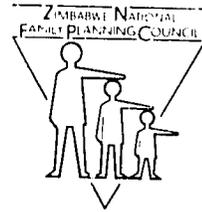
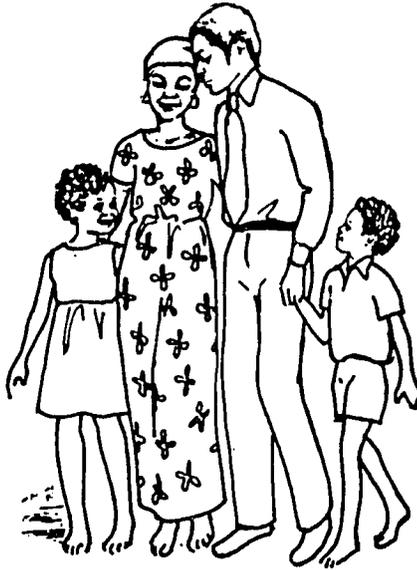


WORKING WITH PARENTS

Trainers Manual on Human Sexuality



**Parent Education Programme
Youth Advisory Services
Zimbabwe National Family Planning Council**



**This manual is for all those who want to help parents
talk comfortably and effectively with their children
about sex and sexuality
and share with their children
the values that are important to them.**

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Talking about Sex Isn't Easy

BOOKS, FILMS, AND TEACHING AIDS

FOREWORD

The Ministry of Health and the Zimbabwe National Family Planning Council have experienced, trained personnel who work directly with both rural and urban youth and families in the area of family health education, to help them improve the quality of their lives.

Pregnancy among teenagers in Zimbabwe is being recognized as a serious health hazard, often with tragic consequences for the health and social well-being of these teenagers. In many cases, teenagers seek illegal abortions, which can cause them physical and emotional damage. Many births lead to dumping of the unwanted infants. Some young mothers are left with permanent physical impairments, or their infants die. Even if a teenager gives birth with a trained health worker present, she faces a high-risk delivery and possible complications.

The Ministries of Health, of Education, of Youth, Sport, and Culture, of Community Development and Women's Affairs, of Defence, and of Home Affairs; the Zimbabwe National Family Planning Council; the Association of Women's Clubs; and the City Councils of Hatare, Mutare, and Bulawayo -- all of us are convinced that parents, implicitly and explicitly, are the primary sex educators of their children. Hence we are dedicated to parent education -- to providing parents with the information and the communication skills they need to become better, more effective sex educators.

Zimbabwe National Family Planning Council
Programme Coordinator

18 September 1986

PREFACE

This manual for Zimbabwe is an adaptation of the one I developed during seven years of working with many thousands of families in the Parent Education Programme of Planned Parenthood of New York City. Initially a resource for parents in one urban neighborhood, this programme has now become a model for parent programmes throughout the United States. It is also beginning to be adapted in other countries, among them nations in Africa -- an interesting natural progression, since many of the parents we work with in New York City have their historical roots on the African continent.

In preparing the manual for Zimbabwe, I am indebted to the participants in the Curriculum Development Workshop held at Spilhaus Centre, Zimbabwe National Family Planning Council (ZNFPC), in August, 1986. Their comments and suggestions were invaluable. They are Dr. E. S. Boohene, Programme Coordinator, ZNFPC; Mrs. J. Tsodzai, Chief of Youth Advisory Services, ZNFPC; Mr. T. Nzuma, Chief of Community Based Distributors, ZNFPC; Mr. T. Musakwa, Youth Advisor, ZNFPC; Mrs. C. Mutiti, Health Education Officer, Harare City Council; Mrs. E. J. Agere, Projects and Training Coordinator, Association of Women's Clubs; Miss C. Chivizhe, Cultural Officer, Ministry of Youth, Sport, and Culture; Mr. N. D. Bhunu, Special Duties Officer, Writer, Ministry of Education; and Mrs. Zvongobani, Ministry of Health.

The preparation of the Zimbabwe manual was a special project of Planned Parenthood of New York City's Margaret Sanger Centre. The manual was edited and designed by Marcia Lawrence. Special thanks go to Omowali, who did several of the drawings, and to the members of the staff of PPNYC's Parent Education Programme: Richard Jordan, deputy director of the programme, Nanette Ecker, sex educator, and Betty Gilmore, administrative assistant.

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Planned Parenthood of New York City, Inc.

INTRODUCTION

WHY PARENT EDUCATION?

Most parents are uneasy in talking with their children about sex and sexuality.

Much of this discomfort comes from inadequate information and from their cultural backgrounds. Many parents feel they themselves do not understand sexuality well enough to be comfortable talking about it. They know they often lack facts about anatomy, physiology, menstruation, puberty, masturbation, conception, and contraception.

Contributing to the anxiety, often, are the parents' values, beliefs, attitudes, and fears. Some parents do not discuss sexuality with their children because they believe too much information leads to experimentation. Some think that if they ignore the topic, it will go away. Others use myths and scare tactics to discourage their children from early sexual experiences.

Unfortunately, neither silence nor scaring works. In fact, studies indicate that misinformation or lack of information about sex simply increases sexual confusion and vulnerability. It stimulates curiosity and leads to more, not less, early experimentation -- often resulting in unwanted pregnancy or venereal disease.

What does work is honest, informed communication. When parents have access to the facts, when they have the chance to clarify and learn to express their own values, and to become comfortable talking about these things in groups with other parents -- then their task as sex educators becomes easier.

Here are some important considerations.

- . Teenage pregnancy poses serious health hazards.
- . Children today do not know much more about sex than their parents did -- but they do more than young people used to. They have learned enough to get into trouble, not enough to prevent trouble.
- . Between 85 and 95 percent of young people learn most of what they know about sex from their friends, and much of it is misinformation. Dependence on friends for sex education is slightly less for girls, probably because mothers often explain menstruation to their daughters.

- . Sex education in the schools is usually limited, and includes little information on human sexuality and family planning.
- . Only a small amount of information about sexuality is given to young boys and girls at the time of their initiation into manhood and womanhood.
- . The rate of abortion has increased, leading to increased morbidity and mortality rates.
- . Unplanned pregnancies can lead to forced marriages. Forced marriages may later become broken marriages, encouraging prostitution.
- . Baby dumping -- the abandonment of infants by parents who are not yet prepared to take on the responsibilities of parenthood -- is causing much concern about the health of the young mothers and their infants.
- . Despite the strong need for men and boys to be involved in all aspects of family planning and child development, family planning and family education programmes tend to focus more on women and girls.
- . All women want and need stronger support from men in parenting.

Providing Support for Parents

Parents need to realise that they are naturally the principal sex educators of their children.

That does not mean they have to have a great deal of technical information; children hardly ever ask technical questions. But to avoid passing on misinformation, they should have certain basic facts -- about the genital organs, menstruation, wet dreams, masturbation, intercourse, birth control, how babies are conceived and delivered, and the like.

And most parents need assurance.

As a trainer or facilitator, you can help them gain self-confidence by reminding them that --

- . Nobody can be the perfect parent at all times. It's all right to relax.

- . They have plenty of time to talk to their children about sex. They needn't feel pressured to tell everything at once. Sex runs throughout a lifetime.
- . They have already begun their children's sex education without realising it, through their natural parental actions -- loving, fondling, hugging.
- . They have also begun preparing their children to make thoughtful decisions about sexual involvement -- by encouraging them to develop and use the skills of decision making even in childhood choices.

