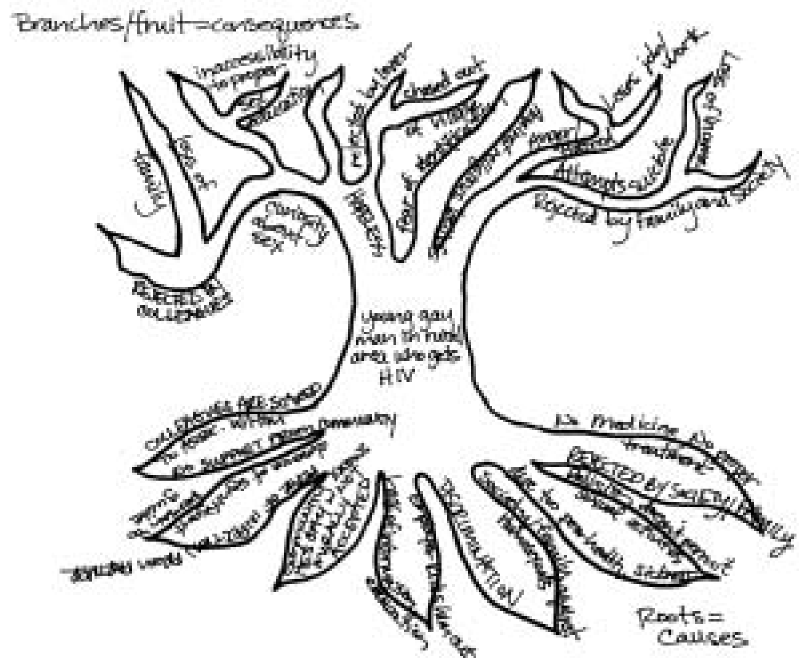
- ❑ Instead of presenting the participants with possible characters and scenes, ask them to think of situations in their community that lead to SRH risks.

- ❑ Next ask them to design a role-play about one situation, explaining why they chose that scene (for example, it happens often in the community, it is the most frequent situation faced by young women or young men, it is a situation that concerns the community most).
- ❑ Then ask them to answer the other questions in the exercise.

Adaptation 2

- ❑ Give the participants slips of paper with 'pressure lines' and ask them to choose some of them as the basis for role-plays. Examples of pressure lines: 1) Are you trying to say I sleep around? 2) Come on, grow up. Everybody is doing it. 3) Don't worry, I had an HIV test last week; you won't get infected. 4) If you don't have sex with me, I'll look for another girlfriend. 5) If you don't have sex with a girl soon, all the guys will think there's something wrong with you.
- ❑ Then ask the group to answer the exercise questions for two of their scenes.

And we grew and grew – workshop participants from Brazil and Mexico get ready for a problem tree analysis



Sample problem tree

Exercise 12: Problem Tree Analysis (curriculum card 15)

Expected results

Participants analyse SRH problems for an adolescent girl or boy, including causes, consequences and possible solutions

Materials needed

Large sheets of flipchart or newsprint paper with a drawing of a tree that has large roots and branches, marker pens, hand-outs or transparency with sample answers

Instructions

- ❑ To start the exercise, ask the group members to stand for a physical exercise.
- ❑ Give the following instructions while acting them out yourself:
  - Use your body as an acting tool. Imagine yourself as a small seed; get down on your knees and curl up.

- While I count to 10, start 'growing' (stand up) to become a full-blossomed tree with your arms as branches and your fingers as fruits.
- Feel a gentle breeze blowing the branches back and forth, then a storm and then the wind dying down. (Move your arms around gently, then roughly and then gently again.)
- Let the tree feel itself. Let the roots move a little (move your toes) and then the branches (hands) and the fruits (fingers).
- Now imagine the tree is being poisoned. The poison enters the tree through the roots, moving up to the fruits (fingers die), branches (hands die) and finally the trunk. The whole tree dies. (End up by falling down to the floor.)

❑ Ask the group to sit down and explain that a healthy tree gets sufficient nutrients from its roots. But if the 'fruits' begin turning bad, this indicates that something is not right. The nutrients are insufficient or totally poisoned. What we can see first are the visible signs above ground – the fruits, leaves, branches and trunk of the tree begin to get sick and this indicates there might be a problem at the root level. This is the same for life: problems that we see, such as unsafe abortions, are the visible result of other problems that already existed (unwanted pregnancy caused by lack of contraceptive use among other things).

❑ Now give the group a large sheet of paper on which you have drawn a tree with several large roots and numerous branches with fruit. The trunk of the tree should list one of two SRH problems: unwanted pregnancy or HIV/STI infection.

❑ Say that the group will consider the problem from the viewpoint of an adolescent girl or boy. Ask them to write the causes of the problem on the roots of the tree and the consequences of the problem on the branches and fruit. When they are finished, tell the group to write down on the back of the paper or next to the trunk of the tree some gender-sensitive ways in which the causes and consequences could be addressed.

❑ Emphasise that they should identify gender-based causes and consequences as well as gender-sensitive measures to address the problems. For example, 'poverty' as the reason for a lack of access to contraceptives is too general; few income-earning opportunities for young women as the reason is more gender-specific.

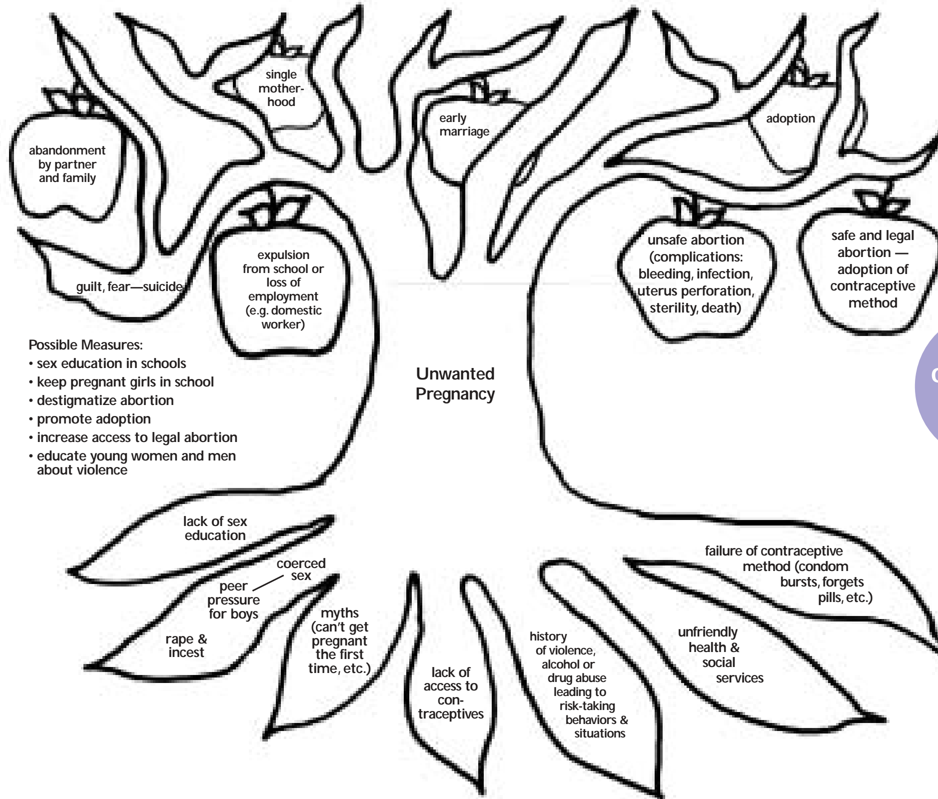
A small group works on a problem tree during the 1999 Regional AIDS Conference in Malaysia

Summary

❑ Explain that many 'general roots' of problems are manifested differently for women and men, girls and boys. For example, boys might have inadequate sex education because the school curriculum only discusses biological facts without addressing responsibility to protect oneself and one's partners. Girls often lack even biological information because they do not have the same educational opportunities as boys (e.g., they more often leave school if the family is poor).

❑ Note the gender-based differences in consequences of problems. For example, young women who have unprotected sex face many more potential repercussions, both socially and for their health, than young men.

Problem Tree Analysis: Unwanted Pregnancy



overhead/ handout

Example of different possible causes (roots) based on gender

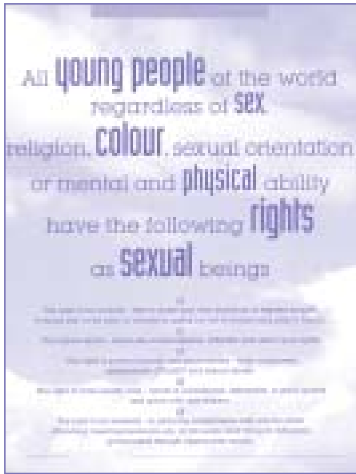
Adolescent girls:

- lack of information because they do not go to school
- myths (e.g., you cannot become pregnant the first time you have sex)
- incest or rape
- lack of access to contraceptives, including emergency contraception (e.g., unmarried women can't go to family planning clinic)
- lack of education on how to use contraceptives
- alcohol or drug use that influences risk behaviours
- failure of contraceptive method (e.g., condom bursts)

Adolescent boys:

- lack of information because they only learn about HIV/STIs and not pregnancy
- myths (e.g., cannot cause pregnancy because sperm is 'immature')
- insufficient ability to control desires or peer pressure (which can lead to rape)
- lack of access to contraceptives (males not welcome at family planning clinics)
- lack of education on how to use contraceptives and condoms
- alcohol or drug use that influences risk behaviours
- failure of contraceptive method (e.g., condom bursts)

- ❑ Point out how the suggested solutions can be made gender-specific. For example, if one solution is 'increased access to contraceptives', say that family planning clinics should ensure that young men feel welcome, while young women should not only learn about regular contraceptives but also emergency contraception.
- ❑ Explain that problems can have both indirect and direct causes. Direct causes are easier to identify; indirect causes are less obvious and more difficult to identify. For example, not using a condom can be a direct cause of HIV infection or unwanted pregnancy. Abuse in childhood that lowers self-esteem can contribute indirectly to a person engaging in unprotected sex. Rape can directly result in unwanted pregnancy; social norms that 'tolerate' violence against women can lead to rape and therefore indirectly contribute to unwanted pregnancy.



