



PROGRAM Y

**Youth – Innovative Approaches in GBV
Prevention and Healthy Lifestyle Promotion
for Young Men and Women**

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Lifestyle Promotion for
Young Men and Women**

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Program Y

Youth – Innovative Approaches in GBV Prevention and Healthy Lifestyle Promotion for Young Men and Women

A Training Manual
for Educators and
Youth Workers

November 2016



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GENDER
TRANSFORMATIVE
PROGRAM

Introduction

The Manual for educators in high schools and youth workers “Program Y – Youth“ is a tool that was developed out of the Young Men Initiative by CARE International Balkans and its collaborative partners from Western Balkans countries focused on addressing gender inequalities, harmful health practices and violence in everyday life with young men and young women age from 14 till 19 in schools and the community.

The Program Y – Youth Manual is a training manual that aims to promote gender equality and healthy lifestyles with young men and women by addressing some of the social constructions of masculinity (ies) and femininity(ies) as a strategy for building important life skills in young men and young women as they emerge into young adulthood.

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CARE International

CARE International is a global confederation of 14 member organisations working together to end poverty. In 2015 CARE worked in 95 countries around the world, supporting 890 poverty-fighting development and humanitarian aid projects, to reach more than 65 million people.

Vision and Mission

A global leader within a worldwide movement dedicated to saving lives and ending poverty

Our Mission

CARE works around the globe to save lives, defeat poverty and achieve social justice.

Our Focus

We put women and girls in the centre because we know that we cannot overcome poverty until all people have equal rights and opportunities.

Principles

Independent of political, commercial, military, ethnic or religious objectives CARE promotes the protection of humanitarian space. We provide assistance on the basis of need, regardless of race, creed or nationality addressing the rights of vulnerable groups, particularly women and girls.

CARE follows a set of Programming Principles in our emergency, rehabilitation and long-term development work. CARE's principles are aligned with those of many other humanitarian agencies, and include:

- Promote empowerment
- Work in partnership with others
- Ensure accountability and promote responsibility
- Address discrimination
- Promote the non-violent resolution of conflicts
- Seek sustainable results

CARE Partner organizations in the Balkans

CARE works in partnership with local non-governmental organizations across Balkan. Partner organizations are the ones which are dedicated to improvement of life of young people, transformation of educational system and promoters of healthy lifestyles, gender equality and nonviolence. Key partners within Young Men Initiative project are:

1. Association XY, Sarajevo, www.xy.com.ba
2. Institute for Youth and Community Development “Perpetuum Mobile”, Banja Luka, www.pm.rs.ba
3. NGO “Youth Power”, Mostar, www.facebook.com/NGOYouthPower/
4. Youth Education Club Synergy, Kosovska Mitrovica, www.oek-sinergija.org
5. Center E8, Belgrade, www.e8.org.rs
6. Status M, Zagreb, www.status-m.hr
7. Peer Educators Network (PEN), Prishtina, www.ngo-pen.org
8. Counselling Line for Men and Boys, Tirana, www.clmb.al

Our partner for development of social marketing campaign is SMART Kolektiv from Belgrade, www.smartkolektiv.org.

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Foreword

The manual “Program Y - Youth - Innovative Approaches in GBV Prevention and Young Boys and Girls Healthy Life Styles Promotion“ is a training manual for work with young men and women aged 14 to 19 years old. It has been developed by CARE International Balkans in collaboration with Instituto Promundo (Rio de Janeiro), Status: M (Zagreb), Centre E8 (Belgrade), Perpetuum Mobile (Banja Luka), Association XY (Sarajevo), NGO Youth Power (Mostar), PEN (Pristina), Synergy (Kosovska Mitrovica), and Counselling Line for Men and Boys (Tirana). The Program Y - Youth manual is for use by educators in high schools, youth workers, and other professionals working with young men and women. It represents an important contribution to those working to support the healthy development of young people. Using a gender lens by focusing on masculinity(ies) and femininity(ies), we seek to deconstruct some of the challenges young men and women face in adolescence. The manual seeks to build the skills necessary for young men and women to develop healthy relationships based on gender equality, to understand their physical, sexual, and emotional development and to address all forms of violence in their everyday lives. This manual is an important resource for governments and nongovernmental organizations (including Ministries dealing with Education and Youth) that understand the importance of how gendered social constructions around masculinity and femininity affect the attitudes and behaviors of boys and young men and girls and young women. This manual seeks to build skills and competencies of young men and women to face life challenges that are often a part of the transition period of adolescence. We believe that by working with a more comprehensive approach than addressing just a single issue we can achieve more positive results. A significant feature of this manual is that it has been tested and validated through research and evaluation in schools in Bosnia and Herzegovina, Croatia, Albania, Serbia and Kosovo.*

The research conducted as part of the young men initiative from 2007 to 2015 (and research conducted by others) have clearly demonstrated the need to address the diverse topics covered in this manual. Working with only young men and only young women, which is possible in schools and environments dominant in either male or female students, CARE and its partners are using gender-specific manuals, Program M(en) and Program W(omen), with great success. Success is measured by using baseline assessment and endline evaluation in schools where CARE and its partners have worked with in the past. However, the vast majority of schools are gender mixed. Therefore, we have decided to develop a new tool for working in gender mixed schools.

During adolescence, young men and women often engage in a variety of risky behaviors. These behaviors can range from binge drinking (drinking alcohol until drunk), experimenting with drugs, and exposure to violence either as a victim or as a perpetrator. It is a time of experimentation, as they try to figure out the type of men or women they want to be. Many young men and women start to date and develop their first sexual relationships. Lacking the knowledge and skills to deal with these experiences puts them at risk. We know from research conducted within Europe that the leading causes of death for adolescent young men are traffic accidents, suicide, and interpersonal violence. Gender norms and social constructions of masculinity often contribute to these harmful behaviors and practices. The imbalance of power in decision-making, vulnerability to violence, difficulty accessing certain health services, and social inequality, which limits opportunities and possibilities, are just some of the consequences of gender norms and traditions. Also, adherence to norms that idealize skinny girls as an example of that which is socially desirable in girls during puberty can and lead to girls feeling that they must

* According to the Resolution 1244 (applicable to whole document)

live up to these social expectations. The result is an increased number of girls who expose themselves to extreme diets, which is very unhealthy during puberty. By empowering young people to recognize and successfully oppose harmful social norms, we can develop a critical mass of young people who will, by using their knowledge and skills, make decisions that contribute to healthy, non-violent resolution of relational problems and promote a society with greater equality and equity.

Young people adopt their personal lifestyles during the transition from family and home to adulthood under the influence of a complex mixture of economic, social, cultural, and educational processes. The impact of inequalities (gender, social, and/or health) may be immediate, with poor outcomes being apparent in a range of indicators and behaviors during childhood and adolescence. These factors may reduce young people's ability to participate fully in many aspects of life and affect, for example, school attendance and academic achievement, social functioning, sports participation and uptake of employment opportunities. Quality of life and mental well-being may consequently be affected. Life skills education can be a mitigating factor against some of these challenges. During nine years of Program M implementation in high schools in the Western Balkans region, partner organizations, professors, pedagogues, parents, and responsible ministries have recognized the need to include girls and young women in joint education efforts. This manual has been prepared through a three-year long participatory process. It is published in English and Croatian/Serbian/Bosnian/Albanian to encourage widespread use in the region. The manual was designed to work alongside a lifestyle campaign at the school and community level that promotes a more positive and healthier version of what it means to be a man and woman. For resources around the campaign, please consult with the local partner(s) in each

country. CARE and its partners encourage government and nongovernmental organizations to adopt this manual as part of their comprehensive efforts around life skills education. Any approach must bring schools, communities, families, and other important civil society actors together to support young people as they emerge into young adults. We wish you success in using this manual!

John Crownover, Saša Petković and Feđa Mehmedović
CARE International Balkans

2 — In the following occupational titles refer to both genders if not explicitly specified language (author's note.)

History of the Young Men Initiative Program

Since 2007, the Western Balkan Gender-Based Violence Prevention Program – Young Men Initiative (YMI) – has been working to bolster gender equitable attitudes and behaviors amongst young men and decrease both violence by young men (against young women) and peer violence (violence by young men against other young men) in Bosnia and Herzegovina, Croatia, and Serbia. In addition, YMI expanded into Kosovo in 2010 and into Albania in 2013. Led by CARE Balkans, with technical support from Promundo and the International Centre for Research on Women (ICRW) and financial support from the Norwegian Ministry of Foreign Affairs, Austrian Development Cooperation, Swiss Government, OAK Foundation, and CARE Deutschland-Luxemburg, this program confronted social norms around masculinity and violence through school-based educational workshops and social marketing campaigns targeted towards young men and women, aged 14-19.

What is the Young Men Initiative?

YMI's approach is based on a gender-transformative curriculum adapted from Instituto Promundo's Program H and designed to elicit critical reflection on the gender norms that drive violence and other unhealthy behaviors¹. High rates of alcohol use in the region has also prompted the program to target high-risk drinking, which is linked to an increased likelihood of the perpetration of violence in many settings. YMI is implemented in vocational high schools, allowing high levels of participation among boys and girls aged 14 to 19 since 2013. The focus on youth is important, as adolescence represents a pivotal time in the socialization process when attitudes and behaviors are still being developed. In participating schools, eight to ten hour long YMI sessions, led by trained facilitators, are integrated into the regular class schedule over the academic year, with a focus on four key program areas as follows: (1) gender attitudes; (2) violence; (3) sex, health, and wellbeing; and (4) alcohol and drug use. YMI also extends beyond the classroom. The program includes an optional residential retreat where the facilitators lead additional sessions and

1 – Program H (H denotes Homens and Hombres, words for men in the Portuguese and Spanish languages, respectively) seeks to recruit young men and their communities in critical reflections on solid social norms. The program was developed and confirmed in Latin America and the Caribbean, and since then was adapted for use in several countries, including Tanzania, India, Peru and Vietnam. For more information visit: <http://www.promundo.org.br/en/activities/activities-posts/program-h/>
2 – Following resolution UN 1244.

team-building activities in a more immersive setting. In addition, the program includes the “Be a Man” lifestyle campaign, which is intended to reinforce key YMI messages and foster change at the school level and beyond. The campaign is supported by a variety of educational materials, social media, and “actions” organized and carried out by student members of “Be a Man” clubs. Members of “Be a Man” clubs include both young boys and girls. As of 2015 there are several hundred active members in these clubs with 350 members in Bosnia and Herzegovina, 241 members in Serbia, 636 members in UNMIK/Kosovo², 35 members in Croatia, and 60 members in Albania.

YMI’s guiding philosophy is that boys should be understood as critical allies in promoting nonviolent, healthy relationships and communities rather than seen as obstacles to peace and gender equality. Girls as active community members should be effective players within societies and change agents as well. Currently we are witnessing girls as not only victims but also perpetrators of violence, albeit to a lesser extent than boys. Both boys and girls in adolescence are in need of additional education about healthy life styles and gender based violence prevention as a path toward greater gender equality and a more gender equitable society.

...boys should be understood as critical allies in promoting non-violent, healthy relationships...

YMI holds that if students learn about violence and how to question dominant gender norms and they have a chance to practice these new ideas and skills in safe spaces, then they will have a greater likelihood of internalizing this information, which, over time, will result in living more gender-equitable, healthy, and nonviolent lifestyles. Moreover, as group norms begin to change, the program helps to foster a more tolerant, accepting environment at the school level.

This trajectory of change, whereby boys and girls practice and internalize new ideas, is bolstered by several support structures such as non-violent role models (e.g., YMI facilitators), supportive social networks, and an encouraging school environment.

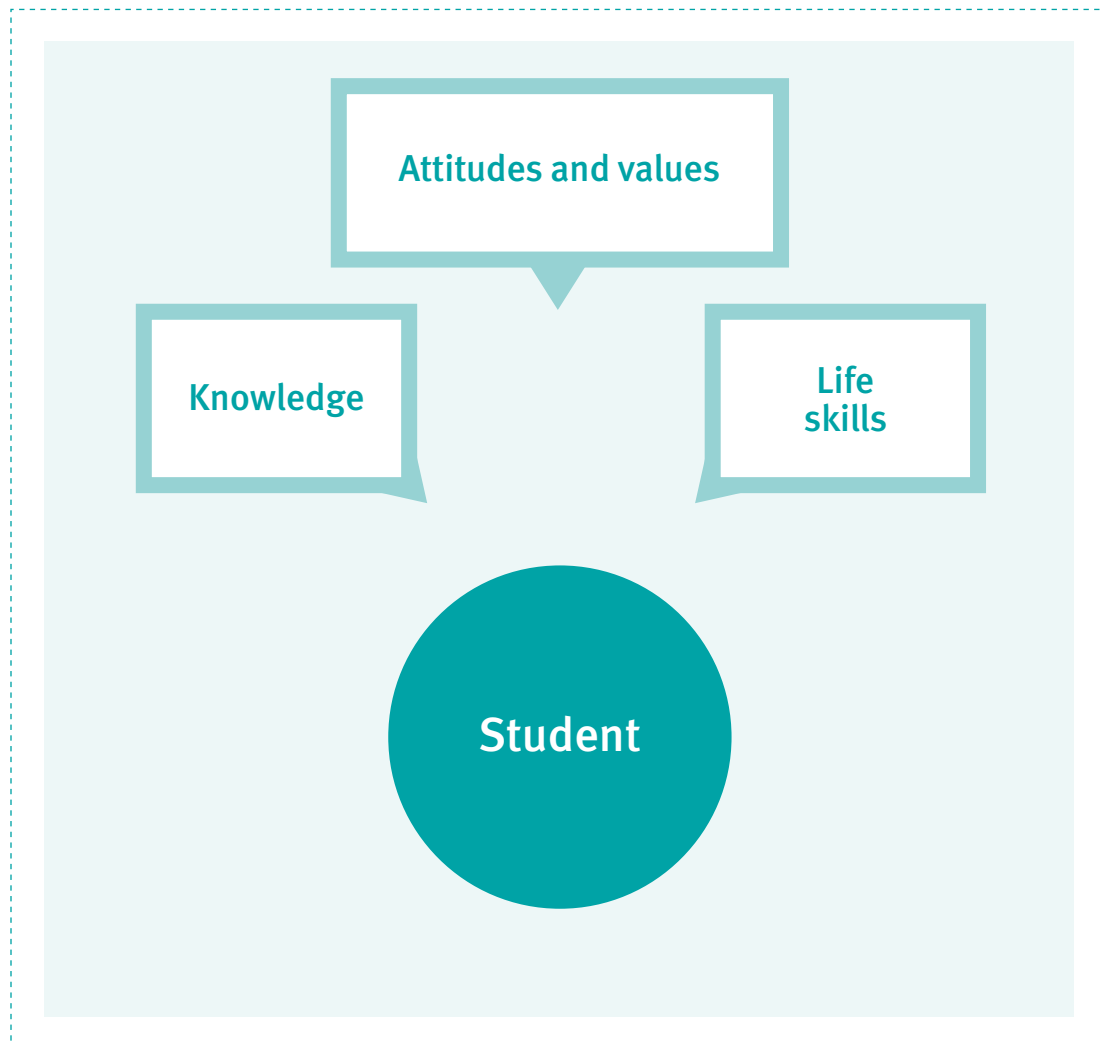
YMI’s Evolution

The YMI Pilot, or Phase I, (2007-2010) included formative research and implementation in five cities across Bosnia and Herzegovina, Croatia, and Serbia. During Phase II (2011-2013), CARE adjusted the program in two important ways based on results from the pilot: (1) basic YMI sessions became a compulsory part of the curricula in participating schools; and (2) voluntary offsite retreats were added for more intensive training and engagement. This new YMI format was rolled out and evaluated in four schools located in Sarajevo, Zagreb, Belgrade, and Prishtina.

Educational Basis

Program Y's basis is education and therefore the manual you are holding in your hand or reading on your screen contains clear instructions and information that are important for organization, coordination, and implementation of educational activities with young people. Taking into account that school is not always the only place where young people gain new knowledge and life skills we have adjusted Program Y to schools and formal education without, of course, excluding educators and trainers that implement informal educative interventions in schools. That is the reason why, in addition to instructions for implementing educative workshops and sessions, we have included learning results into Program Y to give better insight into expected results (i.e., learning outcomes) for teachers, pedagogues and school psychologists.

...we have adjusted Program Y to schools and formal education...



Learning outcomes are the same as goals used to interpret changes related to the areas, themes, and sessions implemented. Simplified, learning outcomes tell us how the student that is included in the learning process based on Program Y methodology will be different after going through workshop cycle.

Traditional approaches to learning and studying forecast that with sufficient knowledge a young person automatically has enough competence to make adequate and “healthier” decisions. The new approach that Program Y promotes and communicates is significantly more complex than traditional “ex-department/cathedra” approaches and is harmonized with most modern educational standards. Besides relevant knowledge, Program Y encourages adoption of relevant attitudes and values and motivates young people to make informed decisions with more self-confidence as they face challenges throughout adolescence.

We have created this manual and offered it to schools, organizations, and individuals for free usage so they can use these new and proven principles as a valuable resource for promoting responsible, non-violent, gender equality and healthier decision-making.

Why Focus on Gender Norms?

For many years, we have made assumptions about the health and development of young men.³ Most often, we have assumed they are doing well and have fewer needs than young women. At other times, we have assumed that they are difficult to work with, aggressive, or not concerned with their health. We have often seen them as the perpetrators of violence against other young men, against themselves and against women - without also stopping to recognize the ways in which society often condones young men's use of violence. New research and perspectives are calling for a more careful understanding of how young men are socialized, what they need in terms of healthy development, and how health educators and others can engage them in more appropriate and effective ways.

Furthermore, while numerous initiatives have historically sought to redress gender inequities by empowering women, there is an increasing consensus that promoting gender equity and improving women's health and well-being also requires engaging men, of all ages. The 1994 International Conference on Population and Development (ICPD) in Cairo and the 1995 Fourth World Conference on Women in Beijing provided a foundation for including men in efforts to improve the status of women and girls. The ICPD Programme 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."

Since the Cairo and Beijing conferences, numerous UN agencies, governments, and civil society organizations have affirmed the need to work with men and boys. In 1998, the World Health Organiza-

tion decided to pay special attention to the needs of adolescent boys, recognizing that they had too often been overlooked in adolescent health programming. In 2000 to 2001, UNAIDS devoted the World AIDS Campaign to men and boys, recognizing that the behavior of many men puts themselves and their partners at risk, and that men need to be engaged in more thoughtful ways as partners in HIV/AIDS prevention and the support of persons living with AIDS. More recently, governments from around the world made a formal commitment at the 48th session of the Commission on the Status of Women (CSW) in 2004 to implement a range of actions to involve men and boys in efforts to achieve gender equality.

In addition to the growing recognition that working with men and boys to challenge gender inequities can have a positive impact on the health and well-being of women and girls, there is also an increased understanding of how rigid ideals of gender and masculinities can lead to specific vulnerabilities among men and boys. This reality is evidenced by their higher rates of death by traffic accidents, their higher rates of suicide and violence, and their higher rates of alcohol and substance use in comparison to women and girls. Thus, for the sake of both young men's and young women's well-being, it is essential that programs seek to incorporate a gender perspective into work with youth.

But, what does it mean to apply a "gender perspective" to working with young men? Gender - as opposed to sex - refers to the different ways in which men and women are socialized to think, behave, and dress; it is the way these roles, usually stereotyped, are taught, reinforced, and internalized. We sometimes assume that the way that boys and

3 — "Young men" refers to males between the ages of 15 and 24, corresponding to the "youth" age group defined by the World Health Organization (WHO).

4 — W.H. Courtenay, "Better to die than cry? A longitudinal and constructionist study of masculinity and the health risk behavior of young American men" (Doctoral dissertation, University of California at Berkeley, 1998)

men behave is "natural" - that "boys will be boys." However, the roots of many of boys' and men's behaviors including, whether they negotiate with partners about condom use, whether they take care of children they father, or whether they use violence against a partner are found in the way boys are raised. To change how we raise and view boys is not easy. However, it has the potential to transform gendered relations, as well as reduce many of the health and social vulnerabilities that both women and men face.

Throughout many societies there are often one or more versions of masculinity, or ways of being a man, that are accepted as the "right" or dominant way of being a man. This is generally termed hegemonic masculinity. In most settings, this hegemonic masculinity is idealized and becomes a way to subordinate or marginalize men who are different. Looking across diverse settings, in fact, we often see many similarities in definitions of manhood and how men are expected to behave. For example, many cultures uphold the idea that being a "real man" means being a provider for and protector of one's family and community. Boys are often raised to be aggressive and competitive - skills considered useful for their roles as providers and protectors. They are also often raised to believe in rigid codes of "honor" that obligate them to compete or use violence to prove themselves as "real men". Those boys who show interest in domestic tasks such as cooking, cleaning, or caring for younger siblings, or who easily display their emotions, or who have not yet had sexual relations, may be ridiculed by their families and peers as being "sissies", or not "real men".

In terms of health-seeking behaviors, boys are often raised to be self-reliant, not to worry about their health, and not to seek help when they face stress. But being able to talk about one's problems and to seek support is a protective factor against substance use, unsafe sexual practices, and involvement in violence. This could explain in part why boys are more likely than girls to be involved

in violence and substance use. Indeed, a significant body of research confirms the ways boys are raised have direct consequences for their health. For example, a national survey of adolescent males aged 15-19 in the U.S. found that young men who had sexist or traditional views of manhood were more likely to report substance use, involvement in violence and delinquency, and unsafe sexual practices than adolescent boys with more flexible views about what "real men" could do.⁴ Similar results have also been found in studies carried out with young men in various other settings, including Brazil, India, South Africa, and the Western Balkans.

Thus, applying a gender perspective to working with young men implies two major points:

(1) GENDER SPECIFICITY: Looking at the specific needs that boys have in terms of their health and development because of the way they are socialized. This means, for example, engaging boys in discussions about substance use or risky behavior and helping boys understand why they may feel pressured to behave in those ways.

(2) GENDER EQUITY: Engaging boys to discuss and reflect about gender inequities, to reflect about the ways that girls and women have often been at a disadvantage and have often been expected to take on a disproportionate share of childcare, sexual and reproductive health matters and domestic tasks.

This manual series attempts to incorporate these two perspectives, seeking to both recognize the specific needs and realities of young men and engage them to challenge and transform gender relations. Evidence from around the world indicates that programs that apply this type of gender transformative approach are more likely to lead to changes in young men's attitudes and behaviors than programs that do not make an explicit attempt to address and challenge gender norms (Barker et al., 2007).

From Young Men as Obstacles to Young Men as Allies

Discussions about young men have often focused on their problems - either their lack of positive participation in reproductive and sexual health matters or their sometimes-violent behaviors. Some youth health initiatives approach young men as obstacles or aggressors. Indeed, some young men are violent toward their female partners. Some are also violent toward each other. And many young men - too many - do not participate in the care of the children and do not participate adequately in the sexual and reproductive health care needs of themselves and their partners. At the same time, many young men are respectful in relationships with their partners and many young fathers participate in the care of their children.

It is clear from research and from our personal experiences as educators, parents, teachers, and health professionals that young men respond to what we expect from them. From research on delinquency, we know that one of the main factors associated with delinquent behavior among young men is being labelled or identified as a delinquent by parents, teachers, and other adults. Young men who feel they are categorized and/or treated as "delinquent" are more likely to become delinquent. If we expect young men to be violent, if we expect them not to be involved with the children they may father, if we expect them not to participate in reproductive and sexual health issues in a responsible way, then we are effectively contributing to the creation of self-fulfilling prophecies.

For all of these reasons and more, this manual and the activities contained within are grounded in the assumption that young men should be seen as allies - potential or actual - and not as obstacles. Some young men do in fact act in irresponsible and even violent ways. We do not condone their behavior. Rather, we believe it is imperative that we start from the things that many young men are doing right and believe in the potential of other young men to do the same.

*...young men
respond to what we
expect from them.*

About the Manual

This manual consists of four thematic parts:

Identity development

- › Identity, sense of self, and feelings
- › Gender and gender norms

Violence is OUT

- › From violence to peaceful coexistence
- › From violence to respect in intimate relationships, self-control and managing emotions
- › Psychoactive substances

Sexuality and protection of sexual and reproductive health and rights

- › Healthy sexuality, adolescent pregnancies and sexual and reproductive health and rights
- › Pregnancy, yes or no, sexually transmitted infections and HIV and AIDS

Parents of the 21st century

- › Fatherhood and motherhood

Each of the four parts contains an introduction to the theme, including a short review of the relevant literature and directions for implementing group activities for work with young people. For the introduction to each listed part, we have included the perspectives of young men and young women. The main goal of educational workshops is to create a safe space for dynamic discussions in which young people can think critically about issues of gender norms, relationships, and different health themes while also having an opportunity to “practice” skills and capabilities that are necessary to decrease risky behavior and to act in a safer way. Thus, information about those two perspectives helps educators and teachers to have a focused approach on both genders by acknowledging their specific needs and social influence on decisions they make.

The introduction into each of listed thematic area offers introductory important information for preparing workshops by taking a critical look at adolescent needs in the context of sex, gender perspectives, and the specifics of young men and

young women as they grow up. This information is especially important for understanding the influence social norms have on negative forms of behavior and establishing a link between social norms and the vulnerability of both genders according to the themes of Program Y. To understand this connection is the basis for developing educational and other strategies aimed at decreasing the influence of harmful norms. The goal is to strengthen young people’s abilities to face social expectations with an awareness of potentially harmful influences and a capability to recognize and apply healthier and non-violent alternatives with more self-confidence.

Also, the gender perspective of young men and young women provided in the introductory texts is an additional resource that is important for quality workshop implementation to achieve the desired goals of the program. Through the workshops, participants will learn to:

- › Value dialog and negotiations rather than using force and violence as a basis for resolving conflicts and to use dialog and negotiations in their interpersonal relationships;
- › Respect individuals and groups of different origins and lifestyles and to question attitudes of those who do not respect those who may be different from themselves;
- › Try to maintain intimate relationships based on equality and mutual respect;
- › Talk to their partners about safe sexual behavior and sharing responsibility for methods of protection, whether they are sexually active or not;
- › Make decisions about reproduction together with their partners and take mutual responsibility for choices and usage of contraceptive methods to avoid unwanted pregnancy;
- › Reject the use of violence toward their intimate partners and others; and
- › Understand that caretaking is also a male characteristic, to look after others, including their friends, family, partners, and children.

Using the Manual

This manual is intended for use by teachers, professional staff, health workers, and/or other experts, educators, trainers or volunteers that work with or would like to work with young people. Every activity is designed to last between 45 and 90 minutes and can be implemented in different environments, from schools, youth, and sports clubs to parks and reformatories for juveniles. It is also necessary for the person who is planning and implementing the workshops to foster a safe environment for learning and completing the different exercises* included in this manual.

Activities are based on a model of experiential learning in which young people are encouraged to examine and analyse their life experiences so that they can understand how gender can influence power in relationships and make young men and young women vulnerable. Most importantly, activities engage participants to think about how they can make positive changes in their lives and communities. This examination and change process takes time. Experience in using this manual has shown that it is best if the activities are used as a whole (or strategically selected group of activities), as opposed to using just one or two stand-alone activities. Many of the activities complement each other and when used together inspire richer and more productive engagement than when used alone.

Also, the activities function better with smaller groups (i.e., 8 to 25 people), although it is also possible to work with bigger groups. But a group that is too big can decrease the opportunity for everyone to participate to the fullest extent. When starting to work with this manual, the facilitator should also be aware that this educational process might be the first time for some group members to have an open discussion in which they will talk individually about young men or young women. Some participants at the beginning might say that it is strange or weird, thus the facilitator should help them understand why it is important to talk about both genders, taking into account the richness of differences, possibilities, and specific needs.

Even though the activities are intended for young people aged 15 to 24, we are aware of the huge variation of problems and experiences inside each group. While working together can offer many advantages, it is important to be sure that young people have the necessary space to focus on questions that are most relevant for their lives and relationships. Many organizations often



* All resource tables and all handouts necessary for the implementation of workshops in a format suitable for printing, can be found at www.youngmeninitiative.net in the section Resource under title Program Y - working materials

work with young people in two separate age groups – 15 to 19 and 20 to 24. Working with young people is not always an easy and predictable task. Many activities in the manual deal with complex, personal themes such as sexuality, mental health, and experiences with violence. It could happen that some of participants open up and express their feelings during this process while others simply do not speak. Some activities are not intended for use as group therapy, but should still be used to encourage sufficient levels of self-reflection among participants so that they can learn from personal experiences, examine rigid ideals of gender, masculinity, and femininity, and change their attitudes and behavior. It is up to the facilitator to evaluate and improve acceptance levels of the themes with participants and to lead activities in a way that helps promote critical thinking, but at the same time not to have a session of group therapy. The facilitator should be ready for possibility that some individuals may need special attention and, in some cases, should be directed toward professional services and counselling.

Experienced facilitators are the key to a successful group educational process. Before starting to work with young people, facilitators must know themes from this manual, have experience working with young people, and have the support of their institution(s), organization(s), and/or other adults for the implementation of these activities. The main role of the facilitator is to create an open and honest environment full of mutual respect where there are no prejudgments, attitudes, language, or behavior critical of young people, where young people will not feel embarrassed if they veer away from “politically correct talk”. Since conflict might occur, it is necessary for the facilitator to have the necessary skills to intervene in such situations and to promote respect for differing opinions.

Finally, activities need to be implemented in a private and comfortable space in which young people can move freely. Many young people like to move and it can be helpful for better inclusion into activities. It is also necessary to have young people have sufficient energy/calories in order to grow and develop so it is recommended to have food available for participants when possible.

Video Collection: “Once Upon a Boy” and “Once Upon a Girl”

Two cartoon videos named “Once upon a Boy” and “Once upon a Girl” are included with this manual⁵. Without using words, these cartoons tell stories about challenges faced by young people as they grow up. The characters face social norms, family violence, homophobia, uncertainty about their sexuality, their first sexual experience, pregnancy, sexually transmitted infection (STI), and parenthood. In a fun and careful way, the cartoons introduce themes that work with the activities described in this manual. It can be useful to use the cartoons as an introduction into activities to arouse interest with young people and to gauge their initial attitudes on different questions that are processed in this manual.

...characters face social norms, family violence, homophobia, uncertainty about their sexuality...

You can access the cartoons mentioned at:

<http://promundoglobal.org/resources/once-upon-a-boy/>

<http://promundoglobal.org/resources/once-upon-a-girl/>

Modalities of Workshop Implementation

The design of Program Y - Youth allows schools and organizations to independently plan and implement the activities within a typical four-year educational platform. The program aims to improve students' knowledge and life skills through training in which they will learn to make decisions that promote gender equality, encourage healthy lifestyles, foster non-violent behavior, all by encouraging positive interactions among young people.

Even though all of the modules in this manual make a complete learning program, facilitators can choose to combine modules from different areas or even use only one module. With this freedom of choice, the sequence and final concept used may vary. Modular and interactive teaching can increase the participation of students in the learning process; the proposed learning process is based on principle known as “student in the centre”. All workshops in this manual are based on the principle that the teacher/educator is the person that facilitates each workshop and encourages and stimulates student participation by using pedagogue principles and standards.

⁵ – Both videos are used in this manual by permission of Instituto Promundo, Rio de Janeiro, Brazil <http://promundoglobal.org/>

Participants are an important resource and potential allies in the teaching process. Their active participation ensures that their voice, stance, opinion, and current ways of thinking about certain subjects are incorporated into each workshop. In this way, the students can feel a greater level of ownership over workshop outcomes. They help to shape the outcomes while the teacher/educator helps to guide that process toward desirable constructs and conclusions. During the workshops students are addressing certain questions, but they are also directly involved in analysis of the situations provided. The students can offer and discuss what might be adequate solutions and alternatives, which allows them to analyse conclusions before adopting them. This process allows the students to analyse specific problems in a greater variety of ways than they might otherwise consider and they can offer solutions under the supervision of teachers/educators.

Since most workshops do not require specific facilities, most of the modules can be completed in out-of-school environments (e.g., parks), which can further enhance the experience by offering ad-

ditional freedom to use an environment that relates to the theme, area, and concept of the workshops. The maximum duration of the workshops is 90 minutes and the minimum is 45 minutes, depending on the interest of students. For people that plan the implementation of educational workshops from Program Y, additional information is provided regarding the duration and necessary materials for each session. Thus, it is important to consult the specific instructions for each workshop in this manual.

Certain sessions require advance preparation of materials; further information is attached to the sessions as needed. The teacher/educator should bring copies of the materials as they are the basis for discussion and can be used as a learning tool and analysis resource.

All modules have been tested in high schools of various orientations (e.g., technical schools, medical schools, sports schools, etc.) to ensure that the modules can address the interests and needs of students from schools with different types of orientations.

Expected Results and Learning Outcomes

Program Y is based on an interactive approach that encourages the active participation of students in the process of studying defined contents. Also, since it is packed with different games, exercises, and discussions, it motivates students to approach studying openly and actively with few or no obstacles to studying. Studying is demanding process that requires trained staff and prepared students, with previous experience as the basis for further education. Program Y is designed to be easy to do without specific training, and it is especially important to emphasize that the learning outcomes do not rely on the students having previous knowledge of the themes of Program Y.

During the last two decades, many international educational institutions have recognized the importance and possibility of complementing knowledge with the development of life skills. In that

sense, knowledge and information represent a platform for development with the adoption and strengthening of life skills as important allies in violence prevention and the promotion of healthy lifestyles. Understanding and respecting principles of gender equality, showing zero tolerance towards gender based violence, opposing the use of psychoactive substances, and adopting healthy lifestyles are demanding tasks for students. It is also challenging for the teachers/educators that want to encourage students to adopt these forms of behavior.

Many problems that adolescents face while growing up result from a combination of internal and external factors. In the context of internal factors, we emphasize the following: knowledge, awareness, staying informed, and possessing decision-making skills. Next, we emphasize the following external

factors: family, media, peers, and other sociocultural factors that influence the formation of a young person's identity, and values that a young person adopts through interaction with the surrounding environment.

Program Y is not a tool focused exclusively on educating and informing young people. It is also a tested and proven platform that offers concrete directions to teachers, educators, trainers, and pedagogues on how to offer knowledge and information to help develop life skills known to be key competencies for making healthy and non-violent decisions. Besides instructions for the implementation of each individual session, the manual offers accompanying contents that allow students to get all of the necessary information for understanding and achieving the defined learning outcomes. Different exercises, discussions, educational games, and workshops provide students with the life skills necessary to help them make informed decisions about their health in the future, without perpetuating inequality or resorting to violence.

The comprehensive goal of Program Y is to promote the adoption of healthy lifestyles and non-violent behavior among youth by challenging gender stereotypes. The program uses an holistic approach based on a defined interactive methodology. This methodology is integrated throughout the activities and contributes to the realization of the comprehensive goal by strengthening the students' knowledge (cognitive development), having them build upon existing life skills and adopt new ones (behavioral development), and changing their values and opinions (affective development).

...goal of Program Y is to promote the adoption of healthy lifestyles and non-violent behavior among youth...

In a wider context, participation in the activities defined by Program Y can help students with the development of the following:

- › Identity
- › Emotional intelligence
- › Interpersonal communication skills
- › Negotiation skills
- › Life skills, with focus on critical thinking and decision-making
- › Capability to resolve the problem
- › Skills for resolving critical situations
- › Pro-social and social competences
- › Gender equal attitudes and values
- › Healthy lifestyles, particularly in the context of sexual and reproductive health and preventing the use of psychoactive substances
- › Tolerant attitudes towards others, including people who are different from themselves
- › Self confidence
- › Skills to challenge peer pressure
- › Empathy

Program Y is designed for high school students and therefore the entire learning process is divided into four school years. Sessions complement each other and, therefore, we have defined themes and outcomes for each year individually:

YEAR 1 – DEVELOPMENT OF IDENTITY: WHO AM I, WHO ARE YOU?**First Semester: Identity, Reasoning, Feelings, Gender, and Gender Norms**

- Workshop 1: What is this thing we call gender?
- Workshop 2: Act like a man, act like a woman
- Workshop 3: Expressing my emotions
- Workshop 4: What would I like to do with my life?
- How am I influenced by others?
- Workshop 5: A love story

Second Semester: VIOLENCE IS OUT! From Violence to Peaceful Coexistence

- Workshop 6: What is violence?
- Workshop 7: A live fool or a dead hero: Male honor
- Workshop 8: Understanding the cycle of violence
- Workshop 9: Labelling
- Workshop 10: What is sexual violence?
- Workshop 11: Power and relationships

Cognitive outcomes:

- › Students can define gender, gender constructs and the relationship with gender inequality
- › Students can evaluate and describe the influence of masculinities and femininities on the development of identities, behaviors, and attitudes
- › Students can give examples of the negative influence of gender norms on expressing emotions and are able to describe how they can express their emotions appropriately in certain circumstances
- › Students can give examples of verbalizing emotions and they know how to verbalize their own emotions
- › Students are able to give examples of stereotypical attitudes and prejudices that encourage violence
- › Students are able to give examples of social roles and responsibilities based on stereotyped gender divisions
- › Students know how to describe the influences of gender inequality and rigid social norms on people's lives and opportunities
- › Students know how to describe terms of violence and gender based violence
- › Students are able to evaluate and give examples of the negative influence of gender constructs of masculinity and femininity on violence
- › Students can articulate their knowledge about different forms of violence (i.e., peer, gender based, sexual, family, and cyber)
- › Students know how to list the most common causes and consequences of different forms of violence (i.e., peer, gender based, sexual, family, and cyber)
- › Students are able to explain how certain forms of masculinity and femininity contribute to the appearance of peer violence
- › Students know how describe the cycle of violence and different stages of the cycle
- › Students are able to predict consequences caused by having an indolent attitude towards violence they witness
- › Students know that there are milder and more severe forms of violence and that all violence has consequences

Affective outcomes:

- › Students revise judgmental attitudes regarding gender roles and change their behavior in accordance with new information and evidence
- › Students demonstrate beliefs about the importance of achieving greater gender equality
- › Students support individuality in the expression of gender identities
- › Students accept individuality in the expression of their own emotions and the emotions of others
- › Students demonstrate a willingness to use non-violent communication in conflict resolution
- › Students engage in discussions with their peers by advocating non-violent communication as a key to solving the conflict
- › Students demonstrate a commitment to achieving higher levels of social equality and social justice
- › Students show empathy towards the victims of violence and gender based violence
- › Students demonstrate nonjudgmental attitudes during discussions about social minorities
- › Students are engaged in group activities that encourage non-violent behavior

Psychomotor outcomes:

- › Students recognize the consequences of literal adherence to rigid gender norms
- › Students evaluate how certain rigid gender norms lead to specific behavioral problems
- › Students use negotiation skills in communication with peers
- › Students use active listening during conversations and discussions with peers
- › Students apply critical thinking skills during discussions and activities on violence and conflict resolution before making conclusions and decisions
- › Students recognize the different emotions (e.g., anger, fear, euphoria, etc.) of their interlocutors and adapt their communication in order to prevent conflict

YEAR 2 – VIOLENCE IS OUT!**First Semester: From Violence to Respect in Intimate Relationships, Self-Control, and Managing Emotions**

- Workshop 12: From violence to respect in intimate relationships
- Workshop 13: Men and violence: Moving toward change
- Workshop 14: Scenes of dating
- Workshop 15: Aggressive, passive, or assertive
- Workshop 16: Negotiation skills
- Workshop 17: Breaking the silence and getting help
- Workshop 18: What do I do when I am angry?

Second Semester: Drugs/Alcohol and Making Decisions

- Workshop 19: What are drugs?
- Workshop 20: Drugs in our lives and communities
- Workshop 21: Pleasures and risks
- Workshop 22: Talking about alcohol and alcoholism
- Workshop 23: Decision-making and substance (ab)use

Cognitive outcomes:

- › Students can list the most common forms of violence in intimate relationships
- › Students can explain the relationship between masculinity and the occurrence of violence
- › Students are able to cite examples of positive forms of masculinities that lead to gender equality in relationships and an equal distribution of power in decision-making
- › Students know how to explain the difference between healthy and unhealthy friendships and intimate relationships
- › Students can debate about the position of the victim, perpetrator, and witness of violence and are able to explain the positions and options for each
- › Students are able to define assertive, aggressive, and passive behavior
- › Students can explain the positive aspects of peaceful conflict resolution
- › Students can classify psychoactive substances into legal and illegal and can explain the reasons for such qualification
- › Students know how to explain the connection between social norms and use of psychoactive substances and they can describe the consequences of use on behavior and decision-making
- › Students are able to describe negotiation strategies that can be used to positively cope with negative peer pressure regarding the use of psychoactive substances

Affective outcomes:

- › Students demonstrate attitudes that reflect zero tolerance towards violence in relationships
- › Students demonstrate beliefs about individual and social responsibility in violence prevention through non-violent and gender-equitable attitudes and opinions
- › Students (young men) adjust their attitudes regarding masculinity and, through interaction with other students, they advocate forms of masculinity that discourage the use of violence as a model for conflict resolution
- › Students (young women) demonstrate attitudes that distance feelings of jealousy and restriction from feelings of love and mutual respect
- › Students sympathize with the victims of peer and gender based violence, shown by attitudes that promote non-violent communication
- › Students demonstrate attitudes that encourage tolerance and respect for minorities and those who are otherwise different from themselves
- › Students adjust their attitudes about the use of alcohol, tobacco, and drugs in response to new information
- › Students demonstrate attitudes that interpret the use of alcohol and drugs as a significant factor in engaging in risky behaviors
- › Students avoid the use of stereotypical statements on the use of heavy and light drugs and psychoactive substances

Psychomotor outcomes:

- › Students use recommended skills to control their emotions during peaceful and non-violent resolution of conflicts or problems
- › Students formulate strategies to counteract the influence of peers on their decisions regarding the use of psychoactive substances
- › Students correct their personal attitudes about the perception of the use of psychoactive substances as positive forms of masculinity and femininity
- › Students use recommended skills of self-control and anger reduction
- › Students use active listening skills in communication with their peers
- › Students evaluate consequences of submission to peer influences

YEAR 3 – SEXUALITY AND PROTECTION OF SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

First Semester: Healthy Sexuality, Adolescent Pregnancies, and Sexual and Reproductive Health and Rights

- Workshop 24: Caring for oneself: men, women, gender, and health
- Workshop 25: Young men's health
- Workshop 26: Men's bodies
- Workshop 27: Women's bodies
- Workshop 28: I want, I don't want, I want, I don't want
- Workshop 29: I put myself at risk when...
- Workshop 30: Adolescent pregnancy

Second Semester: Sexually Transmitted Infections, Contraception, and Rights

- Workshop 31: Health, STIs, and HIV and AIDS
- Workshop 32: Transmission of HIV and AIDS: A signature hunt
- Workshop 33: Contraception
- Workshop 34: What are sexual and reproductive rights?
- Workshop 35: Sexual diversities

Cognitive outcomes:

- › Students can describe how education based on rigid social norms contributes to the development of an indolent attitude towards health and the adoption of attitudes that are a risk factors for health
- › Students know how to describe the connection between hygiene practices and health preservation
- › Students know how to list organs of the male and female reproductive systems and can describe their functions
- › Students can describe the positive aspects of sexual abstinence
- › Students are able to describe the risks associated with sexual behavior and to define strategies for reducing or eliminating individual risks
- › Students can describe the negative aspects of adolescent pregnancy
- › Students are able to list the most common sexually transmitted infections and their consequences on health
- › Students can define the transfer mechanisms of individual sexually transmitted infections including HIV and they can explain which methods of protection are effective against individual infections
- › Students know the difference between modern and traditional methods of contraception and they can list the most common methods and describe the protection mechanisms
- › Students know the difference between a double protection method (i.e., one that protects against sexually transmitted infections and unplanned pregnancies) and contraception (i.e., one that protects against unplanned pregnancy only)
- › Students are able to list sexual and reproductive rights and explain the importance of these rights in the context of health protection
- › Students are familiar with sexual diversities

Affective outcomes:

- › Students identify false and misleading social norms about sexuality
- › Students demonstrate attitudes that reflect their ability to define the connection between the use of psychoactive substances and risky behaviors
- › Students are aware that not all young people are sexually active
- › Students accept abstinence as a positive choice
- › Students are actively involved in discussions on the influence of rigid social norms on the formation of attitudes about sexual and reproductive health and rights, promoting positive social values, and gender equality
- › Students demonstrate a willingness to use negotiation skills in decision-making about their sexual and reproductive health
- › Students accept differences and demonstrate tolerant attitudes towards others and people who are different from themselves
- › Students accept proposed methods for the protection of sexual and reproductive health as a strategy for preserving general health
- › Students accept sexual and reproductive health as important components of overall health
- › Students demonstrate gender equitable attitudes regarding relations between people, especially in the context of negotiation and decision-making about sexual and reproductive health and rights

Psychomotor outcomes:

- › Students use proposed negotiation skills in conversation with their peers
- › Students use active listening skills in communication with their peers
- › Students assess the consequences of submission to peer influences in the context of sexual and reproductive health
- › Students demonstrate nonjudgmental attitudes regarding sexual and reproductive health and rights
- › Students use skills to counteract negative peer influences regarding sexual and reproductive health and rights
- › Students employ critical thinking during decision-making processes and consider the final outcome of each choice by identifying potential risks and consequences

YEAR 4 – Parents of the 21ST CENTURY**First Semester: Fatherhood and Motherhood**

Workshop 36: What comes to mind? The meaning of caregiving

Workshop 37: Men as caregivers

Workshop 38: Pregnancy...yes or no? Being a mother

Workshop 39: All at the same time

Workshop 40: What is woman's work?