Communicating with Children and Teenagers

Often parents want to be involved in their child's sex education, but feel they do not know how to go about it.

As a trainer or facilitator, you can help them by saying --

- . It's normal for parents to feel nervous and embarrassed when talking with their children about sex. But they shouldn't let the feelings immobilise them.
- . The most important thing they can convey is that no question is ever 'wrong' to them as parents.
- . Parents can learn to be 'askable.' They can create an atmosphere that stimulates communication.
- . They can identify and evaluate the kinds of attitudes they are communicating to their children.
- . It's wiser in the long run to be truthful about everything.
- . Children acquire behavioural patterns and values largely by observing others, especially their parents.
- . Children are sensitive to nonverbal communication and can be encouraged or intimidated by the expression on a parent's face or by posture or gestures.
- . Silence conveys powerful messages of discomfort and taboos about sex.

Clarifying Values

Parents have to be clear about their own values if they want to transmit them to their children. They need to work through a number of things and establish their own 'comfortableness' with subjects related to sex before speaking to their children.

As a trainer or facilitator, you can help by identifying the areas they should look at with special care.

They need to --

- . Sort out their feelings about nakedness and privacy, so they can establish basic rules and explain the limits on behaviour they wish to set for their children. (Defining situations in which to undress, etc.)
- . Sort out their feelings about using sexual slang and consider how its use affects them as parents.
- . Sort out their feelings about sexual literature or picture magazines, so they can decide what they want to convey to their children.
- . Be prepared to cope with what their children want to know, and confident they are meeting their children's needs.
- . Sort out their feelings about premarital sex, birth control, abortion, etc., so they can clearly convey their values to their children.
- . Compare their values with those expressed in the culture, so they can prepare their children to handle differences or conflicts they encounter outside the home.
- . Consider their religious beliefs, and if they are confused on any point or have questions, get the uncertainties resolved before they try to communicate the beliefs to their children.
- . Define the kind of sexual values and behaviour they expect from their children.
- . Decide on the sexual subject matter they consider essential for their children to learn.
- . Consider how they feel about their children's receiving sex education in school, compared with sex education provided by themselves at home.

Sex Roles

Parents need to explore the roles each of them will take in the sex education of their children. They may also need to give some thought to their own relationship as husband and wife.

As a trainer or facilitator, you may want to point out that --

- . Parents whose own parents found it difficult or impossible to talk with them about sexuality are likely to have the same difficulty with their children.
- . The easiest time to start basic sex education is when children are still very small -- when they are less likely to make parents feel uncomfortable or at a disadvantage.
- . When parents feel uncomfortable talking about sex with their child, the best thing is to admit it frankly and explain why they feel that way -- that it is because of upbringing, family background, whatever. Honesty will not eliminate discomfort, but it can improve communication between parent and child.
- . If one parent is more at ease with the subject of sex, that parent can take the lead role in sex education. The other parent may join in or stay silent when and as it feels comfortable.

WHO NEEDS PARENT EDUCATION?

Parents, Of Course

Since time began, in every country and culture, parents have been the first and most influential source of all knowledge, beliefs, attitudes, and values for their children. And they can be ideal sex educators as well as role models for their children. They provide unspoken sex education by the way they act toward each other and toward their children. They are there at every stage of a child's development, to answer questions, give information, and discuss concerns. They can make understanding sexuality a natural, normal, and progressive experience.

Unfortunately, many parents cannot or do not answer their children's questions at home. So most of what adolescents know about sexual reproduction, anatomy, pregnancy, etc., has been picked up from their peers and is either wrong or incomplete.

Education about sexuality and about communicating with one's children on the subject can help parents do a better job. They need to know that when children come to them with questions related to sexuality, not to respond is itself a response. It communicates its own message -- a negative message.

Grandparents

Grandparents often play an extremely close, nurturing role in a child's life. They, too, are influential in shaping the child's values and knowledge. The way in which they and other close relatives relate to the child contributes to the child's sexual development. Their warmth and love help develop the child's capacity for affection and love -- important aspects of healthy sexuality.

So grandparents can add significantly to the sex education of their grandchildren -- directly, and in discussing it with the child's parents so they can all work together in educating the child.

Men

Too often, fathers and other adult men in a child's life withdraw from any role in the child's education about sex. They see sex education as 'women's work,' the mother's responsibility.

This is unfortunate. Children -- girls and boys alike -- need the presence, strength, and love of a man to help define their own sex roles.

A man's being a man does not mean he cannot be loving. In fact, caring for and nurturing a child require a special strength and sense of responsibility. Women both need and welcome men's involvement in educating their children.



Fathering does not end after the sperm cell fertilises the egg. That should be just the beginning of a lifelong process of loving, growing, and sharing the joys of parenting.

Foster Parents

Foster parents, stepparents, aunts and uncles, nannies, teachers, and other adults responsible for children play the same powerful, influential role as parents. From them, children derive their attitudes, values, and facts.

Parents of Disabled Children

Mentally retarded and physically handicapped children, even adults, are too often treated as if they were or should be nonsexual beings, with no need to know about sex, reproduction, or birth control. Educators and especially doctors tend to focus on the child's affliction and put off or ignore all psycho-social concerns; sex education has the lowest priority of all.

But people who are disabled are indeed sexual beings. They have exactly the same needs as anyone else to feel attractive, to be close to others, to love and be loved.

There are two common stereotypes about the sexuality of the mentally retarded -- that their childlike level of intellectual development equates with a childlike 'innocence' about sex, or that their sexuality is primitive and stronger than 'normal' people's. Both ideas are inaccurate and harmful in their inaccuracy.

But retarded children do have special educational needs, and their parents do face special difficulties in meeting these needs. It is vital that the children learn, early and well, the basics of conventionally acceptable social and sexual behaviour; and they should be enabled, to the fullest extent possible, to make their own informed choices about birth control.

Two new books may be helpful to parents and others who work with retarded young people. They are An Easy Guide For Caring Parents: Sexuality and Socialization and An Easy Guide to Loving Carefully. (See BOOKS, FILMS, AND TEACHING AIDS at the end of the manual.)

RECRUITING PARENTS

In recruiting parents for a sex education programme, ask yourself first, 'Where are parents most likely to be found?'

The answer is that you will find them wherever they and their children ordinarily gather:

At Girl Guide and Boy Scout meetings. In Brigades. At marketplaces and extension projects. Social service organisations. PTA groups, women's groups, youth groups, religious groups. Cultural and tribal societies.

In all kinds of schools -- trade centres, teachers colleges, technical institutions, the university.

In hospitals and health care centers. Clinics -- especially antenatal, postnatal, and well-baby clinics.

In places where people work, live, or shop. In factories and businesses. On the roadsides or on farms. In housing settlements, churches and mosques, even bars, clubs, and cinema houses.

Through organisations, governmental and private. The Adult Education Literacy Campaign in Zimbabwe. The Zimbabwe Teachers Association. Associations of nurses, midwives, or village health workers. Trade unions. Sports organisations. The Zimbabwe Police Force and the military forces. Local government councils. In rural areas, the chiefs and village heads, the village development committee, cooperatives.