(From IPPF)

Possible adaptation to the exercise

- ❑ If there is sufficient time, ask the group to analyse the problem for both an adolescent girl and an adolescent boy so that the gender differences become clearer, for example, unwanted pregnancy and unsafe abortion from a girl's perspective and the same problem from her teenaged boyfriend's perspective.
- ❑ If you have both male and female adolescents in your workshop, ask a group of boys to analyse the problem for a girl and ask a group of girls to analyse the problem for a boy.

Exercise 13: Designing Youth-Friendly SRH Services (curriculum card 16)

At the 2000 International AIDS Conference, younger and older participants analyzed services for youth

Expected results

Participants analyse how SRH services can be made more appropriate and accommodating for young people [11]

Materials needed

Handouts with questions, sheets of paper, pens and pencils

Instructions

- ❑ Explain that the group will consider how health services can be improved for young people.
- ❑ Ask them to imagine an SRH service for youth that is run only by adults. They

should list the qualities, knowledge and skills that the female and male adults possess which help the service run well. What are the service's strengths and weaknesses?

- ❑ Then ask the group to imagine the same service being run only by adolescents, listing the young women's and young men's qualities, knowledge and skills.
- ❑ Finally, ask the group to imagine a service run in partnership by adults and adolescents that combines their strengths and tries to eliminate the weaknesses, answering the following questions:

Designing Youth-Friendly SRH Services

1. What roles will be held by younger or older adults?
2. What roles will be held by adolescents?
3. Will there be differences between the roles held by male and female adolescents? Why or why not?
4. What roles can adolescents and adults share?
5. Who will make the decisions?
6. What topics should be covered by the service?
7. How can young people find out about and get involved in this type of work?

overhead/ handout

Summary

- ❑ Note that adults and adolescents can bring complementary knowledge, skills and qualities to a service. For example, adults can provide detailed knowledge on various topics, provide actual services such as pregnancy and STI testing, as well as provide continuity to a service. Young people can provide insights into the needs of adolescents, new issues arising among young people (e.g., increases in substance abuse in a community, difficulties in accessing contraceptives), as well as youth-friendly approaches when peer educators are involved.

Integrated information helps meet adolescents' needs (from KwaZulu-Natal Health Department, South Africa)

- ❑ Education and counselling on a wide range of topics should be available, including:
  - information on biological and social aspects of sexuality and reproduction
  - violence and its consequences
  - the possible risks of early pregnancy
  - HIV/STIs
  - contraception including emergency contraception
  - the dangers of unsafe abortion and circumstances in which abortion is legally permitted (e.g., in many countries, abortion is allowed for rape and incest).

The counselling service should provide referrals to services that are specialised in these areas.

❑ List some of the best qualities of youth-oriented SRH services and ask the participants if they have other points to add:

- Adult staff listen to adolescents' concerns respectfully and without judgement.
- Sexuality is approached as an aspect of life that is normal, healthy and pleasurable when people can express it according to their own wishes and desires.
- Comprehensive information on all SRH topics is given, including demonstrations of condom use, contraceptives and other relevant topics (e.g., using sanitary pads and tampons).
- Attendance hours are at times when it is easy for adolescents to visit the service.
- Adolescents are allowed to bring along people they trust to consultations (e.g., parents, siblings, friends).
- Staff ask adolescent clients whether they want someone else present during examinations (e.g., parents) and respect their wishes and confidentiality if they say no.
- Staff explain to adolescent clients what they are doing during physical examinations.
- Waiting rooms have magazines, health education materials, games and toys for young children (e.g., teenage mothers' children or younger siblings) and someone to care for younger children when the adolescent is seeing the health worker.

❑ To ensure the success of gender- and age-sensitive services, it is important that influential community members are sensitised to the need for them.

Feedback from the Field—
"The participants identified all the problems the young people are meeting in the clinics around our country. These were brought up and listed. Most service providers in our country are unfriendly, no wonder the list is endless." (Malawi)

Possible adaptation to the exercise

❑ Ask the participants to think about a local clinic that offers SRH services, describing its strengths and weaknesses.

❑ Tell the group to describe what would happen if the same clinic were managed by adolescents – how would it change and what would the advantages and disadvantages be?

❑ Finally ask the participants to imagine how the clinic would become ideal by uniting its current strengths with the advantages presented by youth involvement.

A close look at sexuality and gender issues

Peer educators in Malaysia made the news after testing the workshop curriculum

Facilitator Summary for Exercises 8-13 (curriculum card 17)

- ❑ The small groups present their findings to the rest of the participants; each group is allowed 15 minutes, with other groups briefly adding important points that were not mentioned.
- ❑ Point out the importance of looking at SRH issues together, rather than separately, because often the same risk factors and situations that can lead to HIV, for example, can also contribute to unwanted pregnancy, etc.
- ❑ Emphasise the importance for adolescents of developing their critical and analytical skills so that they understand possible risks and feel able to enjoy healthy sexual lives.
- ❑ Explain that when adolescents know that they have SRH rights, this can help them gain access to comprehensive SRH education and services.
- ❑ Express the hope that the approach used in this workshop has been effective. We started by introducing the concepts of sex and gender and then looked at those concepts in our daily lives. After that the ways in which those concepts are transmitted and learned were analysed and, finally, we applied the concepts to SRH problems and brainstormed to find possible solutions.
- ❑ At this point, it can be useful to ask participants their suggestions for follow-up activities. You may want to refer to the flipchart 'Topics for further consideration' (see pp. 8-9).

Conclusion and Evaluation

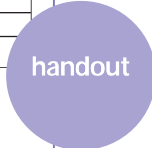
- ❑ Give the participants an evaluation form and ask them to complete it before leaving. (Adults and peer educators fill in both forms from the handouts; adolescents only complete the one about the exercises.) When they turn in the forms, give them a copy of the workshop curriculum and/or handouts if possible. Ask them to provide feedback on the workshop's usefulness.
- ❑ Be sure to thank the participants for their participation!

Evaluation Form For Adolescents And Adults

Date ____________

How would you rate todays activities in the workshop? Tick the appropriate box.

Activity	Very good	Good	Average	Poor
Sex and gender: what do they mean?				
When we were young				
Gender not sex				
The gender game				
The language of sex				
Learning about sex				
Media images analysis				
What is violence?				
Experiencing violence				
Lifeline history				
Role-play: why?				
Problem tree analysis				
Designing youth-friendly SRH services				



Which activity did you find the most valuable?

Which activity did you find the least valuable?

How would you rate the overall workshop today? Very good? Good? Average? Poor?

What suggestions do you have to improve the content of this workshop?

What kinds of handouts would you have liked in addition to those received?

Any other comments?

Homework Assignments

Please note: the point of these exercises is not to have participants write essays or provide written answers to the questions. The aim is to motivate them to continue thinking about what they have discovered and learned so far. They can be invited to report what they did for the home-work assignment at the next session if they want to do that.

When the curriculum is offered in sessions that take place on different days, a simple method can be used to assess how much impact the sessions are making on participants. For example, they can be asked to write down two main things that they want to remember or do after having done the session. These ideas can then be incorporated into the final home-work assignment – Preparing action plans for better SRH services.

Gender Bias and Gender Sensitivity in Our Culture: Follow-up to Exercises 1-3

❑ Ask the participants to collect examples of gender bias or stereotypes about women's and men's roles from the following sources:
- Proverbs and local sayings
- Words to popular songs
- Words to traditional songs about marriage and getting married
- Newspaper and magazine articles

❑ Ask them to also collect some examples from the same sources that show gender equality or positive expectations concerning women's and men's roles in society.

❑ Invite them to answer the following questions about their examples for presentation to the group at their next session:
1. What negative ideas are reinforced by the gender-bias examples?
2. How can such negative ideas contribute to increased SRH risks?
3. What positive ideas are reinforced by the gender-sensitive examples?
4. How can such positive ideas help people and communities reduce SRH risks?

What Did My Parents Learn About Sex? Follow-up to Exercise 6

❑ Suggest that the participants (whether they are adults or adolescents) interview their parents, grandparents, aunts or uncles to find out what they learned about sex when they were children. Some examples of interview questions:
- What did you learn about sexuality and relationships when you were young?
- When you were young, were there some things you didn't know or understand about relationships and sexuality?
- What do you think are the best ways for young people to learn about sexuality and relationships today?
- What do you think would help adults and adolescents communicate better about sexuality and relationships?

