Working with Young Women:

Empowerment, Rights and Health

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Empowerment, Rights and Health

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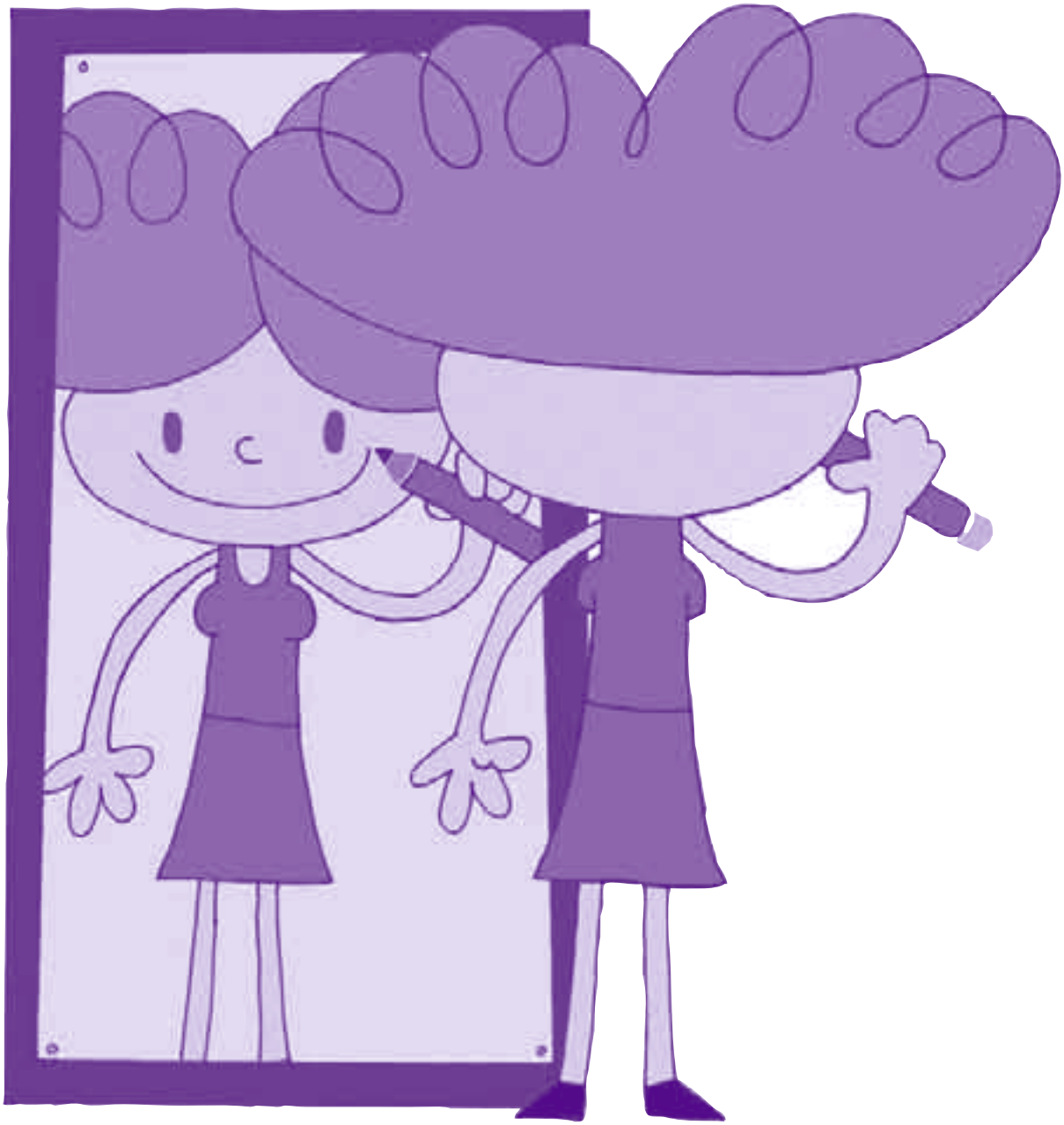


Introduction

Why a manual to work with young women?

This manual, part of an initiative called Program M (M for mujeres in Spanish and mulheres in Portuguese), includes a series of group educational activities to promote young women's awareness about gender inequities, rights and health and to develop skills so they can feel more capable of acting in empowered ways in different spheres of their lives. Although there has been a significant amount of work done to promote women's empowerment, most of it has been geared towards the experiences of adult women. There has been less work focused on the empowerment of young women and their specific experiences, decisions, interests and well being (Greene, 2004). Moreover, youth is a period in which attitudes, behaviors and power dynamics in intimate and sexual relationships are rehearsed, thus making it an opportune time to promote reflection and skills among young women for building healthy lifestyles and more equitable relationships between men and women.

When we say young women, we are referring to women between 15 and 24 years old, which corresponds to the "youth" age group as defined by the World Health Organization (WHO). We realize that this age range is extremely wide, and we are not necessarily recommending that one work with 15 to 24 year olds all at the same time. The activities are intended for use with groups of young women, although with some adaptations they can also be used with younger or older women or with mixed groups. In fact, activities which include both young men and women can be valuable spaces for both groups to practice respect and understanding. However, it is important to also retain spaces which are solely for young women.

How to use the manual?

Before beginning to work with young women, it is important that the facilitator read the entire manual to understand its contents and how it is organized. The manual is organized in ten sections, each containing activities that last between 45 minutes and 2 hours. These activities can be developed in a variety of environments including schools, clubs, and community organizations, and are most effective when done with smaller groups of 10 to 20 participants. It is highly recommended that the facilitator work with the group to establish basic rules, seeking to guarantee the privacy and respect of all participants.

Section 1 – Gender, empowerment and human rights

This section provides an introduction to the main concepts in the manual, including gender, rights, and empowerment.

Section 2 – Identity and Relationships

This section focuses on how gender influences young women's identities and aspirations and the ways in which women and men express themselves and relate to each other.

Section 3 – Violence

This section explores the many forms of violence that exist, particularly in the context of young women's lives and relationships, and the links between gender, power and violence.

Section 4 – Bodies and Sexuality

This section focuses on how young women construct their body image and sexuality, including the influence of the media, society and gender norms.

Section 5 – Sexual and Reproductive Rights and Health

This section addresses sexual and reproductive health, behavior, and decision-making from a rights-based perspective.

Section 6 – Motherhood and Care-giving

This section focuses on the different experiences of pregnancy and motherhood and the importance of male involvement.

Section 7 – Preventing and Living with HIV/AIDS

This section focuses on young women's vulnerability to HIV/AIDS and the importance of preventive behaviors and negotiation in sexual relationships.

Section 8 – Drugs

This section addresses the different types of drugs that affect young women's lives and relationships and explores the concept of harm-reduction.

Section 9 – Young women and work

This section focuses on the traditional gender divisions which exist in different types of work and the rights of women in the workplace.

Section 10 – Community Participation

This section engages young women in individual and collective actions to make positive changes in their lives and communities on issues related to rights and health.

All of the activities draw on an experiential learning model in which young women are encouraged to question and analyze their own experiences and lives, in order to understand how gender can perpetuate unequal power in relationships, and make both young women and men vulnerable to sexual and reproductive health problems, including HIV/AIDS. Most importantly, the activities engage young women to share ideas and opinions and think about how they can make positive changes in their lives and communities. This process of questioning and change takes time, and experience in using this manual has shown us that it is preferable to use the activities as a complete set (or select groups of activities from the different sections), rather than using just one or two activities. Many of the activities complement each other and when used together contribute to richer and more rewarding reflections than if used alone.

The Video: "Once Upon a Girl"

This manual is also accompanied by a no-words cartoon video called "Once upon a Girl"[1]. The video tells the story of a girl who begins to question the "do's and "don'ts" of the world around her and how they influence the way she thinks and acts. Touching on everything from children's play and household roles to sexuality and intimate relationships, the video is an educational tool intended to promote discussions about the challenges girls and young women face as they grow up. It serves as a good introduction to the themes and activities in this manual, and when used in one of the first sessions can provide a useful insight to the young women's baseline attitudes and understanding of the themes. Many of the activities include suggestions of scenes from the video which can be used to reinforce or further explore specific themes.

Organization of the activities

The activities are designed to be easy to understand and carry out. Each contains the following:

Purpose: A description of the specific information, reflections and skills that will be gained in the activity. Unless otherwise specified in the directions, the facilitator should share the purpose with the participants at the start of each activity.

Materials Required: The materials necessary to carry out the activity. For the most part, these include basic materials such as flipchart paper and markers. If the materials listed cannot be easily accessed, the facilitator should feel free to improvise. For example, flipchart and markers can be substituted with newsprint or chalkboard and chalk.

Recommended time: Suggested amount of time for carrying out the activity. The activities in the manual are designed for 45 minutes to 2 hour sessions, though the actual time may vary depending on the number of participants and other factors. It is always important to work at the pace of the participants. In general, sessions should not be longer than two hours, nor should they be carried out back to back, since this can be tiring and counterproductive for both the facilitator and participants.

Planning notes: Background information and tips to help the facilitator prepare for the activity, such as researching existing community resources related to the activity topic.

Procedure: The steps for carrying out the activity. For the most part, the activities are written to be easily adapted to groups with different reading and writing levels, but the facilitator should be attentive to whether the steps are feasible and appropriate for the participants. For example, where the procedure calls for reading a text the facilitator can instead read the text aloud. Also, it is highly recommended that the facilitators start each session with an energizing activity, particularly those sessions that are mostly discussion or involve little physical movement.

Discussion Questions: Suggestions of questions to help guide the discussion on the activity topic. The facilitator should feel free to add to them or to rephrase them based on the local context. Moreover, it is not necessary that the group discuss all of the suggested questions or that the facilitator adhere strictly to the order in which they are listed in the activity. Rather, the facilitator should focus on encouraging as many participants as possible

[1] To request a copy of the video, visit www.promundo.org.br. A full discussion guide is also available for download in English, Portuguese and Spanish.

to express their opinions. The facilitator should be patient, of course. Some young women may be shy in the beginning or may not feel comfortable discussing these topics with each other – the facilitator should never force anybody to speak.

Closing: Short texts which provide an overview of the main points or messages of the activity. It is recommended that the facilitator read them aloud to the participants at the end of the session.

Links: References to other activities in the manual which reinforce or further explore similar topics.

Link – From Program H: References to activities in the Program H manual (see page 15) which reinforce or further explore similar topics and can help young women consider the perspective of young men.

Video Resource: Reference to specific scenes in the "Once upon a girl" video which can be used to further explore the topic.

Resource Sheets: Complementary or additional information on the activity topic. The facilitator should always review the information on these sheets with the participants. If possible, the facilitator should make copies to distribute. Another possibility is to write out the information on the sheets on a flipchart paper for the young women to refer to during the current activity and during future activities.

Role of the facilitator

The role of the facilitator is to create an open and respectful environment in which the young women can feel comfortable sharing and learning from their own experiences. As discussed above, the activities are designed to generate a process of reflection and participatory learning- a process that is facilitated, not taught. Many of the themes – violence, sexuality, parenthood, HIV/AIDS – are complex and sensitive. There may be young women who open up and express their feelings during the process, while others simply will not want to talk. The key factor in this process is the facilitator. She should never force the young women to participate in the activities in any way, but instead should try to create an environment in which the young women feel comfortable sharing their opinions and doubts. The young women's experiences are what lend richness to the activities; they should therefore always be utilized in a positive way. For example, if there is a young woman in the group who is a mother or is pregnant, the facilitator should invite her to share her experiences in order to help the group understand and reflect on pregnancy and motherhood. This should by no means be used as an occasion to moralize or criticize adolescent pregnancy. Likewise, it is up to the facilitator to pay attention to the comfort level of the young women and to be aware when specific young women need individual attention and, in some cases, referrals to professional services or counseling.

The facilitator should also keep in mind that the process of changing attitudes and behaviors can be lengthy, and that young women's participation in these activities will not necessarily lead to a sudden transformation of their lives and relationships. The objective of the workshops is to initiate a process of critical thinking about gender and rights and about possibilities for promoting more equitable relationships between women and men. However, this process in and of itself is not sufficient unless it is also accompanied by broader changes in young women's opportunities to access resources and services. At the individual level, it is important that the facilitator be sensitive to the practical realities of the young women's lives and the limitations or dangers they might face in trying to assume more autonomy in different spheres of their lives. In some cases, the young women will need to be prudent about the types of "changes" they try to enact in their lives and relationships. For example, a young woman may come to understand the importance of asking her partner to take an HIV test, but fear that he might become angry or violent if she suggested it. The facilitator should be attentive to these issues and help the young women think carefully and pragmatically about how they might promote and/or negotiate changes in their lives, including in their intimate and family relationships. As mentioned above, the activities in Community Participation provide an opportunity for in-depth reflection on how to organize individual and collective actions around issues that relate to young women's rights and health.

We recommend that before beginning the manual, the facilitator should have a basic grounding in concepts of 'gender' and 'sexuality,' and should also have engaged in self-reflection on their own experiences and struggles around the themes of the manual. Very often, facilitators become important role models and sources of information and support for the young women. For this reason, it is important that they have received sufficient training in working with young women on these themes, and that they have access to support and resources from organizations and/or other educators and facilitators.

In the annex, we have included a resource sheet with tips for facilitators. It is not intended to be used as a substitute for training, but rather as a review of important points to keep in mind when working with young women in group educational activities.

Gender, empowerment and human rights

This first section contains activities that encourage collective reflection on the manual's core themes, including how the social construction of gender affects the lives of young women and others, the relationship between gender and power, and the concepts of equality, empowerment and human rights.

Gender, a social construction

From early childhood, boys and girls develop a strong sense of the distinct ways that they are expected to behave and relate to each other. Girls may learn that they are valued for their looks and obedience, not for their opinions or independence. Boys, on the other hand, may learn that to be "real" men they must always be strong and in control. These ideals of how men and women should behave are called gender norms and are taught and reinforced by men and women, families, peers, media and communities through a process called socialization.

The issue of gender is a key to understanding the vulnerabilities of young people, particularly in terms of sexuality and health. In many settings, strict socio-cultural norms dominate discussions of young women's sexuality, particularly relating to virginity before marriage and number of sexual partners (Weiss and Gupta, 1998). Puberty may bring marked attention to a young woman's ability to reproduce and, in some cultures, may signal a period of greater social exclusion, more attention to movements outside the home and more protection from boys (Mensch et al., 1998). For young men, on the other hand, sexual experience is frequently associated with an initiation into manhood, and may be viewed among peers as a display of sexual competence or accomplishment, rather than an act of intimacy (Marsigilio 1988; Nzioka, 2001).

Basic concepts

Sex – refers to the biological attributes and characteristics that identify a person as male or female.

Sexuality – refers to the expression of our feelings, thoughts and behaviors as men or women. It includes our feelings of attractiveness, being in love and our behaviors in intimate relationships.

Gender – refers to the socially constructed differences and inequalities between men and women (for example, how they should dress and behave). These ideas and expectations are learned through families, friends, religious and cultural institutions, schools, workplaces and the media.

While gender norms may vary between different cultural settings, similar patterns shape women's and men's access to economic and social resources and their decision-making power worldwide (Mathur and Rao Gupta 2004). In most settings, men are responsible for productive activities outside the home (e.g. paid work), while women are responsible for reproductive and productive activities within the home (e.g. child-care and domestic chores). The fact that women generally have less access to and control of productive resources limits their decision-making power in public as well as private spheres. Indeed, research has shown that women in situations of economic disempowerment are less likely to successfully negotiate safe sex, leave a relationship that they perceive to be risky, or access formal support services (Heise and Elia 1995; Weiss and Gupta 1998). In this way, the broader social, political and economic inequalities between women and men are inseparable from the vulnerabilities women face in their daily lives and intimate relationships.

Gender and Young Women

For young women, the compounding effects of gender and age may further reinforce the unequal power dynamics and vulnerabilities they experience. Age, like gender, can be seen as a social marker that confers power unequally between youth and adults. As a result, youth and young women in particular often have limited access to health information and services, economic opportunities, political/social networks and other resources necessary to ensure their full health and development (Mathur and Rao Gupta 2004). The consequences of this limited access are reflected in the fact that the leading causes of premature death among women — including maternal mortality, HIV/AIDS, lung cancer, and heart disease—are associated with experiences and behaviors that often begin during adolescence (NCRW 1998; UNFPA 2005).

Although the emphasis of this manual is the construction of gender norms and their impact on the health and vulnerabilities of young women, it is important to recognize that young women are multidimensional individuals with diverse perspectives and needs. Young women´s behaviors are influenced not just by gender, but also by the interactions of gender with other aspects of their identities, including race, ethnicity, social class, and sexual orientation (NCRW 1998). Not only do many aspects of female gender identity constrain young women and make them vulnerable to risk, at times other identities can prove even more constraining on young women's access to resources that might improve their living conditions and health. For example, a low-income young women is much less likely than a wealthy woman to have access to appropriate medical and neonatal care, thus increasing the chances of harm to her and/or her child.

Empowered young women...

- Are encouraged to think actively about the future;
- Make autonomous decisions about body, health and sexuality;
- Control income and personal resources;
- Make autonomous decisions about education;
- Have leisure opportunities;
- Use health services;
- Are literate;
- Speak up in public;
- Are aware of gender inequities and how they affect women's and men's lives;
- Know about human rights;
- Can identify cultural and media influences that undermine women's sense of self;
- Are capable of saying "no" to unwanted sex;
- Recognize personal capabilities;
- Believe a man does not have the right to commit violence toward them;
- Take action if a man commits violence toward them;
- Recognize and express needs and emotions;
- Are aware of the consequences of the use and abuse of drugs;
- Share domestic and child-care responsibilities with their partners;
- Are aware of specific laws affecting women's lives;
- Have supportive groups of peers;
- Have access to positive female role models.

(Green 2004)

Promoting young women's empowerment, rights and health

Women's empowerment can be defined as the process by which women gain the knowledge, resources, skills, and opportunities to make decisions about their bodies, health, aspirations, sexuality, time and pursuits. It is a complex and multi-faceted process that generally requires changes and support at various levels, from the individual and interpersonal to the macro-level of public policy and social norms.

This process involves three dimensions:

Individual: refers to recognizing and delineating our internal powers, then, expanding and enlivening them as resources in and of themselves.

Close relations: consists of developing the ability to create, negotiate, and influence our close relationships with others, including making decisions about where, how, when and in what way these relationships will evolve.

Collective dimension: refers to the moblization and empowerment of a group of people, such as women. Individual empowerment cannot exist without collective gender empowerment within society as a whole.

The group educational activities in this manual focus specifically on the individual and interpersonal levels by: raising young women's awareness about gender inequities, rights and health; encouraging young women to think actively about their future; providing spaces for them to build positive peer networks; promoting knowledge of and access to supportive institutions; creating spaces for them to express their opinions and be heard; and helping them to develop the skills necessary to act in more empowered ways. While these are certainly meaningful steps towards the empowerment of young women, they are insufficient unless young women have the objective means – freedom of movement, access to services – to actually challenge the restrictive socio-cultural norms in their lives, relationships and communities. It is therefore important to simultaneously carry out broad-reaching efforts, from community-level mobilization to advocacy for equity-based legislation, in order to overcome the structural and other environmental factors that create gender-related vulnerabilities for young women and that hinder their empowerment.

Talking about the empowerment of young women implies a recognition of their power and authority to make decisions within their own territory: their bodies; their sexuality; their time, work, and resources. This aspect of power is understood as the capacity for self-preservation and development. It is legitimate and necessary that we, as women, strengthen ourselves; that we develop and recognize our capacities, talents and abilities to make decisions about our lives; and that we have access to and control over our own money and resources. It is vitally important that we stimulate respect for and acceptance of ourselves, beginning with the discovery of our preferences, leading to an individual and collective desire for the construction of new feminine identities in which abilities and attitudes that can transform sociocultural, political and economic realities are made possible – that is to say, beginning with a positive vision of power (Scott, 1990).

Working with young men to support the empowerment of young women

Program H - "H" for *hombres* (men in Spanish) and *homens* (men in Portuguese) - is a multi-component intervention which has been shown in rigorous quasi-experimental evaluation studies to promote more gender-equitable attitudes and behaviors among boys and young men in diverse settings. It includes a group educational curriculum and accompanying video called *Once upon a Boy*, which presents the story of a young man from early childhood through adolescence to early adulthood.

Specifically, the Program H activities seek to encourage young men to act in the following ways:

- seek relationships with women based on equality and intimacy, rather than sexual conquest. This includes believing that men and women have equal rights, and than women have as much sexual desire and 'right' to sexual agency as do men;
- seek to be involved fathers, meaning that they believe that they should take both financial and at least some caring responsibility for their children;
- assume responsibility for reproductive health and disease-prevention issues. This includes taking the initiative to discuss reproductive-health concerns with their partner, using condoms, or assisting their partner in acquiring or using a contraceptive method;
- oppose violence against women. This may include young men who were physically violent toward a female partner in the past, but who currently believe that violence against women is not acceptable behavior.

Likewise, one of the key elements of the activities in the Program M manual is the questioning by young women of rigid and non-equitable stereotypes about masculinity and how they affect both women's and men's lives and relationships. It is frequently said that mothers who raise sons and the wives and girlfriends who tolerate and obey men are responsible for machismo. However, we have to recognize that gender norms are constructed and reinforced by both women and men and that women often have limited power

and access to the necessary resources to change their social, economic and cultural contexts. Even so, through an educational and reflective process, women (like men) can contribute to the promotion of gender equity by becoming more aware of oppressive beliefs and expectations within their relationships and striving not to reinforce or reproduce them. In this context, the Program M educational activities encourage women to help construct and reinforce positive ideals of masculinity among men in their lives and communities and to engage them as allies in the promotion of women's empowerment and gender-equality.

Together, the Programs M and H curricula and videos constitute a set of tools for incorporating a relational notion of gender in youth programming and sensitizing and empowering young people to achieve gender-equity.

Women's Rights and Gender Equity

Throughout history, many women and movements have questioned inequalities between women and men. Over the 200-plus years since the activist Olimpe de Gouges was guillotined for having written the Declaration of the Rights of the Woman and the Citizen, the world has seen numerous advances in women's rights, from the right to vote in most countries to better working and living conditions.

The Convention for the Elimination of All Forms of Discrimination Against Women (CEDAW), adopted in 1979 by the UN General Assembly, is often described as an international bill of rights for women. Consisting of a preamble and 30 articles, it defines which actions constitute discrimination against women and sets up an agenda for national action to end such discrimination [2].The Convention defines discrimination against women as "...any distinction, exclusion or restriction made on the basis of sex which has the effect or purpose of impairing or nullifying the recognition, enjoyment or exercise by women, irrespective of their marital status, on a basis of equality of men and women, of human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field."

The 1994 International Conference on Population and Development in Cairo and 1995 Fourth World Conference on Women in Beijing were watershed moments in the movement to promote the health and rights of women, particularly sexual and reproductive health and rights. One of the main objectives of the meeting in Beijing was to strengthen prevention programs that promote women's health, giving priority to formal and informal education programs that support women and give them the chance to acquire knowledge, make decisions and take responsibility for their own health.

The Cairo and Beijing conferences also emphasized the need to include men in efforts to improve the status of women and girls. The ICPD Program of Action, for example, seeks to "promote gender equality in all spheres of life, including family and community life, and to encourage and enable men to take responsibility for their sexual and reproductive behavior and their social and family roles" (UNFPA 1994). Indeed, change is only possible if gender is seen as relational and men as well as women are engaged in the promotion of women's empowerment and gender-equity.

Ground Rules

Purpose

To establish rules to ensure that group discussions are respectful and productive.

Materials Required

Flip chart paper, tape, and markers.

Recommended Time

30 minutes.

Procedure

1. Ask the participants to sit in a circle, and tell them that the purpose of the activity is to collectively develop a list of ground rules for discussions so that each participant feels comfortable to share her experiences and opinions.

2. Invite the group to suggest ground rules they feel are important. If necessary, provide examples of ground

[2] http://www0.un.org/womenwatch/daw/cedaw/.

rules: Don't judge; listen to what others say, without interrupting; respect differing opinions; no one is required to speak when they don't want to; what is said in the group meeting should remain within the group and not become gossip, etc.

3. Write the suggested rules on a flip chart paper and have the group discuss and vote on those ground rules that they believe are the most important.

4. Hang the ground rules in a place where it will be visible throughout the workshops. OPTIONAL STEP: Invite the participants to sign the paper with the ground rules as a gesture of "signing the contract".

5. Revisit these ground rules as necessary through the workshops, particularly before the discussion of the more controversial topics.

Closing

In the activities that follow, you will be discussing a variety of topics that affect the daily lives of young women and will have the opportunity to learn new information and perspectives. Many of you will have different experiences and opinions from each other and it is important that you all try to be as open-minded and respectful as possible. Often, it is these differences that will make the discussions richer and more interesting. The ground rules that you have all agreed on today are an important first step toward ensuring that everyone's opinions and contributions are respected and that our time together is meaningful and productive.

activity 1:
Persons and things[3]

Purpose

To increase awareness about the existence of power in relationships and its impact on individuals and relationships.

Materials required

None.

Recommended time

2 hours.

Planning notes

Some of the participants might not feel comfortable with the role play involved in this activity. It is important to be sensitive to how participants react to being assigned the role of "persons" or "things" and to be prepared to make the necessary accommodations or changes. For example, rather than have the participants actually carry out the role play, the facilitator might invite the participants to discuss in pairs how "persons" might treat "things" and the feelings that this might generate for the "persons" and "things". The facilitator should also be prepared to make referrals to counseling or other services for those participants who might be especially affected by the activity.

Procedure

1. Divide the participants into three groups. Each group should have the same number of participants. Note: If the number of participants does now allow for an even distribution, assign the "extra" participants to the third group which, as described below, will be the observers.

2. Tell the participants that the name of this activity is: Persons and Things. Choose at random one group to be the "things," another to be "persons" and a third to be "observers".

3. Read the following directions to the group:

a. THINGS: You cannot think, feel, or make decisions. You have to do what the "persons" tell you to do. If you want to move or do something, you have to ask the person for permission.

b. PERSONS: You can think, feel, and make decisions. Furthermore, you can tell the things what to do.

c. OBSERVERS: You just observe everything that happens in silence.

4. Assign each "person" a "thing" and tell them that they can do want they want with them (within the space of the room).

5. Give the group 5 minutes for the "people" and "things" to carry out their designated roles.

6. Finally, ask the groups to go back to their places in the room and use the questions below to facilitate a discussion.

OPTIONAL STEP: The facilitator can ask participants to exchange roles, that is, ask those who were things to be people and vice-versa. It is important, however, that the participants do not use this role reversal as an opportunity for those who were formally things to take "vengeance" on those who had previously been a person.

Discussion Questions

For the "things"

• How did your "persons" treat you? What did you feel? Did you feel powerless? Why or why not?

[3] Adapted from *Guia para capacitadores y capacitadoras en Salud Reproductiva*. New York: IPPF. 1998.

For the "persons"

- How did you treat your "things"? How did it feel to treat someone this way? Did it make you feel powerful? Why or why not?
- Why did the "things" obey the instructions given by the "persons"?
- Were there "things" or "persons" who resisted the exercise?
- In your daily lives, do others treat you like "things"? Who? Why?
- In your daily lives, do you treat others like "things"? Who? Why?
- For the "observers": How did you feel not doing anything? Did you feel like interfering with what was happening? If yes, what do you think you could have done?
- In our daily lives, are we "observers"of situations in which some people treat others like things? Do we interfere? Why or why not?
- If you had been given a chance to choose between the three groups, which would have chosen to be in and why?
- Why do people treat each other like this?
- What are the consequences of a relationship where one person might treat another person like a "thing?"
- In your communities, do women most often belong to one of these three groups? Which group? Do men most often belong to one of these three groups? Which group? Why do you think this is? (See box below about different types of power).
- How does society/culture perpetuate or support these kinds of relationships?
- What have you learned in this activity? Have you learned anything that can be applied in your own life and relationships?

Closing

Power is socially constructed and only exists in relation to another person. We either have or do not have power in relation to someone else or anther group. Power is expressed not only as domination or submission, but also as resistance, self-affirmation, and the ability to make decisions about your own life. There are many different types of relationships in which one person might have more power over another person. Think of relationships between women and men, youth and adults, parents and children, students and teachers, employees and bosses. Power relations can also exist between society and the individual, society and the state, etc. Sometimes, the power imbalances in these relationships can lead one person to treat another person like a "thing." As we will discuss throughout many of these activities, the unequal power balances between men and women in intimate relationships can have serious repercussions for the vulnerability to STIs, HIV/AIDS, and unplanned pregnancy. For example, a woman might not have the power to say if, when, and how sex takes place, including whether a condom is used, because of longstanding beliefs that men should be in charge of sexual matters and women should be passive (or that women "owe" sex to men). In other cases, a woman who is dependent on a male partner for financial support might feel that she does not have the power to say no to sex.

It is important to keep in mind that power is not fixed – it is not something that we have all the time or can save in a box. We are constantly in motion, entering and leaving situations and relationships in which we have more or less power. Moreover, it is important to remember that power in and of itself is not always bad. Quite simply, power means strength; it is how this strength is used that makes the difference. Throughout these activities, we will have the opportunity to discuss how young women can use their power individually and collectively to promote positive changes in their lives and communities.

Different types of power

POWER OVER: implies having control over someone or a situation in a negative way. This type of power is generally associated with a violation of the rights of individuals or groups through the use of repression, force, corruption, discrimination and/or abuse.

POWER FOR: implies the ability to influence one's own life. This type of power involves having the resources, ideas, knowledge, tools, money, and the ability to mobilize oneself and others to do something. A large group of people with this kind of power form "power with".

POWER WITH: implies collective strength – that is, having power with other people or groups and constructing a common goal that benefits everyone. This type of power recognizes and affirms the talents and knowledge of various individuals and is rooted in support, solidarity, and collaboration.

INNER POWER: relates to self-esteem and self-

knowledge. This type of power includes the confidence and knowledge of an individual to express and defend her or his rights and have control over her or his life, body, health, sexuality and personal and social relationships. Inner power and power with is rooted in the recognition of one's rights and the rights of others.

When we use "Inner Power" and "Power With," we are seeing ourselves as people or citizens with rights, and we are recognizing the rights of others.

activity 2:

What is this thing called Gender?[4]

Purpose

To understand the differences between sex and gender and reflect on how gender norms influence the lives and relationships of women and men.

Materials required

Flip chart paper, tape, and markers.

Recommended time

2 hours.

Planning notes

Before carrying out this activity, it is important that the facilitator understand the differences between sex and gender. We have included general definitions here, but suggest that the facilitator read the introduction to this manual to ensure a better understanding.

Sex is biological – that is, we are born with male or female reproductive organs and hormones.

Gender is how we are socialized—that is, how attitudes, behavior, and expectations are formed based on what society associates with being a woman or being a man. These characteristics can be learned from family members, friends, cultural and religious institutions, and the workplace.

Some participants might confuse gender with sexual orientation. It is important to clarify that gender is a sociocultural construct by which certain attitudes and behaviors are assigned to individuals based on their physical and hormonal attributes. Sexual orientation, on the other hand, is the feeling of being able to relate romantically and sexually towards someone of the opposite sex (heterosexual), the same sex (homosexual), or persons of both sexes (bisexual). Independent of one's sexual orientation, every individual is influenced by social expectations based on their sex. See Activity 19 for a more in-depth discussion on sexual identities and diversity.

It is also important that gender and sex are not presented as rigid or dichotomous identities. During the activity, the facilitator might want to discuss how transgender and transsexual people do not fit within these traditional gender and sex categories. Transgender people do not identify with the gender to which they were assigned at birth, such as an individual who was born female but identifies as male. Transsexual people are those who choose to medically transition to the gender that feels right for them. Intersexuals (also known as hermaphrodites) are persons born with partially or fully developed pairs of female and sex organs.

Procedure

1. Draw two columns on a piece of flip chart paper (or use two large pieces of paper).

2. In the first column write "woman." In the second column write "man."

3. Ask the participants to think of words and phrases associated with the idea of "being a woman." Write these in the first column while they are being said. The responses can be positive or negative. Help the participants mention both social and biological characteristics.

[4] Adapted from "Gender or Sex: Who cares? Skills-building resource pack on gender and reproductive health for adolescents and youth workers" by M.DeBruyn and N.France (2001) IPAS and Health and Development Networks.

4.Repeat the same step for the column "man."

5.Briefly review the characteristics that were listed in each column.

6.Exchange the titles of the columns by putting "woman" in the place of "man" and vice versa. Ask the participants if the characteristics mentioned for women could be attributed to men and vice versa.

7. Use the questions below to facilitate a discussion about which characteristics the participants do not think can be attributed to both men and women, and why. However, as discussed above, it is important that these sex and gender categories are not presented as rigid or strictly dichotomous.

OPTIONAL STEP: To help reinforce the difference between sex and gender, you might want to prepare images of men and women that reflect examples of biological (sex) and social (gender) roles. These might include: a woman washing dishes (gender); a woman breastfeeding (sex); and a man fixing a car or hunting (gender).

Discussion Questions

- What does it mean to be a woman?
- What does it mean to be a man?
- Do you think men and women are raised the same way? Why or why not?
- What characteristics attributed to women and men are valued as positive or negative by our society?
- What would it be like for a woman to assume gender characteristics traditionally associated with men? Would it be hard or easy? How would it be for men to assume gender characteristics traditionally assigned to women?
- How do our families and friends influence our ideas of how women and men should look and should act?
- How does the media (television, magazines, radio, etc.) influence our ideas of how women and men should look and should act?
- Is there a relationship between gender and power? Explain.
- How do these different expectations of how women and men should look and act affect your daily lives? Your relationships with family? Your relationships with intimate partners?
- How can you, in your own lives, challenge some of the negative, or non-equitable, ways that men are expected to act? How can you challenge some of the negative, or non-equitable, ways that women are expected to act?
- What did we learn with this activity? Is there anything we can apply to our own lives or relationships?

Closing

Throughout their lives, women and men receive messages from family, media, and society about how they should act and how they should relate to each other. It is important to understand that although there are differences between men and women, many of these differences are constructed by society, and are not part of their nature or biological make-up. Even so, these differences can have fundamental impacts on women's and men's daily lives and relationships. For example, a man is often expected to be strong and dominant in his relationships with others, including with his intimate partners. At the same time, a woman is often expected to be submissive to a man's authority. Many of these rigid gender stereotypes have consequences for both men and women, as we will be discussing throughout these workshops. As we become more aware of how gender stereotypes can negatively impact our lives and communities, we can think constructively about how to challenge them and promote more positive gender roles and relations in our lives and communities.

Link – Manual

Activity 29: *What is a woman's work?* provides an opportunity to further discuss gender roles in the context of types of work that are traditionally associated with women or with men.

Link - Video

In *Once upon a Girl*, identify and discuss the differences in how the main female character and her brother are expected to act and how these differences relate to gender roles.

activity 3:
Learning about human rights

Purpose

To discuss the meaning of human rights and how they affect the lives of young women and others in their community

Materials

Flip chart paper, markers and a sufficient number of copies of Resource Sheet 3 to distribute to participants. Optional: newspaper and magazine articles.

Recommended time

2 hours.

Planning notes

Carefully read over the rights presented in Resource Sheet 3. Try to research some local examples of how young women's rights are not respected that can be discussed during this activity. If possible, research how local and national laws uphold (or do not uphold) these rights.

Procedure

1. Ask the participants what comes to mind when they hear "human rights." On a flip chart write the words and phrases that the participants provide.

2. Distribute copies of Resource Sheet 3. Review the definition of human rights and the examples of rights provided.

3. Divide the participants into two or three smaller groups. Tell them that they will have 20 minutes to think of a story, from their lives, their communities, or the news, when one of the rights listed in Resource Sheet 3 were violated or not respected. See the text box below for a suggested story that was developed in Brazil. Alternative step: Rather than ask the participants to come up with stories, you can give them newspapers and/or magazines from which they can select a relevant story, or prepare stories beforehand based on the local context. Ask each group to prepare a presentation or skit based on the story they identified (For suggestions on how to prepare and carry out skits, see the text box Using drama to discuss rights).

4. After each presentation/skit, each group should address the following questions:

a.Whose rights were violated?

b.Which rights were violated?

c.How were these rights violated?

d.Was gender, age, race, ethnicity, or religion a factor in the story? How?

e. What could the protagonist (leading person in the story) and other people in the story have done differently? (If the group wants, it can also act out how the story would be different).

f. Is this type of situation common in your community?

NOTE: It might be helpful to write these questions on flip chart paper for the participants to refer to during the small group discussions and presentations.

5.Use the questions below to facilitate a discussion about rights and how they are protected, or not protected, in the lives of the participants and in their communities.

OPTIONAL STEP: Encourage the participants to reflect on how they can organize and advocate for their rights within their own communities. Suggest to the group that they write a letter to the editor of a newspaper or magazine, or to an organization involved in community advocacy, to denounce potential abuses of human rights in their own communities. The facilitator can provide information about local resources and contacts to help the participants, or can help with writing a letter. This step can also be carried out as part of Activity 32: Exercising my Rights.

Suggested story for group discussion

Maria is pregnant but does not want to go through with the pregnancy. However, she lives in a country where abortion is illegal. She decides to take some pills that a friend recommends and ends up with such intense bleeding and cramps that she needs to go to a hospital. Upon arriving at the hospital, she is placed on a gurney and left for ten hours before being attended. When the doctors and nurses finally take care of her they are extremely rude and say that she deserves to go to jail for having tried to induce an abortion. Which of Maria's rights were violated?

Using drama to discuss rights

Invite participants to create and interpret characters in a dramatization of the story their group identified. During each performance, participants who do not have roles as characters should serve as an audience. After the first skit, ask the participants to re-do the same scene, but ask one of the audience members to stop the scene at any moment to substitute one of the actors and change the scene and the action(s). The audience should be thinking about "How would the scene have been different if human rights were respected?" and "How do I want this story to end?" The audience should use the information in Resource Sheet 3 as a tool to intervene with the scene and to create a more positive result.

Discussion Questions

- What other rights are violated, or not respected, in your community?
- Are there other rights, other than those from Resource Sheet 3, that are also important to the lives and well-being of young women?
- Do women and men in your community have the same rights? Why or why not?
- Do youth and adults in your community have the same rights? Why or why not?
- Do you think there is a connection between power and rights? Explain.
- Who is responsible for protecting the rights of people in your community?
- How can you help to protect your rights and the rights of others in your community?
- What have you learned during this activity? Have you learned anything that can be applied in your own life and relationships? Will you make any changes as a result of this activity?

Closing

Every human being – rich or poor, man or woman, young or old – has rights, including the right to have their own opinion, the right to education, the right to health and the right to live a life free from violence and discrimination. Unfortunately, women's rights (as well as men's) are not always respected. There have been significant successes in the last few decades in the struggle for women's rights, but there is still a long way to go. An important step is to ensure that more women are aware of their rights and how to exercise them. In these activities, you will further explore different rights, including sexual and reproductive rights and working rights. You should feel encouraged to share these discussions and information with others in your lives and community.

Links – Manual

Activity 15: What are Sexual and Reproductive Rights? builds upon this discussion of human rights and provides an opportunity for in-depth discussion on rights related to sexuality and reproduction.

The application of human rights to women's participation in work can be explored in *Activity 30: Promoting Respect and Rights in the Workplace*.

Activity 32: Exercising My Rights provides an opportunity for participants to develop action plans on how to promote rights around a very specific issue in their community.

Resource Sheet 3

What are human rights?

Human rights are the basic rights and freedoms that belong to ALL people everywhere. The United Nations was created in 1945 with the intent of preserving world peace and promoting human rights. Today, all countries belong to it. The Universal Declaration of Human Rights was adopted by the United Nations General Assembly in 1948. It is the basis for human rights protection and promotion around the world and has been endorsed by all countries. Many countries have included its provisions in their basic laws or constitutions.

In 1979, the UN adopted the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), often described as an international bill of rights for women. It defines discrimination against women as "...any distinction, exclusion or restriction made on the basis of sex which has the effect or purpose of impairing or nullifying the recognition, enjoyment or exercise by women, irrespective of their marital status, on a basis of equality of men and women, of human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field."

Excerpts from the universal declaration of human rights

Article 1:

All human beings are born free and equal in dignity and rights. They are endowed with reason and conscience and should act towards one another in a spirit of brotherhood.

Article 2:

Everyone is entitled to all the rights and freedoms set forth in this Declaration, without distinction of any kind, such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status.

Article 5:

No one shall be subjected to torture or to cruel, inhumane or degrading treatment or punishment.

Article 10:

Everyone is entitled in full equality to a fair and public hearing by an independent and impartial tribunal, in the determination of his rights and obligations and of any criminal charge against him.

Article 16:

1. Men and women of full age, without any limitation due to race, nationality or religion, have the right to marry and to found a family. They are entitled to equal rights as to marriage, during marriage and at its dissolution.

2. Marriage shall be entered into only with the free and full consent of the intending spouses.

Article 23:

1. Everyone has the right to work, to free choice of employment, to just and favourable conditions of work and to protection against unemployment.

2. Everyone, without any discrimination, has the right to equal pay for equal work.

3. Everyone who works has the right to just and favourable remuneration ensuring for himself and his family an existence worthy of human dignity, and supplemented, if necessary, by other means of social protection.