Having found parents, keep in mind the critical element of time. Remember that in many families, both parents work and can only attend workshops held in the evening or on weekends.

Announcing Your Programme

You will need to get the word out to as many areas and organisations as possible. First, research the community. Pinpoint the key leaders and organisations that will support you and use the programme.

Then find out what resources other organisations can make available to you. Ask libraries about films and booklets, posters and photographs, and about space to house workshops. Large housing developments may also be willing to give you space, indoors or out. So may community centres, churches, and schools. (At a school, check with the principal or headmaster or headmistress).

In your particular area, there may be a coordinating agency for social service organisations, which can provide you with names and

addresses. The Voluntary Organisations and Community Enterprises (VOICE) has listings of scholastic institutions and information on adult education programmes and agencies. Also consult the Ministry of Labour and Social Welfare and the Ministry of Cooperatives.

Try to make as many personal contacts as you can to talk about the programme. A telephone call or visit is the most effective first approach.

Next, prepare a letter you will send to all the people you have talked to or whose names you have. Let them know you are prepared to begin working with parents. Let them know your hours; include day as well as evening presentations. Tell them what kinds of sessions you are offering and what special resources (such as a film) will be available. (See OTHER RESOURCES at the end of the manual for two sample publicity flyers.)

Publicity

Publicity can be expensive. But with hard work and creative thinking, it is possible to make a small budget go a long way. Here are some ideas:

- . Hold an open house to let parents and organisations know about your programme.
- . Send a press release to local newspapers about your programme. (Make sure it's brief and to the point.)
- . Write letters to local television and radio stations about your programme and the workshop you're about to hold.
- . Request promotion by core facilitators on radio.
- . Send notes to local newspapers before each workshop you hold, giving the time and place and inviting people to attend.

When you have made all the necessary contacts and told everyone you are ready to start scheduling workshops, you can wait for groups to contact you. It is up to the calling organisation to set a place and have an audience ready. Your job is to go to them and present your workshop. Afterward, those who participated will begin to be your publicity agents. Their word of mouth will be your best -- or worst -- friend.

PREPARING FOR YOUR WORKSHOP

In this manual, you will find descriptions of various kinds of workshops, all nonformal, practical in their aims, and participatory in structure.

They are intended solely as guides; there are no requirements. Different audiences will have widely different needs, so feel free -- in fact, be prepared -- to adapt your materials and activities to suit. Exercises that involve reading or writing can be done orally with participants who cannot read or write English. Informational handouts can be read aloud (in translation, if participants cannot understand English). A One-Day Workshop can be compacted into three hours or a Three-Hour Workshop enriched to last all day. The times suggested for individual activities are similarly flexible. An activity proposed for one workshop may work better for you in another. Switch, combine, improvise.

You know better than anyone else what is best for your group. Just remember that your first responsibility in any workshop is to make everyone in the group feel at ease and enthusiastic about participating in the activities you have chosen.

All these workshops deal with important and sensitive issues that many people find difficult to discuss. If you are relaxed, it will help others to be. If you are friendly and cheerful, your manner will set the tone for the discussions and encourage those who feel shy.

The more careful your planning is, the more likely the workshop is to go well. Here is a check list to go over before each meeting.

A Workshop Check List

- If the session will be held indoors, make sure you have seen your meeting room beforehand, know where the light switches are, and know that the building will be unlocked.
- Make sure you have all the resource materials and equipment you need, including enough copies of materials you want to hand out. Or if duplicating them is a problem, make one enlarged copy on a chalkboard or newsprint ahead of time.
- Arrive at least 15 minutes early to get organised and welcome people as they come.

- Arrange seating in a comfortable way. A circle is usually best.
- As people arrive, welcome them, give out name tags, and introduce yourself.
- At the start of the session, introduce yourself more fully and say something about being an 'askable' parent.
- Before you do an exercise or invite discussion, explain why you're doing so and invite everyone to join in.
- Near the end of each session --
 - review what its goals and objectives have been;
 - cover in a few sentences any subject the group was interested in that you didn't have time to discuss;
 - remind the group of the time, date, and location of the next session, if any.
- Always have reference material with you. If you don't know or can't immediately locate the answer to a question, tell the group where else to go for the information. Don't be afraid to say, 'I don't know.' But be sure you do know what resources are available in the community for you to refer to.
- End the workshop on time and thank everyone for coming.
- Stay until everyone has left.
- If the session was held indoors, close the meeting room in whatever way you arranged with the organisation that provided the space. Unless they specify otherwise, lights should be off, chairs straightened, trash discarded, windows closed, doors locked.

MAKING WORKSHOPS WORK

- Introduce Yourself

Begin the session by briefly describing your own background. Include your education and training in the field of sexuality, your experience as a workshop leader, and any other relevant

facts. Include a little personal information: 'I'm a parent myself, with a daughter and two sons.' Or 'I have four children, who are being raised by their grandmother.'

State the Purpose of the Programme

There are two:

To increase parents' communication skills, their knowledge about sex-related subjects they want and need to discuss with their children, and their comfort in discussing them.

To help parents clarify their attitudes and values in a period of societal change.

Explain the Workshop's Scope and Rules

Discuss what you hope to accomplish together. Let the group know the topics to be covered, the starting and ending times, whether and when there will be any breaks, and whether any outside resource person will also be present.

Establish ground rules:

-- Encourage full participation by all parents.

-- Ask for courtesy among participants, so everyone can have the opportunity to join the discussion.

-- Discourage nonparticipating spectators. (Bystanders can discourage a free-flowing discussion. Encourage them to be part of the group.)

-- Deal with smoking, and anything else affecting the comfort of the group.

Getting Off to the Right Start

Create a comfortable atmosphere.

Prepare readable name tags.

Provide refreshments.

Greet each person cordially.

Start with a warm-up exercise to put parents at ease.

Acknowledge and respect each person's opinion.

Tips for Leading Discussion

Establish ground rules for yourself, besides those you set with the group, and stick to them:

-- Respect everyone's right to be heard and express personal feelings.

-- Encourage participants to talk by praising the comments they make.

-- If some participants monopolise the discussion, turn to quieter ones and ask their opinions.

-- Don't embarrass participants by asking for information they may not have. Use open-ended questions: 'What did you think about...?' 'What are some of the ways...?'

-- Don't lecture. Instead, ask questions that invite participants to offer their knowledge as well as their concerns. This lets you determine their level of sophistication about sexuality while giving them practice in discussing sexual topics.

-- Remember that humor can often be highly effective in relieving tension. If a light touch is your style, don't hesitate to use it whenever appropriate. But if it's not your style, don't force it.

Always Remember Your Role

In leading a group, your job is to be a facilitator: to stimulate discussion, supply facts, provide necessary tools to enhance communication -- never to dominate.

A good facilitator creates an atmosphere in which information and ideas flow freely within the group, making sure that every member of the group has a chance to participate, that statements are accurate, and that myths are examined and discarded.

The result is a workshop that is fun, exciting, and educational, in which everyone present is involved. Nothing is more boring than to listen to someone lecture all the time. Nothing is surer to block the learning exchange you want to achieve.