- ❑ Invite the participants to report their findings and discuss whether they think adults and young people communicate differently about sexuality and relationships today. Also discuss whether they agree with the interviewed adults' suggestions.

Designing a Gender-Sensitive Advertisement: Follow-up to Exercise 7

- ❑ Ask the participants to carry out one of the following suggestions:
  - Select one of the images that they analysed in the 'Media images analysis' and think of ways that they could improve any negative aspects of the image (e.g., by drawing a new image or suggesting ways to change parts of the advertisement).
  - Select one of the images showing a man or woman, girl or boy, and ask them to imagine how the advertisement would be if it showed a member of the opposite sex. Would the advertisement have to be changed in any way? Why?
  - Design an advertisement that encourages boys or girls to carry out an activity usually associated with the opposite sex (for example, encouraging girls to enrol in carpentry classes, encouraging boys to participate in caring for their younger siblings). Explain what kinds of text messages could make the advertisement appealing to young people.
- ❑ Invite the participants to present their work and discuss how they as potential consumers could motivate advertisers to produce positive, gender-sensitive advertisements.

Preparing Action Plans for Better SRH Services: Follow-up to Exercise 13

This exercise can be done if the facilitators will be working again with the participants in the future.

- ❑ Give the participants a handout that they could use to design an action plan to improve SRH services in their community (example below).
- ❑ Give them some examples of activities that they could include in their plan (see the example below).
- ❑ Invite them to present their plans in a follow-up session to the workshop to which you have invited parents, teachers and influential community members.

Activity	People responsible	Resources needed	Time needed
Educate the community about violence	Youth leaders	Youth groups; ideas for a drama	1 month preparation; 1 week for presentation
Educate the church choir about parent-child communication	Church youth group, minister	Place for a meeting; ideas for role-plays	1 month preparation; 1 week for two meetings
Make the local health clinic more youth-friendly	Youth group, clinic staff	Place to hold meetings to discuss changes; items needed for changes (health education materials, games, etc.)	1 month for meetings; 2 months to acquire items needed and publicize changes

Section 4:
Background Materials

This section is for facilitators who want more information. It can also provide materials for handouts.

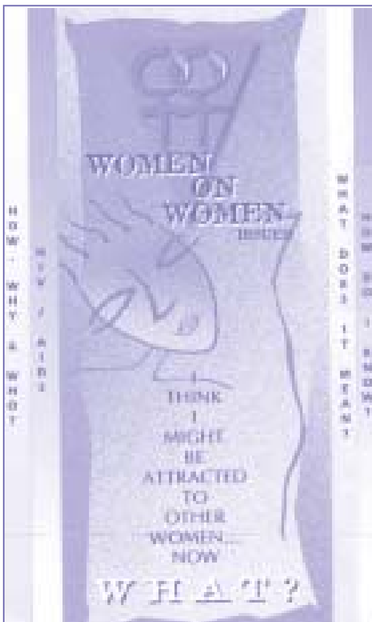
Sex-related definitions

Sex refers to physiological attributes that identify a person as male or female:

- type of genital organs (penis, testicles, vagina, womb, breasts)
- type of predominant hormones circulating in the body (e.g., oestrogen, testosterone)
- ability to produce sperm or ova (eggs)
- ability to give birth to and breastfeed children.

Sexual orientation (expression of physical sexual attraction or sexual identity)

Term	Definition
Heterosexual	sexual orientation in which a person is physically attracted to people of the opposite sex
Homosexual	sexual orientation in which a person is physically attracted to people of the same sex
Gay	male homosexual; also used for female homosexual
Lesbian	female homosexual
MSM	men who have sexual relations with other men but who do not identify themselves as homosexual
Bisexual	sexual orientation in which a person is physically attracted to people of both sexes
Transvestite	person who dresses, uses cosmetics and acts like a person of the opposite sex
Transsexual	person who has taken measures to change his/her physical characteristics to completely resemble the sex to which he/she feels he/she belongs (e.g., taking hormones and having a sex change operation to have a penis removed or constructed, etc.)
Transgender	person who has characteristics of both transvestite and transsexual, e.g., dressing like the opposite sex and perhaps taking hormones but not having an operation. Also used to refer to transvestites and transsexuals simultaneously.



Young people with questions on sexual orientation need information, too (From Pink Triangle, Malaysia)

Unprotected sex refers to sexual activities in which intercourse takes place without the use of technologies that can prevent pregnancy and HIV/STI infection such as condoms, microbicides, spermicides and contraceptives.

Unsafe sex refers to sexual activities in which there is an increased risk of HIV/STI transmission (commonly, sex without condom use).

Unintended pregnancy refers to a pregnancy that a woman did not plan; the intentionality of a pregnancy may be related to a woman's education, preparation and life goals

Unwanted pregnancy refers to a pregnancy that a woman does not wish to carry to term. The 'wantedness' of a pregnancy may be linked with a woman's relationship with her partner and community, the size of her family, the way in which she became pregnant (e.g., through rape, incest or other forms of coercion), and her values about childbearing.

Unsafe abortion refers to a procedure for terminating an unwanted pregnancy either by persons lacking the necessary skills and/or in an environment lacking the minimal medical standards such as unsanitary facilities.

Sexually-transmitted infections (STIs): bacterial and viral infections that are transmitted through sexual contacts. Since 1998, WHO has recommended use of the term sexually-transmitted infections (STIs) instead of sexually-transmitted diseases (STDs). The term 'diseases' is considered inappropriate for asymptomatic infections, such as trichomoniasis in men and other sexually-transmitted illnesses in women.

Gender-related definitions

Gender refers to widely shared ideas and expectations (norms) concerning women and men. These include ideas about 'typically' feminine/female and masculine/male characteristics and abilities and commonly shared expectations about how women and men should behave in various situations. These ideas and expectations are learned from: families, friends, opinion leaders, religious and cultural institutions, schools, the workplace, advertising and the media. They reflect and influence the different roles, social status, economic and political power of women and men in society.

Dictionary definitions of sex and gender

These definitions are provided for use only if participants ask about dictionary definitions of sex and gender during the first exercise. It is important to stress that the workshop will use the definitions given above.

The American Heritage Dictionary of the English Language
(Boston: Houghton Mifflin, 1992)

Sex: 1a. The property or quality by which organisms are classified as female or male on the basis of their reproductive organs and functions. 1b. Either of the two divisions, designated male and female, of this classification. 2. Females or males considered as a group. 3. The condition or character of being female or male; the physiological, functional, and psychological differences that distinguish the female and the male. (See Usage Note at gender.) 4. The sexual urge or instinct as it manifests itself in behavior. 5. Sexual intercourse. 6. The genitalia.

Gender: 1. Grammar a. A grammatical category used in the analysis of nouns, pronouns. adjectives, and, in some languages, verbs that may be arbitrary or based on characteristics such as sex or animacy and that determines agreement with or selection of modifiers, referents, or grammatical forms. b. One category of such a set. c. The classification of a word or grammatical form in such a category. d. The distinguishing form or forms used. 2. Sexual identity, especially in relation to society or culture.

Usage Note: *Traditionally, gender has been used primarily to refer to the grammatical categories of "masculine", "feminine", and "neuter"; but in recent years the word has become well established in its use to refer to sex-based categories, as in phrases such as gender gap and the politics of gender. This usage is supported by the practice of many anthropologists, who reserve sex for reference to biological categories, while using gender to refer to sociological or cultural categories. As a rule, one would say, "The effectiveness of the medication appears to depend on the sex (not gender) of the patient", but "In peasant societies, gender (not sex) roles were more likely to be clearly defined." This distinction is useful in principle, but it is by no means widely observed, and considerable variation in usage occurs at all levels.*

The University English Dictionary (no date, London)
Sex: that character by which an animal is male or female

Gender: sex, male or female; difference in words to express distinction of sex; verb: to beget, to copulate, to breed

The Concise Oxford Dictionary (Oxford, 1983)
Sex: being male or female or hermaphrodite

Gender: grammatical classification (or one of the classes) of objects roughly corresponding to the two sexes and sexlessness; property of belonging to such class, (of adjectives) appropriate form for accompanying a noun of one such class.

Gender role stereotypes refer to beliefs that are so ingrained in our consciousness that many of us think that gender roles are natural and so we don't question them. The stereotypes are assigned to the different activities that men and women usually carry out as a result of social norms that they have been raised to believe. Some tasks are often called 'women's work' and others 'men's work'. For example, women are usually seen (and portrayed in the media) as nurses, housewives, secretaries, child minders, washers of clothes, while men are often shown as doctors, household heads, managers, wage earners and using the media (reading newspapers). These portrayals of men and women are changing, evidence that the stereotypes are also changing.