4. Everyone has the right to form and to join trade unions for the protection of his interests.

Article 24:

Everyone has the right to rest and leisure, including reasonable limitation of working hours and periodic holidays with pay.

Article 25:

1. Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing, and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.

2. Motherhood and childhood are entitled to special care and assistance. All children, whether born in or out of wedlock, shall enjoy the same social protection.

Identity and Relationships

Recognizing who we are, including our aspirations, talents and weaknesses, is key to our process of self-awareness and empowerment.

Often, young women's reflections about their identity entail questioning and giving new meaning to what society, families and others tell them they "should be" or "should do".

Identity and relationships

We all have an identity. It is made up of the values, beliefs and goals that we create and hold for ourselves. The process of developing and recognizing our identity is a complex and evolving one which is influenced by the social and cultural context in which we live and our interactions and conflicts with others.

On an individual level, identity can be understood as an intimate and subjective process where we, through our experiences and interactions with others, define ourselves and who we are in relation to others and in our relationships with others. We are not born with a single or fixed identity, nor does the construction of our identity occur automatically. Rather, our identity is developed through a process of interaction with others in which we reaffirm or recreate our identity based on our identification and perception of similarities and differences with others. Moreover, we can have different identities at different moments and situations in our lives. For example, we can be children when we are with our parents; teachers, doctors, lawyers, maids, or nannies when we are at work; and in other moments of our lives, we can be sisters, girlfriends, spouses, consumers, and so on.

The process of differentiation from and identification with others often also serves to establish and assert positions of power. For example, when individuals or groups define themselves, they may also classify themselves as superior or inferior to others. Those who are similar to the majority in some attribute may consider themselves superior to those who are different from the majority in some attribute. Often, this attribute can be the basis for generalizations and different forms of discrimination, as in the case of homosexuals, whose sexual identity is frequently perceived as the defining and sole characteristic of their personality.

On a collective level, identity can provide the basis for the self-affirmation of a specific group and thus serve as a political and social force, as in the case of the women's movement, which mobilizes individuals around common objectives and creates feelings of belonging and safety. In this way, the spaces for reflection promoted through the activities in this manual can help young women to recognize and value their similarities and differences, as well as their individual and collective power. The activities in this section encourage young women to speak about themselves and their future, and to question those norms and expectations which conflict with their aspirations. Having a positive outlook on one's identity and future is an important component of self-esteem, and can contribute to young women's autonomy and empowerment.

The construction of gender identity

Fragility, self-sacrifice, docility, caring, and faithfulness are among the qualities that have been most often attributed to women and which are often seen as inherent or immutable components of female nature, or femininity (Rocha-Coutinho, 1996). These qualities, however, are socially constructed and reinforced and, as discussed earlier, often serve to keep women and men in strictly defined roles. In the case of women, this role is most often one of subordination to men. These socially defined roles influence women's and men's interests, aspirations, behaviors and how men and women relate to each other. Even before we are born, our identity as women or men, or our gender identity, is being constructed. For example, the most common question people will ask an expecting couple is "is it a boy or a girl?" From this point on, the child´s future is constructed, including everything from which sports or activities the child will do (e.g. football or soccer for boys and ballet for girls) to what kind of career he or she will pursue. The expectations of our parents and society are powerful influences on how we construct our own identities as women and men, and it is necessary to keep in mind that these expectations are not based on our biological or physical potential or limitations, but

rather, socially constructed ideas of women's and men's roles. Gender identities are also interlinked with race, culture, social class and sexuality, and it is important to work with young women to question those qualities and expectations that are imposed upon them and to ensure that these do not limit their individual aspirations.

Adolescence and identity

As discussed above, the construction of our identity starts before we are even born. It is during adolescence, however, and our transition into mature and productive adults, that the construction of our identity is at its most dynamic period. Many speak of an "identity crisis" among youth in which they are faced with choices ranging from professional to ideological, considerable physical and psychological transformations, a questioning of their values, and at the same time a need to affirm their personality. In this period of life, we assume a new social position – we are no longer children and are expected to take on new responsibilities and "behave like adults." Young women are often told that they should "protect" their bodies or virginity, whereas young men are often encouraged to seek out sexual experiences to prove their manhood. These expectations of how youth should act, and the meanings attributed to the physical changes they experience, are strongly influenced by culture. As a period of significant transformation and identify formation, adolescence is also an opportune time to promote reflection and skills for building healthy lifestyles and more equitable relationships between men and women.

Identity and our bodies

The construction of our identity is influenced by our relationship with our body, including how we perceive it and how we feel about that perception. Body image can influence our self-esteem and our relationships with others, including the capacity to give and receive affection and establish romantic, respectful and secure relationships. The physical changes experienced during puberty can change how young women perceive their bodies, and it is important that, in our work with them, we seek to promote their development of a positive body image.

The way in which we perceive ourselves and our bodies is influenced by many different factors, among which the media is particularly influential. The female models presented on television and in other media often represent a very narrow standard of beauty described as skinny, with silicone-made curves…and perfect skin. Those women who do not fulfill this standard are often made to feel inferior, despite the fact that every individual is unique in her body and beauty, and that the images presented in the media are rarely realistic or representative. It is therefore important to work with young women to question media portrayals of women and how these portrayals influence their own body image.

Sexual identity

Sexual identity is related to the sexual preferences of each person. As with other dimensions of our identity, sexual identity is created and transformed by socio-cultural norms and values. For example, in some cultures, the distinctions between homosexuals and heterosexuals are not important (Heilborn, 2001). The fact of whether someone has sexual relations with persons of the same sex and/or the opposite sex is not considered to encompass who they are. It has traditionally been Western societies that have upheld sexuality as a defining factor of an individual's identity, and for a long time, sexual desire for people of the same sex was treated as an illness (Heilborn, 2001). Although this practice has been abandoned in most societies, homosexuals are still characterized and essentialized in stereotypical ways, as if their personality and values were influenced solely by their sexual desires. It is important to remember that stereotypes are social constructs and that individuals are comprised of unique combinations of characteristics and experiences, and that feeling sexual desire for the same sex is only one of many elements that make up an individual's identity.

Young women, identity and romantic relationships

Women's identities are often rooted in their romantic relationships (although this tendency is more subtle than in the past). Frequently, girls are taught that they need a man to be fulfilled and to give their life meaning. In some settings, the concept of romantic love is exaggerated to the point that women are expected to give themselves over completely to their relationships, even putting up with violence from their partners. Moreover, social norms regarding romance often establish and reinforce inequitable relationships between men and women. For example, the common social belief that men should protect women can sanction situations in which men actually control women. It is therefore necessary to work with young women to question the norm that women need to be in a romantic relationship to be happy, and to reflect on their own expectations in terms of romantic relationships and what they consider to be a healthy and respectful romance. It is important to also emphasize the importance of reciprocity in romantic relationships – in other words, that women can give, care and support their partners, but that they also deserve care, support and respect in return.

activity 4:

Who am I? What would I like to do with my life?

Purpose

To reflect on how young women construct their identities and life plans and the importance of having a positive sense of self.

Materials required

Flip chart and notebook paper; markers and/or paints. *Optional: music.*

Recommended time

2 hours.

Planning notes

This is a very introspective activity and should be carried out with utmost sensitivity. If the participants do not feel comfortable making a drawing or painting of themselves, the procedure can also be adapted to other techniques such as discussion in pairs, writing, creation of collages, or the use of dolls.

Procedure

1. Invite the participants to sit comfortably, take a deep breath, and close their eyes. Ask them to think about the following questions:

a. How would I describe myself?

b. What do I like doing the most? The least?

c. How do I feel about my body? What do I like most about my body? What do I like least about my body?

d. What have I been told that I do well?

2. Tell the participants that they will have 20 minutes to draw or paint a picture that represents who they are. Write the questions above on flip chart paper so that the participants can refer to them while they are creating their pictures.

OPTIONAL STEP: Put on music for the participants to listen to as they create their pictures.

3. After the participants finish their paintings, invite them to close their eyes again and to think about the following questions:

a. What do I want to be like in 5 years?

b. What would I like to be doing with my life?

c. Will I be studying and/or working?

d. Will I have a partner? Children?

e. Will I be a part of a group or activity?

4. Tell the participants that they will have 20 minutes to draw or paint a second picture that represents what they would like their life to be like in 5 years. Write the questions above on flip chart paper so that the participants can refer to them while they are creating their pictures.

5. Invite the participants to share their drawings/paintings.

6. Use the questions below to facilitate a discussion about the way the participants construct their identities and the influence of others, including the media, on how they see themselves.

Discussion Questions

- Is it easy to describe who you are? Why or why not?
- Is it easy to describe what you would like for your future? Why or why not?
- Do you tend to recognize all that you are: your strengths, your weaknesses, and your potential?
- In what ways are you similar to other participants? In what ways are you different?
- How do other women, including family members, friends, and others, influence who you are and how you perceive yourself?
- How do men, including family members, friends and

others, influence who you are and how you perceive yourself?

- What kinds of women does the media show? How do they look? How do they act? Are these models of women realistic? Why or why not?
- How do these models/representations of women influence how you see yourselves?
- Why is it important to have a positive sense of who you are?
- How does the way you feel about yourself affect your relationships with others? With family? With intimate partners?
- What do you need to be able to achieve the life you envision for yourself?
- What have you learned in this activity? Have you learned anything that can be applied in your own life and relationships?

Closing

It is not always easy to describe who you are. Sometimes you can be so focused on what others need that you do not take time to recognize what you need and what you want for yourself. As young women, you receive many influences on how you should look, how you should act, and what you should aspire to be. It is up to you to decide how these influences will shape who you are. Who knows us best if not ourselves? We should recognize and value our dreams and hopes throughout our life, and at the same time form bonds with other women who support our growth. We should try to recognize both our strengths and weaknesses and always try to learn from them. Knowing who you are and what you want can be a lifelong process. There is no set course, and there is no prescribed path, for who you will be in the future.

Link – Manual

Activity 11: Caring for our Bodies provides an opportunity for the young women to become more aware of their bodies and discuss how their body image influences how they see themselves.

activity 5:

How I Relate to Others

Purpose

To discuss how young women's attitudes, choices, and life plans are influenced by their relationships with others.

Materials required

Paper and pencils; drawings/paintings from Activity 4.

Recommended time

2 hours.

Planning notes

This activity can generate strong emotions among the participants. It is important that the group has established an atmosphere of trust and respect prior to this session.

Procedure

1. Ask the participants to think of three people with whom they have a close relationship. Tell them to think about the opinions that those people have about them, focusing on the following questions:

a. What do they think about my beliefs and attitudes?
b. What do they think about what I do?
c. What do they think about my body?
d. What do they think about what I would like to be?

NOTE: Write the questions on flip chart paper so that the participants can refer to them as they reflect.

2. Allow 10 minutes for the participants to write their reflections on a piece of paper. If the participants do not feel comfortable writing, you can ask them to just reflect or to discuss in pairs.

3. Remind participants of the drawings/paintings/notes they created in the previous activity of how they saw themselves and their future. Allow them 10 minutes to think about and, if appropriate, to write about the similarities and differences in how they see themselves and how others see them.

4. Divide the participants into pairs or small groups and allow them 20 minutes to share with each other some of their reflections about how others see them and how this influences how they see themselves.

5. Facilitate a discussion using the questions below.

ALTERNATIVE PROCEDURE: This activity can also be carried out focusing on specific types of relationships, e.g. family, friends or intimate partners. The participants can choose the specific types of relationships they would like to discuss, or the procedure can be repeated so that the participants can consider all of these types of relationships one by one.

Discussion Questions

- Why do others sometimes see you differently than the way you see yourselves?
- How can the opinions of others be empowering, i.e., how can they give you strength and confidence?
- How can the opinions of others be obstacles, i.e. how can they hold you back or limit you? What can we do about this?
- How can you deal with those opinions that are negative influences?
- What kind of influence do you think you have on others?
- How can you construct relationships based on respect?
- Is it common for young women to have adult women friends? Why or why not? Are these kinds of relationships important?
- Is it common for women to have friends who are men (that is, male friends with whom they do NOT have a sexual or romantic relationship)? Why or why not? Are these kinds of relationships important?
- What have you learned in this activity? Have you learned anything that can be applied in your own life and relationships?

Closing

It is important to be aware of how the opinions of others influence how you see yourselves. This includes being able to recognize how some of these opinions can help you become stronger and more confident women – and how others can limit you or make you feel bad about yourselves. In your life, you should strive for relationships which help you develop into the person you want to be and that make you feel good about yourself. You should also be aware of how you influence others and how reciprocity – treating others as you wish to be treated – is key to building fulfilling and equitable relationships.

Link – Manual

Activity 12: The Female Body in the Media and Society provides an opportunity to discuss how families, friends and others influence how young women feel about their bodies.

Link – Program H

Section 4 - Activity 13: My Network.

activity 6:

A Love Story[5]

Purpose

To explore women's and men's expectations in romantic relationships.

Materials required

Paper and pens.
Optional: music .

Recommended time

2 hours.

Planning notes

As part of the creation and discussion of love stories in this activity, the participants might contribute or reflect on elements of their own personal stories. In some cases, this might evoke strong emotions and the facilitator should be prepared to help, or to offer a referral of help, if necessary.

Procedure

1. Divide the participants into two to four groups (If both men and women are participating, divide into single-sex groups).

2. Explain that each of the groups should come up with a love story. **It should be a story about a couple who is still in the early stages of their relationship.** Allow 20 minutes for the groups to discuss and develop the stories. The groups can either write out their stories to read aloud to the larger group OR prepare skits OR drawings to present.

3. Ask each group to present its story.

NOTE: The facilitator should emphasize that incomplete or short stories are okay and that the groups should do their best to present what they have.

4. Use the questions below to facilitate a discussion.

OPTIONAL STEP 1: To further discuss cultural and social constructions of romance, bring copies of lyrics from popular songs or brainstorm common sayings about love and relationships for the participants to analyze.

OPTIONAL STEP 2: Invite the participants to repeat the activity thinking of a different stage of a romantic relationship. For example, they might choose to come up with a story about a couple that has been married for 10 years. What are the roles and expectations of the woman? Of the man? What are the similarities and differences between the early stages of the relationship and after having been married for 10 years?

Discussion Questions

- What were the similarities between the stories? What were the differences?
- Which of these stories is most relevant to your personal experiences?
- What were the positive features of the relationships in the stories? What were the negative features?
- Were the relationships in these stories equitable – that is, did the women and men have negotiation power? In what ways did they and in what ways did they not? If not, what were the consequences?
- What do young women expect in romantic relationships? Is this different from what young men expect? If yes, why do young women and men have these different expectations? How do these different expectations influence romantic relationships?
- Were the characters in the stories from different religious, ethnic, or social backgrounds? Do these differences influence relationships? If yes, in what ways?
- Do the stories of romance portrayed in TV, radio, movies, music, magazines and newspapers influence your expectations of romantic relationships? If yes, how?
- So women and men have different roles in relationships? What are these roles?
- Some people believe that men should "make all the moves" in relationships and women should just respond. Do you agree with this? Why or why not?
- Do young women and men discuss HIV/AIDS, STIs and pregnancy during the early stages of the relationship? Why or why not?
- What does it mean for a woman and man to have an equitable relationship? How should the woman treat the man? How should the man treat the woman?
- What have you learned in this activity? Have you learned anything that can be applied in your own life and relationships?

Closing

There are many cultural norms, or beliefs, about the distinct roles men and women should have in relation-

[5] Based on Marcela Lagarde – Pedagogy of Love - 1999.

ships. Some of these norms, such as "men should make all the moves in a relationship" can reinforce unequal power dynamics and create situations of vulnerability for both women and men. For example, because of this norm men might assume that they should make all the decisions about sex and prevention, even when they do not have adequate knowledge on these matters, and women might not feel comfortable trying to negotiate. As young women, it is important to identify the qualities that are important to you in a partner, to be aware of your rights, and to know what behaviors you will not tolerate. Maintaining a healthy and equitable relationship requires work from both partners. Both partners need to communicate their expectations, needs and desires and to understand and listen to the other's needs and desires.

Link – Manual

Activity 19: Respecting Sexual Diversity provides an opportunity to reflect on intimate relationships between men and between women.

Link – Video

In Once Upon a girl, the young woman initially sees her boyfriend as a "Prince Charming" – how do you think that this ideal affected the relationship?

activity 7:

Being women... and men... in many ways

Purpose

To discuss the discrimination and obstacles women and men face when they do not act according to cultural and social expectations.

Materials required

Copies of cases studies from Resource Sheet 7 or other case studies of the facilitator's choosing.

Recommended time

2 hours.

Planning notes

Review the case studies on Resource Sheet 7 and decide if they are relevant for the local context. Feel free to make adaptations or to create new case studies.

Procedure

1. Divide the participants into two smaller groups and provide each with one of the women's stories and one of the men's stories from Resource Sheet 7.

2. Ask the participants to read the case studies out loud within their groups. Tell them that they will have 20 minutes to discuss the two stories and develop possible endings. For groups with low literacy levels, the facilitator should read the case studies aloud.

3. Ask each group to share the endings that they came up with for the stories. If the participants enjoy dramatization, they can act out the endings.

4. Use the questions below to facilitate a discussion about the stories and their similarities to experiences of women and men in their communities.

ALTERNATIVE PROCEDURE: Rather than use the stories in Resource Sheet 7, the facilitator can select and distribute different pictures of women and men from newspapers and magazines and ask the participants to create stories about them.

Discussion Questions

- Are these situations realistic?
- Are there other examples of women in your community who do not fulfill expectations for how women should look and act? What kinds of challenges do these women face?
- Do you think that expectations for how women should look and act are different today than when your mothers and grandmothers were younger? If yes, in what ways?
- Do you think women face extra challenges or prejudices depending on their race, social class or religion? If yes, in what ways?
- Are there examples of men in your community who do not fulfill expectations for how men should look and act? What kinds of challenges do these men face?
- Do you think that expectations for how men should look and act are different today than when your fathers and grandfathers were younger? If yes, in what ways?
- Do you think men face extra challenges or prejudices depending on their race, social class or religion? If yes, in what ways?
- What can you do to help promote more open-mindedness and respect for the diversity of ways that women and men look and act?

Closing

Both women and men often face rigid expectations regarding how they should act and what their roles in families, communities and societies should be. These expectations can limit individuals from expressing their full interests or potential, including how they want to dress, who they want to love, what career they choose to pursue, and the roles they want to assume in their intimate and family relationships. It is important to remember that, just as gender stereotypes are learned, they can also be challenged and unlearned. It is necessary to support each other and to work together to build communities where women and men can move beyond the limits of what is considered "feminine" or "masculine".

Stereotypes[6]

Stereotypes are generalizations of the characteristics, beliefs, habits and/or behaviors of a group of individuals based on some part of their identity, such as gender, race, class, age, sexual orientation, disability, or occupation. Stereotypes are learned at a young age, through parents, other family members, peers, school, and mass media, and can be difficult to unlearn. Common examples of gender stereotypes are that women are sensitive and men incapable of affection or feelings (i.e. men do not cry). Lesbian women may be stereotyped as masculine and brute and homosexual men as effeminate or promiscuous. Individuals from low-income or poor communities may be stereotyped as lazy or violent. It is important to remember that both "positive" and "negative" stereotypes are harmful. "Positive" stereotypes such as "All blacks are great athletes" or "All Asians are smart" can result in stress and pressure for individuals of these groups to conform to the stereotype.

[6] Adapated from ECOS. Manual Sexo Sem Vergonha: uma metodología de trabalho com educação sexual. Sao Paulo, 2001.

Case studies for discussion

Alicia is a 17-year-old indigenous woman who likes to wear colorful, sometimes mismatched, clothes, and often wears her hair messy. She also likes to hang out with lots of different types of people: people who consider themselves punks, skaters, Rasta, etc. She is proud of her unique fashion style and the diversity of her friends. Unfortunately, she has been facing many criticisms and judgments recently from those closest to her. Her mother often criticizes her for the way that she dresses and her boyfriend's mother has accused her of hanging out with "undesirables." Most recently, when Alicia got a job as a tourist guide in her city, her best friend accused her of having slept with the program coordinator in order to get the job. Alicia feels sad and powerless because of all these criticisms and the fact that all of these people so close to her do not seem to understand or accept the way she is.

Maria is a 30-year-old black woman, who teaches in a secondary school. One day, while she waits for her students to arrive, she finds a message in her book that says, "I love you" enclosed by a heart. She smiles and remembers the first time she saw Camilla, her partner of four years. She remembers how it was difficult at first to realize that she had romantic feelings for another woman. When she gets together with colleagues from school, they frequently ask why she doesn't have a boyfriend or why, at her age, she's still not married. She gets nervous every time she hears these comments, and is afraid that if she tells the truth, she might lose her job. As a black woman, she has already had to overcome many obstacles to get to where she is.

Robert is 23 years old, white, and recently married. He is a painter, and his wife, Vanessa, works at a bank. Although they both make good salaries, Robert has a very flexible schedule, whereas Vanessa often works long hours. Since he is the one who has more time at home, Robert often takes care of cleaning the house and preparing dinner. Vanessa has always been extremely appreciative of the fact that Robert takes care of all the housework. However, Vanessa's mother and some of her friends often make comments about how a "real" man should be making more money, not cooking and cleaning at home. Although Vanessa was able to shrug off these criticisms at first, she has started to wonder whether it would be better to think of an alternative arrangement.

Edward is 35 years old, religious and a schoolteacher. He has never been married but has always dreamed of being a father. Recently, he started the process to adopt a child. His family and friends have been divided in their reactions. Some think that he will make a great father and support his decision. Others have tried to dissuade him, saying that it just isn't "right" for a man to raise a child alone. Edward wishes that he had found a partner with whom he could have raised a child. However, he believes that he has a lot to offer to a child and feels that he should not have to lose out on the opportunity to be a father just because he does not have a partner.

Violence

The activities in this section are designed to help young women reflect on the different manifestations of violence in their lives and communities and to build the necessary skills to seek support for themselves and others. Part of this process includes reflecting on those gender and social norms that reinforce certain types of violence, particularly men's violence against women, as "normal" or "natural," and encouraging young women to recognize their ability to protect themselves against violence.

What is violence?

The United Nations defines violence as any act that results in, or is likely to result in, physical, sexual, or psychological harm or suffering, including threats of such acts, coercion, or arbitrary deprivation of liberty, occurring in either public or private life. Worldwide, women are most likely to suffer violence at the hands of an intimate male partner (WHO 2002). It is the men they know, and very often those they most love and trust, from whom they are at greatest risk. Research in various countries has found that between 15% to 71% of ever-partnered women have experienced physical of sexual violence, or both, by an intimate partner (WHO 2005). Often, these various types of violence coexist in a relationship; physical violence is often accompanied by psychological violence and in many cases also sexual violence (WHO 2002). While most violence against women occurs in these private contexts, women do suffer violence outside the home in public spaces such as schools and workplaces.

What is gender-based violence?

In Latin America, most laws and policies use "family violence" or "domestic violence" to indicate acts of violence against women and children by a male intimate partner. However, there has been an increasing shift toward the use of "gender-based violence" or "violence against women" to encompass the broad range of acts of violence that women suffer from intimate partners, family members, and other individuals outside the family. These terms also draw attention to the fact that gender dynamics and norms are intricately tied to the use of violence against women (Velseboer 2003).

Gender-based violence as an international problem

In the last decade, there has been increasing recognition of violence against women as an international public health and human rights problem:

- In 1993 the UN General Assembly passed the Declaration on the Elimination of Violence Against Women.
- At the 1994 International Conference on Population and Development (ICPD) in Cairo and the 1995 Fourth World Conference on Women in Beijing, governments affirmed that ending violence against women is a fundamental part of ensuring sexual and reproductive health and rights.
- Latin American Heads of State declared violence against women a violation of human rights in the 1994 Inter-American Convention on the Prevention, Punishment and Eradication of Violence Against Women's in Belém, Pará, Brazil. The Convention of Belem do Para is the only international treaty specifically on violence against women.
- In 1996 the World Health Assembly (WHO) declared violence a public health priority.

Much of men's use of violence against women starts when women and men are still young, often shaping the nature of their subsequent intimate relationships. In a study on men's self-reported use of violence against a female partner, conducted with 750 men ages 15-60 living in Rio de Janeiro, young men ages 20-24 were

more likely than adult men to have reported using physical violence against a partner (NOOS and Promundo 2002). The fact that men, particularly young men, are more likely to use violence than women points to a need to question how boys and young men are raised and the rigid norms of masculinity that link being a man with toughness or dominance and permit and encourage the use of aggression (physical, psychological and/or sexual) to prove masculinity. These rigid norms of masculinity that link being a man with dominance are additionally reinforced by norms which link being a woman with passivity. Although traditional gender roles and power dynamics exert substantial influence on the presence of violence in intimate relationships, the causes of violence are multiple, and stem from complex interactions of individual, relationship, community, and societal factors. Violence does not only happen to certain types of women – it crosses socio-economic, religious, racial, and cultural lines. However, certain groups of women, including young women and women living in poverty, tend to suffer disproportionately higher levels of violence then other groups. Poverty can be seen as a marker for various social conditions, including elevated stress and a sense of male inadequacy, which increase the incidence of violence. Furthermore, women from low-income communities are often made more vulnerable by inadequate access to social services and supports.

Violence has many consequences on a woman's physical, sexual, reproductive, and psychological health. Additionally, the impacts of violence can persist long after the abuse has stopped; many women find that the psychological consequences of suffering violence are among the most long-term and devastating. More recently, there has been increasing attention to the link between violence and women's sexual and reproductive health, particularly vulnerability to HIV. A woman who experiences relationship violence might find it difficult to negotiate safer sex, particularly if she is young and less experienced in negotiating sexual practices (NOOS & Promundo 2002).

Not only men use violence - women also use violence. In many cases, women's use of aggression is within the context of a relationship, and is a response to violence committed against them and/or a feeling of powerlessness. Still, while women also use violence against men, it is men who are responsible for the overwhelming majority of violent incidents.

Types of violence

- **Physical:** using physical force such as hitting, slapping, or pushing.
- **Emotional/Psychological:** humiliating, threatening, insulting, pressuring, and expressions of jealousy or possessiveness such as the controlling of decisions and activities. Emotional/psychological violence is often the most difficult form of violence to identify. *Note: Many men try to use their money to control their partners, e.g. keep them from going out, meeting their friends, or even leaving them. In this way, the exertion of power through the control of money can also be a form of violence.*
- **Sexual:** pressuring or forcing someone to perform sexual acts (from kissing to sex) against their will or making sexual comments that make someone feel humiliated or uncomfortable (phrases such as "if you loved me, you would have sex with me"), or when a woman is not capable of giving consent (for example, after using alcohol or other drugs). It does not matter if there has been prior consenting sexual behavior.

Sexual violence

Sexual violence is any unwanted sexual act or attempt to engage in a sexual act through physical, psychological or emotional intimidation, e.g., by making statements such as "if you loved me, you would have sex with me." In a multi-country study in the Caribbean, nearly half of the young women reported that their first sexual experience had been forced (Halcón 2003). As with other forms of violence against women, the underlying factor in sexual violence is often an expression of male power and dominance over women.

Worldwide, many young and adult women, particularly those living in poverty, are vulnerable to sexual exploitation and trafficking. There are no exact numbers available, but recent studies suggest that an estimated 4 million women and girls are bought and sold worldwide, either into forced sex work, slavery, or marriage. These women and girls are vulnerable to many kinds of violence, including psychological intimidation, physical force, and sexual exploitation.

Sexual violence and access to emergency contraception

Emergency contraception is essential for women who experience rape or other forms of non-consensual sex. It can significantly reduce a women's risk of pregnancy if used properly within 72 hours after unprotected sexual intercourse. Unfortunately, due to legal barriers and other systematic restraints around the world, many women do not have knowledge of or access to this option.

Perceptions of gender-based violence

There is a range of perceptions and definitions of what qualifies as violence against women. Often, there is a discourse of "just" and "unjust" reasons for violence. People may place some blame on the victim, perhaps saying that the female victim provoked the man. One might hear that the woman "asked for it" or that her staying in the relationship means she must "like" or "not mind" the violence. In reality, the reasons why women may stay in violent relationships are complex and often manifold. Qualitative studies have shown that women are not passive victims to violence, but that their response is limited by issues such as fear of retribution, lack of alternative economic support, concern for children, lack of social or emotional support, or hope that the male partner will change or stop the violence. The emotional involvement and, in many cases, economic dependence in an intimate relationship has important implications for the dynamics of the violence in a relationship and how women deal with such violence.

Breaking the silence

Too many women never speak to others about the abuse they suffer. If they do reach out, it is often to family and friends rather than institutions that can offer formal social and/or legal supports. Many women report that fear of reprisal is the most significant factor that inhibits them from seeking assistance and/or leaving. Moreover, a woman might feel obliged to stay in an abusive relationship, particularly if she is married and/or children are involved. For some women, the economic consequences of leaving an intimate male partner might outweigh the immediate physical and psychological consequences of the violence. All in all, there are many social and community factors that influence a woman's response to violence.

Social supports for preventing and responding to violence

From a health perspective, the issue of violence needs to be incorporated into the routine care of both women and men. Trained and sensitive providers need to be able to discuss and recognize the key signs and symptoms of violence and to ensure access to basic services in emergency and risk cases, including emergency contraception. Social and justice systems need to recognize and address both those who use and those who suffer violence, including providing services and supports in a sensitive and equitable manner.

Too many young men and young women have experienced or witnessed violence at some point in their lives

(or various points in their lives). To prevent and respond to violence, we need to work toward breaking the cycle of violence by empowering young women and men to build equitable and non-violent personal relationships. Moreover, we need to work at broader community and societal levels to promote positive changes in community and social norms related to gender and how men and women view and act toward each other.

Men and the White Ribbon Campaign

The White Ribbon Campaign is an international awareness-raising campaign of men seeking to end violence by men against women. Begun in 1991 by a handful of Canadian men, it has now spread to at least thirty countries around the world. The white ribbon is a symbol of a man's pledge never to commit, condone, or remain silent about violence against women (www.whiteribbon.ca).

activity 8:

What is violence?

Purpose

To identify different types of violence and discuss the particular types of violence that most commonly occur in families and intimate relationships.

Materials Required

Flip chart paper, pens or pencils, tape, and copies of selected stories from Resource Sheet 8.

Recommended time

2 hours.

Planning notes

Review the case studies in Resource Sheet 8 and select up to four to discuss during the activity. The case studies depict diverse examples of violence, including men's violence against women, women's violence against men and other women, and parent's use of violence against children. If necessary, you can make adaptations to these case studies or create new ones. If the group can dedicate more than one session to this activity, you might consider discussing all of the case studies over two or more sessions.

Before presenting this and the other activities on violence, you should research locally relevant information concerning violence, including existing laws and social supports for those who use and/or suffer from violence. Also be prepared to refer a participant to the appropriate services if she reveals that she is suffering violence or abuse.

Procedure

1. Explain to the participants that the objective of this activity is to talk about different types of violence that exist.

2. Divide the participants into three to four smaller groups. Each of the groups will receive a large sheet of paper. Explain to the participants that they are to write a definition of violence, reflecting on what it means to them. For low literacy groups, the participants can instead draw what violence means to them.

3. Ask the groups, one by one, to present their definitions of violence. On a large sheet of paper or on a chalkboard, highlight common ideas and key concepts from the various groups.

4. Introduce the idea (highlighting the group definitions) that acts of violence can be divided into categories:

Physical: using physical force such as hitting, slapping, or pushing.

Emotional/Psychological: often the most difficult form of violence to identify. It may include humiliating, threatening, insulting, pressuring, and expressions of jealousy or possessiveness such as the controlling of decisions and activities.

Note: Many men try to use their money to control their partners, e.g. keep them from going out, meeting their friends, or even leaving them. In this way, the exertion of power through the control of money can also be a form of violence.

Sexual: pressuring or forcing someone to perform sexual acts (from kissing to sex) against their will or making sexual comments that make someone feel humiliated or uncomfortable. It does not matter if there has been prior consenting sexual behavior.

5. Give each group a story. Ask each group to read the story and discuss the types of violence represented. Allow them 15-20 minutes to discuss the story. For low literacy groups, the facilitator should read aloud the case studies.

6. Ask each group to present their story and reflections and then open up the discussion using the questions below.

OPTIONAL: It can be helpful to draw a "gender-based violence (GBV)" tree to help participants understand the process of such violence in a more visual way. The tree is drawn with roots, a trunk, and branches. Then, on the roots you write the various causes of GBV, on the trunk you write the types of GBV, and on the branches you write the consequences/after-effects of GBV. For this activity, which discusses types of GBV and consequences, you would only be filling in the trunk and branches of the tree, saving the other roots for other activities.

Discussion Questions

- Are these situations realistic?
- Are there types of violence that are related to a person's gender? What is the most common type of violence practiced against women? Against men?
- Are only men violent, or are women also violent? What is the most common type of violence that women use against others?
- What are the most common types of violence that occur in intimate relationships?
- Does a person, man or woman, ever "deserve" to be hit or suffer some type of violence? Why or why not?
- Is there a relationship between power and violence? Explain. (Encourage the participants to think of the different types of power (i.e. economic, political, physical) that a person can have over another and the link to violence. If helpful, refer back to Activity 1: Persons and Things).
- What are the consequences of violence on individuals? On relationships? On communities?
- What have you learned in this activity? Have you learned anything that can be applied in your own life and relationships?

Closing

At its most basic level, violence is a way to control or have power over another person. When people talk about violence, they think mainly of physical aggression. It is important, however, to also think of other forms of violence as well as the different settings and circumstances in which violence happens. Whether enacted against women, children, men, elderly people, individuals of different religious backgrounds or sexual orientations, violence is always a violation of human rights and is rooted in power imbalances. For example, violence against women is rooted in the power imbalances that exist between men and women. Violence against children is rooted in the power balance that exists between generations.

Link – Manual

The relationship between violence and power can be explored in *Activity 1: Persons and Things*.

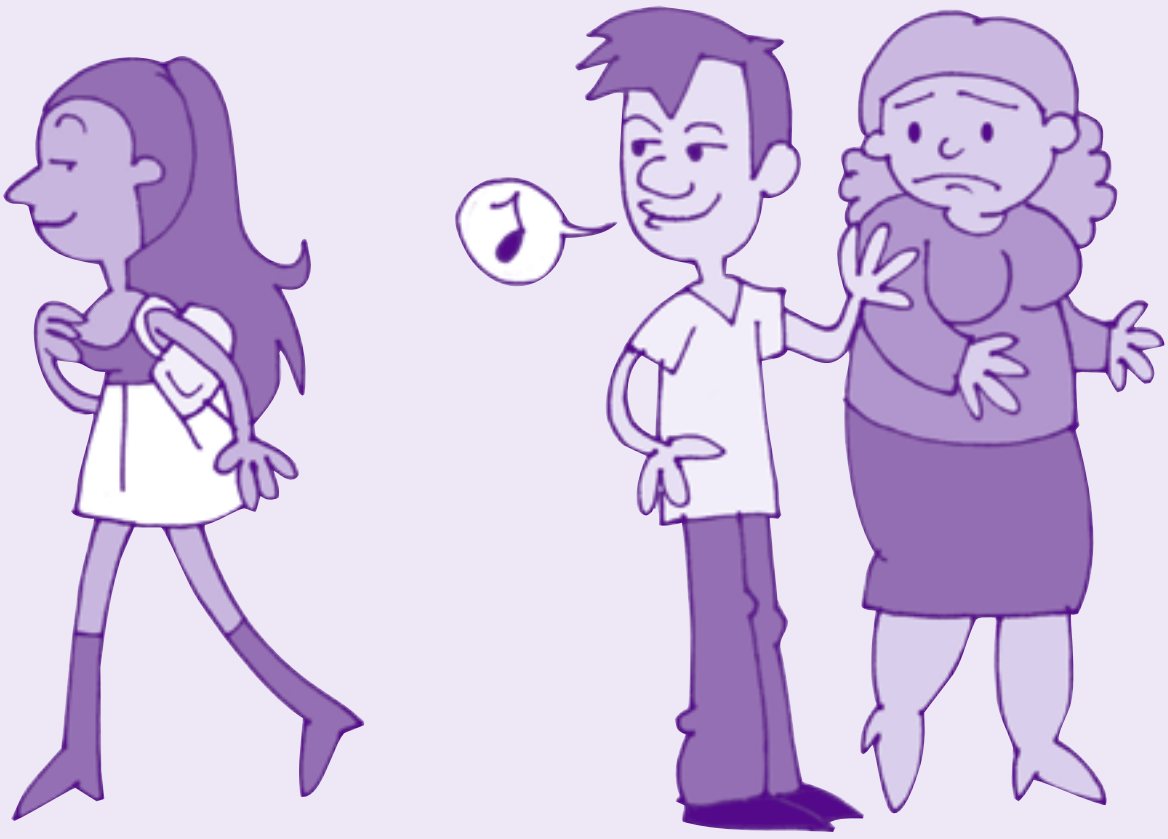
Case studies for discussion

William asks Susana to go out with him one afternoon. They chat a little, have a bite to eat, and William invites her to a motel, saying he has some money to spend a few hours there. Susana agrees. They get to the motel and start kissing and caressing. William begins to take off her clothes. Susana stops him and says that she doesn't want to have sex. William is furious. He tells her that he has spent a lot of money on the room and says "What are my friends going to say?" He pressures her to get her to change her mind. First he tries to be sweet and seductive, then he begins yelling at her in frustration. Finally, he pulls at her forcefully, pushing her down on the bed. (Taken from Program H, Section 3, Activity 1).

Maria has been dating Ricardo for a few months. Recently, Ricardo has started asking her questions all the time: who she talks to in class, why she isn't home when he phones, why she spends so much time with her girlfriends when she could be seeing him, and so on. Maria has tried to not pay much attention to these questions, but lately Ricardo has started to get pushier and angrier. He has been yelling at her in the hallways at school and calling her names. Afterwards, he usually apologizes but once he even hit her. He says he is upset because he loves her so much and she is "driving him crazy" with jealousy.

Isadora has been with her boyfriend for almost a year. Recently, he has started telling her that she is overweight and that he is too embarrassed to go anywhere with her. He makes comments all the time about other women's bodies and how much sexier Isadora would be if she lost weight. He hardly lets her eat. He says that when she is thinner, they can get engaged.

Fernanda had only just started high school when she met João. He was not like any other guy she had ever met. He was her first love and she would spend all her spare time with him. She stopped hanging out with her friends and her school grades dropped. She was constantly lying to her parents about who she was with so she could see him all of the time. He was very jealous and she could not have any male friends without him getting angry with her. After going out for about two months they started arguing a lot because she did not want to have sex with him. One day they had a really big argument and he hit her.



Renata and John have been dating for a few months. Renata is still in high school, and John graduated last year. He has been trying to find a steady job since then but has had no luck. Lately, Renata has been making comments about how her ex-boyfriend had a good job and always would take her to nice restaurants and buy her presents. She has started calling John lazy and stupid, saying that if he were a "real man" he would already have a job.

Ana is 21 and lives in a tourist city. Last year she met a foreign man, a banker, who she started dating. She did not tell her family about the relationship. Even though he was older, she liked going out with him, especially when they went to expensive restaurants and fancy dance clubs. Shortly before he had to go back to his country, the man invited Ana to go back with him. He promised her that it would be easy for her to find a job there and she accepted his invitation. After they got to his country, he took away her passport and began to be extremely controlling, even physically abusive at times. She also discovered that he was not a banker and that he didn't have much money. She felt very isolated and alone. She was far from her friends and family and did not know how to speak the language of the country. The man pressured her to start working as a stripper, which paid reasonably well but was hard work and often included solicitations for sex.

Tatiana went out dancing with her boyfriend Paul and some friends. While everyone was dancing, Tatiana noticed that another girl was dancing close to Paul and getting closer and closer to him. Tatiania went over to separate the two and make it clear to the girl that Paul was her boyfriend. The girl backed off. After a while, Tatiana went to get a drink with her friend and when she came back she saw that the same girl was dancing next to Paul again and this time in a very seductive manner. Tatiana got angry, called her a slut, and attacked the girl, pulling her hair and slapping her.

Susan has a son, Henry, who is 11 years old and very creative and energetic. However, he is always getting into trouble at school. Susan's husband John often blames her for Henry's bad behavior, saying that she spends too much time at her job when she should be home more, watching over Henry. One day Susan and her husband get into a heated argument and he hits her. Hurt and angry, Susan lashes out at Henry, telling him that he is an ungrateful son and only brings her problems.

activity 9

Understanding the cycle of violence[7]

Purpose

To discuss the consequences of violence and the relationship between the violence that young women suffer and the violence that they use against others.

Materials required

Flip chart paper, markers, pens/pencils, and copies of Resource Sheet 9A or five small pieces of paper for each participant.

Recommended time

2 hours.

Planning notes

If a participant reports that she is suffering any type of violence or that she has recently suffered any type of abuse – including sexual abuse or systematic physical abuse at home – and is less than 18 years old, in some countries the facilitator must report the fact to the child and adolescent protection authorities. Before carrying out any task in this manual, the facilitator should consult her own organization to clarify the relevant ethical and legal requirements concerning violence against persons under 18.

Procedure

1. Before the session, tape five pieces of flip chart paper to a wall. On each paper write one of the five categories below:

- **a.** Violence used against me;
- **b.** Violence that I use against others;
- **c.** Violence that I have witnessed;
- **d.** How I feel when I use violence;
- **e.** How I feel when violence is used against me.