CHOOSING CANDIDATES FOR TRAINING

Training is important in equipping people to serve as workshop leaders or facilitators. Equally important are certain qualities people must bring to the training. You were chosen on the basis of these qualities, and at some point you will need to look for them in others.

In choosing candidates for training in the Parent Education Programme, keep your eye out for men and women who --

- are responsible, natural leaders
- work in the community
- enjoy working with people
- can be non-judgmental about the religious and moral values of others
- believe parents are the primary sex educators of their children and should have access to the information they need to do their job
- care about improving parent-child communication about sexuality, arming parents with facts, and helping them clarify and express their values
- believe children and young people need to have sexual facts interrelated with values in order for them to make sound decisions about sexual relationships
- want to develop the technical skills required to conduct and facilitate workshops for parents and children
- have such technical skills and want to enhance them, and learn how to transmit them to others

Parents teach in the toughest school in the world
-- 'The School for Making People.'
You are the Board of Education, the principal,
the classroom teacher, and the janitor....
You are expected to be experts on all subjects
pertaining to life and loving....
There are few schools to train you for your job,
and there is no general agreement on the curriculum,
you have to make it up yourself.
Your school has no holidays, no vacations, no unions,
no automatic promotions or pay raises.
You are 'on duty' or at least 'on call'
24 hours a day, 365 days a year,
for at least 18 years for every child you have....
Within this context, you carry on your people-making.
I regard this as the hardest, most complicated,
anxiety-ridden, blood-and-sweat-producing
job in the world.

Virginia Satir

WORKING WITH PARENTS

GENERAL WORKSHOPS

COMMUNICATING ABOUT SEX

PARENTS AS SEX EDUCATORS

- . Getting Started: Sex and Sexuality
- . Learning the Facts: Biology and Terminology
- . Making Choices: What's Important to Me?
- . Talking It Out: Easier Said Than Done
- . Some Implications: Health and Social Issues
- . Growing Up Today



A One-Day Workshop: COMMUNICATING ABOUT SEX

Designed for up to 40 men and women whose children are or soon will be teenagers; to increase their knowledge and understanding of sexuality and improve their communication skills.

WHAT WE HOPE TO ACCOMPLISH

To let parents explore their personal feelings and concerns and identify what they want to know.

To provide them with basic information about sex and sexuality.

To help them feel more at ease talking about sex.

SUGGESTED MATERIALS

Projector and screen (or white wall)
Film
Chalkboard or newsprint pad
Chalk or felt-tip pen
3x5 index cards
Pencils or pens for everyone

Handouts:

Parent Questionnaire
Workshop Ground Rules
Rules for Brainstorming
Attitude Survey
Seven Value Indicators
How to Talk to Your Child

NOTE: If participants cannot read or write English, make the pre- and post-workshop evaluations oral. Limit your questions to three that you think will tell you most about changes in the group's thinking, feelings, or level of knowledge; and pose the questions in the same words before and after the workshop. Workshop activities involving reading and writing will also need to be done orally. Written materials you want to use should be read aloud (in translation, if the group is not English-speaking).

SUGGESTED ACTIVITIES

Getting Acquainted (15 minutes)

Greet the group. Introduce yourself and other leaders, describe the purposes of the parent education programme, and explain what will take place in this workshop.

Ask participants to tell briefly why they came and what they hope to gain from the session. If there are fewer than 20, invite them to give short self-introductions, telling their names and something about themselves.

Distribute the 'Parent Questionnaire' and index cards. Ask participants to fill out the questionnaire and write on the card at least one question they'd like answered in the course of the workshop. Hand out and review 'Workshop Ground Rules.'

Communicating Verbally and Non-Verbally (20 minutes)

Distribute 'Rules for Brainstorming.' After the group has reviewed it, brainstorm for answers to these questions:

What is communication?

What forms can communication take?

Do we communicate without talking?

Record responses on newsprint or chalkboard. Ask the group which nonverbal forms of communication send positive messages and which send negative ones.

Body Talk (20 minutes)

Ask participants to role-play the sending of positive and negative messages nonverbally.

Defining Values (60 minutes)

Help participants work through their feelings about morals and values, especially in teaching their children about sex.

The 'Attitude Survey' can be used to spark discussion. You may also find 'Seven Value Indicators' helpful.

Stress that parents do not have to be sex experts. They do need to be able to provide their children with accurate information and feel free to express their personal feelings and moral values.

Example: 'My own feeling is that teenagers shouldn't engage in pre-marital sex. But that's a personal decision you will have to make for yourself. Meanwhile, I want you to have the basic facts about sexual intercourse, and about pregnancy and contraception, and about venereal disease.'

Dispelling Misconceptions (10 minutes)

Ask for the group's reactions to these four statements. Discuss.

Most parents think they have to know everything to talk to their children about sex.

Most parents think they have to feel completely comfortable talking to their children about sex.

Most parents are afraid they may tell their children too much.

Most parents think they ought to wait for a child to ask.

Lunch Break (45 minutes)

Take a few minutes to check the group's questionnaires and cards for questions to be answered in the afternoon session.

Film and Discussion (30 minutes)

Show the film and ask the group for comments.

Ways To Talk to Your Child (20 minutes)

Distribute 'How to Talk to Your Child.' Go over the rules with the group and ask for their comments. See if they can add to the list. Try some role playing, with participants alternating in the roles of parents and children.

Wrap Up (20 minutes)

Review the goal and objectives of the workshop. Ask participants whether they feel any differently now about discussing sex with their children. If there are questions you haven't dealt with, answer them now. If there are any you can't answer, suggest another source of information.

Distribute fresh copies of the 'Parent Questionnaire' and ask everyone to complete it again. Go over community resources the group may find useful, such as the facilities and services offered by the Youth Advisory Services of the Zimbabwe Family Planning Council.

A Six-Part Workshop: PARENTS AS SEX EDUCATORS

Designed for up to 40 men and women whose children are or soon will be teenagers; to help them better understand and meet their children's needs for sex education.

Session I: GETTING STARTED: SEX AND SEXUALITY

Designed to broaden the group's understanding of sexuality, dispel common misconceptions, and provide opportunity to raise whatever concerns they have about discussing sex with their children.

WHAT WE HOPE TO ACCOMPLISH

To explore with parents the meaning of sex and sexuality.

To encourage them to look back on their own sex education and realise how the ways they learned about sex affect them now as sex educators; and to help them understand that their children today are learning about sex from many sources.

To enable them to recognise and refute common myths and misconceptions about sex and sexuality.

SUGGESTED MATERIALS

Chalkboard or newsprint pad
Chalk or felt-tip pen
3 x 5 index cards
Pencils or pens for everyone
Myth-Information Game

Handouts:

Parent Questionnaire
Workshop Ground Rules
Course Outline
Part of a New Group
Rules for Brainstorming
Sex Role Quiz

Issues We Face in Real Life
Myth or Fact?
Did Anyone Ever Tell You?
Sexuality and Sex
Life Cycle Form

NOTE: If participants cannot read or write English, make the pre- and post-workshop evaluations oral. Limit your questions to three that you think will tell you most about changes in the group's thinking, feelings, or level of knowledge; and pose the questions in the same words before and after the workshop. Workshop activities involving reading and writing will also need to be done orally. Written materials you want to use should be read aloud (in translation, if the group is not English-speaking).