Cognitive outcomes:

- › Students can describe the difference between responsible and irresponsible parenting
- › Students know how to explain the importance of the involvement of both parents in the upbringing of children
- › Students are able to describe how gender socialization affects the perception of the role of fathers and mothers in the upbringing of children
- › Students know how to explain the benefits that a child has if the father is actively and equally involved in its upbringing
- › Students integrate new information in the formation of their attitudes about responsible parenting and specific roles of mothers and fathers in family planning and raising children
- › Students can evaluate and describe the consequences of women having an unequal role in family and the upbringing of children
- › Students know how to explain consequences of adolescent pregnancy on health, education, economic status, and quality of life
- › Students are able to identify social inequalities and the consequences those inequalities have on the family, women's rights, and the well-being of children

Affective outcomes:

- › Students demonstrate gender equitable attitudes with regard to caretaking and promoting greater participation of young people in caretaking in their homes, relationships, and communities
- › Students accept equal responsibility of young men and women in preventing unintended pregnancy and family planning
- › Students are engaged in house chores by confronting rigid social norms and roles
- › Students demonstrate gender equitable attitudes about the roles and responsibilities of men and women in the upbringing and care of children
- › Students modify their own attitudes about the role of men as caregivers, according to new information and evidence
- › Students change their attitudes about the role of women in a wider social context (at home, in the family, and as community members)
- › Students demonstrate a commitment to achieving a higher level of gender equality through the expression of gender equitable attitudes and values

Psychomotor outcomes:

- › Students use proposed negotiation skills in conversation with their peers on issues of the equitable roles of fathers and mothers in the family planning and upbringing of children
- › Students use active listening skills in communication with their peers
- › Students adapt their behavior based on new information on the importance of active involvement of men in housework
- › Students integrate new information into their attitudes and use gender equitable arguments in discussions with their peers about the role of men in the care and upbringing of children
- › Students show empathy towards women who are victims of gender inequality and domestic violence

Also, Program Y strengthens young people to transition to adulthood on their own, more informed and ready for the numerous challenges and opportunities that await them. By working with young men and women, Program Y aims to encourage young men to actively participate in creating a society that promotes equality principles and advocates for the integration of such principles in various social dimensions. It is especially important to emphasize that Program Y strengthens young women burdened by social inequalities through the realization of different rights and opportunities – that they have same rights that men do.

*...Program Y
strengthens young
people to transition
to adulthood...*

Strengthened young women...

- › Are encouraged to think actively about the future;
- › Make autonomous decisions about their 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 their personal capabilities;
- › Believe a man does not have the right to commit violence toward them;
- › Take action if a man commits violence towards 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.

In the context of the Program Y methodology, the expected results including the following life skills as the objective of development through all of the modules:

COGNITIVE SKILLS

Thoughtful development and adoption of new knowledge allows students to critically analyse certain norms, traditions, and behaviors and to independently make informed decisions. Cognitive skills allow young people to use the knowledge they have gained in forming their opinions and values and evaluate how certain actions lead to more or less positive results. Cognitive skills are the most important skillset focused on by all modules that appear in Program Y. These skills also allow students to look at certain situations with a deeper understanding and form con-

clusions based on the knowledge and information they have, which is an important factor in decision-making. So, as young people adjust and gain exposure to new information through Program Y, they are encouraged to cognitively develop in order to easier deal with the problems of everyday life. Cognitive skills help young people to understand which forms of behavior can lead to certain problems and how to overcome such behaviors and problems. In the context of cognitive skills, the Program Y contributes especially to the development of critical thinking as a base for decision-making.

AFFECTIVE SKILLS

Young people get to know themselves and develop their abilities to recognize and understand the problems of others in order to be more empathetic towards people around them. Adolescence is a time of emotional maturing, so affective skills help in that development by helping young people to more easily control certain emotions and develop trust in their own abilities and decisions they are making. It is especially important that they believe in their own decisions during their adolescent years because during this time young people are especially sensitive to peer and other kinds of pressure that can trigger different forms of risky behavior. Affective skills strengthen young peoples' ability to adequately fight such pressures.

SOCIAL SKILLS

People are social beings that develop heavily influenced by the environment around them, with norms, habits, media, etc. Social skills help young people recognize negative social influences and learn how to effectively stand up against those influences. Negative peer pressure is the most expressed factor that influences decision-making. Social skills such as assertiveness and expressing desires, expectations, and needs are important aspects in personality development with adolescents.

It is important to emphasize that Program Y contributes to the health literacy of the adolescent population by strengthening cognitive, affective, and social skills for protection of their health. The World Health Organization (WHO) defines health literacy as cognitive and social skills that determine the motivation and ability of individuals to gain access to, understand, and use information in ways that promote and maintain good health.

Program Y encourages young people to re-examine their own opinions and values as well as the world they are living in with all of its complexities, possibilities, and risks. These things influence decisions they made or will make in the future through different exercises, discussions, case analyses, and other interactive exercises. Development of a sense of ownership over their own future encourages a sense of responsibility. If we offer young people the necessary skills and knowledge, then the decisions they make will be more responsible and positive.

...Program Y contributes to the health literacy of the adolescent population by strengthening cognitive, affective, and social skills...



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CHAPTER

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2

Program Y
– Practical tools

Year 1:

Identity development:
Who am I and who are
you?

First Semester:

Identity, Reasoning, Emotions,
Gender, and Gender Norms

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 men, women, and others, the relationship between gender and power, and the concepts of equality, empowerment, and human rights.

Gender, a Social Construct

From early childhood, young men and women develop a strong sense of the distinct ways in which they are expected to behave and relate to each other. Young women may learn that they are valued for their looks and obedience, not for their opinions or independence. Young men, 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 sociocultural 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 young men (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 (Marsiglio, 1988; Nzioka, 2001).

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.

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.

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 the resulting 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 risky behavior, 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 woman is much less likely than a wealthy young woman to have access to appropriate medical and neonatal care, thus increasing the chances of harm to her and/or her child.

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 of empowerment 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: refers to the mobilization 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-based educational activities in this manual focus specifically on the individual and interpersonal levels by: raising young people’s awareness about gender inequities, rights, and health; encouraging young women to think actively about their future; providing spaces for building 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 sociocultural 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 hinder their empowerment.

Talking about the empowerment of young women implies 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 women strengthen themselves; that they develop and recognize their capacities, talents, and abilities to make decisions about their lives; and that they have access to and control over their own money and resources. It is vitally important that they stimulate respect for and acceptance of themselves, beginning with the discovery of their preferences, leading to an individual and collective desire for the construction of new feminine identities in which abilities and attitudes that can transform socio-cultural, political, and economic realities are made possible – that is to say, beginning with a positive vision of power (Scott, 1990).

Women's Rights

The struggle for women's rights throughout history sought to obtain some of the most basic rights for women such as the right to: be recognized as citizens, move freely, own property and wealth, get an education, choose any profession, not be forced into marriage, choose their spouse, divorce, to be able to keep their children in case of divorce, not to be abused, etc. The final goal was that women would have the same rights and opportunities as men and not be judged based on their gender and sex, but according to their capabilities.

Over the 200-plus years since the activist Olympe 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 the agenda for national action to end such discrimination. 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."

During the 20th century, in most countries of the world, universal suffrage for women was achieved and going into the 21st century, the list was completed. Women's right to vote has developed in countries around the world differently - in some countries it was first given only to some women (e.g., according to race, wealth, or social status), while in others universal suffrage was given to men and women at the same time. It also didn't develop at the same time everywhere, appearing for the first time in Sweden in 1718 (later to be revoked and afterwards reintroduced) and almost three centuries later in other countries. In the Balkans, women in Yugoslavia obtained their right to vote in 1945. Unfortunately, just because women are legally and formally allowed to vote, does not mean that women in all countries have the opportunity to exercise their right.

In most parts of the world, including the Balkan region, women in general are still not treated equally. Across the whole of Europe, statistics show that women are still paid less for the same work as men, they do not have equal access to positions of power, and they are less likely to be hired either because of their gender or because they have or might be planning to have a family. Women are still more vulnerable to domestic abuse and violence. The evolution of women's rights has given women the opportunity to have a profession and work outside of the home, but it has not dramatically changed their gender role at home where they are still expected to do the majority of housework, cooking, and caretaking for children; not to mention that women are still often perceived as the "weaker" sex.

The 1994 International Conference on Population and Development (ICPD) in Cairo and 1995 Fourth World Conference on Women in Beijing were key moments in the movement to promote the rights and health of women, particularly sexual and reproductive health and rights. One of the main objectives of the meeting in Beijing was



to strengthen programs that promote women's health, giving priority to formal and informal educational 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 and women are engaged together in the promotion of women's empowerment and gender-equity.

Working with Young Men to Support the Empowerment of Young Women

Young Men Initiative is a multi-component intervention that 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-based educational curriculum and "BE A MAN" social campaign activities. Specifically, the Young Men Initiative 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 that women have as much sexual desire and 'right' to sexual agency as men do;
- › Seek to be involved fathers, meaning that they believe that they should take both financial and some caretaking 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, and/or assisting their partner in acquiring or using a contraceptive method;



- › Oppose violence against women. This can 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 this manual is prompting young women to question rigid and non-equitable stereotypes about masculinity and how those stereotypes 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 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, these 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.

By integrating two manuals: Working with young men and Working with young women, we have managed to constitute a set of tools for incorporating a relational notion of gender in youth programming in order to sensitize and empower young people to achieve gender-equity.

From the Perspective of Men

Discussions about emotional and mental health of young men from a socio-cultural perspective are rare. The typical approach to emotional and mental health is biological and focused on a small number of problems instead of using a comprehensive or holistic approach. In this part, we will discuss how socialization of young men influences their complete emotional and mental health and will review questions of substance use and suicide.

Frame 1: What is emotional and mental health?

FRAME

1.

According to the World Health Organization (WHO), mental health is defined as a “state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community”. This definition includes emotional wellbeing; expression of personal feelings is not looked at just as a sign of good mental health but is also recommended with the goal of promoting mental health.

Frame 2: Feelings, gender, and young men

FRAME

2.

Along with other aspects of their lives and health, gender norms affect the emotional and mental health of young men. For example, social expectations that “real men” have to be “tough” and “courageous” can lead to young men hiding their fear, sorrow, and even kindness as well as discouraging them from asking for help when they need it. Denial or suppression of emotional and mental tension combined with difficulty talking about feelings can lead to substance use, including alcohol, as a defence mechanism. In addition to its role in facing stressful situations, substance use can also be looked at as a way to prove one’s masculinity or fit into a peer group.

Research has shown that having the capability to understand and express emotional stress in a non-violent way is a protective factor against different health and developmental problems. So, young men are more vulnerable when they feel limited in their ability to express feelings linked with unfavourable circumstances and stressful events in their lives.

Frame 3: What to do about suicides?

Suicide is a leading cause of death in the world and one of three leading causes of death among young people under 25. European countries are facing some of the highest suicide rates, which are increasing among young men. A number of factors contribute to high suicide rates including problems of mental health, such as depression or disorders created by alcohol use. When we consider suicide rates by gender, we can see that women and girls try to commit suicide as well, but men's suicide attempts are more often fatal, due to the use of deadlier methods such as the use of firearms.

Another factor is the higher tendency of men towards aggression and risky behaviour, which is tightly linked to gender norms as previously explained, leading to more "efficiency" in committing suicides and finding methods to do so.

FRAME

3.

Frame 4: Summary

As with other aspects of their life and health, gender norms affect the emotional and the mental health of young men. For example, social expectations that represent the idea that "real men" have to be "hard" and "brave" can lead young men to hide their fear, sadness, even kindness, and do not seek help when they need it. Denial or suppression of tensions as well as difficulty to talk about feelings that are associated with them, can in turn, lead to the use of substances, including alcohol, as a defense mechanism.

Globally, there is a greater likelihood that young men will smoke, drink and use other drugs than young women. Such behavior, in general, are part of a constellation of risky behavior of men and are associated with a variety of other problems that are also often associated with young men, from participation in traffic accidents to the use of violence.

FRAME

4.

Workshops

Workshop 1: What is this thing called gender?



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:

Flipchart paper, tape, and markers.



RECOMMENDED TIME:

45 minutes



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.

During the course of the discussion, the facilitator should be careful not to go into extreme positions

or seem as if she/he is against women/men participating in any activity or behavior associated with their traditional gender roles. The discussion should move toward the conclusion that everyone should have a real choice in life. For example, it is acceptable for a woman to be a housewife as long as it is her choice and not something forced on to her by gender roles, family, or society, and that she feels empowered to make decisions for herself. Choice is important to the individual and his/her fulfilment and happiness. A society that views its members according to only their gender roles is a one in which everyone is limited by other people's expectations.

In most societies, gender roles are seen as something fixed, “natural”, and the only option. When explaining and discussing gender, try to give examples of customs that are considered “normal” and seemingly fixed for women and men. Explain that these norms are not only social constructs, but are also relative and often change throughout history. Clothes are one example, as follows:

High heels – at some points in history, men who belonged to the higher classes used to wear them, Louis XIV being probably one of the biggest collectors of high heels.

Pink for girls and blue for boys is a more recent gender norm. At the beginning of the 20th century, companies that made baby clothes pushed for a differentiation of baby clothes (i.e., pink for girls, blue for boys) in order to sell more. Before that, at one point in the U.S. it was even the other way round – pink was for boys and blue was for girls because blue was considered a “softer” colour!

Dresses and skirts for men – a man walking down the street in a dress or skirt of any sort might receive negative comments, or maybe even be assaulted, for not “being a man” or for his presumed sexuality. At the same time, people usually do not have a problem with clergymen wearing robes, or “dresses” or skirts worn by men from certain cultures (e.g., Indian Lungi/Sarong, Scottish Kilt).

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. Intersexual (also known as hermaphrodites) are persons born with partially or fully developed male and female and sex organs.

PROCEDURE:

1. Draw a line to divide a page of the flipchart into two columns (or use two large pieces of paper).
2. At the top of 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. Repeat the same step for the “man” column.
5. Briefly review the characteristics 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. 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:

1. What does it mean to be a woman?
2. What does it mean to be a man?
3. Do you think men and women are raised the same way? Why or why not?
4. What characteristics attributed to women and men are valued as positive or negative by our society?
5. What would it be like for a woman to assume gender characteristics traditionally associated with men? Would it be hard or easy?
6. How would it be for men to assume gender characteristics traditionally assigned to women? Would it be hard or easy?
7. How do our families and friends influence our ideas of how women and men should look and act?
8. Are boys and girls given the same toys? Why or why not?
9. How does media (television, magazines, radio, etc.) influence our ideas of how women and men should look and act?
10. Is there a relationship between gender and power? Explain.
11. How do different expectations of how women and men should look and act affect your daily lives? Your relationships with family? Your relationships with intimate partners?
12. 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?
13. 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 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

Using the educational cartoons *Once upon a Girl* and *Once upon a Boy*, 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.

Above-mentioned cartoons you can watch/download at
<http://promundoglobal.org/resources/once-upon-a-boy/>
<http://promundoglobal.org/resources/once-upon-a-girl/>

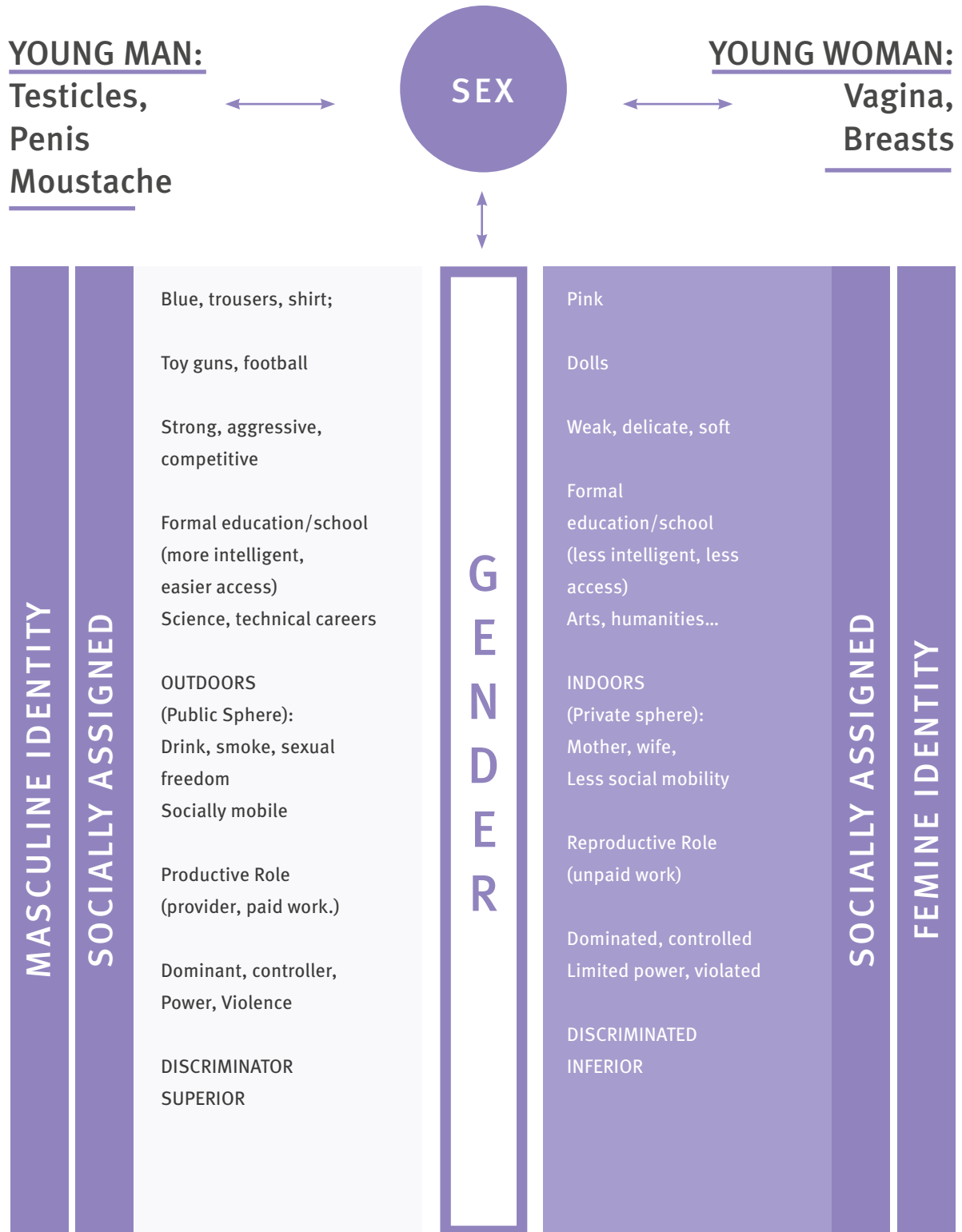
RESOURCE SHEET:

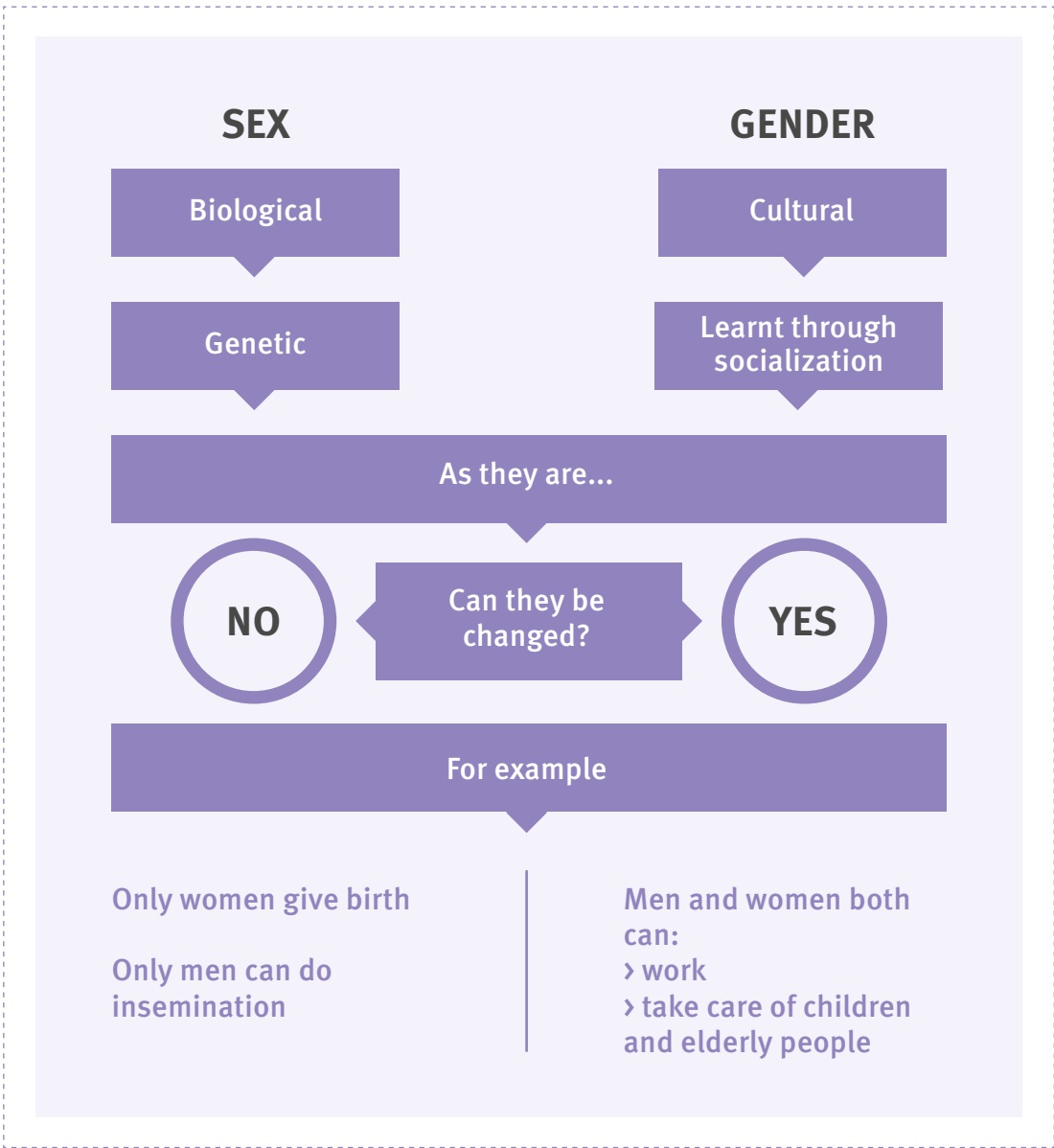
Sex – refers to the biological attributes and characteristics that identify a person as male or female.

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 (e.g., how one should dress and act). These ideas and expectations are learned through families, friends, religious and cultural institutions, schools, workplaces, and the media.

The diagrams below present examples of sex and gender characteristics for boys/men and girls/women





RESOURCE SHEET

MALE (M)	GENDER	FEMALE (F)

Workshop 2:

Act like a man, act like a woman⁷

**PURPOSE:**

To understand how gender norms affect the lives of men and women

**MATERIALS:**

Flipchart paper, tape, and markers

**RECOMMENDED TIME:**

45 minutes

**PLANNING NOTES:**

Not needed

PROCEDURE:

1. Remind the participants that during the last workshop you talked about differences between two sexes and gender, but also about gender as a social construct that influences socially expected norms about the roles, responsibilities, and behavior of men and women. Explain this workshop will open a discussion about what it means to be a man and what it means to be a woman and how people learn and adopt those norms. Emphasize that there is a big chance that some participants may see themselves reflected in the examples in this workshop, but that it is not a bad thing; to the contrary that is its primary goal.
2. Ask the participants if they have ever been told to “act like a man” or “act like a woman.” Ask them to share an experience when someone said this or something similar to them. After a participant shares an experience, ask, “Why do you think the person said this? How did it make you feel?” Tell the participants that we are going to look more closely at these two phrases. By looking at them, we can begin to see how society can make it very difficult to be either male or female.
3. In capital letters, write on a piece of flipchart paper the phrase “Act Like a Man.” These are society’s expectations of who men should be, how men should act, and what men should feel and say. Ask the participants to share their ideas about what this phrase means to them. Draw a box on the paper, and write the meanings of “act like a man” inside this box. Some example responses are “be tough” or “don’t cry.”
4. Now, again in capital letters, write on a piece of flipchart paper the phrase “Act Like a Woman.” These are society’s expectations of who women should be, how women should act, and what women should feel and say. Ask the participants to share their ideas about what this phrase means to them. Draw a box on the piece of paper, and write the meanings of “act like a woman” inside this box. Some example responses are “be a good homemaker” or “don’t be too aggressive.”

5. Once you have finished brainstorming the two lists, initiate a discussion by using the questions below.

DISCUSSION QUESTIONS:

1. Which one of these messages can be potentially harmful? Why? (Note: Facilitator should place a star next to each message and discuss each message one by one)
2. How does living in the box impact men's health? How does living in the box impact women's health?
3. How does living in the box limit women's lives and relationships? How does living in the box limit men's lives and relationships?
4. What happens to men who do not follow gender rules (i.e., "living outside the box")? What happens to women who do not follow gender rules? What do people say about them? How are they treated? How do we feel about them? Do we sometimes feel that it gives us justification to treat these people bad or in an inappropriate way?
5. What is necessary to make it easier for men and women to live outside the boxes? How can we contribute? izvan kalupa? Kako mi možemo dati svoj doprinos?

OPTIONAL STEP: Divide the participants into small groups and ask them to develop a short skit (one or two minutes) that portrays someone telling another person to "act like a man" or "act like a woman".

CLOSING:

The purpose of this activity was to help us begin to see how society creates very different rules for how men and how women are supposed to behave. These rules are sometimes called "gender norms" because they say what is 'normal' for men to think, feel, and act and what is 'normal'

for women to think, feel, and act. However, these norms, as we will be discussing in future activities, can often restrict men and women by trying to keep them in their "Act like a man" or "Act like a woman" boxes, with consequences for their decision-making, health, and relationships.

7 — Adapted from "Men as Partners: Program to supplement the training of educators life skills" ("Men as Partners: A Program for Supplementing the Training of Life Skills Educators") created by Engender Health and The Planned Parenthood Association of South Africa. Depend on information visit the website: www.engenderhealth.org/ia/www/wwwmo.html

Workshop 3: Expressing my emotions

**PURPOSE:**

To recognize the difficulties young people face in expressing certain emotions and the consequences for themselves and their relationships

**MATERIALS:**

Flipchart paper, tape, markers, regular pieces of paper, and the Workshop 3 Resource Sheet

**RECOMMENDED TIME:**

90 minutes

**PLANNING NOTES:**

Prior to the session, it is recommended that the facilitator go through this activity individually and reflect about his or her own ways of expressing emotions. It is also important to identify local counselling centres or professionals to whom young people can be referred if necessary. oblast, kojima bi se mladi ljudi mogli obratiti ukoliko je to potrebno.

PROCEDURE:

1. Draw five columns on flipchart paper and write the following emotions as headings: Fear, Affection, Sadness, Happiness, and Anger (see the Resource Sheet for an example of how to arrange the words and ranking described below).

in between; that is, it is neither too hard nor too easy to express. Put a number four (4) next to the one you have some difficulty expressing. Finally, put a number five (5) next to the emotion which you have the greatest difficulty expressing.
2. Explain to the participants that these are the emotions⁷ that they will be discussing in this activity and that they will be thinking about how easy or difficult it is for young men and women to express these different emotions.
3. Give each participant a regular piece of paper and ask them to write down the five emotions to be discussed in the order that you have written them on the flipchart paper. Next, read the following directions:

Think about which of these emotions you express with greatest ease. Put a number one (1) next to the emotion that is the easiest for you to show. Now think about the emotion you express easily but not as much as the first. Put a number two (2) next to that emotion. Put a number three (3) next to the emotion that falls
4. After the participants have finished ranking their emotions, collect the pieces of paper and anonymously write down the rankings in the columns on the flipchart (see example).
5. With the entire group, reflect on the similarities and differences found among the participants. Explain that:
 - › The emotions that we numbered as 1 and 2 are the ones we have often learned to express in an exaggerated way;
 - › Numbers 4 and 5 are those that we have learned to express less, or maybe even to repress or keep hidden;
 - › Number 3 may represent the emotion that we do not exaggerate nor repress but probably deal with more naturally.
6. Use the questions below to facilitate a discussion.

DISCUSSION QUESTIONS:

1. Have you discovered anything new about yourself from this activity?
2. Why do people exaggerate or repress certain emotions? How do they learn to do this? What are the consequences of exaggerating or repressing emotions?
3. Are there similarities in how men express certain emotions? Are there similarities in how women express certain emotions?
4. Are there differences between how men and women express emotions? What are the differences?
5. Do you think women express certain emotions more easily than men? Why do you think this is?
6. Why do men and women have different ways of expressing emotions? How do peers, family, community, media, etc. influence how men and women express emotions?
7. How does the way we express our emotions influence our relationships with other people (partners, family, friends, etc.)?
8. Is it easier or harder to express certain emotions with peers? With family? Intimate partners?
9. Why are emotions important? Give examples if necessary: fear helps us in a dangerous situations; anger helps us to defend ourselves. Ask the participants for examples, also.
10. How do you think expressing your feelings more openly can affect your well-being and your relationships with other people (romantic partners, family, friends, etc.)?
11. What can you do to express your emotions more openly? How can you be more flexible in expressing what you feel?

OPTIONAL STEP: Brainstorm as a large group different strategies for dealing with emotions and then encourage the participants to make notes of personal reflections and, if they so desire, share their reflections with the others in small groups.

7 — Other proposals of feelings might emerge from the group which, generally speaking, fit in with or are related to one of those already mentioned. For example, hate relates to anger. Once a young man proposed indifference as an emotion, but in working through it, he discovered that the real feelings behind his indifference were fear and sadness. Also shame, guilt, or violence might come up as feelings. Explore with the participants what is behind these feelings and encourage them to reflect on the costs and consequences of such feelings.

CLOSING:

Emotions can be seen as a form of energy that allows you to perceive what is oppressing you or bothering you. Different emotions are simply a reflection of different needs, and it is best to learn how to deal with all of your emotions as they appear in your lives. Being able to express your emotions without causing harm to others helps make you stronger as individuals and helps you better relate with the world around you. How each person expresses emotions varies. However, it is important to note a number of tendencies

that emerge, particularly related to how boys are brought up. For example, it is common for young men to be socialized to hide fear, sadness, and even kindness. But it is also common for them to express their anger via violence. Although you are not responsible for feeling certain emotions, you are responsible for what you do with what you feel. It is critical to distinguish between “feeling” and “acting” in order to find forms of expression that do not bring harm to yourself or to others.

LINK

It may be useful to connect this activity to the “From Violence to Peaceful Coexistence” section in which the participants use drama to practice non-violent alternatives to dealing with anger and conflicts in relationships.

RESOURCE SHEET:

Example of Ranking Emotions on Flipchart Paper
Below is an example of how to organize the columns of emotions and participant responses. During the discussion, the facilitator should help the participants identify similarities and differences in rankings. For example, the table below shows that there is almost an even split in the number of participants who find it easy to express anger and those who find it difficult. This could lead to a discussion of why these differences exist and, whether or not young men, in general, find it easy or hard to express anger. Another interesting pattern in the sample below is that most of the participants

find it difficult to express fear. Often, men are indeed expected to be brave and fearless and this example would be interesting to use as a basis for discussion about socialization and gender norms.

Finally, it is important to note that the collection and listing of rankings in the table should be anonymous. That is, each line of the table above should represent a different participant’s ranking but should not include his/her name. As in the example above, the facilitator can use numbers for the participants to easily refer to during the discussion.

	FEAR	AFFECTION	SADNESS	HAPPINESS	ANGER
Participant #1	5	4	3	2	1
Participant #2	2	3	4	1	5
Participant #3	4	1	3	2	5
Participant #4	4	3	5	2	1
Participant #5	5	1	3	2	4

Workshop 4:

What would i like to do with my life? How am i influenced by others?



PURPOSE:

To give young people a chance to reflect on their attitudes, choices, and life plans and how they are influenced by their relationships with others



MATERIALS:

Regular pieces of paper and pens/pencils; *music (optional)*



RECOMMENDED TIME:

45 minutes



PLANNING NOTES:

It is important that the group has established an atmosphere of respect and calmness prior to this session. Ask the participants to be as honest as they can in thinking about their answers, and assure them they will not have to share their answers with the group if they do not feel comfortable in doing so.

PROCEDURE:

1. *OPTIONAL STEP: Put on music for the participants to listen to as they work on their answers.*
2. Write down the following questions on a flipchart. As you write, ask the participants to sit comfortably, and each on their own, think about the questions and either write down or draw their answers. Give them 10 minutes for this step.
 - › What kind of person do I want to be in 10 years?
 - › What would I like to be doing with my life?
 - › Will I be studying and/or working?
 - › Will I have a partner? Children?
 - › Will I be a part of a group or activity?
3. Invite the participants to share their answers, if they wish, and use the questions below to facilitate a discussion.

DISCUSSION QUESTIONS:

- › Is it easy to describe what you would like for your future? Why or why not?
- › Do you think your vision of yourself in the future is realistic? Why?
- › What do you need in order to achieve the life you envision for yourself?
- › What are the obstacles you would have to face in order to achieve your plans?
- › In what ways are you similar to other participants? In what ways are you different? Where do you think the similarities come from?

4. 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 that you will write on the flipchart paper. As before, allow 10 minutes for the participants to write their reflections on a piece of paper.
 - › What do they think about my beliefs and attitudes?
 - › What do they think about what I do?
 - › What do they think about my plans regarding having a partner and children?
 - › What do they think about what I would like to be?
5. Remind the participants of the questions they answered in the previous activity of how they saw themselves and their future.
6. After giving them a few minutes to reflect on the questions, facilitate another group discussion using the questions below.

DISCUSSION QUESTIONS:

1. Do people close to you agree with your beliefs and attitudes? How much did they influence them?
2. Do they agree with your future plans? Do they support you?
3. How important is their support? How do the opinions of people close to you affect your life?
4. How can the opinions of others be empowering (i.e., how can they give you strength and/or confidence)?
5. 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?
6. How can you construct relationships based on respect?
7. How important is your status in social networks to you? How much does it influence your life and in what ways?
8. Do you feel that the media influence your beliefs and how you see your future?
9. What other factors influence your decisions in life?
10. Do you think your plans would be different if you were of the opposite sex? How?

11. Is it common for women to have friends who are men or, vice versa, for men to have friends who are women (that is, friends of the opposite sex with whom they do NOT have a sexual or romantic relationship)? Why or why not? Are these kinds of relationships important?
12. Are your life plans “normal” in your community? What would happen if you broke away from all of the norms and tried to live a totally different life from the majority?
13. What have you learned in this activity? Have you learned anything that can be applied in your own life and relationships?

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.*

CLOSING:

Many factors shape who we are and influence our decisions in life: our families, other people that are close to us, our communities, social networks, the media, gender roles, etc. It is important to be aware of how the opinions of others influence how you see yourself and the choices you make.

This includes being able to recognize how some of these opinions can help you become stronger

and more confident young women and men – and how others can limit you or make you feel bad about yourselves. In your life, you should strive for relationships that help you develop into the person you want to be and 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 the key to building fulfilling and equitable relationships.

Workshop 5: A love story

**PURPOSE:**

To explore women's and men's expectations in romantic relationships and what society teaches us about them.

**MATERIALS:**

Regular pieces of paper and pens/pencils; *music (optional)*

**RECOMMENDED TIME:**

45 minutes

**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 (as with other activities), 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. Present the story of Marija and Damir who are in a club: Marija and Damir have been interested in each other for a while but neither has made a move up to now. Marija seizes the moment and approaches Damir – she has decided to make the first move.
3. Explain that each of the groups should come up with how their love story develops – how they start a relationship and a description of its early stages. Allow 15 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.
4. *OPTIONAL STEP: Put on music for the participants to listen to as they work on their answers.*
5. Ask each group to present its story. Emphasize that incomplete or short stories are okay and that the groups should do their best to present what they have.
6. 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 analyse.

OPTIONAL STEP 2: Invite the participants to repeat the activity while 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 10 years of marriage?

DISCUSSION QUESTIONS:

1. What were the similarities between the stories? What were the differences?
2. Which of these stories is most relevant to your personal experiences?
3. What were the positive features of the relationships in the stories? What were the negative features?
4. 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?
5. 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?
6. Is jealousy considered “proof of true love”? Why or why not?
7. Were the characters in the stories from different religious, ethnic, or social backgrounds? Do these differences influence relationships? If yes, in what ways?
8. Do the stories of romance portrayed in TV, radio, movies, music, magazines, and newspapers influence your expectations of romantic relationships? If yes, how?
9. Do women and men have different roles in relationships? If yes, what are these roles?
10. Some people believe that men should “make all the moves” in relationships and women should just respond. Do you agree? Why or why not? Is it acceptable for a woman to make the first move and start the relationship?
11. Is it acceptable for a woman to pay for drinks if she goes out with a man?

12. Do women usually take the initiative when it comes to sex in a relationship? Why or why not?
13. Is it acceptable for a woman to talk about pleasure and her sexual desires to her partner? Or in a group? Why or why not?
14. 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?
15. 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 relationships. 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 mat-

ters, 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 understand and listen to the other’s expectations, needs, and desires.

LINK – CARTOON VIDEO

In the video *Once Upon a Girl*, the young woman initially sees her boyfriend as “Prince Charming” – how do you think that this ideal affected the relationship? In case you decide to use the cartoon, the amount of additional time you will need is 90 minutes.

Year 1:

Identity development:
Who am I and who are
you?

Second Semester:

Violence is out! From Violence
to Peaceful Coexistence

From Violence to Peaceful Coexistence, what and why?

Introduction

The activities in this section are designed to help young people 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 and violence between men, as "normal" or "natural," and encouraging young people to recognize their ability to protect themselves against violence.

Men's perspective

What is Violence?

The World Health Organization defines violence as "the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation."⁸ The inclusion of the word "power" in the definition expands the conventional understanding of violence to include acts such as threat, intimidation, and oppression that result from a power-based relationship between individuals, between individuals and groups, or between groups. For the purposes of this manual, we are going to focus on interpersonal violence, or violence inflicted against one individual by another, or by a small group of individuals.

It is also important to start with the affirmation that violence is not a random act. It happens in specific circumstances and settings. Violence happens more frequently in some settings than others and around the world, it is more likely to be carried out by and against men – usually young men. In the public sphere, young men are most likely to be the perpetrators of this violence and they are also the most likely to be victims. In the private sphere – the home and other private spaces – men are more likely to be the aggressors and women the victims.

...is also important to start with the affirmation that violence is not a random act.

8 – WHO, "Global Consultation on Violence and Health. Violence: a public health priority." (Geneva: World Health Organization, 1996).

Research on the causes of violence could fill volumes of books and has been the topic of thousands of studies. But what is too often left out of these discussions is the gendered nature of violence – the fact that men, and particularly young men, are more likely to use violence than any other group⁹. When we talk about violence, we must also talk about peace and peaceful coexistence. Too often, we hear about "stamping out violence" or a new program to "combat violence," or even a "war against violence." The language we often use for talking about violence and preventing violence is itself violence-laden. We want to combat it and to punish, often violently, those who use violence. At the level of schools and communities, we often hear residents talking about wanting to punish those young men who are violent, to repress them while significantly less attention goes to thinking about what would actually prevent violence. We often punish violence with violence and then ask ourselves where violence comes from. In a particularly insightful overview of violence in the U.S., James Gilligan of Harvard University argues that rather than deterring violence, the use of the death penalty and other harsh methods for repressing crime actually contributes to a culture of violence.¹⁰

In engaging young men and women in violence prevention, we must be able to visualize, imagine, and create with them the conditions that promote peaceful coexistence and not just "combat violence." Talking about peace, negotiation, and peaceful coexistence is sometimes given a bad rap and is even ridiculed. But as the British singer, Elvis Costello, asked, "What's so funny about peace, love, and understanding?" When we get past the bravado, we find that most young men, when allowed to express it, are fearful of the potential for violence within themselves and of the violence inflicted on them or threatened by other young men. Many young people have experienced or witnessed violence at some point in their lives (or various points in their lives) and are eager to talk about peaceful coexistence. In the activities included here, we want to promote conditions for young men to talk not only about competition, power, fighting, and violence – but also about peaceful coexistence.

FRAME 1: Violence on a Global Scale

FRAME

1.

- › Each year, over 1.6 million people lose their lives to violence.¹¹
- › Violence is the leading cause of death for people aged 15-44 years, accounting for 14% of deaths among males and 7% of deaths among females.¹²
- › Between 15-70% of women have experienced physical or sexual violence by an intimate partner.¹³
- › About 815, 000 people each year kill themselves.¹⁴

9 – Institute Promundo „Project H – Working with young men series“ (Institute Promundo, WHO and IPPF, 2002)

10 – J. Gilligan, *Violence: Our deadly epidemic and its causes*. (New York, New York: Putnam Publishing Group, 1996)

11 – http://www.who.int/violence_injury_prevention/violence/en/. Last date accessed 10/02/2011.

12 – Ibid.

13 – Garcia-Moreno et.al. "Multi-country study on women's health and domestic violence" (Geneva: World Health Organization, 2005)

14 – http://www.who.int/violence_injury_prevention/violence/en/. Last date accessed 10/02/2011.

Men's Violence is NOT Natural: Finding the Roots of Young Men's Violence in Their Socialization

Research has confirmed that violence is mainly a learned behavior.¹⁵ Boys and young men learn to be violent by watching their fathers and brothers use violence; by being encouraged to play with guns, and being rewarded when they fight; by being told that the only way to "be a real man" is to fight with anyone who insults them; by being treated in violent ways or subjected to violence by their peers or families; by being taught that expressing anger and aggression is okay, but that expressing sadness or remorse is not.

Biology may also have something to do with the fact that men perpetrate violence more than women, but to a very limited extent. For example, some research finds that there are some biological differences between boys and girls in terms of temperament, with boys having higher rates of ADHD, lack of impulse control, and other traits such as sensation-seeking, reactivity, and irritability - traits that may be precursors to aggression.¹⁶

Research has found that as early as four months old, temperamental differences can be detected between boys and girls, with boys showing higher levels of irritability and manageability, factors that are associated with later hyperactivity and aggression.¹⁷ However, some studies have also found that boys may be more irritable because researchers expect boys to be more irritable, or because par-

ents, showing gender stereotypes, stimulate boys in different ways or are less likely to soothe or calm boy babies to the extent that they calm girl babies. 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 during childhood and adolescence. In sum, young men are not born violent. They are taught to be violent. Families and parents have a major role in encouraging - or discouraging - violent behavior by boys and young men.

In low-income settings where families are stressed, they may have less ability to watch over their children, particularly their sons, and have less control over where they go and who they hang out with. Stressed parents are more likely to use coercive and physical discipline against boys, which may lead some boys to rebel against this treatment. On the other hand, families who have open styles of communication, who interact with respect with their sons (and daughters), and who have the ability to both monitor their sons' activities, to know who they hang out with and to offer them opportunities, are less likely to have violent sons. Young men who are more attached to families, participate more in joint family activities and are more closely monitored by their families are less likely to be violent or delinquent.

15 — A. Bandura, "Influence of models' reinforcement contingencies on the acquisition of imitative responses". *Journal of Personality and Social Psychology*, 1,(1965) 589-595.; Cunningham et.al., — "Theory-derived explanations of male violence against female partners: literature update and related implications for treatment and evaluation" (London: London Family Court Clinic, 1998)

16 — M. Miedzian, . *Boys will be boys: Breaking the link between masculinity and violence*. (New York: AnchorBooks, 1991); F Earls, "A developmental approach to understanding and controlling violence". In H. Fitzgerald, et al, Eds., *Theory and Research in Behavioral Pediatrics*, Vol. 5 (New York: Plenum Press, 1991)

17 — M. Stormont-Spurgin, & S. Zentall, "Contributing factors in the manifestation of aggression in preschoolers with Hyperactivity" *J. Child Psychol Psychiat* 36 (1995) 491-509.

Young men who are labelled as "delinquent" or "violent" or "troublemakers" are more likely to be violent. Boys in many settings have more behavior "problems" than girls – they may be more disruptive in the classroom, they sit still less than girls, or they show hyperactive behavior. Parents and teachers often label these behaviors as troublesome, and react in authoritarian ways that create a chain of expectations. Parents and teachers believe some boys will be violent or delinquent and these same boys often become delinquent. Why? Because when teachers and parents label boys as "aggressive" or "troublemakers", they often exclude these boys from activities such as sports. Rather than listening to "troublesome" young men, teachers and parents often stigmatize and exclude them, ultimately encouraging violent behavior rather than preventing it.

Some research has also shown that boys who witness violence or are victims of violence are also more likely to be violent.¹⁸ Witnessing violence around them is stressful for both boys and girls, but this stress may show itself in different ways for girls and boys. For boys, trauma related to witnessing violence is more likely to be externalized as violence than it is for girls.¹⁹ Many young men are socialized to believe that it is inappropriate for them to express fear or sadness but that it is appropriate for them to express anger and aggression. Young men who experience and witness violence in the home and outside the home may come to see violence as a "normal" way – and particularly a male way – to resolve conflicts.

Easy access to weapons can also contribute to violence. Having access to weapons, of course, does not cause violence but it does increase the likelihood that violence will be more lethal. A fight over an insult or a girl is more likely to lead to a homicide when one of the actors has a gun or a knife. In some settings, learning how to use and play with weapons – particularly knives and guns

– may even be part of how boys are socialized. Where young men live can also be a major factor related to their use of violence. For example, boys who are raised in neighbourhoods where armed gangs exist, or where sectarian violence involves men and boys, are more likely to use violence and to be victims of violence. Gangs and similar groups often emerge when other social institutions that may support and protect young men – the government, family, community organizations, schools – are weak. Higher rates of violence in some areas may also have to do with local culture. In some settings, young men may believe they are supported by their peers or local norms when they use violence as a response to insult or injury.