2. At the beginning of the session, explain to the participants that the purpose of this activity is to talk about the violence they experience in their lives and their communities. Review the flip chart from the previous activity with the meanings of violence.

3. Give each participant a copy of Resource Sheet 9 or five small pieces of paper upon which they can write out the categories above.

[7] Adaptation of Program H "Violence clothesline"in Section 3.

4. Review the five categories from above and ask the participants to reflect on them and then write a short reply for each in the boxes on the Resource Sheet or on the pieces of paper that they have received. They should put one response in each box or paper, and they should not write their names.

5. Allow about 10 minutes for this task. Explain to them that they should not write much, just a few words or a phrase, and then tape it to the corresponding flip chart paper.

6. After taping their papers to the flip chart, read out loud some of responses from each category.

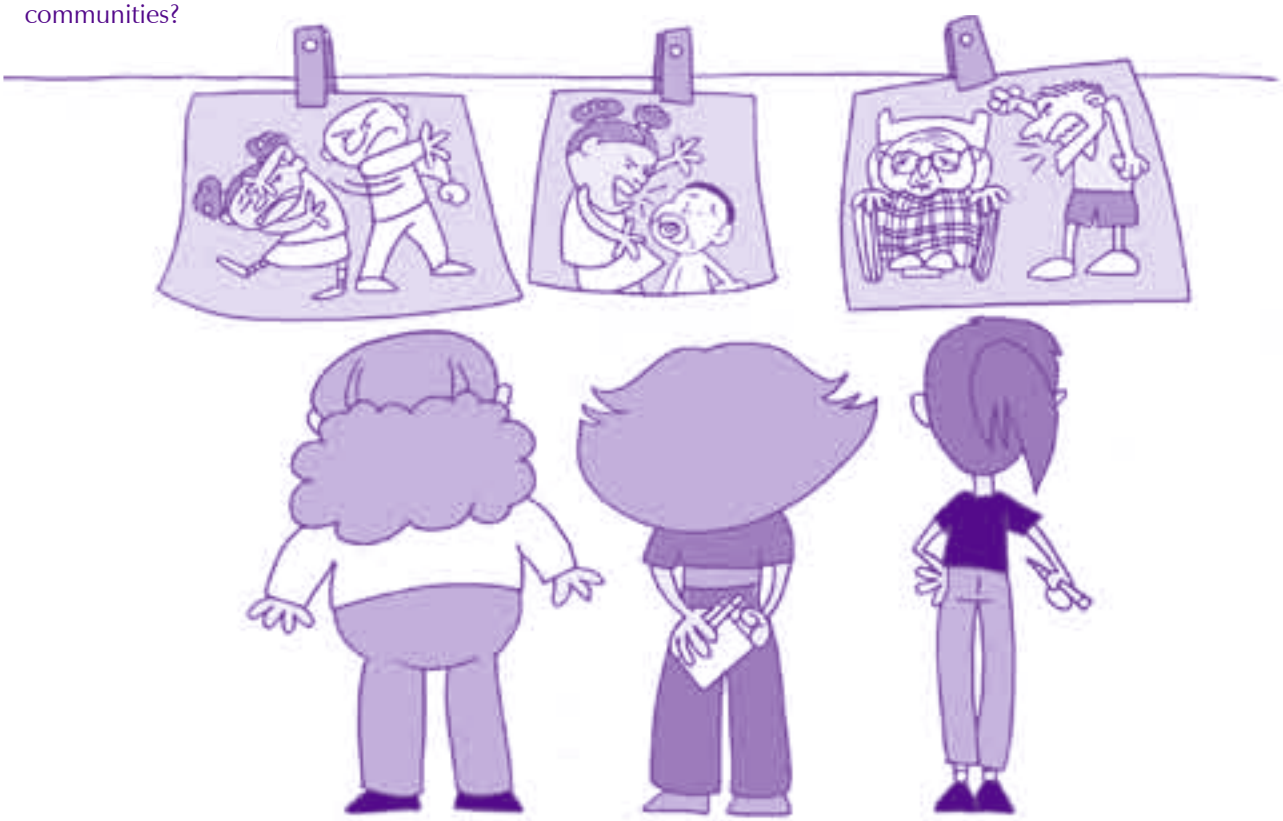
7. Open up the discussion with the following questions.

Discussion Questions

- What is the most common type of violence used against women?
- What is the most common type of violence that women use against others?
- How do you feel when you use violence against others?
- Is there any connection between the violence you use and the violence that is used against you?
- Is any kind of violence worse than another?
- How does the media (music, radio, movies, etc.) portray violence? (see box below)
- What is the link between violence in your families and relationships and other violence that you see in your communities?
- Some researchers say that violence is like a cycle, that is to say, someone who is a victim of violence is more likely to commit acts of violence later. Do you think this is true? If so, how can you help to interrupt the cycle of violence? (see Resource Sheet 9B)
- Do you think that men have a role to play in preventing violence against women? Explain.
- What have you learned in this activity to help overcome violence? Have you learned anything that can be applied in your own life and relationships?

Closing

Too many young women have experienced or witnessed violence at some point in their lives, often at the hands of men. It is commonly assumed that violence is a "natural" or "normal" part of being a man. However, violence is a learned behavior - boys and men are often raised to think violence is an acceptable means of maintaining control, particularly over women, resolving conflicts or expressing anger. And just as violence is learned, it can be unlearned and prevented. In this way, it is the responsibility of all individuals, women and men, to strive to raise boys and men, as well as girls and women, to understand how violence, be it men's violence against women or a parent's use of violence against a child, prevents individuals from building positive and loving relationships.



Resource Sheet 9 A

4 VIOLENCE USED AGAINST ME

4 VIOLENCE THAT I USE AGAINST OTHERS

4 VIOLENCE THAT I HAVE WITNESSED

4 HOW I FEEL WHEN I USE VIOLENCE

4 HOW I FEEL WHEN VIOLENCE IS USED AGAINST ME

Resource Sheet 9 B

Myths and truths about violence

MYTH: It's easy to recognize a violent relationship.
TRUTH: It can be difficult for women to recognize violence in their relationships. A large part of their information about relationships come from other people, and many times it is not reliable. This information can also be distorted by television and the idea of romantic love.

MYTH: Anger causes violence.
TRUTH: Those who mistreat others do not feel any more rage than other people, but they use their rage as an excuse and a justification for their behavior, against people who have less power than they do.

MYTH: Violence is caused by drugs and alcohol.
TRUTH: There is no single cause of violence – rather, it is caused by many different factors. Drugs and alcohol can increase violent behavior, but many people who use drugs and alcohol are not violent, and many who are violent do not use drugs and alcohol.

MYTH: Men are violent by nature.
TRUTH: Researchers of violence are nearly unanimous in stating that while there may be some limited male biological basis for aggressive and risk-taking behavior, the majority of men's violent behavior is explained by social and environmental factors. In sum, boys are not born violent. They are taught to be violent through messages they receive from society and their families. Many men learn to resolve conflicts and maintain their control over other people by using violence. However, just as violence is learned, it can be unlearned.

MYTH: The media makes boys violent.
TRUTH: Some studies have found that viewing violent media images may be associated with carrying out violence, but the causal connection is not entirely clear (McAlister 1998). Watching violence on TV or in movies probably does not "cause" boys' violence, but it can reinforce some of boys' beliefs – and our general belief as a society – that men's violence is normal, or even cool.

MYTH: Violent men are out of control.
TRUTH: A violent person is not out of control. Even men who say they lose control when they hurt their partners do not use violence in every situation, nor with every person. They are selectively violent – in other words, their violence is a choice.

MYTH: Violent men are mentally ill.
TRUTH: Only a small number of men who use violence actually suffer from mental illness. In general, men's use of violence is not associated with mental illness but with gender norms that uphold violence as an acceptable, or "masculine" means of resolving conflicts.

MYTH: Violence against young women is not as severe as violence against adult women.
TRUTH: Violence against young women is just as severe and results in the same negative effects as violence against adult women.

MYTH: A young violent man is not as dangerous as an adult violent man.
TRUTH: A young man can cause the same damage to his partner, girlfriend or friend as an adult man, including even homicide.

MYTH: Sexual violence does not exist within relationships.
TRUTH: Having sex with a woman without her consent is a violation, even if she is a friend, girlfriend or spouse. Sexual violence is not defined by the type of relationship but by the lack of consent.

MTYH: A woman who has previously consented to sexual relations with someone cannot be raped by that person.
TRUTH: Any occasion in which a person does not want to have sexual relations but is forced into it is a violation or rape. Accepting kisses and touches does not mean accepting sex. A person can say "NO" to sex at any point, no matter what happened up to that point.

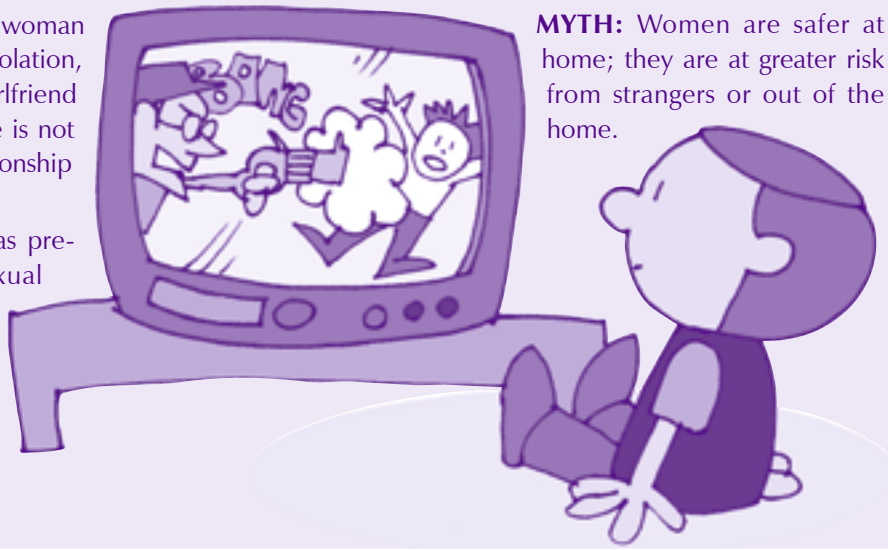
MYTH: It is easy for a woman to leave a violent relationship, so if a woman remains in a violent relationship, it must be because she enjoys it.
TRUTH: There are personal, social, cultural, religious, and economic forces that keep a woman in a relationship, even a violent one. Moreover, men who are violent against their partners frequently create conditions that make it difficult for the women to leave, including threats (either against the woman or their children), asking for forgiveness and showing remorse, and/or manipulating the victims into thinking that they themselves are the ones to blame or that it won't happen again (even as the cycle continues to repeat itself).

MYTH: When a woman says no to sex it is only because she's ashamed to say yes. "No" can mean maybe or even yes.
TRUTH: "No" is always no.

MYTH: Violence is the responsibility of the person who provokes it.
TRUTH: Violence is not an adequate response to a provocation and it is the responsibility of the person who uses it. Therefore, it is the aggressor that must take responsibility for their violence.

MYTH: Domestic violence is a private matter within the family. No one else should get involved.
TRUTH: Domestic violence is a public health and human rights issue; therefore, a problem for all of society. With social support, victims of violence can decide to leave a violent relationship.

MYTH: Women are safer at home; they are at greater risk from strangers or out of the home.



TRUTH: Contrary to the vision that the family represents a safe refuge, young and adult women are at greater risk of violence in their own homes and at the hands of someone they know.

MYTH: Women commit as much violence against men as men commit against women.
TRUTH: When there is violence in a relationship between men and women, generally the violence the man commits is more severe. When women utilize violence it is generally in response to a partner's violence, and in many cases, their partners react with more violence.

MYTH: Those who behave badly deserve to be beaten.
TRUTH: No person deserves to be beaten, no matter what they have done. Regardless of the circumstances, violence cannot and should not be justified.
MYTH: Violence is a problem among poor people who lack education.
TRUTH: Violence occurs among all demographic groups, irregardless of race, color, class, sexual orientation, occupation, or education.

MYTH: Women provoke rape by the way they behave: wearing provocative clothing, getting drunk, hanging out in the street at night, etc.
TRUTH: No one asks to be sexually victimized. The aggressor is the only one responsible for the crime.

MYTH: The majority of sexual assaults are committed by strangers.
TRUTH: The majority of sexual assaults are committed by someone the victim already knows. In fact, a large percentage of rapes occur inside the victim's home or at a friend's, neighbor's or acquaintance's home.

MYTH: It is mainly women who raise men; therefore they are responsible for men's violent behavior.
TRUTH: Even though it is the mother who often has the most contact with her son, it is not only the mother who influences her son's behaviors. Other family members, friends, teachers, and the community-at-large also teach men behaviors. This means that all of society promotes a certain type of behavior that leads to certain people behaving violently, but individual people can contribute to the maintenance of or changes in specific attitudes or behaviors.

Activity 10:
Breaking the silence and getting help

Purpose

To discuss the culture of silence that exists in relation to violence in families and relationships and to reflect on what young women can do when they or someone they know are in an abusive relationship

Materials required

Flip chart paper and markers.

Recommended time

2 hours.

Planning notes

As with the other activities on violence, it is important to research existing supports in the community where women may go for help in the event of an experience with relationship violence. The list should include hospitals; clinics and support groups that deal specifically with the issue of gender-based or domestic violence; recommended social workers, psychologists, etc.; and any other available resources. If possible, create a handout listing these resources to distribute at the end of the activity.

During the activity, pay close attention to the reactions of the participants and whether anyone might need special attention due to the subject matter.

Procedure

1. Review with the participants some of the warning signs that someone might be in a relationship that is violent, or potentially violent (refer to the section introduction, if necessary).

2. Divide the participants into two groups and tell them that they will have 25 minutes to create role-plays. Ask the first group to create a role-play that presents an individual who is experiencing violence in an intimate relationship or in his/her family and thinking about talking to someone about it. Tell them to think about the doubts or concerns this person might have about "breaking the silence." Ask the second group to create a role-play that presents the challenges of reaching out and supporting someone who is experiencing violence. Tell them to think about the doubts or concerns that a person might have in reaching out and supporting a person, be it a friend, family member, co-worker or neighbor.

3. Ask the two groups to present their role-plays to the entire group and open up a discussion using the questions below.

4. Following the role-play presentations and discussion, ask the group to name all of the community resources that they are aware of for women who are in an abusive relationship. You can pose the question: "If you think your friend is an abusive relationship, who or where would you suggest she turn to for help? As participants offer names of resources, write them on the board. The facilitator should also mention places where a young woman can go for help and distribute the handout listing these locations.

5. Use the questions below to facilitate a discussion about the difficulties in speaking out about violence and possible solutions.

Discussion Questions:

- Why at times do women not want to speak about the violence in their lives?
- Why would someone remain in an abusive relationship? Are these reasons different for young women and adult women? Does economic dependence influence whether a woman might remain in an abusive relationship? How?
- In general, when you are violent or when you suffer violence, do you talk about it? Do you report it? Do you talk about how you feel? If you do not, why not?
- Do you think men in abusive relationships face similar challenges? Why or why not?
- How does it feel to know that a friend or someone you know is suffering from violence? How can you bring up violence if you are worried about a friend?
- How can you support a friend who has suffered from violence or aggression?
- What steps could someone in a violent relationship take to keep herself safe?
- What steps can a friend or someone else take to be helpful to someone who is in a violent relationship?
- What have you learned in this activity? Have you learned anything that can be applied in your own life and relationships?

Closing

It can be very difficult for women who suffer violence to speak out and seek help. Some women may fear that their partner will take revenge if they seek help or try to leave. Others may feel obliged to stay in an abusive relationship if they are married and/or if there are children involved. For some women, the economic consequences of leaving an intimate male partner outweigh the emotional or physical suffering. All in all, there are various factors that influence a woman's response to violence. It is important not to judge women who do not leave relationships in which they are experiencing violence, but to think about how you can support these women, and men as well, to understand the consequences of violence and the importance of creating communities where women can live their lives free of violence.

Link – Manual

Activity 32: Exercising my rights can provide an opportunity for participants to develop an action plan to support women who are suffering from violence.

Link – Video

In Once Upon a Girl, one of the young women suffers sexual violence. What does she do afterwards? Who does she tell? What options and/or rights does a young woman have in a situation like hers?

Bodies and Sexuality

Being aware of our bodies and sexuality and what we do and do not find pleasurable is a basic human right and an important element in promoting young women's autonomy and self-care. This awareness of our bodies includes understanding how our internal (and external) organs work, as well as other dimensions of our bodies, including the emotional and erotic.

Women and their bodies

Although each individual woman has the right to make decisions about her body, the perception she has of her body and the power she has to make decisions about it is often defined by rigid socio-cultural norms. Society in particular plays a fundamental role in the development of our body image – what to hide, what to show, what we can touch, what is considered disgusting or sacred, our way of sitting and positioning our legs, all this is influenced by cultural norms, and most of the time varies for men and women.

In many settings, for example, there are strong sanctions against women getting to know their own bodies, touching or displaying their body or making decisions about their own sexuality. Many women are taught from an early age to feel displeasure or guilt about their bodies and sexuality, often through socio-cultural norms like "Women should keep their legs closed and pants zipped!", "Menstruation is dirty!", "Pleasure is a sin!", "Women without children are not real women!" These norms and others which prohibit girls and women from touching and understanding their bodies can make it difficult for women to later make basic decisions about when and with whom to have sexual relations, if and when to become pregnant, and the use of use of condoms and contraceptive methods. For some women, the touch of a partner, instead of being associated with pleasure, or a doctor's touch, instead of being associated with care, can generate embarrassment or discomfort. Moreover, in many cultures, the female body is subjugated to the desires of men, such that the man is the one who is expected to choose when and how a couple has sexual relations, and a man is even given the right to abuse a woman if she does not fulfill his desires.

Women and sexuality

Women's relationships with their bodies directly influence the ways in which they perceive and express their sexuality. Sexuality is not only a biological phenomenon - it also has cultural and psychological elements, and is experienced differently by different individuals and across different life stages. It is not necessary to have a relationship with another person to experience sexuality, and sexuality and pleasure can be experienced in many ways, including physically, emotionally, spiritually and intellectually. Sexuality can also be a source of energy and inspiration for various activities and experiences.

Socio-cultural norms about the body and sexuality are often very distinct for men and women. In many societies, male sexuality is perceived as impulsive and uncontrollable. Having many sexual relationships before marriage is seen as a rite of passage for men. In contrast, women are expected to be demure and restrained in their sexual desires. These social norms can generate doubts and anxiety about the normalcy of our bodies and behaviors, and interfere with the free and healthy expression of sexuality.

Another example of contrasting socio-cultural norms for men and women that can affect the expression of sexuality is related to masturbation, also known as self-stimulation or self-pleasure. Whereas social norms are usually permissive of this behavior in men, they often restrict or condemn this behavior in women. Being able to touch our bodies and learn about its subtleties, desires, pleasures and pains is an important way of getting to know our bodies and being able to express and enjoy our sexuality more fully.

Our sexuality manifests itself differently at different points in our life. Adolescence, in particular, is a time of physical and physiological transformations and intensification of desire. It is also a phase of self-discovery and self-affirmation, when young women learn to make decisions and seek out their desires. Worries about weight and appearance also become more significant during adolescence, above all when they are related to aesthetics and not health. It is therefore fundamental to encourage young women to reflect about how the media shapes behaviors and standards related to beauty and, in

turn, how they perceive their bodies and sexuality. It is important that women feel capable of recognizing and rejecting negative messages about their bodies. Practicing sports or other physical activities can help provide young women with feelings of autonomy and greater mobility and can help them to feel more comfortable with their bodies (Green, 2004). When we are physically active, we can start to appreciate what our body is capable of doing, instead of focusing solely on its shape and appearance. It may be difficult to move beyond the standards of beauty and perfection that we see in the media; however, having respectful relationships with people of various ethnic or racial groups, ages, sizes, abilities and sexual orientations can help to change our limited notions about beauty and the body and better appreciate diversity.

NOTE TO FACILITATORS: The body and sexuality continue to be taboo topics in many settings. As facilitators, it is therefore important to accept and respect the diversity of young women's opinions and to help them feel comfortable expressing, reflecting, and discussing diverse opinions and topics. However, it is important to keep in mind that talking about the body and sexuality does not necessarily mean sharing our experiences. Facilitators can encourage young women to reflect about their attitudes, and express their doubts, without revealing their own experiences. It is also essential to keep in mind that talking about the body and sexuality entails more than the provision of information on biology and physiology. For example, in addition to information about contraceptives, it is important that discussions about sexuality also include opportunities to speak openly about fantasies, curiosities, fears and prejudices related to sexual experiences. It is important, of course, to do so in a context which respects the diversity of opinions and limits of individuals.

Activity 11:
Caring for our bodies

Purpose

To provide an opportunity for young women to become more aware of their bodies and to understand the importance of a healthy body image.

Materials required

Plenty of space, relaxing music (optional).

Recommended time

2 hours.

Planning notes

This activity requires a private environment in which the participants can feel comfortable discussing their bodies. If this type of space is not available, the facilitator should consider carrying out the alternative step described below which involves presenting and discussing media images of women's bodies and beauty. It is helpful if the facilitator has participated in this activity before.

Procedure

1. Ask the participants to sit in a circle, either directly on the floor (preferably one previously covered with carpet or pillows) or in chairs.

2. Ask the participants to close their eyes and breathe slowly and deeply until they feel relaxed.

3. Tell the participants that you are going to name different parts of the body and that they should either touch the part of the body that is being named OR just visualize that part in their mind. Emphasize to the participants that it is important that they keep their eyes closed and that they should only do what they feel comfortable doing. Ask them to pay attention to the different sensations they feel upon touching or visualizing different parts of their body.

4. In a slow and soft voice, name the following parts of the body: head, forehead, eyebrows, eyelid, nose, cheekbone, lips, chin, ears, neck, chest, stomach, arms, hands, fingers, waist, genitals, buttocks, legs, knee, feet, and toes. Be sure to use the terms for these parts that are most commonly used and known in the context where you are working. OPTIONAL STEP: Put on a relaxing music for the participants to listen to during this part of the exercise.

5. Observe the group during this part of the exercise and note their different reactions.

6.Ask the participants to breathe out slowly and open their eyes.

7. Open the discussion with the following questions.

ALTERNATIVE PROCEDURE: Ask participants to draw or sculpt their bodies. At the same time, ask them to keep in

touch with their bodies and try to understand what they are saying: What do they feel drawing their body? What did they like about drawing their body? What didn't they like? What does their body need?

**In pairs or small groups of 3 or 4 participants, ask that they share what they discovered about themselves. Ask that each reflect for a moment about the way in which society influences their relationship with their own body.*

Discussion Questions

- How do you feel now?
- Do you feel anything strange in your body? Any pain or discomfort?
- Which part of your body was the hardest to touch?
- Did you experience any emotions when touching parts of your body? Which emotions?
- Do women usually have a good relationship with their bodies? Why or why not?
- Why is it important for women to feel comfortable with their bodies?
- How does a woman's relationship with her body affect her relationship with others?
- How can young women build more positive and healthier images of their bodies?
- What have you learned in this activity? Have you learned anything that can be applied to your own life and relationships?

Closing

The objective of this activity is to help you to get to know your body more and to think about how the way you feel about your body is linked to your overall well-being in many ways, from your comfort with and expression of your sexuality, to if and how you communicate and negotiate with your partners about prevention and pleasure. It is important to reflect on the discomfort you might have felt touching or thinking about certain parts of your body, and the reasons for this discomfort.

Activity 12

The female body in the media and society

Purpose

To discuss how the media influences the way young women perceive their own bodies.

Materials required

Magazines, newspapers, markers, glue or tape, scissors and flip-chart.

Recommended time

1 hour and 30 minutes.

Planning notes

Review the material needed for this activity, including current magazines about fashion, beauty, and television programs in general that have a large circulation.

Procedure

1. Organize the participants into smaller groups.

2. Distribute the materials and ask that each group make a poster that represents what young women today are like. Give them 20 minutes to cut and paste.

3. Ask them to present their work.

4. In the larger group, ask participants to discuss the images of women in media:

a. How are women represented in the media?

b. How does the media influence how they see their own bodies?

c. How does the media influence how they see their beauty?

5. Now ask that the participants go back to their teams to paste together images of beautiful women who do not follow expected stereotypes for physical beauty. Give them another 20 minutes.

6. Again with the larger group, ask if the participants had any difficulty finding images of women who do not follow stereotypes of beauty.

Discussion Questions

- What, in general, is the image of the female body in the media?
- In what ways can the media influence the perception that you have about your body and beauty? Is there a relationship between what you do and don't like about your body, and the image of female beauty shown by the media?
- Are the women in the media representative of the different types of women in society?
- Is there an ideal or perfect body? Why or why not?
- What are the consequences of the social construction of the perfect body?
- Do women, in general, have a good relationship with their own bodies? Why or why not? How can we improve our relationship with our own bodies?
- Why is it important for a woman to feel comfortable with her own body?
- How can a woman's relationship with her body affect her relationship with others?
- In what ways can family, school, friends, and men also influence the perception that women have about their own bodies?
- Is there a way to change this? What can we do so that we are not influenced by our image of a perfect body?
- What did you learn with this activity? Did you learn anything that can be applied to you own life or relationship?

Closing

For many of us, learning to recognize the beauty of our body is a process that can take a lifetime. This process starts with understanding how cultural norms about women's bodies can distort the perception we have of our own bodies, and recognizing the diversity of beauty that exists among women. It is important to keep in mind that standards, or models, of beauty are social constructions that change across historical periods and settings. Currently, for example, there is an obsession in many societies with thinness. It is important to question these standards of beauty promoted by the media, society and also the market (e.g. shrinking clothes sizes, plastic surgery). Practicing sports and other physical activities can also help you to develop more positive body images, by allowing you to appreciate what your body is capable of doing rather than only what it looks like.

activity 13

How women and men express themselves

Purpose

To reflect on how gender norms influence the ways women and men express themselves.

Materials required

Flip chart paper, markers and ample space.

Recommended time

2 hours.

Planning notes

None.

Procedure

1. Ask the participants to walk around the room, in silence, paying attention to the movement of their body when they walk (feet, legs, arms, hands, torso, neck, and head). As they walk around the room, tell them to walk "hard," "soft," "quickly," "slowly." Tell the participants to make eye contact with each other as they walk.

2. Ask the participants to form two lines. Have each line face each other.

3. Tell them that you are going to say a word and that the two lines should make themselves into statues that represent that word: one line should make statues representing how women would express the word, and the other line should make statues representing how men would express the word.

4. Ask them to close their eyes before you say each of the following words.

- Beauty
- Strength
- Anger
- Sexuality
- Gentleness
- Love
- Parenthood
- Power

5. After the participants make the statues for each word, they should open their eyes and observe and comment on the similarities and differences between themselves and the statue made by the person across from them.

6. Use the questions below to further explore the similarities and differences between the female and male statues and the link to participant's lives and relationships.

Discussion Questions:

- What was it like to try to express yourself like a man?
- What was the most difficult representation?
- What similarities and differences did you notice between the 'female statues' and the 'male statues'?
- During which words did you see the most differences? During which words did you see the most similarities?
- How do these similarities and differences relate to the way girls and boys are raised to become women and men?
- How do these similarities and differences influence intimate relationships between women and men?
- What have you learned in this activity? Have you learned anything that can be applied in your own life and relationships?

Closing

The ways girls and boys are raised often influences how they express themselves. From a very early age we are taught how to behave. For example, girls are often taught that it is okay to cry and to be gentle – while boys are taught that they should never cry and should always be tough. We are also taught to sit with our legs closed or crossed. In some cases, girls are also taught to not be too loud or rough or to play sports. It is important that both women and men be able to express themselves in a variety of ways. For example, when women are able to show strength and men gentleness, they become stronger individuals who can more easily relate to each other and the world around them.

activity 14

Women's and men's bodies

Purpose

To increase awareness and knowledge of the male and female reproductive systems and genitalia.

Materials required

Small pieces of paper or cards, pens/pencils, one copy each of Resources sheets 14A, 14B and 14C and a sufficient number of copies of Resource Sheets 14D, 14E and 14F to distribute to all of the participants.

Recommended Time

2 hours.

Planning Notes

Participants might not feel comfortable asking questions about men's and women's bodies and genitalia. If this is the case, it might be helpful to invite them to write down their questions on small pieces of paper which can then be collected and read aloud for discussion.

Procedure

1. Prior to the session, write out the following words on small pieces of paper or cards: vans deferens, penis, urethra, epididymis, testicle, scrotum, prostate, seminal vesicles, and bladder. On the same pieces of paper write out the description of each of these words as presented in Resource Sheet 14F – The Male Reproductive System and Genitalia. On another set of small pieces of paper or cards, write out the following words: ovary, fallopian tube, uterus, cervix, vagina, outer lip, inner lip, vaginal opening, clitoris and urinary opening. Write out the description of each of these words on the same pieces of paper as presented in Resource Sheets 14D and 14E: The Female Reproductive System External and Internal Genitalia.

2. At the beginning of the session, divide the participants into two groups. Give one group a copy of Resource Sheet 14B and the set of pieces of paper with the names and descriptions for the male reproductive system. Give the other group a copy of Resource Sheets 14A and 14C and the set of pieces of paper with the names and descriptions for the female reproductive system.

3. Explain to each group that they will have to read over the words and descriptions they have received to try to label the different parts on the drawings of the male and female reproductive systems and genitalia.

4. Allow the groups 10 minutes to discuss and label the drawings.

5. Ask the groups to present their pictures and explain their answers. As each group presents its picture, invite the participants to ask questions and make corrections.

6. Distribute copies of Resource Sheets 14D, 14E and 14F to the participants and review the content with them.

7. Review Resource Sheet 14G: Common questions about the Female Reproductive System and Genitalia. Even if the participants do not bring up these questions themselves, it is important that they have this information.

8. Wrap-up the discussion with the questions below.

OPTIONAL STEP: Invite the participants to write out

additional questions they have about women's and men's bodies on small pieces of paper. These can be put in a box or bag and then selected one by one for discussion.

Discussion Questions

- What were the most difficult genital organs to identify? Why?
- Do you think it is important for young women to know the name and function of the female genital organs? Why?
- Do you think it is important for young women to know the name and function of the male genital organs? Why?
- What other information about women's and men's bodies is important to know?
- Do young women generally have information about these topics? Why or why not?
- What can you do to ensure that young people in your community have more accurate information about these topics?

Closing

As young women, you have the right to know and understand your bodies fully. Having an understanding of your sexual and reproductive systems is important for being able to have a fulfilling sexual life which includes the prevention of unplanned pregnancies and STIs, and a healthy reproductive life should you choose to have children.

Link – Video

In *Once upon a Girl*, identify and discuss the differences in the masturbation scenes involving the main female character and her brother. Do both women and men feel sexual desire? Are there differences? Do women and men get excited in the same ways? Does society treat women's and men's sexual desire differently? If yes, why? What is the link between masturbation and sexual rights?

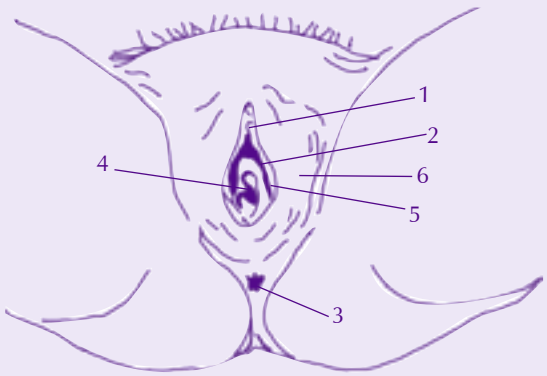
Link - Program H

Section 1 - Activity 4: The Reproductive Body and *Activity 5: The Erotic Body.*

Resource Sheet 14 A

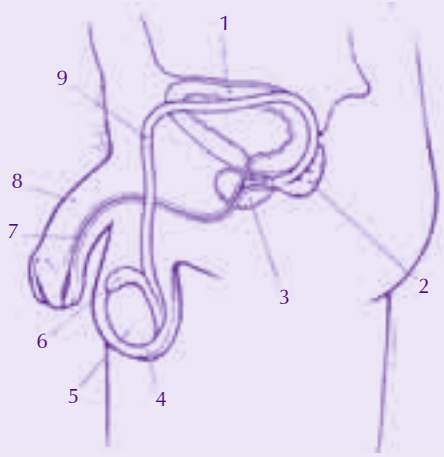
The Female Reproductive System

External Genitalia



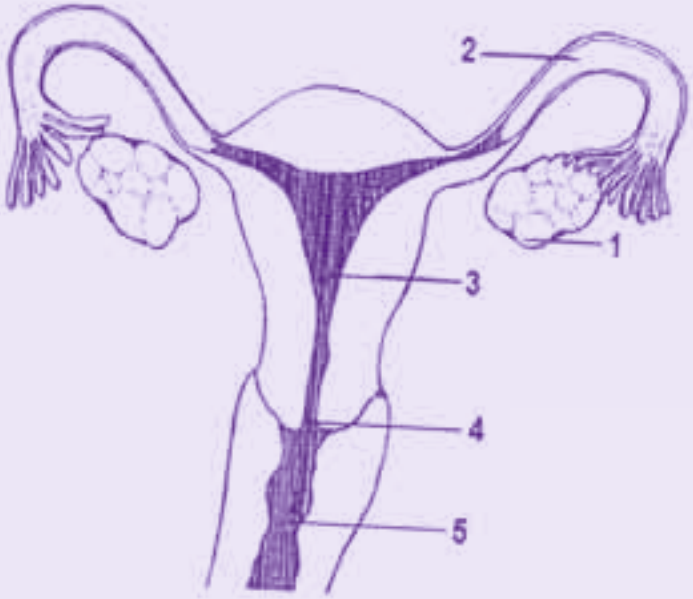
Resource Sheet 14 B

The Male Reproductive System



Resource Sheet 14 C[10]

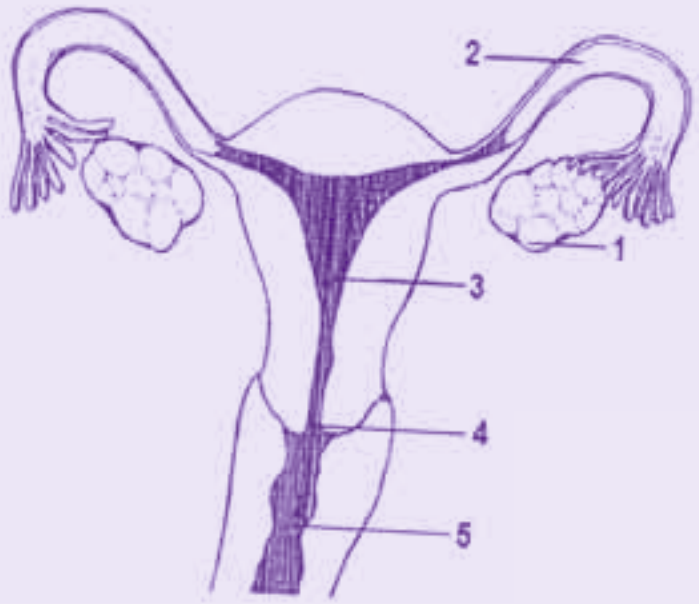
The Female Reproductive System and Internal Genitalia



Resource Sheet 14 D[8]

The Female Reproductive System

Internal Genitalia



1. Ovary
2. Fallopian tube
3. Uterus
4. Cervix
5. Vagina

Every female is born with thousands of eggs in her ovaries. The eggs are so small that they cannot be seen by the naked eye. Once a girl has reached puberty, a tiny egg matures in one of her ovaries each month and then travels down a fallopian tube on its way to the uterus. This release of the egg from the ovary is called ovulation. The uterus prepares for the egg's arrival by developing a thick and soft lining like a pillow. If the girl has had sex in the last few days before she ovulates, by the time the egg arrives in the fallopian tube, there might be some sperm waiting to unite with the egg. If the arriving egg is united with the sperm (called fertilization), the egg travels to the uterus, and attaches to the lining of the uterus and remains there for the next nine months, growing into a baby. If the egg is not fertilized, then the uterus does not need the thick lining it has made to protect the egg. It sheds the lining, along with some blood, body fluids, and the unfertilized egg. All of this flows through the cervix and then out of the vagina. This flow of blood is called the "period" or **menstruation**.

Key Words

Cervix: Lower portion of the uterus, which extends into the vagina.

Fallopian tubes: Tubes that carry the egg from the ovaries to the uterus.

Fertilization: Union of the egg with the sperm.

Menstruation: The monthly discharge of blood and tissue from the lining of the uterus.

Ovaries: Two glands that contain thousands of immature eggs.

Ovulation: The periodic release of a mature egg from an ovary.

Secretion: The process by which glands release certain materials into the bloodstream or outside the body.

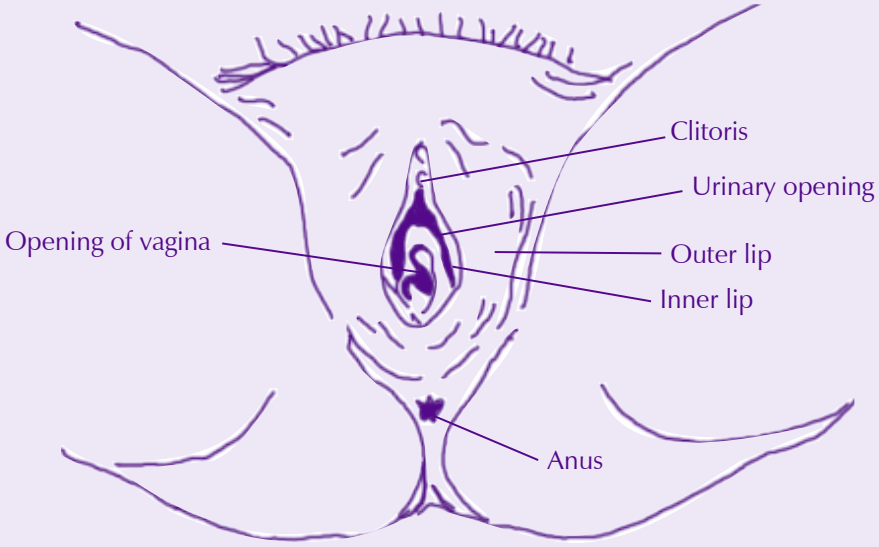
Uterus: Small, hollow, muscular female organ where the fetus is held and nourished from the time of implantation until birth.

Vagina: Canal that forms the passageway from the uterus to the outside of the body.

[8] Taken from Institute for Reproductive Health, Family Health International and E. Knebel (2003) "My Changing Body: Fertilty Awareness for Young People".

Resource Sheet 14 E[9]

The Female Reproductive System and External Genitalia



The external genitalia include two sets of rounded folds of skin: the labia majora (or outer lips) and the labia minora (or inner lips). The labia cover and protect the vaginal opening. The inner and outer lips come together in the pubic area. Near the top of the lips, inside the folds, is a small cylindrical body called the clitoris. The clitoris is made up of the same type of tissue as the head of the male's penis and is very sensitive, and is responsible for a woman's sexual pleasure. Its stimulation can cause a woman to feel an intense feeling of pleasure called an orgasm. The urethra is a short tube that carries urine from the bladder to the outside of the body. Urine leaves a woman's body through the urethral or urinary opening. The vagina is the place from which a woman menstruates and can also be a source of pleasure for a woman. Both the urethral opening and vaginal opening form the area known as the vestibule. Altogether, the external genital organs of the female are called the vulva.

Key Words

Clitoris: Small organ at the upper part of the labia, which is sensitive to stimulation.

Labia majora (outer lips): Two folds of skin (one on either side of the vaginal opening) that cover and protect the genital structures, including the vestibule.

Labia minora (inner lips): Two folds of skin between the labia majora that extend from the clitoris on each side of the urethral and vaginal openings.

Urethra: Short tube that carries urine from the bladder (the place where urine is collected in the body) to the outside of the body.

Urethral (urinary) opening: Spot from which a woman urinates.

Vaginal opening: Opening from the vagina where menstrual blood leaves the body.

Vestibule: Area of the external female genitalia that includes the vaginal and urethral opening.

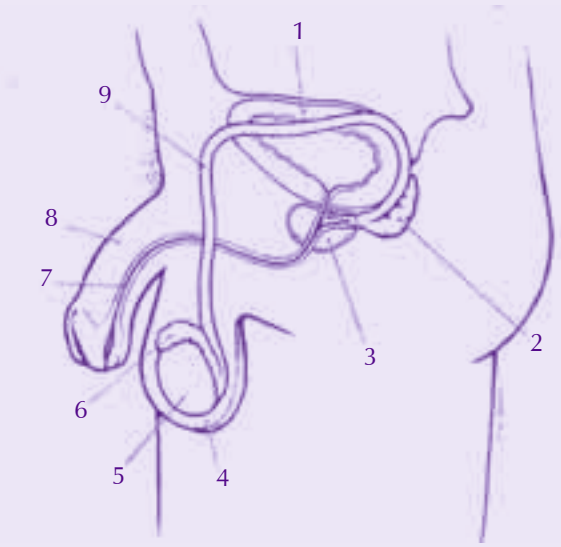
Vulva: The external genital organs of the female, including the labia majora, labia minora,clitoris and vestibule.

[9] Adapted from Institute for Reproductive Health, Family Health International and E. Knebel (2003) "My Changing Body: Fertilty Awareness for Young People".