SUGGESTED ACTIVITIES

Getting Acquainted (20 minutes)

Because this group will meet for six sessions and you especially want participants to feel comfortable with one another and mutually supportive, spend a little extra time now in getting acquainted. This is important even if some members of the group already know one another -- they will be revealing themselves in new ways.

Greet the group. Introduce yourself and other leaders, and describe the purposes of the parent education programme. Hand out the 'Course Outline' and go over each session. Discuss what you hope to accomplish and the activities you have planned.

Next, choose a getting-acquainted activity suited to the size of the group.

You may want just to ask all participants to give their names and religions, the sex of each child, whether the child is attending primary or secondary school, and the parents' reasons for attending the workshop.

Or you may want to tell a brief story or cite a common proverb. (Example: 'If you tread in mud, you can't expect to come out with clean shoes -- so, if you're a parent or guardian, you're already the primary sex educator of your children.')

Distribute 'Part of a New Group,' the 'Parent Questionnaire,' and index cards. Ask participants to fill out both questionnaires

and write on the card at least one question they'd like answered in the course of the workshop. Hand out and review 'Workshop Ground Rules.'

What's Worrying You? (10 minutes)

Introduce the notion of brainstorming by reviewing the 'Rules for Brainstorming.'

To start the discussion, you may want to go over 'Issues We Face in Real Life.'

Have parents brainstorm whatever concerns they feel about anything related to sex -- aspects of sexuality, relationships, children and sex, their own roles as sex educators. Have them raise concerns their children have or their friends express.

Write the concerns on newsprint or the chalkboard. When the group runs out of ideas, go back and review the list. Tell the group which concerns you will address during today's session, which ones you will get to in future sessions, and which -- if any -- you cannot deal with.

Myth or Fact (25 minutes)

You may want to start by handing out 'Myth or Fact?' Ask the group to tell you all the sexual myths and misconceptions they can think of -- ones covered in the handout, plus any others they've heard. List them on newsprint or a chalk board.

Or use the 'Myth-Information Game' to spark discussion. Divide the group into subgroups of five or six and distribute 'Myth-Information' cards to them. Ask the subgroups to spend 10 or 15 minutes discussing answers to the questions on the cards. Then call everyone back together and have each subgroup read its questions and report on its answers.

Ask parents to discuss the sources of their sex education: family, church, school, their friends, the media.

Have parents compare their sources of sex education with those of their children today. An additional resource for the discussion at this point may be 'Did Anyone Ever Tell You?'

Break (10 minutes)

Let people stretch and move around. You can use the time to check the cards for questions to be answered.

Sexuality and the Life Cycle (45 minutes)

The group needs to understand that:

There is a broad definition of sexuality.

All of us are sexual beings from birth to death.

Children are sexual beings.

Adolescence is a stage of transition when we feel special interest in and concern about sexuality.

Distribute 'Sexuality and Sex' and give everyone a chance to read it. Then introduce the concept of sexuality and the life cycle in your own words. The important concepts to present are:

We often think of sexuality too narrowly -- as just 'sex.'

In fact, sexuality has to do with many things --

- being male or female
- touching and being touched
- wanting to be and feel close to another human being
- being able to enjoy oneself in a sexual way
- being able to reproduce
- and more.

Invite the group to look at sexuality from birth to death, to broaden their definition of sexuality. This will help them better understand their children.

Divide participants into subgroups of five or six and give each subgroup a blank Life Cycle Form. Ask them to brainstorm and put down on the form every life experience they can think of that is related in any way to sex or sexuality. Allow at least 10 minutes for this.

Bring the group back together and ask the first subgroup to read out what they wrote for 'Birth to 4 Years.' Record the list on newsprint or the chalkboard. Have other subgroups make additions. Make additions yourself from your own Life Cycle Form.

Ask another subgroup to read their list for '4-12 Years.' Again, make additions. Ask the next subgroup to give their list for '13-20 Years.' Complete the group list, then say you'll return to the subject of adolescence in a little while.

Ask the next subgroup what they wrote for '21-50 Years' and the last subgroup what they wrote for '51 Years-Death.' Complete these lists. Wrap up this first part of the exercise by asking the group if it has helped them understand the complexity of the term 'sexuality.'

Start the second part of the exercise by going back to the list for '13-20 Years.' Review it with the group. Introduce the concept of adolescence as a unique part of the life cycle.

In your own words, describe what teenagers must cope with today.

- They are reaching puberty at earlier ages.
- There are many more sexual messages on radio and TV, in the cinema, in advertising, in popular music, in magazines, today than when their parents were young.
- Birth control is now widely available.
- Boys and girls get different sexual messages.
- More teenagers today are having sexual relationships involving intercourse. (Though not all teenagers, contrary to popular opinion.)

You may want to raise some questions:

How is growing up today different from when parents were growing up?

Who talks to children these days about sexual relationships?

Where can children get the facts about sex and sexuality?

As time allows, lead a discussion about any of these topics. Or simply ask what questions parents have about teenagers today. The important thing is to help parents see adolescence as a unique time and understand some of the pressures their children are or will be facing.

Wrap Up

Review the goal and objectives of the workshop. If there are questions relevant to this session that you haven't dealt with, answer them now. If there are any you can't answer, suggest another source of information.

Go over the time, place, and content of the next session.

A Six-Part Workshop: PARENTS AS SEX EDUCATORS

Session II: LEARNING THE FACTS: BIOLOGY AND TERMINOLOGY

Designed to help parents better understand human growth and development, the concept of self-validation, and the many influences that affect sexual learning and behavior.

WHAT WE HOPE TO ACCOMPLISH

To give parents basic facts about the development process in their children and explore with them how their own actions, reactions, and attitudes affect their children's thinking about sexuality.

To help them recognise the outside factors by which children validate their thinking.

To make them aware of the importance of correct sexual terminology and comfortable with it.

To provide them with accurate information about sexual anatomy and physiology.

SUGGESTED MATERIALS

Projector and screen (or white wall)
Film
Chalkboard or newsprint pad
Chalk or felt-tip pen
Pencils or pens for everyone
Anatomical charts or drawings

Handouts:
Word Exercise

SUGGESTED ACTIVITIES

Feedback from Session I (5 minutes)

Ask parents to comment on Session I and raise any questions they have about the material it covered.

Validation and Self-Image (25 minutes)

Put these definitions into your own words:

Validation: The 'I'm O.K., you're O.K.' process. The way in which one defines the 'rightness' of what one does or the legitimacy of one's actions.

Self-Image: One's concept of oneself, the way one sees oneself in relation to others.

Talk about some of the outside sources children often use to validate their behavior --

- other young people
- popular music
- TV, radio, cinema
- current fashions
- current literature

Ask parents what messages children get from these sources. Write them down on newsprint or the chalkboard.

How Our Bodies Work (40 minutes)

Using whatever visual aids you have -- charts, slides, or your own drawings on newsprint -- familiarise the group with the male and female reproductive systems: the correct names and functions of the body parts and their relationship to menstruation and conception.

Begin by asking if anyone can explain the process of conception, or menstruation, or ejaculation. In this way, you can establish what members of the group know and can separate what is accurate from what is not. This may go slowly. Take extra time if you need to.

Using the Right Words (40 minutes)

'Sexual Slang' can be a useful resource for a discussion of common euphemisms and slang. Ask parents which they prefer -- slang or standard terminology -- and why.