Another major factor that can contribute to violent behavior is a young man's peer group. Studies in the U.S. find that hanging out with delinquent or violent peers is one of the strongest factors associated with young men's violent behavior.²⁰ However, it would be simplistic to conclude that violent peers "cause" other young men to be violent. Young people tend to look for other young people like themselves for their peers. Violent young men may be more likely to hang out with other violent young men. But clearly, who young men hang out with and who they listen to is a factor to be considered. Some researchers suggest that because young men generally spend more time outside the home – often in street-based peer groups that promote competition, fighting, and delinquency – they are more likely to be violent than girls, who are more likely to be socialized in the home or around family members. Studies in the U.S. have found that young men who are violent are more likely than their less violent peers to perceive hostile intentions in others, or to misinterpret the behavior of others as hostile.²¹ Young men who use violence seem to have difficulty with "emotional intelligence" – the ability to "read", understand, and express emo-

18 – C. Bell & E.J. Jenkins, "Traumatic stress and children" *Journal of Health Care for the Poor and Underserved* 2 (1991) 175-185.; E.R. Parsons, "Inner city children of trauma: Urban violence traumatic stress syndrome (U-VTS) and therapists' responses" In J.Wilson & J.Lindy Eds. *Center transference in the treatment of post-traumatic stress disorder* (New York: Guilford Press, 1994); R.S. Pynoos, "Traumatic stress and developmental psychopathology in children and adolescents" In J.M. Oldham, M.B. Riba, & A.Tasman Eds. *American Psychiatric Press Review of Psychiatry* Vol. 12 (Washington D.C. : American Psychiatric Press, 1993)

Violence in Bosnia and Herzegovina

The fact that violence is a serious and very common problem in our society is confirmed by research²² that was conducted in 2013 by the Agency for Gender Equality of Bosnia and Herzegovina and entity gender centers in cooperation with the statistical authorities, with the support of UNFPA and UN Women. According to the findings, since reaching the age of 15 one in two women has been exposed to some form of violence (e.g., economic, physical, psychological, or sexual). According to this research, psychological violence is the most common type of violence in Bosnia and Herzegovina, followed by physical violence. In the context of violence perpetrators, the data clearly show that the most common type of violence is the one where the perpetrator is a partner. These findings imply that the sphere of partnership and family relations is the strongest source of violence against women. In the context of gender based violence, the overall rate of gender based violence against women that have experienced violence since they reached the age of 15 is 47.2%. Meanwhile, the current rate (i.e., the violence they were exposed to in the last year) is 11.9% and, in this case, the most common perpetrators are also partners and family members. The authors conclude that the sphere of intimate and family relationships is a far greater source of danger for women than is the case with the broader community.

In 2015, the organization CARE NWB, in cooperation with partner NGOs Association XY, Perpetuum Mobile, and Youth Power, conducted a research study among high school populations in Sarajevo, Banja Luka, and Mostar. The research included 1,030 young people, including 559 boys and 471 girls. According to the findings of this research, 20% of respondents from Sarajevo and Mostar and 12.5% of the respondents from Banja Luka reported having unpleasant and unwanted sexual experiences. Exposure to psychological violence was confirmed by 27.4% of young men from Mostar, 22.7% of young men from Sarajevo, and 11.5% of young men from Banja Luka. Between 18.6% and 24.7% of the respondents confirmed that they were exposed to physical violence, while about 27% of young men from Mostar and Sarajevo and 18% of young men from Banja Luka confirmed participation in perpetrating physical violence against others.

The same research shows that in the total sample of young women, 90% of respondents consider that the violence has no justification and that it must not be tolerated, but it is worrying that 10% of respondents believe that women are responsible for the violence to which they are exposed. Of particular concern is the fact that only 22-36% of young women consider that a woman who was sexually abused did not cause this act by her style of dress. This tells us that almost two-thirds of young women included in this research, in the case of rape or sexual abuse, perceive the victim as the culprit and her style of dress as a viable motive for such an act. When asked if they were exposed to psychological violence, 28% of young women at all three locations said yes, while exposure to physical violence was confirmed by 6.6% of respondents.

19 — U.S. Department of Justice “The Prevalence and Consequences of Child Victimization.: NIJ Research Preview”. (Washington, DC: National Institutes of Justice., 1997)

20 — Michael B. Green “Implications of Research Showing Harmful Effects of Group Activities with Anti-Social Adolescents,” Paper presented at Persistently Safe Schools: The National Conference of the Hamilton Fish Institute on School and Community Violence, available at <http://gwired.gwu.edu/hamfish/merlincgi/p/downloadFile/d/16823/n/off/other/1/name/07Greenepdf/>

21 — M.R. Fondacaro and K Heller “Attributional style in aggressive adolescent boys” *Journal of Abnormal Child Psychology* (1990) 18(1):75-89; C Hudley and J Friday, “ Attributional bias and reactive aggression” *American Journal of Preventive Medicine* (1996) 12 (5 Suppl):75-81

22 — Prevalence and characteristics of violence against women in Bosnia and Herzegovina (Agency for Gender Equality of Bosnia and Herzegovina, 2013)

tions in appropriate ways. In other words, they are more likely than less violent young men to "misread" the intentions of others, believing them to be hostile when they are not. In addition, young men who are violent often justify their violence by blaming it on others, and often use dehumanizing labels for their victims. Similarly, young men who have an exaggerated sense of honor are also more likely to use violence. Some cases of man-to-man homicide start over relatively minor altercations, generally about an insult, often in bars or other public spaces, and escalate to lethal levels.

For some young men, being violent is a way to define who you are. Adolescence is the time of life when they generally define who they are. For a young man, this might mean defining himself as a good student, as religious, as an athlete, as a hard worker, as artistic, or as a computer geek. Alternatively, it might mean defining himself as a bully or thug. For some young men, participation in organized peer groups such as gangs can provide them with a sense of identity and belonging that they do not find elsewhere. For some young men, being part of a violent peer group may be a way to survive or a means of self-protection. For young men in some low-income urban settings in the Western Balkans, many of whom have little else that gives them meaning and a clear role in society, violence can be a way of achieving a name for themselves. On the other hand, when young men find an identity in something else – as students, hard workers, fathers, husbands or in music, sports, politics (depending on the nature of the politics), religion, or some combination of those things – they generally stay out of gangs or violent peer groups. A study with young men whose peers were involved in gangs in Chicago and Rio de Janeiro found that young men who weighed the cost of violence were fearful of violence, and found alternative identities and alternative peer groups were more likely to stay out of gangs.²³

Young men who are doing poorly in school, are less connected to the school setting, or are mar-

ginalized or excluded within the school setting are more likely to be violent or delinquent. Numerous studies have found that poor school performance, school dropout, and the lack of a sense of belonging in school are associated with higher rates of delinquency and other violent behavior. In some settings, young men are dropping out of school at higher rates than girls. However, being enrolled in school is not enough. For some young men, school can be the place where they meet and interact with violent peers. Other studies suggest that young men who are marginalized, excluded, or treated as "misfits" while in school are more likely to be violent. In sum, the school – as the most important social institution where young people hang out – is an important site for encouraging or preventing violence.

Does the media have anything to do with young men's violence? Some studies have found that viewing violent media images may be associated with carrying out violence, but the causal connection is unclear.²⁴ Watching violence on TV or in movies probably does not "cause" young men's violence but it no doubt contributes to some young men's belief – and our general belief as a society – that men's violence is normal, and even cool.

Finally, it is also important to keep in mind that violence is not merely associated with low-income young men. Much research on violence has focused on low-income young men; in some settings, poverty is associated with higher rates of some kinds of violence. Poverty is itself a form of social violence, but poverty should not be considered the cause of interpersonal violence. Middle class young men in many settings are also involved in violence, and also socialized to use violence to express emotions and resolve conflicts, just as most young men in low-income settings are not perpetrators of violence. In studying and responding to violence, it is imperative that we not stigmatize or label low-income young men, or young men in general, as inherently violent, and that we recognize that the majority of young men are not perpetrators of violence.

What is Gender-Based Violence?

Gender-based violence (GBV) is widely recognized as an international public health problem and human rights concern. GBV can have devastating effects on women's physical and emotional health, as well as the well-being of families and communities, and society at large. The concept of GBV seeks to distinguish violence that is based on gendered expectations and/or on the sex or gender identity of another person from other types of violence. While GBV can apply to women and men, or girls and boys, the focus of most GBV efforts is on ending the violence against women and girls, since they are the ones who are overwhelmingly affected.²⁵ Over the past decade, the international community has transitioned to using the term "gender-based violence" instead of "violence against women" to shift the focus from women as victims and to emphasize the role of gender norms, inequity, and power relationships in women's disproportionate vulnerability to violence.

...GBV seeks to distinguish violence that is based on gendered expectations...

Within this discourse, increasing recognition is also being given to understanding masculinities and the role that male socialization plays in condoning men's use of violence. Some men and boys are raised to believe they have the "right" to expect certain things from women, and the right to use physical or verbal abuse as a form of "punishment" if a woman does not provide these things (e.g., meeting sexual demands). Sexual violence in particular is also rooted in inequitable gender norms – especially those that define male sexuality as uncontrollable and aggressive and female sexuality as passive. Successful interventions that work with men to deconstruct hegemonic masculine identities and support community and institutional change have shown the positive contribution that men can make as allies and anti-violence activists.^{26 27}

23 — Gary Barker, "Peace boys in a war zone: Identity and coping among adolescent men in a favela in Rio de Janeiro." (Unpublished doctoral dissertation, Erikson Institute, Loyola University: Chicago 2001).

24 — A. McAlister, "La violencia juvenil en las Americas: Estudios innovadores de investigación, diagnóstico y prevención." (Washington, D.C.: Organización Panamericana de la Salud, 1998)

25 — UNFPA, "Strategy and Framework for Action to Addressing Gender-based violence 2008-2011" Gender, Human Rights, and Culture Branch. (New York: UNFPA, 2008).

26 — Gary Barker, "Engaging boys and men to empower girls: Reflections from practice and evidence of impact", United Nations Expert Group Meeting on the Elimination of all forms of discrimination and violence against the girl child, Florence, Italy, 25-28 September 2006

27 — D. Peacock, & A. Levack. "The Men as Partners Program in South Africa: Reaching Men to End Gender-Based Violence and Promote Sexual and Reproductive Health", International Journal of Men's Health 3 (2004) 173-188.

FRAME
2.*FRAME 2: GBV in the Western Balkans*

— In Serbia, a survey with a representative sample of women found that 30.6% had suffered physical violence, 46.1% had suffered psychological violence, and 8.7% had suffered sexual abuse in their lifetime. Another survey carried out in 2003 confirmed these findings²⁸

— In Montenegro, a survey with a representative sample of women found that 25% had been beaten by a partner, 25% had been forced to have sex by a partner, and 14% had been threatened with the kidnapping of their children²⁹

— In Croatia, a survey with a representative sample of women found that 21% of the women had experienced physical violence at the hands of a current or former male partner and 34% reported having experienced forced sex.³⁰

— In Bosnia and Herzegovina, a survey found that 23% of the women had been beaten by their partners, while 29% knew a woman who had been beaten.³¹

28 — AŽC, 2005

29 — Radulović, 2003

30 — Otročak, 2005

31 — H. Peele & D. Andric-Ruzici Eds. "To Live With (out) Violence: A second look 2- Experts." Final Report Violence Against Women. (Zenica: Bosnia Herezgovina & Medica Zenica, 1999) 54-55.

Violence between Men³²

The violence that occurs between men is often linked to rigid gender norms and power dynamics. Boys and men are often taught that aggression or violence toward others is an acceptable means of demonstrating strength and control or that to avoid being victims they must perpetrate violence towards others.

The use of violence against other men can be, among other things, a way to achieve a socially recognized status as a man when other forms of recognition or affirmation are unattainable, or perceived to be unattainable. In this way, violence may serve as a mechanism by which some men and boys are placed or kept in a position subordinate to other men.

Male-to-male violence can also be linked to gender norms that underlie violence against women and girls. Violence can act as a means of censorship and a form of control over male behavior. It can be used against men who do not adhere to rigid gender scripts and norms, the most extreme example being homophobic violence against men who have sex with men (MSM) or who self-identify themselves as non-heterosexual. Men who deviate from norms regarding male behavior, dress, interests, etc. can also find themselves victims of violence or harassment.

Gangs

Throughout the world, there are examples of young men who organize themselves along racial, class, national, or other lines, for mutual protection or profit, often engaging in violent and/or illegal activities. These groups vary from place to place, and it is important to understand the context in which they exist. Also, it is worth mentioning that it is not just poverty or unemployment that may lead a young man to participate in a gang, but various other factors – individual, family, and local context – can lead young men to join these groups. It is also important to emphasize that even in communities where gangs have a powerful presence, not all young men participate. Generally, only a minority become involved.

32 — G.Barker, C. Ricardo, and M. Nascimento, “Engaging men and boys in changing gender inequity in health: Evidence from program interventions.” (Geneva: World Health Organization, 2007)

There have been and still are various attempts to repress these groups of young men, primarily via police repression. Diverse experiences suggest that police repression has not been an adequate response. More promising work with gang intervention shows the importance of offering alternatives to young men who participate or who have the potential to participate: cultural activities, job access, opportunities for community participation, and spaces for bringing young men together – with a shift away from repression.

It is clear that for some young men, violence is a way to form an identity. For many, adolescence is the time of life to think about the question: who am I? A young man can define himself as a good student, religious, an athlete, a hard worker, an artist, a computer whiz, or various other things.

But he can also define himself as a bandit. Research with young men who participate in these violent groups in the U.S. and Brazil concludes that they feel a sense of belonging and identity that they don't find elsewhere.³³

For many low-income, socially excluded young men living in urban areas, belonging to a violent group is a way for them to survive, to feel important, and to gain a sense of belonging in their lives. On the other hand, when young men discover their identity in a different outlet, as students, fathers, partners or husbands, in music, at work, in sports, politics (depending on what type of political group), religion (again, depending on which religion), or even in a combination of these – they generally stay away from gangs or violent groups.

Resilience, young men, and violence prevention

How can we explain that some youth from certain backgrounds become involved in violent activities like gangs, while others from the same context do not? Recent research has identified individual and family characteristics of youth from low-income areas and in high-risk situations who become successful in school and at work and do not become involved in gangs and other violent groups.³⁴ These studies frequently refer to the concept of resilience, which addresses "successful adaptation, despite risk and adversity." Resilience is a concept that helps us understand the subjective realities and the individual differences that youth exhibit, and offers insights on positive ways to overcome adversity in particularly difficult contexts. In other words, resilience means that some young men, even in difficult circumstances, find

positive alternatives for overcoming the risks that surround them.

In a comparative study between young male juvenile delinquents in Rio de Janeiro and their cousins and brothers who were not delinquent, the author identified a series of protective factors that favor non-delinquency on the part of young men. In this study, the youth who were not delinquent, or resilient, 1) showed greater optimism in relation to their life realities, 2) had a greater ability to express themselves verbally, 3) were the oldest or the youngest child in the family, 4) had a calm temperament, and 5) exhibited a strong, affectionate connection with their parents or teachers (Assis, 1999). Similarly, other research in Brazil, with young men from an area where

33 — Gary Barker "Dying to be Men: youth, masculinity, and social exclusion." (Routledge: Global Public Health, 2007)

34 — Gary Barker "Dying to be Men: youth, masculinity, and social exclusion." (Routledge: Global Public Health, 2007)

"commandos" had a strong presence, identified the importance of alternative models, the ability to reflect and construct positive meanings in the face of adversity, and non-violent peer groups in keeping low-income youth away from violent groups.³⁵

Youth represent a key opportunity to construct alternative definitions of masculinities and reduce gender-based violence. Although strong forces influence young men to adopt traditional masculinities during gender socialization, it is possible

to change this path. Youth is a key developmental stage when gender identities are constructed and can be reshaped. During this period of their lives, behaviors toward women or partners are rehearsed and carried into adulthood, and reaching young men is a way of changing the way men interact with women. In the context of youth development efforts, working to support gender equitable constructions among youth also can strengthen their own leadership development, including their ability to engage as actors to advocate for gender equity more broadly.

FRAME 3: Summary Points

- › Violence happens more frequently in some settings than others, and around the world it is more likely to be carried out by and against men – usually young men. In the public sphere, young men are most likely to be the perpetrators of this violence and most likely to be victims. In the private sphere – the home and other private spaces – men are more likely the aggressors and women the victims.
- › Violence is a learned behavior. Boys and young men learn to be violent by watching their fathers and brothers use violence: by being encouraged to play with guns and being rewarded when they fight; by being told that the only way to "be a real man" is to fight with anyone who insults them; by being treated in violent ways or subjected to violence by their peers or families; by being taught that expressing anger and aggression is okay, but that expressing sadness or remorse is not.
- › The concept of gender-based violence (GBV) seeks to distinguish violence that is based on gendered expectations and/or on the sex or gender identity of another person from other types of violence. Over the past decade, the international community has transitioned to use the term "gender-based violence" instead of "violence against women" to shift the focus from women as victims and to emphasize the role of gender norms, inequity, and power relationships in women's disproportionate vulnerability to violence.
- › The violence that occurs between men is also often linked to rigid gender norms and power dynamics. The use of violence against other men can be, among other things, a way to achieve a socially recognized status as a man when other forms of recognition or affirmation are unattainable, or perceived to be unattainable. In this way, violence may serve as a mechanism by which some men and boys are placed or kept in a position subordinate to other men.
- › Youth represent a key opportunity to construct alternative definitions of masculinities and reduce gender-based violence. Working with young men to reduce gender-based violence is critical because young men are more apt than older men to learn to use alternatives to violence in communicating respectfully with their partners. Furthermore, youth is a key developmental stage when gender identities are constructed and can be reshaped.

FRAME

3.

35 — Gary Barker "Dying to be Men: youth, masculinity, and social exclusion." (Routledge: Global Public Health, 2007)

Women's perspective

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 or sexual violence, or both, by an intimate partner (WHO, 2005). Often, 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 private contexts, women also suffer violence outside the home in public spaces such as schools and workplaces.

What is Gender Based Violence?

In East European countries, 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.

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. The fact that men, particularly young men, are more likely to use violence than women raises questions about how boys and young men are raised. Rigid norms of masculinity link being a man with toughness or dominance and permit and encourage the use of aggression (e.g., physical, psychological, and/or sexual) to prove masculinity. These rigid norms of masculinity that link being a man with dominance are fur-

ther reinforced by norms that 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 varied, and stem from complex interactions between individual, relational, communal, 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 than other groups. Poverty can be seen as a marker for various social conditions, including elevated stress levels 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 support.

Violence has many consequences for 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.

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., making a statement such as "if you loved me, you would have sex with me"). 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. Exact numbers are not available, but several studies suggest that an estimated 4 million women³⁶ and girls are bought and sold worldwide, into either 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.

The cycle of violence is very complex. Violence is a model of learning and the way power is distributed in a relationship. As already mentioned, in most cases men are the perpetrators of violence against women in a relationship. In many families beating is used as a pedagogic method for children. Children, on the other hand, perceive violence as a model of behavior, which they use to "educate" other children around them and to gain control and power over other children or animals. In most cases, they use violence as a model of behavior shown by the adults in their families.

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.

36 — Julie A. Mertus and Nancy Flowers "Local Action/Global Change: A Handbook on Women's Human Rights", 2008

Perceptions of Gender-Based Violence

There is a range of perceptions and definitions for what qualifies as violence against women. Often, there are discourses about “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 support. 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. Overall, many social and community-based factors influence a woman’s response to violence.

Too many women never speak to others about the abuse they suffer.

Social Support 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 support 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, including how men and women view and act toward each other. se njihov muški partner promijeniti ili da će nasilje prestati. Emocionalna uključenost i, u mnogim slučajevima, ekonomska zavisnost u intimnoj vezi imaju važne implikacije za dinamiku nasilja u vezi i načinom na koji se žene nose sa takvim nasiljem.

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).

Workshop 6: What is violence?



PURPOSE:

To identify different types of violence that may occur in intimate relationships, families, and communities.



MATERIALS:

Flipchart paper, tape, markers, and copies of case studies from Resource Sheet 6A and Resource Sheet 6C.



RECOMMENDED TIME:

90 minutes



PLANNING NOTES:

Prior to the sessions on violence, it is important to research locally relevant information concerning violence, including existing laws and social support for those who use and/or suffer from violence. It is also important to be prepared to refer participants to the appropriate services if they reveal that they are suffering violence or abuse.

The case studies included in Resource Sheet 6A depict diverse examples of violence, including men's use of physical, sexual, and emotional violence against women in intimate relationships, men's use of physical violence against women outside the context of an intimate relationship, physical violence between men, violence by women, and community-level, or institutional, violence against individuals and groups of people. If necessary, you can make adaptations to these case studies or create new ones to address other types of violence that also occur in intimate relationships, families, and/or communities.

PROCEDURE:

Part 1 – What Does Violence Mean to Us? (30 minutes)

1. Ask the group to sit in a circle and to think silently for a few moments about what violence means to them.
2. Invite each participant to share with the group what violence means to them. Write the responses on flipchart paper. Alternative: Invite the participants to write or draw what violence means to them.
3. Discuss with the participants some of the common points in their responses, as well as some of the unique points. Review the definitions of violence below and tell the participants that there is often not a clear or simple definition of violence. Explain that in the second part of the exercise you are going to read a series of case studies to help them think about the different meanings and types of violence.
 - › **Physical violence:** is the use of physical force such as hitting, slapping, or pushing.

- › **Emotional/Psychological violence:** is often the most difficult form of violence to identify. It may include humiliating, threatening, insulting, pressuring, and expressing jealousy or possessiveness such as controlling decisions and activities.
- › **Sexual violence:** involves pressuring or forcing someone to perform sexual acts (from touching to 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.

Violence is also often categorized according to the victim-perpetrator relationship³⁷:

- › **Self-directed violence** refers to violence in which the perpetrator and the victim are the same individual and is subdivided into self-abuse and suicide.
- › **Interpersonal violence** refers to violence between individuals.
- › **Collective violence** refers to violence committed by larger groups of individuals and can be subdivided into social, political, and economic violence.

Part 2 – Discussion of Different Types of Violence (60 minutes)

4. Read each case study on violence from Resource Sheets.
5. After reading the cases, discuss the following questions.

DISCUSSION QUESTIONS:

1. What kinds of violence most often occur in intimate relationships between men and women? What causes this violence? Examples may include physical, emotional, and/or sexual violence that men use against girlfriends or wives, as well as violence that women may use against their boyfriends or husbands.
2. What kinds of violence most often occur in families? What causes this violence? Examples may include parents' use of physical, emotional, and/or sexual violence against children or other types of violence between family members.
3. What kinds of violence most often occur outside relationships and families? What causes this violence? Examples may include physical violence between men, gang or war-related violence, stranger rape and emotional violence, or stigmas against certain individuals or groups in the community.

³⁷ — Text taken from <http://www.who.int/violenceprevention/approach/definition/en/index.html>. Last accessed on 11/02/2011.

4. Are there types of violence that are related to a person's sex? What is the most common type of violence practiced against women? (See the section on Resource Sheet 6B – What is Gender-Based Violence?) Against men?
5. Are only men violent, or are women also violent? What is the most common type of violence that men use against others? What is the most common type of violence that women use against others?
6. Does a person – man or woman – ever “deserve” to be hit or suffer some type of violence?
7. What are the consequences of violence on individuals? On relationships? On communities?
8. What can you and other young people do to stop violence in your community?

CLOSING:

At its most basic level, violence can be defined as the use of force (or the threat of force) by one individual against another. Violence is often used as a way to control another person, to have power over them. It happens all around the world and often stems from the way that individuals, especially men, are raised to deal with anger and conflict. It is commonly assumed that violence is a “natural” or “normal” part of being a man. However, violence is a learned behavior and, in that sense, it can be unlearned and prevented. As has been discussed in other sessions, men are often socialized to repress their emotions, and anger is sometimes one of the few socially

acceptable ways for men to express their feelings. Moreover, men are sometimes raised to believe that they have the “right” to expect certain things from women (e.g., domestic tasks or sex) and the right to use physical or verbal abuse if women do not provide these things. It is important to think about how rigid gender roles regarding how men should express their emotions and how they should interact with women are harmful to both to individual men and to our relationships. In your daily lives, it is fundamental that you, as young people, think about what you can do to speak out against other's use of violence.

LINK

This activity can also be linked to the earlier workshop on “**Expressing my Emotions**” and a discussion about how to handle anger.

RESOURCE SHEET A:

CASE STUDIES ON VIOLENCE

Case Study # 1

Mirko and Belma are a young married couple. Mirko's family is coming over to their home for dinner. He is very anxious that they should have a good time, and he wants to show them how great of a cook his wife is. But when he gets home that night, nothing is prepared. Belma has not been feeling well, and she has not started making the dinner yet. Mirko is very upset. He does not want his family to think that he cannot control his wife. They begin to argue and yell at each other. The fight quickly escalates, and Mirko hits her.

- › How should Belma react?
- › Could Mirko have reacted differently in this situation?

Case Study # 2

You are dancing with a group of friends at the disco. When you are about to leave, you see a couple (a boy and a girl, apparently boyfriend/girlfriend) arguing at the entrance. He calls her a bitch and asks her why she was flirting with another guy. She says, "I was not looking at him... and even if I was, aren't I with you?" He shouts at her again. Finally, she says, "You don't have the right to treat me like that." He calls her worthless and tells her to get out of his face – he can't stand to look at her. He then hits her, and she falls down. She screams at him, saying that he has no right to do that.

- › What would you do? Would you leave? Would you say anything? Why or why not?
- › Would it be different if it were a guy hitting another guy?
- › What can you do in situations like this one? What are your options?
- › What is our responsibility to prevent others from using violence?

Case Study # 3

Saša is an older boy who comes from a wealthy family. He meets Petra one day on her way home from school and they chat a little. The next day, he meets up with her again and this continues until one day he invites her to dinner. At dinner, he

tells Petra how much he likes her and then invites her to come over to his house. At his house, they start to kiss and Saša starts touching Petra under her blouse. But, then Petra stops and says that she doesn't want to go anything further. Saša is furious. He tells her that he has spent lots of time with her and says, "What are my friends going to say?" He pressures her to get her to change her mind. First, he tries to be seductive, and then he begins yelling at her in frustration. Then he begins pulling at her forcefully, pushing her down. He then forces her to have sex, even though she keeps saying, "No, stop!"

- › Is this a kind of violence? Why or why not?
- › What do you think Saša should have done?
- › What do you think Petra should have done?

Case Study # 4

Jasmin has had a hard day at school. His mother is giving him a hard time because of his grades and tells him that he cannot go out that night. In class, he is unable to answer a question that the teacher asks him. In the playground, after the class, Renata, a girl in Jasmin's class, laughs at him because he could not answer such an easy question. "It was so easy. Are you really that stupid?" Jasmin tells her to shut up and pushes her against the wall. Renata is furious and says, "If you touch me again, you just wait and see..." Jasmin replies: "No, you just wait and see..." He slaps her across the face, turns around, and walks away.

- › Do you think that Jasmin was right to hit Renata?
- › How else could he have reacted?

Case Study # 5

A group of friends go dancing. One of them, Danijel, sees that some guy is staring at his girlfriend. Danijel walks up to the guy and shoves him and a fight begins.

- › Why did Danijel react this way? Do you think he was right to shove the other guy?

- › How else could he have reacted?
- › What should his friends have done?

Case Study # 6

In many communities, people who are living with HIV/AIDS are shunned. They are insulted. Sometimes their children are not allowed to go to school.

- › Is this a type of violence?
- › Do you think that this type of discrimination hurts people living with HIV/AIDS?
- › What can be done to stop these types of things from happening?

Case Study # 7

Monika is a 19-year-old university student who just moved in with a roommate to a one-room flat near campus. Monika has been HIV positive since she was 17. She takes medications for HIV, which need to constantly be refrigerated. One day, her roommate asks her what the medications are for. Monika decides to be honest and tells her roommate that she is HIV positive. Her roommate is shocked and furious. She tells Monika that she needs to move out of the flat immediately, before she passes her infection to her.

- › What do you think about the way that the roommate reacted?
- › Do you think there is risk for the roommate to be infected by living with Monika?
- › Is this a type of violence?
- › What can be done to stop these types of things from happening?

Case Study # 8

Valentino and Lejla are a young couple who just had their second baby. Before they started to have children, they agreed that Lejla would be the one to stay at home to take care of the children, and Valentino would work to earn money. However, more recently Valentino has started to pass less and less money to Lejla. At first, she had to cancel

her German language classes, and then she didn't have enough to buy any clothes for herself or even meet her friends for a coffee. When she brings up the issue with Valentino, he just says, "We don't have enough money. You ask for too much anyway and you don't even make anything." When Lejla points out that he goes out almost every other night with friends and maybe one night she could go out with friends instead of him, he says, "Yes, I go out a lot, but I have to relax from work. You spend the entire day at home, doing nothing."

- › Is this a type of violence? Why or why not?
- › What you think Lejla should do?
- › Could Valentino have reacted differently?
- › What would you do in this situation?

Case Study # 9

A group of friends are hanging out in the park. Jasna is a quiet and introverted girl and Ivica is teasing her about it. She doesn't respond, but Goran, who likes her, decides to stick up for her. He tells Ivica to cut it out and the two get into an argument. Goran hits Ivica and they start to fight.

- › What do you think about the way Ivica was treating Jasna?
- › Is this a type of violence? Why or why not?
- › What would you do in situation like this?

Case Study # 10

Krešo is a young gay man who has recently come out to his family and friends. At first, it was hard with his family but they have finally come around. At school, however, some kids have started to call him a "fag" and other derogatory names. They also push him around a lot, and sometimes even beat him up.

- › Is this a type of violence? Why or why not?
- › What can Krešo do?
- › What can his friends do?
- › What would you do in a situation like this?

RESOURCE SHEET B:

WHAT IS GENDER-BASED VIOLENCE?

In many settings, most laws and policies use “family violence” or “domestic violence” to indicate acts of violence against women and children by an intimate partner, usually a man. However, there has been an increasing shift toward the use of “gender-based violence” (GBV) 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 focus to the fact that gender dynamics and norms are intricately tied to the use of violence against women (Velseboer, 2003). In its essence, the concept of GBV seeks to distinguish violence that is based on gendered expectations and/or on the sex or gender identity of another person from other types of violence. While GBV can apply to women and men, girls and boys the focus of most GBV efforts is on ending violence against women and girls, since they are overwhelmingly affected.

Below is a definition of gender-based violence and violence against women based on the United Nations G

... any act that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women because of being women and men because of being men, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.

...shall be understood to encompass, but not be limited to the following:

- › Physical, sexual and psychological violence occurring **in the family**, including battering, sexual exploitation, sexual abuse of children in the household, dowry-related violence, marital rape, female genital mutilation and other traditional practices harmful to women, non-spousal violence and violence related to exploitation
- › Physical, sexual and psychological violence occurring **within the general community**, including rape, sexual abuse, sexual harassment and intimidation at work, in educational institutions and elsewhere, trafficking in women and forced prostitution
- › Physical, sexual, and psychological violence **perpetrated or condoned by the State and institutions**, wherever it occurs.

Case studies for discussion

VOJIN asks Suzana to go out with him one afternoon. They chat a little, have a bite to eat, and Vojin invites her to a motel, saying he has some money to spend a few hours there. Suzana agrees. They get to the motel and start kissing and caressing. Vojin begins to take off her clothes. Suzana stops him and says that she doesn't want to have sex. Vojin 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, and then he begins yelling at her in frustration. Finally, he pulls at her forcefully, pushing her down on the bed.

AMINA has been dating Edi for a few months. Recently, Edi 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. Amina has tried to not pay much attention to these questions, but lately Edi 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.

ISIDORA 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 Isidora would be if she lost weight. He hardly lets her eat. He says that when she is thinner, they can get engaged.

JOVANA had only just started high school when she met Milan. 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.

MAJA 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 Maja 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 became 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.

SOFIJA went out dancing with her boyfriend Pavle and some friends. While everyone was dancing, Sofija noticed that another girl was dancing close to Pavle and getting closer and closer to him. Sofija went over to separate the two and make it clear to the girl that Pavle was her



Foto © Branko Birač

boyfriend. The girl backed off. After a while, Sofija went to get a drink with her friend and when she came back, she saw that the same girl was dancing next to Pavle again and this time in a very seductive manner. Sofija got angry, called her a slut, and attacked the girl, pulling her hair and slapping her.

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

SINIŠA was popular and handsome and, at first, Mina could hardly believe it when he started to show interest in her. She had never had a boyfriend and had always been

self-conscious about her looks, especially her weight. Siniša started to send Mina text messages all of the time, often commenting on how beautiful he thought she was. One day, Siniša asked Mina to send him photos of her. She was shy at first but she eventually sent him some photos. Siniša said wonderful things about them and Mina started to feel pretty for the first time in her life. Siniša then asked Mina to send other kinds of photos, of her in a bathing suit and a short skirt, and then, he asked her to send him a photo of her topless. She didn't feel completely comfortable taking that kind of photo but she didn't want to say no to him. After she sent Siniša the photo, however, he responded with just three words - "you ugly pig." Mina was shocked and hurt. Soon after she started to get text messages from other guys in her school, guys she had never talked to, also calling her terrible names. She found out that Siniša had sent her topless photo to almost everyone in the school. Mina was humiliated. She never wanted to go back to school.



Workshop 7:

A live fool or a dead hero: male honor



PURPOSE:

To discuss how “male honor” is associated with violence and think of alternatives to violence that young men can use when they feel insulted



MATERIALS:

Copies of Resource sheet A.



RECOMMENDED TIME:

90 minutes

PLANNING NOTES:



Not needed.

PROCEDURE:

1. Divide the participants into small groups and distribute a case study from Resource Sheet A to each group.
2. Explain that each group should create and present a short skit (3-5 minutes) based on the case study. Tell them that they are welcome to add more details to the case study.
3. Give the groups about 20 minutes to discuss the case study and develop the skit.
4. Invite the groups to perform their skits. After each skit, allow time for comments and discussion based on the following questions:
 - › Are these situations realistic?
 - › Why do we sometimes react this way?
 - › When you are confronted with a similar situation, in which you have been insulted, how do you normally react?
 - › How can you reduce the tension or aggression in a situation like this?
 - › Can a real man walk away from a fight?
5. Read aloud and discuss Resource Sheet B “Where does ‘Male Honor’ come from?”
6. Use the questions below to wrap-up the session with a discussion.

DISCUSSION QUESTIONS

1. What does “male honor” mean to men? What does it mean to women?
2. Does “male honor” still exist?

3. What can we do to change this “honor” culture? Can women and girls help in changing “honor” culture? If yes, in what ways?
4. Does knowing where this comes from help us to change it?
5. What have you learned from this exercise? How can you apply what you have learned in your own lives and relationships?



CLOSING:

The idea of “male honor” is still strong in many settings. For many young men, to be perceived as tough – as someone who doesn’t walk away from a fight - is often seen as a way to secure respect and to not be hassled by others. As we have discussed in this activity, however, this idea

of “honor” often brings many risks and consequences with it. While it is very probable that you will feel insulted on more than one occasion in your life, it is important to learn how to deal with these situations and with your feelings in ways that do not put you or others in harm’s way.

RESOURCE SHEET A:

Case Study #1

Milan and Armin are arguing at break-time because of school work. One accuses the other of having cheated off him. Milan says that he will wait for him outside to settle the matter. When the class is over...

Case Study #2

A group of friends are at a football game. They are fans of the same team. A fight begins when a fan of the opposing team arrives and...

Case Study #3

A group of friends are in a bar. A fight begins between one of the young men and a stranger (another young man)...

Case Study #4

A group of friends go dancing. One of them, Samir, sees that some guy is staring at his girlfriend. A fight begins when Samir...

Case Study #5

Almir is stopped in his car in traffic. When he starts to turn right, another car on his left cuts him off, forcing him to brake sharply. Almir decides to...

Case Study #6

A group of young men are sitting in a park. Another young man from a different social group passes by and a fight starts when...

Case Study #7

Luka and Emil are engaged in a heated debate. Emil is raising his tone of voice and...

Case Study #8

A group of young men from a small town are exploring the capital city. They can be identified by the dialect they speak and end up getting in trouble with some boys from the city when...

RESOURCE SHEET B:

In many cultures, a man's name, honor and, pride are important factors, sometimes taken to extremes. Some researchers suggest that the "honor culture" in some parts of the Americas comes from the nature of colonizing these frontier regions. In rural Mexico, in parts of South America, and the Southern parts of the U.S., men often herded livestock on land in regions where boundaries and borders were not clearly defined. There was no judicial or law enforcement system nearby (e.g., it was possible to have land disputes where the sheriff would arrive a couple of days after the conflict started). To survive, the men believed that they themselves had to defend their property. In such a context, it was necessary for the men to be seen by others as someone "not to be messed with." To be seen as an aggressive man or even dangerous meant that no one would bother you.

Machismo is associated with the image of the tough guy who has many sexual partners (in addition to his wife), who struggles to defend his family's integrity, who protects his 'honor', and seeks out danger, often in the form of disputes or duels. From the machismo viewpoint, men are "sexual predators" and women are "pure and innocent". According to the macho culture, a women's place is in the home, while the man demonstrates his virility by having a large number of sexual conquests and a large number of children. Thus, for the macho, a 'real man' is someone who protects the honor of the women in his family – his wife, sisters and mother. They should be "pure" and their sexual life and honor should never be brought into question. A man in a bar, who wants to fight another, only has to direct his gaze at the other's girlfriend and the age-old traditional scene is played out. The same would occur if he said something about the other's mother or sister.

These and other forms of "male honor" are deeply rooted in our culture. How many times have we seen groups of men trading insults? How many of these insults have something to do with sexual conquests? Think of how many expressions we have to "tarnish" the reputation of someone else's mother. This is the worst insult that a 'real man,' in the macho world, can be faced with – someone doubting the honor and purity of his mother, and hence doubting his very honor.

Workshop 8: Understanding the cycle of violence



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:

Flipchart paper, tape, markers, pens/pencils, and copies of Resource Sheet 8 or five small pieces of paper for each participant



RECOMMENDED TIME:

45 minutes



PLANNING NOTES:

If a participant reports that she/he is suffering any type of violence or that she/he 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/his 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 flipchart paper to a wall. Write each of the five categories below on a piece of paper:
 - › Violence used against me;
 - › Violence that I use against others;
 - › Violence that I have witnessed;
 - › How I feel when I use violence;
 - › 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 flipchart from the previous activity with the meanings of violence.
3. Give each participant a copy of the Resource Sheet or five small pieces of paper upon which they can write out the categories above.

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 too much, just a few words or a phrase, and then tape it to the corresponding flipchart paper.
6. After they have finished taping their papers to the flipchart, read aloud some of responses from each category.
7. Open up the discussion with the following questions.

DISCUSSION QUESTIONS:

1. What is the most common type of violence used against women?
2. What is the most common type of violence that women use against others?
3. How do you feel when you use violence against others?
4. Is there any connection between the violence you use and the violence that is used against you?
5. Is any kind of violence worse than another?
6. How do the media (i.e., music, radio, movies, etc.) portray violence? (see “Do media teach boys to be violent?” below)
7. What is the link between violence in your families and relationships and other violence that you see in your communities?
8. 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?
9. Do you think that men have a role to play in preventing violence against women? Explain.
10. 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 men and 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, and/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 A:

- › **VIOLENCE USED AGAINST ME:**
- › **VIOLENCE THAT I USE AGAINST OTHERS:**
- › **VIOLENCE THAT I HAVE WITNESSED:**
- › **HOW I FEEL WHEN I USE VIOLENCE:**
- › **HOW I FEEL WHEN VIOLENCE IS USED AGAINST ME:**

Does the media teach boys to be violent?

Some studies have shown that watching violent scenes in media can be linked to execution of violence but causal links are not completely clear. Watching violence on television or in movie theatres probably does not “cause” violence in boys but can lead to some boys’ impressions – and our general impression as society – that violence by men is normal or even cool. What about girls? Do they equally easily manifest anger?

Workshop 9: Labelling

**PURPOSE:**

To recognize how labelling people can limit individual potential and affect relationships

**MATERIALS:**

Regular pieces of paper, tape, and pens/pencils

**RECOMMENDED TIME:**

90 minutes

**PLANNING NOTES:**

It is important to make sure that none of the participants become aggressive or offended by any of the labels used.

PROCEDURE:

1. Brainstorm positive and negative labels or stereotypes that are commonly used in the community in which the young people live. These might include labels such as: smart, lazy, shy, violent, etc. Try to think of at least as many different labels as there are participants in the group.
2. Write these labels on pieces of paper and tape a piece of paper on the back of each participant. Note: In order for this activity to be effective, it is very important that the participants are not able to see the labels on their own backs; they should only be able to see other people's labels.
3. At random, ask two or three participants to carry out a short role-play in which they relate to each other according to the labels they have been given.
4. Ask each of the participants in the role-play to try to guess what their label is based on the way they were treated and then think about the following questions:
 - > How did it feel having someone treat you according to a label?
 - > How did it feel treating someone else according to a label?
5. After the volunteers have answered these questions, ask the larger group for reactions to the role-play.
6. Ask other volunteers to carry out other role-plays, allowing time after each role-play for the volunteers to try to guess their labels and to reflect on how they felt.
7. Open up the discussion to the larger group using the following questions.

DISCUSSION QUESTIONS:

1. How do you react when you are treated according to a label?
2. How do you react when you, or someone else, treat(s) another person according to a label?
3. Are these labels commonly used in your community? What other labels do people use?
4. Why do people label others?
5. What are the effects of labelling individuals? What are the effects on relationships?
6. Thinking back to the previous activity about power and relationships, what do you think is the link between labelling and power?
7. What have you learned here that you can apply in your own lives and take back to your communities?
8. How can you avoid labelling others?
9. How can you encourage other young people to not label others?

**CLOSING:**

Labels and stereotypes affect people as individuals as well as their relationships with others. It is important to think critically about how you treat people and the way that people treat you and how you can “unlearn” some of the ways that you interact with others based on labels. For example, you should learn how to not:

- › Be judgmental of someone before you get to know them;
- › Use labels or negative nicknames;
- › Discriminate based on sex, religion, ethnicity, or socioeconomic class;
- › Make someone in the family and/or community a scapegoat;
- › Be inflexible or stubborn in your attitudes;
- › Show indifference, silence, or spite.

The feeling of belonging to a group and being accepted for who you are is fundamental to learning and developing your individual and collective potential. As you move forward with these sessions and with your daily lives, you should actively try to move beyond labels and be more open-minded in how you relate to others.

Workshop 10: What is sexual violence?

**PURPOSE:**

To discuss sexual violence and the different situations in which it can occur

**MATERIALS:**

2-3 copies of the Resource Sheet

**RECOMMENDED TIME:**

90 minutes

**PLANNING NOTES:**

In the same way that talking about other forms of violence might cause discomfort because of possible connections with participants' own lives, it is important to be sensitive to the possibility that some of the participants might have suffered some type of sexual violence in childhood or adolescence and might need help. They may have suffered sexual violence (from men or women), but never spoken with anybody about the matter out of shame since perhaps they were convinced that nobody would believe that a man could be the victim of sexual violence (particularly when the perpetrator was a woman). Others might know of female relatives or friends who have been victims of sexual violence. It is important to be prepared for these possibilities and know to where and to whom you can refer participants who might need professional support.

PROCEDURE:

1. Explain that the purpose of the activity is to talk about sexual violence.
2. Carry out a brainstorm with the group on the meaning of sexual violence and the different situations in which it can occur. Review the definition of sexual violence included in the introductory activity to violence - What is violence?
3. Depending on the number of participants, divide them into two or three smaller groups, handing out a copy of the Resource Sheet to each group. Ask the small groups to read the story together. Alternatively, you can read the story aloud to the participants.
4. After reading the story, have an openly discuss the following points, encouraging the participants to reflect on the story and what other paths Andrej could have taken:
 - › Is this story realistic?
 - › What do you think about Andrej's behavior?
 - › Can it be considered violence? Why or why not?
 - › Why do you think he acted this way?

- › What could be the consequences of Andrej’s behavior for himself? And for the young woman?
 - › If Andrej had not given in to the pressure, how do you think his friends would have treated him?
 - › And what about Andrej, how do you think he would have felt?
5. Remind participants of the discussions they had about Case Study #3 from the activity – What is Violence? If necessary, or if the case study was not discussed previously, read the case study aloud. Ask the participants the following questions:
- › Is this story realistic?
 - › How is it different from Andrej’s story? How is it similar?
 - › Can it also be considered violence? Why or why not?
 - › Can sexual violence also happen in relationships in which the couple has had sex previously? Why or why not?
 - › What is consent to have sexual relations? Note: Consent is when two people knowingly and willingly agree to have sexual relations. It is required for every sexual contact. That is, the fact that a couple might have had previous sexual relations is NOT sufficient consent for future relations. If force, threats of force, or any sort of emotional coercion is used to get someone to have sexual relations it is NOT considered consent.
 - › What is the relationship between consent and power in relationships?
 - › Can sexual violence happen in a married relationship? Why or why not?
6. After discussing both stories, wrap-up the discussion using the following questions.

DISCUSSION QUESTIONS:

1. What are the consequences of sexual violence?
2. Can sexual violence also be committed against men? What types of violence would those be? And how do men generally react?
3. What can you do to help prevent situations of sexual violence in your own relationships? In your community?

CLOSING:

For many young people, peer pressure, or the feeling of having to have sexual relations in order to prove their adulthood, might make them view their partners as sexual objects. These kinds of views can lead to situations in which, typically, young men may disregard women’s wishes and employ emotional and/or physical coercion to get sex. In this way, sexual violence, as with other types of violence, can be understood as the result of one person having power over another.

As a young person, it is important that you reflect on how to promote healthier and more enjoyable consensual sexual relations in your own lives, as well as how to increase awareness among other young people about what is sexual violence. Above all, it is fundamental that all young people understand that when someone says “no,” she/he means just that.

RESOURCE SHEET:**ANDREJ'S STORY**

Andrej is 18 years old and likes to hang out with a large group of friends from school. He is very popular among his peers, and they all love to go out and have fun. The group is always having great parties at Josip's house, with lots of music and beer. Last weekend, there was another party. There were a lot of people there that Andrej knew. He was already a bit late and had hardly arrived when Josip came up to him:

Josip: Hi my craze! Give me five. Adrijana, that gorgeous chick is here... She's totally high. You're the only that's still hasn't-

Andrej: Stop it man...