Resource Sheet 14 F

The Male Reproductive System

1. Blader
2. Seminal visicles
3. Prostate
4. Scrotum
5. Testicle
6. Epididymis
7. Urethra
8. Penis
9. Vas deferens



From puberty onward, sperm are continuously produced in the testicles (or testes), which are found inside the scrotum. As the sperm mature, they move into the epididymis, where they remain to mature for about two weeks. The sperm then leave the epididymis and enter the vas deferens. These tubes pass through the seminal vesicles and the prostate gland, which releases fluids that mix with the sperm to make semen. During ejaculation, the semen travels through the penis and out of the body by way of the urethra, the same tube that carries urine. The urethral or urinary opening is the spot from which a man urinates or ejaculates.

Key words

Ejaculation: Forceful release of seminal fluid from the penis that occurs with orgasm.

Epididymis: Organ where sperm mature after they are produced in the testicles.

Penis: External male organ through which semen or urine leave the body. The size of the penis varies from man to man. It remains soft and flaccid most of the time. During sexual excitation, the spongy tissue in the penis fills with blood and the penis gets larger and harder, a process called an erection. When highly stimulated, the penis releases a liquid called sperm or semen, which contains spermatozoa. The ejaculation of the sperm produces an intense feeling of pleasure called an orgasm.

Prepuce or foreskin: The skin that covers the head of the penis. When the penis becomes erect, the prepuce is pulled back, leaving the glans (or the "head" of the penis) uncovered. When this does not occur, the condition is called phimosis, which can cause pain during sexual intercourse and hamper personal hygiene. Phimosis is easily corrected through surgical intervention using a local anesthetic. In some cultures or countries, or in some families, the foreskin of boys is removed in a procedure called circumcision.

Prostate gland: Gland that produces a thin, milky fluid that enables the sperm to swim and become part of the semen.

Scrotum: Pouch of skin behind the penis that holds the testicles. Its appearance varies according to the state of contraction or relaxation of the musculature. In cold, for example, it becomes more contracted and wrinkled and in heat it becomes smoother and elongated.

Semen: Fluid that leaves a man's penis when he ejaculates.

Seminal vesicles: Small glands that produce a thick, sticky fluid that provides energy for sperm.

Sperm: A male sex cell.

Testicles (testes): Male reproductive glands, which produce sperm. One of the hormones produced is testosterone, responsible for male secondary characteristics, such as skin tone, facial hair, tone of voice and muscles. They have the form of two eggs and to feel them one only has to palpate the scrotum pouch.

Urethra: Canal that carries urine from the bladder (the place where urine is collected in the body) to the urinary opening. In males, the urethra also carries semen.

Urethral (urinary) opening: Spot from which a man urinates.

Vas deferens: Long, thin tubes that transport sperm away from the epididymis.

Common Questions about the Female Reproductive System and Genitalia

Q. How long should a menstrual period be?

A. A menstrual period occurs when the thickened lining of the uterus and extra blood are shed through the vaginal canal. Periods typically last between three to five days, although any length between two to seven days is considered normal. When a female first begins menstruating, the length and frequency of a period can be irregular. This may also occur for older women approaching menopause. [10]

Q. Fertility Awareness – When are women and men fertile?

A. Women: When a girl starts having menstrual periods, it means that her reproductive organs have begun working and that she can become pregnant if she has sexual intercourse. A woman is able to become pregnant only certain days of each month. A woman is fertile when she is ovulating. Ovulation is the periodic release of a mature egg from the ovary. This usually happens around the middle of a woman's menstrual cycle – about 14 days after her period begins. However, due to a variety of factors, including stress, illness, and nutrition, ovulation can occur at any time during the menstrual cycle.

Men: Beginning with his first ejaculation, a man is fertile every day and has the ability to father a child for the rest of his life.

Q. Can virgins use tampons?

A. Yes. Contrary to what some people believe, a virgin is simply someone who has not had sexual intercourse. Any female can use a tampon, whether or not she is a virgin. Tampons are compressed cotton formed into a cylindrical shape. They are pushed into the vagina during menstruation to absorb the blood entering the vagina from the uterus. A woman cannot lose her virginity by using a tampon.[11]

Q. How does a woman know if she has a vaginal infection?

A. Vaginal infections are very common, and most women experience at least one in their lifetime. There are many possible signs of a vaginal infection. Some common symptoms are:

- Vaginal irritation, such as itching, rash, or soreness;
- Foul-smelling discharge;
- Thick, white clumpy discharge (similar consistency to cottage cheese);
- Green, yellow, or grayish discharge;
- Frequent urination or burning on skin during urination.

Note that women will experience these symptoms to varying degrees. If you experience any of these symptoms or vaginal discomfort, or if you are unsure if you have a vaginal infection, you should consult a health care professional. [12] [13]

Q. What happens during a pelvic exam/pap smear?

A. Pelvic exams are an important way for a woman's doctor to detect any cancerous cells, infections, or reproductive problems a woman may have. A pap smear is one aspect of the exam. Any woman who is sexually active or at least 21 years old should have an annual pap smear. A pelvic exam typically takes only a few minutes.

When a woman goes to the doctor for a pelvic exam, she will be asked to lie down on a table and place her feet into stirrups. The doctor will first examine the external genital area. He or she will look for any signs of infection, such as inflammation, discoloration, and discharge.

The doctor will then insert a speculum into the woman's vaginal canal. A speculum is a plastic or metal instrument that is used to hold the vaginal walls apart. The doctor will most often lubricate and warm the speculum so that it causes minimal discomfort. The speculum allows the doctor to visually examine the vagina and cervix. The doctor will look for irritation, growth, or abnormal cervical discharge. In some cases, the doctor will use a cotton swab to collect a sample of cervical mucus. This sample can then be tested for sexually transmitted diseases. If you would like your doctor to test for this, make sure to let him or her know at the beginning of your exam.

At this point in the exam, most doctors will do a pap smear. Using a small spatula or brush, the doctor will gently scrape the cervix to gather cells from the cervical wall. These cells will then be tested for the presence of pre-cancerous or cancerous cells. It typically takes about three weeks to get these results. A woman may experience mild discomfort or bleeding from the pap smear.

[10] National Women's Health Information Center, U.S. Department of Health and Human Services, www.4woman.gov/faq/menstru.htm
[11] My Changing Body: Fertility Awareness for Young People, Institute for Reproductive Health and Family Health International in collaboration with Elisa Knebel
[12] University of Illinois at Urbana-Champaign, McKinley Health Center, www.mckinley.uiuc.edu/handouts/vaginal_discharge.html
[13] Planned Parenthood Federation of America, www.plannedparenthood.org/sexual-health/women-health/vaginitis.htm

After the doctor has conducted the pap smear, he or she will remove the speculum and check the vaginal canal for an irritation caused by the instrument.

Finally, the doctor will conduct the bimanual exam. Wearing a glove, he or she will insert one or two lubricated fingers into the vagina. Using the other hand, the doctor will press down on the lower abdomen. He or she will check for any abnormalities in the size and shape of the following internal organs: uterus, ovaries, fallopian tubes, bladder and vagina. Some doctors will then insert a finger into the rectum to check for any abnormalities and to check the condition of muscles separating the rectum and vagina. The doctor might concurrently insert a finger into the vagina to better check this.[14] [15] [16]

It is important to note that women have the right to complain during an exam if they feel uncomfortable. Along the same lines, they have the right to demand the use of sterilized gloves.

Q. What is the clitoris?

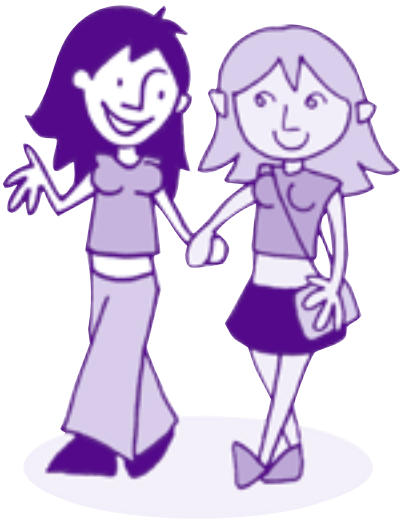
A. The clitoris is a small organ at the upper part of the labia. It is made up of the same type of tissue as the head of a penis. It is very sensitive to stimulation.[17]

Q. What is masturbation?

A. Masturbation is defined as rubbing, stroking, or otherwise stimulating one's sexual organs – penis, clitoris, vagina, and/or breasts – to get pleasure or express sexual feelings. Masturbation is normal and one of the ways we discover more about our bodies. Many people, males and females alike, masturbate at some time in their lives. There is no scientific evidence that masturbation causes any harm to the body or mind. The decision about whether or not to do it is a personal one. Some cultures, religions, and individuals oppose masturbation. If you have questions or concerns about masturbation, you should talk to a trusted adult such as a parent, teacher, faith leader, or health provider. [18]

[14] Planned Parenthood Federation of America, www.plannedparenthood.org/sexual-health/women-health/gyn-exams.htm.
[15] Web MD, www.webmd.com/content/tools/1/slide_pelvic_exam.htm.
[16] National Cancer Institute, US National Institute of Health, www.cancer.gov/cancertopics/factsheet/Detection/Pap-test.
[17] My Changing Body: Fertility Awareness for Young People, Institute for Reproductive Health and Family Health International in collaboration with Elisa Knebel.
[18] My Changing Body: Fertility Awareness for Young People, Institute for Reproductive Health and Family Health International in collaboration with Elisa Knebel.

Sexual and Reproductive Rights and Health



Being aware of our sexual and reproductive rights is an important step toward ensuring our sexual and reproductive health and having more equitable and fulfilling intimate relationships.

In other words, women who feel they have the right to experience pleasure with whomever they choose, and who believe themselves capable of determining the right moment to have children, tend to be healthier and happier in relationships and, more generally, in life.

What are sexual and reproductive rights?

Sexual and reproductive health refers not only to the simple absence of disease or illness, but to complete physical, mental and social well-being in all facets of sexuality, including the reproductive system and its functions. Sexual and reproductive health includes being able to have a safe and satisfactory sexual life, the freedom to reproduce and to decide whether, when and how many times to do so, and the necessary information and access to efficient, safe and appropriate family planning methods.

Although sexual rights and reproductive rights are interrelated, it is also important to recognize how they are distinct. For example, sex is not always linked to reproduction - people have the right to experience sexual pleasure without any intention of reproduction. Moreover, discussions about sexual and reproductive rights are often restricted to reproduction and safer sex, including topics such as abortion, safe motherhood, and the prevention of STDs and HIV/AIDS. Rarely is the right to sexual pleasure recognized or discussed, and neither are the factors necessary to realize sexual pleasure, which include a positive body image; the capacity to have relationships based on responsibility and respect; and the practice of good sexual health, from prevention of STDs and HIV to regular medical check-ups. The same factors necessary to realize sexual please are fundamental to other sexual and reproductive rights issues, including the prevention of sexual violence, maternal mortality, and in some countries, especially in Africa, female genital mutilation.

Among other factors, condoms can play an important role in ensuring that both men and women have the right to healthy and pleasurable sexual relations. Often referred to as "dual protection," condoms simultaneously protect against unplanned pregnancies and STI/HIV infections. Although condoms have different meanings in different relationships (e.g. married couples versus casual partners), it is important that they are always associated with dialogue and with care, both for oneself and one's partners.

Individuals have the right to experience pleasure in diverse ways as long as there is consent on the part of everyone involved. In this way, a respect for sexual diversity is fundamental to guaranteeing the right to sexual pleasure. Same-sex relationships are indeed gaining more respect in different settings; however, much more progress is needed. In many families, schools, workplaces and other social settings, homosexual and bisexual men and women suffer from loathing, fear and prejudice. These responses often come from a lack of knowledge and understanding about homosexuality. Promoting spaces for discussion and understanding about homosexuality is key to building a more diverse and united society.

Sexual Rights and Reproductive Rights

Sexual rights include the right to live out our sexuality with pleasure and without guilt, shame, fear or coercion, independent of our civil status, age or physical condition. All people have the right to live out their fantasies as long as they do not harm others; to opt whether or not to be sexually active; to choose when they will have sexual relations; and to choose the practices that bring them pleasure, as long as there is consent from both parties (when both are adults). Sexual rights also include the right to express one's sexual orientation and choose one's partners freely and without discrimination. Common violations of women's sexual rights include genital mutilation, sexual harassment, abuse, and exploitation.

Reproductive rights are related to the basic right of all people to decide, freely and responsibly, whether they want to have children and, if so, the number of children they want and the timing and spacing of their children. These rights include the right to information and services and the means to make decisions about reproduction and reproductive

health free of discrimination, coercion or violence. The equal division of responsibilities among men and women for the raising of children is also encompassed within these rights, as is maternity and paternity leave and protection from work-related discrimination due to being pregnant or having children.

Movements and Conferences: The Search for Rights

As social transformations take place, so does the way sexuality is perceived. The women's movement brought to the forefront concepts like empowerment and gender equity, that in turn helped bring more attention to the sexual and reproductive health needs of women and men. The birth control pill also played an important role in changing the perception of female sexuality, creating new discussions and debates in the field of reproductive health around themes such as sexual freedom, pleasure, desire and sexual violence. The fact that the relationship between doctors and patients felt at times inhuman and overly authoritarian was acknowledged, giving rise to movements that sought to humanize childbirth and other medical services for women. The appearance of HIV and AIDS generated new discussions on how to approach sexuality, especially among increasingly vulnerable groups such as women and youth. Themes such as caring for oneself, safer sex and condom use were introduced, with a special focus on the most vulnerable populations. The International Conference on Population and Development (1994) and the Fourth World Conference on Women (1995) were international milestones in the recognition of sexual and reproductive rights, broadening the language of human rights to include sexuality.

Is abortion a right?

One of the most controversial themes within sexual and reproductive rights is abortion. It is important to keep in mind, when discussing the right to abortion, as well as other sexual and reproductive rights, that diversity and individual choice are at the heart of what is meant by a "right." We, the authors of this manual, feel that it is the responsibility of the secular state to guarantee a woman's freedom of choice in relation to abortion. Religions, of course, have the right to establish their own doctrines and morals – these doctrines and morals, however, should not be codified into law, thus imposing religious beliefs through legal means.

Reproduction is a choice. It is not merely a biological process, but one that is also molded by cultural, social and political forces and power structures as well as personal values, experiences, and expectations. We believe that legal restrictions on abortion deny women the reproductive right of deciding if and when to have children. However, many individuals – and many cultural institutions – disagree, arguing that after the moment of conception, the choice whether or not to bear a child should no longer be in the woman's hands; that is to say, it is no longer her right.

Do youth also have sexual and reproductive rights?

Sexual and reproductive rights are human rights and therefore also youth rights. The International Conference on Population and Development included a specific focus on the responsible and healthy sexual behavior of youth, and advocated for the availability of appropriate and adequate counseling and services as well as recognition that information alone is not sufficient to transform attitudes and behaviors.

In some countries, the increasing numbers of pregnancies and HIV infections among young women have been the primary focus of most programs and activities targeting young people with information about sexuality and sex. However, healthier sexual relationships, including the choice of if and when to have a child, for example, cannot be guaranteed without also recognizing and discussing young women's knowledge, desires, choices and autonomy.

Youth and sexual violence and sexual exploitation

An important issue within youth sexual and reproductive rights is sexual violence against and sexual exploitation of children. Sexual violence is any form of aggression or sexual relationship in which there is no consent, and sexual exploitation includes practices such as pornography, prostitution and sexual trafficking. Consent can only be given if an individual is able to understand what it is they are consenting to and what consent means. It is generally recognized that children under 12 are never able to consent to sexual activity and that youth between the age of 12 and 18 are unable to consent to sexual acts except under specific circumstances involving sexual activity with peers. Youth, or adults for that matter, are NOT able to give consent if living in a climate of abuse, sexual exploitation, coercion or violence, nor are youth under eighteen able to provide consent for any sexual activity with older persons in positions of authority.

activity 15:

What are sexual and reproductive rights?[19]

Purpose

To discuss the meaning of sexual and reproductive rights and their importance in the lives of women and men.

Materials Required

Pens and pencils, flip chart paper, and copies of the rights from Resource Sheet 15A.

Recommended time

2 hours.

Planning notes

It might be useful to write out the sexual and reproductive rights on flip chart paper to keep on display throughout the future sessions, particularly those related to sexuality, motherhood, and HIV/AIDS.

Procedure

1. Prior to the session: Make a copy of Resource Sheet 15A and cut the rights into strips so that they are ready to be handed out. Draw four columns on flip chart paper and write the following as headings: Sexual and Reproductive Right; A (for Agree); + / - (for Somewhat Agree); NA (for Do Not Agree). (See Resource Sheet 15B for an example of how to draw the table.)

2. Explain to the group that you are going to talk about sexual and reproductive rights, which are part of human rights.

3. Divide the participants into smaller groups and distribute the strips of paper between the groups. For groups with low literacy levels, read aloud the rights on the strips of paper.

4. Explain to each group that they have received strips of paper with different sexual and reproductive rights on them and that they should discuss what they understand by each right. They should then discuss whether they agree (A), somewhat agree (+ / -), or do not agree (NA) that the right on the strip is respected in their community. Allow 20 minutes for these discussions.

5. Ask each group to present the rights they discussed and whether they agree, somewhat agree, or do not agree that the right is respected in the community where they live. Note their responses on the table on the flip chart paper. Ask the other participants if they agree with the response.

[19] Activity adapted from manual: "Uma estrategia para convencer: los/as líderes jóvenes y la promoción y defensa de políticas públicas". (2000) UNFPA y Redess Jóvenes: Lima.

6. After the groups have presented all of the rights, use the following questions to discuss the importance of sexual and reproductive rights in the lives of women and men.

Discussion Questions

- Are the sexual and reproductive rights of young women in your community respected? If not, which rights are most often violated? Why does this happen?
- Do you think that young women and adult women have the same rights? Why or why not?
- Do you think that women and men have the same sexual and reproductive rights? Why or why not?
- Are the sexual and reproductive rights of young men in your community respected? If not, which of young men's sexual and reproductive rights are most often violated? Why does this happen?
- What are the biggest obstacles that women face in protecting their sexual and reproductive rights?
- What are the biggest obstacles that men face in protecting their sexual and reproductive rights?
- How can women and men in intimate relationships respect one another's sexual and reproductive rights?
- What associations or institutions in your community offer services to protect the sexual rights and reproductive rights of young women?
- What have you learned in this activity? Have you learned anything that can be applied to your own life and relationships?

Closing

Sexual rights and reproductive rights are fundamental to human rights and belong to both women and men of all ages. These rights include the right to make autonomous decisions about one's sexual and reproductive life, free from coercion or violence, and the right to the information and methods necessary to make safe and healthy decisions in this area. We have the right to make decisions about our bodies, and the state is responsible for guaranteeing that the necessary conditions which allow us to exercise these rights exist.

Link – Manual

Activity 3: Learning about Human Rights provides a general introduction to the concept of rights.

Children, adolescents and eroticism

The idealization of youth and the female body (often with erotic connotations) is present throughout the media. Girls may feel that they must behave sensually, and/or dance erotically, but they are not taught how to defend themselves when faced with sexual assault or harassment. It is important that those responsible for children remain vigilant and teach their children to recognize when they are vulnerable to exploitation and how to defend themselves.

Resource Sheet 15 A

Sexual Rights and Reproductive Rights

1. Right to live out sexuality without fear, shame, false belief and other impediments to the free exercise of desire.
People of all ages have the right to experience and seek out sexual pleasure.

2. Right to express full sexual potential with exclusion of all forms of sexual coercion, exploitation, and abuse at any time and in all situations in life.
Everyone has the right to express their sexuality, without suffering violence or being forced to do something they do not want to do.

3. Right to choose sexual partners without discrimination.
Each person has the right to choose his or her partner without suffering any discrimination.

4. Right to full respect for bodily integrity.
Right to have your body and its boundaries respected and to not have others force you to do or experience something you do not want, for example, by touching your genitals.

5. Right to opt to be sexually active or not, including the right to become involved in consensual sexual relationships and to get married with total consent of both parties.
Right not to be forced to marry or have sex with someone.

6. Right to be free and autonomous to express sexual orientation.
Each person has their own way of being a man or woman.

7. Right to express sexuality independent of reproduction.
Each person has the right have sex without wanting to have children.

8. Right to equality, mutual respect and shared responsibility in sexual relationships.
Men and women have equal rights and responsibilities in sexual relationships.

9.Right to insist on the practice of safe sex to avoid pregnancy and prevent sexually transmitted infections including HIV.
Each person can demand the use of condoms to prevent sexually transmitted infections or to prevent pregnancy.

10. Right to decide freely and responsibly the number, spacing, and timing of children.
People can decide if and when they want to have children and how many they want to have.

11. Right to information and the means to make decisions.
People should receive information to decide what is best for themselves.

12. Right to sexual health, which requires access to all types of quality sexual health information, education and confidential services.
Right to information and confidential services.

Resource Sheet 15 B

Sample of evaluating rights on flip chart paper

Below is an example of how to organize the table with the participant responses on whether or not they agree that the different sexual rights and reproductive rights are respected in their community.

Sexual and Reproductive Right	A	+-	NA
1.			
2.			
Etc.			

activity 16

Prevention and pleasure

Purpose

To promote a discussion about the prevention of STIs and HIV/AIDS through sexually pleasurable relations, and the importance of talking with partners about condom use and the prevention of pregnancy and STI/HIV.

Materials required

Small pieces of paper in the shape of male and female condom packets; samples of male and female condoms (if available)

Recommended time

2 hours.

Planning notes

If available, try to bring some samples of male and female condoms to the session, so that the young women can see what they look and feel like and learn about correct usage.

Procedure

1. Carry out a conversation with the participants about the meaning and importance of safe sex. If necessary, review understanding of how STIs and HIV/AIDS are transmitted (see Resource Sheet 23B).

2. Divide the group into three smaller groups and ask them to discuss either personal, overheard, or imagined situations in which women carry condoms with them. Allow 10 minutes for discussions.

3. Ask the groups to share some of their stories with the larger group.

4. Ask the participants to identify one story that is considered positive and one that is considered negative. Divide the participants into two smaller groups. Ask each group to act out one of the stories that was identified. Where appropriate, the skits should also include the antagonists, or the individual(s) who did not agree with the action of the protagonist – in this case, the woman who carried the condom. The facilitator can distribute the small pieces of paper for the groups to use as props.

5. After the presentations, use the questions below to discuss the stories.

OPTIONAL STEP: If time allows, you can engage the participants in a discussion about microbicides (see Text Box), reflecting on the advantages and disadvantages and how it might affect intimate relationships.

Discussion Questions

- Do you think a woman should buy and/or carry condoms? Why or why not?
- When is it important to use condoms?
- Who is expected to initiate the conversation about condom use? The man or the woman? Why?
- What do you think of women who suggest the use of a condom? Why?
- What do men think of women who ask them to use a condom? Why?

- Is it difficult for a woman to talk to a partner about condom use? Why or why not?
- If a partner refuses to use a condom, what should a woman do?
- What happens in real life? Do couples talk about condoms? Why or why not?
- Have you heard of the female condom (see Resource Sheet 16A)? Do you think it gives women more control to prevent pregnancy and STIs? Why or why not?
- How is prevention related to women's sexual and reproductive rights?
- Is it easy for a woman to speak to a partner about other things related to sex, such as what gives her pleasure? Why or why not?
- How is pleasure related to women's sexual and reproductive rights?
- How is a woman who has more than one sexual partner perceived by her peers? By men? By her community in general? Are men who have more than one partner perceived differently?
- What explanations can a woman use to carry a condom with her?
- What are some ways that young women can overcome difficulties in discussing issues like condom use and pleasure with a partner?
- What have you learned in this activity? Have you learned anything that can be applied to your own life and relationships?

Closing

As women, you have the right to make decisions regarding your body. This includes having information about and access to prevention methods AND the skills to negotiate the use of these prevention methods with your partners. Whether in a new or long-term relationship, communication is always important – knowledge, communication and protection today make you less worried about the possible consequences for tomorrow, and make sex more fun and pleasurable.

Link – Manual

The discussion of negotiation in sexual relationships can be linked to *Activity 1: Persons and Things* and the unequal power relationships that often exist in male-female relationships.

Link - Video

In *Once upon a girl*, what kinds of expectations and fears does the young woman have in relation to her first sexual encounter? Does she worry about STIs and HIV/AIDS? What was the discussion between her and her boyfriend about using a condom like? Why didn't they use a condom?

Link - Program H

Section 5 - Activity 8: Want…Don't Want, Want… Don't Want.

Section 1 - Activity 9: Sexuality and Contraception.

Resource Sheet 16 A[20]

Female-initiated prevention methods

The Female Condom

The female condom is a polyurethane sheath or pouch about 17 cm (6.5 inches) in length. Worn by a woman during sex, it entirely lines the vagina and helps to prevent pregnancy and sexually transmitted diseases (STDs) including HIV/AIDS.

At each end of the condom there is a flexible ring. At the closed end of the sheath, the flexible ring is inserted into the vagina to hold the female condom in place. At the other open end of the sheath, the ring stays outside the vulva at the entrance to the vagina. This ring acts as a guide during penetration and it also stops the sheath bunching up inside the vagina.

There is silicone-based lubricant on the inside of the condom, but additional lubrication can be used. The condom does not contain spermicide. The female condom should not be used at the same time as a latex male condom because the friction between the two condoms may cause the condoms to break.

What are the benefits of the female condom?

- Provide women and men with an additional choice to protect themselves from unplanned pregnancy and the transmission of STIs, including HIV/AIDS. With correct and consistent use, the female condom is as effective as other barrier methods.
- A woman can use the female condom if her partner refuses to use the male condom.
- The polyurethane, the material the female condom is made of, is less likely to cause an allergic reaction than a male latex condom.
- It can be inserted up to 8 hours before intercourse so it does not interfere with the moment.
- Polyurethane is thin and conducts heat well so sexual intercourse can still feel sensitive and natural.
- The female condom can be used with oil-based lubricants.
- No special storage requirements are needed because polyurethane is not affected by changes in temperature and dampness. The expiration date for female condoms is 5 years from the date of manufacture.

What are the disadvantages of the female condom?

- The outer ring is visible outside the vagina, which can make some women feel self-conscious.
- The female condom can make noises during intercourse. Adding more lubricant can help this problem.
- Some women find the female condom hard to insert and to remove.
- It has a higher failure rate in preventing pregnancy than non-barrier methods such as the pill, especially if it is not placed properly or if it is not stored properly.
- It is relatively expensive and relatively limited in availability in some countries.

Frequent questions about the female condom

1. Is the female condom uncomfortable? Does it hurt?

In many cultures women are prohibited from touching their genitals and therefore for some women, putting something in their vagina may seem like a strange idea.

[20] Taken from AVERT (www.avert.org) and The Female Health Company (www.femalehealth.org).

However, the material of which the condom is made is very flexible and does not hurt, even if it can be felt inside the body.

2. Can you use the female condom the first time you have sex?

The female condom can be used the first time you have sex. For some women, the insertion of of the condom may cause some bleeding (e.g. through the breaking of the hymen), however this does not mean that the woman lost her virginity because of the condom.

3. Is there a possibility of it coming out of the vagina?

The vagina is a muscle that opens to receive a penis, a condom, a tampon, or another object. Once introduced, the vagina automatically closes around the object.

Microbicides – Helping to Put the Power of Prevention into Women's Hands

Though unavailable for purchase, microbicides are a range of different products that share one common characteristic: the ability to prevent the sexual transmission of HIV and other sexually transmitted diseases (STDs) when applied topically. A microbicide could be produced in many forms, including gels, creams, suppositories, films, or as a sponge or ring that releases the active ingredient over time. Although no safe and effective microbicide is currently available, scientists are currently testing many substances to see whether they help protect against HIV and/or other STDs.

If developed, safe and effective microbicides will fill an important gap in women's ability to prevent HIV/AIDS and other STDs because they will not require a partner's cooperation. When necessary, they will be able to place the power to protect into women's hands.[21]

activity 17

Pregnancy... Yes or no?

Purpose

To discuss the roles and responsibilities of women and men in preventing pregnancy.

Materials required

Copies of Resource Sheet 17A: Joana's Story.

Recommended time

2 hours.

Procedure

1. Distribute (or read aloud) Joana's story from Resource Sheet 17A.

2. Divide the participants into smaller groups and give them 15 minutes to discuss a possible ending to the story. Each group should prepare a skit based on the ending they choose.

3. After each group presents its skit, ask if there are any other possible endings.

4. Ask the participants if they have ever heard of emergency contraception (if it has not already been brought up by the groups). Present the information from Resource Sheet 17B.

5. Ask the participants to imagine that Joana found out that she was pregnant. Tell them to return to their smaller groups and discuss possible endings to the story. Allow 15 minutes for these discussions.

6. Have each group present the endings they created and use the questions below to facilitate a discussion about the role of women and men in preventing and dealing with unplanned pregnancy.

Discussion Questions

- Is this story realistic? Why or why not?
- Do young women worry about unplanned pregnancy? Why or why not?
- Do young women talk to their partners about preventing pregnancy? Why or why not?
- Do young men worry about unplanned pregnancy? Why or why not?
- Do young men generally talk to their partners about preventing pregnancy? Why or why not?
- What is a man's role in preventing pregnancy?
- What type of role should the man have in decisions about emergency contraception?
- What passes through the mind of a young woman when she discovers she is pregnant? How can an unplanned pregnancy change her life? What choices does she have?
- What passes through the mind of a young man when he discovers his partner is pregnant? How can an unplanned-pregnancy change his life? What choices does he have?

[21] Taken from the Global Campaign for Microbicides (www.global-campaign.org).

- How do parents react when their daughter or son faces an unplanned pregnancy?
- What role do parents play in helping to prevent pregnancy among young women and men?
- How can the number of unplanned pregnancies in your community be reduced?
- What options does a woman have when faced with an unplanned pregnancy?
- What have you learned in this activity? Have you learned anything that can be applied in your own life and relationships? Will you make any changes as a result of this activity?

Closing

Just as the decision to have sex should be discussed, so should the decision about contraception and prevention of unplanned pregnancy. For a long time, contraception was seen as the responsibility of the woman, and in many situations this is still the case. However, men should be partners in making decisions about methods, not just for prevention of pregnancy but also for prevention of STIs and HIV/AIDS.

It is always best to plan ahead and practice safer sex, but if and when you find yourselves at risk of an unplanned pregnancy, emergency contraception pills offer an option that, if used correctly, can reduce this risk significantly. In the case of doubts or uncertainties, remember to seek out information from health professionals or other knowledgeable persons in the community.

Link – Program H

Section 1 - Activity 10: Adolescent Pregnancy: Tiago's Story.

Resource Sheet 17 A

Joana's Story

Joana is 17 years old and in her last year of high school. She plans to continue studying and working after she graduates. She participates in school activities, including the school newspaper.

She is a very happy, extroverted, dynamic girl with lots of friends, and is kind to everyone, especially Leo, her boyfriend. They love to spend time together and share many of the same dreams, including one day taking a long trip together.

After they had been dating for a few months, they decided to have sex for the first time. Joana thought it felt strange, but it didn't hurt as much as her friends said it would, nor did she feel nervous about talking with Leo about using a condom.

However, one time while they were having sex, the condom broke and Joana was not using any other type of birth control. They were both very worried, especially since Joana was in the fertile part of her cycle.

A million things started to run through Joana's mind:

"What if I'm pregnant? What will I do?"

Resource Sheet 17 B[22]

What is emergency contraception (EC)?

EC is a contraceptive option that can prevent pregnancy either by taking EC pills within 72 hours or by having an IUD inserted within five days of unprotected sexual intercourse. Depending on when EC is used during the menstrual cycle, it may:

- Stop or delay an egg from being released from the ovary;
- Prevent the sperm from getting to the egg; or
- Stop a fertilized egg from attaching to the uterus.

Can emergency contraception cause an abortion?

No, use of emergency contraception does not cause an abortion. The beginning of pregnancy is medically defined as the implantation of a fertilized egg. EC works before implantation and will not work once a pregnancy has started. Therefore, it cannot be considered abortive. In fact, because EC prevents pregnancy, it reduces the need for induced abortions.

[22] Responses adapted from "Expanding Global Access to Emergency Contraception: A Collaborative Approach to Meeting Women's Needs," Consortium for Emergency Contraception, October 2000, and The Emergency Contraception Website's Frequently Asked Questions: http://ec.princeton.edu/questions/ecstopu.html / as available on the IPPF website.

How is emergency contraception administered?

The most common method of emergency contraception involves taking an elevated dose of regular birth control pills (the Yuzpe regimen). However, because regular birth control pills come in different dosages, it is often confusing for providers and clients alike to figure out how many pills should be taken, as this depends on the brand of birth control pill available. Recently, some dedicated products, which come in the correct dosages for EC, have become available on the market. Additionally, in some countries regular birth control pills come specially packaged in the proper dosages for EC purposes.

How effective is emergency contraception?

When used within three days of unprotected sex, combined emergency contraception pills (which contain levonorgestrel and ethinyl estradiol) are about 75% effective in reducing the chance of pregnancy. The most effective emergency contraception pills are the ones that contain levonorgestrel only; these can reduce the chance of pregnancy by about 85%. Copper-bearing intra-uterine devices (IUDs) can reduce the risk of pregnancy by more than 99%; however, they are most appropriate for women who meet the screening requirements for regular IUD use and who wish to retain the IUD for long-term contraception. EC is not a method of protection against sexually transmitted infections (STIs) or HIV/AIDS.

What are the common side effects associated with emergency contraception?

There are no serious side effects associated with emergency contraception pills. The most common side effects of ECPs are nausea and vomiting, although a small number of women may experience irregular bleeding. Other side effects, which generally resolve within 24 hours, may include abdominal pain, breast tenderness, headache, dizziness, and fatigue.

Is a woman still at risk of pregnancy if she has sex after taking emergency contraception?

Yes. Emergency contraception only protects against pregnancy when a woman takes them after sex. That means she can still get pregnant if she takes emergency contraception and then has sex again without using another kind of contraception or her birth control fails. If she still does not want to get pregnant, she will need to take emergency contraceptive pills again.

activity 18

Alice's secret

Purpose

To discuss abortion from a public health and rights perspective.

Materials required

Copies of Resource Sheet 18A; Optional: flip chart paper and markers.

Recommended time

2 hours.

Planning notes

This can be a very heated and divisive topic. It is important that the facilitator try to not impose her values or take sides but rather, focus on the health and human rights

context. The facilitator should also review Resource Sheet 18B and local laws regarding abortion prior to the activity.

Procedure

1. Distribute (or read aloud) "Alice's Secret" from Resource Sheet 18A.

2. Divide the participants into smaller groups and give them 20 minutes to discuss a possible ending to the story. Each group should put together a presentation, either a skit or a poster.

3. After each group has presented use the following questions to facilitate a discussion.

Discussion Questions

- What options did Alice have when she learned that she was pregnant? What are the implications of each of these options?
- What do you think of the way that Alice's friends and boyfriend responded to her situation?
- Is abortion a topic that concerns men? Why or why not? How should they be involved?
- Do young women in your community face situations similar to that of Alice?
- Do you think the story would be different if Alice lived in a place where abortion was illegal? If yes, how?
- Do you think that women who have abortions feel like Alice does?
- How does society portray women who have abortions?
- Do you think that a woman has the right to decide whether or not to continue with a pregnancy? Why or why not?
- Do you think that women have a right to legal and safe abortions? Why or why not?
- What are some of the challenges that young women in this situation face?
- Do laws on abortion affect women from different socio-economic classes differently?
- Do women who go to medical facilities because of complications due to an abortion (or attempted abortion) generally receive quality medical attention? If not, why? Ideally, how should a woman in this situation be treated?
- How can you help ensure that you and other young women in your community have the necessary information and support in situations like these?

Closing

Women may choose abortion for a variety of reasons: because they do not want children or any more children, because they want to postpone childbearing, because a pregnancy can pose a possible risk to their health or life, or because of coercion, either because they were raped or because a partner is insisting that they have an abortion. Abortion is a reality in every country regardless of its legal status; it is also a very sensitive topic and people often have different moral positions and arguments for or against abortion and a woman's right to choose to have an abortion. Everyone has the right to their own positions and values and those should be respected. However, it is important to also consider the issue of abortion from a public health and human rights perspective. In places where abortion is legally restricted or not universally available, many girls and women die or suffer disabling injuries trying to end unwanted pregnancies. Often, women from upper socio-economic classes are able to access safe abortion services most easily, even in settings where abortion is restricted or illegal, whereas women from lower income classes are usually only able to access safe services where abortion is legally and freely available, and even then they may face obstacles. A woman's right to life and health, as well as her right to make decisions about her own body, must be respected and protected. Since women bear the greatest burden and all the physical risk in pregnancy, childbirth and abortion, ultimately they are the ones to make the decisions about taking these risks. Men, however, share the responsibility for their partner's pregnancies, and it is important that they be involved in supporting women's decisions.

Link - Program H

Section 1 - Activity 11: Men and Abortion.

Resource Sheet 18 A

Alice's story

Tuesday, July 12 (28 days until my birthday).

Dear Diary,

I feel so alone right now. I am in so much pain. I asked my friends for help and that is what I expected - their help! I wanted their support!! Even Peter did not want to be too involved…he told me to have the abortion but then wanted no part of it. He told me that it was my problem and that I would have to resolve it on my own since after all I was already 17 years-old…along with a whole host of other things… but I think he did say one thing that is true. It is my body and in the end I am the one who has to resolve this issue…but what he doesn't understand is that it isn't easy going through this all alone! In the end Anna, my friend from my dance class, was the person who helped me the most. She listened to me and understood when I said that I couldn't have this child now…

I am so sad…what should I do? Who can I turn to? I really want to vent to someone. I can't even consider talking to my mom…just imagine…no, I could never tell her. Dear Diary, only you listen to me…all I can do is cry…(I'll be right back…).

I'm back. I'm a little calmer, but I can't stop thinking about it…At least I was well attended at the clinic. The nurse was very nice, she gave me support and talked to me a lot but didn't ask me loads of questions. I was afraid, embarrassed…I never thought that one day I would have an abortion, but I did. And now? The nurse talked to me about using a contraceptive method and told me that I had to return to the clinic in 15 days for another consultation. That day is approaching and I don't know who will go with me. What should I do? Should I just go alone? Should I beg Peter to go with me? No, I don't want to do that…I don't even know if I want to keep going out with him! He should have known better!

I'm not going to call Anna again…I could call Vivi…she has already been through this! I know she had a really bad experience. She told me that she was treated really badly at the clinic. The doctor kept telling her that she was irresponsible, that in the heat of the moment she didn't think of the consequences and that she had committed a crime. Maybe it's better not to ask Vivi…maybe it's better that I insist that Peter comes with me, that way we can talk a little about what happened…who knows…

Until tomorrow Diary…

Alice

Wednesday, July 13 (27 days until my birthday)

Dear Diary,

I just got in from running some errands for my mom. I am feeling a little better today -thank goodness!

You know Diary, yesterday Anna told me that she gets together with a group of girls just to discuss this sort of thing…They talk about health, sexuality, condoms, and other things that we women feel and think. I think I am going to try to join the group…who knows, I might not feel so alone if I were able to speak with them…(I'll be right back, the phone is ringing).

I'm back. It was Anna telling me that they are going to have a meeting tomorrow after our dance class. I think I am going to go…Anna is such a great friend…Now I'm going to sleep. I'm tired and I'm hoping for sweet dreams. See ya Diary. Goodnight.

Alice

Resource Sheet 18 B

The rates of abortions among adolescents vary from country to country, from countries with low rates, like Germany (3 abortions for every 1,000 women 15 to 19 years old) and Japan (6 out of each 1,000) to countries with much higher rates like Brazil (32 out of every 1,000) and the United States (36 out of every 1,000)[23]. It is estimated that approximately 4.2 million women in Latin America and in the Caribbean undergo abortions every year, of which 95 % are carried out illegally.[24] Moreover, approximately 21% of child bearing related deaths in the region (six thousand per year) "are attributed to complications arising from unsafe abortions as a result of the restrictive laws regarding abortion."[25]

Despite evidence that the physical, emotional and mental health of thousands of women around the world is at jeopardy when abortions are improperly carried out or are made illegal, abortion continues to be a highly controversial subject, often raising moral, religious, ethical, and legal questions. On one side, there are those who recognize abortion as a public health issue and as a basic sexual and reproductive right of women. There are also, however, many who believe that abortion should be illegal and criminalized. Criminalizing abortion, however, does not prevent women from seeking out the procedure. Rather, it contributes to the precariousness of the situations in which the procedure may be carried out, putting health and even the lives of these women at risk. Moreover, the women who are most often at risk of unsafe abortions are low-income and socially marginalized women.

Discussion of abortion should be contextualized within broader discussions of sexual and reproductive rights, including access to safe and adequate health services and family planning methods. In the case of adolescents and young people, it is important to discuss their specific necessities and the obstacles they face to obtaining proper information and the adult-centric vision which often appears when discussing the sexual and reproductive rights of this age group.