You may also want to use the discussion guide, 'Talking about Sex Isn't Easy,' and the activities it suggests. The 'Word Exercise' is another helpful activity.

Break (10 minutes)

While the group relaxes, re-check Session I's cards for questions that should be answered in this session.

Film and Discussion (40 minutes)

Show a film on reproductive anatomy and physiology and ask parents to discuss it. Go over the basic facts on masturbation, wet dreams, menstruation, ovulation, erections, and fertilisation.

Questions and Answers (10 minutes)

Invite the group to ask any questions they still have about what you've covered today. Raise relevant questions from the questionnaires or cards. Give participants the chance to answer first -- see how much information can come from them. You can supplement if anything important is left out. Go over community resources the group may find useful.

Wrap Up

Review the goal and objectives of the workshop. Go over the time, place, and content of the next session.

A Six-Part Workshop: PARENTS AS SEX EDUCATORS

Session III: MAKING CHOICES: WHAT'S IMPORTANT TO ME?

Designed to give parents a clearer awareness of their own values where sex and sexuality are concerned, and help them develop their children's values.

WHAT WE HOPE TO ACCOMPLISH

To help parents express, clarify, and discuss their values and standards.

To help them see how their actions communicate their values.

To convey the importance, not just of teaching their children biological facts, but of expressing values, attitudes, and feelings about sexuality.

SPECIAL RESOURCE

A professor of sociology or psychology at a local college or university, or a social worker, or a qualified graduate student

SUGGESTED MATERIALS

Chalkboard or newsprint pad
Chalk or felt-tip pen
Pencils or pens for everyone

Handouts:

Values Clarification Exercise
People Say....

SUGGESTED ACTIVITIES

Feedback from Session II (10 minutes)

Ask parents to comment on Session II and raise any questions they have about the material it covered.

Values Clarification: Presentation by Guest Speaker (30 minutes)

When you invite your speaker, ask him or her to talk about values clarification in relation to everyday life. The focus should be on what will help parents set standards for their children and develop their children's value systems.

Questions and Answers (15 minutes)

Parents will want time to ask questions and offer observations of their own. Make sure in advance that your speaker will be willing to sit down and talk with parents in this way.

Break (10 minutes)

While the group relaxes, re-check Session I's cards for questions to be answered in this session.

Values Clarification (30 minutes)

Distribute the 'Values Clarification Exercise: Earthquake.' Look over it with the group, making sure everyone understands the rules. Allow 25 minutes for making decisions. Save five minutes to review the exercise.

People Say.... (20 minutes)

Distribute 'People Say....' Go over the statements with the group. Ask each person to tell how he feels about each statement. Emphasise that it's not necessary for participants to agree on the statements. What is important is for them to know what their personal feelings are and be able to express them to their children.

Wrap Up

This time, instead of reviewing the goal and objectives of the session yourself, have the group do it. Ask them how they felt about the session. If there are questions relevant to this session that you haven't dealt with, answer them now. If there are any you can't answer, suggest another source of information.

Go over the time, place, and content of the next session.

A Six-Part Workshop: PARENTS AS SEX EDUCATORS

Session IV: TALKING IT OUT: EASIER SAID THAN DONE

Designed to help parents understand more clearly their own attitudes toward sex and sexuality, and develop the communication skills they need to be 'askable' parents.

WHAT WE HOPE TO ACCOMPLISH

To help parents identify both their positive and negative feelings about sex and sexuality.

To enable them to compare their personal standards for sexual behavior with the standards others hold.

To enable them to understand and use three basic forms of communication -- verbal, nonverbal, and 'active' listening.

SUGGESTED MATERIALS

Chalkboard or newsprint pad
Chalk or felt-tip pen
Pencils or pens for everyone
Blank paper for everyone

Handouts:

Attitude Survey
How to Talk to Your Child About Sex
Word Exercise

SUGGESTED ACTIVITIES

Feedback from Session III (5 minutes)

Ask parents to comment on Session III and raise any questions they have about the material covered.

What Do You Think? (20 minutes)

Distribute the 'Attitude Survey' and ask everyone to fill it out. Ask parents to think about what they put down about such issues as birth control, abortion, sex education, masturbation, pornography, and homosexuality.

Discuss the effect on open parent-child communication if the parents are -- or are not --

-- willing to explore alternatives to what they themselves would choose to do.

-- able to accept what others do.

-- open and ready to talk about a wide range of sexual topics and behavior.

Discussion: How We Communicate (60 minutes)

Go to the chalkboard or newsprint pad and ask the group to start giving you examples of the three basic forms of communications -- verbal, nonverbal, and 'active' listening (the kind that tells a speaker his message is being heard). Discuss how effective each is in conveying different kinds of messages.

In particular, discuss what silence can convey. Or direct eye contact, or its absence. Or various tones of voice. Or touching -- taking someone's hand. Putting work aside to give a speaker undivided attention, or continuing to work while listening.

Have participants role-play situations they have experienced or expect to experience with their children. One person can be the parent, another the child. Ask the rest of the group to observe and note their impressions. What seemed good or bad about the communication between 'parent' and 'child'? How do they think the communication might be improved?

Hand out 'How to Talk to Your Child about Sex' and spend a few minutes going over the list. Ask the group to add suggestions if they want to.

Break (10 minutes)

While the group relaxes, re-check Session I's cards for questions that should be answered in this session.

Talking about Sex Isn't Easy (40 minutes)

Point out that it isn't easy for a variety of reasons -- because it embarrasses us, or we don't know the facts, or our own parents never talked to us and so we have no model to go by. Suggest that participants think about their own sexual learning.

Have the group divide into pairs. Ask each pair to take about 10 minutes to list on one side of a blank sheet of paper the sexual topics their parents did educate them about and on the other side the ones their parents did not talk about. Tell them spelling doesn't matter and encourage them to talk to each other about the topics as they list them. If it's hard for some people to get started, give examples: 'Did your mother explain to you about menstruation?' 'Did your father ever say anything about wet dreams?' 'Who told you how babies were made?'

At the end of the 10 minutes, bring them back together as a group. Lead a discussion about the topics on each side of the papers. To begin, you might ask:

Which list was longer?

Are there items on the 'They Didn't Tell Me' list that you'd have liked to have facts about when you were growing up?

Why didn't our parents talk to us about some of these things?

Why is it so hard for most people to talk about anything to do with sex?

How can parents avoid past pitfalls and give their children accurate information, along with understanding of their family's values?

In your own words, introduce the concept of listening. Point out the special role good listening plays in good communication. Here are some important points to make.

- People's lives are hectic. There isn't much time for listening.
- Children often ask questions at the worst possible moments.
- Parents have many things on their minds: working, paying bills, keeping the whole family going. It's hard to stop and listen to the concerns of one child.
- As parents, we worry about our children and don't want them to get into trouble. Sometimes we're so afraid we will hear what we fear that we don't listen to what is really being said.
- We're afraid to say 'I don't know.'
- We all need to learn to go ahead and try to communicate what we think and feel. Getting started is the hardest part.

Word Exercise (20 minutes)

This word-identification activity can give the group experience in using words they are not accustomed to.