Josip: No, I mean it ... This is your chance. Don't be scared. Be a man! What are you afraid of? Make the most of it, while she's still drunk. Just go for it!

Andrej could see that the girl was slumped in an armchair. She must have drunk too much, he thought. And, with his friends pressuring him, Andrej went over to where Adrijana was sitting.

Andrej: Hi babe... It's me Andrej. Let's go somewhere quiet.

Andrej helped her up - the girl was so drunk that she was half-asleep, almost passed out. Even so, his friends urged him on as he took her upstairs to Josip's bedroom.

Workshop 11: Power and relationships

**PURPOSE:**

To increase awareness about the existence of power in relationships and reflect on how we communicate about and demonstrate power in relationships

**MATERIALS:**

none

**RECOMMENDED TIME:**

90 minutes

**PLANNING NOTES:**

Not needed

PROCEDURE:***Part 1 – The Mirror Activity (30 minutes)***

1. Ask the participants to stand up and get into pairs. Each pair should decide which one of them will be the “person” and which will be the “mirror”. Explain that, within each pair, the “mirror” must imitate every movement done by the “person”. Give them 2-3 minutes to do this.
2. Ask each pair to swap roles and to repeat the process.
3. Use the questions below to facilitate a discussion about what happened:
 - › How did you feel when you were the “person”?
 - › How did you feel when you were the “mirror”?
 - › In your lives, are there times when you feel like you act as a “person”?
When?
 - › In your lives, are there times when you feel like you act as a “mirror”?
When?

Part 2 – Power in Relationships (60 minutes)

1. Assign the pairs of participants to develop and present short skits that depict the power dynamics involved in the various relationships below. The facilitator should add any other types of relationships that are relevant to the local contexts and experiences.
 - › Teacher and student
 - › Parent and child
 - › Husband and wife
 - › Boss and employee
2. After the skits, use the questions below to facilitate a discussion.

DISCUSSION QUESTIONS:

1. Are these skits realistic?
2. In your daily life, do others use their power in negative ways? Who? Why?
3. In your daily life, do you use your power in negative ways? With whom? Why?
4. Why do people treat each other like this?
5. What are the consequences of a relationship in which one person treats another person like an “object”?
6. How does society/culture perpetuate or support these kinds of relationships where some people have more power over other people?
7. Is there a difference in power in relationships between young people?
8. How can this activity help you think about and perhaps make changes in your own relationships?

CLOSING:

There are many different types of relationships in which one person might have power over another person. As discussed throughout many of the activities in this manual, the unequal power balances between men and women in intimate relationships can have serious repercussions for the risk of STIs, HIV/AIDS, and unplanned pregnancy. For example, a woman often does 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 active in 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. In cases of cross-generational sex, the age and class differences between men and women can further

create unequal power relations that can in turn lead to risky situations.

There are also other examples of power relationships in your lives and communities. Think of relationships between youth and adults, students and teachers, employees and bosses. Sometimes the power imbalances in these relationships can lead one person to treat another person like an object. As you discuss gender and the relationships between men and women, it is important to remember the connection between how you might feel oppressed in some of your relationships and how you, in turn, might treat others, including women, like “objects.” Thinking about these connections can help motivate you to construct more equitable relationships with other men and women in your homes and communities.



Year 2:

Violence is OUT!

First Semester:

From Violence to
Peaceful Coexistence

Workshop 12: From violence to respect in intimate relationships

**PURPOSE:**

To discuss the use of violence in intimate relationships and how to construct intimate relationships based on respect

**MATERIALS:**

Flipchart paper, tape, and markers

**RECOMMENDED TIME:**

90 minutes

**PLANNING NOTES:**

It is important to understand that young people might feel a type of helplessness in responding to violence that they see another person perpetrating. Many might believe that they should not interfere with the affairs of other people. Throughout this activity, it is important to explore the helplessness many young people might feel when they witness another person using domestic violence.

This activity uses role-plays with female characters. If you are working with a male-only group, some of them may be reluctant to act as a female character. Encourage the group to be flexible. If none of the young men wants to act as a female character, you can ask them to describe the scenes using pictures or a narrative, for example.

PROCEDURE:

1. Explain to the participants that the objective of this activity is to discuss and analyze the various types of violence that we sometimes use in our intimate relationships and discuss ways of demonstrating and experiencing intimate relationships based on respect.
2. Divide the participants into small groups. Ask them to invent a short role-play or skit.
 - a. Ask two groups to present an intimate relationship – boyfriend/girlfriend or husband/wife – that shows scenes of violence. Remind the participants of the discussions from the activity “What is Violence” and emphasize that the violence portrayed in the skits can be physical, but does not necessarily have to be. Ask them to try to be realistic, using examples of persons and incidents that they have witnessed or heard about in their communities.
 - b. Ask the other groups to present an intimate relationship based on mutual respect. There may be conflicts or differences of opinion, but their role-play should show what respect looks like in a relationship and should not include violence.

3. Allow 15 to 20 minutes for the groups to develop their stories and skits. Tell the groups that the skits should be no longer than five minutes each.
4. Invite the groups to present their skits. After each skit, invite the other participants to ask questions about what they saw.
5. Once all of the groups have gone, facilitate a discussion using the following questions.
5. Do only men use violence against women, or do women also use violence against men? How are women typically violent? How should men react to this violence?
6. When you see couples using violence, what do you normally do? What could you do? Where can you go to seek help?
7. What role do alcohol and other drugs play in violence in relationships?

DISCUSSION QUESTIONS:

1. Were the examples of violence in the skits realistic? Do you see similar situations in your community?
2. What are the characteristics of a violent relationship?
3. What do you think are the causes of violence in intimate relationships?
4. In the skits depicting violence, how could the characters have acted differently?
8. What are consequences of violence in an intimate relationship?
9. What is the social/community response to violence in relationships?
10. What does a healthy intimate relationship look like? Do we see examples of respectful relationships in our families and communities?
11. What can we do individually to construct healthy intimate relationships?
12. What can we do as a community?

CLOSING:

Conflict happens in all relationships. The way that you handle these conflicts makes all the difference. Learning how to take the time to think

about your feelings and express yourselves in a calm and peaceful way is an important part of building healthy and respectful relationships.

LINK

The activity **“Expressing My Emotions”** provides an opportunity for young people to examine how easy or difficult it is for them to express anger and other emotions and reflect on how this affects them and their relationships.

In the activity **“Want...Don’t Want, Want...Don’t Want”** young people can practice how to resolve disagreements in intimate relationships. The activity is written in terms of negotiating abstinence or sex but can be adapted to other situations by exploring how to handle other differences of opinion or desire that might arise in the context of a relationship.

Workshop 13: Men and violence³⁸

**PURPOSE:**

Reflect on what the participants have learned about gender, masculinity and violence and discuss the visions and possibilities for change.

**MATERIALS:**

Flip chart, markers, stickers, tape

**RECOMMENDED TIME:**

90 minutes

**PLANNING NOTES:**

Not needed

PROCEDURE:**Part 1**

1. Explain the objective of the activity and facilitate a discussion with the participants using the following questions:
 - › What have you learned about masculinity and violence so far in this program?
 - › Which aspects of society's ideas about masculinity would you like to keep or strengthen? Why? Which aspects would you like to change? Why?
2. Napravite zabilješke o odgovorima učesnika na flipčartu.

Part 2

3. Divide the participants into small groups and tell them that each group is to draw two cartoons or pictures. The first should depict how families, schools, and other social institutions currently support (or do not support) young men in addressing issues around rigid masculinities and violence. The second should depict how they hope that families, schools, and other social institutions will be supporting young men around these issues five years from now.
4. Invite each group to briefly present their cartoons to the larger group and explain their current and future visions of support for young men around masculinity and violence.

³⁸ — Activity taken from the PLA – Exploring dimensions of Masculinity and Violence, Care International -2007

5. On a piece of flipchart paper, make two columns titled “enabling factors” and “potential obstacles”.
6. Ask the participants to brainstorm a list of enabling factors that will promote the necessary changes, and write them in the appropriate column. Be sure that they give an adequate explanation of each factor.
7. Ask the participants to brainstorm potential obstacles and list these in the appropriate column. Be sure that they give an adequate explanation of each potential obstacle.

Part 3

8. Divide the participants into groups again and ask them to come up with strategies and solutions that they themselves can put into motion in order to achieve the visions they developed for five years from now. Allow the groups 15 minutes to do this, providing them with the following questions to help guide their discussions:
 - › What are three specific things that young men can do to contribute to this change?
 - › How can youth organizations support young men in achieving and sustaining this change?
 - › Besides youth organizations, which individuals and organizations in your community will be most important to achieving and sustaining this change?
9. Invite the groups to present their responses.
10. Wrap-up the activity by identifying and discussing similarities and differences in the groups’ responses.

CLOSING:

There are many different types of relationships in which one person can have more power over another person. As you will have the opportunity to discuss among many other activities in this guide, the uneven distribution of power between men and women in intimate relationship, this can have serious consequences for the risk of STIs, HIV and AIDS and unintended pregnancy. For example, women often do not have the power to say whether it will be, how and when can happen sexual intercourse, including and whether it will be used a condom, because longstanding belief that when it comes to sex, men should be active, and women passive (or that women "owe" sex to men). In other cases, women who are financially dependent on their male partner may feel they do not have enough power to say "no" to sex. In cases of intergenerational sex, age

and class differences between men and women can create more unequal power relations, which in turn could lead to risky situations. There are also other examples of power relations in your lives and communities. Think about relationships between youth and adults, students and teachers, workers and bosses. Sometimes imbalance of power in relationships can lead that one person treats another person as an object. While discussing on gender and relationships between men and women it is important to remember connection between how you may feel unprivileged in some of your relationships and how you in return could treat others, including women as "objects". Thinking about this connection can motivate you to build more equal relationships with men and women in your families and communities.

Workshop 14: Dating scenes³⁹

**PURPOSE:**

To identify the characteristics of a healthy relationship

**MATERIALS:**

Flipchart paper, tape, markers, scissors, paste, and copies of the Resource Sheet

**RECOMMENDED TIME:**

45 minutes

**PLANNING NOTES:**

There might be different opinions about what qualifies as a healthy or unhealthy relationship. Prior to starting the activity, the facilitator should work with the group to come to a consensus.

PROCEDURE:

1. Draw two columns on a piece of flipchart paper. Label one column “healthy relationships” and the other “unhealthy relationships.”
2. Divide the participants into 3-4 small groups and give each group a copy of the Resource Sheet.
3. Ask each group to cut, sort, and tape the dating situations under either the “healthy” or “unhealthy” column. Allow the groups 15 minutes to do this. Tell the groups that if time permits, they can use the blank squares at the bottom of Resource Sheet to come up with their own scenarios and classify them as either healthy or unhealthy.
4. Review the Dating Situations and ask each group to explain why they classified them as “healthy” or “unhealthy.”
5. Use the questions below for further discussion.

39 — Adapted from: White Ribbon Campaign Education and Action Kit. White Ribbon Campaign, Toronto, Canada. For more information, visit http://www.whiteribbon.ca/educational_materials/

DISCUSSION QUESTIONS:

1. Are these situations realistic?
2. Have you ever been in any of these situations? How did you feel?
3. How does your community respond to these situations?
4. What are the most common characteristics of healthy relationships?
5. What are the most common characteristics of unhealthy relationships?
6. Do you think young people in your community usually have healthy or unhealthy relationships? Explain.
7. What are the greatest challenges to building a healthy relationship? How can these challenges be faced?
8. What should you do if you think you are in an unhealthy relationship?
9. What could you do if a friend is in an unhealthy relationship?
10. What have you learned from this exercise? How can you apply this in your own lives and relationships?

CLOSING:

A healthy relationship is one based on mutual respect and is free of physical or emotional manipulation, control, or abuse. It is important to know what you value in romantic relationships and to know how to be assertive, but not aggressive or

dominant, as well as how to listen. Everything that happens in a relationship, whether it is a choice of what to do on a date or what sort of physical relations to engage in or not, should be a matter of mutual discussion, mutual respect, and consent.

Foto ©Branko Birač



RESOURCE SHEET A

Dating Situations

You've made plans with your partner and s/he cancels the plans at the last minute because s/he doesn't think what you've planned would be much fun.	He drives fast and she says it makes her uncomfortable. He slows down and apologizes for making her feel that way.	When they go out together, he's always looking at other women's bodies. Sometimes he comments on how "hot" they are.	Whenever she has trouble reading the map, he rolls his eyes and says, "Oh I guess it's genetic that girls don't have any spatial sense."
He grabs her arm during an argument.	He calls her a stupid ---- during an argument.	He grabs her arm during an argument.	He is pressuring her to have sex.
He tells his friends that he "scored" with her last night when all they did was talk.	Even if you have different beliefs and points of view, you can respect each other's views.	He thinks she wants to have sex if she is dressed in a low-cut top and short skirt.	When one of you has some good news, you celebrate together.
She doesn't want him to go out with his friends. She says she can't trust him farther than she can throw him.	You both share the cost of the dinner and movie.	You take turns picking the band or television show you'll watch.	You get angry at something but always talk it out together, listening to each other's point of view.
Your partner is critical of your friends.	When she hears that he cheated on her, he says he was drunk and it wasn't his fault.	She decides to cheat on him to try to make him jealous.	She cheats on him. He gives her a black eye.
They go on a camping trip and, before they go, they make a list of what they need and do the shopping and prep together.	She tells him that he could use a bit of help with picking out his clothes. She also tells him that he could kiss better.	He calls her the next day after an important date to say what a great night he had and he hopes she slept well.	He's pressuring her to let him take naked photos of her. He plans to post them online, saying, "Oh baby, you just look so hot and I want the world to see you."
The night before a big essay is due, he demands that she write his essay for him because he hasn't had time.	They tell each other when they are going through a difficult time at home or school.	He feels he always has to be strong in her presence.	When she's angry at him, he listens carefully to what she's saying.

Workshop 15: Aggressive, passive, or assertive⁴⁰

**PURPOSE:**

Learn the difference between assertive, aggressive and passive communication.

**MATERIALS:**

Flip chart, marker and copies of Resource sheets A and B.

**RECOMMENDED TIME:**

90 minutes

**PLANNING NOTES:**

Before the session recommended that the trainers goes through this activity independently and to consider the way in which he or she expresses his/hers emotions.

PROCEDURE:

1. Review with the participants the different types of communication presented in Resource Sheet 15A. Be sure to review the definitions of aggressive, passive, and assertive and the concepts of communicator, receiver, and bystander.
2. Divide the participants into three groups. Distribute copies of Resource Sheet 15B.
3. Tell the groups that they can complete Resource Sheet B either by using direct examples from their own lives, or by coming up with fictional scenarios. Allow the groups 15 minutes to complete the Resource Sheet.
4. Ask the groups to pick one of their examples to present as a skit to the other groups. In each group, one student will take on the role of Communicator, one will be the Receiver, and the others will be the Bystanders. Allow the groups 10 minutes to rehearse their skits.
5. After the skits, facilitate a discussion using the questions below.

40 — Adapted from: White Ribbon Campaign Education and Action Kit. White Ribbon Campaign, Toronto, Canada. For more information, visit http://www.whiteribbon.ca/educational_materials/

DISCUSSION QUESTIONS:

1. What types of communication were presented in the skits?
2. Were these skits realistic?
3. What are the benefits of assertive communication?
4. Over time, what happens to people who communicate passively?
5. What types of communication do young people use most with each other? Why?
6. What types of communication do young men use most in their intimate relationships with women? Why? What about young women?
7. How is aggressive behavior related to violence?
8. What types of communication are linked to healthy relationships?
9. What types of communication are linked to unhealthy relationships?
10. What happens when aggressive behavior is not confronted?
11. Are young men ever bystanders in your community? What about young women? When? Why?
12. What have you learned from this exercise? How can you apply this in your own lives and relationships?

CLOSING:

Assertiveness involves clearly representing your thoughts and feelings in a respectful way that does not employ guilt, infringe on others' rights, or use emotional blackmail. On the other hand,

aggressive behavior can silence people. It is important to know how to identify and handle dating and interpersonal relationship situations when behavior is unhealthy.

LINK

The activity “**What do I do when I am angry?**” can help participants think about how to identify when they are angry and how it might affect the way they communicate.

This activity can be linked to “**Scenes of Dating**” and a discussion of what types of communication contribute to healthy or unhealthy relationships.

RESOURCE SHEET A

COMMUNICATION TYPE	SCENARIO	HOW DOES THE COMMUNICATOR ACT?	HOW DOES THE RECEIVER ACT?	WHAT CAN THE BYSTANDER DO OR SAY?
<p>ASSERTIVE</p> <p>Tending toward bold or confident declarations of opinions and feelings</p>	<p>The principal (Communicator) is speaking to the student (Receiver) in the hall about the good job he did on his science project.</p>	<p>Treating him with respect</p> <p>Acknowledging his hard work</p> <p>Paying attention to what he is saying and what is going on in the hallway</p>	<p>Happy</p> <p>Wanted to share with the principal how much he liked the science class and how he wants to study science all the time</p>	<p>Listen</p> <p>Not interrupt</p> <p>Offer words of encouragement to the Receiver</p>
<p>AGGRESSIVE</p> <p>Tending toward or exhibiting hostile, forceful, or destructive behavior</p>	<p>Damir (Communicator) and Adna (Receiver) have been dating for about three months. Damir gets angry when Adna has to go to class without him and he thinks other guys want to get with Adna. One day when Adna walks back to her locker with Saša (Receiver), Damir (arms folded, in an angry voice) says, "What exactly do you two think you are doing?"</p>	<p>Superior and controlling</p> <p>Like he owns Adna</p> <p>Without showing trust or respect for Adna</p>	<p>Scared, unsure</p> <p>Silenced</p> <p>Angry</p> <p>Caught off guard</p> <p>Unsure what to say but wants him to stop making a scene</p>	<p>Assess the safety of confronting Damir</p> <p>Confront using "I" statements such as "I feel you are treating Adna poorly"</p> <p>During or after the incident, tell Adna and Saša that you feel Damir treated them aggressively.</p>
<p>PASSIVE</p> <p>Receiving or enduring something without being active, open, or direct</p>	<p>Fatima (Communicator) sits on the yearbook committee. She works on it after school and over lunch. Ivana (Receiver) offers to help because she is supposed to be working with Fatima. However, Fatima seems aloof and just shrugs her shoulders when Ivana talks to her about it.</p>	<p>Vague, unsure of herself, seems a bit shy</p> <p>Makes Ivana feel she has to guess what Fatima's needs are.</p>	<p>Not sure what Fatima wants</p> <p>Asking for clarification</p> <p>Frustrated and wanting to cut the conversation short</p> <p>As if Fatima is incompetent</p>	<p>Listen</p> <p>Try to assess what the problems might be</p> <p>Tell Fatima that she shouldn't have to do the work alone</p>

RESOURCE SHEET B

COMMUNICATION TYPE	SCENARIO	HOW IS THE COMMUNICATOR ACTING?	HOW DOES THE RECEIVER ACT?	WHAT CAN THE BYSTANDER DO/SAY?
ASSERTIVE				
AGGRESSIVE				
PASSIVE				

Workshop 16: Negotiation skills⁴¹

**PURPOSE:**

Discuss and practice negotiation skills and skills for resolving conflicts

**MATERIALS:**

Flipchart paper, regular pieces of paper, pens/pencils, tape, and copies of Resource Sheet 16

**RECOMMENDED TIME:**

90 minutes

**PLANNING NOTES:**

Not needed.

PROCEDURE:**Part 1**

1. Before the session, prepare two pieces of flipchart paper with data from the Resource Sheet.
2. Conduct a brainstorming activity with the participants about usual conflict scenarios that they face in their relationships and community. Prompt participants to think about different types of relationships such as girlfriend/boyfriend, parent/child, boss/employer, neighbours, etc.
3. Divide the participants into small groups. Give each group one of the conflict scenarios.
4. Display the flipchart paper titled “Ways to resolve a conflict” and explain that each group should write a short skit to explain how they would use one of the methods from the flipchart to resolve their conflict scenario.
5. Invite the groups to present their skit and ask the participants to identify different methods of conflict resolution.
6. Discuss the advantages and disadvantages of different methods with the participants.

⁴¹ — Adapted from: CEDPA “Choose a Future! Issues and Options for Adolescent Boys”, 1998, Centre for Development and Population Activities in Washington, D.C.

Part 2

7. Display the flipchart paper titled “Four steps of successful negotiation with a positive outcome for both sides (Win-Win)”.
8. Ask the participants to discuss in their small groups a negotiation example with a positive outcome for both sides (Win-Win) and to create a role-play and present it.
9. Ask the groups to perform their role-plays.
10. Use the following questions to reflect on the session.

DISCUSSION QUESTIONS:

1. Why is it sometimes difficult to resolve conflict with negotiation?
2. What makes negotiation easier? What makes it harder?
3. What are situations in which you wouldn't want to compromise?
4. What did you learn from this activity? How can you apply this in your lives and relationships?

CLOSING:

Negotiation is a fact of life, but it is not always easy. Learning and developing your negotiation skills can help you resolve conflicts in different

spheres of your life and build healthier relationships.

LINK

The activity “What to do when I’m angry?” can help participants think about how to recognize when they are angry and how that could have influence on the way they communicate and negotiate during a conflict.

RESOURCE SHEET:***Ways of Resolving Conflict (Part 1)***

- › Avoid conflict: Simply withdraw from any conflict
- › Smooth it over: Pretend there is no conflict and everything is OK
- › Win at all costs: Get what you want; the other person loses
- › Compromise: Give up something you want to get something else that you want
- › Win/win negotiation: Use creative problem solving to give both people what they want or need.

Four Steps of Successful Win/Win Negotiation (Part 2)

- › State your position. Use “I” statements, say what you want or need.
- › Listen to the other person’s position. Find out what the other person needs or wants. Restate the other person’s position to be sure that you understand.
- › Brainstorm win/win solutions. Take into account both partners’ needs and wants. Be creative.
- › Agree on a solution. Try it out. If it does not work, start the process over again

Workshop 17: 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:

Flipchart paper, tape, markers, copies of a list of local resources for referral, copies of Resource Sheet 17 (optional)

RECOMMENDED TIME:

45 minutes

PLANNING NOTES:

As with the other activities on violence, it is important to research existing support options in the community to refer participants to in the event they are experiencing relationship violence. The list should include hospitals, clinics, social workers, psychologists, support groups that deal specifically with the issue of gender-based or domestic violence, and any other available resources. If possible, create a handout listing these resources to distribute to all participants at the end of the activity. During the activity, pay close attention to reactions of the participants to assess 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 this section's introduction, if necessary).
2. Ask the participants to imagine 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 them to imagine 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 neighbour.
3. Open up a discussion using the questions below:

DISCUSSION QUESTIONS:

- › Why at times do women not want to speak about the violence in their lives?
 - › Is it considered acceptable for a woman to leave her abusive husband? Is it easy?
 - › 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 stay 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?
4. Following the discussion, ask the group to name all of the community resources that they are aware of for women or men 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/he turn to for help? As participants offer names of resources, write them on the board. The facilitator should also mention any additional places where young people can go for help and distribute the handout listing these resources.
5. Use the questions below to facilitate a discussion about the difficulties in speaking out about violence and possible solutions.

OPTIONAL STEP: *For groups with more time you can go more in to more depth in the topic by using Resource Sheet 17. Read the “Fact Sheet” as an introduction, and then give them printed copies of the “Test” to do in private to understand if they are in an abusive relationship. Later, go on to discuss the rest of the fact sheet. This is an extremely sensitive exercise. A variation could be to, rather than suggesting they do the test, use the test as a guideline to discuss the signs of violence.*

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. Overall, various

factors 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.

RESOURCE SHEET:**FACT SHEET:**

- › Jealousy and possessiveness are not signs of love, but rather a tool that people use to control their partners.
- › Drug and alcohol abuse are not the cause of women being abused. They are used as an excuse, but they do not cause violence.
- › The abused person is not to blame for the violence, although it happens that the blame and responsibility are often shifted from the abuser to the victim.
- › Abusers usually do not look like a neglected, deranged person. They are usually people with no recognizable external indicators. Among them, there are rich, poor, educated, uneducated, people of all religions, nations, and races.
- › 95% of reported attacks in relationships were committed by men.
- › More than 70% of adolescent mothers or pregnant women are beaten by their partners.
- › A large percentage of women have experienced unwanted sexual remarks and vulgar comments at least once.
- › 71% of all sexual assaults are planned.
- › Most rape victims are 16-24 years old.
- › 60% of reported rapes are committed by people the victim knew.
- › It is not easy to leave a violent relationship. Persons in violent relationships remain in them for various reasons, but not because it is not that bad, or that they enjoy being victims of violence.
- › Abuse can happen in all sort of relationships – heterosexual, homosexual, friendship, etc.
- › A person never “deserves it” or wants it, regardless of she/he dresses, acts, etc.
- › Violent persons rarely change without professional help. Love alone cannot change them.
- › With time, violence usually gets more frequent and serious.
- › The consequences of violence are long term, physically and psychologically.

Violence exists in various forms; you do not need to have a broken arm or a bruise for it to mean you were abused. Review the following and highlight those that apply to your relationship:

- › Sometimes I am scared of the person I am in a relationship with.
- › I have agreed to some things just because I was afraid or uncomfortable to say no.
- › I have to justify my partner's behavior to myself/others when he/she treats me badly.
- › I am attracted to my partner when he/she commits violent acts towards others.
- › I get physically hurt/injured (e.g., hit, kicked, slapped, smacked)
- › My partner urges and/or forces me to have sex, but I'm not willing or ready.
- › My partner tries to make me feel guilty by saying things like, "If you really loved me, you would..."
- › I have agreed to have sexual relations just so my partner does not leave me.
- › He/she makes me justify everything I do, everywhere I go, and every person I encounter.
- › My partner accuses me of flirting with others or cheating for no reason.
- › S/he puts me in awkward situations and/or belittles/ridicules me in front of others.
- › People I trust say they are concerned for me since I've been in the relationship.
- › My partner takes drugs/alcohol and forces me to do it with him/her.
- › He/she blames me if he/she does not treat me well, saying I did made him/her do it.

What to do if a friend is in a violent relationship

- › Do not ignore the problem and pretend that nothing is happening.
- › Say it is not her/his fault.
- › Explain that violence is a criminal offense.
- › Say he/she does not deserve it.
- › Listen to what he/she has to say without blame or judgment.
- › Show publicly that you trust your friend and be supportive.
- › Say nice things about him/her as a person.
- › Let your friend know you are there to talk with and you're worried about him/her.
- › Do not gossip – it could put that person in further danger.
- › Do not try to force a person to do something they do not want – it will not be effective unless it is their own decision.
- › Do not blame a person for suffering abuse or for decisions made – leaving a relationship is hard, difficult, and usually takes a long time.
- › Check whether medical assistance is needed, the person may not be aware of the seriousness of an injury.
- › Help him/her to get information about the violence and seek help.
- › Give support in seeking professional help and offer to go along with him/her.
- › Encourage her/him to seek help and support - from friends, family, and/or experts and institutions.
- › Help your friend to realize what all of the options are.
- › Turn to teachers/professors, psychologists, or other adults that you trust for advice.

How does a man achieve long-term VIOLENCE AGAINST WOMEN?

ISOLATION

A man who is violent by various methods isolates the woman from family, friends, and the outside world. Isolation takes many forms: turning off the phone, locking her inside, insulting her friends, confiscating her documents, particularly forms of identification.

MOMENTS OF “TENDERNESS”

A man who abuses a woman has moments when he is kind and gentle, until the next act of violence. He buys her flowers or perfume, they go for walks, he buys their children gifts, he kisses her, etc. These positive behaviors and promises make the woman hopeful of change. Over time, these moments become less common.

FULL CONTROL

The aim of the abuser is to control women. An abuser is usually the supreme controller who decides in all situations when it comes to a woman's life. He decides what she needs to do, when to speak, what to say, what to think, when to make a phone call, how much money she needs. This control is what he uses to represent his love and care for her.

INTIMIDATION

Intimidation is one of the more successful techniques of control. The abuser achieves control by constant intimidation: I will burn your hair, I will throw you off the roof, I will cut you to pieces, I will find you wherever you go, etc. Often these threats are related to children or to someone close to the victim: parents, sisters, and brothers.

WHY DOES A WOMAN REMAIN WITH HER VIOLENT PARTNER?

- › because nobody supports her
- › because nobody believes her
- › because others blame her for it
- › because legal procedures take too long
- › because she fears her violent partner
- › because she does not have enough money to leave
- › because she has no place to go to
- › because she has children
- › because she is afraid that he would take the kids
- › because she is ashamed of what people will think
- › because she is emotionally dependent on her partner
- › because she is the caretaker of the abuser
- › because she believes it will get better

WORK AND COMMUNITY PARTICIPATION

YOUNG WOMEN AND 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 a lack of professional experience and the need to balance school and work (and sometimes motherhood).

The importance of employment of 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. 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 often outside of the law, which increases the likelihood of exposure to dangerous work situations that compromise their rights and well-being.

Workshop 18: What do I do when I am angry?

PURPOSE:

To help the participants think about how to identify when they are angry and how to express their anger in constructive, non-violent ways

MATERIALS:

 Flipchart paper, regular paper, tape, pens/pencils, and copies of Resource Sheet (one for each participant)

RECOMMENDED TIME:

90 minutes

PLANNING NOTES:

Not needed.

PROCEDURE:

1. Begin the activity with a short introduction to the theme, for example: Many adolescents confuse anger and violence, thinking they are the same things. It should be stressed that anger is an emotion, a natural and normal emotion that every human being feels at certain points throughout life. Violence is a way of expressing anger, that is to say, it is a form of behavior that can express anger. But there are many other ways of expressing anger – better and more positive ways – than violence. If we learn to express our anger when we feel it, it can be better than bottling it up inside us. Many times when we allow our anger to build up, we tend to explode.
2. Explain to the group that the purpose of the activity is to discuss how individuals express anger.
3. Hand out copies of Resource Sheet 18. Read out each question and ask the participants to answer the questions individually, allowing two or three minutes for each question. For low literacy groups, you can opt to read the questions aloud and have the participants discuss in pairs or draw pictures.
4. After completing the sheet, divide the group into small groups of 4 or 5 participants at the most. Ask them to share their responses with each other. Allow 20 minutes for this group work.

5. With the participants still in the small groups, distribute a piece of flipchart paper to each group and ask them to make a list of:
 - › Negative ways of reacting when angry
 - › Positive ways of reacting when angry
6. Allow the groups 15 minutes to write out their lists and then ask each group to present their answers to the whole group.
7. It is very likely that for “Positive Ways” the participants will suggest ideas such as “take a breath of fresh air”, “count to 10”, and “use words to express what we feel without offending”. It is important to stress that to “take a breath of fresh air” does not mean going outside, jumping into a car (if that is the case), and driving around at high speeds, thereby exposing oneself to risk, or going to a bar and drinking excessive amounts of alcohol. If these two tactics proposed here are not on any of the lists presented, explain them to the group.
In short: To take a breath of fresh air simply means to step away from a situation of conflict and anger, to get away from the person toward whom one is feeling angry. One can count to 10, breathe deeply, walk around a bit, or do some other kind of physical activity, all while

trying to cool down and keep calm. Generally, it is important for the person who is angry to explain to the other that he is going to take a breath of fresh air because he is feeling angry, something like, “I’m really fed up with you and I need to take a breath of fresh air. I need to do something like go for a walk so as not to feel violent or start shouting. When I’ve cooled down and I’m calmer, we can talk things over.”

The other example of a tactic for dealing with anger is to try to express oneself without offending others. This entails explaining why you are upset and how you hope to resolve the situation, without offending or insulting the other. Give an example to the group: If your girlfriend arrives late for a date, you could react by shouting: “You’re a bitch, it’s always the same, me standing here waiting for you.”

OR you could express that you are upset without being offensive by saying, for example,

example, “Look, I’m angry with you because you’re late. Next time, if you don’t think you are going to be on time, just let me know – call me on my cell – rather than make me wait.”

8. Use the questions to have a discussion.

OPTIONAL STEP: If time allows, invite the participants to develop some role-plays or think of other example situations or phrases that exemplify the differences between shouting/using offensive words and using words that do not offend.

DISCUSSION QUESTIONS:

1. Generally speaking, is it difficult for men to express their anger without using violence? Why?
2. What about women and expression of anger? Is there any difference?
3. Who are our typical role models for learning how to express our emotions, including anger?
4. Very often, we know how to avoid a conflict or a fight without using violence, but we don’t do so. Why?
5. Is it possible “to take a breath of fresh air” to reduce conflicts? Do you have experience trying this strategy? How did it work out?
6. Is it possible “to use words without offending”? Do you have experience trying this strategy? How did it work out?
7. What have you learned from this activity? How can you apply this in your lives and relationships?

CLOSING:

Anger is a normal emotion that everyone feels at some point in his or her life. The problem, however, is that some people may confuse anger and violence, thinking they are the same things; they may think that violence is an acceptable way of expressing anger. However, there are many other

ways of expressing anger – more productive and positive ways – than violence. If we learn to express our anger when we feel it, it can be better than allowing it to bottle up inside us. Often, when we allow our anger to build up, we tend to explode.

RESOURCE SHEET:**Reflection Sheet: What do I do when I am angry?**

1. Think of a recent situation when you were angry. What happened? Briefly describe the situation (one or two sentences):
2. Now, thinking about this incident, try to remember what you were thinking and feeling. Try to list here one or two feelings that you felt:
3. Very often, when we feel angry, we react with violence. This can even happen before we realize that we are angry. Some people react immediately, shouting, throwing something on the floor, hitting something or someone. Sometimes, we can even become depressed, silent, and introspective. Thinking about the incident when you felt angry, how did you demonstrate this anger? How did you behave? (Write a sentence or a few words about how you reacted, what you did, or how you behaved).

Year 2:

VIOLENCE IS OUT!

Second Semester:
Drugs/Alcohol and
Making Decisions

Introduction: 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 the usage of drugs have changed significantly. For example, many drugs currently 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 was driven by the political economy more often 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 at 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.

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. 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 that diminish brain activity are called depressants. These include alcohol, sleeping medicines, and some inhalants. Those drugs that 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 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 evidence that it causes significant harm. Cannabis sativa, or marijuana, is prohibited in a majority of countries despite its important medicinal (e.g., treatment of patients with chronic diseases) and industrial (e.g., paper and textile production) applications.

Another classification system for drugs, based on origin, divides drugs into natural drugs, semi-synthetic drugs, and synthetic drugs (i.e., synthetics). As the name suggests, natural drugs are extracted directly from plants (e.g., cocaine, marijuana). Semi-synthetics are produced in laboratories using plant-based ingredients (e.g., heroin). Synthetics, also known as club drugs, are produced in laboratories using non-natural, manufactured ingredients (e.g., crystal meth).

Drugs, Pleasure, and Prevention

Individuals of all ages, socio-economic classes, cultures, and educational levels use a variety of drugs for a variety of reasons. Social norms about how men and women should look and act often underlie their use of drugs, including which types are used. 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 that 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 that 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.

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 that can diminish the negative consequences of drug use. 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 and promote their own healthy lifestyles and development.

Workshop 19: What are drugs?

**PURPOSE:**

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

**MATERIALS:**

Flipchart paper, tape, and markers

**RECOMMENDED TIME:**

90 minutes

**PLANNING NOTES:**

When facilitating it is important to discuss this theme in an open-minded way. The young men and women themselves will no doubt have criticisms about the hypocritical attitudes of some adults and many policies and laws related to substance use.

PROCEDURE:

1. Prior to the session, write each of the following questions on a separate piece of flipchart paper:
 - › What comes to mind when you hear the word “drugs”?
 - › Who uses drugs?
 - › What are some examples of drugs and where are they available?
 - › What are the risks associated with using drugs?
2. Put up the four pieces of paper in different areas 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 will have 10 minutes to discuss the question and write out their responses on the flipchart paper. For low literacy groups, read the questions aloud and ask them to discuss amongst themselves.
5. After 10 minutes, tell all of the groups to rotate clockwise. Give them another 10 minutes to discuss the new question and write out their responses.
6. Keep having the groups rotate until all of the groups have had an opportunity to discuss and respond to all four questions.
7. Read aloud and summarize the responses provided on the flipchart 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

1. Did all of the groups have the same ideas about what drugs are, who uses them, and the risks related to their use? (review the content of Resource Sheet with the group)
2. Do people in your community have easy access to alcohol and cigarettes? Is it prohibited for minors under the age of 18? Are these laws enforced?
3. Do people have easy access to other types of drugs?
4. What do you think determines whether the use of a drug is legal (licit) or prohibited (illicit)?
5. Are advertisements for cigarettes and alcohol allowed in newspapers, magazines, or on television? How do these advertisements try to promote the use of these substances? What do you think of this?
6. How do media advertisements portray women who use their products? How do media advertisements portray men who use their products? Do you think that these portrayals are accurate? How does it influence women's and men's attitudes about cigarettes and alcohol?
7. Are there campaigns where you live that try to reduce the use of drugs? What do you think of these campaigns?
8. What actions can you take to ensure that people in your community have accurate information about the consequences of using drugs?
9. How do our peers influence our stance towards drugs?
10. How often do our peers encourage us to use certain substances?
11. Do social norms encourage usage of certain drugs or substances?
12. Can we say that certain young men feel that using certain substances will make them a "superior male" over those that are opposed to its usage?

CLOSING:

Drugs touch the lives of most women and men. There exist many different types of drugs, some legal, some illegal, some more commonly used by men, some more commonly used by women, etc. It is important to think about the different personal and social pressures that might lead young

women and young men to use different types of drugs and to be aware of the consequences that drug use can have on individual lives, relationships, and communities. In the next activity, we will be discussing some of these consequences more in-depth.

RESOURCE SHEET:**What are drugs?⁴²**

A drug can be defined as any substance that is capable of producing changes in the functioning of a living organism, be it physiological or behavioral. There is a special category of drugs called psychoactive or psychotropic drugs. These drugs alter the mood, perceptions, sensations, and behaviors of the user based on to the type and quantity of drug consumed, the physical and psychological characteristics of the user, the moment and context of usage, and the expectations the person has about the drug. Psychoactive or psychotropic drugs can be classified into three groups according to their effect on brain activity:

a) Depressants: depress brain activity, causing sluggishness and disinterest. Examples include alcohol, sleeping medicines, and inhalants.

b) Stimulants: increase brain activity, causing wakefulness and alertness. Examples include appetite control medicines, cocaine, and caffeine.

c) Hallucinogens: modify brain activity by altering how reality, time, space, and visual and auditory stimuli are perceived. Examples include ecstasy and LSD.

DEPRESSANTS	SENSATION THEY PROVOKE	EFFECTS THEY CAN CAUSE
TRANQUILIZERS	Relieve tension and anxiety, relaxes the muscles and induces sleep.	In high doses they cause a drop in blood pressure; combined with alcohol, they can lead to a state of coma; in pregnancy, they increase the risk of fetal malformation. They generate tolerance, requiring increase in dosage.
SOLVENTS OR INHALANTS (GLUE, VANISH, BENZENE, LIQUID PAPER)	Euphoria, hallucinations and excitation.	Nausea, drop in blood pressure; repeated use can destroy neurons and cause lesion in the spleen, kidneys, liver and peripheral nerves.
COUGH SYRUPS AND DROPS WITH CODEINE OR ZIPEPROL	Pain relief, feeling of well being, sleepiness, floating sensation.	Drop in blood pressure and temperature; risk of coma; convulsion, generates tolerance, requiring increase in dosage; when withdrawn, dependent users experience cramps and insomnia.
SEDATIVES	Relieve tension, calm and relaxing sensation.	In association with alcohol, cause a drop in blood pressure and breathing rate, which can lead to death. Generates tolerance, requiring increase in dosage and dependence.
OPIUM, MORPHINE, HEROINE	Somnolence, pain relief, state of torpor, isolation from reality, sensation of wakeful dreaming, hallucination.	Cause dependence; reduce the rhythm of heartbeat and breathing and can lead to death; collective use of syringes spreads AIDS; difficult withdrawal.
ALCOHOL	Euphoria, frees speech, feeling of anesthesia.	Blaga drhtavica i mučnina, povraćanje, znojenje, glavobolje, vrtoglavica, grčevi, agresivnost i suicidalne tendencije

42 — Adapted from: White Ribbon Campaign Education and Action Kit. White Ribbon Campaign, Toronto, Canada. For more information, visit http://www.whiteribbon.ca/educational_materials/
 Extraído e adaptado de CEBRID – Centro Brasileiro de Informações sobre Drogas Psicotrópicas. Depto de Psicobiologia, Universidade Federal de São Paulo.

STIMULANTS	SENSATION THEY PROVOKE	EFFECTS THEY CAN CAUSE
AMPHETAMINES	Resistance to sleep and tiredness, tachycardia, sensation of being "turn on", full of energy.	Tachycardia and increase in blood pressure; dilatation of the pupil, danger for drivers, high dosage can cause persecution deliria and paranoia.
COCAINE	Sensation of power, of seeing the world more brilliant, euphoria, loss of appetite, sleep and tiredness.	In high dosage, causes an increase in temperature, convulsion and severe tachycardia, which can result in cardiac arrest.
CRACK	Sensation of power, of seeing the world more brilliant, euphoria, loss of appetite, sleep and tiredness.	In high dosage, causes an increase in temperature, convulsion and severe tachycardia, which can result in cardiac arrest. Causes a strong physical dependence and high mortality.
TOBACCO (CIGARETTE)	Relieve tension, calm and relaxing sensation.	Reduces appetite, can lead to chronic states of anemia, Aggravates diseases such as bronchitis, and can perturb sexual performance. In pregnant women increases the risk of miscarriage. Is associated with 30% of all types of cancer.
CAFFEINE	Resistance to sleep and tiredness.	Excessive dosage can cause stomach problems and insomnia.

HALLUCINOGENS	SENSATION THEY PROVOKE	EFFECTS THEY CAN CAUSE
MARIJUANA	Calmness, relaxation, desire to laugh.	Immediate loss of memory; some people can have hallucinations; continuous use can affect the lungs and the production (temporary) of spermatozoa.
LSD	Hallucinations, perceptive distortions fusion of feelings (sound seems to acquire forms).	States of anxiety and panic; delirium, convulsions; risk of dependence.
ANTICHOLINERGICS (PLANTS SUCH AS LILY AND SOME MEDICINES)	Hallucinations.	Drop in blood pressure and temperature; risk of coma; convulsion, generates tolerance, requiring increase in dosage; when withdrawn, dependent
SEDATIVES	Relieve tension, calm and relaxing sensation.	Bad trips; tachycardia, dilation of the pupils, intestinal constipation and increase in temperature can lead to convulsions.
ECSTASY (MDMA)	Somnolence, pain relief, state of torpor, isolation from reality, sensation of wakeful dreaming, hallucination.	Bad trips; with states of anxiety and panic, convulsions, risk of dependency.

Workshop 20: Drugs in our lives and communities

**PURPOSE:**

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

**MATERIALS:**

Copies of Resource Sheet A

**RECOMMENDED TIME:**

90 minutes

**PLANNING NOTES:**

Review the cases studies from Resource Sheet 20A and make any adaptations or changes necessary for the local context. If these case studies are not applicable, you should create new ones that are more relevant to the reality and experiences of the participants. If possible, invite a professional, or someone else knowledgeable in drugs, to participate in this session.

PROCEDURE:

1. Divide the participants into four small groups. Hand out copies of Resource Sheet 20A, with a different case study indicated for each group. Explain that each group 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 minutes 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 presentations:
 - › Is the situation realistic? Why or why not?
 - › What factors influenced the character's decision to use drugs?
 - › What are some possible consequences that the character might face? (see Resource Sheet B)
 - › What other options did s/he 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 related consequences.

DISCUSSION QUESTIONS

1. What are the most common reasons men use drugs? Are these reasons different from the most common reasons women use drugs? In what ways?
2. Are there different degrees, or levels, to which an individual can use a drug? What are these different degrees? (see Resource Sheet 20C)
3. What are the cultural norms around alcohol use in your community/ country?
4. What effects do alcohol and other substances have on sexual decision-making and behavior? (see Resource Sheet 20C)
5. How can drinking alcohol or using other substances make someone more vulnerable to unplanned pregnancies and STIs, including HIV/AIDS?
6. How does the use of drugs affect relationships? Families? Communities?
7. What actions can you take if a friend is abusing alcohol or other substances? (Carry out a brainstorm with participants; use Resource Sheet D to add to/complement their ideas.)
8. How can we create other forms of fun and social activity where alcohol and other substances are not the most important things?

CLOSING:

It is difficult to generalize the motives that lead a person to use drugs. Each person has his or her own motives, which are sometimes not even clear to the individual. It is usually a variety of factors, rather than just one, that leads an individual to use drugs. Some examples include curiosity, peer pressure, a desire to forget problems, an attempt to overcome shyness or insecurity, dissatisfaction with one's physical appearance, etc. Young men often use alcohol at higher rates than young women do because. They may believe that

using alcohol helps them prove their manhood or helps them fit in with their male peer group. It is necessary to question the norms around alcohol use and to think about how you and others can create forms of leisure and entertainment that do not centre on alcohol/drugs. It is important that family, friends, and peers offer support, without blame or judgment, to help individuals reflect on the harms of drug use, identify healthy alternatives, and how to seek competent professional help when necessary,

RESOURCE SHEET A:

CASE STUDIES ON DRUG USE

Case Study #1

Damir is a quiet boy who likes to hang out with friends and play football. On Saturday, some friends invited him to go to a bar to drink and hang out. When he got there, he felt very shy and insecure and gave in to his friends, who were urging and teasing him to drink. He ended up drinking four bottles of beer in a very short time.