Youth access to health services

- It is necessary to emphasize that abortion's illegality condemns all women. In many cases, women attending obstetrical emergency services while undergoing a provoked or unprovoked abortion, or suffering complications resulting from the abortion, are treated like criminals. They are often the last ones to be attended, to the point where many experience further complications or die.
- Health service facilities, in general, must be professional, discerning and respectful. When an adolescent or adult woman undergoing an abortion reaches a health service facility, the most important thing is that she be properly treated and not judged. Health service professionals should support her, reinforce her self-esteem, listen attentively to what she says, and show that what she is saying is understood and valid. Neither a woman's age nor the age difference between her and her doctor justify the imposition of the values and point of view of the health professional on the patient.
- When dealing with adolescents, it is important to value their feelings and concerns. One of these major concerns is about privacy. Young people need to feel confident that no action will be taken without their prior knowledge or approval, including contacting their family.
- Health professionals should recognize the pressures and constraints that young people encounter, including some of the difficulties they face when choosing and using a contraceptive method. These include:
  - Access and availability: few services are available for adolescents and the costs of these methods are often prohibitive;
  - Gender relations: different social expectations for women and men make discussions regarding sex between adolescents difficult, including discussing contraceptive methods;
  - Fear of rejection: girls may be afraid of losing their boyfriends, and boys may also think that talking about contraceptives can jeopardize the sexual relationship.

The quality of the attention given to the young woman - and her partner - after the abortion will influence their future decisions regarding their sexual and reproductive behavior.

Studies have demonstrated that when partners participate equally in the selection of contraceptive methods, its use becomes more prolonged and efficient. As such, working with adolescents to understand and challenge traditional gender roles is an important strategy in reducing rates of abortions and related complications. If the intent is to increase the participation of the adolescent and her partner in their own reproductive health care, the service offered must be more than just clinical, but also educational, situation within a gender-aware perspective.

[23] Rede Nacional Feminista de Saúde, 2003.
[24] WHO 1998.
[25] Rede Nacional Feminista de Saúde e Direitos Sexuais e Reprodutivos. Dossiê Aborto Inseguro. Panorama do Aborto no Brasil. Disponível em www.redesaude.org.br acessado em 04/02/2005.

In Latin America and the Caribbean, pro-choice activists have encountered many cultural, theological, and social barriers to promoting safe access to abortion services. Latin America is a paradox when it comes to abortion - it is illegal and criminalized in most of the region, yet this region still ranks as one of the areas where the highest number of abortions take place. The illegal status of abortion paves the way for millions of unsafe, dangerous abortions which put many women at risk. Some progress has been made in recent years, but policies and practices in the region still remain very restrictive.

- Mexico, abortion is allowed in the case of rape and to protect the life of the pregnant woman, although, according to Human Rights Watch, some local government officials discourage rape victims from seeking legal abortions, in some cases by threatening the women with imprisonment. Some states also allow abortion to protect the woman's physical or mental health, or in cases involving fetal abnormalities. In 2007, Mexico City's legislative assembly voted to legalize abortion in the city.
- In Brazil, legal abortion is available only in cases involving rape or when a woman's life is in danger. Furthermore, the process of obtaining a legal abortion is difficult and this leads to many illegal abortions, in many cases using the drug Cytotec to induce miscarriage.
- Chile recently made news when President Michelle Bachelet authorized government distribution of the morning-after contraception pill to women age 14 and older. Abortion, however, is illegal in all cases.
- In Columbia, abortion can be performed when a woman's life or physical or mental health is in danger.
- Nicaragua recently passed new legislation banning abortion in all circumstances. Some health experts estimate the number of illegal abortions to be more than 30,000 a year.
- In Venezuela, abortion is illegal except when the woman's life is at risk.
- In the Caribbean islands of Antigua, Barbados, St. Vincent, and Trinidad-Tobago, laws forbid abortion except to save the life of the mother; however, there is much discussion of granting abortions when the physical or mental health of the mother is endangered.

activity 19

Sexual diversity

Purpose

To promote respect for sexual diversity and reflections on the consequences of homophobia on individuals, relationships, and communities.

Materials required

Flip chart paper and markers.

Recommended time

2 hours.

Planning notes

It is important that the facilitator be accepting and comfortable with this topic, as it can be extremely sensitive, and it might be helpful to first identify common myths and misunderstandings about sexual orientation that can be integrated and addressed in the discussion. Prior to the session, the facilitator should also research information regarding local laws and movements that promote the rights of gay individuals and couples and resources such as local organizations or websites on sexual orientation and rights that can be shared with participants.

Procedure

1. Do not tell the participants the purpose of the activity. Explain only that you are going to discuss the different kinds of romantic and sexual relationships that people can have.

2. Draw a table with three columns.

3. Ask the group for characteristics of a relationship in which two people care for each other – it could be a marriage or other intimate relationship.

4. Write the characteristics as they are named in the first column.

5. Ask the group for the names of the individuals in the relationship for which characteristics were just provided in column one. Write the names of this couple at the top of the column.

6. If the group provides the names of a heterosexual couple, write the name of the woman in column two and another arbitrary female name to form a couple. The facilitator should then discuss with the group if the characteristics listed for the couple in column one can also fit with the couple in column two. Follow the same procedure for a male couple in column three.

Example: If the group suggests the names John and Valerie for the couple in column 1, the facilitator should write Valerie and Maria in column two, and then John and Peter in column three.

7. If the group suggests either a male or female homosexual couple, the facilitator should put the name of a heterosexual couple in column two and the names of a male or female homosexual couple in column three (depending on the names that were initially provided for column one).

8. Use the questions below to facilitate a discussion.

Discussion Questions

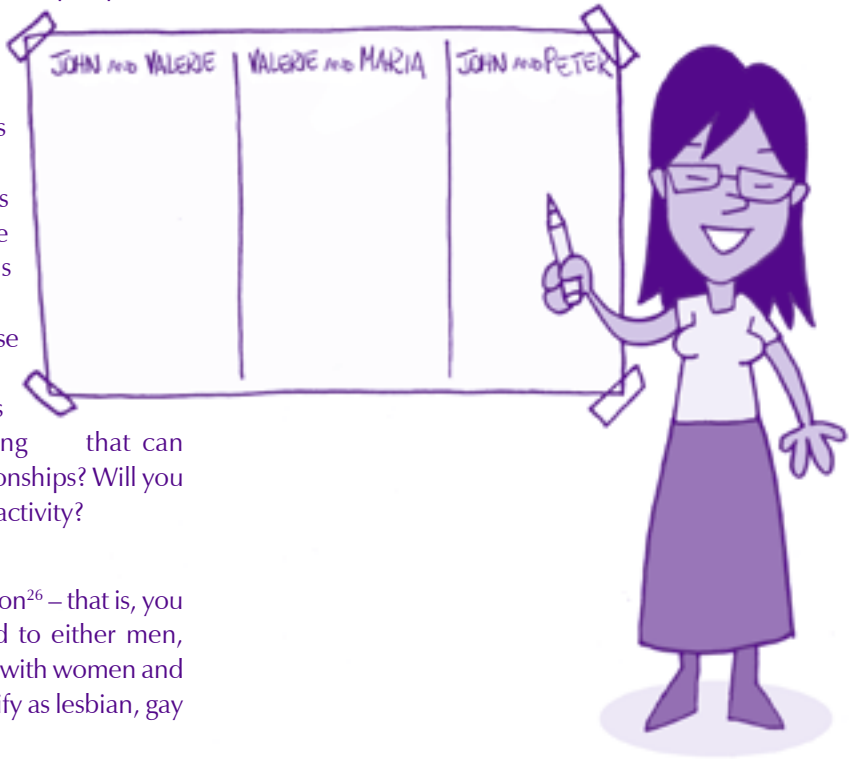
- How are these three relationships similar?
- How are these three relationships different?
- Does society view these three couples differently? Why or why not?
- Do you believe that women and men have the right to be affectionate and sexually intimate with people of their same sex? Why or why not?
- What are some common prejudices that lesbian women face?
- What are some common prejudices that gay men face?
- What kinds of prejudices or challenges do lesbian women and gay men face from their families? Schools? Friends and peers?
- What are the consequences of these prejudices?
- What have you learned during this activity? Have you learned anything that can be applied to your own life and relationships? Will you make any changes as a result of this activity?

Closing

Nearly everyone has a sexual orientation[26] – that is, you are romantically and sexually attracted to either men, women, or both. Women who have sex with women and men who have sex with men may identify as lesbian, gay or bisexual – or they may not use any label at all. Although we do not know precisely what determines a person's sexual orientation, we do know that is formed early in life, is not chosen by the person, and cannot be changed, although because of social taboos and homophobia, it might be hidden. Such social taboos and homophobia can put gay and lesbian youth at particular risk for violence, discrimination, depression, and self-destructive behaviors like drug and alcohol abuse or suicide. It is important to work to dispel myths and promote respect for the right of women and men to express their sexual orientation free from discrimination.

Other links

The video *Afraid of What?* tells the story of a young gay man and helps to promote discussions about homophobia and its consequences on individuals and relationships, including with friends and family (Produced by the H Alliance. For more information visit www.promundo.org.br).



Lesbophobia: While the etymology, or roots, of the word indicates a fear of lesbians, the term has come to be used to describe the rejection and/or aversion to these women and their sexuality. Lesbophobia is often manifested in discriminatory actions, frequently violent, that indicate hatred based solely on the sexual orientation of the women.

Homophobia: While the etymology, or roots, of the word denotes a fear of homosexuals (gays and lesbians), the term has come to describe the rejection and/or aversion to these individuals and homosexuality, found in new dictionaries. Homophobia often manifests as discriminatory actions that are frequently violent, that indicate hatred based solely on the sexual orientation of the individual.

Source: Glossary of Gay, Lesbian, Bisexual, and Transgender Terms http://www.opusgay.org/legal/files/dicionario_termos_gay_lesbico_transexual.htm (Portuguese).

[26] Asexuals are individuals who do not experience sexual attraction.

Motherhood and Caregiving

Historically and culturally, we often associate the image of a woman with that of a mother, as if the two identities were inseparable. It is even common to hear the saying "a woman without children is like a tree without fruit." From an early age, when girls are given dolls to play with, they are rehearsing the socially expected roles for women of mother and caregiver. However, not every woman wants to be a mother and the decision of if and when a woman should have children should be based on the individual desires of each woman and not on socially constructed ideals about women and motherhood.

Pregnancy and maternity in adolescence

Despite increasing attention to adolescent pregnancy (pregnancy up to 19 years of age) in the last few decades, it is not a new phenomenon. Rather, it is only in the last few decades that adolescent pregnancy has been classified as a social problem. This shift has occurred as a result of changing norms about the experience of adolescence and the role of women. For a long time, the age range that we thought of when we used the term "adolescent" or "teen" pregnancy" was considered the ideal age for women to have children. However, changing expectations about women's educational and professional achievements and the availability of contraceptives (e.g. the pill, diaphragm, and condom) have led to changes in views about the ideal age for women to have children. Adolescent pregnancy is thus now most often associated with loss of educational and professional opportunities and a general loss of choices in a young woman´s life.

Current discussion and concerns about adolescent pregnancy are also linked to the creation of the concept of adolescence, which came into existence in the second half of of the 20th century as an intermediate phase between infancy and adult life, when hormonal changes cause the body to mature from a child's to an adult's. This new classification of the phases of human development also entailed a change in the social expectations and norms for individuals experiencing these physical changes. Although adolescents may have many of the cognitive and emotional abilities necessary to enter the adult world, they are expected to use this phase of life to prepare themselves (e.g. academically, socially) to better ensure success as adults. With the creation of adolescence, the passage into adulthood became more complex, requiring a longer period of dependency on parents and families and delaying the age range considered ideal for reproduction.

With adolescence now defined as a a transition period between childhood and adulthood, researchers began to describe this period as a time of rebellion and impulsiveness, in life and more specifically in sex (Bock 2001). As a result, adolescent pregnancy became associated with irresponsibility, impulsiveness, the break up of family structures, lack of information, and poverty.

However, the reasons for adolescent pregnancy are varied and complex. On one hand, there are many adolescent pregnancies which are planned, most commonly among individuals whose life plans and expectations may not include higher studies or formal careers. On the other hand, unplanned adolescent pregnancies can result from a lack of information about sexuality, reproductive health and contraceptive methods. These unplanned pregnancies can also happen when young women are inhibited, afraid or otherwise unable to negotiated the use of birth control with their partners.

Contraception, however, is not only the woman's responsibility: in any relationship, the decisions around sexual and reproductive health belong to both partners. Even though this manual is meant for working with young women (or possibly because of this reason!), it is important to note that not every adolescent or young father is absent or irresponsible. Many fathers (young or adult) who have children with adolescent women want to challenge cultural norms that say that a man cannot and should not participate child rearing and other domestic work.

Regardless of the circumstance of an adolescent pregnancy, it is important to support both the pregnant adolescent and her partner. This does not necessarily mean encouraging pregnancy among adolescents, but creating conditions so that this process does not result in any physical, psychosocial, or social problems. This support should include educational support that allows adolescent and young mothers to access and pursue educational and other professional and social opportunities.

Dominant tendencies in understanding of adolescent pregnancy

1930s and 40s: adolescent pregnancy is viewed from the perspective of biological risk.

1950s: in American hospitals and clinics, pregnancy and adolescence begin to be treated jointly as an obstetrical and pediatric issue, with the focus being on prevention.

1950s and 1960s: the pregnant adolescent is portrayed as a problem.

1970s: the first community-based proposals for dealing with this issue arise.

1980s: Public health strategies are directed to the most vulnerable groups of society with a focus towards preventing pregnancy regardless of the adolescents will.

1990s: prevention strategies are strengthened and criticisms of traditional Public Health discourse about adolescent pregnancies increase. Questioning of the negative and moralistic views that narrowly defined adolescent pregnancy as an avoidable problem.

Source: Based on the analysis of Alberto Reis (1993) and articles indexed by index medicus[27] under the topic adolescent pregnancy.

activity 20

Snapshots from a pregnancy

Purpose

To raise young women's awareness of pregnancy, childbirth, and the postpartum period, as well as the importance of male involvement.

Materials required

Flip chart paper and markers.

Recommended time

2 hours.

Procedure

1. Brainstorm with the participants a list of the various stages of pregnancy, from conception to postpartum (the period beginning immediately after childbirth and extending for about six weeks). Write the stages on a piece of flip chart paper for the participants to refer to during the next steps of the activity. (See box Trimesters of a Pregnancy)

2. Divide the participants into two groups. Explain that the first group should discuss the different stages of pregnancy and that the second group should discuss childbirth and the postpartum period (both in the home and at health care facilities). Tell the groups that they should develop five frozen scenes that represent different experiences from the stages which they are discussing. The scenes should be presented without movement or speaking, similar to a photograph, and in the order that the stages would actually occur.

3. Allow 25 minutes for the groups to discuss the stages and develop the frozen scenes.

4. Invite the groups to present the scenes they developed. Remind the participants that they should not speak during the presentation of their group's scenes. Ask them to try to hold each scene for 30 seconds. As each group presents its scenes, the facilitator should ask the other group the following questions:

a. What does this scene represent?

b. Where is it taking place?

c. Who is present? (the woman, her partner, doctors, friends, etc.)

d. What might the characters be saying to each other?

Note: If necessary, the participants can be asked to hold a scene for 2-3 minutes. However, this time should not be exceeded so as not to tire the participants.

5. After the presentation and discussion of the scenes, use the questions below to facilitate a discussion.

[27] The index medicus catalogues are international publications from the field of medicine.

Discussion Questions

- What stages of pregnancy were presented? What are the similarities and differences between the various stages of pregnancy?
- Did the scenes include women seeking health care services? What kinds of services?
- Are these services easily available in your community? Do women generally seek them?
- In the scenes presented, were there any situations of negligence, discrimination, or bad care on the part of the health professionals? Does this happen in real life? What can women do in these situations? (See Text Box - The Humanization of Childbirth)
- How old were the women who were represented in the images? Do you think that young and adult women have different experiences with pregnancy? Do you think they are treated differently by health care providers? Why or why not? Do you think they are treated differently by their families and communities? Why or why not?
- Were the women's partners also present in the scenes depicted?
- In real life, do men participate in the different stages of a woman's pregnancy? If so, when and how? If not, why not? (See Text Box – Fathers during gestation, birth and the post-partum period)
- Does a woman have the right to have someone accompany her during pre-natal visits? How about during childbirth?
- Why is it important that the woman's partner/companion accompany and support her during prenatal, childbirth, and the postpartum period?
- What are the benefits of men being involved in these different stages?
- How can women involve their partners in the different stages of pregnancy, childbirth, and postpartum?
- How can you ensure that you and other women in your community have the necessary information and support to keep safe and healthy during pregnancy and childbirth?

Closing

Throughout the world there is too little awareness of the rights that pregnant women have, including the right to quality care and the presence of a partner or companion during the birth. These rights should be guaranteed to all women, independent of age, race or class and it is important that you help to create awareness of these rights amongst women and men in your communities.

Link - Program H

Section 2 - Activity 8: The Egyptian Mural: Adolescent Pregnancy.

Trimesters of Pregnancy[28]

There are three stages of pregnancy, which are called trimesters. Each trimester is three months long. The word "trimester" comes from a Latin word meaning "three months long." The three trimesters of pregnancy are a way of dividing up the 40 weeks into smaller, separate stages. The first trimester is the early stage of pregnancy from conception to 12 weeks gestation. During the first trimester, both the mother's body and the fetus are changing rapidly. Common signs of early pregnancy in women include: nausea sometimes coupled with vomiting, commonly known as morning sickness; food aversions and cravings; heartburn and indigestion; fatigue; tender breasts; complexion problems; a need to urinate often; constipation; headaches, dizziness, or faintness. For the fetus, the most dramatic changes and development occur during the first trimester. It is during this first trimester that the fetus is most susceptible to damage from substances such as alcohol, drugs, certain medications, and illnesses such as rubella (German measles).

During the second trimester, women may notice the abdomen beginning to swell. For the fetus, growth

[28] Taken from http://womens-health.health-cares.net/pregnancy-stages.php.

continues quickly from this point until birth - organs such as the heart and kidneys develop further, eyebrows and fingernails form, the skin is wrinkled and covered with fine hair, periods of activity and quiet occur as the fetus moves, kicks, sleeps, and wakes. The umbilical cord continues to thicken as it carries nourishment to the fetus. However, harmful substances also pass through the umbilical cord to the fetus, so care should be taken to avoid alcohol, tobacco, and other known hazards. The second trimester is the least physically uncomfortable for most women. Morning sickness usually abates by this time, and the extreme fatigue and breast tenderness usually subside.

The third trimester of pregnancy generally spans weeks 28 through 40, though healthy babies may be born a bit sooner or later. Although most women undergo many of the same physical changes during this time, no two pregnancies are alike. The fetus is continuing to grow in weight and size, and the body systems finish maturing. The mother may feel more uncomfortable now as she continues to gain weight and begins to have false labor contractions (called Braxton-Hicks contractions).

Some women become increasingly uncomfortable as their due date nears. As the fetus grows in size and crowds the abdominal cavity, some mothers-to-be have difficulty taking deep breaths or getting comfortable at night for sleep, while others experience little discomfort as they anxiously await the arrival of their new son or daughter.

During the third trimester, it is a good idea to start taking childbirth classes in preparation for the big day - especially in the case of first pregnancies. If you plan to breastfeed, taking a breastfeeding class may also be helpful.

A father's role during gestation, birth, and the postpartum period[29]

It is important for men to have the opportunity to develop the skills necessary to be good fathers and to be involved in the many aspects of their children's lives. Fathers should be allowed and encouraged to experience the joys of the birth and growth of their children. These experiences should be shared with the mother, regardless of whether or not they are in a relationship together.

It is important to remember that:

- A father has the right to participate in prenatal care, which can be very important for the man, woman, and child. He has the right to be informed about the progress of the pregnancy, the health of the fetus, and any potential problems that might appear during gestation.
- During childbirth, a father has the right to be recognized as the father, not a visitor, at the health care facility.
- A father has the right to be present during any postpartum consultations so that he can receive information about caring for the baby.

[29] Text taken from the pamphlet: "Paternidade: uma questão política," Instituto PAPAI/Brasil (2002).

The Humanization of Childbirth[30]

The humanization of childbirth involves recognizing the basic rights that should be guaranteed to all women during pregnancy and childbirth. These include: the right to choose her birth setting; the right to have a partner or other companion of her choice present during labor and birth; the right to be attended by skilled and compassionate health care professionals; the right to accept or refuse procedures, drugs, tests and treatments and to have her choices honored; the right to receive complete information in advance about the risks and benefits of available methods for relieving pain during labor and birth, including methods that do not require the use of drugs; the right to give birth in the position of her choosing, unencumbered by tubes, wires or other apparatuses.

Unfortunately, many women in many settings do not have these rights honored, and there is still limited recognition of this problem. Several procedures which have been shown to be dangerous and ineffective continue to be used in many health care facilities, despite the fact that they should have been eliminated long ago. Some examples include: immobilization; horizontal positioning during birth; routine use of enemas (intestinal washing), shaving the mother's pubic hair and episiotomies (cutting and stitching of the vulva and vagina); administration of oxytocin to induce labor; and forcing a woman to push.

activity 21:

Being a mother

Purpose

To discuss the experience of motherhood and the social and cultural expectations related to being a mother.

Materials required

None; Optional: paper and pen.

Recommended time

2 hours.

Procedure

1. Divide the participants into two groups.

2. Explain that each group should come up with a story about a mother. Emphasize that the only information they have is that the person is a mother, everything else they should discuss and create. Tell them that the following questions should help guide their discussion:

a. What is her name and age?
b. Where does she live?
c. What does she look like?
d. What does she like to do?
e. Did she plan to be a mother?
f. How many children does she have?
g. Does she study or work outside the home?
h. Does she live with her partner?
i. What will she be doing in 5 years? In 20 years?
j. In general, what is her experience in being a mother?

3. Ask each group to present a presentation based on the story they created. They can write it down to read aloud to the group or develop a skit to act out.

4. After the presentation of these stories, use the questions below to facilitate a discussion.

Discussion Questions

- Are the mothers in the stories idealistic or realistic?
- What were some similarities and differences between the stories?
- Does the mother in the story have characteristics in common with the women in the group? Which? Does she have characteristics that are different? Which?
- Should all women be mothers? Why or why not? How do people respond to women who do not want to have children?
- How should men be involved in decisions about motherhood?
- When a woman becomes a mother, what does the community expect from her?
- How does the community see a woman who does not have children? Is it different when it is by her choice than when it is because she cannot get pregnant?
- Are expectations of being a mother today similar to expectations in the past? Are they different? How?
- Are expectations of being a mother different from expectations of being a father? In what ways? What do you think about this?
- How can we be more accepting and supportive of women's decisions about motherhood?
- What have you learned in this activity? Have you learned anything that can be applied to your own life

[30] Dossiê Humanização do Parto, adapted by Rede Feminista de Saúde, Direitos Sexuais e Direitos Reprodutivos – São Paulo, Brasil, 2002; Our bodies, ourselves: a new edition for a new era/ The Boston women's health book collective – 2005.

and relationships? Will you make any changes as a result of this activity?

Closing

In the last fifty to sixty years, women's choices in motherhood have changed significantly. Historically, rigid social roles and the lack of access to birth control meant that women had little control of if and when they had children. Although some women today do have more control and choices regarding motherhood, many women still do not. Many families and cultures still see being a mother as central to a woman's identity and fulfillment. Moreover, certain models of mothers – for example, those who sacrifice all for their children and family – are idealized and others – those who work outside their homes – are often criticized. It is important that each woman decide for herself if and how she wants to be a mother, and keep in mind that while caring for others can be very fulfilling, it is important to also take care of herself.

Link – Manual

The activities on work, particularly *Activity 29: What is a woman's work?*, can provide an opportunity to further discuss the challenges involved with balancing motherhood and work outside the home, as well as the importance of sharing childcare and domestic responsibilities with men.

activity 22

All at the same time

Purpose

To discuss the multiple roles and responsibilities that women often take on and the importance of sharing childcare and domestic responsibilities with men.

Materials required

Pens or pencils and copies of Resource Sheet 22.

Recommended time

2 hours.

Planning notes

Prior to the session, the facilitator should research national laws and policies related to maternity and paternity leave that can be shared with participants.

Procedure

Part 1- Women's and Men's roles in childcare

1. Divide the participants into three smaller groups. Ask one of the groups to leave the room for a few moments. Tell the other two groups that one will represent "men with children" and the other will represent "women with children." Ask the third group to come back in to the room and tell them that they will be the "audience." Note: It is important that the "audience" group does not know the assignments that the other groups have received.

2. Tell the first two groups to move to opposite corners of the room. Explain that you are going to call out different times of the day and they should silently act out the activity that they would be engaged in at that particular time depending on if they are women with children or men with children. The third group will be responsible for observing the activities that the two groups represent at different times of the day.

3. Call out different times of the day, for example: 5am, 10am, Noon, 3pm, 5pm and 10pm. As you call out each time, the first two groups should start to mimic the activities that women with children or men with children would be carrying out at that particular time of day. Allow a few minutes for them to continue mimicking the activities associated with a particular time before calling out another time of day. The facilitator can also call out more specific times and days, for example: 6am on a holiday. Noon on a Saturday, 3pm on a Monday. Remind the third group that they should observe both groups and identify the similarities and differences to comment on afterwards.

4. Ask the third group, the one assigned as "audience," to share some of the similarities and differences they observed with the larger group. Ask them if they thought that the representation of activities accurately mimicked what happens in their homes and communities.

5. After a brief discussion about this part of the activity, explain that the group is going to do one more activity to highlight the differences in men's and women's participation in childcare and domestic tasks.

Part 2 - Roles, responsibilities and opportunities: Taking count

6. Tell the participants to remain in their three smaller groups or divide them into three different groups.

7. Distribute copies of Resource Sheet 22.

8. Explain that each group should discuss and try to respond to all of the questions on the resource sheet. Allow 25 minutes for these small group discussions. For low literacy groups the facilitator should read the questions aloud.

9. Ask the groups to present their responses to the questions and write these responses on a piece of flip chart paper.

10. Use the questions below to facilitate a discussion about the roles of women and men in childcare and domestic tasks. Encourage the participants to make connections to both activities in this session.

Discussion Questions

- What are the differences in men's and women's participation in childcare?
- How are these differences related to men's and women's different roles and opportunities outside the home (e.g school, workplace)?
- In your opinion, what kind of rights should women have in terms of maternity and work? And what kinds of rights should men have in terms of paternity and work? (If possible, the facilitator should contribute to this discussion with information on national laws on maternity and paternity leave).
- Is it possible for a young woman to be a mother, to study, and to work? What kind of support does she need?
- Are some responsibilities more important than others?
- What do women generally expect from men in terms of their participation in childcare?
- Are men just as capable of caring for children as women are? Why or why not?
- What do women generally expect from men in terms of doing household chores?
- Are men just as capable of doing household chores as women are? Why or why not?
- Is it important for women and their partners to be able to share childcare and household chores? Why or why not?
- When a man is unemployed, does he contribute to the household chores?
- What are the benefits of women and men equally sharing childcare and household responsibilities?
- How can a woman find time to take care of herself amidst all of her other responsibilities?
- How can a man find the time to care for himself, the children and take care of other responsibilities?
- What have you learned during this discussion? How can it help you make changes in your own life and relationships?

Closing

Women often balance many roles and responsibilities – inside and outside the home. In terms of childcare, it is often women who take on the primary responsibilities. It is important to remember, however, that if and how a father is involved in childcare is not linked exclusively to biological characteristics, but depends more on how men and women are raised and whether they are raised to believe that men can also take care of children. Although girls and women are frequently brought up from an early age to care for children, men can also learn to care for a child – and learn to do it well. As mothers, sisters and wives, you can help to encourage boys and men to participate in the care of siblings and other children so that they can practice the skills necessary to be good fathers and care-givers.

Link – Manual

The activities in the section on work provide an opportunity to further explore many of the issues raised in this activity on women's and men's roles and responsibilities in the domestic sphere.

Link - Program H

All of the activities in *Section 2 – Fatherhood and Caregiving*.

Resource Sheet 22

Roles and responsibilities: Taking inventory

Questions	Men	Women	Both
1) Who spends more time in school over the course of their lives?			
2) Who misses work more often to take care of sick children or other relatives?			
3) Who generally takes the children to the doctor's office and to school meetings?			
4) Who generally manages the household finances?			
5) Who generally earns a lower salary?			
6) Who generally occupies the upper management positions in businesses and government?			
7) Who is generally responsible for the education of the children?			
8) Who is generally responsible for the daily household chores?			
9) Who generally has more leisure time?			
10) Who generally has guardianship of the children?			

Preventing and Living with HIV/AIDS

In order to understand female vulnerability to HIV, we need to consider the socialization of boys and girls and the power dynamics that shape gender relations, including the norms that promote aggressiveness among men and passivity among women. Moreover, strengthening young women´s abilities to understand their own sexuality, address their sexual and reproductive health needs, and recognize methods of preventing STDs are crucial steps in slowing the growth of HIV among youth and the poor.

Young Women and the HIV epidemic

The prevalence of HIV/AIDS among youth around the world has risen rapidly – 67% of those recently infected in developing countries are youth between the ages of 15 and 24 (UNAIDS 2004). Young women are particularly vulnerable, being three times more likely to be infected with HIV than young men and making up 64% of the young population currently living with HIV and AIDS in developing countries (UNAIDS 2005).

Social inequalities between men and women often put women, especially young women, at a disadvantage to negotiate for safer sexual practices. In many settings, men and women are raised to believe that men have the right to sexual relations with women (be they girlfriends, casual partners or wives) without taking into account whether the women are also interested in sex. Silence in relation to female sexuality increases women's vulnerability to STDs, unwanted pregnancy and other ills: where there are fewer chances to talk about sexuality, there are fewer opportunities for women to reflect about safer and more pleasurable sexual practices.

At the beginning of the epidemic, it was thought that only partners of drug users or women involved in prostitution were at risk of HIV – that is, there was a focus on "risk groups." This concept then evolved into "risk behaviors" and subsequently to "vulnerability." This change in terminology is driven by the desire to avoid the stigmatization of those individuals in the so-called "risk groups" and emphasize the socio-cultural and economic factors that hinder the practice or use of prevention methods. Indeed, since the early 1990's, research has pointed towards the feminization, pauperization, ruralization and "youthening" of the epidemic, that is, the increased vulnerability and infection rates, respectively, among women, lower-income groups, rural populations, and youth.

Young women are especially vulnerable to HIV due to a combination of biological, social, cultural and economic factors. The risk of women contracting the HIV virus during unprotected vaginal intercourse is two to four times greater than for men. This physiological vulnerability is heightened by inequitable social norms which curtail women´s decision-making and negotiation power. Many women cannot negotiate a safe sexual relationship for fear of reprisals from partners, and in many cases, fear of abandonment by a partner keeps women in unprotected sexual relationships. Sexual coercion and violence, as extreme forms of power imbalance, are also associated with decreased condom use, and in the case of forced sex, can increase the likelihood of HIV transmission due to injury to the genital tract and anus. Furthermore, violence can interfere with a woman's ability to access services including testing and treatment, maintain adherence to ARV treatment, and/or carry out her infant feeding choices.

Many HIV positive women are infected by their long-term partners, and in many places the HIV prevalence among married women is greater than that among single sexually active women (UNAIDS 2004). Young married women are particularly vulnerable, as marriage itself often results in an increase of unprotected sex partly due to the pressure for child-bearing. Also, the prevalent idea that the use of condoms is linked to infidelity can cause uneasiness and make discussions regarding the use of this method more difficult. The possibility of a violent reaction from their partner also lessens the chance that young women will suggest using condoms.

Finally, in some parts of the world, religious taboos contribute to women's vulnerability to HIV and AIDS. Many young women grow up in societies dominated by religions, cultural taboos, and other social mechanisms that accept the subordination of women and ban the use of condoms. Different types of fundamentalism create strong barriers to young women freely experiencing desire, pleasure and other basic human rights. In a more extreme example, in some countries women endure genital mutilation designed to reduce or eliminate their experience of sexual pleasure.

Still, it is important to note that religion and condoms are not always contradictory. In some communities in Rio de Janeiro, Brazil, for example, religious leaders worried about the lives of their congregation have inserted discussions about condoms into their sermons (Edmundo et al 2003). Another initiative, called "Catholics for a Free Choice", developed the campaign "Condoms4Life", a global effort to raise consciousness about the negative effects of the prohibition of condoms by Catholic bishops. Initially the campaign was launched under the slogan "Banning Condoms Kills" in an effort to change the Vatican's policy against the availability of condoms in the areas at greatest risk (Sandillo 2004).[31] [32]

Young Women and HIV Prevention

In order to prevent HIV among young women, we must promote young women's access to information about sexuality and their ability to make decisions about their own bodies and health. Additionally, we must address broader socio-economic vulnerabilities, including access to quality health services and user-friendly prevention methods like the female condom and microbicides (see page 67).

The main method of preventing HIV among sexually active people is the condom, a barrier method that impedes the entrance of the virus and other sexually transmitted diseases into the body. The oldest condom is the male condom, and studies have dated its origin to Ancient Egypt. The majority of condoms are made of latex, but there are also condoms available in polyurethane, a material that is thinner and permits greater exchange of heat between bodies.

The female condom (see Resource Sheet 16A) is another option for the prevention of HIV if a couple engages in vaginal penetration and can be a tool for promoting the self-confidence and sexual autonomy of women, as well as promoting equity in sexual relations. The female condom can increase a woman's ability to negotiate condom use, and the fact that it can be inserted into the vagina up to 8 hours before the act can help to decrease both male resistance and the awkwardness of negotiation in the "heat of the moment". The female condom has only one size, but the ring is quite large and does not constrict the penis. It also adheres very well to the vaginal walls. With the female condom, women can take a more active role in using prevention methods that preserve their sexual and reproductive health. However, it is important that the promotion of the female condom does not result in placing an even greater responsibility than already exists on the woman in terms of sexual and reproductive health.

HIV testing is also an important tool in the prevention of HIV, as it allows individuals to make plans for treatment and for the prevention of new infections. A couple in which both are HIV positive should continue to use condoms, to avoid increasing the viral load of both. The HIV test should not be seen in a negative light, nor should it become a source of unreasonable anxiety. To that end, we must highlight the need for testing as a form of caring for ourselves and others.

[31] The campaign was supported by Catholics for Free Choice and implemented up to the present date in the United Status, Latin America, Europ, Africa and Asia. For more information consult the site www.condoms4life.org.
[32] Sandillo J. Condones por la vida: un esfuerzo mundial. In Catholics for Free Choice. Conciencia Latinoamericana, Diciembre de 2004. pag. 40.

The promotion of condom use and HIV testing are important measures in curbing the HIV epidemic, but are not in and of themselves sufficient. We must also activate other mechanisms of protection and health promotion, including the construction of community support networks, challenging sexual stereotypes, and promoting the autonomy and empowerment of young women. The inclusion of men in prevention activities is also important in health care, as the prevention of HIV is relational, meaning that it involves measures that deal with the relationships between partners.

Caregiving in the HIV epidemic

The role of women is fundamental in caring for those living with HIV. In many counties with large numbers of children who have been orphaned by AIDS, grandmothers have been central to the response. In this way, the greatest share of the social burden of the AIDS epidemic falls upon women, especially in families that live in poverty. It is thus fundamental to encourage male caregiving and the strengthening of women who find themselves in poverty through income generation and participation in political mobilization and advocacy. Men are clearly capable of caring for children and family members who are living with AIDS. It is necessary to open spaces for discussing how to involve them in this.

Female caregiving, if accompanied by reflection and community mobilization, can have an empowering effect on women. In Rio de Janeiro, Brazil, people living with HIV have mobilized around the prevention and caregiving efforts of some women, especially community leaders, who are recognized for their role in promoting the health of the community (Fonseca, 2004). These women play an important educational role in the community, through their participation in church or community associations, and theses roles have helped to change their own attitudes about sexuality and respecting differences (Fonseca, 2004). Following this example, women's care-giving should be recognized and valued and their experiences should be utilized when developing responses to the HIV epidemic in a particular setting, as they are often able to recognize difficulties that health professionals, particularly those who are not part of the community, may not recognize (Fonseca, 2004). Young women should be encouraged to get to know leaders in their community who have developed prevention activities, and to take part in these local activities.

activity 23

Positive or Negative

Purpose

To discuss the factors the make young women vulnerable to HIV/AIDS.

Materials required

Small pieces of paper with selected profiles from Resource Sheet 23A; pieces of paper with positive and negative written on them.

Recommended time

2 hours.

Procedure

1. Prior to the session, choose five profiles from Resource Sheet 23A or create five profiles that would be the most appropriate to the context in which you are working. Write these profiles on small pieces of paper (one profile per paper). Note: The facilitator should not include the HIV/AIDS test results on these pieces of paper. These results are only to be revealed later in the activity.

2. Explain to the participants that this activity is to discuss young women's vulnerability to HIV/AIDS.

3. Review with the participants what HIV/AIDS is and how it is transmitted (Resource Sheet 23B). Note: The time necessary for this review will be based on the background knowledge of the group. It is important, however, that the participants have a clear understanding of how HIV/AIDS is transmitted before they start this activity.

4. Ask for five volunteers. Distribute the profiles you have written on the small pieces of paper or for low literacy groups, whisper a profile to each participant. Tell the volunteers that they are going to put themselves in the shoes of the person whose profile they received.

5. Ask each volunteer to introduce herself to the larger group, according to the profile that she received. Each volunteer should give her character a name and feel free to incorporate mannerisms and behaviors into the presentation of her character.

6. Explain to the other participants that they should ask questions to get to know these five characters better. Emphasize to the volunteers playing the different characters that they should be creative in answering the questions, but that they should always keep in mind the profile descriptions that they received.

7. After approximately 20-25 minutes of introductions and questions, the facilitator should tell the group that these five women have gone in for an HIV/AIDS test and are about to receive the results. Ask them what they think will be the results of each woman's test.

8. Distribute the test results to each woman (these should be based on the results provided in Resource Sheet 23A alongside each profile) and have them share these with the larger group.

9. Use the questions below to facilitate a discussion about the group's reactions to the results and the complexities of young women's vulnerability to HIV/AIDS.

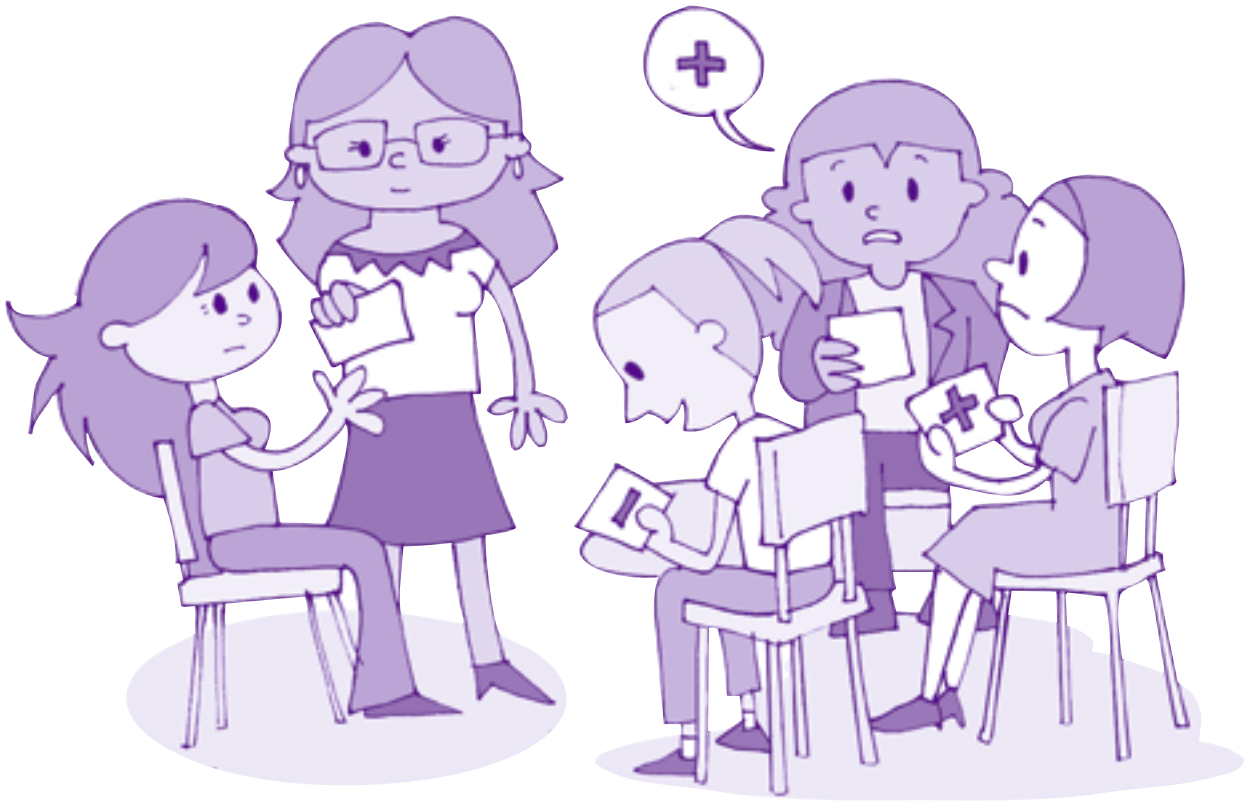
Discussion Questions

For the participants who depicted the characters:

- How did you feel representing these characters?
- How did you feel when you received the test results?
- Was the result what you expected based on the description of your character? Why or why not?