Distribute the 'Word Exercise.' Ask participants to volunteer to define the words. It will soon be clear that some words are much more difficult to talk about than others.

You may prefer to put the words in the exercise -- or some other set of words dealing with sex and sexuality -- on flash cards. If so, hand out the cards blank side up and tell participants not to turn them over until their turn. Then ask each person to turn over his card, read what's on it, hold the card so the group can see it, and tell how the word makes him feel. Does it make him feel nervous? Shy? Embarrassed? Worried? Happy? Sad? No reaction?

Wrap Up

Review the goal and objectives of today's session. If there are questions relevant to this session that you haven't dealt with,

answer them now. If there are any you can't answer, suggest another source of information.

Go over the time, place, and content of the next session.

A Six-Part Workshop: PARENTS AS SEX EDUCATORS

Session V: SOME IMPLICATIONS: HEALTH AND SOCIAL ISSUES

Designed to provide parents with basic facts in two important areas, birth control and sexually transmitted diseases, and help them better understand homosexuality.

WHAT WE HOPE TO ACCOMPLISH

To inform parents about the principal methods of contraception, how they are used, and how to get them.

To inform parents about sexually transmitted diseases, their symptoms, and their treatment.

To give parents accurate information about homosexuality, and help them clarify their feelings about it.

SUGGESTED MATERIALS

Charts or posters showing how various methods of contraception work
Kits of contraceptives

Handouts:

Questions to Ask When Choosing a Contraceptive Method

Facts about Sexually Transmitted Diseases

SUGGESTED ACTIVITIES

Feedback from Session IV (5 minutes)

Ask parents to comment on Session IV and raise any questions they have about the material it covered.

Choosing Contraceptives (30 minutes)

Distribute 'Questions To Ask When Choosing a Contraceptive Method.' Using whatever charts or posters you have, explain the principal methods of birth control.

Discuss contraceptive use among teenagers and the role of parents in providing information about contraception to their children.

Warning Signals (40 minutes)

Distribute 'Facts about Sexually Transmitted Diseases.' Describe the symptoms, causes, and treatment of gonorrhea, syphilis, herpes II. Present information about AIDS. Allow time for questions and answers.

Break (10 minutes)

While the group relaxes, re-check Session I's cards for questions that should be answered in this session.

Homosexuality (40 minutes)

There are a number of ways to introduce the subject of homosexuality. You might want to mention that the stem homo comes from the Greek word for same, so a homosexual person may be a man attracted to men or a woman attracted to women.

Or ask the group to respond to any or all of these questions:

Is homosexuality an acceptable sexual preference?

Is it healthy and normal to be attracted to, and prefer sexual relations with others of the same sex?

Does anyone really know the cause of homosexuality?

Is it a normal phase of development for young people of the same sex to be, to some extent, sexually attracted, to like looking at and touching each other?

Give participants time to ask questions and express their feelings.

Wrap Up

Review the goal and objectives of today's session. If there are questions relevant to this session that you haven't dealt with, answer them now. If there are any you can't answer, suggest another source of information.

Go over the time, place, and content of the next session, which will be the last in the series.

A Six-Part Workshop: PARENTS AS SEX EDUCATORS

Session VI: GROWING UP TODAY

Designed to help parents look at sex-related issues from the viewpoint of today's teenagers, and to provide an opportunity for parents to review and evaluate the entire series of workshops.

WHAT WE HOPE TO ACCOMPLISH

To give parents insight into what teenagers think about sexual responsibility, sexual abstinence versus involvement, peer pressures, and use of contraception.

To enable parents to help their teenaged children clarify their values and make responsible sexual decisions.

SUGGESTED MATERIALS

Projector and screen (or white wall)
Film

Handouts:
Parent Questionnaire

SUGGESTED ACTIVITIES

Feedback from Session V (5 minutes)

Ask parents to comment on Session V and raise any questions they have about the material it covered.

Film and Discussion (60 minutes)

Show an appropriate film. Ask parents to describe, as they see them, the pressures, challenges, and difficulties teenagers experience in making the transition from child to adult. Have them suggest ways they, as parents, can help. For example:

What specifically can parents do to increase their teenagers' ability to make responsible decisions?

What specifically can they do to help their teenagers clarify their own beliefs and values?

What specifically can they do to help their teenagers understand what part love plays in relationships?

Role Playing (20 minutes)

Ask participants to do some role playing, taking the parts of their own teenaged children and teenagers of the opposite sex who are courting them. Or have them take the parts of several teenagers of the same sex, discussing decisions they need to make about sexual involvement.

Final Evaluations (30 minutes)

Distribute fresh copies of the 'Parent Questionnaire' and ask everyone to complete it again.

Wrap Up

You and the group have been together for six weeks. Take a few minutes to say goodbye. Give participants a chance to express what the experience has meant to them. Be sure they also have or know about community resources that can be helpful to them as good sex educators.

WORKING WITH PARENTS

SPECIAL WORKSHOPS

COUPLE COMMUNICATION
FAMILIES TOGETHER
FATHERS AND DAUGHTERS
FATHERS AND SONS
FOR MEN ONLY
SEXUALLY TRANSMITTED DISEASES
HOW TO SAY NO WITHOUT FEELING GUILTY
MOTHERS AND DAUGHTERS
MOTHERS AND SONS
PARENTS OF DISABLED CHILDREN
PROTECTING YOUR CHILD AGAINST SEXUAL ABUSE
RAPE PREVENTION
SINGLE PARENTS
SUBSTITUTE PARENTS
TEEN FATHERS
TEEN MOTHERS

A One-Day Workshop: COUPLE COMMUNICATION

Designed for up to 20 couples (parents, nonparents, married, unmarried, same or different sexes) who are now raising or thinking of raising children, to help them settle child-rearing conflicts and communicate more effectively.

WHAT WE HOPE TO ACCOMPLISH

To help participants see the importance of effective communication in child rearing.

To help participants see the importance of a couple's sending their child uniform, agreed-on messages, not dissonant ones.

To help participants learn how to resolve conflicts, using compromise and communication.

SUGGESTED MATERIALS

Chalkboard or newsprint pad
Chalk or felt-tip pen
3x5 index cards
Pencils or pens for everyone
Feeling Good cards

Handouts:

Parent Questionnaire
Workshop Ground Rules
Values Clarification: Earthquake

NOTE: If participants cannot read or write English, make the pre- and post-workshop evaluations oral. Limit your questions to three that you think will tell you most about changes in the group's thinking, feelings, or level of knowledge; and pose the questions in the same words before and after the workshop. Workshop activities involving reading and writing will also need to be done orally. Written materials you want to use should be read aloud (in translation, if the group is not English-speaking).

SUGGESTED ACTIVITIES

Getting Acquainted (up to 60 minutes, depending on group size)

Greet the group. Introduce yourself and other leaders, describe the purposes of the parent education programme, and explain what will take place in this workshop.

Hand out one or two 'Feeling Good' cards to each person. Going around the room, ask participants to introduce themselves and respond to their cards.

Distribute the 'Parent Questionnaire' and index cards. Ask participants to fill out the questionnaire and write on the card at least one question related to couple communication that they'd like answered in the course of the workshop. Hand out and review 'Workshop Ground Rules.'

A few special do's and don'ts:

Don't separate the men and women. They need practice talking together.