Gender bias refers to gender-based prejudice, that is, assumptions or beliefs expressed without reason or justice and which are generally unfavourable and may lead to physical and psychological harm of women and men. Gender bias often affects women and can be reflected in statements made by people in positions of authority. Some examples:

- "'Men are gold, women are cloth.' The expression, used as the title of a…report on Cambodian attitudes towards sex and HIV, means that women, like a white cloth, are easily soiled by sex. This causes a sharp decrease in their value, as the stain is hard to remove, whereas men can have repeated sexual experiences and be polished clean, like gold, each time." [12]

- "Women should wear *purdah* to ensure that innocent men do not get unnecessarily excited by women's bodies and are not unconsciously forced into becoming rapists. If women do not want to fall prey to such men, they should take the necessary precautions instead of forever blaming men." – Malaysian member of Parliament during debate on reform of rape laws [13]

- ❑ "The child was sexually aggressive" – Canadian judge suspending sentence of man who sexually assaulted a 3-year-old girl in 1991 [13]
- ❑ "A man who beats his wife must have a good reason for it; surely she did something to provoke it." – Nicaraguan Supreme Court judge speaking in a public forum in 1996 [14]
- ❑ "Wife beating is an accepted custom…we are wasting our time debating the issue." – Papua New Guinea member of Parliament during debate on wife battering [13]
- ❑ "Scriptures must be fulfilled. Violence against women is a sign of the end times, which we can't do anything about." – Kenyan pastor citing 2 Timothy 3: 1-5 [15]
- ❑ "…through questions related to her sexual life it is possible to tell if the woman is responsible for the attack, because in most cases, it is the woman who provokes the aggression" – agent from the Mexico City Attorney General's Office [16]
- ❑ "Are you a virgin? If you are not a virgin, why do you complain? This is normal." – assistant to public prosecutor in Peru answering a woman who reported sexual abuse by police officers while in custody [13]
- ❑ "I would rather sire a cow than a homosexual. With a cow you get milk, but what possible good or value would come out of a homosexual?" – 37-year-old man in Kenya [17]
- ❑ "[In Dubai] I would not have to deal with the heartache of being despised and children calling me *msenge* [Swahili for homosexual] on the street." – 30-year-old man in Kenya [17]

Gender-based inequality refers to situations in which women and men do not have the same access to information, decision-making power, household and community resources (such as land, money, nutrition) and social and health services or situations in which they are not treated respectfully because of their sex. Some examples with regard to reproductive health:

- ❑ "Sometimes she doesn't want to, but in the end she gives in. I have to insist and make her, but finally she gives in." – man in Mexico [17]
- ❑ "I am legally married to my wife and if I have sex with her when she is not ready, that is not rape. A woman is there to serve and dance to the tune of her husband, full stop." – 47-year-old man in Tanzania [17]
- ❑ "If a woman is not experiencing her menses and is not sick, she has no right to refuse sex, because we marry her to have children, and that is how we can get children. We don't marry women for their cooking. So if she refuses to have sex, why won't I want to beat her? I will beat her." – male opinion leader in Ghana [18]
- ❑ "[No] matter who and how a woman is, her intellect is very small. A woman must use a [contraceptive] method in the presence of the husband. That is the solution." – old man in Ghana [18]
- ❑ "The female condom will increase immorality among women and single mothers. It is worse than the male condom, giving women the opportunity to do what they want. We are going to preach against these condoms…" – parish priest in Kenya [19]

- ❑ "I told my husband that it was better to use condoms, the doctor said so. The doctor had also given me some to use at home. My husband became very angry and asked who gave me permission to bring those condoms home." – woman in Kenya [20]

- ❑ "My neighbour is openly running around with several women while his wife has been told to keep quiet on the issue. Recently his wife gathered courage and humbly advised him to take care not to contract HIV. The reward for this advice was a severe beating in which her right eye was so badly damaged that it had to be removed." – civil servant in Dar es Salaam, Tanzania [17]

- ❑ "I knew Antonio was having affairs with other women but he told me he always used protection with them. That was the only time I dared to ask him to use a condom. I shouldn't have! He hit me several times, even though I was pregnant." – woman in Mexico City [17]

- ❑ "We explain all possible contraceptive methods to the women [in Nicaragua], even the natural ones….My feeling is that contraceptive pills and three-month injections are the most popular thing now while earlier it used to be sterilisation. Many women prefer the contraceptive injection because it is easier to hide from their husbands. The secrecy is necessary because Catholicism and machismo continue to play an important role in the relations between the sexes." – Director of IEC of an NGO in Nicaragua [21]

- ❑ "I was in labour with my first child. I didn't know that a human being could have so much pain. I asked for pain relief but could have bitten off my tongue afterwards. 'Madam,' said the gynaecologist in a scolding manner, 'Most mothers think of their child first!' " [22]

Gender sensitivity refers to the ability to recognise the influence and impact of gender roles, gender bias and gender-based inequality on people's daily life experiences, sexual and reproductive health, and programmes and projects that aim to improve the lives of women, men, girls and boys.

Violence against women: "Any act of gender-based violence that results in, or is likely to result in, physical, sexual or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life." (*Declaration on the Elimination of Violence against Women* adopted by the United Nations General Assembly in 1993)

Article 113 of the Platform for Action adopted at the Fourth UN World Conference on Women (Beijing 1995) states that violence against women encompasses but is not limited to:

- Physical, sexual and psychological violence occurring in the family, including battering, sexual abuse of female children in the household, dowry-related violence, marital rape, female genital mutilation and other traditional practices harmful to women, non-spousal violence and violence related to exploitation; this is often denoted as 'domestic violence'

- Physical, sexual and psychological violence occurring within the general community, including rape, sexual abuse, sexual harassment and intimidation at work, in educational institutions and elsewhere, trafficking in women and forced prostitution

- Physical, sexual and psychological violence perpetrated or condoned by the State, wherever it occurs.

Sexual and reproductive health definitions

Reproductive health "is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this last condition are the rights of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility which are not against the law, and the right of access to appropriate health-care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant. In line with the above definition of reproductive health, reproductive health care is defined as the constellation of methods, techniques and services that contribute to reproductive health and well-being by preventing and solving reproductive health problems. It also includes sexual health, the purpose of which is the enhancement of life and personal relations, and not merely counselling and care related to reproduction and sexually transmitted diseases." (*ICPD Programme of Action*, paragraph 7.2; UN International Conference on Population and Development, Cairo, Egypt, 1994)

Reproductive rights "embrace certain human rights that are already recognized in national laws, international human rights documents and other consensus documents. These rights rest on the recognition of the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health. It also includes their right to make decisions concerning reproduction free of discrimination, coercion and violence, as expressed in human rights documents. In the exercise of this right, they should take into account the needs of their living and future children and their responsibilities towards the community. The promotion of the responsible exercise of these rights for all people should be the fundamental basis for government- and community-supported policies and programmes in the area of reproductive health, including family planning. As part of their commitment, full attention should be given to the promotion of mutually respectful and equitable gender relations and particularly to meeting the educational and service needs of adolescents to enable them to deal in a positive and responsible way with their sexuality." (*ICPD Programme of Action*, paragraph 7.3, International Conference on Population and Development, Cairo, Egypt, 1994)

Sexual rights include people's "right to have control over and decide freely and responsibly on matters related to their sexuality, including sexual and reproductive health, free of coercion, discrimination, and violence. Equal relationships between women and men in matters of sexual relations and reproduction, including full respect for the integrity of the person, require mutual respect, consent, and shared responsibility for sexual behaviour and its consequences." (*Platform for Action*, paragraph 96, Fourth World Conference on Women, Beijing, China, 1995)

Sexual and reproductive rights

The International Planned Parenthood Foundation (IPPF) has published a charter of sexual and reproductive rights based on international treaties and conventions [23]. The rights that they list and some examples of what these mean are given below.

- ❑ The Right to Life, which means that no woman's life should be put at risk by reason of pregnancy and unsafe abortion
- ❑ The Right to Liberty and Security of the Person, which recognises that no person should be subject to female genital cutting, forced pregnancy, forced sterilisation or forced abortion
- ❑ The Right to be Free from Torture and Ill-treatment, including the rights of all women, men and young people to protection from violence, sexual exploitation and abuse
- ❑ The Right to Information and Education, as it relates to sexual and reproductive health for all, including access to full information on the benefits, risks, and effectiveness of all methods of fertility regulation, in order that all decisions taken are made on the basis of full, free and informed consent
- ❑ The Right to Freedom of Thought, which includes freedom from restrictive interpretations of religious texts, beliefs, philosophies and customs as tools to limit freedom of thought on sexual and reproductive health care and other issues
- ❑ The Right to Equality and Freedom from all Forms of Discrimination in one's sexual and reproductive life, including:
  - The right to choose to be sexually active or not, including the right to have sex that is mutually consensual
  - The right to explore and express one's sexuality free from violence, discrimination and coercion within relationships based on equality, respect and justice
  - The right to choose one's sexual partners without discrimination
  - The right to express sexuality independent of reproduction
  - The right to insist on and practise safer sex (to protect against HIV/STIs) and protected sex (to prevent unwanted pregnancy)
- ❑ The Right to Privacy, meaning that all sexual and reproductive health-care services should be confidential, and all women and men have the right to make their own reproductive choices
- ❑ The Right to Choose Whether or Not to Marry and to Found and Plan a Family
- ❑ The Right to Decide Whether or When to Have Children
- ❑ The Right to Health Care and Health Protection, which includes the right of health-care clients to the highest possible quality of health care, and the right to be free from traditional practices which are harmful to health
- ❑ The Right to the Benefits of Scientific Progress, which includes the right of people who seek sexual and reproductive health services to new reproductive health technologies which are safe, effective and acceptable
- ❑ The Right to Freedom of Assembly and Political Participation, which includes the right of all persons to seek to influence communities and governments to prioritise sexual and reproductive health and rights

Adolescent rights in the area of sexual and reproductive health have been affirmed in paragraphs 107e and 107g of the *Platform for Action,* Fourth World Conference on Women, Beijing, China, 1995, in which governments and NGOs were called upon to:

- "107e: Prepare and disseminate accessible information, through public health campaigns, the media, reliable counselling and the education system, designed to ensure that women and men, particularly young people, can acquire knowledge about their health, especially information on sexuality and reproduction, taking into account the rights of the child to access to information, privacy, confidentiality, respect and informed consent, as well as the responsibilities, rights and duties of parents and legal guardians to provide, in a manner consistent with the evolving capacities of the child, appropriate direction and guidance in the exercise by the child of the rights recognized in the Convention on the Rights of the Child, and in conformity with the Convention on the Elimination of All Forms of Discrimination against Women; ensure that in all actions concerning children, the best interests of the child are a primary consideration;
- 107g: Recognize the specific needs of adolescents and implement specific appropriate programmes, such as education and information on sexual and reproductive health issues and on sexually transmitted diseases, including HIV/AIDS, taking into account the rights of the child and the responsibilities, rights and duties of parents as stated in paragraph 107 (e) above;"

Information on violence

Young people may be exposed to many forms of violence throughout their lives [24]:

- psychological abuse which includes suffering insults, humiliation, bullying, 'Eve-teasing' (an Asian term meaning harassment of young women, for example on the street), confinement, withholding of basic needs (such as food), etc.
- physical abuse, which includes beating, kicking, pulling hair, biting, acid throwing and other types of dowry-related attempts at murder of young brides, 'honour killings', female genital cutting
- sexual violence, which includes economically coerced sex, date, marital and gang rape, incest, forced pregnancy and trafficking in the sex industry.

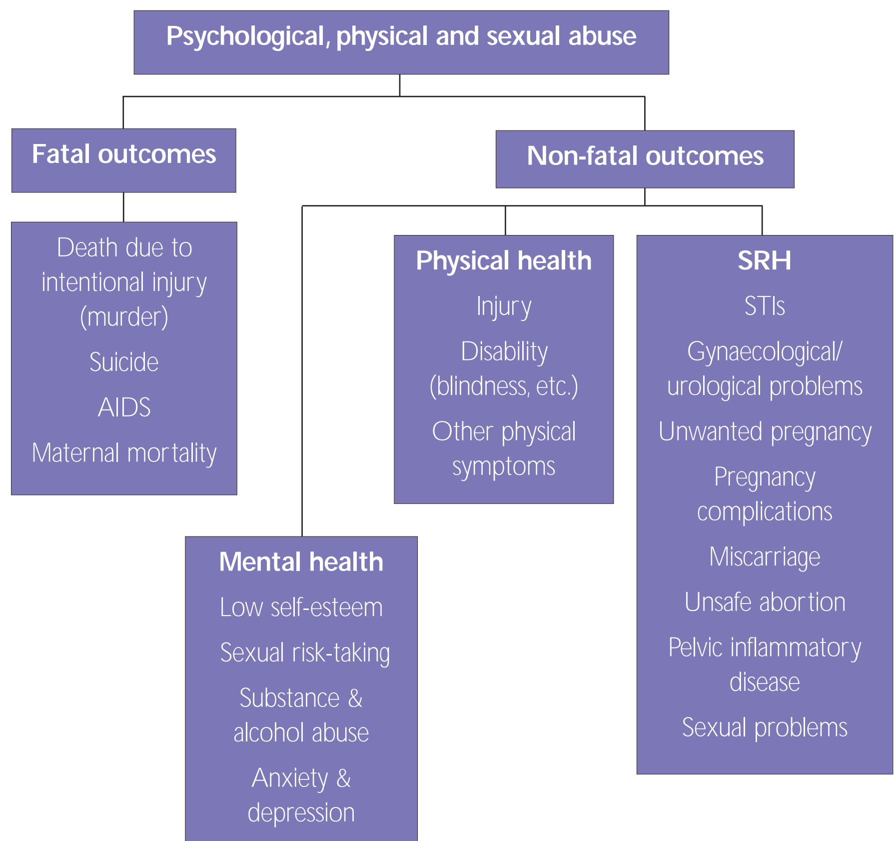
Some statistics:

- Worldwide, 15-50% of all women in most societies have suffered a physical assault at least once by an intimate partner during their lives [25].
- About 40-60% of sexual abuse cases worldwide involve young women under the age of 16 years [26].
- Sexual abuse also affects adolescent boys. Studies in 19 countries from multiple regions showed reports of such abuse among 7-34% of young women and 3-29% of young men [27].
- In 1998, 69% of homicides involved victims 15-44 years old, six males per female victim. Boys are the most frequent victims and perpetrators [28].
- Gender-biased ideas concerning sexual orientation can lead to violence. For example, a report on the United Kingdom indicated that 50% of lesbians, gay men and bisexual youth younger than 18 years had been physically attacked [29].

- ❑ Every day, 288 young people somewhere in the world commit suicide, often because of SRH-related problems such as physical abuse, sexual violence, relationship problems, alcohol and drug abuse, HIV/STIs, unwanted pregnancy, unsafe abortion, and anxiety concerning their sexual orientation [30].
- ❑ Female genital cutting (FGC) still takes place in some 30 countries worldwide. Usually performed in early childhood or adolescence, it can affect young women's health in multiple negative ways: agonizing pain when carried out without anaesthesia; bleeding and anaemia; shock; tetanus; fever and infections. Later in life, FGC can lead to painful menstruation, urinary leakage, cysts, prolonged obstructed labour and psychological and sexual problems [31].

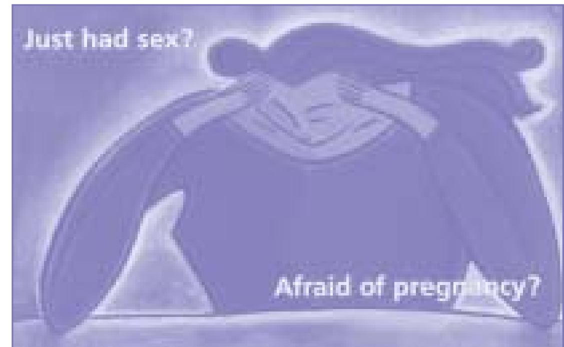
The Convention on the Rights of the Child, ratified by most of the countries in the world, obligates governments to protect children and adolescents from abuse in Article 19.1: "States Parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person…"

Some possible results of different types of violence against individuals



Information on early and unwanted pregnancy and abortion

About 10% of births worldwide each year occur among adolescents. Many of these pregnancies are wanted. However, WHO states that the safest age for pregnancy is 20-24 years and when younger women become pregnant, they are exposed to increased health risks [32]. This is because skeletal growth is incomplete in many young women until about the age of 18 years, while the birth canal may not mature until they are about 20 years. The complications which they may suffer from early pregnancy include anaemia, bacterial infections, premature delivery, prolonged and obstructed labour because of a small pelvis, stillbirths and fistulae. Deaths because of pregnancy-related complications are 2-5 times higher among women younger than 18 years than among women aged 20-29 years.



Young women need to know about the option of emergency contraception (From Path, USA)

Young women (and young men) need to have access to adequate information, skills to refuse sex if they are not ready, and services to prevent early and unwanted pregnancies. This includes comprehensive information about the contraceptive methods that are most appropriate for their particular situations (including information about the advantages and disadvantages of methods for people who have HIV/STIs). They also need to learn about emergency contraception that can prevent unwanted pregnancies resulting from unprotected sex or contraceptive failure.

When unwanted pregnancies cannot be prevented, considerable numbers of young women do not wish to continue them because:

- the pregnancy was the result of rape or incest
- they feel unable to cope with a pregnancy and parenthood
- they are afraid of reactions from parents and the general community
- they fear that their educational or employment opportunities may be restricted.

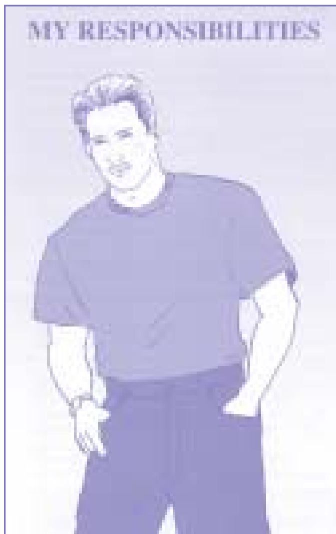
As a consequence, up to 4.4 million pregnancy terminations are sought by young women each year and they often have the procedure later in pregnancy when the clinical risks are higher. The majority of abortions among adolescent women worldwide are unsafe, often because they are done in secret. These adolescents either have the procedure carried out by unskilled practitioners in unhygienic conditions or attempt to end the pregnancy themselves using dangerous methods. One-third of women hospitalised worldwide for abortion-related complications are younger than 20 years [33]; studies in sub-Saharan Africa have shown that 30-80% of hospital admissions for abortion complications are among adolescents [34].

Many countries allow abortion to protect a woman's health and for pregnancies resulting from rape or incest. However, even in such cases unsafe abortions may occur because policies do not ensure that health providers have been properly trained or there are other barriers preventing women's access to safe services. Even in countries where there are few or no circumstances in which abortion is permitted by law, all adolescent women have a right to post-abortion care for the complications of unsafe abortion. Governments who signed the ICPD Programme of Action in 1994 obligated themselves to ensuring that such care is provided.