For the whole group:

- How did you feel when you were observing and questioning these characters? How did you react when you found out the results of the tests?
- Are these women's experiences common? Do you know anyone who has been in a similar situation?
- What characteristics are often associated with these women?
- What are some explanations for the different exam results that these women received?
- What kinds of situations make women more vulnerable to HIV infection?
- How can women protect themselves from HIV?
- Is there a risk of HIV infection for women who have sex with women? (See box "Tips for Safe Lesbian Sex")
- Do young women generally talk to their partners about HIV/AIDS? Why or why not?
- What factors might inhibit a woman from talking to her partner about HIV/AIDS?
- How can a woman's partner help reduce the HIV/AIDS vulnerability of the couple?



- Is a woman who has many partners at greater risk of being infected with HIV/AIDS? (Remember that it is OK to have multiple partners. What is important is that protection is ALWAYS used).
- What support do couples need to protect themselves from STIs and HIV? Is this kind of support available in the community?
- What have you learned in this activity? Have you learned anything that can be applied in your own life and relationships? Will you make any changes as a result of this activity?

Closing

Young women's vulnerability to HIV/AIDS is largely rooted in commonly accepted ideas about gender and sexuality. It is often assumed that "real men" have lots of sexual relations, and that women should be sexually coy and passive in sexual matters. As a result, women do not always have the power and/or skills necessary to communicate and negotiate about sexual behaviors and STD prevention. Other factors, including poverty, can make it even more difficult for young women to negotiate protection or even access the necessary health information and services. Promoting young women's rights to be free from discrimination, coercion and violence are important steps towards reducing young women's vulnerability to HIV/AIDS.

Link – Manual

Activity 16: Prevention and Pleasure provides an opportunity to discuss the negotiation of pleasure and condoms in sexual relationships.

Link - Program H

Section 5 – Activity 2: I am vulnerable when. . . , Activity 5: Signatures, and Activity 8: Want…Don't Want...

Purpose

To reflect on the stigma and prejudice faced by people living with HIV/AIDS.

Tips for Safe Lesbian Sex

Generally, lesbians are at low risk of becoming infected with HIV/AIDS or other STIs. However, transmission can still occur and women need to know the risks and how to protect themselves. During oral sex or manual penetration women should cover the entire vaginal or anal area, or fingers and hands, with a dental dam (a square piece of latex), non-microwaveable plastic wrap, or a cut-open condom or latex glove. New materials should always be used when moving from the anus to the vagina, or between partners. Sex toys should be washed in hot, soapy water or with a bleach solution before sharing, or covered with fresh condoms for each partner.

Resource Sheet 23 A

Profile 1
Woman, 26 years old, secretary in an accounting firm. Has been dating Tiago for 4 years and during this time she has had sexual relations with other men.

Exam Result:
NEGATIVE

Profile 2
Woman, 30 years old, homemaker. She is married and has a 5-year-old daughter and 3-year-old son. Recently discovered that her husband has sex with other people.

Exam Result:
POSITIVE

Profile 3
Woman, 17 years old, student. She has had boyfriends, but a few years ago discovered an interest in dating girls. Has had a steady girlfriend for one year.

Exam Result:
POSITIVE

Profile 4
Woman, 16 year old, student. She loves to go out at night with friends to parties and clubs. Sometimes when she goes out she drinks a little bit too much and uses other drugs.

Exam Result:
NEGATIVE

Profile 5 Woman, 20 years old, works during the day and studies at night. Likes to go out and has sex with all the guys that she finds attractive.	Exam Result: **NEGATIVE**
Profile 6 Woman, 18 years old, sex worker. She is married.	Exam Result: **NEGATIVE**
Profile 7 Woman, 15 years old, student. Likes to help her mom, has several friends, and is dating a 17 year-old guy. He is the first person with whom she has had sex.	Exam Result: **POSITIVE**
Profile 8 Woman, 25 years old, university student. She works in a large company, and likes to go shopping to have fun.	Exam Result: **POSITIVE**
Profile 9 Woman, 17 years old, dropped out of school when she was 12. She works to help her family pay the bills. Currently dating a man who is 26 years old.	Exam Result: **POSITIVE**
Profile 10 Woman, 28 years old, works. She has lived with her boyfriend for 2 years. Likes to go out and does not have children.	Exam Result: **NEGATIVE**

Resource Sheet 23 B

Learning about HIV and AIDS

What is HIV?

H = Human (only found in humans)
I = Immunodeficiency (weakens the immune system)
V = Virus (a type of germ)

What is AIDS?

A = Acquired (to get something that you are not born with)
I = Immune (the body's defense system which provides protection from disease)
D = Deficiency (a defect or weakness, lack of or not enough of something)
S = Syndrome (a collection of diseases, getting sick)

Many people do not know the difference between HIV and AIDS. HIV and AIDS are not the same. HIV is the virus; AIDS can occur as a result of becoming infected with HIV. AIDS is a collection of diseases that results from a weakened immune system. A person can have HIV for a long time before he or she develops AIDS.

HIV lives in four types of body fluids:

- Blood;
- Semen – Fluid that a man ejaculates when sexually excited;
- Vaginal fluids – Fluid that a woman releases when sexually excited;
- Breast milk.

These kinds of body fluids make it possible to spread the virus from person to person. All of these fluids have white blood cells, which are the types of cells which HIV attacks or infects. For a person to be infected with HIV, the virus must enter the body. If any of these four fluids come in contact with the body, a person is at risk of HIV infection. **Below are some examples of where the virus can enter the body.**

- Lining of the vagina;
- Thin skin on the penis;
- Lining of the rectum (anus);
- Veins;
- Cuts, wounds, or open sores on the skin.

- Mouth (through sores or cuts);
- Lining of the esophagus (e.g., in a newborn baby who is breast feeding).

The kinds of behaviors that might allow the four fluids to enter the body and, therefore, put a person at risk for HIV include the following:

Unprotected sexual intercourse

- Vaginal, anal, or oral intercourse. NOTE: the physiology of the female genital tract makes women at least one and a half to four times more likely to become infected than men. Even so, unprotected anal sex remains the riskiest sexual behavior.

Blood-to-blood contact

- Blood transfusions (in places where blood is not tested and infected blood can be donated);
- Traditional scarring (through sharing of non-sterilized razors and other instruments);
- Circumcision (through sharing of non-sterilized razors and other instruments);
- Intravenous drug use (through sharing of contaminated needles);

Mother-to-child transmission (also called vertical transmission);

- While mother is pregnant with the child;
- When the baby is born, i.e., during childbirth
- While breastfeeding;

Ways in which HIV is not transmitted

- Individual or joint masturbation;
- Kissing;
- Sweat and tears;
- Insect bites;
- Handshakes and hugs;
- Soap / towels / tissues;
- Dishes and utensils;
- Bus seat;
- Pool;
- Donating Blood;
- By air.

Is there a cure for HIV/AIDS?

Unfortunately, there is no cure for HIV/AIDS. What has been discovered so far are medicines capable of prolonging and improving the quality of life of people who have contracted the virus. Antiretroviral therapy (ART) is the treatment of the HIV virus with drugs – but it is not a cure. Antiretrovirals (ARVs) attack HIV directly, therefore decreasing the amount of virus in the blood. Below are some important things to know about ART:

- ART helps the body strengthen its immune system and fight off infections;
- ARVs are taken in combination – usually three different ARVs are taken every day. It is absolutely essential that a person takes every dose of every pill every day exactly as prescribed by their doctor. This is not like other medicine where, if you miss once or twice, it is not so bad. If a person does not take all of the right medicines every day at the right times, the therapy will not work. When a person takes all of the medicines every day at the right times, we say that there is compliance or adherence to the treatment;
- ARVs should not be started until a person has AIDS (this is the recommendation for resource-limited settings and may be different for other settings);
- Once started, ARVs must be taken for the rest of a person's life;
- ARVs can cause unpleasant side effects, including nausea, anemia, rashes, and headaches;
- ART can prevent HIV transmission from mother to child. It is important that a woman with HIV or AIDS seek medical counseling when she decides to become pregnant or immediately after she finds out she is pregnant;

activity 24:

Taking the test

Purpose

To discuss the importance of the HIV/AIDS test and strategies for talking to partners about taking the test.

Materials required

Paper, envelopes, and pencils or pens.

Recommended time

2 hours.

Planning notes

Gather information about local testing locations and procedures, as well as information on access to ARV treatment and the existence of networks and associations of people living with HIV/AIDS.

Procedure

1. Review the information about the HIV/AIDS test provided in Resource Sheet 24A.

2. Explain that the purpose of the activity is to explore how young women can discuss and negotiate the HIV/AIDS test with their partners.

3. Divide the participants into two to three smaller groups. Each group should receive paper and pens.

4. Ask each group to write a short note from a woman to her partner explaining that she is going to take the HIV/AIDS test and that she also thinks it is important that s/he also takes the test. The facilitator can assign specific situations to each group. For example, some ideas include:

a. the couple has never had sex;

b. the couple has been together for many years;

c. the woman is pregnant and suspects her partner of infidelity.

Other situations can also be created and assigned depending on the local context. Note: For groups with low literacy levels, the facilitator can skip the writing of the notes and ask the participants to develop skits depicting the negotiation of the HIV/AIDS test in different kinds of relationships.

5. Allow 15 minutes for the groups to discuss and write the notes.

6. Once the groups have finished writing the notes, ask them to place the notes in envelopes in the center of the room.

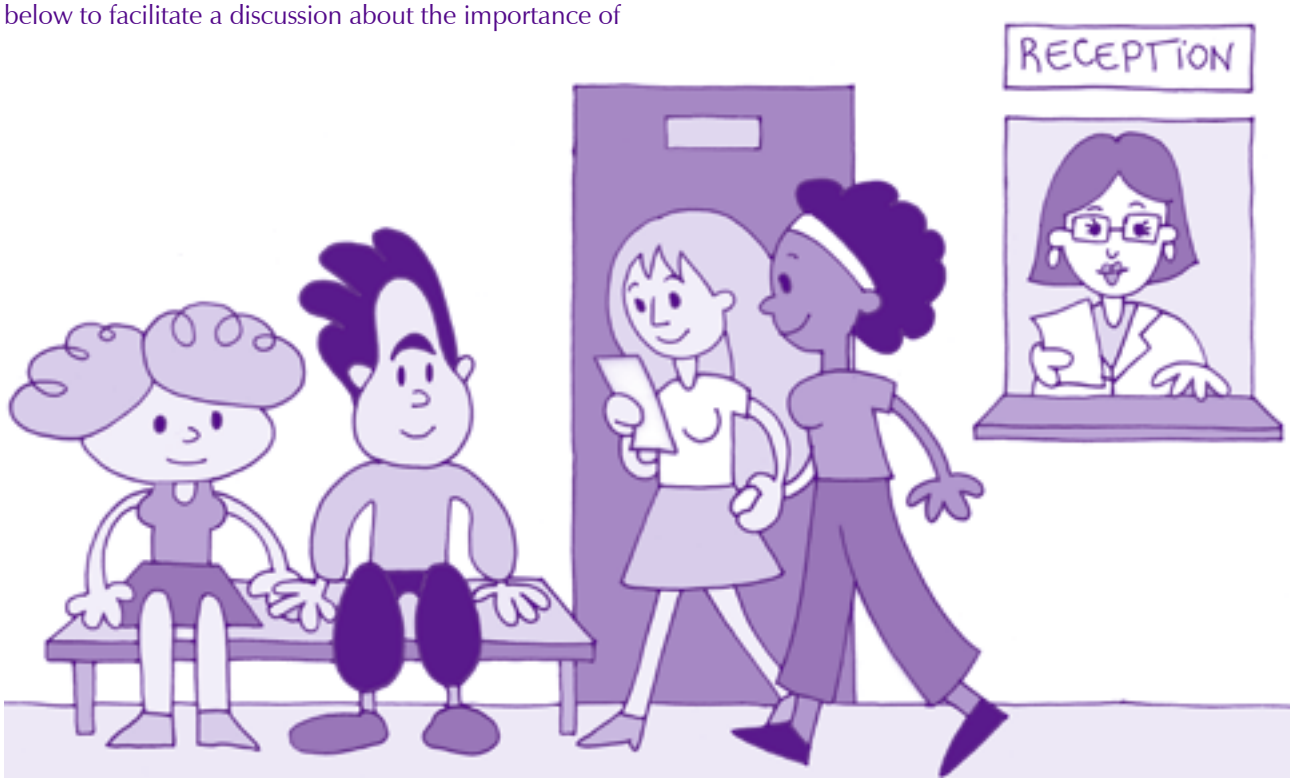
7. Ask each group to select one of the other's letters, read it, and prepare a skit based on the letter.

8. Allow 15 minutes for the groups to prepare the skits.

9. After the presentation of the skits, use the questions below to facilitate a discussion about the importance of discussing the HIV/AIDS test with partners and the different types of negotiation strategies that young women can use.

Discussion Questions

- Is it difficult for women to talk with their partners about the HIV test? Why or why not?
- Does the type of relationship (casual, dating, married, etc.) make a difference? Why or why not?
- What are some common negotiation strategies that women use to talk to their partners about the test?
- Why is the test important for women? Why is the test important for men?
- Are there situations where a woman should not have an HIV test? Why?
- If one or both partners receive a positive test result, what can change in the relationship?
- Why is it important that steady or married partners also think about prevention and taking the HIV test?
- Can a pregnant woman have HIV/AIDS? Can HIV be transmitted to the baby? How? How can she protect the baby? (See Resource Sheet 24B)
- Do young women in your community know where they can go for HIV/AIDS counseling and testing?
- How can we encourage young women in our community to be tested?
- What have you learned in this activity? Have you learned anything that can be applied in your own life and relationships? Will you make any changes as a result of this activity?



Closing

Knowing your HIV status is a key part of being able to protect yourself and your partners. When you know your HIV status, you can disclose it to your partners and take the necessary measures to protect yourself and your partners, be it from infection, or if you or a partner are HIV positive, from re-infection. It is important that you, as young women, be aware of where in your communities you can get tested and share this information with others.

Link – Manual

Activity 16: Prevention and Pleasure provides an opportunity to further discuss the importance of prevention and communication with partners.

Link - Program H

Section 5 – Activity 7: Testing and Counseling, Activity 8: Want..don't want...want...don't want, and Activity 14: I'm HIV positive, what now?

Resource Sheet 24 A[33]

What is Voluntary Counseling and Testing?

Voluntary counseling and testing (VCT) for HIV is internationally recognized as an important strategy for both prevention and care. Counseling before HIV testing may include providing reading materials before clients enter a group or private session with a counselor or doctor. Clients may be asked why they want to be tested. The counselor will also ask what it is about their behavior that they think may put them at risk for HIV infection. If testing is warranted, the counselor or doctor should:

- Describe the test and how it is done;
- Explain AIDS and the ways HIV is transmitted;
- Discuss ways to prevent the spread of HIV;
- Discuss the meaning of possible test results;
- Ask what impact the test result, whether negative or positive, will have on the client;
- Address the matter of whom to tell about the test result;
- Discuss the importance of telling sexual partners if a person tests HIV-positive.

Clients should feel free to ask any other questions they have about the testing process. They may also want to ask how they will be given the test results.

Depending on the type of test used, either a small amount of blood will be drawn from the client's arm or a swab will be used to scrape cells from the inside of the cheek for an oral test. The time it takes to get results will vary by the type of test offered and the place where testing is done.

The ELISA (Enzyme-Linked Immunosorbent Assay) has been the main screening test since HIV antibody testing became available in 1985. It can be performed quickly and easily. If there is a reactive result (so-called "positive"), the test is repeated to check it. If an ELISA produces two reactive results, a second test such as the Western blot is used to confirm the results. The Western blot is more specific and takes longer to perform than the ELISA. Together, the two tests are 99.9 percent accurate.

Negative Result

A negative result means that no HIV antibodies were found in the blood or saliva (depending on which test is used). This condition is called HIV-negative, or sero-negative, and means the client is not infected with HIV. It does NOT mean he or she is immune to HIV. HIV-negative clients should be encouraged to practice safer sex and other behaviors that will protect against HIV infection.

Indeterminate Result

Sometimes test results are unclear. The lab cannot tell whether they are positive or negative, even if the test has been performed correctly. If this happens, the client should discuss it with his or her counselor or doctor and, if appropriate, be tested again.

Positive Result

A positive test result means antibodies to HIV were found in the blood or saliva. This means the client is infected with HIV. This condition is called HIV-positive, or sero-positive. It is likely the client will develop AIDS, but no one can say for sure when that will happen. About half of untreated people with HIV develop AIDS within 10 years of infection. However, prompt medical care can delay the onset of AIDS and prevent related life-threatening conditions. If your test result is positive, you should:

- See a doctor, even if you do not feel sick. Tell the doctor about your test result and discuss immune system monitoring and treatment;

[33] Extracted from Family Health International Web site www.fhi.org, and adapted from U.S. Centers for Disease Control and Prevention, Voluntary HIV Counseling and Testing: Facts, Issues and Answers.

- Have a tuberculosis (TB) test, as you may be unknowingly infected with TB, which is a potentially serious threat to people infected with HIV;
- Ask your doctor if you should get a flu vaccine or other vaccines;
- Enroll in a program to help you stop using drugs, drinking too much alcohol, or smoking – all of which can weaken the body;
- Consider joining a support group for people with HIV infection;
- Take steps to protect the health of your partners by either abstaining from sex or using latex or plastic condoms with water-based lubricant;
- Tell any doctor or dentist who treats you that you are infected;
- Tell anyone with whom you have had unprotected sex (vaginal, anal, or oral) or shared needles that you are (and they may be) infected with HIV;
- Continue to have a normal social life and relationships.

Resource Sheet 24 B

Mother to Child Transmission

HIV, the virus that causes AIDS, can be transmitted to an infant during three periods: pregnancy, delivery, or while breast-feeding.

Treatment can help reduce the chances that a baby becomes HIV infected. The earlier an HIV positive pregnant woman initiates treatment, the greater the chance her infant will be born HIV negative.

Mother-to-child transmission of HIV is responsible for the majority of HIV/AIDS cases in children. The treatment of an HIV positive pregnant woman increases the chances of a baby being born HIV negative to 70 percent. For this reason, it is recommended that all pregnant women have the HIV test during prenatal care. In case of a positive HIV test result, adequate treatment should be initiated.

activity 25:

Promoting respect for people living with HIV/AIDS

Materials required

Flip chart paper and markers; Resource Sheet 25A.

Recommended time

2 hours.

Procedure

1. Brainstorm with the participants about what comes to their mind when they think of stigma and discrimination, particularly in relation to People Living with HIV/AIDS (PLWHA). Make notes of what they say on a flip chart paper. Refer to the information presented in Resource Sheet 25A to help facilitate this discussion.

2. Read aloud Camilla's story from Resource Sheet 25B.

3. Divide the group into two smaller groups. Explain that the first group will be the audience and the second group will act out a silent skit based on Camilla's story.

4. Give the second group 10 minutes to prepare for the skit. Emphasize that the skit should be carried out in silence, that is, there should be no dialogue.

5. Before the group starts the skit, explain that at various moments during the skit you are going to say STOP AND THINK and put your hand on one of the actress' heads. The skit should then be frozen and the chosen actress should say aloud what her character is feeling at that moment in the scene, as if she were thinking out loud. **Optional step:** You can also put your hand on the head of one of the audience members and ask her to share what she was thinking while watching that particular scene.

6. After the selected individuals share their thoughts, you should say CONTINUE and the skit should pick up from where it stopped. Do the STOP AND THINK no more than six times during the skit.

7. At the end of the skit, use the questions below to facilitate a discussion about stigma that young women living with HIV/AIDS face and how participants can be more accepting of people in their communities who are living with HIV/AIDS.

Discussion Questions

- In what ways was stigma and discrimination shown in the skit? Do you know anyone who has gone through similar situations?
- What do you think of the way Camilla was treated?
- Do you think her friends should have reacted differently? If so, how?
- What are the consequences of stigma?
- How do women react when they find out they are HIV positive? How do others treat them? How should they treat them?
- How do men react when they find out they are HIV positive? How do others treat them? How should they treat them?
- How would the story change if the people involved were able to move beyond stigma and prejudice?
- How can you be more accepting and supportive of people in your community who are living with HIV/AIDS?

Closing

Although HIV/AIDS is constantly being discussed in the media, prejudice towards HIV-positive people is still strong, and there are still many myths and misconceptions about being HIV-positive. For example, many people continue to believe that HIV can be transmitted by hugging, kissing, or via casual contact in public places. It is important to have accurate information about HIV/AIDS and to ensure that others in your community also have this information. Moreover, you should think critically about the "labels" and social discrimination that HIV-positive people face and how to work with others in your community to foster greater solidarity with people living with HIV/AIDS.

Resource Sheet 25 A

Stigma and Discrimination against People living with HIV/AIDS[34]

Stigma is the use of stereotypes or labels when defining someone or a group of people. Because of its association with behaviors that may be considered socially unacceptable by many people, HIV infection is widely stigmatized.

People living with the virus are frequently subject to discrimination and human rights abuses: many have been thrown out of jobs and homes, rejected by family and friends, and some have even been killed.

Together, stigma and discrimination constitute one of the greatest barriers to dealing effectively with the epidemic. They discourage governments from acknowledging or taking timely action against AIDS; they deter individuals from finding out about their HIV status; and they inhibit those who know they are infected from sharing their diagnosis, taking action to protect others, and from seeking treatment for themselves.

Experience teaches that a strong movement of people living with HIV that affords mutual support and a voice at local and national levels is particularly effective in tackling stigma. Moreover, the presence of treatment makes this task easier: where there is hope, people are less afraid of AIDS; they are more willing to be tested for HIV, to disclose their status, and to seek care when necessary.

Resource Sheet 25 B

Camilla's story

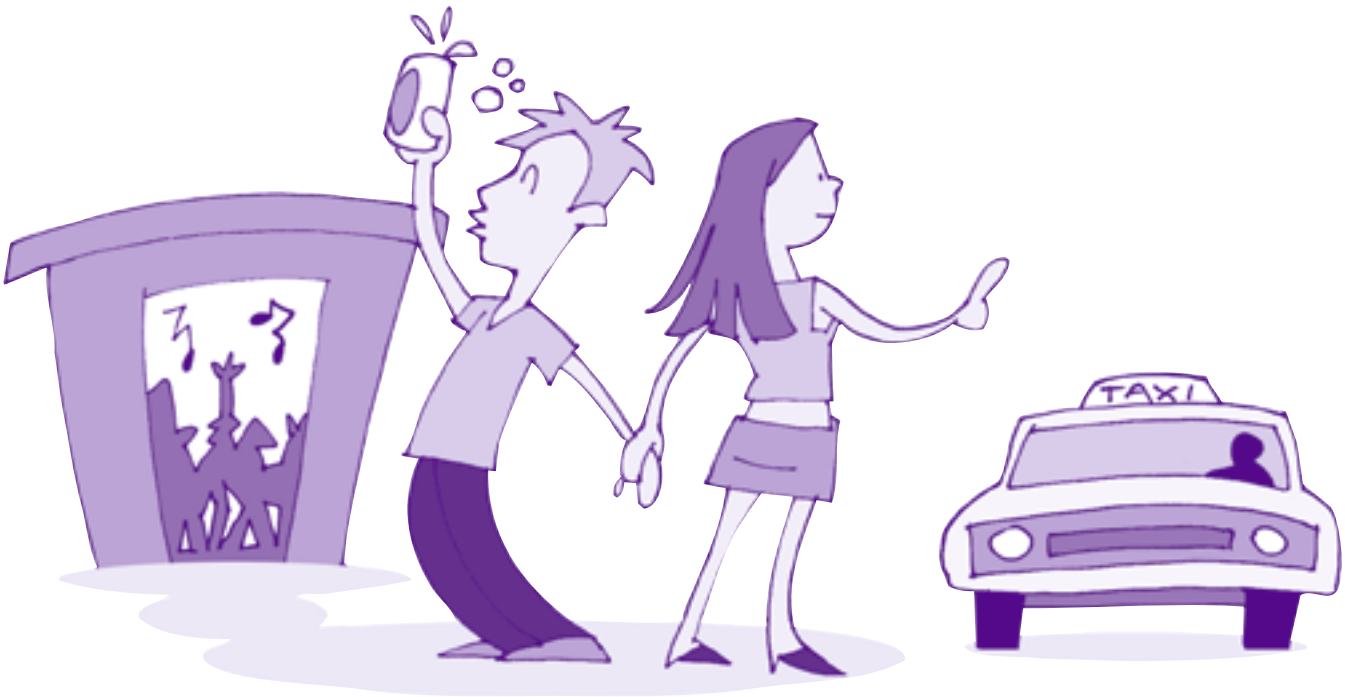
Camilla is a 20-year-old student. Her friend, Joana, was seriously ill and as a result was hospitalized and required a blood transfusion. Camilla decided to help her by donating blood. A few days after donating blood, Camilla was called back to the blood bank to receive the news that the blood she had donated had been tested and was HIV positive.

Camilla did not know what to do and became very sad. She told her best friend, Tatiana, that she had HIV. Tatiana then shared the news with other friends. One of them, Jose, got really nervous because he had kissed Camilla at a recent party.

When Camilla arrived at school the next day, all of her friends pretended that they were busy and walked away.

[34] Taken from UNAIDS webpage (www.unaids.org).

Drugs



One of the major myths about drugs is that drug use is a recent phenomenon. However, drugs have been used throughout the ages, in diverse social and religious contexts, although the norms about their usage have changed significantly. For example, many drugs that are now prohibited were at one time freely available. Likewise, some drugs that are now consumed liberally have been restricted at other points in time, or still are in some cultures and settings. The prohibition or liberalization of drugs at different moments in history has been more often driven by political-economic motives than health concerns. In fact, another major myth around drugs is that only illegal drugs cause health problems. When people think of drugs, they mainly think of marijuana, cocaine and crack, or in other words, illegal substances. However, drugs can be found in medicine cabinets, refrigerators, bars supermarkets and parties, in the form of drinks (alcohol, coffee, cola, etc.), cigarettes, and prescription medicines. These substances, which are legal and part of our ordinary lives, can also cause health problems when used in large quantities or incorrectly.

Prohibition and liberalization of drugs across the ages

- In the 1950's in Brazil, ethyl chloride spray or "lança-perfume" was legal. It was inhaled or used to play around by spraying others. Years later, lança-perfume was prohibited.
- The habit of drinking has existed for thousands of years; the first archaeological records of alcohol date to approximately 6,000 BC. In many countries, the age at which alcohol can be consumed is regulated, and in parts of the Middle East, alcohol is completely prohibited due to religious reasons.
- The coca leaf (from which cocaine is derived) has always been utilized, principally by the Incas and their descendants, to alleviate high altitude sickness, dull hunger and maintain energy during the course of long working days. It remains common (and legal) in Bolivia to this day.
- During the colonial period, the Europeans took coffee, tea, tobacco and opium from the colonies back to Europe. Opium was consumed openly in specific situations in Imperial China. During Tsarist Russia, tobacco was prohibited and punished by the death penalty.

Definitions of drugs

A drug can be defined as any substance that is capable of producing changes in the functioning of living organisms, be it physiological or behavioral (see Resource Sheet 26). There are different categories of drugs. Psychoactive drugs can alter a person's mood, perceptions, sensations and behaviors, depending on the type of drug, quantity consumed, physical and psychological characteristics of the user and the context of and expectations for usage. Psychoactive drugs can be classified into three groups according to their effect on brain activity. Drugs which diminish brain activity are called depressants. These include alcohol, sleeping medicines, and some inhalants. Those drugs which accelerate the activity of certain parts of the brain are called stimulants. Examples include appetite control medicines, cocaine and caffeine. There are also drugs that can change the way in which reality is perceived. These are called hallucinogenic or psychedelic drugs and include ecstasy, LSD and THC (the active ingredient in marijuana).

Drugs can also be classified according to their legal status, that is, whether they are licit (legal) or illicit (illegal). Drugs that are allowed to be produced and commercialized are licit drugs. For example, alcohol and tobacco are considered licit drugs in most settings, although there are often age restrictions regarding their sale and use. Illicit drugs, on the other hand, are those whose production and/or use is prohibited by law. In many countries, cocaine, marijuana, ecstasy and heroin are considered illicit. As mentioned above, the criteria utilized to determine whether a drug should be licit or

illicit often extends beyond health considerations to political, economic, cultural and moral issues. In fact, in some cases the harmful health effects of a drug, or the lack thereof, do not correlate to whether it is licit or illicit. For example, tobacco is legalized in the form of cigarettes and cigars, despite the evidence that it causes significant harm. Cannibas sativa, or marijuana, is prohibited in the majority of countries despite its important medicinal (e.g. treatment of patients with chronic diseases) and industrial applications (e.g. paper and textile production).

Another classification system for drugs is based on their origin, and divides drugs into natural drugs, semi-synthetic drugs and synthetics. As the name suggests, natural drugs are extracted from plants or vegetables (for example, cocaine, marijuana); synthetics are produced in laboratories from other synthetic drugs (also known as club drugs, this category includes crystal meth); the semi-synthetics are produced in laboratories from vegetables (e.g. heroin).

Link between Drug Use and HIV/AIDS

The use of drugs is associated with higher rates of unsafe sexual activity. The effect of alcohol and other drugs on behaviors and decision-making can make it less likely that individuals will negotiate condom use and safer sex. Furthermore, the sharing of needles for injection drugs is an extremely efficient means for transmission of the HIV virus.

Drugs, pleasure and prevention

Individuals of all ages, socio-economic classes, cultures and educational levels use a variety of drugs for a variety of motives. Social norms about how men and women should look and act often underlie their use of drugs, including which types. For example, many women decide to use weight-loss medicines in response to the "cult for the perfect female body", which is promoted and reinforced in women's magazines and in the media in general (Nappo 2006). Some men, on the other hand, use steroids to help them achieve the muscular or "buff" physique which is commonly associated with "manliness".

There is a general fear that if we speak about drugs, particularly with adolescents and youth, we will stimulate their curiosity to use drugs. However, youth are already exposed to messages about alcohol and other drugs on a daily basis and these messages often disregard or underplay the negative effects of use. For example, individuals who drink alcohol in movies, TV shows and media advertisements are often portrayed as sophisticated, popular, and healthy-looking. On the other hand, there is also a belief that if youth are informed about drugs and the negative consequences related to their use, they will avoid using them. However, it has been shown that neither silence on the issue nor information alone is sufficient to prevent the use or misuse of drugs. What is needed are prevention activities which help young people recognize and overcome emotional, family and social conflicts and find ways to enjoy life that do not include substance use. That being said, drugs often provide an immediate source of pleasure or relief, be it emotional or physical, and it is therefore not realistic to expect that everyone will choose to, or be able to, abstain completely from using drugs. To this end, education efforts should include discussions about the reduction of harms related to the use of drugs. For example, drinking plenty of water while consuming alcohol, not driving drunk, and always using disposable needles when injecting drugs, are all strategies which can diminish the negative consequences of drug use (The concept of harm reduction is explored in Activity 27: Pleasures and Risks).

Ultimately, prevention and education work related to drugs requires a non-judgmental approach in which youth and others can feel comfortable sharing their opinions and experiences. It can also be useful to insert prevention activities into broader debates about the conflict between the freedom of choice to use drugs and the consequences of drug use which extend beyond the individual to partners, family, and communities (e.g. community-wide violence related to drug trafficking, vehicle accidents related to drug use). On a broader level, it is necessary to advocate for pleasurable and healthy alternatives to drug use, including leisure and work opportunities, which can empower youth to create their own lifestyles and promote their own healthy development.

activity 26

What do we know about drugs?

Purpose

To discuss the different types of drugs that exist and how they are viewed and used by society, particularly young people.

Materials required

Four pieces of flip chart paper, tape and markers.

Recommended time

2 hours.

Procedure

1. Prior to the session, write each of the following questions on a piece of flip chart paper:

a. What comes to mind when you hear the word "drugs"?

b. Who uses drugs?

c. What are some examples of drugs, and where are they available?

d. What are the risks associated with using drugs?

2. Place one sheet in each corner of the room.

3. At the beginning of the session, divide the participants into four groups.

4. Assign each group to one of the four questions. Explain that each group has 10 minutes to discuss the question and write out their responses on the flip chart paper. For low literacy groups, read aloud the questions and ask them to discuss amongst themselves.

5. Tell all of the groups to rotate clockwise. Give them another 10 minutes to discuss the new question and write out their responses.

6. Repeat steps 4 and 5 until all of the groups have had an opportunity to discuss and respond to the each of the four questions.

7. Read aloud and summarize the responses provided on the flip chart papers. If the groups did not write out their responses, ask them to share with the larger group what they discussed.

8. Use the questions below to facilitate a discussion about different types of drugs and the different types of uses among young people.

Discussion Questions

- Did all of the groups have the same ideas about what drugs are, who uses them and the risks related to their use? (See Resource Sheet 26).
- Do young people in your community have easy access to alcohol and cigarettes? (It is prohibited for minors under the age of 18? Are these laws enforced?)
- Do young people have easy access to other types of drugs?
- What do you think determines whether the use of a drug is legal (licit) or prohibited (illicit)?
- Are advertisements for cigarettes and alcohol allowed in newspapers, magazines, or television? How do these advertisements try to promote the use of these substances? What do you think of this?
- How do these media advertisements portray the women who use their products? How do these media advertisements portray the men who use their products? Do you think that these portrayals are accurate?
- How do these media advertisements influence young women's and men's attitudes about cigarettes and alcohol?
- Are there campaigns where you live that try to reduce the use of drugs? What do you think of these campaigns?
- What actions can you engage in to ensure that young people in your community have accurate information about the consequences of using drugs?

Closing

Drugs touch the lives of most young women and men. There exist many different types of drugs, some legal, some illegal, some more commonly used by women, some more commonly used by men, etc. It is important to think about the different personal and social pressures that might lead young women and men to use different types of drugs and to be aware of the consequences this use can have on individual lives, relationships and communities.

Link - Program H

Section 4 - Activity 8: Talking about Alcohol and Alcoholism.

Resource Sheet 26

What are drugs?[35]

"A drug is any substance capable of modifying the functioning of the human body, resulting in physiological or behavioral changes".[36]

There is a special type of drugs called psychoactive or psychotropic. These drugs are capable of altering the user's mental or psychological functioning. In other words, psychotropic drugs are those that affect our brain, altering the way we feel, think and many times, act.

Drugs are often categorized according to their effects:

a. Depressants: depress brain activity, causing sluggishness and disinterest.
b. Stimulants: increase brain activity, causing wakefulness and alertness
c. Hallucinogens: modify brain activity by altering how reality, time, spaces and visual and auditory stimulants are perceived.

Depressants	Common effects	Potential effects
Tranquilizers or sedatives	Relief from tension and anxiety, muscular relaxation.	In high doses, can cause drop in blood pressure; combined with alcohol, then can even cause coma; in pregnant women, they increase the risk of fetal damage.
Solvents or inhalants (glue, nail polish, benzene, etc.)	Euphoria, excitation, drowsiness, diminished appetite, hallucinations.	Nausea, drop in blood pressure; repeated use can destroy neurons and cause lesions in the medulla, kidneys, liver and the periphery nerves.
Cough syrup with codeine	Pain relief, drowsiness, floating sensation, and feeling of well-being.	Drop in blood pressure and body temperature; risk of coma and convulsions.
Opiates (morphine and heroin)	Drowsiness, pain relief, inebriation, loss of touch with reality, pleasurable and dreamy feeling.	Reduces breathing rate and heart rate, can cause death. Sharing of needles can spread HIV/AIDS.
Alcohol	In small doses: euphoria, diminished inhibitions. In larger doses, loss of feeling, drowsiness, sedative.	Nausea, vomiting, abundant sweating, headaches, and dizziness; can even lead to aggressiveness, slowed reflexes, inattention, risk of accidents.

Stimulants	Common effects	Potential effects
Amphetamines (speed)	Inhibition of sleep, hunger and tiredness, feeling of being awake and full of energy.	Rapid heart rate, increased blood pressure, dilated pupils, dangerous to motorists; high doses can cause delirium and paranoia.

[35] Taken and adapted from CEBRID- Centro Brasileiro de Informações sobre Drogas Psicotrópicas. Department of Psychobiology.
[36] Taken from www.einstein.br/

Cocaine and Crack	Feeling of power and of seeing the world clearer, euphoria, loss of hunger, sleep and tiredness.	Excessive sweating, increase in body temperature and blood pressure, convulsions and rapid heart beating, possibly leading to heart attack.
Tobacco (cigarette)	Stimulating, sensation of pleasure.	Reduces appetite, can lead to chronic anemia. Increases the risk of cardiac and pulmonary disease. Associated with 30% of all types of cancers. In pregnant women, it increases the risk of abortion.
Caffeine (coffee, tea and cola soft drinks)	Loss of sleep and tiredness.	Excessive doses can cause stomach problems and insomnia.

Hallucinogens	Common effects	Potential effects
Cannabis Sativa (Marijuana)	Excitation followed by relaxation, inducement of laughter, hunger, distortion of perception of time and space.	Short term memory loss; sensitive people can possibly experience hallucinations; habitual use can affect the lungs and the temporary production of sperm.
Plant-based drugs: Mushrooms, Peyote, etc.	Hallucinations, delirium, distorted perceptions.	Disagreeable sensations with the possibility of having scary or distorted visions, rapid heart rate and nausea.
Lysergic Acid (LSD)	Hallucinations, distorted perceptions, fused senses (sound can seem to take form).	Anxiety and panic; deliriums, convulsions.
Anticholinergics	Hallucinations.	Tachycardia; dilation of the pupils; intestinal constipation and increase in temperature can lead to convulsions.
Ecstasy (MDMA)	Sensation of well-being, lightness. Increase in physical resistance and energy, potentially causing exhaustion.	Hallucinations, increase in body temperature, possibly causing dehydration and death. Anxiety, fear, panic, delirium.

activity 27

Pleasures and risks[37]

Purpose

To reflect on the risks associated with things that give individual pleasure, and to discuss strategies for reducing risks and harms.

Materials required

Magazines and newspapers; scissors; glue; flip chart paper.

Recommended time

2 hours.

Planning notes

The discussion for this activity, as written here, is focused on risks related to using drugs. However, the questions can be easily adapted for the discussion of the risks and protective factors associated with other things, including sex.

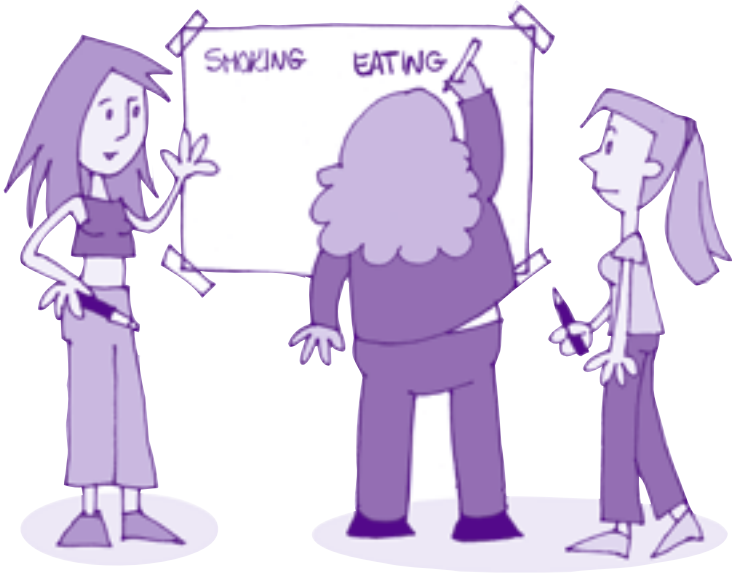
Procedure

1. Divide the participants into two to three smaller groups.

2. Give each group a piece of flip chart paper and explain that they should create a collage of things that give them pleasure. Tell them that they can create by writing, drawing and/or pasting images cut out from magazines and newspapers.

3. Allow the groups 15 minutes to create these collages.

4. Give each group another piece of paper and ask them to divide it into three columns. Tell them to write the following words as headings to the columns: Risks/Harm; Pleasures; Protection Factors. In the middle column, the groups should write the things that give them pleasure. In the left column, the groups should describe risks/harm associated with the pleasure. In the right column, the groups should write protection factors, that is, things they can do to ensure that the thing that gives them pleasure does not cause them harm or minimizes harm. See Resource Sheet 27A for an example of how to organize and complete the table. For low literacy groups, the participants can use drawing/collages to identify the risks/harms and protection factors associated with the pleasure they identified.



5. Allow the groups 20 minutes to fill out the table.

6. Ask each group to present their collages and tables to the other groups.

7. Use the questions below to facilitate a discussion about pleasure and risk and harm reduction.

Discussion Questions

- Why is it important to think about the risks/harm associated with those things that give us pleasure?
- Why is it important to think about the protective factors associated with those things that give us pleasure?
- What is the relationship between drugs and pleasure?
- What is the relationship between drugs and risk/harm?
- What is the relationship between drugs and protection factors?
- Have you heard of harm reduction? What have you heard? (Explain that harm reduction involves adopting strategies to reduce the harm associated with a particular behavior. For more information see Resource Sheet 27B)
- What information and supports do you think that young people need in order to practice risk reduction in their own lives?
- How can you engage other young people in your community in reflections about risk reduction?

Closing

Many of the decisions in your lives come with pleasures and with risks. The decision to drink, smoke or use illegal drugs might bring some immediate pleasures, but it can also involve risks. For example, alcohol can reduce your reasoning and control, increasing your risk of accidents and injuries and your vulnerability to violence and STDs. Long-term or sustained use can lead to serious health problems. While it may not be realistic to think that young women and others will stop using drugs altogether, it is important that you be aware of the risks associated with drug use and feel capable of minimizing the harm it might have on your lives and relationships.