Case Study #2

Ivan loves soccer and was invited to participate in an inter-school championship. He has been training very hard. Hoping to improve his game, he decided to take some steroids that a friend of his bought to a gym.

Case Study #3

Sara and Filip have been dating for several months. On Filip's birthday, Sara 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. Filip was indeed very surprised and both he and Sara drank and danced a lot at the party. That night they had sex without a condom.

Case Study #4

It's New Year's Eve. Everybody is partying and drinking a bit. Someone has brought some ecstasy. Adna, like most of her friends at the party, thinks, "Why not bust the atmosphere here with one ecstasy? One can't be harmful, right?"

Case Study #5

Kruno had a bad day at school. He got bad marks in physics and literature. He decides to relax in the park with friends. One of his friends has some pot (marijuana). Kruno decides to try some pot and see for himself if it really helps you to relax like everyone is saying.

Case Study #6

Friday night a group of friends go to a disco to meet some girls they like. The party is groovy, the music is great, and the girls are there. Darko sees some of them taking pills and he realizes that it is ecstasy. One of the girls, Matija, comes over and offers him some. Darko refuses, but Matija pushes him, "Try some; it will help you relax and enjoy! Be a man, don't be afraid/scared!" Darko grabs a pill and swallows it.

RESOURCE SHEET B:

EFFECTS OF DIFFERENT SUBSTANCES

ALCOHOL

In small doses, alcohol can create a sensation of relaxation, calming, 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 liver damage, brain damage, and other chronic problems.

Having one drink can be pleasant at a meeting, party, or get together with friends. Each of the following quantities are considered as one drink⁴³: *one can of beer* (300 ml), *one glass of wine* (120 ml), or *one shot of liquor* (36 ml). Two drinks per day for men and one drink per day for women and older people are generally considered non-detrimental. However, for some people, even small quantities of alcohol can be extremely harmful. In general, women tend to have a lower tolerance for alcohol than men do, 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 level than a man of the same weight who drinks the same amount of alcohol. Additionally, women have lower levels of the enzyme that breaks down alcohol in the stomach, so they absorb a higher concentration of alcohol than men do.

A woman who drinks alcohol during pregnancy risks the health of her unborn child. Alcohol passes freely through the placenta, creating a level in

the fetus almost identical to that in the mother. Babies whose mothers drink 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, joint and limb malformations, and mental problems.

PRESCRIPTION MEDICINES

The purpose of medicine is to cure disease, relieve pain or suffering, and promote well-being. However, if used by people who do not need it or if used in high or inadequate doses, medicine can damage one's health.

For example, amphetamines are often misused, and this can lead to heart problems, paranoia, or convulsions, among other things. Because amphetamines are stimulants, and therefore increase one's stamina and physical energy, students sometimes use them 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 "calmers," cause the brain/nervous system to function more slowly. They are often used to treat anxiety and some sleep disorders. As the body becomes accustomed to tranquilizers, the initial effects can lessen 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 certain health risks, such as respiratory depression or cardiac arrest.

43 — 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.

RESOURCE SHEET B:

MARIJUANA

Marijuana is one of the most frequently used illegal drugs today. Its most common effects are the 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 such as problems with memory, thinking clearly, coordination, and an increased heart rate, or it may result in problems with the law where 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 drug most often causes the greatest risk 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 than 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.

RESOURCE SHEET B:

STEROIDS

Steroids are most often used to accelerate the building of muscle. Typically taken orally (in pill form) or injected, steroids are artificial versions of testosterone, a hormone produced naturally 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 defence system against germs. They can also damage the liver, cause cancer, and change normal hormonal function (e.g., interrupting menstruation in women, affecting the hypothalamus and reproductive organs). They can even cause death. Steroids can also have emotional affects, such as causing depression or irritability.

Steroids can have sex-specific effects. For women, these include altered menstrual cycles, deepening of the voice, decreased breast size, excessive hair growth, and changes in disposition, including aggressiveness and anger. Common effects for men include breast development, reduced sexual function, infertility, and testicular atrophy.

As with any injected drug, sharing needles for injecting steroids can lead to the transmission of HIV/AIDS, Hepatitis B and C, etc.

TOBACCO⁴⁴

Tobacco, with products made entirely or partly of tobacco leaf as a raw material, can be smoked, sucked, chewed, or snuffed. All forms of tobacco contain the highly addictive psychoactive ingredient nicotine. Tobacco use is one of the main risk factors for a number of chronic diseases including cancer, lung disease, and cardiovascular disease. It is currently responsible for the death of one in ten adults worldwide (i.e., about 5 million deaths each year). Despite this reality, it is commonly used throughout the world despite a number of countries having legislation to restrict tobacco advertising, regulate who can buy and use tobacco products, and designate where people can smoke.

44 — Source: World Health Organization website www.who.int

RESOURCE SHEET 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). 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 environment is favourable and the substance is available. There is no dependency or rupture of affective, 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. S/he may be at risk 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 or pleasure. In reality, the effect of substance use varies from person to person according to many factors including biological differences (e.g., metabolism), frequency of use, environment, 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 during sexual relations, as those using are often more concerned about their own immediate sensations than with their partner’s sensations or with possible risks of unplanned pregnancy, STIs or HIV/AIDS. According to various surveys, someone under the effects of any substance is less likely to be able to use a condom due to reduced judgment and reflexes. It is also important to remember that even 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.

RESOURCE SHEET D:

HOW TO HELP A FRIEND WITH AN ALCOHOL OR SUBSTANCE ABUSE PROBLEM

- › Stick by them. Do not turn your back on them.
- › Listen to them.
- › Do not criticize them to their face or behind their back with other people.
- › Suggest what they might do, but do not be pushy. They will have to make their own decisions.
- › If they want, offer to go with them to seek help from a drug agency, doctor, or counsellor.
- › Encourage them to be positive about themselves.
- › Encourage them to feel they can do something about their problems.
- › Encourage them to seek treatment for their problem. Offer to help investigate clinics or centres.

There are trusted adults with whom a person can speak to get help and support if they have an alcohol or drug problem. Below are some examples:

- › School teacher, school pedagogue, or school psychologist or counsellor
- › Doctor, nurse, or counsellor
- › Religious leader
- › Local youth leader
- › Local NGOs
- › Parent, aunt, uncle, or grandparent

Workshop 21: Pleasures and risks⁴⁵



PURPOSE:

To reflect on the risks associated with some of the things that give us pleasure and discuss strategies for reducing these risks



MATERIALS:

Magazines and newspapers, scissors, glue, pen/pencils, and flipchart paper



RECOMMENDED TIME:

90 minutes



PLANNING NOTES:

The discussion for this activity focuses on risks related to using drugs. However, the questions can be easily adapted for a discussion of 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 flipchart 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 flipchart paper and ask them to divide it into three columns. Tell them to write the following as column headings: **Risks/Harms, Pleasures, Protective Factors**. In the Pleasures column, the groups should write up to five things that give them pleasure. In the Risks/Harms column, the groups should describe risks/harms associated with the pleasure. In the Protective Factors column, the groups should write protective factors, that is, things they can do to ensure that the thing that gives them pleasure does not cause them harm or to minimize harm. See Resource Sheet 21A for an example of how to organize and complete the table. For low literacy groups, the participants can use drawings/collages to identify the risks/harms and protection factors associated with the pleasures 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/harm reduction.

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

DISCUSSION QUESTIONS

1. Why is it important to think about the risks/harms associated with those things that give us pleasure?
2. Why is it important to think about the protective factors associated with those things that give us pleasure?
3. What is the relationship between drugs and pleasure?
4. What is the relationship between drugs and risks/harms?
5. What is the relationship between drugs and protective factors?
6. When do people think about the risks or protective factors associated with a given pleasure? When SHOULD they think about them?
7. Do some people do things because of the risks involved? (Link to prior discussions about how risk is a quality often associated with masculinity; young men might do some things perceived as risky in order to prove they are “real” men.)
8. 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 21B)
9. What information and support do you think young people need in order to practice risk reduction in their own lives?
10. How can you engage other young people in your community to reflect on risk reduction?

CLOSING:

Many of the decisions in your lives come with pleasures and risks. In terms of drugs, you can make the decision to drink alcohol or not to. The decision to drink or smoke might bring some immediate pleasures, but it can also involve risks. For example, alcohol can reduce your reasoning and power, increasing your risk of accidents and injuries and your vulnerability to violence and STI/

HIV/AIDS infection, while long-term or sustained use can lead to other serious health problems. While it may not be realistic to think that young people will stop using drugs altogether, it is important that you are aware of the risks associated with drug use and feel capable of minimizing the harm it might have on your lives and relationships.

RESOURCE SHEET A:**Example Table with Pleasures and Associated Risks and Harms and Protective Factors**

Below is an example of how the groups should organize their tables. It also includes a description of the risks/harms 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.

RISKS/HARMS	PLEASURES	PROTECTIVE FACTORS
Excess weight and health problems due to sweets or junk food; Illness from not washing food that is dirty or eating food past expiration	Eating	Wash food well; Eat a balanced diet; Conserve food well; Verify the expiration date
Driving while intoxicated; Becoming injured in an accident; Speeding; Being part of a collision;	Driving a car	Don't drink alcohol before driving; Use a seatbelt; Obey traffic laws
Smoking too many cigarettes; Bad breath; Smelly clothes; Lung problems;	Smoking	Smoke fewer cigarettes; Stop smoking

RESOURCE SHEET B:

WHAT IS HARM REDUCTION?⁴⁶

Harm reduction is public health philosophy/movement that arose in response to the need for more pragmatic and adaptive strategies to reduce the risk of HIV transmission among injection drug users. In essence, harm reduction is intended to be a progressive alternative to the prohibition of certain potentially dangerous lifestyle choices. The central idea of harm reduction is the recognition that some people always have and always will engage in behaviors that carry risks, such as casual sex, prostitution, and drug use. The main objective of harm reduction therefore is to mitigate the potential dangers and health risks associated with the risky behaviors. It seeks to meet individuals, such as drug users, “where they’re at” in order to help them reduce risks to themselves and others. Moreover, instead of using pejorative terms to label people who engage in high-risk sexual or drug-related behavior, harm reduction shifts the focus to individual behavior and its consequences. For instance, shifting from speaking of “drug abuse” to speaking of the “harmful use of drugs” or from labelling someone a “drug abuser” to calling him/her a “consumer”.

Another objective of harm reduction is to reduce harm associated with, or caused by, the legal circumstances under which the behaviors are carried out (e.g., prohibition of certain acts or substances can help create a black market where illicit trade flourishes). Harm reduction initiatives range from widely accepted ideas, such as designated driver campaigns, to more controversial initiatives, like the provision of condoms in public schools, needle exchange programs or safer injection sites for intravenous drug users, drug legalization, and heroin maintenance programs.

Some specific examples include:

Syringe exchange and related programs

The use of heroin and certain other illicit drugs

can involve hypodermic syringes, mainly because of high prices, limited quality, and thus limited availability as a saving measure. In some areas (notably in many parts of the U.S.), these are available solely by prescription. Where availability is limited, users of heroin and other drugs frequently share the syringes and use them more than once. As a result, one user's infection (such as HIV or Hepatitis C) can spread to other users through the reuse of syringes contaminated with infected blood, and the repeated use of a non-sterilized syringe by a single user also bears a significant infection risk.

The principles of harm reduction propose that syringes should be easily available (i.e., without a prescription). Where syringes are provided in sufficient quantities, rates of HIV are much lower than in places where supply is restricted. Harm reductionists also argue that users should be supplied with syringes free of charge at clinics set up for this purpose through syringe exchange programs.

Drunk driving and alcohol-related programs

There is substantial media coverage informing users about the dangers of driving drunk. Most alcohol users are now aware of these dangers. Safe ride techniques like 'designated drivers' and free taxicab programs are reducing the number of drunk-driving accidents. Many cities have free-ride-home programs during holidays associated with high alcohol abuse, and some bars and clubs will provide a visibly drunk patron with a free cab ride.

Safer injection sites

"Safe injection rooms" are legally sanctioned, supervised facilities designed to reduce the health and public order problems associated with illegal injection drug use. Safe injection rooms provide

46 — Text taken from “Harm reduction: Pragmatic strategies for managing high-risk behaviors” edited by G. Alan Marlatt, 1998.

sterile injection equipment, information about drugs and health care, treatment referrals, and access to medical staff. Some offer counselling, hygienic, and other services of use to itinerant and impoverished individuals. Most programs prohibit the sale or purchase of illegal drugs. Many require identification cards. In addition, some restrict access to local residents and apply other admission criteria.

Evaluations of safe injection rooms generally find them successful in reducing injection-related risks and harms, including vein damage, overdose, and disease transmission. They also appear to be successful in reducing public order problems associated with illicit drug use, including improper syringe disposal and publicly visible illegal drug use.

Safer sex programs

Many schools now provide safer sex education to teen and pre-teen students, some of whom engage in sexual activity. Given the premise that some, if not most, adolescents are going to have sex, a harm-reductionist approach supports sexual education that emphasizes the use of protective devices like condoms and dental dams to reduce unwanted pregnancies and the transmission of STIs. This approach runs contrary to the ideology of abstinence-only sex education, which holds that telling kids about sex can encourage them to engage in it.

Supporters of the safer sex approach argue it is significantly more effective at preventing teenage pregnancy and STIs than abstinence-only programs. However, social conservatives disagree with these claims.

Harm reduction:

- › is an alternative to moral/criminal and disease models of drug use and addiction;
- › recognizes abstinence as an ideal outcome but accepts alternatives that reduce harm;
- › has emerged primarily as a “bottom-up” approach based on addict advocacy, rather than a “top-down” policy promoted by drug policy makers;
- › promotes low-threshold access to services as an alternative to traditional, high-threshold approaches; and
- › is based on the tenets of compassionate pragmatism versus moralistic idealism.

Workshop 22: Talking about alcohol and alcoholism

**PURPOSE:**

To question various myths related to alcohol use and alcoholism

**MATERIALS:**

Ball, flipchart paper, markers, and pieces of cardboard with written phrases

**RECOMMENDED TIME:**

45 minutes

**PLANNING NOTES:**

Prepare beforehand the phrases on the pieces of cardboard written in large, legible letters. Following are the phrases you should write on the cardboard sheets:

- › Alcohol is not a drug
- › Having a high alcohol tolerance means that the person will not become an alcoholic
- › Mixing drinks makes you drunk
- › Beer does not make you drunk
- › Alcohol is sexually stimulating
- › Alcoholism is an illness that affects older adults
- › Alcoholics are those that drink daily
- › Having a coffee or washing your face with cold water reduces the effects of alcohol
- › Alcohol is good for making friends
- › Parties are not parties without alcohol

PROCEDURE:

1. Ask the participants to help you adapt the classroom to the concept of this workshop. Move the desks into the corners of the classroom, if applicable, and use chairs to form a circle in the middle of the room. Ask the group to sit in the circle. In the center, place the cardboard sheets in the form of a circle, so that each person can take one when it is his/her turn.
2. Explain that each participant will read out a phrase and then say if they agree or disagree with the statement and explain why. The other participants will be able to give their opinions in the course of discussing the statements.
3. Throw the ball to one person in the group and ask them to start the activity by choosing one of the cardboard sheets. Note their opinions on the flipchart, ask if the other participants agree or disagree and why, and then read the corresponding response to the myth (see Responding to Common Myths about Alcohol Use). Ask for any other comments.

4. After the discussion, the person that has read the first statement throws the ball to another person in the group and so on, until all the statements have been discussed.

CLOSING:

It is important to reflect on these ideas and myths about alcohol use, which nearly all of us have encountered, and maybe even believed, at some point.

RESPONDING TO COMMON MYTHS ABOUT ALCOHOL USE

Alcohol is not a drug.	Alcohol is a drug in the sense that it alters the functioning of the organism that ingests it, particularly the central nervous system on which thoughts, emotions, and behavior depend. It can also cause dependence.
Having a high alcohol tolerance means that the person will not become an alcoholic.	The truth is exactly the opposite; high tolerance means that the brain is becoming accustomed to the drug.
Mixing drinks makes you drunk.	What really gets one drunk is the quantity of alcohol and the speed that one drinks.
Beer does not make you drunk.	In the case of beer, the absorption of alcohol through the stomach is a little slower, but depending on the quantity consumed, it does cause drunkenness.
Alcohol is sexually stimulating.	Initially alcohol can reduce inhibitions and help people to become more outgoing, but since alcohol has a depressant effect on the nervous system it ends up reducing these sensations and can hamper sexual relations. Alcohol use is one of the most frequent causes of erectile dysfunction (impotence).
Alcoholism is an illness that affects older adults.	The majority of alcohol dependent persons are young men of working age.
Alcoholics are those that drink daily.	The majority of alcohol-dependent persons, in the initial and intermediate stage of the process, drink mainly on the weekend, and continue with their normal school and work activities, but with increasing difficulty.
Having a coffee or washing your face with cold water reduces the effects of alcohol.	The only thing that really reduces drunkenness is the gradual elimination of alcohol from the organism, which means forcing the liver to work, which takes time.
Alcohol is good for making friends.	In reality, alcohol creates complicity around drinking, but true friendship includes much more than that.
Parties are not parties without alcohol	The media often tries to convince us that parties need alcohol, and that alcohol must be at the center of every social gathering. But is this really true? What makes a social gathering or a party – the alcohol or the people?

Workshop 23: Decision-making and substance (ab)use

**PURPOSE:**

To reflect on peer pressure and decision-making related to substance use and to understand the concept of dependency

**MATERIALS:**

Copies of Resource Sheet (one for each participant), flipchart paper, and markers

**RECOMMENDED TIME:**

45 minutes

**PLANNING NOTES:**

Not needed

PROCEDURE:**Part 1**

1. Give each participant a copy of Resource Sheet 23 and allow five minutes to complete it. For low literacy groups, read the questions aloud and have them discuss in pairs.
2. Invite the participants to share their responses with each other. If the group is large, you can divide the participants into smaller groups to share their responses.
3. After the participants have shared their responses, use the questions below to facilitate a discussion.
 - › Is peer pressure a big factor in why men use substances?
 - › Do women also experience peer pressure to use substances?
 - › In what ways is this peer pressure similar? In what ways is it different?
 - › How does alcohol influence sex and decisions about sex? Does it help/hurt?
 - › What other decisions or behaviors can alcohol or other drugs influence (e.g., driving, work, relationships, violence)?
 - › How can you challenge some of the peer pressure men may face to use substances? How can you challenge some of the peer pressure women may face to use substances?

Part 2

1. Carry out a brainstorm with the participants on the meaning of dependency and addiction. Explain that dependency and addiction do not only pertain to substance use, but also to other types of behaviors,

such as eating certain types of food (e.g., fast food, chocolate), watching television, playing videogames, etc. Continue to brainstorm with the participants on things, substances, and activities to which people can become dependent or addicted.

2. Ask the participants to identify which of the mentioned things, substances, and activities for which dependency and addiction are most common for young men and young women. Ask them to try to identify differences between young men and young women and to think of those differences.
3. Divide the participants into groups of three or four. Ask them to choose one of the things mentioned to which young men/women may become dependent or addicted and to discuss the reasons why this might happen.
4. Ask each group to present the main points of their discussion and invite other groups to add their comments.
5. Use the questions below to discuss dependency and addiction.

DISCUSSION QUESTIONS

1. What are the most common reasons young people become dependent on or addicted to something?
2. How does dependency or addiction affect an individual? How does it affect his or her relationships with others?
3. What is the link between substance availability and risk of abuse or addiction?
4. Is there a difference between men and women?
5. What are the possible advantages of a dependency or addiction?
6. What have you learned from this exercise? How can you apply this in your own lives and relationships?

CLOSING:

In many settings, it is common for men and women to use substances (e.g., alcohol) as part of their social interactions and gatherings. It is important for individuals to know how to establish limits regarding substance use and how to respect the limits of others. For example, some strategies for drinking responsibly include drinking a small amount and not mixing drinks with other substances. It is also necessary to create other forms of having fun without alcohol or other substances being at the center and not to pressure those who do not want to consume substances. Being aware of anxieties and tensions in daily life helps to develop various strategies for channel-

ling positive behavior and avoiding behavior that can lead to dependency or addiction. Dependency or addiction sometimes results from not finding a way out and/or a solution to a problem. However, having an addiction only helps to postpone finding the solution. Frequently, having an addiction is related to emotional problems that begin to create a void in our lives, leading to a growing lack of interest, motivation, and/or meaning to life itself. It is important that you learn that even when you might feel really down, there is always something that can be done, and it is never too late to reach out for help.

RESOURCE SHEET:

INDIVIDUAL QUESTIONNAIRE: DECISION-MAKING	YES	NO
<p>1. Would you feel out of place at a party or gathering with your friends if they offered you a drink (with alcohol) and you decided not to have one? Explain briefly.</p>		
<p>2. Imagine that you are at a party or social gathering where they are serving alcohol and you are drinking, but one of your friends doesn't want to drink. Would you view your friend as an oddball, a drag, or a nerd? Explain briefly.</p>		
<p>3. Would you defend your friend's decision not to drink to the other friends? Supposing that you decided to defend him/her, how do you think the other friends would judge you? Explain briefly.</p>		
<p>4. Do you believe that to be accepted in a group you have to do what the other persons in the group want? Explain briefly.</p>		
<p>5. Do you think that it is possible for a person to lead an enjoyable social life without consuming alcoholic drinks? Explain briefly.</p>		
<p>6- Can a person feel good about himself even without drinking? Explain briefly.</p>		
<p>7- Can a man/woman feel accepted without drinking? Explain briefly.</p>		

Year 3:

Sexuality and Protection of Sexual and Reproductive Health and Rights

First Semester:

Sexual and reproductive
health

Overview

While our sex is determined by our biological make-up, our attitudes and behaviors in terms of sexuality and reproductive health (SRH) are largely influenced by a complex set of non-biological factors, including culture, gender norms, and socio-economic conditions, among others. For example, in most settings around the world, men are socialized to associate “manliness” with being knowledgeable and experienced in sexual matters. As a result, many men may believe they cannot express doubts about their bodies, sexuality, or reproductive health. When we look closer, however, we find that, contrary to the prevailing myths, people of all ages often lack a basic understanding of their bodies, sexuality, and reproductive matters. Furthermore, in most of the world there are few sexual education and reproductive health programs directed at adolescents, and even fewer that address young people’s specific concerns and needs. In this section, we explore some of the main issues related to young men, sexuality, and reproductive health.

What is Reproductive Health?

The definition of reproductive health is derived from the WHO’s definition of health as a state of total well-being, physical, mental and social, and not the mere absence of infirmity or disease. “Reproductive health addresses the reproductive processes, functions and system at all stages of life. Reproductive health, therefore, implies that people are able to have a responsible, satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this are the right of men and women to be informed of and to have access to safe, effective, affordable and acceptable methods of fertility regulation of their choice, and the right of access to appropriate health care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant.”⁴⁷

47 — http://www.who.int/topics/reproductive_health/en/. Last accessed on 9/02/2011.

What is Sexuality and what does it have to do with Gender?

Sexuality is an expression of who we are as human beings – it includes all the feelings, thoughts, and behaviors of being male or female, feeling attractive, being in love, as well as being in relationships that include intimacy and physical sexual activity. Moreover, sexuality is a fundamental component in structuring the gender identity of men and women, and is directly related to what a given society conceives as "erotic" and acceptable. All cultures prescribe what are sometimes called "gender scripts" for both men and women. These scripts are commonly accepted ways in which men's and women's sexual activity is expected to take place. Of course, individuals may adhere to or transgress from these scripts, but we see some common patterns in these scripts across societies and the ways in which they influence actual behaviors.

Men and Gender

In most cultures, the sexual scripts for men and women suggest that male sexuality is or should be impulsive and uncontrollable and that, biologically, men have a stronger sex drive than women. Research from diverse settings, for example, has found that men's age of sexual initiation tends to be earlier than women's, and that they have more sexual partners, both outside and within marriage.⁴⁸ Many sexual scripts also dictate that men should share their sexual conquests with the male peer group while hiding from their peers any sexual inadequacies. In nearly all cultures, to be seen as a "real man" means having to maintain heterosexual relations (often seen as a rite of passage to becoming a man) and proving one's fertility by having children.

Many men, and women, are raised to believe that these sexual scripts are unquestionable truths that are part of our nature or biological make-up. However, these models and patterns of male behavior and sexuality – rather than being biologically programmed – are largely a result of how boys and men are socialized. Researchers have shown how a certain model of masculinity, dominant in Western societies requires men to distance themselves from everything seen as feminine and to constantly prove their "manliness" in the company of other men.⁴⁹ Indeed, showing one's virility, or the capacity to conquer and maintain sexual relations with numerous women (in which only penetrative sex counts), are central aspects of the socialization of young men in many settings.

However, these prevailing sexual scripts are a source of doubt and anxiety for many young men who are constantly worried about the normalcy of their bodies and their sexual performance. For example, young men are often taught that the size of their penis is important, and penis size therefore is a source of preoccupation for many boys and men. And because for most

48 – Gary Barker, "What about Boys?: A literature review on the health and development of adolescent boys." World Health Organization, 2000.

49 – V. J. SEIDLER, (ed.) *Men, Sex & Relationships*. (Routledge: London and New York, 1992).

boys and young men sex is seen as being a matter of size and performance, masturbation and ejaculation (sometimes in groups) are often more socially accepted than for girls and young women.

Boys generally go through puberty during the ages of 10-13, when hormonal changes drive physical changes, including the production of sperm. Most boys have their first nocturnal emissions or "wet dreams" during this period. These changes and sexual energies are a natural part of life, but also bring confusions and doubts. Boys are generally not encouraged to talk about pubertal changes.⁵⁰ In some cases, boys may be given more information about women's bodies than about their own. When we discourage boys from talking about their bodies and sexual health at early ages, we may be starting lifelong difficulties for men in talking about sex.

Throughout the world, virginity and the loss of virginity still frequently have different meanings for young men and young women. While in many cultures young women must still be concerned about possibly negative peer and social perceptions regarding their first sexual experience, for many, if not most, young men, sexual debut is seen as a source of prestige and influence in their peer group.

For many young men, talking about sex with family members, teachers, health professionals, and peers - when and if it happens - is usually related to discussions about sexual conquests or the peer pressure to prove their sexual prowess. Seeking information or showing doubts or anxieties, in general, are not dealt with publicly. After all, according to popular norms, "real men" do not have doubts about sex nor do they talk about sex, except to talk about their conquests.

Concern about virility and about demonstrating one's capacity for sexual conquest often leads many young men to seek quantity over quality in sexual relationships. To be a "stud" or a "ladies' man" or "to get laid" whenever you can – or at least to make your peers believe that you do these things – is the way that many young men attain status with their peers. It is still common for many young men to talk about an intimate relationship as an opportunity "to get laid" versus an opportunity for an emotional connection. Furthermore, young men may feel pressured to "make the moves" – to take the initiative with women and then to boast of (or invent stories about) these conquests.

50 — Lundgren, R. "Research protocols to study sexual and reproductive health of male adolescents and young adults in Latin America." (Washington, D.C.: Division of Health Promotion and Protection, Family Health and Population Program, Pan American Health Organization, 1999).

Why should we talk with Young Men about Sexuality?

Since most young men do not have spaces to talk about their doubts and questions about sexuality, we need to provide opportunities for young men to discuss and reflect on the topic. Despite the countless discussions about sex education in recent years, the ideas that male sexuality is uncontrollable and that the male sex drive is stronger than women's are still common, even among some educators and health professionals. In short, the physical and emotional costs of certain rigid norms and expectations regarding male sexuality and behaviors are not always clear and there are few places and opportunities for young men to express their doubts and frustrations, and even less to denounce situations of physical and symbolic violence to which they are subjected. This includes the insults and jeering that some young men suffer if they seem different, particularly if they are gay or same-sex attracted.

In addition, most young men have never reflected about how gender and gender socialization affect their lives. Certain male behaviors, considered legitimate and even socially expected, can be harmful and make young men vulnerable. For example, excessive drinking – supposedly a way for young men to have the courage to approach a potential sexual partner – makes many young people vulnerable to violence or coercion and/or puts their health at risk.

Women, Gender, 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 sociocultural norms. Society in particular plays a fundamental role in the development of a woman's body image – what to hide, what to show, what to touch, what is considered disgusting or sacred, her way of sitting and positioning her legs, all this is influenced by cultural norms, and most of the time it 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 sociocultural 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 fulfil 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. 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.

Sociocultural 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 our bodies and behaviors, and interfere with the free and healthy expression of sexuality. Another example of contrasting sociocultural 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 to express and enjoy our sexuality more fully.

Sexuality manifests itself differently at different points in 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.

What about Sexual Orientation?

There is no doubt that the AIDS epidemic – which has directly affected men who have sex with men, as well as men who define themselves as heterosexual – has led to increased visibility to the question of homoeroticism and the importance of considering it in the work with young men. Indeed, research from the AIDS field has shown the difficulty of rigidly defining and classifying persons into sexual orientation categories (e.g., homosexuals, bisexuals, transsexuals, and heterosexuals). Many men have sex with men and behave in ways considered to be homosexual, while at the same time maintaining heterosexual relations (i.e., without considering themselves to be "gay" they have sex with other men). These examples help us see that sexuality and sexual identity are fluid and dynamic, and that our assumptions need to be questioned constantly. Accepting diversity and being open-minded about human sexuality are basic requirements for someone who works with youth.

In some, but clearly not all countries, sexual diversity has increasingly lost its clandestine status and become a right. In many settings, homoerotic male and female relationships are being recognized within a context of social and cultural change. This has resulted from the vocal advocacy of social movements (e.g., feminist, gay and lesbian), which have generated public debates about individual freedom, sexual and reproductive rights, and human rights⁵¹. Various countries including Denmark, Sweden, Norway, France, The Netherlands, and the U.S, have enacted laws and policies that guarantee homosexual partners important rights such as inheritance, social security benefits, joint income tax returns, and joint health insurance coverage, among others.

51 — C.F. Caceres, "La reconfiguración del universo sexual- Cultura sexual y salud sexual entre los jóvenes de Lima a vuelta de milenio." (Universidad Peruana Cayetano, Heredita/REDRESS, Lima, 2000) ; see also Parker, Richard. *Corpos, prazeres e paixoes*. Sao Paulo, Best Seller, 1991.

Of course, changing social and cultural norms is a slow process. The fact is that homoerotic and bisexual practices among young men are still far less socially accepted than reproductive heterosexual relations. In many settings, intolerance toward same-sex attraction is such that young men who have had same-sex sexual experiences or self-identify as gay or bisexual young men are subjected to discrimination, exclusion, and sometimes violence. Homophobic beliefs and slurs are often used as a way to keep heterosexual young men "in line". Calling a young man "gay" or "queer" in much of the world, for example, is seen as a way to criticize his behavior and reduce his social status.

The rigidity of gender socialization and the intolerance of sexual diversity means that it is necessary to demonstrate to young men that they are sexual subjects. They have inherent rights and are "capable of developing a conscious and negotiated relationship, instead of accepting it as something ordained; to develop a conscious and negotiated relationship with family values and those of peer groups and friends; to explore (or not) one's sexuality, independently of the initiative of the partner; to be able and have the right to say no and have it respected; to be able to negotiate sexual practices and pleasure provided they are consensual and acceptable to the partner; to be able to negotiate safer and protected sex and to know and have access to the material conditions for making reproductive and sexual choices." ⁵²

How is Male Sexuality Related to Fertility and Reproduction?

In the socialization of boys and young men, reproduction is not considered as important as sexuality. A good example is the importance attached to menarche – the initiation of menstruation – versus semenarche, the first male ejaculation. There is a general lack of communication between mothers and daughters about the transformation of girls' bodies and their fertility. The silence, however, is even greater between fathers and their sons when it comes to semenarche. The experience of semenarche can generate very different reactions among young men, including surprise, confusion, curiosity, and pleasure. Some boys are unaware of what seminal liquid is and think it is urine. It is important that boys receive

guidance during puberty so that they can feel more secure in dealing with body changes and understand their bodies as being reproductive. Even after semenarche, most young men deal with their sexuality as if fertility did not exist. This means that educators must work with young men to understand that fertility and reproduction are issues that affect and involve both men and women. For example, young men need to be aware that most young men are fertile with each penile-vaginal sexual act, some even before semenarche occurs. To teach young men about their bodies and to question myths helps them to better understand their own desires as well as their own responsibilities in terms of reproduction.

52 — Vera, Paiva. *Fazendo arte com a camisinha*. (Sao Paulo: Summus, 2000)

What about the Issue of Adolescent Pregnancy?

Adolescent pregnancy has been widely discussed in recent years and the increasing percentage of births to young women in some countries has been a cause for alarm. While some researchers have stressed the biological risks of early childbearing (e.g., lower birth weights, higher rates of maternal complications, etc.), the underlying concern is generally social.¹ The idea of risk associated with adolescent pregnancy reflects a widespread discomfort with the sexuality of young people and, consequently, adolescent fatherhood and motherhood.

Furthermore, while early childbearing and pregnancy are often seen as "failures" or problems, listening to the voices of young people themselves sometimes suggests otherwise. Qualitative research with young people in many countries has found that many adolescent mothers and fathers see parenthood as a way of attaining status (i.e., by becoming parents they are recognized as adults). For some young people, having a child is a way to organize their lives and identities and to commit themselves to something (or someone) beyond themselves². Of course, if some young people do not see pregnancy as a burden, many low-income families of adolescent parents are faced with the responsibility of caring for additional children. And in many low-income settings, adolescent fathers are often ignored or discouraged by their own parents or the parents of the mother from maintaining ties with children they have fathered, or because they lack the financial means to support the child, may not be involved in any way with childcare.

In sum, for most young people, having a child while still in their adolescence is generally not optimal, given the challenges doing so while also finishing their education and acquiring employment. Nonetheless, research suggests the importance of taking a more thoughtful view of the issue. These issues have already been discussed in the section on fatherhood and caregiving. In sum, we affirm that health educators should seek to treat adolescent childbearing in a thoughtful and sympathetic way, seeking to avoid the discriminatory attitudes and simplistic views that often surround the issue and to promote the positive involvement of young fathers in childcare.

53 — Arline T. Geronimus, "Teenage Childbearing and Social and Reproductive Disadvantage: The Evolution of Complex Questions and the Demise of Simple Answers" *Family Relations* 40, (Oct, 1991) 463-471
54 — Margaret Arilha-Silva. "Masculinidades e gênero: discursos sobre responsabilidade na reprodução" (Master's dissertation, Pontifícia Universidade Católica/PUC, 1999) 117.

FRAME

1.

FRAME 1: INDICATORS OF MORTALITY, EDUCATION, AND REPRODUCTIVE HEALTH⁵⁵

	Mortality indicators			Education Indicators				Reproductive health indicators			
	Infant mortality Total per 1,000 new-borns	Life expectancy M/F	maternal mortality rates	Enrollment rate in primary school M/F	part of the enrollment of children 5th grade	Enrollment rate in high school M/F	Illiterate percentage (<15 years) M/F	Number of births per 100 women age 15-49	Prevalence of contraception Any method	Moder method	Percent-age of prevalence of HIV (%) (15-49) M/F
SOUTH EUROPE (13)T	7	75.5 / 81.9						12	68	46	
ALBANIA	24	71.3 / 77.0	55	105 / 102		81 / 81	1 / 2	16	75	8	
BOSNIA AND HERZEGOVINA	13	71.7 / 77.1	31				2 / 9	23	48	16	
CROATIA	7	71.8 / 78.8	8	97 / 96		89 / 91	1 / 3	15			
GREECE	6	75.8 / 81.1	9	101 / 101	100 / 100	98 / 97	6 / 12	9			0.3 / 0.1
ITALY	5	77.2 / 83.3	5	102 / 101	96 / 97	100 / 99		7	60	39	0.7 / 0.3
FYR MACEDONIA	15	71.6 / 76.6	23	96 / 97		86 / 84	2 / 6	24			
PORTUGAL	5	74.2 / 80.8	5	118 / 112		108 / 118		19	66	33	0.7 / 0.2
SERBIA AND MONTENEGRO	12	71.3 / 76.0	11	98 / 98		88 / 89	1 / 6	24	58	33	0.3 / 0.1
SLOVENIA	5	73.0 / 80.3	17	108 / 107		110 / 109	0 / 0	6	74	59	
SPAIN	4	76.2 / 83.5	4	109 / 107		114 / 121		10	81	67	1.0 / 0.3

55 — Chart taken from: State of world population 2005 - The Promise of Equality Gender Equity, Reproductive Health and the Millennium Development Goals, United Nations Population Fund

Is Abortion an issue that Involves Men?

Induced abortion is legal in all of the Balkan countries. For the most part, however, it is still seen as an issue that solely concerns women. Just as the fact that pregnancy occurs in the woman's body allows many men to believe they can evade the responsibility for pregnancy, it also allows many men to believe that they have no role in the decision to have an abortion. However, even in cases where men may want to take part in abortion-related decision-making, are they able to do so? Many men may believe it is in their capacity to convince a partner not to have an abortion and may indeed influence a woman's decision to continue with the pregnancy or seek an abortion. For the most part, however, women generally have the final say in seeking an abortion. Indeed, since women bear the greatest burden and all the physical risk in pregnancy, childbirth, and abortion, they should ultimately be 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.

Should We Discuss the Sexual and Reproductive Rights of Young People?

Sexual and reproductive rights are universal human rights based on inherent freedom, dignity, and equality for all human beings. To have a full sexual life is a fundamental right and for this reason should be considered as a basic human right. However, in most discussions about sexual and reproductive rights, men are rarely mentioned as the subject of these rights. Indeed, there is a need for dialogue and reflection on the importance and relevance of promoting the sexual and reproductive rights of young people. Certain questions need to be considered – mainly, is it possible to defend men's sexual and reproductive rights without "naturalizing" or legitimizing the traditionally privileged status of men and "undermining" the rights of women, who have historically been denied their sexual and reproductive rights? For example, how can we reconcile the right of a young woman to not be a mother and the right of a young man to be a father, or vice-versa? Dialogues about these issues should include both women and men, and be grounded in an understanding of the relational nature of human rights.

Finally, we should point out that reproductive rights have often focused only on access to contraception or only to fertility, that is, on the number of children that each woman has or wants to have. In this context, reference to the reproductive rights of young people generally has secondary importance, minimizing the importance of sexuality and the underlying power relations in reproduction. And despite the increasing scope for questioning policies and social practices concerning reproduction, there has not been a clear response on the part of young/adult men and women to participate more actively in reproductive processes. Furthermore, there is strong re-

sistance from health and education professionals, researchers, and activists to associate reproductive rights with young people.

To create greater awareness in the field of sexual rights and reproductive rights requires engaging young people themselves, as well as parents, teachers, health educators and health professionals. Above all, it requires a conceptual framework for understanding the meaning of reproduction and young people's involvement in it, as well as believing that young people have the potential to change toward more positive involvement in reproductive and sexual health.

FRAME 2: Summary of Sexual and Reproductive Rights

To ensure that every person develops a healthy sexuality, the following sexual and reproductive rights should be recognized, promoted, respected, and defended:

THE RIGHT TO SEXUAL FREEDOM – Sexual freedom concerns the possibility of individuals expressing their sexual potential. However, this excludes all forms of coercion, exploitation, and abuse at any time or in any situation in life. This includes freedom from all forms of discrimination, irrespective of sex, gender, sexual orientation, age, race, social class, religion, or mental and physical ability.

RIGHT TO SEXUAL AUTONOMY, SEXUAL INTEGRITY, AND SAFETY OF THE SEXUAL BODY – The right of a person to make autonomous decisions about his or her own sexual life in a context of personal and social ethics. This also includes the control and pleasure of our bodies, freedom from torture, mutilation, and violence of any type.

RIGHT TO SEXUAL PRIVACY – The right to individual decision-making and behavior concerning intimacy, provided this does not interfere with the sexual rights of others.

RIGHT TO SEXUAL PLEASURE – Sexual pleasure, including self-eroticism, is a source of physical, psychological, and spiritual well-being.

RIGHT TO SEXUAL EXPRESSION – Sexual expression is more than erotic pleasure or a sexual act. Each individual has the right to express sexuality through communication, touching, emotions, and love.

RIGHT TO FREE SEXUAL ASSOCIATION – The right to marry or not, the right to divorce, and the right to establish other types of responsible sexual or intimate unions.

RIGHT TO FREE AND RESPONSIBLE REPRODUCTIVE CHOICES – The right to decide whether to have children or not, how many, when, and the right to access contraceptive methods.

FRAME

2.

Reproductive rights, in turn, "refer to the possibility of men and women making decisions about their sexuality, fertility and their health related to the reproductive cycle and raising their children. In commending the exercise of choice,

these rights imply full access to information about reproduction, as well as having access to necessary resources to make the choices efficiently and safely."⁵⁵

FRAME

3.

PAZI SEX & ASTRA YOUTH

PAZI SEX – www.pazisex.net is an educational online portal designed for use by adolescents to learn about sexual reproductive health.

ASTRA Youth, a network of youth sexual and reproductive health and rights (SRHR) advocates in the CEE and Balkan regions, addresses the status of youth SRHR in Youth's Voice. Youth's Voice is a research report detailing young people's knowledge of and attitudes towards SRHR in their home countries. Participating countries include Armenia, Bulgaria, Croatia, Cyprus, Georgia, Lithuania, Macedonia, Poland, Serbia, Montenegro, and Slovakia.

What is the Role of Health Services in Promoting Young People's SRH⁵⁷

Providing youth friendly health services is an important aspect of promoting young people's access to and use of SRH information, services, and support. Unfortunately, throughout the world, there is a lack of youth-friendly health services, particularly those related to sexual and reproductive health. In some settings, where youth sexuality and reproductive health is a taboo topic, laws and policies may restrict young people from accessing sexual and reproductive health services. When these services are available, they often require the presence or authorization of a parent or guardian, thus prohibiting or limiting

opportunities for youth to access confidential services. Even rarer than youth-friendly services are services that include a gender perspective, that is, an understanding of how gender roles and power dynamics shape attitudes and behaviors related to the sexual and reproductive health of young men and women. Both young men and women have specific needs in terms of their health and development because of the ways they are socialized.

As discussed earlier, young men may feel pressured to engage in certain risky behaviors, includ-

56 – Maria Bethania Ávila, *Direitos Reprodutivos: Uma Invencao Das Mulheres Reconhecendo A Cidadania*. (Recife: SosCorpo, 1993)

57 – Portions of this text were taken Ricardo, C., Barker, G., Nascimento, M., and Segundo, M. (2007) *Engaging young men in HIV prevention: A toolkit for action* New York: UNFPA

ing substance use or unprotected sex, to prove themselves as “real men”. Moreover, they may view seeking help or services as “unmanly” or a sign of weakness. In many settings, young men may only seek out health services in emergencies, or when they need to obtain condoms.⁵⁸ Many may prefer looking for help and information amongst their peers and at pharmacies rather than formal health services. They may also resist using health services because they view facilities as places for only women and children and/or

because they do not expect staff to be sensitive to their needs. Indeed, these perceptions are often reinforced by waiting rooms and services that mainly cater to women, with staff who are not aware of or trained in SRH issues specific to young men. In this context, promoting health services friendly to young men requires a two-pronged approach: making health services more responsive and attractive to young men AND working with young men to increase their health-seeking behaviors.

SUMMARY POINTS

- › We need to show young people that there are different ways of "being a man" and "being a woman".
- › We should show young people that there are, indeed, differences between men and women and that many of these differences were constructed by us. It is important that young people perceive how these socially constructed differences can have fundamental impacts on daily life, leading to discrimination and reinforcing gender inequalities.
- › Sexuality needs to be considered in its fullest sense. It is, after all, much more than "having an erection" and "getting laid". As we work with young people, we should explore other dimensions and expressions of human sexuality.
- › We should show young people why it is positive and important to know their own body, that reproductive health is not merely a matter for women, and that sexual rights are not simply a concern for gay or bisexual persons.
- › Finally, when we engage young men in discussions about sexual and reproductive rights, we should relate and connect these specific rights to human rights as a whole.

57 — Pearson, “Men’s use of sexual health services “ *Journal of Family Planning and Reproductive Health Care* 29 (2003): 190-199.

Workshop 24: Caring for oneself: men, women, gender, and health⁵⁸

**PURPOSE:**

To promote greater awareness of the links between how young men/women are raised and the health risks they face

**MATERIALS:**

Small pieces of paper, flipchart paper, markers, and copies of Resource Sheet A and Resource Sheet B

**RECOMMENDED TIME:**

90 minutes

**PLANNING NOTES:**

Resource Sheet B includes examples of statistics on men and women and various health outcomes. It can be useful for the facilitator to complement these statistics with local and/or national ones to help the participants better understand some of the health risks people in their own communities face.

PROCEDURE:

1. Prior to the session, write each of the questions from Resource Sheet A on a small piece of paper. For low-literacy groups, read the questions aloud instead.
2. Divide the participants into two to three small groups and distribute the questions among the groups.
3. Explain to each group that there are three possible answers to each question: Men, Women, or Both. Ask them to discuss each of the questions they have received and to try to come up with the answer as a group.
4. Allow 20 minutes for the groups to discuss the questions and their answers.
5. Write the questions on flipchart paper and then read each question aloud. Ask how the groups replied and mark the answers on the flipchart.
6. Explore the responses of the group, asking them to explain their answers.

59 — Adapted from: *Fatherhood Development: A Curriculum for Young Fathers*, by Pamela Wilson and Jeffery Johnson – Public Private Ventures, 1995.

7. After the groups have presented all of their responses, explain that the correct answer for each question is “Men”. Review each question individually, presenting some of the statistics that are included in Resource Sheet 24B.
8. Use the following questions to facilitate discussion:
 - › Did you know that men are more at risk of this health problem?
 - › Why do you think this is true?
 - › Is it possible for men to avoid this health problem? How? (Encourage the participants to reflect on the behaviors and lifestyles associated with the health problem and how they might be prevented or changed.)

PROCEDURAL NOTE: Although the answers to the questions are most often men, in some settings, the answer to some of the questions might be women or both. If this is the case, the facilitator should focus the discussion on the fact that the majority of the questions had a response of men.