WHO's Director General, Dr Gro Harlem Brundtland, has reaffirmed the obligations of

health-sector personnel as well: "Every year… one in four unsafe abortions occurs in adolescence. We have an ethical duty to do what is necessary to prevent this suffering and devastation" [26]. Post-abortion care should include the treatment of any complications, counselling on contraceptives and referrals to other needed SRH services such as violence counselling and HIV/STI testing and diagnosis.

Where abortion is permitted by law, young women need to know about its availability. Experience in Western European countries where adolescents receive comprehensive sex education, have easy access to condoms and contraceptives, as well as legal abortion, shows that abortion rates and complications can be extremely low. It is also important to remember that abortion is a simple and safe procedure when done by skilled providers in medically-adequate circumstances. For example, in the USA, among adolescents aged 15-19 years, the risk of death due to pregnancy and childbirth is 20 times greater than for abortion [35].



Pregnancy should not be 'an issue only for girls' (from FFPAM, Malaysia)

Relevant texts from international documents:

- "In all cases women should have access to quality services for the management of complications arising from abortion. Postabortion counselling, education and family planning services should be offered promptly." (*Programme of Action*, International Conference on Population and Development, 1994, paragraph 8.25)
- "…In all circumstances in which abortion is not against the law, such abortion should be safe." (*Programme of Action*, International Conference on Population and Development, 1994, paragraph 8.25)
- "States parties should include in their reports how they supply free services where necessary to ensure safe pregnancies, childbirth and post-partum periods for women. Many women are at risk of death or disability from pregnancy-related causes because they lack the funds to obtain or access the necessary services, which include antenatal, maternity and post-natal services. The Committee notes that it is the duty of States parties to ensure women's right to safe motherhood and emergency obstetric services and they should allocate to these services the maximum extent of available resources." (*General Recommendation 24.27*, 20th session, UN Monitoring Committee for the Convention on the Elimination of All Forms of Discrimination against Women)

Information on HIV/STIs and AIDS

In 1998, UNAIDS and WHO estimated that more than half of all new HIV infections—over 7,000 each day—were occurring among young people aged 10-24; in addition, at least one-third of the estimated 333 million new cases of curable STIs seen each year were diagnosed in young people under the age of 25 years [26].

Young women are among the most vulnerable groups for HIV/STI transmission; for example:

- In young teenagers, the mucous cells of the vagina and cervix are not yet fully developed and thinner, providing a less effective barrier to viruses.
- Young women often have older sexual partners, who most likely have had a longer sexual history that increases the chances of these partners having acquired an STI or HIV infection that they can pass on through unprotected sex.

- ❑ Young women's ability to influence sexual decision-making is often highly restricted, due both to gender-based norms and relative powerlessness due to their younger age.
- ❑ Young women who have been deprived of education, lack both skills and opportunities for obtaining well-paying jobs, and who have little financial support from their families, may turn to trading sex for cash, goods or other resources. Both their sex and age will make negotiating safer sex difficult.

Information and education materials need to be targeted to specific groups (from SAD-Schorer Stichting, The Netherlands)

Young men are also vulnerable to HIV/STI transmission, for example:

- ❑ Peer pressure may be intense during adolescence and gender-based norms often encourage young men to 'prove their manhood' by having multiple partners.
- ❑ Young men may find it difficult to use condoms. For example, embarrassment may prevent them from purchasing or asking for condoms. Focus groups in South Africa revealed that some young men did not want to use condoms because they feared embarrassment if the condom might come off because it is too big for their penis [36].
- ❑ The stigma and discrimination still prevalent regarding homosexuality in many places makes it difficult for young homosexual men to express their sexual orientation openly, and this makes it more difficult for them to obtain needed SRH information and take action to reduce their SRH risks.
- ❑ Drug abuse increases vulnerability to HIV infection in two ways: it may increase feelings of 'being in control' and willingness to take risks, such as unsafe sex; and sharing of unsterilised injecting equipment can lead to direct transmission of the virus. UNAIDS estimates that 80% of drug injectors are male [37].

Knowledge and choice are the basis for informed and free decisions (from Remedios AIDS Foundation, Inc., the Philippines)

When young people become infected with HIV, it takes several years for the infection to lead to AIDS. In countries where antiretroviral therapy is available and accessible to them, they may live for many years. However, in the poorer countries, AIDS-related diseases will threaten their lives. UNAIDS estimates, for example, that in eight African countries with an HIV prevalence rate of at least 15% among adults, one-third of the young people now aged 15 years will die due to AIDS [38].

In the meantime, young people living with HIV/AIDS face considerable challenges in their lives, ranging from continuing their education and finding employment (which can be more difficult when they often suffer from opportunistic infections) to decision-making regarding marriage and establishing a family.

Young people with STI infections may also face many problems. Untreated STIs (which occur more often among young women since symptoms may be internal and therefore go undetected for long periods of time) lead to other SRH problems. Untreated chlamydia, for example, can cause infertility; this may make it difficult for young women to find a marriage partner or lead to divorce or abandonment once they are married. Infection with human papilloma virus, a common STI among adolescent women in some areas, is associated with increased risks of cervical cancer. And pregnant adolescents with STIs have greater risks of ectopic pregnancy (in which the embryo starts to grow outside the womb), chronic pelvic pain, spontaneous abortions and stillbirths [26].

Questionnaire on SRH issues

This questionnaire is adapted from a questionnaire used by the Commission on Population (POPCOM) in the Philippines to find out from various levels of POPCOM decision-makers and staff their perceptions on reproductive health issues [39]. It is a tool to measure personnel sensitivity to current reproductive health issues for use in future policy and programme development. The questionnaire can be completed by any respondent ranging from policy-makers to support staff. You may adapt this tool to your organisation's needs and use it to assess staff consensus on issues that need to be addressed in general and with adolescents in particular.

1. What do you understand reproductive health to mean?

2. What do you consider are the reproductive health problems/concerns in your country? Which ones are of concern to adolescents? (Mark each relevant box.)
   - ❑ Pre-adolescent health/fertility
   - ❑ Adolescent health/fertility development
   - ❑ Maternal morbidity/mortality
   - ❑ Antenatal and postnatal care
   - ❑ Women's health
   - ❑ Men's health
   - ❑ Infant/child health and survival
   - ❑ Sexual health
   - ❑ Sexuality
   - ❑ Sexual orientation
   - ❑ Fertility
   - ❑ Contraception
   - ❑ Quality of care
   - ❑ Abortion
   - ❑ Nutrition
   - ❑ Sterilisation
   - ❑ Infertility
   - ❑ HIV/AIDS
   - ❑ STIs
   - ❑ Reproductive tract infections
   - ❑ Unwanted/unplanned pregnancy
   - ❑ Menstrual problems
   - ❑ Puberty changes
   - ❑ Menopause
   - ❑ Domestic and sexual violence
   - ❑ Others

3. Should sex/family life education be given to males? Females?

   ❑ Yes ❑ No ❑ Depends. On what?

   (If Yes, go on to next question. If No or depends, go on to question 6)

4. At what age should sex education be given to males? Females?

5. What topics should be included in a sex/family life education course? Check as many categories as apply.

- ❑ Gender relations
- ❑ Reproductive anatomy and physiology
- ❑ Puberty changes
- ❑ Sexual orientation
- ❑ Masturbation
- ❑ When to engage in sex
- ❑ Disadvantages of early sex
- ❑ When to get married
- ❑ Disadvantages of early marriage
- ❑ Modern contraceptive methods
- ❑ Disadvantages of early pregnancy
- ❑ Abstinence
- ❑ Monogamy/faithfulness
- ❑ Abortion
- ❑ Sterilisation
- ❑ STIs
- ❑ Reproductive tract infections
- ❑ HIV/AIDS
- ❑ Domestic and sexual violence
- ❑ Others

Parents should help educate their children about how to lead healthy lives

6. Is sexual intercourse acceptable before marriage for males? For females?

7. Should contraceptive information be made available to unmarried adolescent boys? Unmarried adolescent girls?

8. Should contraceptive and family planning counselling services be made available to unmarried adolescent boys? Unmarried adolescent girls?

9. Should contraceptives be made available to unmarried adolescent boys? Unmarried adolescent girls?

10. Do you think the condom is an acceptable form of family planning for men? For women?

11. Do you think the female condom is an acceptable form of family planning for women? For men?

12. Do you think emergency contraception ('morning-after pill') should be made available to adolescent girls?

13. Do you think that confidential STI diagnosis and treatment should be made available to adolescent boys? Adolescent girls?

14. Do you think that confidential HIV testing should be made available to adolescent boys? Adolescent girls?

15. What do you think can be done to reduce the problem of unplanned and unwanted pregnancy?

16. According to the *Programme of Action* from the 1994 International Conference on Population and Development, all women have a right to postabortion care (for incomplete miscarriage & unsafe abortions), even where abortion is restricted by law. Do you think your organisation should refer women and adolescent girls to postabortion care services?

17. Do you think that safe legal abortion services should be provided to women, including adolescents, when:
    - ❑ Pregnancy resulted from rape
    - ❑ Pregnancy resulted from incest
    - ❑ Woman's life is endangered
    - ❑ Woman's health is endangered
    - ❑ Foetus is likely to be defective or malformed
    - ❑ Pregnancy is unwanted for economic reasons
    - ❑ Pregnancy is unwanted because the girl is unmarried
    - ❑ Pregnancy is unwanted because the girl is living on the streets
    - ❑ Pregnancy is unwanted because the girl's partner beats her and she is afraid of having a miscarriage or she does not want to bring a child into a violent household
    - ❑ Not at all
    - ❑ Are there any other reasons why safe abortion services should be provided?