Link - Program H

Section 4 - Activity 7: Addicted or Not and *Activity 10: Learning Not to Drink Too Much*.

[37] Adapted from the Andando se faz um caminho manual, by Ana Sudária de Lemos Serra in ECOS: Adolescência e Drogas, São Paulo, 1999.

Resource Sheet 27 A

Example table for activity

Below is an example of how the groups should organize their tables. It also includes a description of the risks and protective factors associated with some common pleasures. If it is helpful, the facilitator can share these with the participants before they create their own tables.

It is important to know that:
Behavior: Is what I do. Ex:Drive a car.
Risk: Is the possibility of something bad happening. Ex: Having a car accident.
Risk Factors: An action/situation that increases the probability of something bad happening. Ex: Driving a car at high speed.
Harm: The negative consequence that happens as a result of my action.

Protective Factor: An aspect of an action or situation that can protect from a risk or harm. Ex: Not driving when drunk (diminishes the chance of having an accident); wearing a seat belt.

Harm Reduction proposes to diminish harm that is occurring or may occur. Ex: The person drinks normally, but will try to eat before they drink and not drive after drinking; or a person who regularly uses drugs will try to use in smaller quantities. Harm reduction can be defined as a pragmatic strategy in the public health field that seeks to reduce harm associated with the use of psychotropic drugs.

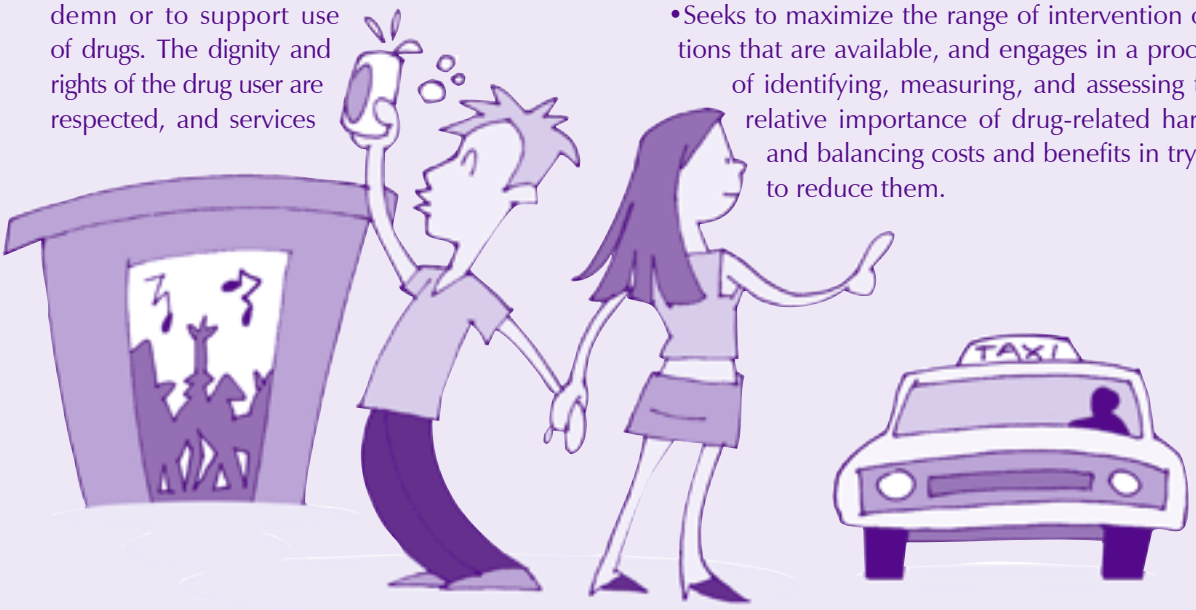
Risks/ harm	Pleasures	Protective factors
• Have a convulsion or rapid heart beat. Feel powerful.	Snort Cocaine	• Reduce dose; • Do not share rolled up bill or other instruments.
• Excess weight and health problems due to sweets or junk food; • Illness from not washing food that is dirty or eating food past the expiration date.	Eating	• Have a balanced diet to avoid weight gain; • Wash food well to maintain health; • Verify expiration dates on food and preserve foods correctly.
• Driving while intoxicated; • Becoming injured in an accident; • Speeding; • Being part of a collision.	Driving a car	• Don't drink alcohol and drive; • Use a seatbelt; • Obey traffic laws.
• Smoking too many cigarettes; • Bad breath; • Smelly clothes; • Lung problems.	Smoking	• Smoke fewer cigarettes per day/week; • Stop smoking.

Definition of harm reduction[38]

Harm reduction is a term that defines policies, programs, services and actions that work to reduce the health, social and economic harms to individuals, communities and society that are associated with the use of drugs[39].

Harm reduction[40 41]:

- Accepts that the use of drugs is a common and enduring feature of human experience. It acknowledges that, while carrying risks, drug use provides the user with benefits that must be taken into account if responses to drug use are to be effective. Harm reduction recognizes that containment and reduction of drug-related harms is a more feasible option than efforts to eliminate drug use entirely.
- Focuses on proactively engaging individuals, targeting groups, and communities to address their most compelling needs through the provision of accessible and user friendly services. Achieving the most immediate realistic goals is viewed as an essential first step toward risk-free use, or, if appropriate, abstinence.
- Accepts the drug user's decision to use drugs as fact. No moral judgment is made either to condemn or to support use of drugs. The dignity and rights of the drug user are respected, and services endeavor to be 'user friendly' in the way they operate. Harm reduction approaches also recognize that, for many, dependent drug use is a long-term feature of their lives and that responses to drug use have to accept this.
- Focuses on risks and harms: by providing responses that reduce risk, harms can be reduced or avoided. The focus of risk reduction interventions is usually the drug taking behavior of the drug user. However, harm reduction recognizes that people's ability to change behaviors is also influenced by the norms held in common by drug users, along with the attitudes and views of the wider community. Harm reduction interventions may therefore target individuals, communities and the wider society.
- Does not focus on abstinence: although harm reduction supports those who seek to moderate or reduce their drug use, it neither excludes nor presumes a treatment goal of abstinence. Harm reduction approaches recognize that short-term abstinence oriented treatments have low success rates, and, for opiate users, high post-treatment overdose rates.
- Seeks to maximize the range of intervention options that are available, and engages in a process of identifying, measuring, and assessing the relative importance of drug-related harms and balancing costs and benefits in trying to reduce them.



[38] Taken from the UK Harm Reduction Alliance website www.ukhra.org.
[38] Newcombe, R. (1992) The reduction of drug related harm: a conceptual framework for theory, practice and research. In, O'Hare et al (Eds.) The reduction of drug related harm. London Routledge.
[40] CCSA (1996) Harm Reduction: Concepts and Practice: A Policy Discussion Paper, Canadian Centre on Substance Abuse (CCSA) National Working Group on Policy.
[41] Lenton, S. and Single, E. The definition of harm reduction. Drug & Alcohol Review 17, 2: 213-220, 1998.

activity 28:

Drugs in our lives and communities

Purpose

To discuss various situations in which young women might use drugs and the consequences of this use in their lives and relationships.

Materials required

Copies of case studies from Resource Sheet 28A.

Recommended time

2 hours.

Planning notes

Review the cases studies from Resource Sheet 28A and make adaptations or changes necessary to reflect the local context. If these case studies are not applicable, you should create new ones more relevant to the reality and experiences of the participants.

Procedure

1. Divide the participants into four small groups. Give each group a copy of one of the case studies from Resource Sheet 28A. Explain that they should discuss and analyze the case study and come up with a possible ending. For low literacy groups, you can read the situations aloud.

2. Allow the groups 10 minute to discuss the case studies.

3. Ask the groups to present the case studies and endings they developed. These presentations can be done in the form of a narrative or a skit. The groups should address the following questions in their presentation:
Is the situation realistic? Why or why not?

a. What factors influenced the character's decision to use drugs?

b. What are some possible consequences that the character might face?

c. What other options did they have? (other than using drugs?)

4. After the presentation of the case studies, use the questions below to facilitate a discussion about the different contexts in which young people use drugs and the consequences of this use.

Discussion Questions

- What are the most common reasons young women use drugs? Are these different from the most common reasons why young men use drugs? In what ways?
- Are there different degrees, or levels, to which an individual can use a drug? What are these different degrees? (see Resource Sheet 28C)
- Do young women and young men use alcohol and other drugs differently? In what ways?
- What effects do alcohol and other substances have on sexual decision-making and behavior? (see Resource Sheet 28C and Resource Sheet 28A - Case study #5)
- How can drinking alcohol or using other substances make someone more vulnerable to unplanned pregnancies and STIs, including HIV/AIDS?
- How does the use of drugs affect relationships? Families? Communities?
- What actions can you take if a friend is abusing alcohol or other substances?
- What actions can you take to help prevent young people from abusing drugs or alcohol?

Closing

There are many reasons why people use drugs. Each person has his or her own motives, and sometimes these motives are not even clear to the individual using. In the majority of cases, a variety of factors, not just one, lead someone to use drugs; for example: curiosity, wanting to forget problems, an attempt to overcome shyness or insecurity, dissatisfaction with one's physical appearance, etc. It is important that family, friends, and peers offer support, without blame or judgment, to help the individual reflect on the harms of drug use and identify healthy alternatives and, when necessary, seek competent professional help.

Link - Program H

Section 4 - Activity 9: Decision-Making.

Resource Sheet 28 A

Case Studies on Drug Use

Case study 1

Ann has always wanted to be a fashion model. She sent her portfolio to an agency and set up an interview. Despite being tall and thin, she thinks she is a few pounds overweight. At school, a friend who is on a diet gave her some pills to lose weight. Last week at a party a friend offered her some alcohol.

Case study 2

Maria is a talkative and happy girl. However, since she found out that her father has a terminal disease, she has lost all interest in hanging out with her friends. She has also been feeling like she has no energy because she has not been sleeping well. One day, a friend calls her up and invites her to try cocaine, saying that it will lift her spirits and help her feel better.

Case study 3

Paula is a quiet girl who likes to hang out with friends, read romantic novels, and play volleyball. On Saturday, some friends invite her to go to a bar to drink and hang out. When she gets there, she feels very shy and insecure and gives in to her friends urging and teasing for her to drink. She ends up drinking four bottles of beer in a very short time.

Case study 4

Talia loves soccer and was invited to participate in an inter-school championship. She has been training very hard. Hoping to improve her game, she decides to take some steroids that a friend of hers bought at a gym.

Case study 5

Sarah and Fred have been dating for several months. On Fred's birthday, Sarah organized a surprise party for him. She invited all of their friends and even got her older brother to buy some beer for the party. Fred was indeed very surprised and both he and Sarah drank and danced a lot at the party. That night they had sex without a condom.

Resource Sheet 28 B

Effects of different substances

ALCOHOL

In small doses, alcohol can create a feeling of relaxation, calmness, well-being, and sometimes even a mild euphoria. When ingested in large quantities, it can cause a lack of motor coordination, mental confusion, sleepiness, and slower reflexes. These effects can lead an individual to engage in various high-risk behaviors, including unprotected sex, driving under the influence, and/or violence. When alcohol is consumed with high frequency, there is an increased risk of cirrhosis (scarring of the liver), brain problems, and other chronic illnesses.

Having one drink can be pleasant at a meeting, party, or get-together with friends. One drink[42] is considered the following: 1 can of beer (± 300ml) or 1 glass of wine (120ml) or 1 shot of liquor (36ml). Two drinks per day for men and one drink per day for women and older people are generally considered to be non-detrimental. However, for some people, even low quantities of alcohol can be extremely harmful. In general, women tend to have a lower tolerance for alcohol than men, in part because they typically have a higher proportion of fat and a lower proportion of water in their bodies than men. Therefore, a woman will have a higher blood alcohol content than a man who is of the same weight and who drinks the same amount. Additionally, women have lower levels of an enzyme which breaks down alcohol in the stomach, so they absorb a higher concentration of alcohol than a man who drinks the same amount.

A woman who drinks alcohol during pregnancy risks the health of her unborn child. Alcohol passes

[42] Adapted from nº 06 da Série Diálogo. Álcool: o que você precisa saber. 4ª ed., Brasília: Presidência da República, Gabinete de Segurança Institucional. SENAD, 2003.

freely through the placenta, creating a level in the fetus almost identical to that in the mother. Babies whose mothers drank frequently or heavily during pregnancy may be born with serious birth defects, including low birth weight, physical deformities, heart defects, joint and limb deformities, heart defects, and mental retardation.

Due to the depressant effect on the Central Nervous System, which, for example, diminishes reflexes, no one should drive when under the influence of alcohol.

PRESCRIPTION MEDICINES

The purpose of medicine is to cure disease, relieve pain and suffering, and promote well-being. However, if used by people who do not need them or if used in high or inadequate doses, medicines can damage one's health.

For example, the frequent misuse of amphetamines leads to heart problems, paranoia and convulsions, among other things. Because amphetamines are stimulants, and therefore increase one's stamina and physical energy, they are sometimes used by students to pull all-nighters. Additionally, varying perceptions of beauty often lead women to endanger their health by taking amphetamines to lose weight in pursuit of the "perfect" body.

Tranquilizers, also known as "sedatives," cause the brain (the central nervous system) to act more slowly. They are often used to treat anxiety and some sleep disorders. As the body becomes accustomed to tranquilizers, the initial symptoms can disappear and the user can develop a tolerance to and dependency on the substance. When combined with others drugs, such as alcohol, tranquilizers can have more intense side effects, which in turn can increase the health risks, including the risk of respiratory depression and cardiac arrest.

The safest way to use these drugs is accurately following a doctor's prescription.

MARIJUANA

Marijuana is one of the most frequently used illegal drugs today. Its most common effects are a sensation of well-being and relaxation. Sometimes users can become very chatty, anxious, or see hallucinations. While a young person experimenting with this drug may not become addicted, even innocent experimentation can have detrimental health effects including problems with memory, clear thinking, coordination, and an increased heart rate, or it may result in problems with the law, since it is an illegal substance. Long-term users who smoke marijuana have an increased likelihood of respiratory illnesses, such as a persistent cough or lung cancer. Users may also suffer from personality disorders, such as depression or anxiety. The greatest risk is usually during the intoxication period itself, because the user can lose the capacity to carry out actions such as driving a motorcycle or car.

COCAINE

Surveys indicate that cocaine use is much less common then the use of other drugs such as alcohol and tobacco. Cocaine use can lead to dependency and can affect both mental and physical functions. Mental effects include euphoria, hyperactivity, visual and tactile hallucinations, and the sensation of being pursued. Some physical effects are an abnormally high heart rate, convulsions, and chills. Cocaine is particularly harmful when used with alcohol. Cocaine is also an appetite suppressant, which has led some women to use it to lose or keep off weight.

Cocaine can cause damage to the body at the time of use as well as afterwards. Some users report heightened sexual stimulation at the beginning of their use. However, regular use can decrease sexual desire and cause impotence.

Cocaine can be snorted or injected. When injected, there is the additional risk of transmitting diseases such as HIV/AIDS and Hepatitis B and C. For this reason, people should not share needles or straws for injecting or snorting cocaine.

STEROIDS

Steroids are most often used to accelerate the building of muscle. They are typically taken orally in pill form or injected. Steroids are artificial versions of testosterone, a naturally produced hormone in the body. In some cases, people use steroids not intended for human use. For example, there are reports of young people ingesting steroids intended for veterinary use, again in order to rapidly increase their muscle mass.

Steroids have a variety of physical effects. They can decrease the function of the immune system, which is the body's defense system against germs. They can also damage the liver, cause cancer, and change normal hormonal function, i.e. interrupting the normal processes of the hypothalamus and reproductive organs. They can even cause death. Steroids can also have emotional effects, such as causing depression or irritability.

Steroids can also have sex-specific effects. For women, these include: alteration of the menstrual cycle, deepening of the voice, decrease in the size of the breasts, excessive hair growth, and changes in dis-

position, including aggressiveness and anger. Common effects for men include: breast development, reduced sexual function and infertility, and testicular atrophy.

As with any injected drug, sharing needles for injecting steroids can lead to the transmission of HIV/AIDS and Hepatitis B and C.

Resource Sheet 28 C

Types of Substance Users

The United Nations distinguishes four types of substance users:

The Experimenter – Limits himself/herself to experimenting with one or several substances, for various reasons, e.g., curiosity, desire for new experiences, peer pressure, publicity, etc. In most cases, contact with the substance does not go beyond the initial experiences.

The Occasional User – Uses one or several substances occasionally if the environments are favorable and the substance is available. There is no dependency or rupture of effective, professional, and social relations.

The Habitual User – Makes frequent use of substances. In his/her relationships, one can already observe signs of breaking away. Even so, he/she still functions socially, though in a precarious way, and runs risks of dependence.

The Dependent or "Dysfunctional" User – Lives through substance use and for substance use, almost exclusively. As a consequence, all social ties are broken, which causes isolation and marginalization.

Substance Use and Sexual Behavior

Many people believe that certain substances can improve sexual performance. In reality, the effect of substance use varies from person to person and according to many factors including: biological (the metabolism of the human body), frequency of use, environment and culture, and psychological aspects. Very often, the positive effects produced by substance use during sexual relations have more to do with what people believe will happen than with their pharmacological properties. For example, contrary to what many people believe, alcohol can initially make people feel less intimidated, but as the playwright William Shakespeare once said: "Alcohol provokes the desires, but puts an end to the performance." That is to say, it can hinder an erection. In the same way, marijuana reduces the production of the male hormone testosterone and can temporarily lead to a reduction in the production of sperm. Cocaine reduces desire and excitement since users are more interested in using the substance than in having sex. Moreover, when people are using drugs, it is more difficult to establish communication and negotiation at the time of sexual relations, as the person is often more concerned about their own immediate sensations than with their partner's sensations or possible risks of unplanned pregnancy, STIs or HIV/AIDS. Research has confirmed that a person under the effects of any substance is highly unlikely to use a condom because his or her judgment-capacity and reflexes are reduced. It is also important to remember that even the rare or occasional use of alcohol or substances can still put individuals at risk, as it takes only one incident of drinking too much alcohol and having unprotected sex for an unplanned pregnancy and/or STI/HIV/AIDS infection to happen.

Work

One of the greatest gains in the movement for gender-equity has been the increased participation of women in the labor force. As fertility rates have decreased and levels of education have increased, women have been able to assume both domestic and professional roles, often balancing both simultaneously. Within the workforce, they have also broadened their representation across different sectors: traditionally employed only as nurses, domestic servants, and teachers, women are also now employed as surgeons, computer technicians and in other previously male-dominated jobs. While it is important to celebrate these achievements, women still face many barriers; for young women, these challenges are often compounded by lack of professional experience and the need to balance school and work (and sometimes motherhood).

Challenges for Women in the Labor Force

Throughout Latin America and the Caribbean, and in many other regions, women face more difficulty entering the labor force and they experience higher unemployment rates, regardless of education level (ECLAC, 2004). In part, this is due to women assuming family responsibilities which restrict their access to education and professional training. Living in a situation of poverty leads to further social exclusion from the formal labor market (ECLAC, 2004). When women are able to secure paid employment, they are often faced with the double "burden" of work and family obligations (including caring for siblings or own children). For some women there exists a triple "burden": pursuing an education on top of work and family obligations. As women increasingly become heads of households, their capacity to provide financially for their family is crucial. The same barriers that deny women opportunities for professional development also impede them from being able to financially sustain their family.

The notion that certain occupations should be filled by women and others by men affects how men view women and how women view themselves, often propagating and reinforcing gender stereotypes. Women's higher participation in service sectors (those requiring caretaking and domestic skills) is directly linked to gender-related norms through which domestic responsibilities are expected and learned as part of socialization. Girls and young women are often raised to help with this type of work in the home, thus preparing them for this kind of paid work in the future (Anker 1998). This does not mean that men are not able to perform these jobs, nor does this mean that women are not able to perform other, less female-stereotyped, work.

Finally, the recent emphasis on women's increased participation in the labor force has masked the fact that women have always worked, including in agriculture, family businesses, and as family caretakers. These activities have generally been overlooked due to traditional and popular definitions of work, which are often limited to remunerated work. As a result, women's contributions to the economy have been underreported and misrepresented, and those activities predominantly carried out by girls and women, such as domestic chores, caregiving, and informal market activities, continue to be undervalued or ignored by society--and by women themselves. In the last few decades, there has been an increased attention to these activities; more recently, the Beijing Conference Platform of Action emphasized the need to promote the visibility and valorization of domestic and unremunerated work through improved research methods to understand the extent that this work contributes to the economy and the need to promote efforts to encourage the participation of men in such work (UN 1995).

Inequalities in the workforce

- Globally, women continue to earn 78% of what men earn for the same work (Lopez-Claros and Zahidi 2005).
- In Latin America, women on average have higher levels of schooling than men, yet they still do not have the same salaries or job opportunities (ECLAC 2004).
- Women represent 40% of the world's work force but hold less than 20% of the management jobs in most countries.
- Among youth (men and women), unemployment rates are the highest. The 2003 census in Brazil revealed that the unemployment rate among youth ages 18 to 24 was 18% compared to the national average of 10% (IBGE, 2/24/05).
- Overall, women have a larger workload and work longer hours then men (Mensch et al 1999), averaging an extra 4.5 hours of work after their official "work day" compared to 1.25 hours by men (Próspero 2004).

The importance of employment to young women

A young person's transition to adulthood is generally a shift from a state of dependence to one of independence (Curtain 2001). Paid employment helps young people gain independence and control of their lives and decisions (PC and ICRW 2000; Mensch et al 1999). Paid employment can also promote one's self-esteem and social status, as well as develop the professional and personal skills important for a more satisfying and productive adolescence and adulthood. For young women in particular, paid employment represents an opportunity to break from the traditional roles as wife and caretaker of the home, allowing them to develop identities beyond those of wife or child (Mensch et al 1999). Moreover, the means to an independent livelihood is often an important element to women's bargaining power in marriage and fertility decisions (Mensch et al 1999).

Historically, the discourse surrounding youth and employment has focused on concerns about child labor. Since the early 1900s, the international community has agreed to a series of conventions restricting child labor. In 1973, international agreements established that the minimum working age should be the same as the age when the minimum required schooling is completed (around age 15 in most countries) and that youth under the age of 18 should not be allowed to work in sectors that jeopardize their health, safety, or morals. In addition to these conventions, UNICEF and the International Labor Organization have developed further regulations to protect youth in the workplace, taking a strong stance on the "worst forms of child labor"* with a call for special protection of girls. While these measures have all been well-intentioned, they have had some detrimental side effects. The increased regulations have resulted in many sectors refusing to hire youth who want or need to work. Consequently, the jobs that youth do manage to find are more likely to be outside of the law, which increases their likelihood of being exposed to dangerous work situations where their rights and well-being are compromised.

Young women in the labor force

Young women often have to contend with both gender and age discrimination. As a result, many are pushed into illegal, dangerous, or unprotected work, or situations where their rights are violated (Mensch et al 1999). Despite attempts to protect children and youth from harmful work situations, domestic service and commercial sex continue to be two domains of work largely hidden from official eyes. Often, families will send their girls to be domestic servants as a survival strategy, both to relieve the family of feeding one more person and for the potential income. Similarly, girls are sometimes placed into the commercial sex industry by their families or are misled into such work. UNICEF estimates that one million children per year, mostly girls, are caught in a network extending from Southeast Asia and the former Soviet bloc to Latin America (UNICEF, 2001). Increased trafficking of women to the United States, Europe, and Japan is associated with poverty, lack of educational and

* UNICEF defines the "worst forms of child labor" as hidden and unregulated work.

employment opportunities, and violence. For example, there has been an increase in networks which offer women fake or misleading work contracts in which they end up working in brothels or nightclubs or in indentured slavery situations (Chiarotti 2004).

The reality is that many youth seek productive employment to initiate their participation in the market, but they are confronted with the paradoxical challenge of lacking experience: without a job, they lack work experience, but they need work experience to get a job. Youth from middle- and high-income families have greater access to good jobs through family contacts, classmates, and friends in business. These youth also have the greater financial freedom to accept experiential positions, such as internships which are often unpaid or minimally paid, furthering their advantage over youth who are forced to work as a survival strategy.

Rights, Programs, and Policies

Often, young women are unaware of their rights as youth, women, and workers. Although each country has its own regulations and laws regarding women and youth in the workplace, most have policies regarding pay, maternity leave, discrimination, sexual harassment, and benefits. The existence of these laws, however, does not always translate into practice. For example, there is an under-recording of sexual harassment even in regulated industries (ECLAC 2004). It is necessary that youth be informed on how to access information regarding their rights as workers.

Rights in the workplace

- Women should receive equal pay to men for work of equal value.
- It is unlawful for a woman to be terminated during her pregnancy or because of absence due to illness related to pregnancy or childbirth except on unrelated grounds.
- Women shall be provided at minimum 14 weeks maternity leave.
- A woman who is pregnant or breastfeeding will not be obliged to perform any work that could be harmful to her health or the health of her child.
- Pregnancy tests are not permitted in order to obtain or retain employment except where required by law in respect to dangerous work conditions.
- Women are guaranteed the right to return to the same or equivalent position at the same pay rate after maternity leave.
- All people regardless of sex, race, color, religion, national or social origin, or political opinion shall have equal opportunity in employment and vocational training.
- Every person has the right to be treated with courtesy, respect, and dignity in the workplace and to be free from physical or mental harassment. All forms of harassment are a serious form of misconduct that will not be tolerated.

Source: www.ilo.org

Government, civil society and private sector efforts need to focus their attention on vocational training and apprenticeships to help youth gain skills for their first job, with particular attention on making these programs accessible to all youth, including young women and young mothers. A paradigm shift among employers and policy makers is required in order to promote a culture where family or school obligations do not conflict with opportunities for professional development or financial sustainability (Próspero 2004). For example, employers that house childcare facilities help to alleviate stresses regarding childcare at home, and thus create more opportunities for women to seek work outside the home. Furthermore, promoting greater participation of men in household chores and the care of children – through social communication campaigns and more equitable parental leave and care policies – is essential to eliminating inequalities in the burden of work between women and men (Próspero 2004). Existing policies regarding pay, discrimination, sexual harassment, maternity leave, benefits, and others issues affecting young women in the workplace must be enforced to create environments in which women's participation in the labor market is encouraged and protected.

Sexual harassment is a violation of rights*

Sexual harassment is any unwelcome sexual advance, request for sexual favors, or other verbal or physical conduct of a sexual nature, when it interferes with work, is made a condition of employment, or creates an intimidating, hostile or offensive work environment.

activity 29

What is a woman's work?

Purpose

To discuss the traditional gender divisions which exist in different types of work.

Materials required

Flip chart paper and markers.

Recommended time

1 hour and 30 minutes.

Procedure

1. Explain to the participants that the purpose of the activity is to discuss the types of work that women and men traditionally carry out.

2. Hand out a sheet of paper and pen to each participant. Ask each participant to create a list of all the different types of work done by different individuals in their family, including themselves. Ask the participants to think about the types of work done by male relatives in comparison to the type of work done by female relatives. For low literacy groups, divide the participants into pairs or small groups and ask them to discuss these points.

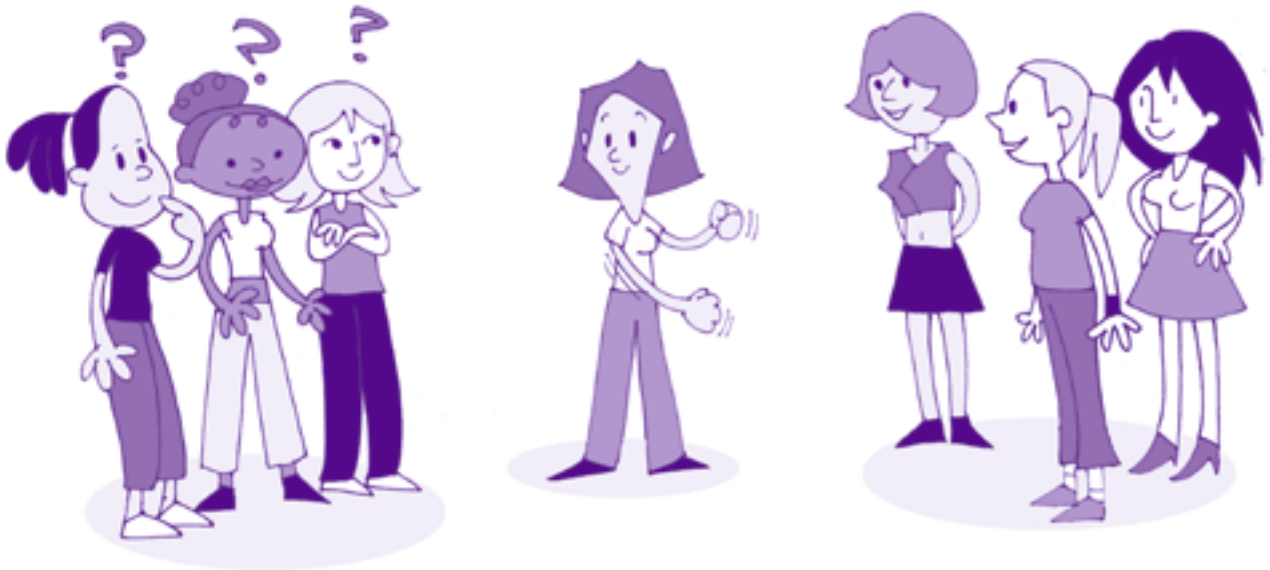
3. Allow 10-15 minutes for the participants to write and/or discuss.

4. Invite each participant to share a few examples from her list with the larger group. She should specify whether each type of work is carried out by men, women, or both.

5. Write the different types of work mentioned on a flip chart paper. Create a list of those types of work done by men, a list of those done by women, and a list of those that are performed by either sex.

6. After all of the participants have contributed, review the list that you created with the types of work done by men and those done by women. Go through each item and ask participants whether this type of work can be done by the other sex as well. If participants say that something cannot be done by the other sex, challenge them to think about this further and question their reasoning, until the group comes to the ultimate realization that this type of work probably can be done by both sexes.

7. Engage the participants in a discussion about the gender-division of work, using the discussion questions provided below.



* Source: http://www.un.org/womenwatch/osagi/fpsexualharassment.htm.

ALTERNATIVE PROCEDURE: Have each participant write or dictate the types of work done by different individuals in their family, including themselves, individually, on small pieces of paper. Fold these papers and put them in a basket. Divide the group into two teams. One at a time, have one participant from each team select a piece of paper and act it out silently. The team from which the actress originated should try to guess what type of work she is acting out. If that team cannot guess, give the other team an opportunity to guess. The team to correctly guess the type of work gets one point. This game can be played until all the tasks have been picked or until the facilitator feels the group is sufficiently animated. Create a list on flip chart paper of the activities that are acted out and then ask the participants the discussion questions listed below.

Discussion questions

- Are there certain types of work which men more commonly do? Are there certain types of work which women more commonly do? What are the reasons for these differences?
- If not mentioned-- Is taking care of children and the household considered work? Why or why not? Who is better at taking care of children and the household, men or women? Why? Do you think women have an instinct for this type of work? Explain.
- Do you believe that there are certain types of work that women are not able to do? Why? What are these types of work?
- Do you believe that there are certain types of work that men are not able to do? Why? What are these types of work?
- What is the role of family in shaping and reproducing norms of what is work for men and what is work for women? (see Text box – Barbie dolls, Toy trucks and what they teach us about work)
- Is it easier for women to find jobs than for men? Explain.
- Is it easier for a woman with a higher education to find work than for a woman with little or no education? What types of work do you need more education for?
- What have you learned in this activity? Have you learned anything that can be applied to your own life and relationships? Will you make any changes as a result of this activity?

Closing

The idea that certain types of work should be done by women and others by men is based on socialization, not biology. Women's higher participation in jobs requiring caretaking and domestic skills is directly linked to the fact that girls and young women are often raised to help with this type of work in the home, thus preparing them for this kind of paid work in the future. Unfortunately those activities predominantly carried out by girls and women, including domestic chores, care-giving, and informal market activities, continue to be undervalued or ignored by society –and sometimes, by women themselves. It is important to recognize the immense contributions that women have always made inside and outside the home and to know that it is possible for women to assume activities traditionally carried out by men, just as it is possible for men, in turn, to assume those activities traditionally carried out by women, including domestic work and child-care.

Barbie dolls, Toy trucks, and what they teach us about work

During the discussion, it might also be interesting to ask the participants to think about the different toys that boys and girls play with and the possible links to the types of work which men and women more commonly do. For example, little girls often play with dolls and such toys that mimic caregiving and domestic roles. Little boys often play with cars, building blocks, and other toys that mimic aggressive and competitive roles. Discuss how these early experiences are part of the socialization in which both girls and boys learn to identify with certain types of work and interests.

activity 30:

Voices of working women

Purpose

To reflect on the work experiences of women in the community.

Materials required

A worksheet or notebook for each participant.

Recommended time

If this activity is carried out with the fieldwork component (in which the young women themselves identify and interview working women in their community), it will require two sessions spaced about one week apart. During the first session the facilitator will need to provide some guidelines for the fieldwork (see Part 1 in Procedure). The recommended time for this is 20 minutes. The recommended time for the second session (see Part 2 in Procedure) is 2 hours.

If this activity is carried out without the fieldwork component, it will require just one 2-hour session.

PLANNING NOTES: Before planning this activity, it is important to consider the needs of your audience and how comfortable they would be with arranging and conducting interviews on their own. With some groups, it might be best for you to have prearranged, and possibly even prescheduled, a number of women who are willing to be interviewed so that the participants do not have to seek them out. You may also consider inviting women to be interviewed during the group session. Moreover, it might be helpful to have the participants work in interviewer pairs so that they can share the responsibility of asking questions and taking notes. This might also be a more comfortable arrangement for participants who are shy or reserved. Alternatively, if you think that your participants need less direction, you may only need to brainstorm with them the types of people (teachers, business women, daycare workers, retailers, etc.) from the community they may want to interview.

Depending on how feasible it is within the context of your training, you might want to add an activity related to this one in which you bring the women from the community together to meet with the participants as a group to discuss these issues (and others from the manual). The idea would be to maintain and strengthen the connections the participants have made with women and potentially create "mentor" relationships.

Procedure

Part 1: Preparation for field-work – 20 minutes

1. A week prior to the activity, explain to the young women that they are going to interview women in their community about the work that they do and what it means to them. Tell the young women that they should address the following questions in their interviews:

a. How long has she been working?

b. What does she think about her work? (Not only in terms of pay, but also enjoyment, health, flexibility, etc.)

c. Does she also study and/or take care of a home and children? If so, what have been some of the challenges in balancing those different responsibilities?

d. Does she think there are differences in the work opportunities available to women in comparison to those available to men?

e. Did she always work? Does she have a partner and what does he/she think of her working out of the home? Does he/she share in the domestic work and raising the children?

2. Ask the group if there are other questions that would be interesting to ask and add those to the list. If it would be helpful for the group, you can have them work in small groups to "rehearse" interviewing skills and the questions. Ask if the purpose of the activity is clear and hand out the "field diaries." (See preparation note for alternative to fieldwork).

OPTIONAL: Encourage the participants to conduct at least two interviews – one with a woman and one with a man. The participants should adapt the questions provided when interviewing men, in order to obtain information regarding the male perspective on the opportunities and challenges faced by women in the work force as well as their own.

Part 2 – Discussion of Fieldwork – 2 hours

4. The following week, ask the participants what it was like speaking with women in the community about the types of work that they do.

5. Divide the participants into three to four smaller groups and ask the participants to share their interviews and finding within these smaller groups.

6. Allow between 20 and 30 minutes for the groups to discuss their interviews and findings.

7. Bring everyone together again and discuss the questions provided below.

8. Following this discussion, tell the participants that you want them to think about how they can apply what they learned from their interviews to their own futures. Ask them to write on a paper the type of work they think they would like to do. They should then think about what it will take to achieve this dream/goal and write the following on the paper:

a. 3 steps they can take to reach the goal

b. 3 types of support they think they will need to achieve this goal

9. Bring the group back together and ask participants to share their goals, one of the steps, and one of the supports.

10. Summarize for the group what you have heard from the participants.

Discussion questions:

- What are the most common types of work that women in your community do? Why do you think this is?
- What did the women think about the work they do?
- Did you interview women who had experience with studying and/or working in addition to taking care of the house and children? What were some of the challenges they faced? What kind of supports did they need?
- Do you think that there are restrictions on the types of work that women in your community can do? What types of restrictions?
- Do you believe there are there differences between the types of work that young women your age do and the types of work that women from your mother's or grandmother's generation did? What kinds of differences?
- Do you think there are differences between the types of work that young women do and the types of work that young men do? How about older men and women? What kinds of differences?
- What kind of support exists in the community for women who work? How can you help to strengthen these supports?
- What have you learned in this activity? Have you learned anything that can be applied in your own life and relationships?

Closing

One of the greatest gains in the feminist movement has been the increased participation of women in the labor force. As women have started to have more control of if, when, and how many children they have, and as their levels of education have increased, women have been able to assume both domestic and professional roles, often balancing both simultaneously. However, this balance has sometimes come at the cost of their emotional and psychological well-being. An important step toward supporting working women is promoting greater equality in the division of household chores and child-care between women and men.

Link - Manual

Activity 22: All at the same time promotes a discussion about women's and men's roles and responsibilities in relation to domestic work.

activity 31

Promoting respect and rights in the workplace

Purpose

To reflect on problems women face in workplaces and discuss possible solutions.

Materials required

Flip chart paper and markers.

Recommended time

1 hour and 30 minutes.

Planning notes

Research beforehand some of the movements and legislation in your country that relate to women's rights in the workplace, particularly those relating to discrimination in hiring and employment.

Depending on the experiences of the participants – whether they have worked formally, only worked in the informal market, or never worked – this activity will need

to be adapted. Prior to the workshop, ask the young women in the group who have never worked to speak to someone they know who has held a job (older siblings, parents, grandparents, neighbors, friends) to find out about their experiences (opportunities and challenges). Also refer to the previous activity - *Activity 29: Voices of Working Women*. A discussion on what is included in "informal" work might reveal that many young women have indeed worked. The discussion surrounding participation in the informal market should include a component on the nonexistence of a mechanism to enforce the rights of women. Alternatively, this activity can be conducted referencing discrimination and rights at school.

Procedure

1. Ask the participants to reflect on the earlier discussions about women and work and to identify some examples of inequities faced by working women. Create a list on the board. Examples might include unequal pay, discrimination in hiring, underrepresentation of women in leadership positions, incidences of sexual harassment, etc.

2. As a group, identify 2-3 priority problems for women in their community. Divide the participants into smaller groups and assign each group one of the problems. Ask each group to develop a role play which presents an example of the problem and possible responses or strategies for change. Allow up to 30 minutes for group work.

3. Ask the groups to present their role plays (10 minutes each at most).

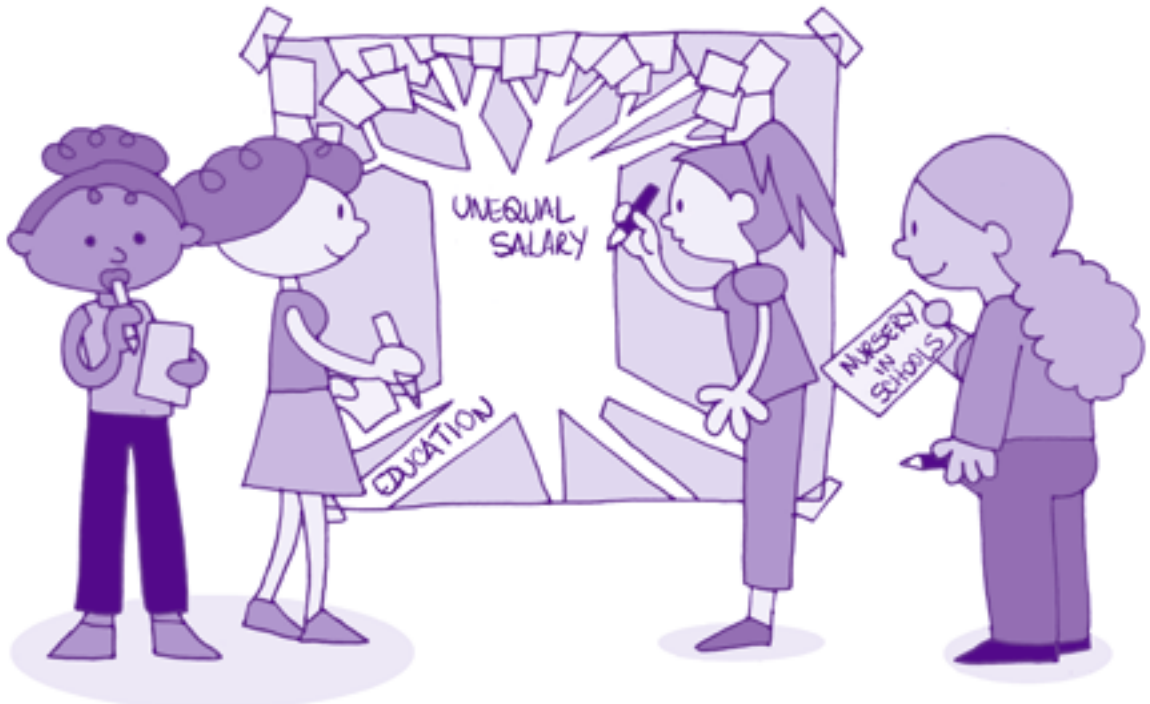
4. After the presentation of the role plays, use the questions below to facilitate a discussion.