9. After discussing each of the individual questions, use the questions below to wrap-up the session.

DISCUSSION QUESTIONS:

1. Do you see these patterns of risk among men in your community?
2. What other health problems do you think that men are more at risk of than women?
3. At what age range are men most at risk for some of these problems?
4. Why do men face these health risks? What is the relationship with these risks and the way that young men are socialized?
5. How do you see yourself in relation to these risks? What can you do to reduce these risks in your own lives? What about in the lives of other men?
6. How does the personal lack of concern a man has about his health negatively affect the health of his partner (girlfriend/wife)?

CLOSING:

The majority of causes of death for men are associated with the self-destructive lifestyle that many men follow. Around the world, men are pressured to act in certain ways. For example, men often take more risks, have more partners, are more aggressive or violent in their interactions with others – all of these put them and their partners at risk. As young men, it is important to be critical about your lifestyles and the ways that you put yourselves at risk. You might have been raised to be self-reliant, not to worry about your health, and/or not to seek help when you feel stress. But being able to talk about one’s problems and seeking support are important ways to protect you against various negative health outcomes such

as substance use, unsafe sexual behaviors, and involvement in violence. Through critical reflections of these norms, you can learn to appreciate how health is not merely a matter for women, but also a concern for men, and learn how to take better care of yourselves.

Risky behaviors by boys and young men affects the health of their female partners differently. A man that does not use protection and is prone to promiscuous behavior brings his girlfriend or wife into a situation where there is a bigger risk for her to contract one or more STIs. Additionally, unwanted/unplanned pregnancy is a frequent consequence of not using contraception.

RESOURCE SHEET A:**GENDER AND HEALTH – QUESTIONS**

Respond to each of the following questions with: “Men,” “Women,” or “Both.”

1. Who has a shorter lifespan?
2. Who is more likely to die from homicide?
3. Who is more likely to die in road accidents?
4. Who is more likely to die from suicide?
5. Who is more likely to consume alcohol and get drunk more?
6. Who is more likely to die from an overdose (excessive substance use)?
7. Who is more likely to have sexually transmitted infections (STIs)?
8. Who is more likely to have more sexual partners and more unprotected sex?
9. Who is less likely to seek health services?

RESOURCE SHEET B:**GENDER AND HEALTH – ANSWER SHEET****Who has a shorter lifespan?**

- › Globally, the life expectancy for men is 65 years and for women it is 69 years.⁶⁰
- › In Bosnia, life expectancy for men is 66 years and for women 72 years.⁶¹
- › In Croatia, life expectancy for men is 72.9 years and for women it is 79.6 years.⁶²
- › In Serbia, life expectancy for men is 72 years and for women it is 77 years.⁶³
- › In Montenegro, life expectancy for men is 73 years, and women 77 years.⁶⁴

Who dies more from homicide?

- › Globally, the life expectancy for men is 65 years and for women it is 69 years.⁶⁵
- › In Bosnia, life expectancy for men is 66 years and for women 72 years.⁶⁶
- › In Croatia, life expectancy for men is 72.9 years and for women it is 79.6 years.⁶⁷
- › In Serbia, life expectancy for men is 72 years and for women it is 77 years.⁶⁸
- › In Montenegro, life expectancy for men is 73 years, and women 77 years.⁶⁹

Who dies more from road accidents?

- › Globally, 28 in every 100,000 men and 11 in every 100,000 women die from road accidents. In other words, almost three times as many men as women die from road traffic injuries.⁷⁰
- › In Croatia, men are 50% more likely than women to get injured in car accidents.⁷¹

Who dies more from suicide?

- Globally, males commit suicide nearly 4 times more than women do.⁷²
- In Croatia, men commit suicide 3 times more than women do.⁷³
- In Montenegro in 2005, there were 156 cases of suicide, and 75% were men.⁷⁴
- In Bosnia, 467 persons committed suicide in 2005, 332 men and 135 women.⁷⁵

Who consumes more alcohol and gets drunk more?

- › Globally, a higher proportion of men engage in episodic and binge drinking than women.⁷⁶ In Croatia, according to the 1999 ESPAD survey, the rate of binge drinking was 12% overall, 15% for males and 7% for females. Binge drinking was defined as consuming five or more drinks in a row three times or more in the last 30 days.⁷⁷
- › In Serbia, 45% of youth from 13 to 17 drink alcohol.⁷⁸
- › Research using a sample of 3964 youths found 77.6% of students who had experimented with drugs were in secondary school, with the most students in their second year (30.6%).⁷⁹

Who dies more from overdoses (excessive substance abuse)?

- › Globally, among young men aged 15-29, males

60 – World Population Datasheet. Population Reference Bureau, 2006

61 – Agency for Statistics of Bosnia and Herzegovina

62 – Central Bureau for Statistic of Republic of Croatia 2011

63 – <http://unstats.un.org>- UN Statistics division

64 – <http://unstats.un.org>- UN Statistics division

65 – WHO World Report on Violence and Health, 2002

66 – <http://data.un.org>, 2006

67 – Central Bureau for Statistic of Republic of Montenegro 2005

68 – <http://www.msb.gov.ba/dokumenti/strateski?id=3441>

69 – https://www.parlament.ba/sadrzaj/ostali_akti/informacije/default.aspx?id=29435&langTag=bs-BA

70 – WHO World Report on Violence and Health, 2002

71 – Central Bureau for Statistic of Republic of Croatia, 2011

72 – Bertolote JM and Fleischmann A. 2002. "A Global Perspective in the Epidemiology of Suicide". *Suicidologi. Arg.* 7, no. 2

73 – Central Bureau for Statistic of Republic of Croatia 2011

74 – Department of Criminal Investigations, Republic of Monte Negro

75 – Agency for Statistics of Bosnia and Herzegovina

76 – WHO Global Status Report on Alcohol, 2004

77 – Hibell B et al. The 1999 ESPAD Report. The European School Survey on Alcohol and Other Drugs: Alcohol and Other Drug Use Among Students in 30 European Countries. Stockholm, Council of Europe, 2000.

78 – Institute for Mental Health, Republic of Serbia

RESOURCE SHEET B:

are more likely than females to die from alcohol use disorders.⁸⁰

- › In Croatia, a survey with youth found that 21% of boys and 18% of girls had used alcohol in the past 30 days.⁸¹

Who has more STIs?

- › Globally, men represent a higher number of cases of gonorrhea and syphilis and women represent a higher number of cases of trichomoniasis and chlamydia.⁸²
- › In Croatia, there are higher number of cases of gonorrhea among men and a higher number of cases of Chlamydia and HPV among women.⁸³

Who has more sexual partners and more unprotected sex?

- › Globally, men report more partnerships than women, except in some industrialized nations.⁸⁴

Who is less likely to seek health services?

- › Globally, men are less likely to seek health services than women and do so less often than women.⁸⁵

79 – Public Health Institute of Montenegro

80 – WHO Global Status Report on Alcohol, 2004

81 – www.hzjz.hr

82 – WHO Global Prevalence and Incidence of Selected Curable Sexually Transmitted Infections, 2001

83 – www.plivazdrvlje.hr, accessed 10th of November 2015

84 – Wellings, K. et al. 2006. "Sexual Behavior in Context: A Global Perspective. The Lancet, Volume 368, Issue 9548, Pages 1706-1728

85 – Addis, M and Mahalik, J. 2003. "Men, Masculinity, and the Contexts of Help Seeking." American Psychologist, January 2003

Workshop 25: Young men's health

**PURPOSE:**

To discuss how gender norms influence the most common health problems of young men and review basic hygiene practices

**MATERIALS:**

Flipchart paper, small pieces of paper, tape, markers, and Resource Sheet .

**RECOMMENDED TIME:**

90 minutes

**PLANNING NOTES:**

If possible, it might be interesting to follow-up this activity with a visit to a local health facility where the young men can meet and talk with health professionals.

PROCEDURE:

1. Give each participant two small pieces of paper and ask them to write (quietly and individually) two typical characteristics related to being a man (one on each piece of paper). Ask them to hold on to these pieces of paper until later in the exercise.
2. Tape two or three sheets of flipchart paper together and ask a volunteer to serve as a model to draw the outline of a body.
3. Once they have drawn the outline, ask them to fill-in the sketch with details that make him a young man – give him a face, dress him, and give him a personality. For example, what does he like to do for fun or what does he do on the weekends? Everyone should take part in the drawing exercise. Ask the participants to give a name to the young man they have drawn.
4. Next, draw another outline of a body on two or three new sheets of flipchart paper. Ask for a volunteer to sketch the genitals on the body. If the participants are too embarrassed to do this, the facilitator can do so.
5. When the two outlines are finished, give each participant two small pieces of paper and ask them to write two common health problems/needs men face (one on each piece of paper).
6. When they have finished writing, ask each participant to read aloud the health problems/needs, and stick them on the part of the body where this health problem appears. It does not matter if some problems are repeated.
7. Next, ask the participants to read aloud the characteristics of being a man

- that they wrote at the beginning of the activity. After reading a characteristic, each participant should stick the piece of paper on the body next to the health problem/need associated with the characteristic. Remind them of the previous activity and the discussion they had about socialization and the health risks men face. For example, the masculine characteristic of having many sexual partners might be stuck next to the groin area of the body to signify its association with risk for STIs.
8. Probe to see if the participants identify alcoholism, violence, suicide, HIV/AIDS, and substance use as health problems. If not already mentioned, ask if young men face these problems in their community.
 9. Use the questions below to facilitate a discussion.

Discussion questions:

1. What health problems/needs do men have?
2. What are the causes of these health problems? What are the consequences of these health problems?
3. Is there a relationship between men's health needs and the characteristics of being a man that we identified?
4. How does a man's role in his family or community affect his health?
5. Do men and women take care of their bodies and health in the same way? How do young men take care of their health?
6. When men are ill or sick, what do they do? Do they usually look for help as soon as they feel ill, or do they wait? When women are ill or sick, what do they do?
7. What is hygiene? What kind of personal hygiene should men practice? What kind of personal hygiene should women practice? (Review Resource Sheet 25).
8. Where can young men in your community go to ask questions about their health or to seek services for health problems?
9. What can you do in your own lives to take better care of our health? What can we do to encourage other young men to take better care of their health?

CLOSING:

As has been discussed in this and previous sessions, there is a clear relationship between how men are raised and if and how they worry about their health. Many men, as a way of showing their masculinity, do not worry about their health, and may believe that taking care of the body or being overly concerned about health are female attributes. These kinds of attitudes and behav-

iors are learned at early ages and impact men's health throughout their life. For this reason, it is important that young men learn the importance of taking care of themselves, including basic hygiene practices. Doing so has positive benefits for both men and their partners, as will be discussed further in the upcoming activities.

RESOURCE SHEET:⁸⁶**GOOD HYGIENE PRACTICES FOR YOUNG PEOPLE****Washing the Body**

Pranje tijela pomaže osobi da ostane čista, da izbjegne infekcije i da se ne razboli. Perite se vodom ili sapunom jednom ili dvaput dnevno. Perite ruke prije i poslije jela. Perite ruke nakon odlaska u kupatilo kako biste spriječili prenošenje bakterija i infekcija. Umivanje lica sapunom i vodom barem dvaput dnevno može pomoći u sprečavanju pojave akni ili ih ublažiti.

Washing the Body

Washing the body helps you stay clean, avoid infection, and avoid becoming sick. Bathe with soap and water once or twice per day. Wash hands with soap and water before and after meals and after using the bathroom to prevent the spread of bacteria and infection. Washing the face at least twice a day with soap and water can help keep acne away or make it less severe.

Smelling Good

Use deodorant, baby powder, or the most common product in your culture for smelling good under your arms. Be careful when choosing certain deodorant sprays and sticks; even well-known brands can contain harmful substances that have negative effects on your body.

Hair

Shampoo your hair regularly to keep it clean. Every day, every two or three days, or once a week is fine. Shave if you want to. Not all men and women shave. It depends on culture and choice.

Teeth and Mouth

Use what is most common in your culture to clean your teeth twice a day, including before bed each night. Cleaning your teeth helps to avoid cavities, rotten teeth, gum disease, and bad breath. Using toothpaste with fluoride can also help to strengthen your teeth.

Underwear

Wear clean underwear every day to avoid infection and keep the genital area clean.

Genital Area

For all men, it is important to wash and clean the penis and the area around the anus every day. Wash the scrotum, between the scrotum and the thighs, in between the buttocks, and the anus with soap and water every day. For uncircumcised men, it is important to pull back the foreskin and gently clean this area. Being uncircumcised is not in and of itself unhygienic, but uncircumcised men do need to take extra care in their hygiene.

86 — Taken from E. Knebel (2003) “My Changing Body: Fertility Awareness for Young People” Institute for Reproductive Health and Family Health International.

Workshop 26: Men's bodies

**PURPOSE:**

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

**MATERIALS:**

Small pieces of paper, pen/pencils, copies of Resource sheets for all participants.

**RECOMMENDED TIME:**

45 minutes (This activity often generates a lot of questions among the participants and it might be useful to set aside two sessions to adequately deal with the topic.)

**PLANNING NOTES:**

It is important that the facilitator is familiar with this topic prior to the session or invites someone who has experience working with youth on this topic. The facilitator will also need to determine the level of detail appropriate for the group. For some of the participants, this session will serve as a quick review. However, much of the information may be new to the younger participants. While many of them might have a basic understanding of anatomy and physiology, they might have never had a chance to ask specific questions. If the information is too basic for some of the participants, encourage them to share facts with others who are less familiar with the material. It is important to keep in mind that some participants might not feel comfortable asking questions about men'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. The facilitator should also work to create an open and comfortable atmosphere during the activity and discussion.

Resource Sheet D provides a list of websites and resources that provide information or details related to men's reproductive systems and health. It is recommended that the facilitator add any relevant local websites or resources and provide copies of the list to the participants.

PROCEDURE

1. Prior to the session, write out the following words on small pieces of paper: vans deferens, penis, urethra, epididymis, testicle, scrotum, prostate, seminal vesicles, bladder, and prostrate. On the same pieces of paper write out the description of each of these words as presented in Resource Sheet 26A.
2. At the beginning of the session, divide the participants into two groups. Give both groups a copy of Resource Sheet 26A and the set of pieces of paper with the names and descriptions for the Male 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 Sheet 26B to the participants and review the content with them. Even if the participants do not bring up these questions themselves, it is important that they have this information.
7. Wrap-up the discussion with the questions below.

DISCUSSION QUESTIONS:

1. What were the most difficult genital organs to identify? Why?
2. Do you think it is important for young men to know the name and function of the male genital organs? Why?
3. Do you think it is important for young men to know the name and function of the female genital organs? Why?
4. Do young people generally have information about these topics? Why or why not?
5. What can you do to ensure that young people in your community have more accurate information about these topics?

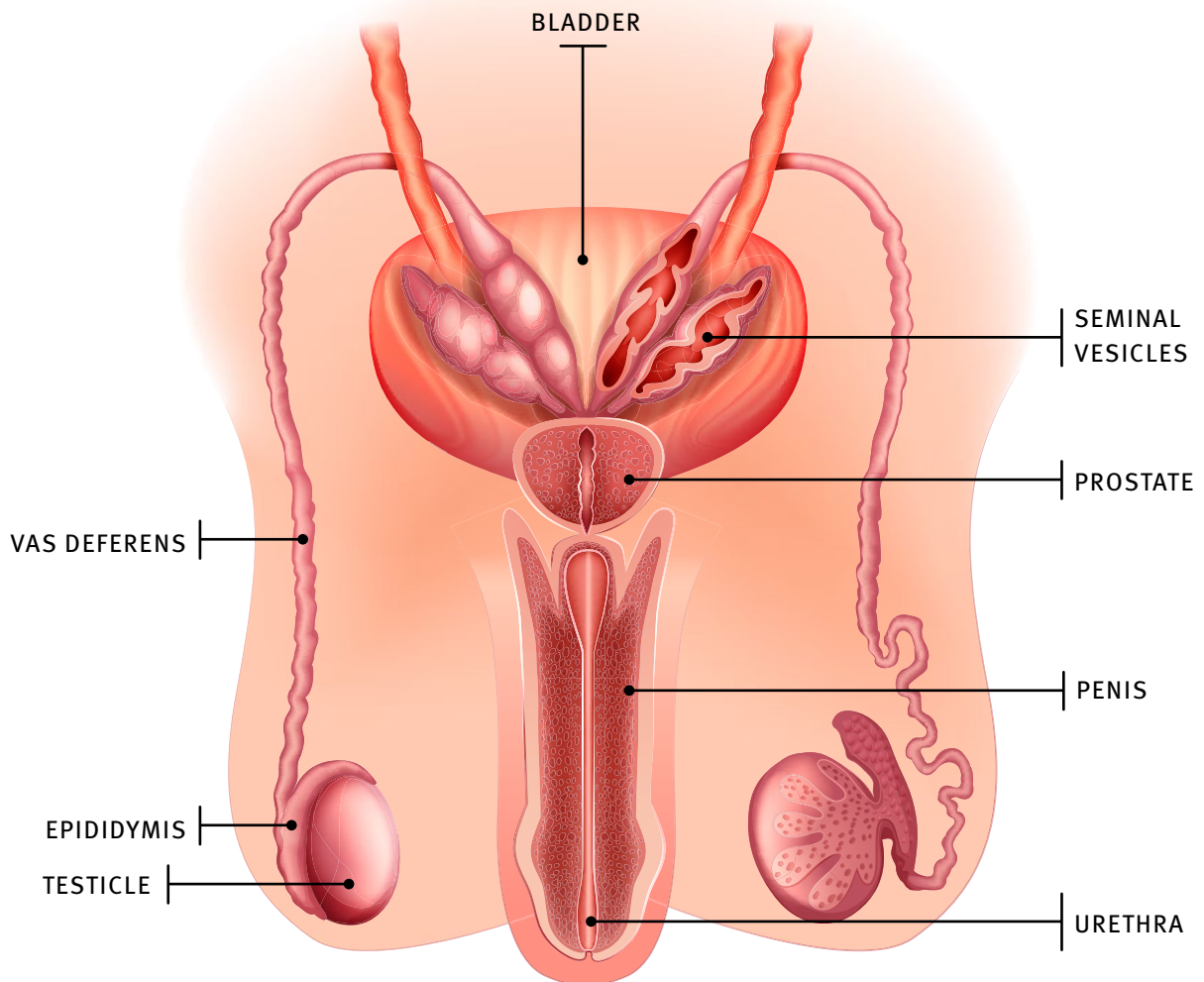
CLOSING:

Many men and women do not know much about their own bodies, nor believe that it is necessary to devote time to understanding this topic. As you will continue to discuss in other workshops, this lack of knowledge about one's own body and its functioning often has adverse effects on hygiene

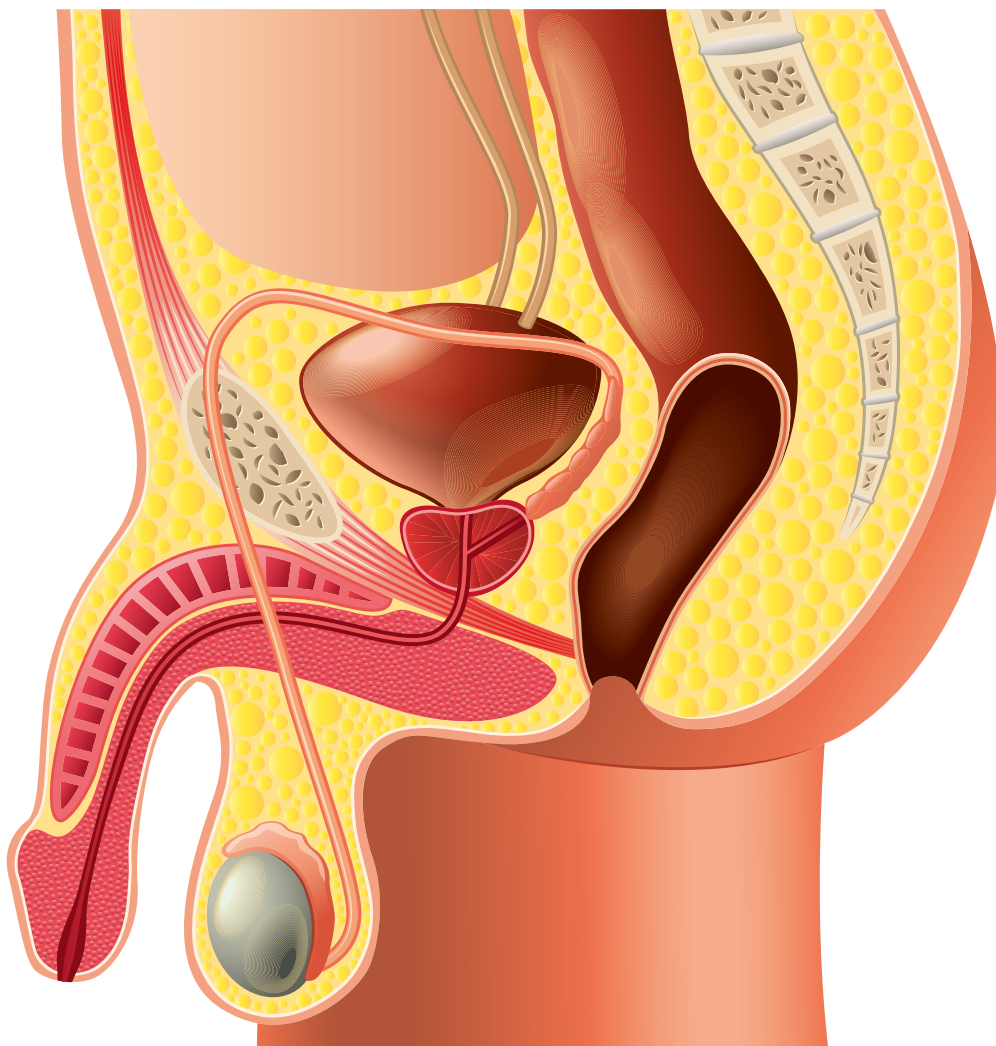
and health. It is also important to have information about the other sex's reproductive system so that you can be more involved in discussions and decisions about family planning and related matters.

RESOURCE SHEET A:

The Male Reproductive System and Genitalia



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

RESOURCE SHEET B:⁸⁷**Male reproductive system and genitals**

From puberty on, 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.

87 — Some text adapted from Institute for Reproductive Health, Family Health International and E. Knebel (2003) “My Changing Body: Fertility Awareness for Young People”

KEY WORDS

Ejaculation: Forceful release of seminal fluid from the penis.

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

Penis: External tubular male organ protruding from the body, which is used for urination or for sexual stimulation. 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. In the sexual act, 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. When the foreskin is present, it is important to clean underneath it daily.

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 the cold, for example, it becomes more contracted and wrinkled and in the 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. The Path of Sperm: Sperm travel from the testes to the epididymis, where they remain to mature for about 14 days. From here, sperm travel into the vas deferens, which carries the sperm toward the urethra. At this point, seminal vesicles produce a nourishing fluid that gives the sperm energy. The prostate gland also produces a fluid that helps the sperm swim. The mixture of sperm and the two fluids is called semen. During sexual arousal, the Cowper’s gland secretes a clear fluid into the urethra. This fluid, known as pre-ejaculate or “pre-cum,” acts as a lubricant for the sperm and coats the urethra. During sexual excitement, an ejaculation of semen may occur. The small amount of semen that is ejaculated (one or two teaspoons) can contain up to 400 million sperm.

Testicles (testes): Male reproductive glands, which are held in the scrotum and 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. The testes have the form of two eggs and to feel them one only has to palpate the scrotum pouch. They are positioned outside the body because sperm can be produced only at a temperature lower than the body’s normal temperature. The scrotum actually relaxes away from the body when warm and shrinks toward the body when cold in order to maintain the perfect temperature for sperm production. The left testicle usually hangs lower than the right. Testicular self-examination once a month is an important health safeguard. Roll the testes between the fingers. Any lumps, swelling, or pain should be examined immediately by a doctor.

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.

RESOURCE SHEET C:⁸⁸**Common Questions about the Male Reproductive System and Genitalia****Q. What is masturbation?**

A. Masturbation is rubbing, stroking, or otherwise stimulating one's sexual organs – penis, vagina, and breasts – to get pleasure or express sexual feelings. Both men and women can relieve sexual feelings and experience sexual pleasure through masturbation. There is no scientific evidence that masturbation causes any harm to the body or mind. Masturbation is only a medical problem when it does not allow a person to function properly or when it is done in public. However, there are many religious and cultural barriers to masturbation. The decision about whether or not to do it is a personal one.

Q. Can semen and urine leave the body at the same time?

A. Some boys worry about this because the same passage is used for both urine and semen. A valve at the base of the urethra makes it impossible for urine and semen to travel through this tube at the same time.

Q. What is the right size of the penis?

A. The average penis is between 11 and 18 centimeters long when it is erect. There is no standard penis size, shape, or length. Some are fat and short. Others are long and thin. There is no truth to the idea that a bigger penis is a better penis.

Q. Is it normal to have one testicle hanging lower than the other one?

A. Yes. Most men's testicles hang unevenly.

Q. Is it a problem for the penis to curve a little bit?

A. It is normal for a boy or man to have a curving penis. It straightens out during an erection.

Q. What are those bumps at the head of the penis?

A. The bumps are glands that produce a whitish creamy substance. This substance helps the foreskin slide back smoothly over the glans. However, if it accumulates beneath the foreskin, it can cause a bad smell or infection. It is important to keep the area under the foreskin very clean at all times.

Q. How does one prevent having an erection in public?

A. This is normal. Even though you may think it is embarrassing, try to remember that most people will not even notice the erection unless you draw attention to it.

Q. Will wet dreams or ejaculation make a boy lose all of his sperm?

A. No. The male body makes sperm continuously throughout its life.

⁸⁸ — Taken from Institute for Reproductive Health, Family Health International and E. Knebel (2003) "My Changing Body: Fertility Awareness for Young People"

RESOURCE SHEET D:

For more information on this topic, visit the following websites:

1. <http://pazisex.net/>
2. <http://www.youngmeninitiative.net>
3. www.xy.com.ba
4. <http://www.pm.rs.ba/>
5. <https://www.facebook.com/NGOYouthPower/>
6. www.sezamweb.net
7. <http://www.who.int>
8. <http://www.zdravlje.nshc.org.rs>
9. www.iwannaknow.org
10. www.status-m.hr
11. <http://www.ippf.org>

Workshop 27: Women's bodies

**PURPOSE:**

To increase awareness and knowledge of female reproductive systems and genitalia

**MATERIALS:**

Paper, pens/pencils, and copies of Resource Sheets 3A-D

**RECOMMENDED TIME:**

45 minutes

**PLANNING NOTES:**

Even after the discussion, the participants might not feel comfortable asking questions about 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. Make an interactive presentation of the anatomy and physiology of the female reproductive system. You can draw it on the flipchart yourself or use photocopies or drawings.
2. Together with the participants, name the different parts of the reproductive system and how each functions. Topics of hygiene of intimate parts, virginity, periods, pleasure, and orgasms should be included while explaining the anatomy.
3. Ask the participant whether they have any additional questions.
4. "Her first time at the gynecologist" – ask the participants to sit comfortably and close their eyes. Tell them a story of what a visit at the gynecologist should look like. You can use the Resource Sheet D as an idea for the story if needed. If the facilitator concludes this part of the workshop is not suitable for a mixed group, at least, explain the importance of visiting a gynecologist.

OPTIONAL: Divide the participants into groups and give them blank pictures of the female and male reproductive systems and tell them to write the names of different parts.

5. Facilitate a discussion using the questions below.

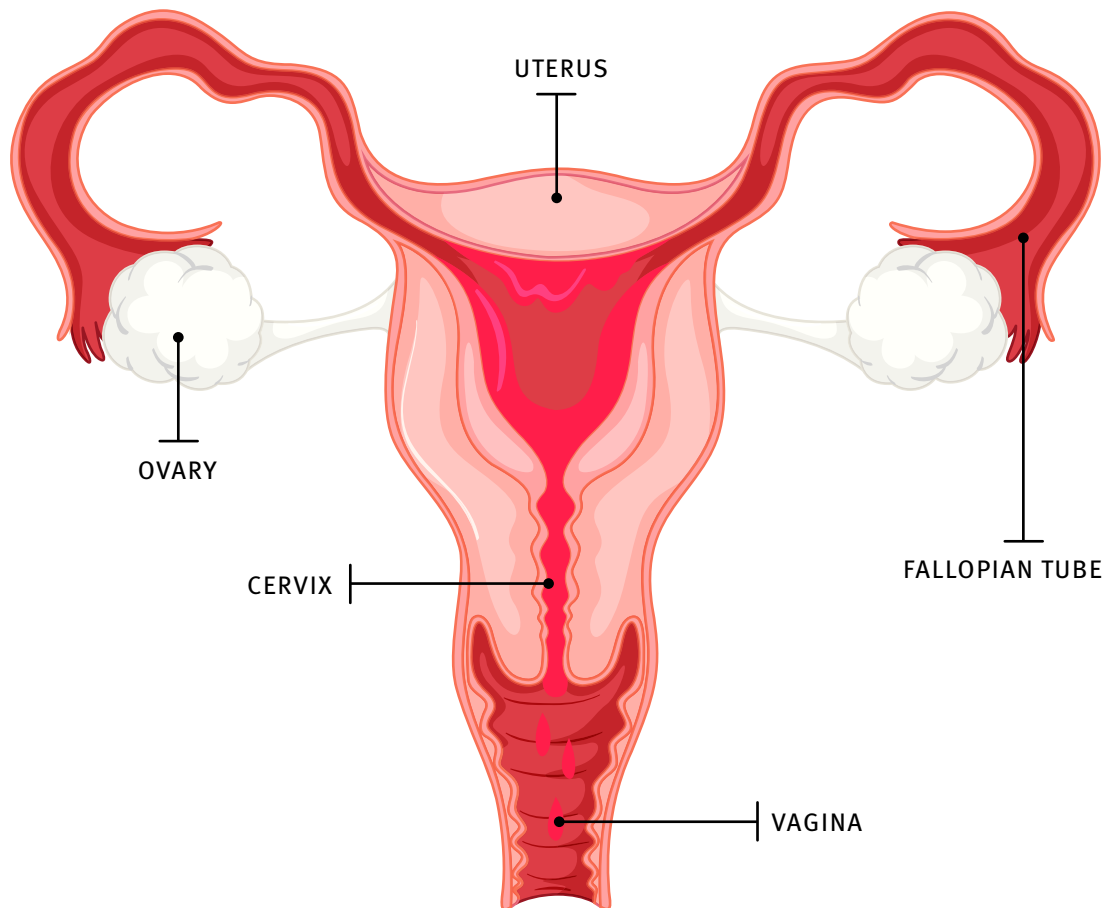
DISCUSSION QUESTIONS:

1. What were the most difficult genital organs to identify? Why?
2. Do you think it is important for young women and men to know the name and function of the genital organs? Why?
3. Do you think it is important for young people to know the name and function of the genital organs of the opposite sex? Why?
4. How can this knowledge (or lack of) affect sexual pleasure?
5. What other information about women's and men's bodies is important to know?
6. Do young people generally have information about these topics? Why or why not?
7. Where can they get the information?
8. What is the role of a gynecologist?
9. What about men? Where can they go if they have a problem or want advice?
10. What can you do to ensure that young people in your community have more accurate information about these topics?

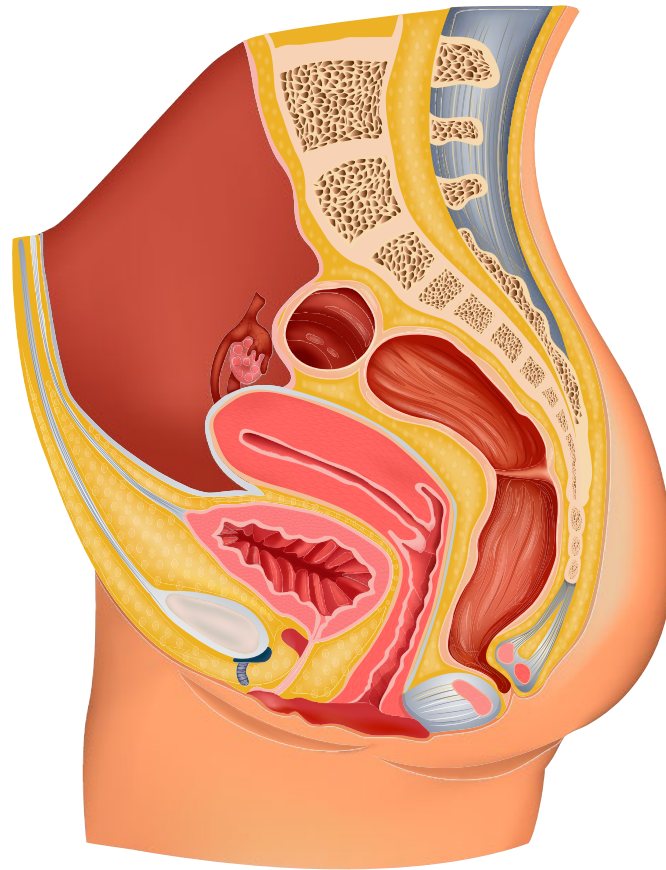
CLOSING:

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.

RESOURCE SHEET 3A:**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.

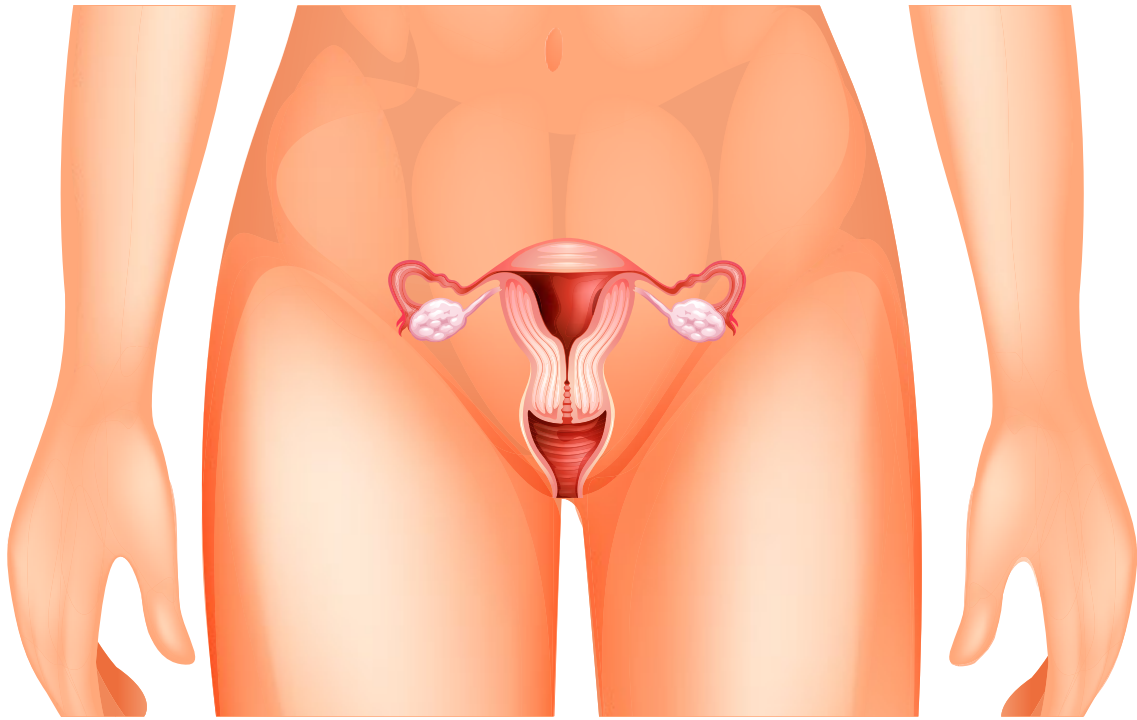
Ovaries: Two glands that contain thousands of immature eggs.

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.

RESOURCE SHEET 3B:**Female Reproductive System - External Genitalia**

1. Outer lip
2. Inner lip
3. Opening of vagina
4. Clitoris
5. Urinary opening
6. Anus

The 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.

RESOURCE SHEET 3C:**Common Questions about 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.

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.

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.

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.

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.

RESOURCE SHEET 3D:

Preparing to Visit the Gynecologist

Before going to the gynecologist, you do not need to make any special preparations except the usual hygiene rituals. The gynecologist will ask you about your periods, so bring your calendar if you keep one, or at least try to remember when you had your last period.

You usually have the right to choose, from among available gynecologists, who you want to be yours. You can also choose whether you want a female or male.

When you enter the gynecologist's office, he/she will first have a conversation with you. You will be asked some questions; these are the basic ones, not necessarily in this order:

- › Your periods – when did you have the first one, are they regular, when was the last one, are they painful, how long do they last, do you have any other problems?
- › Virginity – have you had vaginal sex? If the answer is no, but an exam is needed, it can be done carefully through the anus with a finger, and not vaginally. This can be uncomfortable but shouldn't hurt.
- › Contraception/protection – if you are sexually active or plan to be and don't want to have children yet, you can discuss what methods you use (or could start using) for contraception and for protection against STIs.
- › Family planning – if you are planning to get pregnant, your gynecologist should also know so she/he can help you to make sure you and your future baby are as healthy as possible.
- › Pregnancy – if you are pregnant or suspect you are pregnant, you need to tell your gynecologist BEFORE the exam.

What happens during the examination?

You will be asked to go behind a screen (or to a private room) to take off all clothes from your bottom half (except socks), including underwear. You may be given some slippers and/or a gown or cloth to wear. You then go to a chair that resembles a table. You lie on the edge of it, and lift your legs up and place your heels in the stirrups. Your legs will be open wide, and your intimate parts facing a chair where your doctor will sit.

You will see some instruments of all shapes and sizes. The doctor will put some gloves on and will first examine the external genital area. He or she will look for any signs of infection, such as inflammation, discoloration, and discharge.

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 internal organs. 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 check this better. 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.

The doctor will then insert a speculum into the vaginal canal to hold the vaginal walls apart; he/she will choose the instrument that is right for you, that is why there are so many. The instruments are there so the doctor can better access your internal genitalia, allowing the doctor to examine the vagina and cervix visually. 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 STIs and infections. If you would like your doctor to test for this, make sure to let him or her know at the beginning of your exam.

The doctor should also periodically 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. 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. The doctor should also feel your breasts for any lumps, and tell you how to do it yourself. Not every change or lump in your body is something to worry about, but it needs to be checked out; if it is cancerous, the earlier it is detected the better the chance is that it can be treated without complications. The order of the examination may vary, but it routinely consists of the above-mentioned steps. The exam should not hurt, but it could be uncomfortable. If you are tense, your muscles will contract, and that is why it may feel painful. Just try to lay back and relax all your muscles, the examination should only last a few minutes.

You should visit the gynecologist if you have had your period, have engaged in sexual behavior, suspect you are pregnant, are planning to get pregnant, and to get informed about contraception and STIs. You should also go to make sure you are healthy, don't have STIs or any other infection, and as a prevention method for ovarian, cervical, and breast cancer. If you have acne or other skin problems, it may be due to a hormonal imbalance. For those and other reasons, it is definitely worth the visit!

Workshop 28:

I want...I don't want, I want...I don't want

**PURPOSE:**

To discuss the challenges in negotiating abstinence or sex in intimate relationships

**MATERIALS:**

Flipchart paper, markers, and Resource Sheet

**RECOMMENDED TIME:**

90 minutes

**PLANNING NOTES:**

During this activity, some young men might be asked to play the part of a woman and vice versa (women asked to play the part of a man). This is not always easy for young people, and it should be presented as optional (an alternative procedure can be to involve the young people in a debate, rather than role-play, based on the scenarios presented). In the case of the role-play, it is likely that some young people will laugh during the exercise. It is important to understand how some of this laughter could be due to the awkwardness, or even discomfort, that the young people may feel playing a role of the opposite sex. You should be flexible to these kinds of responses, and if the moment is appropriate, you should remind the participants of the discussions from the activity “What’s This Thing Called Gender” and encourage them to reflect on why they might respond in certain ways when they see men taking on traditional female roles or characteristics, or women taking on traditional male roles or characteristics.

If time allows, this activity can also be used to have the group role-play the negotiation of condom use in an intimate relationship, or other possible issues such as deciding upon the number of children to have or how to spend household income.

PROCEDURE:

1. Divide the participants into four groups and assign each group a topic of discussion from the table below. Two groups will represent men (M1 and M2), and two groups will represent women (W1 and W2).

GROUP	TOPIC OF DISCUSSION
M1	Reasons why men want to have sex in an intimate relationship
M2	Reasons why men do not want to have sex in an intimate relationship
W1	Reasons why women want to have sex in an intimate relationship
W2	Reasons why women do not want to have sex in an intimate relationship

2. Explain that the groups (or volunteers from each group) will be paired together to negotiate abstinence and sex. Allow the groups 5-10 minutes to discuss and prepare for the negotiations.
3. The first negotiation:
Group M1 (men who want to have sex) negotiates with **Group W2** (women who do not want to have sex). Ask the individuals or groups to negotiate, imagining that the context is an intimate relationship where the man wants to have sex but the woman does not.
4. The second negotiation:
Group M2 (men who do not want to have sex) negotiates with **Group W1** (women who want to have sex). The role-play should be conducted in the same way as above. After negotiating, ask them how they felt and what they learned from the exercise.
5. In both cases, the facilitators should write on flipchart paper the most important arguments, both in favor and against.
6. Open up the discussion to the larger group. Refer to the discussion questions below.

DISCUSSION QUESTIONS:

1. In which way are these negotiations similar to what happens in real life?
2. What makes it easier to negotiate abstinence with an intimate partner? What makes it harder?
3. What happens if the negotiation happens in the heat of the moment, rather than before? Does it become easier or more difficult?
4. What are reasons a young woman would want to have sex? Would not want to have sex? (see Resource Sheet 28A)
5. What are reasons a young man would want to have sex? Would not want to have sex? (see Resource Sheet 28A)
6. How does a young man react if a woman initiates sex?
7. Can men ever say no to sex? Why or why not?
8. Can women ever say no to sex? Why or why not?
9. Is it fair to pressure someone to have sex? Why or why not?
10. How can young men and women deal with pressure from peers and partners to have sex?
11. What have you learned from this exercise? How can you apply this in your own relationships?

CLOSING:

Many factors go into deciding to abstain or to have sex. In the case of women, the fear of losing their partner or low self-esteem might lead them to accept sex. Among men, the decision to have sex might come from peer or social pressure to prove their manhood. Furthermore, communication styles, emotions, self-esteem, and unequal

power relations all play a role in if and how partners negotiate abstinence or sex. It is important to be conscientious of how these different factors influence your own and your partners' desires and decisions. It is also important to remember that negotiation does not mean winning at all costs, but seeking the best situation for both parties.

RESOURCE SHEET⁸⁹

REASONS WHY YOUNG MEN AND YOUNG WOMEN HAVE SEX

- › To stop the pressure from their friends/partners
- › To communicate loving feelings in a relationship
- › To avoid loneliness
- › To prove his/her manhood/womanhood
- › To get affection or to feel loved
- › To receive and get pleasure
- › Believes everyone is doing it
- › To show independence from parents and other adults
- › To hold onto a partner
- › Do not know how to say “no”
- › To prove one is an adult
- › To become pregnant or to become a parent
- › To satisfy curiosity
- › Nothing better to do
- › To get money or gifts
- › Media messages make it seem glamorous
- › Thinks that it will cure them of HIV and AIDS

REASONS WHY YOUNG MEN AND YOUNG WOMEN DO NOT HAVE SEX

- › To follow religious beliefs or personal/family values
- › To avoid an unplanned pregnancy
- › To avoid STIs and HIV infection
- › To avoid hurting his/her reputation
- › To avoid feeling guilty
- › Afraid that it will hurt
- › To wait for the right partner
- › Not ready
- › To wait for marriage
- › To not disappoint their parents

89 — Adapted from: CEDPA “Choose a Future! Issues and Options for Adolescent Boys” 1998 Centre for Development and Population Activities: Washington, D.C.

Workshop 29: I am at risk when...

**PURPOSE:**

To discuss situations in young people's lives that put them at risk of STIs, HIV/AIDS, and/or unplanned pregnancy and to identify sources of support to reduce these risks

**MATERIALS:**

Selection of phrases from Resource Sheet written on small pieces of paper

**RECOMMENDED TIME:**

90 minutes

**PLANNING NOTES:**

It is important to listen to young people and to understand their needs. Many young people put themselves in situations of risk because they feel pressure to respond to the demands of social and gender norms. For example, they feel that in order to be “manly” they cannot express their true emotions and feelings.

It is also important to keep in mind that also underlying many of the vulnerabilities of youth in general is a country's political commitment, or lack thereof, to its people's health and education. To obtain information and incorporate it in one's life does not depend only on individuals, but also on factors such as access to education and health services. It also depends on whether people have the power to influence political decisions and the ability to challenge cultural barriers. For young people to make positive changes in their lives, it is critical that programs provide opportunities for young people to learn and practice the skills necessary to protect themselves. The more a country is committed to providing quality resources and programs to prevent HIV, the greater the possibility of empowering young people to make healthier decisions and lead more responsible lives.

PROCEDURE:

1. Begin the activity by asking the young people to think about situations that may put them at risk of STIs or HIV. For example, if a person does not know that having sexual relations without a condom increases their risk for HIV, they are more vulnerable to contracting the disease than someone who has this information.
2. Ask the participants to divide into small groups. Give each group a piece of paper with a phrase written on it from Resource Sheet. Each group should have a different phrase. Each group can be given more than one phrase.
3. Ask each group to read their phrase, discuss what it means, and then decide if they agree or disagree with the statement and why.

4. When they have finished, each group should read its phrase(s) aloud and share their responses with the larger group.
5. Discuss the following questions with the participants.