18. What is the most common form of violence against women and girls that you hear or read about?

19. What is the most common form of violence against men and boys that you hear or read about?

20. What can your organisation do to address violence issues for adolescents?

Gender sensitivity checklist: How gender-sensitive is your work?

The following checklist was originally designed to help policy implementers and programme planners assess the gender sensitivity of their HIV/AIDS and STI policies and programmes [40]; it has been slightly adapted to include more SRH issues. First determine which areas pertain to your type of activities. Responses to the questions may then be answered yes, somewhat and no.

Researchers

- ❑ Do you explore the implications of gender inequality in relation to various sexual and reproductive health issues?
- ❑ Does your research focus on issues of special relevance to adolescent women and men?
    - Women controlling their risk
    - Women's scope for decision-making in different situations
    - Women's right to control fertility
    - Factors motivating men to share decision-making regarding fertility control

- HIV transmission through breastfeeding
- Female-controlled methods to prevent HIV/STIs and unwanted pregnancy
- Factors motivating women and men to discuss mutual responsibility in relation to prevention of HIV/STIs and unwanted pregnancy
- Factors facilitating women's and/or men's ability to undertake prevention of HIV/STIs and unwanted pregnancy
- Women's and/or men's access to health services that address their specific concerns
- Rape and violence
- Sex work
- Sexual practices facilitating HIV/STI transmission
- Female genital cutting in relation to HIV/STIs
- Female care roles and their impact on production and education
- Factors motivating men to participate in domestic tasks and care
- Inheritance rights

❑ Do you explore which information channels are most appropriate for different age and gender groups?

❑ Do you use these channels to communicate research findings and other information?

❑ Have you researched barriers to women's and adolescents' participation in programme activities?

Young women need to know about all their reproductive health options

Policy-Makers, Programme Developers and Implementers

❑ Are all programme implementers able to address gender issues?

❑ Are adolescents involved in policy and programme development and decision-making processes?

❑ Do adolescent women and men share programme goals?

❑ Do your interventions combat violence against women and girls (active policy goals, educational programmes, legislation)?

❑ Do your programmes consider differences in gender roles, access to resources and decision-making that affect adolescent women's and men's abilities to protect themselves?

❑ Do your programmes consider differences in male and female life experiences?

❑ Do your programmes differentiate between male and female health needs throughout the life cycle?

❑ Do your programmes call for gender-based sexual health education in school curricula?

❑ Do your programmes encourage couples, parents and/or children to discuss sexual health?

❑ Do your programmes address the need to motivate men to inform their partners if they are HIV-positive?

- ❑ Do your programmes motivate men and boys to share decision-making regarding pregnancy equally with their partners?
- ❑ Do your interventions aim to develop and strengthen men's concern and caring for their families?
- ❑ Do your education and communication programmes encourage men to share domestic responsibilities and tasks?
- ❑ Do your programmes encourage social welfare agencies, NGOs, employers, etc. to provide or make allowances for child and patient care?

Programme Activities

- ❑ Do you organise activities at locations and times convenient to both adolescent women and men?
- ❑ Do you provide childcare services during activities and meetings?
- ❑ Do you create situations in which adolescent women and men can talk freely about their opinions, feelings and needs?
- ❑ Do you try to ensure that adolescent men and women hear and respond to one another's concerns and needs in a constructive manner?

Promoting Safer Sex—Do Your Programmes:

- ❑ challenge double standards between men and women regarding: a) adolescent sexuality, b) casual sex, and c) sex outside marriage?
- ❑ address difficulties in condom use from adolescent women's and men's perspectives?
- ❑ teach both adolescent women and men how to use condoms?
- ❑ promote easy access to condoms for adolescent women and men?
- ❑ enhance adolescent women's and men's skills in negotiating safer sex?
- ❑ enhance adolescent women's self-confidence?
- ❑ address sexual abuse?
- ❑ promote attitudes to relationships that meet adolescent women's and men's sexual needs?

Providing Health and Care Services—Do Your Programmes:

- ❑ ensure equal access by adolescent men and women to a range of SRH services?
- ❑ make family planning services attractive and accessible to adolescent men?
- ❑ encourage adolescent men to take on greater care roles in the family?
- ❑ address inheritance laws and customs where these put women, adolescents and children at a disadvantage?
- ❑ address the different financial problems affecting adolescent women and men?
- ❑ ensure that girls' care roles and lack of money do not exclude them from school?
- ❑ include adolescent men as volunteers in providing community and home care services for people living with HIV/AIDS?

Section 5:
Additional Exercises

We highly recommend that facilitators complete the first exercise as part of the preparation and planning process for a workshop. If there will be sufficient extra time in a planned workshop, the other exercises can be added. They can also form the basis for follow-up activities.

What Are Our Attitudes and Values? An Exercise for Facilitators (1.5 hours)

Expected results

Participants identify their attitudes towards sexuality, reproduction and SRH rights [41]

Methodology

Individual reflection followed by group discussion

Materials needed

Handout with questions, pens or pencils

Instructions

- ❑ Give the participants a pen or pencil and a handout with the questions below; ask them to take 20 minutes to write down briefly their responses.
- ❑ Then ask them to talk about their responses for 20 minutes with a partner. Afterwards discuss the responses in a plenary session.
    1. If you use contraceptives or condoms, do you believe that this improves your sexual life? Why? How?
    2. If you do not use contraceptives or condoms, would you like to do so? Why or why not?
    3. Do you think that women and men who do not have children are 'less mature' or 'incomplete' in some way?
    4. Have you ever suffered an STI? If so, was it easy to get treatment? Were you treated well?
    5. Have you ever suffered verbal or physical mistreatment? How did you feel and what actions did you take to deal with this?
    6. Do you think that adolescents should also be taught about the pleasurable aspects of sexuality in addition to the risks and precautions to take?
    7. If you had a 13-year-old daughter or niece who became pregnant, what would your reaction and response be?
    8. If you had a 16-year-old son or nephew who caused a teenage pregnancy, what would your reaction and response be?
    9. If you had a 15-year-old son or nephew who contracted an STI, what would your reaction and response be?
    10. Do you know someone who died because of an SRH problem? What do you think could have prevented this?

Summary

- ❑ Explain that our own experiences (e.g., contraceptive use, having had an STI) influence our perceptions about other people's behaviours and rights. It is nevertheless important to realise that each person's circumstances are different so that they should choose actions that are most appropriate for them.
- ❑ Emphasise that our attitudes toward parenthood influence our willingness to discuss the full range of options that people have in expressing their sexual orientation, choosing when and whether to marry and when and whether to have children. We should not impose our own views on others but help them acquire all the information they need to make responsible choices that are in their own and their partners' best interests.
- ❑ Mention that reviews of sex education programmes around the world show that teaching adolescents about sexuality does not promote early sexual experiences but rather can contribute to delays in sexual activity and more responsible (safer and protected) sex.
- ❑ Reinforce the fact that if we only teach adolescents about the risks of sexuality and not the pleasurable aspects, they will realise that they are not receiving comprehensive information (after all, if it is only risky, why do so many adults engage in it?).
- ❑ Conclude that when we make judgements about the kinds of services to which adolescents are entitled, it is useful to consider what we want for our own children and family members to ensure that their health is protected as well as possible.

The Damaging Effects of Myths (30 minutes)

Expected results

Participants identify how myths related to sexuality contribute to SRH problems

Methodology

Group exercise together with the facilitators

Materials needed

Large sheet of flipchart or newsprint paper with statements

Instructions

- ❑ Present the participants with 10 of the statements listed below and ask if they know of any other examples of 'common knowledge' about sexuality.
- ❑ Ask the participants to identify which of the statements are true and which are false.
- ❑ If they identify any of the statements as true, explain why they are incorrect.
- ❑ Ask the participants to say why believing such statements can lead to sexual and reproductive health problems for both women and men.

1. You will go blind if you masturbate.
2. You will get warts on your hands if you masturbate.
3. Masturbation can lead to homosexuality.

4. Women do not masturbate.
5. Having 'wet dreams' means you are sick.
6. Kissing can get you pregnant.
7. You cannot get pregnant the first time you have sex.
8. You cannot get pregnant if you have sex standing up.
9. You only get pregnant if you have sex at night.
10. You cannot get pregnant if the man withdraws from the vagina before he ejaculates.
11. If a woman washes her genital area immediately after sex, she cannot get pregnant.
12. A teenage boy's sperm is not yet mature so he can't get a girl pregnant.
13. Taking a bath with a boy may mean you can get pregnant.
14. You will go mad if you do not have sex regularly.
15. You will get sick if you get sexually excited and then do not have inter-course.
16. If boys do not have sex, the sperm stay in their bodies and manifest themselves as pimples.
17. A 'real man' is always able to have intercourse.
18. Women cannot enjoy sex in the same way as men.
19. A pregnant woman must receive sperm during sex so that her baby will be healthy.
20. Sex is not 'real' if penetration does not take place.
21 You cannot be infected with HIV if you have sex with a virgin.
22. Having sex with a young virgin can cleanse you of HIV.
23. When a woman says no, she really means yes.