5. Tell the participants that if they are interested, they will have the opportunity to further develop this issue and strategies for community-level change in the Section on Community Participation.

ALTERNATIVE ACTIVITY: Once the small groups are established with their subject, provide them with a large piece of paper. On this paper ask the participants to draw a tree with roots. The facilitator can also prepare the outline of the tree and leaves ahead of time. Inform the groups that they will be creating issues trees. In the trunk of that tree they should write the issue that they are addressing. In each root (3-5) have them identify root causes of the issue. Using colored paper and glue if available, have the groups cut out leaves for the tree. In each leaf, the group should write a strategy for change and then glue it in the appropriate spot on the tree. As many leaves as the group can fill should be put on the tree. For example, if the issue is unequal pay, a cause (to be filled into the root) might be restricted education opportunities because of family responsibilities, and a corresponding strategy for change (leaf) would be providing daycare facilities at schools so that young women with children can attend classes. Have each group present their issues trees and ask the rest of the group for further input.

Discussion Questions

- What are the greatest problems that women face in the workplace?
- What do you think are the causes of these problems?
- What specific problems do young women face? Mothers? Women from low-income communities? Women from underrepresented racial or ethnic groups?
- Are there problems that men face in terms of the



workplace? (See Text Box- Rights of Men in the Workplace)

- Who else should be involved in promoting working rights (government, employers, etc)? How should they be involved?
- How can you and other women help to promote your working rights?

Closing

Often, young women are unaware of their rights as youth, women, and workers. Although each country has its own regulations and laws regarding women and youth in the workplace, most have policies regarding pay, maternity leave, discrimination, sexual harassment, and benefits. The existence of these laws, however, does not always translate into practice, especially for young women who often have to contend with both gender and age discrimination. Young women with children face the additional stigma of being young mothers. As a result of this discrimination, young women are pushed into illegal, dangerous, or unprotected work situations where their rights are violated. It is important that you know how to access information and support regarding your rights as workers and share this information with others.

Link - Manual

Activity 32: Exercising my rights provides an opportunity to develop strategies for promoting women's working rights.

Rights of Men in the Workplace

During the activity, it might be interesting to engage the participants in a discussion about the rights of men in the workplace. For example, have them reflect on the importance of paternity leave. Should this be a right for working men? Why is it important? Are there any other men's rights in the workplace that should also be promoted and respected? How are men's rights in the workplace related to women's rights?

Community participation

Community participation can be defined as an awareness-raising and mobilization process which allows individuals and groups to identify and understand their needs and to look for solutions that improve their lives and communities (Nunes, 2006). These solutions can include helping to care for neighborhood children, accompanying someone to a health clinic, loaning money to a friend or neighbor, or other actions that individuals and groups can do to contribute to the well-being of others and living standards in the community.

Community participation and empowerment

Working within a framework of community participation makes it easier for young women to question the laws and socio-cultural norms that generate and perpetuate inequalities. Young women must realize both that these laws and norms were created by groups of people – i.e., that they are not innate and immutable – and that they themselves can propose and enact changes to these laws through political mobilization. Through these realizations, young women may begin to develop a critical consciousness and recognize their own power to shape their lives and communities. In this sense, participation becomes an essential tool for both learning and empowerment.

We define empowerment as "an increase in power and personal and collective autonomy of individuals and social groups in their interpersonal and institutional relationships, mainly those related to oppression, domination and social discrimination" (Vasconcelos, 2003). Empowerment depends on individual and collective participation in identifying problems and working towards change. In Pedagogy and Autonomy (2005), Paulo Freire emphasizes that we can only become aware of the oppressiveness of a relationship through the autonomous participation of individuals in the liberation process and not solely through the provision of information - that is to say, in order to understand oppression, we must participate in the our own liberation.

Getting to know one's community is another an important step in the empowerment process. More meaningful interactions with the community and a deeper understanding of its resources lead to stronger mobilizations and more significant changes.

Young women and community participation

Promoting the participation of young women in their communities can provide an opportunity for them to move beyond the reflections and discussions contained within this manual and work to transform their local realities. The development of individual and critical points of view is a critical step in amassing the collective voices necessary to address urgent social issues (Fischer, 2002). Moreover, building a sense of citizenship and being involved in collective actions can help young women increase their self-esteem and achieve their own aspirations (Putnam, 2003).

Principles for the promotion of youth involvement

Some key principles to promoting youth involvement in a significant and lasting way include:

1. Respect – treating youth with dignity and recognizing and valuing their accomplishments.

2. Significant involvement – ensuring that youth are involved in decision-making processes of programs and organizations, and that they have the means to produce tangible solutions and/ or products.

3. Civic values –successful efforts are ones that are based on improving the lives of young people, creating.

It is also fundamental to help youth and adults speak to each other, especially about subjects that are considered taboo or difficult. Adult facilitators can offer youth information and support in discovering the adult world. The involvement of young women in interactive activities with different leaders from the community can expand their networks and give them access to new and important information resources. Using an analogy from nature, we can say that the participants are capable of spinning webs of connection and thus creating networks that become larger and larger. A study conducted in the United States found that youth from low-income urban areas who created partnerships with adults were more likely to seek and receive support and opportunities (Costa, 2003). These youth also had more opportunities to learn about the adult world, and to get practical information on topics like getting into college and norms and expected behavior in the workplace.

Conclusion

These activities around community participation are intended to stimulate the involvement of young women in a process of individual and collective reflection about their communities, and to create an environment where they can work together to solve local problems. During this process, young women not only interact with other youth who face similar problems, but also with individuals from the larger community, such as community leaders, religious leaders and representatives from local organizations. It is important that the thematic reflections proposed in this manual bring about a movement towards an individual and collective transformation of the community's circumstances.

Additionally, involvement in community action is a catalyst for individual transformation, as we saw earlier. Reflecting upon and acting on our circumstances allows us to discover tools that can lead to personal change and contribute to the transformation of our local reality, which is connected to the idea of empowerment. This empowerment through participation increases our self-esteem and deepens our sense of belonging and our feeling of control over our own lives.

The involvement of youth in collective actions is also a mobilization tool. It is fundamental to identify and maximize existing networks so that interventions can be as efficient as possible, wile at the same time recognizing the evidence of the role that community participation plays in the well-being and health of youth.

Activities that can encourage community participation

Theater

Some of the activities in this chapter utilize theater as a form of reflection, debate and community involvement around reproductive health and workplace discrimination. The Brazilian activist Augusto Boal discovered that theatrical techniques permit people to become aware of the reality around them and, consequently, to think collectively about mechanisms that promote needed changes.

The efficiency of using theater as a tool for collective social reflection can be seen in such programs as Nós do Morro (a low-income community theater organization), in the community of Vidigal, in Rio de Janeiro, Brazil. The project is located in an art center in the community and offers drama classes to local residents. The process culminates in a theatrical production that seeks to expose the local community as well as the general public to the actual problems they face. These efforts help create networks in and out of the community, which works towards solving local problems wile also offering job opportunities for local youth in the television and theater industries.

Information collection

This chapter includes optional activities, such as the collection of information through key persons, which are designed to help participants visualize solutions for the community problems they themselves prioritized in sessions. Through this process participants develop the ability to identify and analyze problems, learn to coordinate sources of knowledge from in and out of the community, and expand their own civic networks.

Taking action

Activities that encourage participants to reach wider audiences through "letters to the editor" about a specific subject are widely utilized and efficient vehicles for the promotion of a continuous public forum. In Salvador, Brazil, the Youth Consortium Project uses this technique to promote literacy courses with civic themes for youth. The participants learn to read and write while engaging in debates in local newspapers, about issues that are of interest to them.

activity 32

Exercising my rights

Purpose

To address social problems affecting young women through the development of partnerships within and outside the community.

Materials

Flip chart paper and markers; tape, pencils and pens, scissors, magazines and glue (for participants choosing to do a collage).

Recommended time

Day One: 1½ hours.

Day Two (optional): 2 hours.

The second day is recommended as it allows for a fuller debate and more guidance to help solve a particular community "problem".

Planning notes

This activity provides a very valuable forum for talking with participants about real, local-level problems. It also allows for a discussion of similarities and differences in how men and women are affected by these problems, and provides access to key contacts with more experience dealing with them. These key contacts can serve as helpful resources. Through this process they will not only learn about ways to access help, but will also envision solutions and expand their own networks.

If time is limited, if working with a group of 10 to 14 – year-olds, or if the group has difficulty reading and writing, the facilitator may decide to end this activity after Day 1. The facilitator should gather the sheets of information and lists of contacts created by the group and place them into a three-ring binder, creating a basic resource binder with local contacts. An additional step might be to invite the contact(s) to class to speak about the issue selected by the group. The participants can establish next steps to solve this problem with the guest (Resource Sheet 32C offers some suggestions). The contacts identified through this activity can perhaps also participate as specialists for the talk show in Activity 33.

Day 1

Procedure

1. Ask participants to reflect individually on the different problems that have been discussed throughout the workshops and to think of one that they believe is particularly relevant to their community.

2. Explain that they should create a role play, collage, short essay, poem, case study or drawing on how the problem they have identified affects men and women differently, and how it affects them, if at all, in their daily lives.

3. Allow 15 minutes for the participants to complete this task.

4. Invite each participant to briefly present the problem (in about two minutes) and their medium of representation.

5. After all the presentations are done, ask participants to vote on one problem which they would like to try to address together.

6. Divide the participant into three to four small working groups. The groups should brainstorm types of people who they think might have experience with and suggestions for solving the community problem that was selected. This list should include individuals with access to resources inside and outside the community, such as the directors of local organizations, or staff members from local community or health centers. Discuss the example of Mangueira described in the text box below as an example of innovative partnerships. The facilitator should come prepared with his or her own list should the group need suggestions. The groups should try to provide as much contact information as possible, such the names of specific individuals, how to contact these people, etc. If specific people cannot be identified, participants can suggest names of organizations, institutions, etc.

Discussion Questions

- What next steps can you take as a group to addressing this problem?
- Many times we focus on the difficulties and problems in the community. Thinking about the flip side, what are the potentials of your community? What could the community be like if the problems you identified were solved?
- What are potential barriers for solving this problem? How can you overcome these obstacles?
- What next steps can you take as individuals to address this problem?

Closing

As you all know, the problems in your communities cannot be solved in one day, or by one person working alone. A good place to start, though, is with your own lives. Changing your attitudes and behaviors is not always easy. It is important to keep this in mind and to think about how you can support each other to make changes in your lives and relationships. Try to also think about how you can share the information you have learned in this and other activities with other young women and men in your communities and engage them in the kinds of questioning and discussions you have had here. Remember, everyone has a role to play in building more equitable and peaceful communities,and starting with your own lives and relationships is an important first step.

Partnerships in Mangueira

In the Mangueira neighborhood in Rio de Janeiro, community members partnered with the private sector to help improve recreational and cultural options, as well as to establish professional apprenticeship opportunities. Several young people in Mangueira today intern with companies involved in the ongoing neighborhood-corporate partnership (Costa, n.d.).

Day Two (optional)

Purpose

To strengthen the relationship between participants and guests with experience tackling community problems and create information and identify solutions that can be added to the resource binder.

Materials

Copies of Resource Sheets 32A and 32B, pens/pencils. Optional: a notebook for each participant.

Recommended time

2 hours.

Planning notes

Before this session, you should contact people from the list the group has generated. Request that they come to the class to be interviewed (try to schedule interviews for the second half of the upcoming class).

Procedure

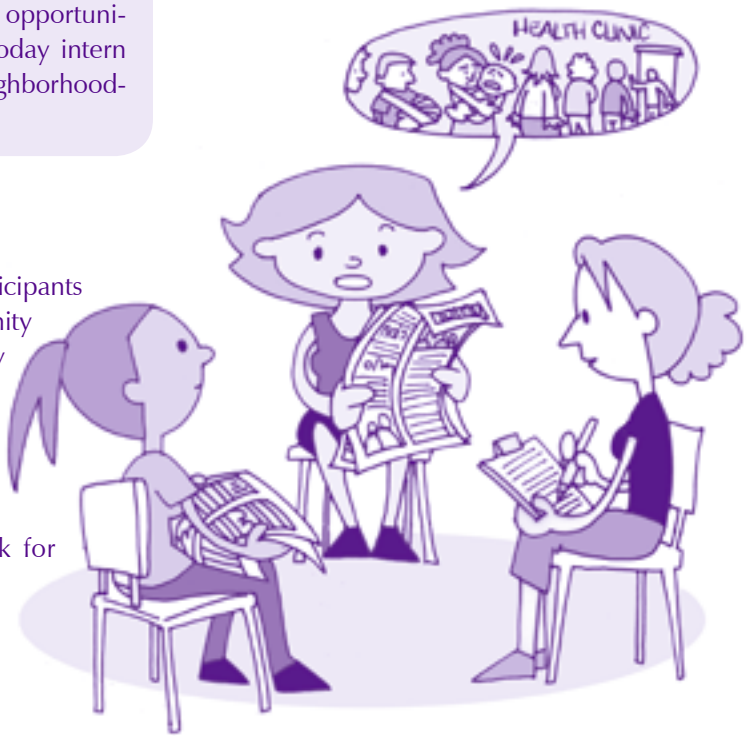
1. Interviewing Key Contacts: Provide each participant with Interview Tips worksheet (see below). Discuss the tips with the class.

2. Form groups of 2 or 3 participants. Each group should review Resource Sheet 32A and role-play interviews. Explain that the worksheet provides a script, the actual interview questions and space to put in the answers, as well as any contacts that may be suggested during or after the interview. Brainstorm any additional questions to be asked. Note that the "Interviewer Notes" section can be used to by the participant to jot down any notes or reflections that she may have about the actual interview, the setting, and whether they agree or disagree with proposed solutions. The facilitator should provide the interview assignments (45 minutes).

3. Conduct the interviews in class (30 minutes).

4. After the interviewees leave, discuss the experience, focusing on the suggested solutions, the experience of interviewing and meeting the contacts, and expanding one's network. Information gained from the interviews should be added to the resource binder.

5. Encourage the participants to establish next steps with some of the guests to help resolve a community problem. Resource Sheet 32C offers suggestions for how to proceed via an initial meeting.



Resource Sheet 32 A

How to carry out an interview

Before beginning the interview, introduce yourself, explain the goal of the interview and ask the interviewee to read and sign the consent form. Explain that the content of the interview will be used to create a Resource Guide for the community. During the interview, remember to demonstrate that you are paying attention and listening carefully.
Before beginning the interview, clarify the following with your co-interviewers:
- Who will ask for permission and get the necessary signature?
- Who will explain the goal of the interview?
- Who will ask the questions?
- Who will write down the answers?

Sample Interview Script and Questions

Innterviewee name and contact information:

"I/we are part of a group discussing issues affecting our community. We identified X as being an important issue in our community. We are interested in your insights on this issue. We are also looking to compile contact information, particularly names, affiliations, addresses and phone numbers, for people to identify as being knowledgeable about this topic".

1.How can the community address this issue?

2.Who would be involved?

3.What/who are the barriers for solving this problem?

4.How to overcome these barriers? Who would be involved?

Suggested name(s) and contact information:

_____

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Interviewer's notes:

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Resource Sheet 32 B

Sample consent form

I _____ (name of interviewee) understand that the content of this interview will be used to create a Resource Guide that can be accessed by youth and other community members. I also understand that the interview serves as an activity for participants in Program M workshops and is a voluntary activity that does not include monetary compensation.

_____ _____

Signature Date

Resource Sheet 32 C

Creating an action plan

The themes discussed during the activities can be transformed into action. Here are some tips:

The participants can continue to meet without the facilitator. A first step would be to use the resource binder that has been created. Which themes most interest the group? Which contacts can help?

It will be necessary to set up an initial meeting to discuss which theme will be addressed and how to move forward. One participant needs to volunteer to organize the meeting. She will be charged with setting up a date, time, and location to discuss the action strategy. The example below can help the facilitator before and during the meeting.

Date/location/time Facilitator	Participants	Meeting Objectives	Next Action Steps
July 15th Community Center Maria	Maria, Jenny, Valeria, Amanda, Sarah, Marcia.	**1.** Decide the action and its objective. **2.** Decide which contacts can help us and invite them to the next meeting. **3.** Set up a next meeting, define action steps and who will facilitate next meeting. **4.** Define the agenda for the next meeting.	**1.** Invite John from the Community Center to the next meeting. **2.** Each participant should come prepared to present the problem to the guest and to answer any questions. **3.** Propose a future visit to the Community Center or another entity that might be of assistance. **4.** Create an informational pamphlet about human rights to distribute in the community. **5.** Before the end of the meeting, decide which next steps to take with assistance from the guest. **6.** Determine the role for each participant in the execution of the next steps.

activity 33

Talk Show

Purpose

To engage the participants and their community guests in an activity and a discussion that includes proposed solutions for issues and themes appearing in this manual.

Materials

Flip-chart and markers. Optional: poster boards, crayons/markers/colored pencils, tape, presentation props.

Recommended time

This activity can be carried out in one long session (2 hours), but it is recommended that it be carried out over two or more sessions so that other community members, including family and friends of the participants, can also be engaged.

Planning notes

For this activity, the participants will be dramatizing a talk show based on a problem in their community. In addition to the characters who the participants themselves will act out, the facilitator should also consider recruiting a "specialist". This person should be a doctor, lawyer, psychologist, or other "character" that generally appears in talk shows to offer advice and/or counseling services. It is essential that the specialist receive background information on the workshops and objective of the talk show prior to the session(s).

Procedure

Part 1: Preparation for the Talk Show (1 hour and 30 minutes)

1. Explain to the participants that they are going to produce and carry out a talk show to address an issue in their community and to propose possible solutions.

2. Carry out a review with the participants of the different issues that have been discussed throughout the workshops.

3. Read aloud or select participants to read aloud the case studies on Resource Sheet 33A.

4. Ask the participants if they would like to vote on one of the case studies to be the basis for the talk show, if they would prefer to select a case study from a previous workshop, or if they would like to create a case study of their own.

5. Once an issue/case study has been selected, carry out a brainstorm of the different factors involved in the issues and potential solutions.

6. Review the general format of talk shows, drawing from examples that the participants might know from television.

7. Make a list of the various "characters" who should appear on the talk show. For example, if the group selects Case Study #1 they might make a list which includes the following: characters: Maria, Jose, one of Maria's friends, one of Jose's friends, another young woman and/or young man who has been through a similar situation, a nurse or doctor, a family member, etc. The list should include between 3-6 characters.

8. Divide the participants into a number of groups equal to the number of characters who were identified. Assign each group one of the characters. Explain that they should discuss the perspective of that character on the issue of the talk show, as well as their relationship with the other characters. Encourage them to think about the following questions:

a. How is the character affected by the issue?

b. How does the character feel about the other characters on the talk show?

c. How does the character think the issue should be resolved?

9. Allow 20 minutes for these discussions.

10. Invite the groups to present what they have discussed.

11. Identify participants to play the role of the characters and the talk show hostess (see Text Box –Tips for being a Talk Show Hostess). The other participants will play the role of audience members. The facilitator may also suggest secondary characters such as the in-studio camera crew or producer, etc. for participants who are apprehensive about appearing in the production, or if the size of the group is large.

12. Allow 15 minutes for the different participants to prepare for their roles. Explain that the recommended time for the total performance is 20-30 minutes. Those participants who will play the role of audience members should discuss possible questions that they can pose to the characters.

NOTE: If the talk show will be presented in a separate session, the facilitator can extend this time and encourage the participants to actually "rehearse" the talk show in its entirety. The facilitator should also brainstorm with the participants' ideas to think of a specialist who could be invited to participate in the talk show.

Tips for Being a Talk Show Hostess

- Welcome the audience and give a short introduction of the talk show theme.
- Introduce the guests (characters) and ask for each one to tell his/her version of the story.
- Focus on points of disagreement and tension between the guests.
- Involve the other potential guests (friends, family members, etc) by asking for their opinion of the situation.
- Ask audience members if they have any questions.
- Involve the "specialist" in the discussion.
- Attempt to seek some kind of resolution, perhaps with the aid of the specialist.

Part 2: Presenting the Talk Show (50 minutes)

13. After the presentation of the talk show, the facilitator should facilitate a discussion about how the experience of organizing and presenting the talk show and the lessons they learned might help them make changes in their lives and communities.

14. *OPTIONAL STEP: Engage members of the larger community to participate in the talk show. This may require additional rehearsal sessions. Students should tell family and friends about the upcoming performance, and post signs in the community announcing the topic, date, and place. Before the actual talk show, the facilitator will explain to the audience how the theme was selected and why. It is also important to make clear to the audience that this is an "open class" performance by participants in this particular project, who may not have acted before. Afterwards, engage the community in a discussion using the following questions as a guide:*

- What do you think of the different characters?
- Do you agree that this problem exists in the community? What do you think are the causes?
- Has this presentation helped you think about the problem in a new way? If yes, how?
- What do you think are some solutions to this problem?
- How can different people in the community participate in these solutions?

Closing

Through the talk show, you were involved in raising awareness about an important theme. It is unusual for issues that affect a whole community, like the issue that you explored, to be discussed in a community-wide forum. The purpose of the talk show was to engage all of you, as a group, in a search for solutions, and to encourage you to share your own thoughts on the subject. If you think there are follow-up steps you want to take to further address the issue, we can discuss that now.

Links

The group may choose to use the theme from "Learning about my Rights" for this activity. Also, it might be interesting to involve any helpful contacts (for example, in the fields of health or law) from previous activities in the "specialist" role for the talk show (for example, if one of the contacts is a psychologist, he or she might aid the participant who will be playing a psychologist in the talk show). This person might also serve as a mentor throughout this project, or may also play a role in any next steps proposed by the group or the community.

Resource Sheet 33 A

Case study 1

Maria and Jose are both 17, and have dated for one month. They both talk about getting married one day. Last week they went to a party together, and ended up having sex without using protection against STIs or pregnancy. Maria now regrets the fact that they didn't use protection, and feels like Jose talked her into it. She wonders what she could have done differently. Jose doesn't know why Maria won't return his phone calls.

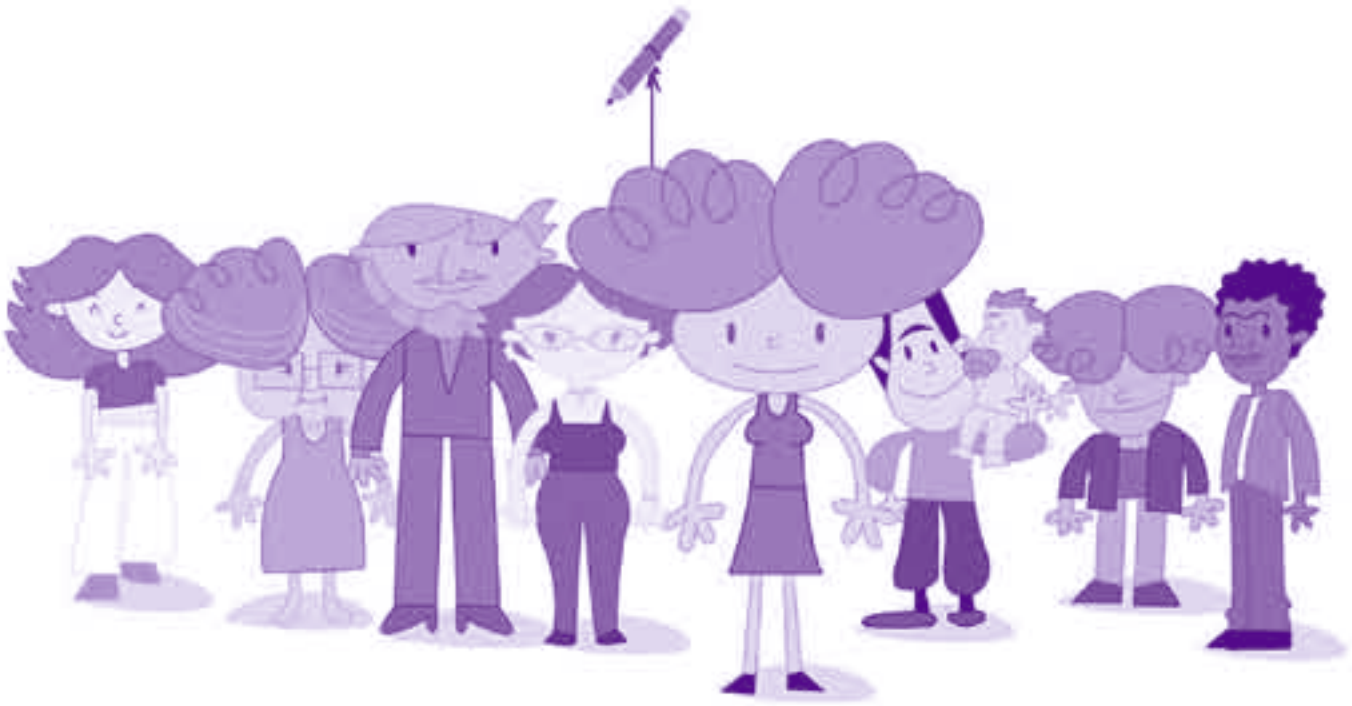
Case study 2

Julia just got a job as a saleswoman at a clothing store. Her female supervisor has made comments about her needing to straighten her hair and lose a couple of pounds because their clients prefer to be helped by "stylish and pretty" women. Julia ignored her at first, but then her supervisor threatened to fire her if she didn't comply. Some of her friends agree with her supervisor, but others think her suggestion is outrageous. Julia thinks she already is stylish and pretty, but doesn't want to lose her job.

Case study 3 (From Resource Sheet 8)

Ana is 21 years-old and lives in a town that is visited by many tourists. Last year she met a foreigner who became her boyfriend during his three-week visit. She didn't tell her family about him. Although he was a bit older than her, she enjoyed going out with him, particularly his extravagant lifestyle that included outings to great restaurants and fancy clubs. At the end of the visit, he convinced her to come back to his home country and live with him. He promised she would find a job very easily. Once they arrived there, he immediately confiscated her passport, and became very controlling, and sometimes verbally and physically abusive. He also did not work as an investment banker as he told her in Brazil; in fact, he didn't have that much money at all! She felt very isolated, with no friends or family and a lack of knowledge of the language. He pressured her to work as an exotic dancer, which meant good money but very late hours and daily propositions for sex. One year later, she managed to find her passport and hide enough money to buy a ticket home and escape back to Brazil.

Appendixes



APPENDIX 1

Tips for facilitating workshops

- Establish ground rules regarding listening, respect for others, confidentiality, and participation.
- It is important to have a suitable physical space where activities can be carried out without any restriction of movement. The space should also be private in the sense that participants should feel comfortable discussing sensitive topics and personal opinions.
- Invite the participants to sit in a circle during discussions, rather than rows, to promote more exchange.
- Include as much physical movement as possible to keep the participants alert and interested.
- Be friendly and create rapport with your participants.
- Be sure to dress appropriately. You should look approachable, but professional.
- Remember that information should be provided in non-authoritarian, non-judgmental, and neutral ways. You should never impose your feelings or opinions on the participants.
- Involve the participants in choosing the themes for discussion and make the themes personally meaningful. Remember to always reflect on activities and ask the participants how they can apply what they have learned to their own lives.
- Be prepared to adapt activities if the participants do not know how to read or write. For example, instead of asking individual participants to read a text, you can read it aloud to them. Instead of asking the participants to write something, you can ask them to draw.
- Use participatory activities that are entertaining and educational. For example, role plays may allow participants to explore problems they do not feel comfortable discussing in other settings. Role plays also help participants practice various skills, such as negotiation, refusal, and decision-making. An alternative to role plays is to use debates where participants will need to argue perspectives that they might or might not normally consider.
- Do not aim to instill fear as participants can often "switch off" or feel paralyzed.
- Encourage participants to be honest and open. They should not be afraid to discuss sensitive issues. Encourage them to honestly express what they think and feel, rather than say what they think the facilitator wants to hear.
- If a participant makes an exaggerated statement or gives misinformation/myth during a discussion, try to ask for clarification and be sure to provide accurate facts and information. You can also ask if another participant has a different opinion, or if no one offers a different opinion, you can offer your own along with facts to support your view.
- Check your own assumptions. Be aware of whether participants from particular social, cultural or religious backgrounds seem to trigger strong emotions in you. Use your reaction as an opportunity to reflect and reach past your own assumptions or prejudices.
- Have regular check-ins. Check-ins usually occur at the beginning of each session. They are a time when you can ask participants:

1) How has it been since we last met?
2) Has anything new happened?
3) Have you talked to anyone about the issues we discussed in our last session?

- If important issues come up during the check-in, do not be too rigid about the planned agenda. Allow some space to deal with the young women's issues.
- Provide further resources which participants can use to obtain more information or support about the issues discussed in the workshop. For example, you may need to tell participants where to obtain condoms or go for voluntary counseling and testing.
- Remember, keep track of time. Each workshop should not last longer than 2 or 2 ½ hours. Participants get tired and it is important to respect the fact that they might have other commitments. Also, do not plan to carry out more than one workshop in the same day. The works should be spaced 2 days to 1 week apart.

APPENDIX 2

On-line resources

Women's Health - General

Atmosfera Feminina
www.atmosferafeminina.com.br in Portuguese.

Mulheres de olho
www.mulheresdeolho.org.br in Portuguese.

Manual do adolescente
www.adolescente.psc.br in Portuguese.

Católicas pelo direito de Decidir
www.catolicasonline.org.br in Portuguese.

Women's Health
www.womens-health-clinic.com in English.

United Nations - Women Watch
www.un.org/womenwatch in English.

Gender Equality and the Millennium Development Goals
www.mdgender.net in English.

Sexual and Reproductive Rights

World Health Organization
www.who.int/reproductive-health in English and French.

Ipas
www.ipas.org in English, Spanish and Portuguese.

SOS Corpo
www.soscorpo.org.br in Portuguese.

Sexual Diversity

Gay and Lesbian National Hotline
www.glnh.org in English and Spanish.

National Association of LGBT Community Centers (NALGBTCC)
www.lgbtcenters.org in English.

Parents, Families, and Friends of Lesbian ands Gays (P-FLAG)
www.pflag.org in English.

Gay Health
www.gayhealth.com in English.

Gaydar @ Scarleteen
www.scarleteen.com in English.

Agência GLBTS
www.agenciagls.com.br in Portuguese.

Freetobeme
www.freetobeme.com/ in English and Spanish.

Fundación Triángulo
www.fundaciontriangulo.es in English and Spanish.

ABGLT
www.abglt.org.br in Portuguese, English and Spanish.

Sexual Diversity

ABGLT
www.abglt.org.br in Portuguese, English and Spanish.

Agência GLBTS
www.agenciagls.com.br in Portuguese.

Fundación Triángulo
www.fundaciontriangulo.es in Portuguese and Spanish.

Gay and Lesbian National Hotline
www.glnh.org in English and Spanish.

National Association of LGBT Community Centers (NALGBTCC)
www.lgbtcenters.org in English.

Parents, Families, and Friends of Lesbian ands Gays (P-FLAG)
www.pflag.org in English.

Abortion

National Abortion Federation (NAF)
www.prochoice.org in English, Spanish and French.

Abortion Access Project
www.abortionaccess.org in English.

Mujeres en red
www.nodo50.org/mujeresred in Spanish.

Violence

International Planned Parenthood Federation
www.ippfwhr.org in English and Spanish.

Coalition against Violence network
www.cavnet2.org in English.

The White Ribbon Campaign
www.whiteribbon.ca in English.

Womenshealth.gov
www.4woman.gov/ in English and Spanish.

Portal de Violência Contra a Mulher - Patrícia Galvão
www.patriciagalvao.org.br in Portuguese.

Campanha da Não-violência contra a mulher
www.bemquerermulher.com.br in Portuguese.

Fundo de Desenvolvimento das Nações Unidas para a Mulher
www.unifem.org.br in Portuguese and Spanish.
www.unifem.org in English.

Ipas Brasil
www.ipas.org.br in Portuguese.

Mujeres en red
www.nodo50.org/mujeresred in Spanish.

Fundación Mujeres
www.fundacionmujeres.es in Spanish.

Pregnancy

Planned Parenthood Federation of America (PPFA)
www.plannedparenthood.org in English.

Amigas do Parto
www.amigasdoparto.org.br in Portuguese.

About: Pregnancy and Childbirth
www.pregnancy.about.com in English.

Embarazada.com
www.embarazada.com in Spanish.

Teenpregnancy.org
www.teenpregnancy.org in English and Spanish.

HIV/AIDS

HIV Positive: Women and Children
www.hivpositive.com/f-Women/WoChildMenu.html in English.

The Body: An AIDS and HIV Information Resource
www.thebody.com in English and Spanish.

AVERT.org
www.avert.org in English.

Ministério da Saúde do Brasil
www.aids.gov.br in Portuguese, English, Spanish, French and Russian.

Grupo Pela Vidda
www.aids.org.br in Portuguese.

Fundación Descida
www.descida.org.ar in Spanish.

The Henry J. Kaiser Family Foundation
www.kff.org in English.

Adolesite
www.adolesite.aids.gov.br in Portuguese.

Drugs

Contra as Drogas
www.antidrogas.com.br in Portuguese.

Portal Drogas
www.drogas.org.br in Portuguese.

Street Drugs
www.streetdrugs.org in English.

Stop Drugs
www.stopdrugs.org in English.

The Partnership for a Drugfree America
www.drugfree.org in English and Spanish.

De Drogas
www.dedrogas.com in Spanish.

LasDrogas.info
www.lasdrogas.info in Spanish.

LaAntidroga.com
www.laantidroga.com in Spanish.

Observatório Brasileiro de Informações sobre Droga
www.obid.senad.gov.br in Portuguese.

Work

Women Work
www.womenwork.org in English.

Instituto Nacional de las Mujeres Costa Rica
www.inamu.go.cr in Spanish.

Women's Human Rights Net
www.whrnet.org in English, Spanish and French.

Cfemea
www.cfemea.org.br in Portuguese.

APPENDIX 3

Field-Testing the Educational Activities

With support from the Brazilian Special Secretariat for Women's Policies (SPM in Portuguese), International Planned Parenthood Federation, The Oak Foundation, and USAID, the educational activities included this Manual were tested with 176 young women ages 15-24 in four countries in Latin America and the Caribbean by the following organizations:

- PAPAI, Recife, Brazil
- Promundo, Rio de Janeiro, Brazil
- Jamaica Family Planning Association (JFPA), Kingston, Jamaica
- Salud y Género, Querétaro, Mexico
- Associación de Municipios de Nicaragua (AMUNIC), Managua, Nicaragua
- Centro de Estudos e Promocion Social (CEPS), Managua, Nicaragua

In terms of qualitative results from the testing, some of the most notable changes seen in the young women included:[1]:

- **Increased confidence.** The participatory style of the activities and the knowledge the participants acquired helped give them the confidence to discuss issues that they had previously thought taboo (such as HIV/AIDS, abortion, and violence, among others) with people both in and outside of the group.
- **Improved communication abilities.** The opportunities to transform feelings into words during group discussions helped to improve the young women's ability to communicate. Some young women even became spokespeople about topics of which they previously had no knowledge, such as AIDS prevention and the importance of condom use.
- **More critical of traditional gender norms.** The young women became more critical of socially and culturally constructed gender stereotypes of how women and men are expected to think and behave. Many participants stopped thinking, for example, that a woman could only be happy when she is in a romantic relationship, or that masturbation is something only men do.
- **Increase in self-knowledge.** Through the educational activities, the young women learned that it was very important to learn to "listen" to and appreciate their bodies and not become caught up in stereotypes of physical beauty imposed by society. Furthermore, they learned that becoming familiar with one's body is a way for them to discover what they find pleasurable and to also help them detect illness.
- **Recognition of the cycle of violence.** Participants broadened their understandings of what constitutes an abusive relationship, and the information they received about support groups and other institutions provided them with the means to help their friends and families who were exposed to violence.
- **Increase in community participation.** The objectives of the educational activities in this Manual also include increasing the young women's participation in their communities. We saw that upon reflecting on some of the issues in the Manual, the young women began sharing new information with other community members and sought to help their friends and neighbors who were living in situations the women now recognized as being oppressive.

In terms of recommendations or aspects of the activities that can be improved, the facilitators and participants mentioned the following:

- **Insufficient period of time for some topics.** Many participants felt the time allotted for some of the sessions was not sufficient – particularly for the more controversial or complex topics. Nevertheless, the participants felt that this was manageable if they were informed of the time limitations at the beginning of and during the sessions.
- **Need to better prepare the facilitators.** The facilitators reported that they would had have liked to receive a more in-depth understanding of some of the more controversial topics, such as abortion, adolescent pregnancy, violence against women, and HIV/AIDS. The activities generate many questions and doubts among the young women, and it is important that the facilitators have the appropriate knowledge and capacity to respond to them.
- **Possibility of using the activities with younger and older women.** Many of the facilitators thought that,

[1] These changes are based on the observations and reflections of the facilitators who carried out the educational activities.

with some minimal adaptations, the activities could also be used with women as young as 10. Indeed, sexuality and prevention are increasingly being discussed at younger ages and, contrary to popular belief, these discussions do not lead adolescents to engage in sexual relationships but rather better prepare them to protect themselves and their partners.

- **Organizing a space for children and/or younger siblings.** Many of the young women often brought their children and/or younger siblings they cared for to the activities. In many cases, the children and/or younger siblings ended up being a distraction for the group. It was therefore recommended that facilitators try to organize play areas within or near the space where the activities would be held so that the children and/or younger siblings would have something to do. If possible, an extra facilitator or even someone from the community could also stay with the children so that they were not alone in the play area.

- **Need for adaptation of the activities for low-literacy groups.** Some of the participants had difficulty following the instructions and the facilitators suggested that alternative methodologies that do not involve reading and writing (e.g. drawing, theatre) be used for some activities.

- **Benefits of warm-up and group-building activities.** The use of warm-up and group-building activities were fundamental to promoting more comfort and interaction among the young women in the groups, as well as providing a break from some of the more intense discussions.

In terms of quantitative results, a simple pre and post-test was used to evaluate the changes in attitudes and knowledge after participation in the proposed activities. Because different combinations of the activities were tested in each country, we could not compare the results across settings. Furthermore, the fact that the post-test was only conducted immediately after the young women participated in the selected activities makes it impossible to measure long-term changes in attitudes. Despite these limitations, we were able to observe some positive changes.

Each of these questions was presented as an option: agree completely, agree somewhat, I don't agree, I don't know.

"I would feel insulted if my partner asked me to get an AIDS test".

"In a sexual relationship, the woman is the only one responsible for obtaining contraception".

"Men don't need to be involved with decisions related to abortion".

"If my partner was upset and used violence against me, I should forgive him".

"Women should have more responsibility in caring for children than men".

From pre to post-test, there was a significant increase in the number of young women who did not agree with these statements, suggesting a greater awareness of the importance of prevention, and the need for more equity, communication, and negotiation in intimate relationships.

"I think that men are naturally more aggressive than women".

"Men and women think and act differently for biological reasons".

From pre to post-test, there was a decrease in agreement with these statements indicating a questioning of some of the gender stereotypes and recognition that they are socially, not biologically constructed.

"Emergency contraception should be taken within 72 hours of having unprotected sex".

"Alcohol use increases the chances of not using a condom".

From pre to post-test, there was an increase in agreement with these statements indicating a positive change in the young women's knowledge of prevention and sexual and reproductive health. Indeed, the young women had many questions about these topics throughout the activities, suggesting that youth do not usually have access to this information.

"If a woman wants, she can have more than one sexual partner".

In one group of young women, there was an increase in the number who agreed with this statement – the

interpretation being that this reflected a shift away from traditional ideas about women's sexuality. For another group, however, there was a decrease in the number of young women who agreed with this statement – the interpretation there being that the young women read the statement through the prism of sexual health and a greater concern for unplanned pregnancy and STDs.

"I can't do anything to help a friend who is in a violent relationship".

From pre- to post-test, there was an increase in the number of young women who disagreed with this statement indicating they felt more empowered to break the culture of silence that often surrounds violence against women.

Video Testing

Preliminary versions of Once Upon a Girl were also shown to some of the groups during the field-testing and their feedback was incorporated in the finalization of the video. In general, the video was well-received by the young women, who confirmed that it was relevant and useful in promoting greater reflection.

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Notes

Notes

This manual and the accompanying video, Once Upon a Girl, are designed to help educators engage young women and men in discussions about how rigid ideas of what it means to be women and men affect women's life choices, health and sexuality. The manual was field-tested in Brazil, Jamaica, Mexico and Nicaragua and includes theoretical background and a series of participatory activities to facilitate group work with young women (15 -24 years old) on a diversity of issues, including sexual and reproductive health, gender-based violence, and community participation. *Once upon a Girl* is a cartoon video about the socialization of girls and young women and tells the story of a girl who begins to question the "do's" and don'ts" of the world around her and how they influence the way she thinks and acts. Touching on children's play and household roles to sexuality and intimate relationships the video is an educational tool to promote critical reflections about the challenges girls and young women face as they grow up.

The H Alliance is an international consortium that works to promote gender equity among youth.

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