DISCUSSION QUESTIONS:

1. Do you think that young men are particularly vulnerable to unplanned pregnancy, STIs, and HIV? Why or why not?
2. Do you think that young women are particularly vulnerable to unplanned pregnancy, STIs, and HIV? Why or why not?
3. In a relationship, what makes a person vulnerable to contracting an STI or HIV?
4. What cultural beliefs put young men at risk for STIs and HIV? What cultural beliefs put young women at risk for STIs and HIV?
5. How are gender norms linked to risk? (Remind participants of the discussion from “Act like a Man/Act like a Woman” and how trying to fit into social expectations of what it means to be men and women (the boxes) can have negative consequences on decision-making and actions.)
6. What could help a young man to feel and act less at risk? What could help a young woman to feel and act less at risk?
7. What are alternatives to some of the most common risk behaviors of young people?
8. What support do young men and young women need to protect themselves from STIs and HIV? Is this kind of support available in your community?

CLOSING:

The roots of many young people’s risky sexual behaviors are largely related to the way that children are raised and socialized. These behaviors often put both young men and young women at risk.

As young individuals, it is important for you to be aware of how gender norms influence your decisions and behaviors and to think critically about the impact of those decisions and behaviors.

LINK

The videos “Once upon a Boy” and “Once upon a Girl” can be a useful tool to help participants identify the links between how young people, boys and girls, are raised and the various risks they may face in their lives and relationships.

RESOURCE SHEET:**I AM AT RISK WHEN...⁹⁰**

1. 1. I am at risk when I think that nothing is going to happen to me.
2. I am at risk when I want to prove I am macho/a real girl.
3. I am at risk when I have no one that I can count on to help me in times of need.
4. I am at risk when I do something to make someone like me.
5. I am at risk when I will do anything to have sex.
6. I am at risk when I am afraid to show how I feel.
7. I am at risk when I do not think for myself.
8. I am at risk when I do not take care of an STI symptom.
9. I am at risk when I do not take responsibility for my own sexual behavior.
10. I am at risk when I am under the influence of alcohol or drugs.
11. I am at risk when I have multiple sexual partners.
12. I am at risk when I do not talk to my partner about how to prevent an unplanned pregnancy.
13. I am at risk when I have sex with someone who has not been tested for HIV/AIDS.
14. I am at risk when I do not use a condom consistently and correctly.

90 — Phrases adapted from Álbum Seriado Adolescência e Vulnerabilidade. Projeto Trance esta Rede. São Paulo: GTPOS, 1998.

Workshop 30: Adolescent Pregnancy

**PURPOSE:**

To promote greater awareness of the possible consequences, implications, and feelings related to young men becoming fathers/mothers while adolescents

**MATERIALS:**

Pens/pencils and copies of Resource Sheet

**RECOMMENDED TIME:**

90 minutes

**PLANNING NOTES:**

It is common for the issue of abortion to come up as part of the discussion on unplanned pregnancy. This can be a very heated and divisive topic and it is important that the facilitator not impose his/her values or take sides but rather, focus on the health and human rights context. The facilitator should also be prepared to deal with questions and misunderstandings that the participants might have about abortion and provide information on local statistics, laws, and services.

PROCEDURE:

1. Do not reveal the title of the activity or the topic of discussion.
2. Tell the group that you will read a story aloud in three parts (see Resource Sheet 30). Explain that after each part, you will ask a few questions relating to each part of the story.
3. After finishing the story, end the session by discussing the questions below.

DISCUSSION QUESTIONS:

1. Do young people in your community experience situations similar to that of Nikola and Ana?
2. What can you do to help reduce the number of unplanned pregnancies among young people in your community?

CLOSING:

In many cases, young men, either through ignorance or lack of concern, do not participate in decisions concerning pregnancy. Young women themselves, also through misinformation or difficulty in approaching the subject with the young man (particularly if it is the first time they are having sex), can find themselves pregnant without any previous planning. It is important to think about how traditional gender roles and power relations lead to these situations, in which couples do not discuss contraception and an unplanned pregnancy happens. Often, if the discussion does happen it happens in the heat of the moment when contraception might not be easily accessible.

Moreover, some young men may question whether they are the father when a partner becomes pregnant. This attitude may be associated with fear, or with a rejection of the probable change in lifestyle resulting from unplanned paternity. This change is represented as a passage from youth to adulthood and, therefore, associated with the loss of freedom. It also reveals a distrust of women – particularly young women who may have had more than one sexual partner. It is important to remember that although pregnancy might not be the best option for a young man or young woman, life does continue and the best course is always to look for support from family, peers, and others in the community.

RESOURCE SHEET A:**THE STORY OF NIKOLA****Part 1**

Nikola is a 17-year-old young man who lives with his family in Banja Luka. He studies hard in school, loves to talk with his friends, and plays football whenever he can. One Saturday, when he was hanging out with some friends in town, Nikola met Ana, who was 16. It was love at first sight. They talked for hours that afternoon. Before leaving each other, they hugged and kissed. They also agreed to meet in the same spot in three days' time. Nikola was in love! He had never felt like this before. As he walked home that evening, Nikola could not stop thinking about Ana. For three days straight, he thought about her. Nikola had finally found the love of his life.

› How do you think this story will end?

Part 2

When Nikola and Ana met again, they were very happy. After that, they saw each other nearly every day and the times they were apart, they talked on the phone. One day, Nikola's parents went to visit a sick aunt in Belgrade. Nikola thought that this was a good opportunity to invite Ana over to his house. Who knows what might happen, he thought to himself. Ana arrived at the agreed time, looking more beautiful than ever! Talking soon turned into kissing, which became increasingly more heated.

- › Who should be thinking about contraception in this story? Ana or Nikola?
- › What about STI and HIV prevention?
- › Do you think that either of them took any precautions? Why or why not?
- › How do you think this story will end?

Part 3

Nikola and Ana had sexual intercourse, but they did not use any protection. On her way back home, Ana began to worry about what they had just done. Maybe she should not have allowed it to happen. What would her family and friends think if they knew she was no longer a virgin? Nikola was also worried. He wondered what his parents would think if they knew he had brought Ana to their home. For the next two weeks, Nikola tried to avoid Ana. She called him every day, but he always found an excuse to not talk with her. Then, about a month later, Nikola received a call from Ana who was weeping and very upset. Ana told Nikola that she was pregnant and did not know what to do.

- › Why do you think that they ended up having sex without using a condom or any other type of contraceptive method?
- › What do you think Nikola felt when he found out Ana was pregnant?
- › What passes through the mind of a young man when he discovers that his girlfriend is pregnant?
- › What passes through the mind of a young woman when she discovers that she is pregnant?
- › What choices do Nikola and Ana have?
- › How will having a child change Nikola's life? How will it change Ana's life?
- › How will Nikola's parents react? How will Ana's parents react?
- › Do families, peers, and communities react differently to young man who is going to be a father than to a young woman who is going to be a mother? Why or why not?
- › How do you think this story will end?

Year 3:

Sexuality and Protection of Sexual and Reproductive Health and Rights

Second Semester:

Sexually Transmitted Infections,
Contraception, and Rights

SEXUAL AND REPRODUCTIVE RIGHTS AND HEALTH – MORE ABOUT IT

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, those 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 to not only 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 fatherhood and motherhood, and the prevention of STIs and HIV/AIDS. Rarely is the right to sexual pleasure recognized or discussed, nor 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 STIs and HIV to regular medical check-ups.

The same factors necessary to realize sexual pleasure 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 the 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 choose whether to be sexually active; to choose when to have sexual relations; and to choose the practices that bring 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 raising 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.

Movement and Conferences: The Search for Rights

As social transformations take place, the way sexuality is perceived also changes. The women's movement brought to the forefront concepts like empowerment and gender equity, which 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 moulded by cultural, social, and political forces, by 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 of 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 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 counselling 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.

How can we talk to Men about Contraception?

While in most of the world contraception is still considered to be a "woman's concern", an increasing number of men are becoming or are already concerned with contraception. However, many men still have some misconceptions or doubts related to contraceptive use. For example, although condoms are often the best choice for male contraception – serving both to protect against STIs and as contraception – many men feel insecure in using a condom, fearing that it will reduce their sexual pleasure or that they will lose their erection. Increasingly, in discussing condom use with young people, health educators are focusing on its benefits in terms of dual protection – emphasizing that condoms are suitable for both avoiding pregnancy and for preventing STIs. Furthermore, most sex education programs have also seen the importance of promoting ways in which condom use can be incorporated in sexual games or foreplay and generally presenting condoms as an erotic and seductive stimulus in the sexual relationship. While the frank discussion of condom use has been hindered in some countries, increased condom use has been the key to reducing the rates of HIV transmission in many countries.

Finally, we should emphasize that promoting increased use of contraception by young men is necessary but not sufficient. In addition or as a way to becoming more involved in contraceptive use, young men should be sensitized to their role as procreative or reproductive individuals, who along with their partners should decide when, if, and how to have children.

What about HIV and AIDS?

In the Western Balkans, as in many other settings, youth are one of the most vulnerable groups to HIV infection.⁹⁰ For young men, rigid gender norms about sexuality and intimate relationships, as well as substance use and other health-related behaviors, can create situations of vulnerability for both them and their partners. Sociocultural norms about masculine strength and self-reliance, for example, may lead young men to feel inhibited from seeking information or admitting their lack of knowledge about sexual matters and consequently engage in unsafe behaviors that put both them and their partners at risk.

Poverty, substance use, family stress, disintegration because of migration, or isolation in closed institutions such as prisons or the military also all make young men even more vulnerable. Working with young men means thinking about their needs and at the same time recognizing their tremendous potential as agents of change. Convincing young men to question idealized or stereotypical notions of manhood can lead to changes in attitude and behavior – even in cases where young men have already accepted these ideas – provided we work with young men to show them the benefits to themselves and their partners of changing their behaviors. We will discuss these issues at greater length in the section on HIV and AIDS.

90 — Joana Godinho et al. “HIV/AIDS in the Western Balkans: Priorities for early prevention in a high-risk environment” World Bank Working Paper No. 68. (Washington D.C.:The International Bank for Reconstruction and Development/ The World Bank, 2005)s

Workshop 31: HEALTH, STIs, HIV and AIDS

**PURPOSE:**

To increase knowledge about STIs, HIV and AIDS and the importance of diagnosis and treatment

**MATERIALS:**

Flipchart paper, markers, small pieces of paper, and copies of Resource Sheets A and B (one each for every participant)

**RECOMMENDED TIME:**

90 minutes

**PLANNING NOTES:**

Prior to the session, research the most recent information about STIs, HIV transmission, local and/or national statistical data about HIV and AIDS (e.g., number of persons infected, most common modes of transmission, age groups affected, life expectancy, etc.), the difference between being HIV-positive and having full-blown AIDS, and current access to treatment. These topics commonly come up during this activity. It is also highly recommended to invite a staff person from a local health facility or NGO who is knowledgeable in these topics to help respond to participant questions and concerns.

PROCEDURE:

1. Prior to the session, make copies of Resource Sheet A WITHOUT the names of the STIs in the first column and write out the names of the STIs on a piece of flipchart paper.
2. Divide the participants into smaller groups and give each group a copy of Resource Sheet A without the names of the STIs in the first column.
3. Tell the participants that they should read and discuss the information on symptoms/consequences and treatment and try to identify the correct STIs from those you have listed on the flipchart.
4. When they have finished, review the correct answers with them.
5. Ask the participants what they know about HIV and AIDS. Make notes on the flipchart paper. Emphasize the link between STIs and HIV. Explain that HIV and AIDS does not always have noticeable symptoms and that the only way of knowing if one is infected with HIV is through a blood test. Review the content of Resource Sheet.
6. Divide the participants into two or three small groups. Ask the groups to do a role-play that explains the symptoms of STIs and/or HIV and AIDS. Suggest that the role-play take place between two friends, a parent and

son, a doctor and client, a pastor and young church member, a teacher and student, etc.

7. After about 20 minutes, ask the groups to perform their role-plays for the other groups.
8. Use the questions below to wrap-up the discussion.

DISCUSSION QUESTIONS:

1. What should a young person do if he thinks that he may have an STI? Who should he talk to?
2. How would a young man tell his girlfriend that he has an STI and that he might have given it to her?
3. How would a young girl tell her boyfriend that she has an STI and that she might have given it to him?
4. How would a young person tell a casual acquaintance that s/he has an STI and that he might have given it to her/him?
5. Why is it so difficult to talk about STIs?
6. Why is it so difficult to talk about HIV and AIDS? Has awareness about HIV and AIDS changed the sexual practices of young people? Why or why not?
7. What factors make it difficult for a young man to avoid getting HIV and AIDS? What factors make it difficult for a young woman to avoid getting HIV and AIDS?
8. How can you deal with these factors in your own lives and relationships?

OPTIONAL STEP: If time permits, review and discuss some of the common myths about STIs that are presented in Resource Sheet 31C.

CLOSING:

Because of their role in increasing the risk of HIV infection, STIs deserve special attention. In various parts of the world, young people have increasing rates of STIs and frequently ignore such infections or rely on home remedies or self-treatment. Moreover, many STIs do not show symptoms in men or women. For this reason, it is essential to think about, discuss, and plan how best to protect yourself and your partners from STIs, be it through

abstinence, faithfulness, partner reduction, and/or correct and consistent use of condoms. If you notice any STI symptom(s), you should consult a health professional immediately. It is important to remember the ethical dilemma involved in dealing with STIs and HIV and AIDS. It is your responsibility to communicate to your sexual partner(s) if you have an STI or HIV and AIDS.

RESOURCE SHEET A:

STI Symptoms, Consequences, and Treatments⁹¹

STI	SYMPTOMS AND CONSEQUENCES	TREATMENT
CHLAMYDIA	<p>Caused by a bacterium. Known as a “silent” disease because three quarters of infected women and half of infected men have no symptoms. The infection is frequently not diagnosed or treated until complications develop. It is usually found in the cervix and urethra in women. Men may have a discharge from the penis, a burning sensation when urinating, burning and itching around the penis, and pain and swelling in the testicles.</p>	Can be cured easily with antibiotics.
GENITAL HUMAN PAPILLOMA VIRUS (HPV) INFECTION – ALSO CALLED GENITAL WARTS	<p>Name of a group of viruses that includes over 100 different types. More than 30 of these viruses are sexually transmitted and they can infect the genital area of men and women. Most people who become infected have no symptoms and clear the infection on their own.</p> <p>Some of these viruses are “high-risk” types, and may lead to cancer of the cervix, vulva, vagina, anus, or penis. Others are “low-risk” types and may cause mild pap smear abnormalities or genital warts. Genital warts are single or multiple growths that appear in the genital area and look like a small hard bump or cluster of bumps. They start as small painless spots but warmth and moisture can make them grow larger. Some cannot be seen by the naked eye.</p> <p>A test is available to find those high-risk types of the virus on a woman’s cervix that can cause cervical cancer. There is currently no approved test for men. Scientists are still studying how best to screen for penile and anal cancers in men who may be at highest risk for those diseases.</p>	<p>There is no treatment or cure for these viruses. Diagnosis of genital warts is usually made by a direct visual exam. There is a magnification procedure for locating warts on the cervix. Genital warts can be treated with medicine, removed (surgery), or frozen off. Treating genital warts may not necessarily lower a person’s chances of passing HPV on to a sex partner. If they are not treated, genital warts may go away on their own, stay the same, or grow (in size or number). They will not turn into cancer or threaten your health.</p> <p>Penile and anal cancers can be treated with new forms of surgery, radiation therapy, and chemotherapy.</p>
GONORRHOEA	<p>Caused by a bacterium. Symptoms appear from two days to four weeks after exposure. They include painful urination, pus-like discharge, bumps on the cervix, anal irritation, and painful bowel movement. As the disease progresses, pain in the lower abdomen, vomiting, fever, and irregular menstrual periods occur. In women, it can lead to pelvic inflammatory disease (PID), a secondary infection that can cause sterility. It is found in the cervix, uterus, and fallopian tubes in women, and in the urethra in women and men. The bacterium is also found in the mouth, throat, and anus.</p>	Can be treated with antibiotics. There are many strains resistant to certain antibiotics, which make treatment more difficult. If symptoms remain after treatment, then one should go back to a doctor or clinic for a different antibiotic.
HEPATITIS A	<p>Caused by a virus that is present in a person’s blood, semen, and other body fluids. It can be passed from an infected person to another during sexual contact.</p> <p>It can cause swelling of the liver, but does not normally cause permanent liver damage.</p>	Hepatitis A usually gets better on its own.

91 — Information taken from: Advocates for Youth www.advocatesforyouth.org/youth/health/stis/; Centers for Disease Control and Prevention www.cdc.gov/std/; and National Women’s Health Information Center www.4woman.gov/

HEPATITIS B	<p>Caused by a virus that is present in a person's blood, semen, and other body fluids. Can be passed from an infected person to another during sexual contact.</p> <p>Causes the liver to swell, and liver damage can occur. Most people will get rid of the virus after a few months. Some people are not able to get rid of the virus, which makes the infection chronic, or life-long. This may lead to scarring of the liver, called cirrhosis, liver failure, and liver cancer.</p>	<p>The acute form usually gets better on its own. Most people develop immunity to the virus and, after recovery, cannot give it to others. Someone with the chronic (long-term) form still carries the virus and can pass it to others.</p>
HEPATITIS C	<p>Caused by a virus that is present in a person's blood, semen, and other body fluids. It can be passed from an infected person when sharing dirty needles, syringes, and other drug use equipment. Sexual transmission is rare but is possible if your sexual partner has Hepatitis C or has used drugs by injection.</p> <p>It may be years before someone shows signs of illness - swelling of the liver and liver damage. Most infected people develop a chronic infection. This may lead to scarring of the liver, called cirrhosis, liver failure, and liver cancer.</p>	<p>There is no cure, but treatment is available to help control the virus.</p>
GENITAL HERPES	<p>Caused by the herpes simplex viruses type 1 (HSV-1) and type 2 (HSV-2), most individuals have no or only minimal signs or symptoms from HSV-1 or HSV-2 infection. When signs do occur, they typically appear as one or more blisters on or around the genitals or rectum. The blisters break, leaving tender ulcers (sores) that may take two to four weeks to heal the first time they occur. Typically, another outbreak can appear weeks or months after the first, but it is usually less severe and shorter than the first episode. Although the infection can stay in the body indefinitely, the number of outbreaks tends to go down over a period of years.</p>	<p>There is no treatment to cure herpes, but antiviral medications can shorten and prevent outbreaks during the period of time the person takes the medication.</p>
SYPHILIS	<p>Caused by a bacterium that is passed from person to person through direct contact with sores that occur mainly on the external genitals, vagina, anus, or in the rectum. Sores can also occur on the lips and mouth. Pregnant women with the disease can pass it to the babies they are carrying.</p> <p>Time between infection and the start of the first symptom – usually a single sore (called a chancre) – can range from 10 to 90 days, but there may be multiple sores. The chancre is usually firm, round, small, and painless and appears at the spot where the bacterium entered the body. These chancres also make it easier to transmit and acquire HIV infection sexually. The chancre lasts 3 to 6 weeks, healing without treatment. However, if adequate treatment is not administered, the infection progresses to the secondary stage, which is characterized by, skin rash and mucous membrane lesions. Other secondary stage symptoms may include fever, swollen lymph glands, sore throat, patchy hair loss, headaches, weight loss, muscle aches, and fatigue. These signs and symptoms will resolve with or without treatment, but without treatment, the infection will progress to the latent and late stages of disease in which the disease may damage internal organs, including the brain, nerves, eyes, heart, blood vessels, liver, bones, and joints. This internal damage may show up many years later. This damage may be serious enough to cause death.</p>	<p>It is easy to cure in its early stages with an antibiotic. For people who are allergic to penicillin, other antibiotics are available. Treatment will kill the bacterium and prevent further damage, but it will not repair damage already done.</p>

RESOURCE SHEET 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 defence 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/sicknesses that results from a weakened immune system. A person can have HIV for a long time before he/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 that 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 to 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

RESOURCE SHEET B:***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 the mother is pregnant (in rare cases)
- › When the baby is born (i.e., during childbirth)
- › While breastfeeding without using relevant recommendations for safer breastfeeding

THE LINK BETWEEN STIS AND HIV INFECTION

There is increasing evidence that the presence of an STI increases susceptibility to HIV. Specifically, ulcerative STIs, such as genital herpes and syphilis, increase one's susceptibility to HIV, because the ulcers disrupt the skin barrier. However, presence of other STIs has also been linked with increased risk for HIV transmission. Furthermore, the presence of STIs in an HIV-positive person can increase the viral copies in the genital fluid making it easier to transmit the virus. For these reasons, STI control has the potential to play an important role in HIV prevention. Some programs focusing on STI control and treatment have seen a decrease in the prevalence of HIV. It is also important to note that the presence of HIV changes the clinical manifestations of STIs, often making them more severe and more difficult to treat.

Is there a cure for HIV and AIDS?

Unfortunately, there is no cure for HIV and AIDS. What has been discovered so far are medicines capable of prolonging and improving the quality of life for those who have contracted the virus. Antiretroviral therapy (ART) is the treatment of HIV with drugs – 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 other infections.
- › ARVs are taken in combination – usually three different ARVs are taken every day. It is essential that a person take every dose of every medicine 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.
- › ARVs should not be started until a person has AIDS (must be determined by a competent medical professional).
- › Once started, ARVs must be taken for the rest of a person's life.
- › ARVs can cause unpleasant side effects (e.g., nausea, anemia, rashes, headaches).
- › ART can prevent HIV transmission from mother to child.

RESOURCE SHEET C:

MYTH	FACT
<p>WITH ADVANCES IN MEDICINE, THERE IS NO NEED TO WORRY ABOUT SEXUALLY TRANSMITTED INFECTIONS (STIs). IT ONLY TAKES A COURSE OF ANTIBIOTICS AND YOU ARE FINE, ANYWAY!</p>	<p>It is quite true that most sexually transmitted infections (STIs) can be completely cured if they are caught at an early stage, and that the treatment may be as simple as a course of antibiotics. In fact, this is one of the reasons why you should be tested regularly, and why you should immediately approach a healthcare professional if you have any concerns about an STI. However, if left untreated, STIs can pose a long-term risk to your health and fertility. The infections chlamydia and gonorrhea can both lead to pelvic inflammatory disease (PID) if they are not treated. This can, in turn lead to long-term pelvic pain, blocked Fallopian tubes, infertility, and ectopic pregnancy in women, and pain and inflammation of the testicles and the prostate gland in men. Genital warts and genital herpes are two common viral infections, so antibiotics will not treat them. They can be treated with antiviral medications, but both conditions can recur.</p>
<p>CONDOMS PROTECT AGAINST ALL STIS.</p>	<p>Using a condom correctly for oral, anal, and vaginal sex is a good protection against infections such as chlamydia and gonorrhoea. Condoms are also important in preventing the transmission of HIV. However, according to the Family Planning Association, there is little evidence that condoms protect against the transmission of genital warts.</p>
<p>YOU CAN TELL THE SORT OF PERSON WHO IS LIKELY TO HAVE AN STI BY WHAT THEY LOOK LIKE - YOU JUST HAVE TO BE A GOOD JUDGE OF CHARACTER.</p>	<p>STIs are common enough to affect anyone who is sexually active. You don't have to have a large number of sexual partners to contract an STI. 'Gut instinct' is not a reliable way of judging the likelihood of infection from a partner. Safer sex and medical tests are the only sensible solution.</p>
<p>MY IUD/PILL WILL PROTECT ME AGAINST STIS TO SOME DEGREE</p>	<p>Non-barrier contraceptives only offer protection against pregnancy. They do not offer any protection whatsoever against sexually transmitted infections (STIs). Using a condom to protect yourself against STIs is usually the best option. However, you may choose to combine condoms with the pill or another contraceptive method for increased protection against unwanted pregnancy.</p>

RESOURCE SHEET C:

MYTH	FACT
<p>YOU ARE NOT AT RISK OF AN STI IF YOU ARE IN A MONOGAMOUS RELATIONSHIP</p>	<p>On average, individuals have more lifetime sexual partners these days than people used to, are more likely to have a sexual relationship with more than one person at once, and are more likely to pay for sex. Many of us believe that having only one partner exempts us from STIs, but with more opportunities for transmission, it is very easy to be “unlucky”.</p> <p>There are only a few scenarios where you can be sure enough of protection against STIs to stop using a condom. These are: When neither you nor your partner have had a sexual relationship before</p> <p>OR when you and your partner have been tested for all STIs since the beginning of your monogamous relationship AND when you are certain that your partner is telling the truth, and is not having sex outside of your relationship</p>
<p>ANYONE INFECTED WITH AN STI WILL HAVE OBVIOUS SYMPTOMS SUCH AS A RASH OR DISCHARGE</p>	<p>There are many potential signs of a sexually transmitted infection (STI). These include:</p> <ul style="list-style-type: none"> • Itching around the genitals or anus • Burning or pain when you urinate • Bleeding and pain during or after sex • Rashes, blisters, or bumps around the genitals or anus • Unusual discharge from the penis or vagina <p>However, even if someone does not have any of these symptoms, they can still be infected and able to pass on the infection to someone else.</p>
<p>PEOPLE WHO USE SEXUAL HEALTH CLINICS TO GET TESTED ARE ALL PROMISCUOUS. AND PEOPLE WILL FIND OUT THAT I'VE BEEN THERE!</p>	<p>People who use sexual health clinics are people with the sense to get tested. If you have engaged in any sexual behavior that could have put you at risk of an STI, you'd be wise to join them. Sexual health clinics are completely confidential; they will not even tell your general physician (GP) about your visit without your permission. People of any age and sexual orientation can visit these clinics. All tests and treatments are usually free.</p>

Workshop 32:

Transmission of HIV and AIDS: A signature hunt⁹²



PURPOSE:

To discuss the sexual transmission of STIs, HIV and AIDS



MATERIALS:

Pens/pencils and small pieces of paper (marked as described below)



RECOMMENDED TIME:

90 minutes



PLANNING NOTES:

Not needed.

PROCEDURE:

1. Before the session, organize some small pieces of paper (equal to the number of participants) and mark them in the following way:
 - › Write an “H” and “Follow all of my instructions” on one piece.
 - › Write a “C” and “Follow all of my instructions” on three pieces.
 - › Write, “Do not participate in the activity and do not follow my instructions until we sit down again” on three pieces.
 - › On the remaining pieces, simply write, “Follow all of my instructions”.
2. At the beginning of the activity, do not tell the participants the topic to be discussed. Randomly distribute the pieces of paper to the participants. Ask them to read the instructions on the paper they have received and not to share those instructions with other participants. Tell them that they should follow the instructions written on their papers.
3. Ask the participants to stand up and choose three people to sign the back of their papers (preferably not someone right next to them).
4. When everyone has collected their three signatures, ask them to sit down.
5. Ask the person that has the paper marked with an “H” to stand.
6. Ask everyone who has their cards signed by this person, or has signed that person’s card, to stand up.
7. Ask everyone who has the signature of these persons to stand up. Continue like this until everyone is standing up, except those who were requested not to participate in the activity.
8. Tell the young men that giving or receiving a signature represented having sexual intercourse with that person. Ask them to imagine that the person

92 — Adapted from the activity “In Search of Signatures” contained in the manual *Adolescência: Administrando o futuro* produced by Advocates for Youth and SEBRAE, 1992.

who has the card marked with an “H” is infected with HIV or some other STI and that he had sexual intercourse without protection with the three persons who signed his card. Remind them that they are pretending and that the participants are not, in fact, infected.

9. Ask the group to imagine that the persons who did not take part in the activity, those that received the “Do not participate” card, are persons that abstained from sex, that is, they did not have sexual intercourse with anyone.
10. Finish the activity by explaining to the participants that those who have the cards marked with a “C” used a condom and are therefore less at risk. These participants can also sit down.
11. Use the following questions to facilitate a discussion about the exercise.

DISCUSSION QUESTIONS:

1. How did person “H” feel? What was his reaction when he found out he was “infected”?
2. How would you feel if you were infected with HIV and AIDS?
3. How did the other participants feel toward person “H”?
4. How did those who did not participate in the activity (i.e., those who abstained) feel at the start of the exercise? Did this feeling change during the course of the activity? What did the rest of the group feel toward those who did not participate?
5. Is it easy or difficult to not participate in an activity where everybody takes part? Why?
6. How did those who “used a condom” feel?
7. How else could a sexually active individual protect himself and his partner from an STI or HIV? Explore the meaning of “being faithful” with the participants.
8. What were the feelings of those that discovered that they might have been infected with HIV and AIDS? How did they feel about having signed the card of someone who was “infected” by an STI or HIV?
9. What are other ways that HIV and AIDS is transmitted? What do you think are the most common ways that HIV and AIDS is transmitted in your community?
10. What was the most important thing that you learned today? How will this help you protect yourself and your partners from STIs, HIV and AIDS in the future?

CLOSING:

Each decision you make related to your sexuality is important and can lead to long-lasting consequences. In thinking about STI/HIV prevention, there should be open communication between partners about when, how, and why they will have a sexual relationship. For some couples, this might lead to a decision to abstain from sex. For others, this might lead to a decision to have sexual relations in which case it is

fundamental that the couple discuss previous risk for HIV infection, testing and counselling, as well as the precautions they will take to protect each other from HIV infection, including committing to a faithful relationship and/or using condoms. As young men, it is important that you be open to and respectful of your partners’ beliefs and values regarding these issues.

Workshop 33: Contraception

PURPOSE:

To familiarize the participants with different methods of contraception including emergency contraception, especially the ones most appropriate and accessible for them; to dismantle some of the most common myths, as well as to emphasize how unreliable so-called “natural” birth control methods are

MATERIALS:

Flipchart paper, markers, and copies of Resource Sheets

RECOMMENDED TIME:

45 minutes

PLANNING NOTES:

Not needed.

PROCEDURE:

1. Apart from female and male condoms, no other method (except abstinence, of course) protects against STIs. Many contraceptive methods can prevent unwanted pregnancies. They can be divided into these categories and based on how they function:
 - › BARRIER METHODS
 - › HORMONAL METHODS
 - › EMERGENCY CONTRACEPTIVE METHODS
 - › INTRAUTERINE METHODS
 - › PERMANENT METHODS
2. Spend about 5 minutes briefly explaining the differences between these categories (see Resource Sheet).
3. Divide the participants into groups and give each group a piece of flipchart paper and the list of methods that exist (Resource Sheet). Their task is to sort the methods from the list into the different categories mentioned above. Give them up to 10 minutes for this.
4. Ask the whole group about their answers. While writing down their answers on the flipchart, correct them as necessary and briefly go over what each method is, what it looks like, how it works, etc. If there are time constraints, it is important not to spend too much time on methods that the participants are not likely to be using or to start using any time soon (e.g., diaphragms or the spiral).
5. Explain in detail how contraceptive pills work and address common myths. Ask them about male condoms and, if necessary. Talk about emergency contraception and in what situations it should be used and how often.

6. Ask the group if they know any other methods that do not involve buying anything or going to the doctor. Encourage them to name all the “old wives tales” about how to avoid getting pregnant (e.g., taking a shower after intercourse). Talk about “natural” methods – the rhythm method, withdrawal method, etc. Talk about the effectiveness of natural methods, why they shouldn’t be relied upon as contraception, and that they are more useful as methods for planning a family than as contraception.

PLANNING NOTE: In each step, try to connect the topic with the previous activities about reproductive systems, STIs, and practicing safer sex.

7. Use the questions below to facilitate a discussion.

DISCUSSION QUESTIONS:

1. Do you feel that you and your peers have all the necessary information about contraception? Why or why not?
2. Who do you usually talk to about contraception?
3. Are myths about contraception widespread?
4. What is the best source for information about contraception?
5. Who is responsible for thinking about contraception? Boys or girls?
6. Would you feel embarrassed to buy some sort of contraception? Why?
7. At what point in a relationship should contraception be discussed?
8. If a woman is using a method that cannot be “seen” or felt by her partner (such as the pill) should she tell her partner about it? Why?
9. It is well known that not everyone uses contraception or practices safe sex. Why do you think that is? How could we change that?
10. What have you learned from this activity?

CLOSING:

One of the most important achievements of the fight for women’s rights is probably the recognition that a woman has the right to want sex just because it gives her pleasure (without the goal of having children), as well as the right to reject having sex. Having a baby is, for a lot of people, the happiest moment of their lives, but sometimes a woman feels that she is not prepared (e.g., due to her age, emotionally, physically, etc.) or that she simply does not want to have children, but wants a sexual relationship with a male. Abortion is an option when an unwanted pregnancy occurs – however it is not a simple one – it carries health risks, it could be very emotionally and psychologically challenging, and it is NOT CONTRACEPTION. This is true not only because

it cannot be used regularly, but because it does not PREVENT pregnancy, it terminates it. Luckily, there are a lot of methods that do work as contraception. Abstinence from sexual activities is the only method that guarantees protection from unwanted pregnancies (and STIs) but there are a lot of very safe methods, as well as emergency contraception if other methods fail.

It is good for young people to get information from different sources, but ultimately they should discuss what’s best for them with their gynecologist/health professional/counselor. It is important that each person find what method is best for them so that it suits their needs, lifestyle, and that is safe. If you are in a relationship, your partner should be

involved as this is something that affects both of you. Everyone should strive to build honest and equitable relationships. Due to gender norms, women sometimes feel embarrassed to talk about contraception, but not using it is far worse in the long run and this should be put into perspective,

along with the fact that unprotected sex not only carries the risk of pregnancy, but also of STIs. For these reasons, it is best to use dual protection such as a condom combined with the pill or another contraceptive method.

BARRIER METHODS

Methods that physically stop the union of the egg and sperm. Some methods work with spermicides that destroy sperm. Spermicides are not to be confused with hormones; spermicides only work to immobilize and destroy sperm, they do not affect the woman's reproductive organs (except in some cases where irritation may occur).

The male condom is worn on the penis during intercourse to prevent pregnancy and reduce the risk of STIs. They are usually made of thin latex. Condoms prevent pregnancy by collecting pre-ejaculate and semen when a man ejaculates.

The female condom is a pouch that is used during intercourse to prevent pregnancy and reduce the risk of STIs. It has flexible rings at each end. Just before vaginal intercourse, it is inserted deep into the vagina. The ring at the closed end holds the pouch in the vagina. The ring at the open end stays outside the vaginal opening during intercourse. And during anal intercourse, it is inserted into the anus. Female condoms work to prevent pregnancy by covering the inside of the vagina. They collect pre-ejaculate and semen when a man ejaculates. This keeps sperm from entering the vagina.

The contraceptive sponge is made of plastic foam and contains spermicide. It is soft, round, and about two inches in diameter. It has a nylon loop attached to the bottom for removal. It is inserted deep into the vagina before intercourse to prevent unwanted pregnancies.

The cervical cap is a silicone cup shaped like a sailor's hat. The woman inserts it into her vagina and over her cervix before sex. It is most effective when used with spermicide.

The diaphragm is a shallow, dome-shaped cup with a flexible rim. It is made of silicone. The woman inserts it into the vagina before sex. When it is in place, it covers the cervix. Diaphragms prevent pregnancy by keeping sperm from joining with an egg. In order to be as effective as possible, the diaphragm must be used with spermicide cream, gel, or jelly.

Copper intrauterine devices, or IUDs, are small, "T-shaped" copper devices inserted by a doctor into a woman's uterus. It stops unwanted pregnancies by preventing the sperm from fertilizing the egg and is effective for 10 years.

HORMONAL METHODS

Hormones can be used to stop ovulation and fertilization. A doctor has to prescribe not just the right type, but also the exact brand(s) that are suitable because dosages and side effects vary. The doctor has to make sure you don't have medical issues that make them unsafe for you.

Contraceptive pills, “the pill,” are hormone pills that have to be taken at the same time every day in order to prevent unwanted pregnancies. Depending on the type, some pills have to be taken daily without stopping, while others require a 7-day break once a month, during which menstruation occurs. There are two basic types of pills: combination pills (with two hormones –estrogen and progestin) and progestin-only pills. Contraceptive pills are sometimes used for other reasons besides contraception including balancing hormones, regulating periods, for painful periods, skin problems, etc. Even virgins may use them. Not only can the effectiveness of the pill can be diminished by irregular use, but it can also be compromised if used with certain medications, herbal supplements, etc., which is why a medical professional should be consulted.

The hormone injection, “the shot”, prevents unwanted pregnancies by regularly injecting progestin. Each shot prevents pregnancy for three months.

The hormone patch releases hormones into the body through the skin to prevent pregnancy.

The vaginal ring is a small, flexible ring a woman inserts into her vagina once a month to prevent unwanted pregnancies. Each ring is left in place for three weeks and then taken out for the remaining week each month, during which menstruation usually occurs. It prevents unwanted pregnancies by releasing hormones.

Hormonal intrauterine devices, IUDs, are inserted into the uterus just like a copper intrauterine device, but this type releases the hormone progestin to prevent pregnancy. It is effective for 5 years.

PERMANENT METHODS

These methods are permanent (if done right, including follow up) and are meant to be, and usually are, irreversible.

Sterilization is a form of birth control. All sterilization procedures are meant to be permanent. During a sterilization procedure, a health care provider closes or blocks a woman's fallopian tubes. Closing the tubes can be done in several ways.

Vasectomy is a form of birth control for men that is meant to be permanent. During a vasectomy, a health care provider closes or blocks the tubes that carry sperm. When the tubes are closed, sperm cannot leave a man's body and cause pregnancy.

EMERGENCY CONTRACEPTION

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.

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. Recently, some dedicated products that 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) reduce the chance of pregnancy by about 75%. The most effective emergency contraception pills contain levonorgestrel only; these can reduce the chance of pregnancy by about 85%. Copper intrauterine 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 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 (ECPs). 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. It should only be used as emergency contraception, since regular use could damage a woman's health.

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. In that case, if she still does not want to get pregnant, she will need to take emergency contraceptive pills again.

RESOURCE SHEET:

- › MALE CONDOM
- › PROGESTIN ONLY PILL
- › VAGINAL RING
- › FEMALE CONDOM
- › EMERGENCY CONTRACEPTION PILLS (“The day after” pill)
- › CERVICAL CAP
- › CONTRACEPTIVE PATCH
- › DIAPHRAGM
- › "THE SPIRAL" (IUD)
- › CONTRACEPTIVE SPONGE
- › INJECTIBLE BIRTH CONTROL
- › VASECTOMY
- › STERILIZATION
- › COMBINED ORAL CONTRACEPTIVES (“The pill”)

Workshop 34:

What are sexual and reproductive rights?

**PURPOSE:**

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

**MATERIALS:**

Pens/pencils, flipchart paper, and copies of Resource Sheet

**RECOMMENDED TIME:**

45 minutes

**PLANNING NOTES:**

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

PROCEDURE:

1. Prior to the session, make a copy of Resource Sheet and cut the rights into strips so that they are ready to be handed out. Draw four columns on flipchart paper and write the following as headings: Sexual and Reproductive Rights, A (for Agree), +/- (for Somewhat Agree), D (for Disagree).
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 and that they should discuss what they understand about each right. They should then discuss whether they agree (A), somewhat agree (+/-), or disagree (D) that the right on the strip is respected in their community. Allow 10 minutes for these discussions.
5. Ask each group to present the rights they discussed and whether they agree, somewhat agree, or disagree that the right is respected in the community where they live. Note their responses in the table on the flipchart paper. Ask the other participants if they agree with the response. Use the following questions to discuss the importance of sexual and reproductive rights in the lives of women and men.

DISCUSSION QUESTIONS:

1. Are the sexual and reproductive rights of young people in your community respected? If not, which rights are most often violated? Why does this happen?
2. Do you think that young women and adult women have the same rights? Why or why not?
3. Do you think that young men and adult men have the same rights? Why or why not?
4. Do you think that women and men have the same sexual and reproductive rights? Why or why not?
5. Should a young woman be able to get an abortion without the knowledge and approval of her guardians?
6. Are the sexual and reproductive rights of young men in your community respected? If not, which of their sexual and reproductive rights are most often violated? Why does this happen?
7. What are the biggest obstacles women face in protecting their sexual and reproductive rights?
8. What are the biggest obstacles men face in protecting their sexual and reproductive rights?
9. Is there a stigma about going to the gynecologist/urologist? Do women and men, respectively, feel embarrassed to go? Why?
10. How can women and men in intimate relationships respect one another's sexual and reproductive rights?
11. What associations or institutions in your community offer services to protect the sexual rights and reproductive rights of young women? Of young men?
12. 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 human rights belonging to women and men of all ages. These rights include the right to make autonomous decisions about one's sexual and reproductive life, freedom from coercion or violence, and the right to information and meth-

ods 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 that allow us to exercise these rights exist.

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 children to recognize when they are vulnerable to exploitation and how to defend themselves.

RESOURCE SHEET:

Sexual Rights and Reproductive Rights

- › Right to express sexuality without fear, shame, false beliefs, and other impediments to the free exercise of desire. People of all ages have the right to experience and seek out sexual pleasure.
- › 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.
- › Right to choose sexual partners without discrimination. Each person has the right to choose his or her partner(s) without suffering any discrimination.
- › 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.
- › Right 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.
- › Right to be free and autonomous to express sexual orientation. Each person has the right to define his or her own way of being a man or woman.
- › Right to express sexuality independent of reproduction. Each person has the right to have sex without wanting to have children.
- › Right to equality, mutual respect, and shared responsibility in sexual relationships. Men and women have equal rights and responsibilities in sexual relationships.
- › 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.
- › 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.
- › Right to information and the means to make decisions. People should receive information and be free to decide what is best for themselves.
- › 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.

Workshop 35: Sexual diversities

**PURPOSE:**

To discuss sexual identities, sexual orientation, homophobia, and the need for greater acceptance of sexual diversity

**MATERIALS:**

Flipchart paper, markers, tape, copies of Resource Sheet

**RECOMMENDED TIME:**

90 minutes

**PLANNING NOTES:**

Prior to this activity, the facilitator should examine his/her opinions and attitudes toward sexual diversity and sexual orientation. It is a taboo topic in many settings and participants may express strong opinions and attitudes. During the discussion, the facilitator should seek to maintain a position of advocating respect toward people of every sexual orientation without, however, censoring the participants. It is important to listen to the different comments – even when homophobic – and question, but without judgment. Prior to the session, the facilitator should identify common myths and misunderstandings about sexual orientation that can be integrated and addressed in the discussion. It can also be helpful to 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. Carry out a brainstorm with the participants on how they define homophobia. (The Merriam Webster dictionary defines homophobia as “an irrational fear of, aversion to, or discrimination against people of different sexual orientations.”)
2. Divide the participants into smaller groups and give each group one of the story beginnings included in Resource Sheet 35 (or other story beginnings that the facilitator might create).
3. Explain to the groups that they will have 15 minutes to read and continue the stories.
4. Invite the groups to present their stories (the beginning and details they added) by reading it aloud, through dramatization, or another method of their choosing.
5. After the presentation of the stories, use the questions below to facilitate a discussion.

DISCUSSION QUESTIONS:

1. Are these stories realistic?
2. Why is it difficult for many people to accept homosexuality or homosexual behavior?
3. What is the difference between lesbian, gay, and bisexual?
4. Can a person have sexual relations with someone of the same sex and be heterosexual?
5. What type of prejudice and/or violence against gays or lesbians have you seen or heard about? What are the consequences of this prejudice and/or violence?
6. What names are commonly used to refer to gays? Do any of these names have negative meanings?
7. Have you ever been called gay by your friends for not doing something, such as fighting? What do you think about this? Why do you think that men are called gay when they do not act according to the dominant norms of masculinity?
8. What have you learned from this exercise? How can you apply this in your own lives and relationships?

CLOSING:

Everyone has a sexual orientation – that is, you are romantically and sexually attracted to men, women, or both. 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 gays and lesbians 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 rights of women and men to express their sexual orientation freely, without discrimination.

RESOURCE SHEET:

Story #1

When he was 18, Toma had his first sexual experience with another man, and from then on he knew he was gay. He had many partners before he met Jova. They were together for a long time and finally decided to tell their families and move in together...

Story #2

One night, Belmin went out with a group of friends, all from the same class at school. One of them, Ivan, said, "Let's go and beat up some fags. I saw some transvestites in the square. Come on!"...

Story #3

One night, when he was down at the beach camping with a group of friends, Luka found himself in the same tent with his friend, Goran. They'd had a few beers before going to the tent. Luka always considered himself to be heterosexual. He was thinking about sex with his girlfriend and became excited when he went to the tent. When Goran saw that Luka was excited, he began...

Story #4

At 17, Armin thought he was bisexual. He liked sex with girls and with boys. One night his father saw him embracing another boy and when Armin got home his father started shouting at him...

Year 4:

Parents of the 21st Century

First Semester:

Fatherhood and Motherhood

Gender Socialization, Care-Giving and Fatherhood

In most societies, caring (for children, sick people, the elderly, etc.) is viewed as "woman's business". Indeed, studies from diverse settings have shown that fathers only contribute one-third to one-fourth as much time directly caring for their children as women do.⁹³ This unequal participation in caregiving is rooted in the ways girls and boys are raised. For example, in many societies, girls spend most of their time in the home helping with household chores and taking care of younger children. Even when girls play, they are often provided with toys that emphasize caregiving and domestic chores (e.g., dolls, cooking sets). On the other hand, boys tend to be encouraged to play outdoors and are discouraged from playing with dolls or engaging in other "feminine" games. As they get older, boys are pushed more and more towards what are widely considered "masculine" games, such as sports or playing with cars or guns, or into "masculine" household activities, such as helping their fathers fix things around the home. Boys are rarely encouraged to care for smaller children or take part in domestic chores in the same ways that girls are. If and when men do become fathers, their most important contribution is often seen as being a provider, financially speaking, rather than a caregiver. In fact, men are often seen as incapable of childcare and, to some extent, socially authorized not to participate in it. In short, the woman provides care, the man provides. Even when a man wants to play an active role in terms of childcare, social institutions – which range from the family, school, work, health facilities, NGOs, and military to society in general – deny him this possibility.