Summary

❑ Summarise the damaging effects of myths by pointing out that they:
- frighten people unnecessarily
- prevent people from seeking out or accepting facts related to sexuality and thus perpetuate ignorance
- can prevent adolescents from practising safer and protected sex
- can be used as a means to persuade a reluctant sexual partner to have sex anyway.

Admiring the Opposite Sex (20-30 minutes)

Expected results

Participants understand that men and women both have qualities and characteristics that are appreciated by people in the community [42]

Methodology

Group exercise with facilitators

Materials needed

Large sheet of flipchart or newsprint paper with questions, marker pens

Instructions

- ❑ If you have participants of both sexes, divide them into male and female groups. Otherwise just divide the participants into two groups.
- ❑ Ask one group to list examples of what men admire in women (e.g., figure, sweet voice, love for children, able to do household chores). Ask the other group to list examples of what women admire in men (e.g., strength, capacity to deal with difficult issues, income-earning abilities).
- ❑ Ask the groups to discuss the following questions:
  1. Which of these characteristics are acquired as a person grows up and which ones do men and women have from birth?
  2. How long does each of these characteristics last (e.g., a short time, a long time but disappearing over time, all during life)? (They can mark each characteristic with a symbol to represent the different time categories.)

Summary

- ❑ Explain that the individually acquired characteristics can be changed, while many of the characteristics with which people are born also may change over time (for example, females are born with the capacity to give birth when they reach puberty but this will change when they reach menopause).
- ❑ Emphasise that the individually acquired characteristics are what make people unique; each boy and girl can learn to develop positive qualities and abilities that will enhance their lives.
- ❑ Point out that men and women in relationships and families should have a 'culture' that they develop and not one based on what the community thinks.

Considering Prejudice (20-30 minutes)

Expected results

Participants begin thinking about how their perceptions of other people may be influenced by gender-based or other stereotypes and how this may even influence how they see and value themselves [43]

Methodology

Individual exercise followed by group discussion

Materials needed

Handout with table, pens or pencils

Instructions

- ❑ Hand out the form on the next page with more space to write in and ask the participants to fill it out, explaining that it is all right in this instance to use words that are impolite, sensitive or taboo.
- ❑ After they have completed the forms, select four of the terms and ask them to list the labels they have identified, writing the answers on a flipchart.

- ❑ Discuss what happens when people are called names and what can be done in response.

Summary

- ❑ Stress that using negative 'labels' and 'names' prevents us from appreciating people as individuals and limits our possibilities of learning from people who have faced difficult situations.
- ❑ Explain that such negative 'name-calling' reinforces tendencies towards stigmatisation and discrimination. It can also detract from our own sense of self-worth and self-esteem if we fall into one or more of the categories.

Description of a person	Label or put-down	How would you feel in this case?	How could you respond?
Short			
Tall			
Overweight			
Thin			
Black			
Albino			
Indigenous person			
Homosexual			
Lesbian			
Older person			
Wearing glasses			
Mentally disabled			
In a wheelchair			
Deaf			
Woman			
Man			
Living with HIV/AIDS			
Pregnant and unmarried			
Unmarried father			
Has been raped			
Has had an abortion			

Storytelling to Explore Gender and SRH Issues (40 minutes)

Expected results

Participants understand how social expectations lead to gender-based discrimination or SRH risks

Methodology

Small-group work and plenary discussion with facilitator

Materials needed

Handouts with story and questions

Instructions

- ❑ Give the story below to the groups or use a story that is relevant to their local situation. Ask one of the participants to read the story aloud to the rest of the group.
- ❑ Ask the group to act out their story, making up an ending. Tell them that they can bring in other characters who might be involved such as friends, sisters, work-mates, etc., who may be able to help the main characters. The play should be no longer than 5 minutes. Participants should then answer the questions listed under their story.

The story of Stella and Fida

Stella and Fida lived in the same small community all of their lives and were married for one year. Fida gained the respect of his community when he organised a protest over poor conditions in his workplace. For several months, he was beating his wife Stella, because she did not want to have sex with him. When he was drunk, he sometimes flirted with her sister. Fida also travelled a lot, spending nights away – Stella was sure he was not always alone and she heard rumours that Fida had HIV. Because Stella was a student nurse who knew about HIV/STIs, she said she would only have sex with him if he wore a condom. Fida became angry, saying she didn't love him any more and that using a condom meant there was no trust and little pleasure in their relationship. He also complained to Stella's mother, who did not approve of Stella's attitude toward her husband. Stella's mother kept asking her when she was going to have her first child.

Questions

1. What factors could empower Stella so that she could avoid the risk of contracting HIV?
2. How could Stella reduce her risk both of HIV and of violence? What does she need in order to do this in terms of support (family, community, government services)?
3. What does Fida need in order to behave differently?
4. Who can help the couple?

Summary

- ❑ Point out that it may be difficult for both Stella and Fida to change their behaviour because of gender-based norms.
- ❑ Emphasise that the attitudes and support from people in one's social network and the community are important in helping women and men practise safer behaviours.

Section 6:
References and Resources

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Resources

Gender and SRH topics

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GENDER-AIDS—a global e-mail discussion forum on gender and HIV/AIDS.
To join send an e-mail to gender-aids@hivnet.ch or visit this website: http://www.hdnet.org

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Training materials

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Available from: UNIFEM, 304 East 45th Street, 15th floor, New York, NY 10017, USA; e-mail: unifem@undp.org; website: http://www.unifem.undp.org/public/hivtraining/intro.pdf

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SRH rights

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Available free of charge from: IPPF, Regent's College, Inner Circle, Regent's Park, London NW1 4NS, United Kingdom; e-mail: info@ippf.org; website: http://www.ippf.org

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Women's sexual and reproductive rights and health action sheets. HERA Secretariat
Available from: HERA Secretariat, c/o International Women's Health Coalition, 24 East 21st Street, 5th Floor, New York, NY 10010, USA; e-mail: hera@iwhc.org

AIDS, health and human rights. An explanatory manual. Mann, Jonathan et al. IFRCRC. 1995
Available from: International Federation of Red Cross and Red Crescent Societies (IFRCRC), P.O. Box 372, 1211 Geneva 19, Switzerland; e-mail: secretariat@ifrc.org; website: http://www.ifrc.org/publicat/catalog/autogen/2665.asp

Youth-friendly SRH services

The Youth Friendly checklist and poster *Your Comments Count.* Developed by the IPPF youth committee, a group of 12 young people from around the world, and IPPF's Global Advocacy Division.
Available from: IPPF, Regent's College, Inner Circle, Regent's Park, London NW1 4NS, United Kingdom; e-mail: info@ippf.org; website: http://www.ippf.org/x-press/2_2/7.htm

Meeting the needs of young clients: a guide to providing reproductive health services to adolescents. 2000
Available from: Family Health International, P.O. Box 13950, Research Triangle Park, NC 27709, USA; e-mail: jobs@fhi.org; website: http://www.fhi.org/en/fp/fpother/adolhand/adolchap1.html

Adolescent sexuality. UNFPA
Available from: United Nations Population Fund (UNFPA), 220 East 42nd Street, New York, NY 10017, USA; e-mail: hq@unfpa.org; website: http://www.unfpa.org/modules/intercenter/reprights/self.htm

Websites for young people

Mezzo. The online guide to love and relationships for young people by young people
Website: http://www.ippf.org/mezzo/index.htm

Youth Shakers. A website being developed by young people working with IPPF members in Nepal, Peru, Dominican Republic, Iceland, Albania, India, Ghana, Kenya, the Philippines, Indonesia, Egypt and Algeria
Website: http://www.youthshakers.org/

Voices of youth. Discussion forums on how the world can become a place where the rights of every child are protected
Website: http://www.unicef.org/voy/

yo! Youth Outlook. A monthly newspaper by and about young people, which also syndicates articles to newspapers across the USA
Website: http://www.pacificnews.org/yo/

X-press. The IPPF newsletter by and for young people
Website: http://www.ippf.org/x-press/index.htm

teenwire. A website with information and news about teen sexuality, sexual health and relationships
Website: http://www.teenwire.com/

Youth Resource. A website including information sexual orientation
Website: http://www.youthresource.com/

YouthHIV. A website including information on living with HIV infection
Website: http://www.youthhiv.org/

Teen AIDS-Peer Corps. A website on peer education on HIV/AIDS worldwide, with comments from young people
Website: http://www.teenaids.org/page3.shtml

HiTOPS. Health Interested Teens Own Program on Sexuality
Website: http://www.princetonol.com/groups/hitops/

Girls Incorporated. A US national nonprofit youth organization dedicated to inspiring all girls to be strong, smart and bold
Website: http://www.girlsinc.org/ic/

Publications for young people

In Focus Factsheets. FOCUS on Young Adults. 1997-2001
Available from: FOCUS on Young Adults, 1201 Connecticut Avenue NW, Suite 501, Washington, DC 20035, USA; e-mail: focus@pathfind.org; website: http://www.pathfind.org/focus.htm

Fact sheets. Advocates for Youth. 2001
Available from: Advocates for Youth, 1025 Vermont Avenue, Suite 200, Washington, DC 20005, USA; e-mail: info@advocatesforyouth.org; website: http://www.advocatesforyouth.org/FACTSHET.HTM

VIOLENCE

SEX EDUCATION

sexually transmitted infections

UNSAFE ABORTION

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