A lack of men's involvement in caregiving tasks often means that women carry a double burden, particularly those who are trying to find a place in the labor market and who at times cannot accept a certain job because they have to take care of the children or other relatives and friends. Many women face what work what is called a "double shift," so they are not labelled "negligent mothers". They are also encouraged to be "super-moms," often having been told that after their child is born they are expected to achieve, in a flash, an instant bonding with the infant, and develop a receptive ear for the child's crying, and a nose that is not bothered in the least by the odour of feces, etc.⁹⁴

93 — Population Council, "The Unfinished Transition: Gender Equity: Sharing the responsibilities of Parenthood." A Population Council Issues Paper, 2001.

94 — Elizabeth Badinter, *Um amor conquistado-o mito do amor materno* (Rio de Janeiro: Nova Fronteira, 1985); Ceneveve Parceval, *A Parte do pai* (Porto Alegre: L&PM, 1986)

The father, on the other hand, after his role in conception, finds a gaping hole in his role in the process, recovering some space only when the child reaches pre-school age. In nursery schools and kindergartens, the situation is even more complicated, with the presence of a man often generating concern and anxiety, out of fear that he might sexually abuse the children or might have sexual problems or be a sexual deviant. Thus, the figure of the "caring man" is often associated with the image of either an "effeminate" person or an "abuser". Those men who want to share these tasks often find little space to do so, or inevitably have to put up with comments like "at times like this, men only get in the way."⁹⁵

Finally, from a broader viewpoint, we also see that this assumed "incapacity" for caring for children extends to (or has its origins in) other areas of daily life, as men often are seen (including by themselves) as being incapable of caring for a sick person, things around them, a child, the home, and themselves and their own bodies.

FRAME 1: Are Children Raised Without a Father at Greater Risk?

FRAME

1.

Although it is commonly assumed that not having a father present is a risk for children, for example, leading to greater aggressive behavior, or school difficulties, or problems with gender identity, the issue of father absence is complex. So far, existing research has not adequately helped us assess all the reasons for success or failure in child rearing. There are some experts who seek to understand the possible implications of father or mother absence but none have gone so far as to state categorically that children raised without one or the other parent are inherently more "problematic" than others. There are more exceptions than rules, as not every child brought up without the father (or mother for that matter) has the predicted problems. Furthermore, a family structure considered "stable" does not necessarily lead to a child having a perfect emotional balance⁹⁶

95 — Eliana C.L. Saporol, "Educador infantil: uma ocupação de gênero feminino" (Dissertação mestrado: São Paulo: PUC/SP, Medrado, 1997); Benedito Medrado, "Homens na arrendado cuidado infantil: imagens veiculadas pela mídia" In: M. Arilha, S. Unbehaum, & B. Medrado, Homens e Masculinidades: outras palavras (São Paulo: ECOS/ Ed. 34, 1998) 145-161.

96 — Michael E. Lamb (ed.), The Father's role: applied perspectives (New York: John Wiley, 1986).

Do Men Care of Themselves?

Men have historically occupied the unenviable first place in various different leagues of statistics: number one in homicides, suicides, accidental deaths (particularly involving vehicles), use of alcoholic drinks and other substances, involvement in thefts and assaults and, as a result, the highest rate of incarceration, in addition to being the major perpetrators of physical aggression in domestic or public spheres. These statistics are also reflected in another constant pattern: the lower life expectancy of men in relation to women and higher mortality rates. Moreover, analysing the mortality differential according to sex and age, one can clearly see a higher rate of mortality for males, due to external causes, in all the age groups, particularly among adolescents and youth.

Moreover, men are often reluctant to recognize a health problem and seek assistance. Such reluctance has created, for example, complex problems in terms of the spread of HIV/AIDS. Studies from Africa and Asia, as well as in other parts of the world, show that HIV-infected men, in general, draw less support from each other and ask for help from family and friends less frequently than women.⁹⁷ Men are also less likely to provide care for other HIV-infected individuals, whether in intimate or family relationships. Moreover, studies carried out in the Dominican Republic and Mexico have highlighted the fact that women who are HIV-positive sometimes go back to their parents' home because their husbands are unlikely to care for them adequately.⁹⁸

The ways in which boys are raised underlies many of these statistics and situations. Wherever the setting, the story is often the same: boys are encouraged to defend themselves and fight back, to pick themselves up immediately when they fall off a bicycle (preferably without crying!), to climb back up a tree after they have fallen, and to generally be brave and bold. Men are socialized from an early age to respond to social expectations in a pro-active way, where risk is not something to be avoided and prevented, but to be confronted and overcome, on a daily basis. The idea of self-care is displaced by harmful or self-destructive lifestyles, where risk is valued over security. However, in the same way that men learn not to care for themselves or for others, they can also learn caring. For this to happen, it is key that teachers, health educators, youth workers, and parents find opportunities to reflect on and practice the experience of caring.

97 — UNAIDS, "Men and AIDS: a gendered approach." (Geneva: Joint United Nations HIV/AIDS Program, 2000).

98 — K.Rivers & P. Aggelton, "Adolescent sexuality, gender and the HIV epidemic." (New York: UNDP HIV and Development Program, 2002) www.undp.org/hiv/publication/gender/adolesce.html

What about Adolescent and Young Fathers?

In general, adolescent pregnancy is often confused with adolescent motherhood; that is when we talk about early childbearing, we are nearly always talking about adolescent mothers. Very often, the young father is generally seen as absent and irresponsible, "There's no use in looking for him, he doesn't want to know about it!" Indeed, it is very common for us to assume that all adolescent or young men who become fathers were "careless". Their own parents, the parents of the child's mother, the mother herself, and service providers may often discriminate against them and assume the worst.

While many young men do not want to be involved, there are adolescent and young fathers who are just as involved and committed to the children as they are to the mothers of these children. In some cases, however, adolescent or young fathers may want to be involved with their children but are prevented from doing so by the child's mother or her family. In other cases, if they are unemployed and cannot provide financial support for the child, the adolescent or young fathers may feel that they do not have the right to interact with him or her. For example, research has found that adolescents and young men may initially deny responsibility and paternity when faced with a possible pregnancy due to the financial burden of childcare.⁹⁹

Overall, however, the fact is that each adolescent parent has his or her own story and realities. Understanding the specific reality or case of each adolescent parent does not mean encouraging adolescent pregnancy – rather it means creating conditions so that this adolescent parenthood is not an impediment to the development and well-being of the adolescent parent or parents, or to their children.

Caring for a child is not an easy task, particularly if we consider the economic implications of raising a child. And of course, some young men (perhaps the majority!) are not adequately prepared to care

for a child. Becoming a parent for the majority of adolescents is probably not the best choice for their lives. However, pregnancy and fatherhood can provide some adolescent parents with substantial emotional benefits.

First, we must acknowledge that some adolescent couples have fared well at school, in family life and in caring for their child. Surveys in human and social sciences carried out in different countries highlight that pregnancy is seen by some adolescents as a transition to adulthood, conferring on them status. For some young people, becoming parents allows them to restructure their lives, and sometimes even abandon substance use or involvement in delinquency.¹⁰⁰

To be sure, around the world, pregnancy rates are higher among young persons with lower educational attainment, or those with less hope of escaping from poverty, consequently contributing to poverty. Furthermore, many young parents leave school early, due to a lack of economic conditions on the part of their families to keep them at school. However, research shows that adolescent pregnancy is not the main cause of dropping out of school. When pregnancy occurs, the majority of underprivileged adolescents has already dropped out of school, or has never been enrolled. Furthermore, when we review the literature, we see that having a child while still an adolescent is not the cause of health risks to the mother or child; the main risk is a lack of prenatal care and adequate social support.¹⁰¹

In sum, analysis of the causes and effects of early childbearing must be thoughtful, and it requires questioning our alarmist tones and stereotypes. We do not advocate for young people to start childbearing in adolescence. We advocate that families, communities, and caring professionals take a more balanced view of the issues – taking into account the specific realities and needs of young people themselves.

99 – Jose Olavarria, "Hombres: Identidades, relaciones de genero y conflictos entre trabajo y familia." Em: J. Olivarria & C. Céspedes, Trabajo y Familia: Conciliación? Perspectivas de género (Santiago: FLASCO-Chile, SERNAM y Centro de Estudios de La Mujer CEM, 2002).

FRAME 2: Men and Pregnancy

In general, when we talk about pregnancy, we seldom mention the father. Men, particularly young men, whether in hospitals or prenatal clinics are often seen as outsiders or intruders, or maybe only as visitors – they are rarely seen as partners and participants in their own right. We must remember that fathers have the following rights:

FRAME

2.

- › To participate in prenatal care;
- › To find responses to his doubts about the pregnancy, including doubts he may have about his relationship with his partner and about caring for the baby. As the father, he is not only his partner's companion, but also the father of the child that is going to be born;
- › To be informed how the pregnancy is progressing and if any problems might appear and;
- › To be recognized, at the time of the birth, as the FATHER and not just as a "visitor" to the clinic or hospital

It is important for a father to be able to participate in caring for the infant during the first moments and days after birth. Some things, of course, he is not able to do. Others, the woman will also not be able to do, due to her own recovery period. However, both can learn to support each other - assuming their relationship permits such cooperation. If they are separated, they must also negotiate the division of these responsibilities and activities¹⁰²

FRAME 3: Summary Points

FRAME

3.

- › Throughout the world, women are often perceived as natural caregivers. However, this association is rooted more in social constructions about male and female roles, rather than any innate capabilities. For example, from an early age, girls spend most of their time in the home helping with household chores and taking care of younger children. On the other hand, boys are encouraged to play outdoors and are discouraged from playing with dolls or engaging in other “feminine” or “domestic” games. Thus, they often have limited opportunities to learn and build confidence in their caring skills.
- › Men’s lack of self-care, reflected in statistics such as higher rates of homicides, suicides, use of alcoholic drinks and other substances, and involvement in violence, as perpetrators and victims, is linked to the ways in which they are raised. Often, boys and men are encouraged to engage in risky behaviors to prove themselves as “real men” and may view seeking help or services as “unmanly” or a sign of weakness. In this way, the idea of self-care is often displaced by harmful or self-destructive lifestyles.

100 – Gary Barker, “Peace boys in war zone: Identity and coping among adolescent men in a favela in Rio de Janeiro, Brazil” (Unpublished doctoral dissertation, Erikson Institute, Loyola University, Chicago, 2001)

101 – Donald G. Unger & Lois Dall Wandersman, “Social Support and Adolescent Mothers: Actions Research Contributions to theory and practice.” *Journal of Social Issues* 41 (1985) 29-41.

102 – Text adapted from the publication *Gravidez saudavel e parto seguro sao direitos da mulher*, produzido pela Rede Nacional Feminista de Saude e Direitos Reprodutivos (E-mail: redesaude@uol.com.br)

Motherhood and Caregiving

Historically and culturally, we often associate the image of a woman with that of a mother, as if the two identities are 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 (i.e., 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 because of changing norms about the experience of adolescence and the role of women. For a long time, the age range we think of when we use 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 changing views about the ideal age for women to have children.

Now, adolescent pregnancy is most often associated with loss of educational and professional opportunities and a general loss of choices in a young woman’s life. The current discussion and concerns about adolescent pregnancy are linked to the concept of adolescence. Appearing in the second half of the 20th century, it is 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 better prepare themselves (e.g. academically, socially) for 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 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).

Adolescent pregnancy is often 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, many adolescent pregnancies 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 negotiate 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 section focuses on 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 rather creating conditions so that this process does not result in any physical, psychological, 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.

Maternity and Paternity Leave

The changing role of fathers is being recognized in the legal framework as well. In more and more countries, fathers have the right to take some weeks or months off work to take care of their babies. In some countries, it's even obligatory! Studies suggest that this practice fortifies the bond between child and father. Parents in some countries can choose to split the parental leave how it best suits them.

Workshop 36:

What comes to mind? The meaning of caregiving



PURPOSE:

To explore how young men define caregiving and how they deal with it in daily life



MATERIALS:

Flipchart paper, regular sheets of paper, paper strips, and pens/pencils



RECOMMENDED TIME:

45 minutes



PLANNING NOTES:

In the case of persons that have difficulty in reading and writing, the facilitator can ask them simply to talk, without using paper or the flipchart. Nonetheless, it is important to maintain the sequence: first, the brainstorming, and then the stories from their childhood.

PROCEDURE:

1. Hand out a sheet of paper and a pen/pencil to each participant. Ask each of them to write on their paper the word CARING.
2. Then ask them to write all the words and phrases that come to mind when they hear the word CARING.
3. After about 5 minutes, ask each person to read what they have put down and compile a list of all the words and phrases that appear, in order to identify the most frequent associations.
4. Next, hand out three strips of paper to each participant and place the rest in the centre of the participants. Ask them to think about their lives from the time they were children, and then try to remember situations in which they witnessed a scene of caregiving.
5. After 20 minutes, ask one of the participants to volunteer to read his/her account. Ask if there are other similar stories and open up the discussion.

DISCUSSION QUESTIONS:

1. Is it possible to define caring or caregiving based on a single idea?
2. Is it good to be cared for? Why?
3. Is it good to care for someone? Why?

CLOSING:

Comment that, as we can observe from the variety of words that the group produced, it is obvious that there is not a single or correct definition of

caring and caregiving, but that these terms have multiple meanings.

Workshop 37: Men as caregivers

PURPOSE:

To increase awareness about traditional gender divisions in caregiving and promote increased participation of young men in caregiving in their homes, relationships, and communities

MATERIALS:

None

RECOMMENDED TIME:

90 minutes

PLANNING NOTES:

If there are young fathers in the group, encourage them to reflect on their participation in childcare and how they could be more actively involved. For those who are not fathers, ask them to envision how their participation will be in the future.

PROCEDURE:

1. Ask the participants to spread out and walk around the room.
2. Tell them that when they hear a time of day followed by the word “STATUE,” they should freeze in a position that represents the activity they would be engaged in at that particular time. For example, after you speak the words: “Noon, STATUE!” the participants should make themselves into statues that represents what they would typically be doing at noon each day.
3. Say the time of day followed by the order “STATUE!” for the following times:
 - > 3:00 AM
 - > 10:00 AM
 - > Noon
 - > 3:00 PM
 - > 10:00 PM
4. Ask the participants to imagine what they would be doing at these times if they were a father with a child/children to care for and repeat the same process from Step 3. PLANNING NOTE: For younger participants, who have not had direct experience with childcare, encourage them to think of father-child relationships modelled in their family, community and the media.
5. Now have the participants repeat the exercise imagining what they would be doing if they were a mother with a child/children.

- Use the discussion questions below to explore the differences between the two occasions – before and after the child – and the differences between the routine of a young father and a young mother, identifying what time of day the presence of the child meant a greater (or lesser) change to the routine.

ALTERNATIVE PROCEDURE: *Rather than acting out the different times of day, ask the participants to brainstorm the different activities, which a young man who is a father and a young woman who is a mother would be doing at different times of the day. List these different activities on a flipchart paper with two columns (one for young men and one for young women) and ask the participants to identify some of the similarities and contrasts between the lists of activities.*

DISCUSSION QUESTIONS:

- Does daily life change when a young man has a child to care for? In what way? Why? can these challenges be addressed?
- Does daily life change when a young woman has a child to care for? In what way? Why?
- What kinds of caregiving do women and men do?
- Who is better at caregiving, men or women? Why? Is this due to culture or biology?
- What factors contribute to men not participating in childcare?
- How do you think your community views men's participation in childcare?
- What are the challenges of being a father? How can these challenges be addressed?
- What are the positive aspects of being a father? What are the benefits of being a father?
- What are the benefits for a child who has an active father in their life?
- What are the benefits of a young man having a good relationship with the mother of their child?
- Are there positive role models of fathers in your community? What can be learned from them?
- What have you learned during this activity? How can it help you make changes in your own life and relationships?

CLOSING:

If and how a father is involved in childcare depends on how men and women are raised and whether they are raised to believe that men can also take care of children. For example, girls are encouraged from an early age to play with dolls, practicing what supposedly lies ahead for them: domestic life and caring for family members. On the other hand, boys are generally discouraged from playing with dolls or helping out with domestic chores. 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. When fathers are not involved in caregiving, mothers end up carrying a heavy burden and fathers miss out on many of the pleasures involved in caring for children. As you think about promoting equity between men and women in your communities, it is important for you to start in your own home and think about how you as young men can start to participate more in caregiving tasks in your family, as well as how you can encourage other young men to do likewise in their homes.

Workshop 38: Pregnancy...yes or no? Being a mother

**PURPOSE:**

To discuss the roles and responsibilities of women and men in preventing pregnancy. To discuss motherhood and the social and cultural expectations related to being a mother

**MATERIALS:**

Copies of Resource Sheet

**RECOMMENDED TIME:**

45 minutes

**PLANNING NOTES:**

Not needed.

PROCEDURE:

1. Distribute (or read aloud) Adrijana's story from Resource Sheet.
2. Have a discussion regarding the possible endings.
3. Facilitate a discussion using the questions below

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 they talk about it with their partners?
 - › What type of role should the man have in decisions about emergency contraception?
 - › What options does Adrijana have?
4. Tell the participants that Adrijana has just found out she is pregnant. Carry on with the discussion using the questions below.
 - › 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?
 - › How do parents react when their daughter or son faces an unplanned pregnancy?
 - › How can the number of unplanned pregnancies in your community be reduced?
 - › What options does a woman have when faced with an unplanned pregnancy?

5. Discuss what it means to be a mother in your community. What does the “typical mother” look like? (e.g., her age, where she lives, what she looks like, what she like to do, did she plan to be a mother, how many children she has, does she work outside the home, is she married, etc.)
6. Facilitate a discussion using the questions below to sum up the whole activity.

DISCUSSION QUESTIONS:

1. Should all women be mothers? Why or why not?
2. How does your community view 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?
3. How should men be involved in decisions about motherhood?
4. When a woman becomes a mother, what does the community expect from her?
5. Are expectations of being a mother today similar to expectations in the past? Are they different? How?
6. Are expectations of being a mother different from expectations of being a father? In what ways? What do you think about this?
7. Is it different to be a mother in rural versus urban settings? How?
8. How can we be more accepting and supportive of women’s decisions about motherhood?
9. 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?

OPTIONAL STEP: For groups with more time, do this activity separately from “Being a Mother”

1. Divide the participants into smaller groups and give them 10 minutes to discuss a possible ending to Adrijana’s story. Each group should prepare a skit based on the ending they choose.

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

3. Ask the participants if they have ever heard of emergency contraception (if it has not already been brought up by the groups).

4. Ask the participants to imagine that Adrijana found out that she was pregnant. Tell them to return to their smaller groups and discuss possible alternate endings to their stories. Allow 10 minutes for these discussions.

5. 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.

ADDITIONAL OPTIONAL STEP: Divide participants into groups and tell them to do skits of what the typical day for a mother looks like including what she looks like.

CLOSING:

Just as the decision to have sex should be discussed, so should the decision about contraception and prevention of unplanned pregnancy, and it is important for both partners to be equally involved. 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.

There are certain options regarding terminations of unplanned pregnancies, but even if it's unplanned, a woman can decide to have the baby

and become a mother. Whether she wants to become a mother can also be influenced by what society expects of mothers and whether she feels that she is willing and able to fulfil those expectations. Many families and cultures still see being a mother as central to a woman's identity and fulfilment. Moreover, certain models of mothers – for example, those who sacrifice everything for their children and family – are idealized and others while 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, keeping in mind that, while caring for others can be very fulfilling, it is important to also take care of herself.

RESOURCE SHEET**Adrijana's Story**

Adrijana 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. Adrijana 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 Adrijana was not using any other type of birth control. They were both very worried, especially since Adrijana was in the fertile part of her cycle. A million things started to run through Adrijana's mind: "What if I'm pregnant? What will I do?"

Workshop 39: 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:**

Flipchart paper, pens/pencils

**RECOMMENDED TIME:**

45 minutes

**PLANNING NOTES:**

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

PROCEDURE:

1. Take a flipchart and divide it into two columns. At the top of one column, write “mother”. Write “father” in the other column. Tell the participants to brainstorm everything that comes to their minds when they hear those words. Write it down in the appropriate columns.
2. Now switch the words “mother” and “father” and go through the columns again (using the procedure same as in “What is this thing called gender”). Other than activities conditioned by biological differences (such as breastfeeding) the rest is the result of gender roles.

OPTIONAL STEPS:

You can add this activity if you have time

- › 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”. **PLANNING NOTE:** It is important that the “audience” group does not know the assignments give to the other groups.
- › 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 which group they are representing (women with children or men with children). The third group will observe the activities that the other two groups act out.
- › 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 similarities and differences to comment on afterwards.
- › 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.

- › After a brief discussion about this part of the activity, explain that the group is going to further discuss the differences in men's and women's participation in childcare and domestic tasks.
3. Facilitate a discussion using the questions below.

DISCUSSION QUESTIONS:

1. What are the differences in men's and women's participation in childcare?
2. How are these differences related to men's and women's different roles and opportunities outside the home (e.g., school, workplace)?
3. 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 provide information on local and national laws and policies on maternity and paternity leave.)
4. Is it possible for a young woman to be a mother, study, and work? What kind of support does she need?
5. Are some responsibilities more important than others?
6. What do women generally expect from men in terms of their participation in childcare?
7. Are men just as capable of caring for children as women are? Why or why not?
8. What do women generally expect from men in terms of doing household chores?
9. Are men just as capable of doing household chores as women are? Why or why not?
10. Is it important for women and their partners to be able to share childcare and household chores? Why or why not?
11. When a man is unemployed, does he contribute to the household chores?
12. What are the benefits of women and men equally sharing childcare and household responsibilities?
13. How can a woman find time to take care of herself amidst all of her other responsibilities?
14. How can a man find the time to care for himself, the children, and take care of other responsibilities?
15. 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, women are often the ones 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 caregivers.

Workshop 40: What is woman's work?

**PURPOSE:**

To discuss the traditional gender divisions which exist in different types of work

**MATERIALS:**

Flipchart paper, markers, regular pieces of paper, and pens/pencils

**RECOMMENDED TIME:**

45 minutes

**PLANNING NOTES:**

Not needed.

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 their list with the larger group. They 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 flipchart paper. Create a list of the types of work done by men, a list of the types 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.

- Engage the participants in a discussion about the gender-division of work, using the discussion questions provided below.

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 actor originated should try to guess what type of work s/he is acting out. If that team cannot guess, give the other team an opportunity to guess. The team that correctly guesses 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 flipchart paper of the activities that were acted out and then ask the participants the discussion questions 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?
- 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 about what is work for men and what is work for women? (see “Barbie dolls, Toy trucks and what they teach us about work”)
- Is it easier for women to find jobs than for men? Explain.
- Do you believe it is okay for an employer not to hire a woman because she might get pregnant? What if she is already pregnant?
- Women are paid less for the same jobs as men. Why?
- There are fewer women in higher managerial positions than there are men; there are fewer female CEOs and women in positions of power in general, why?
- 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 require more education?
- 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 other types done 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 as adults. Unfortunately, those activities predominantly carried out by girls and women, including domestic chores, caregiving, 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 childcare.

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 possible links to the types of work which men and women more commonly do. For example, little girls often play with dolls and other 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 socialization in which both girls and boys learn to identify with certain types of work.

Young women and community participation

Community participation can be defined as an awareness-raising and mobilization process that 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 neighbourhood children, accompanying someone to a health clinic, loaning money to a friend or neighbour, 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 sociocultural norms that generate and perpetuate inequalities. Young women must realize both that these laws and norms were created by groups of people (i.e., 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. It cannot be done solely through the provision of information – that is to say, in order to understand oppression, we must participate in our own liberation. Getting to know one’s community is another 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 key 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). 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 U.S. 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.

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, while at the same time recognizing the evidence of the role that community participation plays in the well-being and health of youth.



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CHAPTER

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3

Make a Change!

Year 1-4:

Resources for organization of the campaigns and complementary activities in engagement of youth in promotion of positive attitudes and values

Be the Change that you wish to see!

Be the Change that you wish to see!

In addition to the implementation of educational workshops, an important part in the implementation of Program Y are complementary campaigns that can be implemented in schools, and also in local communities. An example of a successful and recognizable campaign that has been implemented by a large number of local and regional organizations is the "Be a Man" campaign. The concept of "Be a Man" is a strategy designed to monitor and support the implementation of educational sessions. Through this campaign, young people are sent messages that are related to the topics covered by educational sessions. In this way the "positive" effect of the sessions is extended, thereby contributing to the continuity of the positive impact on young people. Also, the campaigns encourage mobilization of young people and development of positive social and peer groups. In a given school or local community this can, loudly and in groups, represent the ideology of democracy and tolerance, as well as zero tolerance towards violence and prejudices that are the basis for the emergence of various forms of violence.

With the support of local experts in the field of advertising, Smart Collective has developed the BE A MAN campaign for the purposes of this project. The aim is to promote the values of non-violent behavior, gender equality, and raise awareness about responsible sexual behavior.

The project and campaign rely on the experiences of the partner organization *Instituto Promundo Brasil*, which has developed an efficient methodology. They use a participatory approach in developing campaigns to reduce violence among young people in the favelas of Rio de Janeiro.

The social campaign "Be a Man" is an innovative approach to raising awareness about the existing problems in society, and it involves the active participation of high school students or other participants who participate in the implementation of Program Y workshops or who have attended the workshops and want to actively contribute to positive social change.

Schools can independently carry out the activities of the campaign. A variety of resources, materials and guidelines for planning, adaptation and implementation can be found at the website <http://www.youngmeninitiative.net/ba/>.

Learn about the Program M!

Current practices in the implementation of activities within the Program M have shown that an important part of "preparing" students for their active participation in educational workshops and other accompanying material is the introductory, or so-called, teaser campaign. The word "teaser" in the translation means to tease, so in the context of Program M teaser campaigns are ways of communicating that arouse the students' interest, but do not provide all the answers. The campaigns are carried out before the beginning of the implementation of educational workshops and their goal is to "tickle" the imagination of students and arouse their interest in follow-up activities which are part of Program M. Teaser campaigns can be implemented in different ways, and below we provide examples from Sarajevo, Belgrade, Banja Luka, Mostar, and Zagreb:

1. Graffiti in Front of School

In agreement with the school, a large graffiti with the message "Be a man" was written overnight in front of the school. In the morning, after the arrival of students in the school, many of them asked their professors and other school staff for an explanation about who had written the mentioned graffiti and why. At the request of students, professors and pedagogues explained that it was a surprise and that students would get all the answers 7 days after the graffiti had been written. After 7 days, the presentation "Be a Man – get involved!" was organized at the school, during which educational workshops and other accompanying activities of interest were presented.

2. Posters in School

In cooperation with the school staff, it was agreed that posters with the message "Are you ready for 'Be a Man' activities?" would be placed in the busiest locations in the school. During recess, a group of students put the mentioned posters in the halls and rooms around the cafeteria, but in consultation with the school staff students were not told what it was about. Although the students sought clarification, pedagogues and professors told them that it was a surprise, which further intrigued students and aroused intense interest. Seven days later, in the main hall of the school, the presentation of "Be a Man – get involved!" was organized, during which educational workshops and other accompanying activities of interest were presented.

The recess was the best time to carry out the activities for this type of teaser campaign because all the students were in the main hall. It was then easier to perform an action at a central point.

3. Recognize Program M

Program Young Men Initiative (YMI) has undergone many evolutionary changes. Although in its original form the program was focused on working with young men, later, according to the identified needs of schools and communities, the program was extended to young women as well. What remains recognizable is the visual identity of the program and the basic message "Be a Man", because this message is encouraging young men to oppose rigid and harmful social norms, practices and attitudes and



re-examine their own attitudes and their correlation with behavior. The young women also have their place in that process, because in addition to the individual benefits that the young women achieve by participating in workshops, campaigns, and creative activities, they play a special role in the formation of positive peer groups that involve young men and women in the process of transforming harmful social norms and practices.

Campaigns in Busy Locations

Young people who undergo trainings and positive changes initiated by Program M have been observed to be great allies in mobilizing the wider community and promoting positive social values and changes. In the text below we offer you examples of activities that members of the "Be a Man" clubs have implemented in their cities.

1. BMC "Chalk Walk" Action

The members of "Be a Man" Clubs (BMC) can organize an easy but effective "Chalk Walk" public action. Club members can gather and use colorful chalk to leave messages and BMC's slogans on pavements in busy locations (e.g., schoolyards, squares, pedestrian areas, and other easily noticeable public places), while also inviting their peers and passers-by to join them. It is interesting that sometimes professors from school join in writing during these actions. Some of messages written may be, for example, "A man is not a hunter, a woman is not a trophy," "Use the force of argument rather than force as an argument," "If you hear 'NO' as 'YES', you need to learn your native language!" "If you snap - you're not a man, but a camera film," etc. The advantage of this action is that the messages stay for a while and are visible to a wide population (e.g., the entire school). Also, BCM members draw a lot of attention from their peers while they implement this action, which is also a good opportunity to verbally promote the Club's values and distribute materials such as brochures, flyers, stickers, and badges. Necessary resources are motivated youth club members (the more the better), enough colorful pieces of chalk, and, optionally, printed promotional and educational materials. Stands, club flags, and banners can also be displayed. A preparation meeting should be held to brainstorm and define messages for action, referencing examples from previous campaigns. The action should be well photographed/recorded and shared on social networks, where it can reach an even larger number of youth.

2. BMC "Instagram" Frame Action

For this action, an "Instagram" (or "Facebook") frame lookalike, sized about one meter by one meter, should be made from light material that is easily carried. It should include recognizable "Be a Man" visual elements and titles/slogans, and hashtags can also be written. BMC members should go and carry the frame around popular locations where young people can be found (e.g., schoolyard, city square, park etc.), asking them to take photos inside of the frame while explaining to them the goal of campaign. For example, share the importance of raising awareness of gender based violence prevention, bystander intervention, or some other theme, while promoting BMC and its values and messages. In that way, young people get to know about the BMC campaign, goals, and values and by taking photos they are supporting the campaign. This type of action is good for sharing on social networks, because young people like to see their photos from the activity and it reaches large number of youth through sharing and tagging. Besides

the "Instagram" frame, what is needed is a photo camera or mobile phone with good camera, promotional/educational materials for distribution and, as always, a good team of youth activists. The action could also be implemented along with some other event, like a school sports tournament, "chalk walk" action, BMC graffiti painting, a youth fair, etc.

3. BMC ACTION – Celebrating International Women's Day

BMC members distributed small boxes to celebrate the occasion of International Women's Day. The action was carried out in the local shopping mall "Mepas Mall". In addition to highlighting the values and importance of women, the action tried to bring the ideology and work of the BMC closer to the female and male citizens.

The small boxes that were distributed by male and female BMC members contained a piece of candy and a brief biography of women who made and are making changes in Bosnia and Herzegovina today. 17 young women from across Bosnia and Herzegovina were promoted through this action: athletes, politicians, a champion in hip-hop dance, etc.

Besides working in a public space, the action was also implemented in schools and the Ministry of Education the day after International Women's Day (since the IWD fell on Sunday that year). BMC members gave the boxes to all employees in the above mentioned institutions.

In total, 1000 boxes were given to women and men. The meaning of the action was to promote women and what they are capable of, rather than only giving women presents.

In addition to this campaign there was a promotional activity prior to the campaign. BMC members used "Be a Man" Club Facebook page to promote all women included in the campaign. In this way we have done promotion of the event and at the same time additional promotion of women and their successes.

4. BMC ACTION – Celebrating International Men's Health Week

Members of the BMC implemented an action for promotion of men's health as part of activities implemented worldwide during the International Men's Health Week. The action that was implemented in Mostar had two parts:

- › Showing healthy lifestyles to people by having the young people ride bikes during the action
- › Giving away educational materials

For this action two promotional materials were developed: stickers and brochures.

More than 200 people were directly involved in this action by getting the information and materials.

5. Valentine'S DAY

Valentine's Day is the day of love, but for active BMC members it was also an opportunity to organize activities at busy locations in Sarajevo and Banja Luka. The aim was to promote positive peer relationships, especially in the context of relationships that young people establish with those that they like. There is no justification for the violence that often occurs in relationships, so young people involved in the campaign talked with passersby about love, respect, and equality.

Materials used include balloons, heart-shaped lollipops, and an information desk with promotional materials.

Within the action, the Program M and activities that young people implement in order to promote health and violence prevention were presented to passersby. In addition to information and positive messages about safe love, BMC members distributed heart-shaped lollipops to young people on the street.

One random passerby, a boy, said to one of our volunteers, "It is a pleasure to live in a city where there is an organization like yours, an organization that cares about young people and who spread love, and they do all of that for us, without any expectations (regarding free services, which are part of our youth friendly health center)."





6. World Health Day

Within the campaign marking World Health Day, a group of young people organized a special form of education according to the methodology "Learn wherever you can". A classroom for passersby was installed on a busy place. Citizens were free to attend "lessons", to be part of the classroom, and to listen and discuss about health, violence prevention, healthy lifestyles, the youth friendly health center, STIs and HIV/AIDS, and contraception.

7. BMC MEMBERS on top of Trebević MOUNTAIN

Learning is a lifelong process, we learn before school, during school, and after school. To remind their peers about the importance of lifelong learning, representatives of BMC Sarajevo decided to learn in a strange place, on top of Trebević Mountain, more precisely at 1.629 meters above sea level. Within this activity, members of BMC Sarajevo organized educational workshops on top of Trebević Mountain thereby proving that time and place cannot be a barrier to learning.

Required material and resources include a first aid kit, a group of young and hard-working people, and a mountain.



8. BMC TV

YMI has made use of creative workshops to develop its campaigns and to keep youth engaged in the project. As BMC members and youth from the Young Men's Forum participate in educational workshops, youth camps, and other activities which the partners organize, they discover a diversity of outlets for expressing what they have learned (e.g., on gender equitable or non-violent practices, and for promoting the key messages). The process is empowering for them and it is a powerful means for reaching a broader number of youth.

Creative workshops teach young men and women a wide variety of multimedia techniques such as movie making, photography, song making, DJ-ing, dancing, and various forms of street art. After more than three years of engaging young men in its campaign activities, youth camps, and teaser campaigns at the schools, Association XY based in Sarajevo has developed a cadre of peer educators, some of whom are now training others. At the same time, XY staff noticed others who had considerable talent in the arts. Why not capitalize on the creative pool, give additional motivation to more active members, and produce a promotional piece to use at scale?

So in early 2012, 11 active youth, including one Roma teen who had been regularly attending training events, organized multimedia creative workshops for making videos and short movies. The group learned how to use video equipment from a professional cameraman. They received training from a host of other professionals – a journalist, a radio broadcaster, a video director, and audio director.

The workshops were hands-on and involved the actual practice of making video documentaries and short movies. The crew had to learn to interview celebrities and youth, which they did over the six-month training period. During that time, individual team members developed their talents in the direction of their preference (e.g. cameraman or journalist). The students had the privilege of working alongside well-known experts in their field, such as Zoran Čatić, a journalist with a reputation for defending the rights of free speech, a youth worker, and the manager of a radio station. It was Čatić who proposed to the group the idea of producing a radio show. When their first radio show went live on EFM radio (a popular student-operated local radio station) in May 2012, the team was elated that more than half a million people had the chance to hear about the BMC movement in Sarajevo. This opened up the door for more radio and TV appearances for the BMC TV crew. At the end of the process, the young men produced their first BMC TV documentary. They also made several news reports and video reports about their different activities:

- › What is a BMC and YMI? – a movie about YMI and BMC Sarajevo
- › Girls against violence – a video about girls' initiative in promoting gender equality and violence prevention
- › Interview with the manager of an orphanage

- › Opening the BMC in “Orphan Center Bjelave” – a documentary about opening a new BMC for orphans
- › One billion rising against the violence – in collaboration with the NGO Crvene, a video about this activity
- › Be a man, help the elderly – a video report from the humanitarian action in a gerontology center

Many of the BMC activities being advertised by these multimedia projects are social actions, not typical things that young teens do. They exemplify the sorts of activities being promoted as befitting of “a real man”. The 25 young men and women who visited the orphanage to make the video brought toys for the children, played with them, got some of them involved in a football match, and invited them to join a BMC. The video captures the experience of the young people who were not only there to interview the manager for their documentary, but to interact with young children who have no parents and have adopted violence as a response to the problems in their lives. But they also saw what joy it brought to the small children, to be playing with new toys. All of the teens felt the urge to return to the orphanage and discover what else they could do with them.

In 2013, BMC TV finalized a set of five movies on the topics of:

- › Violence
- › Peer pressure
- › Drugs and alcohol
- › Sexual and reproductive health
- › Association XY

Now, BMC TV is in the final throes of producing a movie about BMC and the benefits of being a member. It will be ready in time to present the film during the new school year for all students in project-related schools and also for students from other high schools in Sarajevo.

9. Street action – flash mob

In order to realize this campaign you need at least five young people who are willing to participate in the flash mob activity, empty bottles beer or other alcoholic drinks (can be filled with fake alcohol - Juice) and a car.

The process consists that five young people acting like they are drunk and they are approaching to the car in order to drive. They would really should act out a scene in a way that people around them think they are drunk and that they want in this state to enter the car (they can be loud, to attract the attention of other people). When they open the car doors, they begin to argue about who will drive and state their reasons for it. In that moment (or from the beginning) somebody should watch how other people view and what their attitudes towards it. When observer approach to them and wants to stop them, everyone should make him / her clapping. After that all five participants banners taken from the trunk where you can write some messages such as, "When you drink does not drive" and so on. This course of action would be a good to record with camera.

The funds required for the implementation of these activities: car, at least five young people, one volunteer who will intervene if no one else does not, fake alcohol bottles, camera or phone to take photos. This action shows that people are still reluctant to intervene and prevent bad things happen. During this action, only one young man, intervened although the town square where the action was taking place was full of people. Also, members of the private security companies have observed all this and did nothing (just went). Banners were eventually are the perfect way to be completed this flash mob and left long-lasting message in the minds of people.

10. Street action - flash mob

Promoting the fact that observers should not turn their heads from violence and they must react in order to help, but it does not thereby put themselves in risk, is the basic purpose of this activity. The steps for implementation of activities:

1. 30 young people (may be more or less, depending on the area) flat circle and put a bandage over their eyes.
2. On its back they put message: "React as human, help the victim. "
3. In the center of the circle two or more people are acting scenes of violence (verbal, physical ...)

The funds required for the implementation of these activities: About 30 young people, blindfolds for all of them, T-shirts with the message or messages written on the back (on the paper).

While doing the scene of violence people are not willing to intervene, because they see that staged due to the large circle around them, but it sends them a strong message that we must react in situations when we see violence happening but in a way that it does not bring us to dangerous situation.

11. "Wednesday workshop"

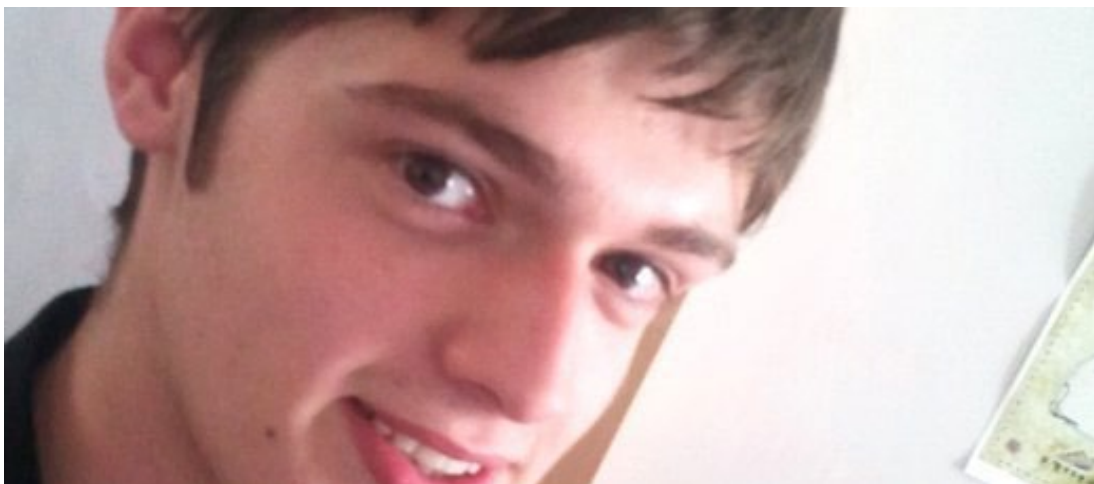
Every Wednesday we invite young people from different schools to join us on workshop and conversation about various topics. Sometimes it prevention of violence, gender equality and similar topic but sometimes is just talking about the problems they face. The reason why this group is very good is because we have a lot of young people from different schools, different levels of knowledge, from different social and cultural backgrounds and they all talk to each other in a way that solves problems.

Workshops are conducted by different trainers, from very experienced to those who have never did not lead the workshop. Experienced educators also help less experienced to design and conduct a workshop with the group.

12. Our 10-min of smart conversation

Through this activity we contribute to the development of skills and potentials of young people, giving them the opportunity to learn from each other. Everyone has their own stories and experiences and through them we learn new things. Therefore, this activity provides an opportunity for all young people who want to participate to tell their story in 10 minutes or to teach us something about what they think might be useful for us.

What young people say about the activities promoted by the Program M: Armin Ličina on joining the "Be a Man Club" (BMC)



Something happened at school, something that caught my attention. I had no idea what it was and I wanted to know...

My attention was drawn by the posters that were unusual. I decided to sign up and find out what it was all about. At first I was quite skeptical about all of it, but as time went on I began to like BMC, the activities that were taking place and socializing with friends. I wanted to become different, to become a good example to others. I was drawn by stories that the young men from BMC were great guys and friends, and that with good fun and socializing we could learn something, which could be useful for me and my friends. Motivational activities were also a good incentive to get involved. But these activities are nothing compared to the development of my character that I have achieved with the help of BMC and which I will have for life. Priceless!

The difference is huge. Frankly, I cannot imagine myself without BMC. My life was going in the wrong direction before my savior, BMC, showed up. Before BMC I wasted my time doing nothing. When I joined BMC through

the workshops I learned how a real man should behave. Something quite opposite to the Balkans understanding of a man. The methods used in the education of young people are great, it is something completely different from what we are used to in our education so far. If schools would apply these method I believe that we would become better young people with a lot more knowledge than we have now. Camps for leaders are a different story. This is something that cannot be forgotten. This is the experience of a lifetime. Group training with friends is a great method. This is the most effective method to reach out to young people.

Through this experience I gained leadership skills and learned how to approach people I am meeting for the first time in my life. Earlier I used to be quite closed off and in fact I did not have many friends. I went through an advanced camp and I noticed a difference in how I behaved before and after the camp. I got better. I have realized many things that my peers will not understand until they are much older. My communication skills have also improved. People want to be my friends because of the way I act, thanks to BMC. I learned to enjoy the years of my youth in the right way. BMC also helped me to understand what kind of a man girls like. It is not important how you look; I enjoy the company of girls and my reputation among girls is much better. I also became a young man who is a role model to his peers, and in the future I will also be the role model to my children.

Denis Hadžović on joining the "Be a Man Club" (BMC), Zagreb



I walked around the school and saw a strange stand in the hall, which was surrounded by a number of students. I walked over and asked what was going on. The guys from BMC explained and asked me if I wanted to join them.

At first I refused, because I thought it was nonsense and I did not want to sign up. Two weeks later the stand was again in our school and I asked a classmate if he wanted to go with me. After a short conversation, we agreed to sign up.

We went to sign up and after school we went to our first camp of the "Be a Man Club" for beginners and there it all began. I liked the BMC camp and workshops in which I participated very much, and we had great fun in our free time.

In the first BMC camp, I learned some things I did not know about drugs, alcohol, and sex. When we returned from the camp, I stayed active in the BMC, I participated in many workshops and I went to many places with the BMC. I changed more and more and I learned even more.

Before the BMC I was just an arrogant kid who did not think about the consequences that would arise after you did something stupid. Or, if someone would start provoking me, I would answer him three times stronger. Today I think much more about some things I had never thought about before and I control my emotions and reactions much more than before. BMC taught me many useful things, not just about sex, drugs, alcohol and the like, but also a lot of things that are useful for life. For example, negotiation skills, anger management, and emotional management, that all people are equal regardless of whether they are red, yellow, black, pink, or white, whether they are gay, straight, or bisexual.

If there weren't for the BMC, I would probably have been the same arrogant kid who cared only about fighting, provoking, and doing stupid things.

Uroš Radulović on joining the "Be a Man Club" (BMC), Belgrade

My story about "Be a Man Club" started in early 2012. Workshops have started and caught my attention with topics which are different than the things we usually do in school, and they looked much different than the



As time went by, topics became more and more interesting for me – with all these different topics, from gender equality to workshops about violence and how to evade and prevent it in a nonviolent way, to drugs, homophobia, health, etc. This was all very educational and I learned a lot of things I did not know before. Also, I began to respect girls and women more, and also respect people's opinions, their differences, and diversity. Later I participated in Rima-Roma workshops with the young Roma boys rap group "Grubb" and a couple of other BMC members. These were creative musical workshops which also had the goal of increasing tolerance and respect towards Roma people and other minorities. In only two days, in a great and fun atmosphere, with lots of laugh, we created a song called "Sound that lights up the speakers", in which we promoted the fight against discrimination and nonviolence. A couple of months later we participated in the street activism festival called "Vreva" and performed this song. Soon we will work more on this song and maybe add some new things.

Also, this summer I participated in two "Be a Man" camps where I learned a lot about leadership skills and how to become a true leader. There was a regional camp in Croatia where I met a lot of different and great people from countries in the region and I saw and experienced many wonderful things. I was also in a national "Be a Man" camp on the lakes in Bela Crkva where we also learned new things and had great fun.

With the help of BMC and through all these different activities, I have realized some important things in life, that we should not treat people with discrimination of any kind and that it is normal to be different. Also, I have realized how any kind of violence can affect a person and that violence is never the right way. All the things I have experienced and learned and all the skills I have acquired are very useful for my life and my future.

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