Don't invite outside observers. They may inhibit discussion.

Don't moralise. It isn't your job as a facilitator to lead parents to think as you do. Do, however, point out alternatives and mention the results of certain behavior.

Don't monopolise discussions. Do, when appropriate, provide facts and suggest alternative approaches.

What Do Couples Disagree On? (20 minutes)

Ask participants to suggest all the child-rearing issues they can think of that couples often disagree on. Write them on the chalkboard or newsprint. When the list is as long as you can make it, look it over with the group and discuss it.

Conflict Resolution (20 minutes)

Now go down the list and ask the group to suggest what couples might do in each case to resolve the conflict -- for example, lowering their voices, clearly stating their feelings, looking for a compromise.

Role Playing (90 minutes)

Assign each couple a conflict situation to resolve. Ask one couple to come to the center of the room and role-play the scene while the rest watch. When the scene is over, ask the group for comments. What did the couple in the scene do -- or not do -- that was helpful in resolving the conflict? Go on to the next couple's scene. Continue until each couple has had a turn.

Lunch Break (45 minutes)

Take a few minutes during the break to check the cards for questions to be answered in the afternoon session.

Forced Choice (30 minutes)

Put up newsprint signs that say AGREE, DISAGREE, or UNDECIDED in three different parts of the room.

Think of five or six statements expressing positions on various child-rearing issues. (For example, 'My children may stay up as late as they want to') Present the statements one at a time. As you present each one, ask each person to stand by the sign that reflects his position on that issue. Then repeat the exercise, this time telling each couple they must come up with a joint position. Discuss the results.

Values Clarification Exercise (60 minutes)

Hand out 'Values Clarification: Earthquake.' Have everyone read the story and rate the characters individually. Then have each couple compare results and agree on a joint rating. Discuss with the couples how they reached agreement.

Wrap Up

Review the goal and objectives of the workshop. If there are questions you haven't dealt with, answer them now. If there are any you can't answer, suggest another source of information.

Distribute fresh copies of the 'Parent Questionnaire' and ask everyone to complete it again. Go over community resources the group may find useful.

A Three-Hour Workshop: FAMILIES TOGETHER

Designed for up to 40 participants in family groups, parents with their children, to provide both generations with basic information about sex and sexuality and help them communicate more openly and comfortably on these subjects.

WHAT WE HOPE TO ACCOMPLISH

To give both parents and children accurate information about sex and sexuality.

To help them feel more comfortable talking with one another about sex and sexuality.

To allow them to explore and define their feelings, fears, values, and attitudes about sex and sexuality.

SUGGESTED MATERIALS

Chalkboard or newsprint pad
Chalk or felt-tip pen
3x5 index cards
Pencils or pens for everyone
Feeling Good cards
Myth-Information cards
Anatomical charts or drawings

Handouts:

Parent Questionnaire
Teen Questionnaire
Workshop Ground Rules
Myth or Fact?
Values Clarification: Earthquake

NOTE: If participants cannot read or write English, make the pre- and post-workshop evaluations oral. Limit your questions to three that you think will tell you most about changes in the group's thinking, feelings, or level of knowledge; and pose the questions in the same words before and after the workshop. Workshop activities involving reading and writing will also need to be done orally. Written materials you want to use should be read aloud (in translation, if the group is not English-speaking).

SUGGESTED ACTIVITIES

Getting Acquainted (20 minutes)

Greet the group. Introduce yourself and other leaders, describe the purposes of the parent education programme, and explain what will take place in this workshop.

Distribute the 'Parent Questionnaire,' the 'Teen Questionnaire,' and index cards. Ask participants to fill out their questionnaires and write on their cards at least one question related to couple communication that they'd like answered in the course of the workshop.

Before you collect the questionnaires, have the parents compare their answers with their children's. Ask them what they found out. Hand out and review 'Workshop Ground Rules.'

Someday.... (15 minutes)

Have the group arrange their seating for a 'fishbowl discussion' -- parents in a small circle, children in a larger circle around them, observing and listening. Ask the parents to discuss 'What I want for my children.'

Reverse the seating, and ask the children to discuss 'What I want for my parents,' 'What they want for me,' and 'What I want for myself.'

Feeling Good (30 minutes)

Invite everyone to take a 'Feeling Good' card from the pack. Then ask each person to respond to the question on the card in any way he chooses. Tell them there are no right or wrong answers -- they can sit or stand to answer, act their answer out, whatever. Encourage them to relax and enjoy themselves. The aim is to make participants feel more comfortable and at ease with one another and with you.

How Our Bodies Work (40 minutes)

Using whatever visual aids you have -- charts, slides, or your own drawings on newsprint -- familiarise the group with the male and female reproductive systems: the correct names and functions of

the body parts and their relationship to menstruation and Conception.

Begin by asking if anyone can explain the process of conception, or menstruation, or ejaculation. In this way, you can establish what members of the group already know and can sort out what is accurate from what is not. This may go slowly. Take extra time if you need to.

Break (10 minutes)

Let people stretch and move around. You can use the time to check the questionnaires and cards for questions to be answered.

Myth or Fact (30 minutes)

To set off a discussion of myths about sex and sexuality, go over 'Myth or Fact?' Ask the group to tell you all the sexual myths and misconceptions they can think of -- ones covered in the handout, plus any others they've heard. List them on newsprint or the chalkboard.

Or divide the group into subgroups of five or six and distribute 'Myth-Information' cards to them. Ask each subgroup to spend 10 or 15 minutes discussing answers to the questions on the cards. Then call everyone back together and have each subgroup read its questions and report on its answers.

Values Clarification (30 minutes)

Distribute 'Values Clarification: Earthquake.' Look over it with the group, making sure everyone understands the rules. Allow 25 minutes for making decisions. Save five minutes for a review.

Wrap Up

Review the goal and objectives of the workshop. If there are questions you haven't dealt with, answer them now. If there are any you can't answer, suggest other sources of information.

Distribute fresh copies of the 'Parent Questionnaire' and the 'Teen Questionnaire' and ask everyone to answer the questions again. Go over community resources and services available for parents and children, including future workshops that might be of interest to them.

A One-Day Workshop: FATHERS AND DAUGHTERS

Designed for up to 40 fathers and teenaged daughters, not necessarily related; to explore the dynamics of communication between these opposite-sex family members, particularly on the subject of sex, and provide information on basic aspects of sexuality. (Be conservative in setting the bottom age limit for participating daughters; many fathers are reluctant to discuss sexual matters in the presence of their younger children.)

WHAT WE HOPE TO ACCOMPLISH

To help participants better understand their own feelings about what it means to be a girl, a man, a father, a daughter.

To enable them to communicate more easily about sexual issues -- raise questions and express concerns.

To give them a better understanding of sex, sexuality, and the physical and emotional changes that take place during puberty.

SUGGESTED MATERIALS

Chalkboard or newsprint pad
Chalk or felt-tip pen
3x5 index cards
Pencils or pens for everyone
Anatomical charts or drawings
Myth-Information Cards

Handouts:

Parent Questionnaire
Teen Questionnaire
Workshop Ground Rules
Myth or Fact?
Attitude Survey
How Well Do You Know Your Child?
How Well Do You Know Your Parent
Sex Role Quiz

NOTE: If participants cannot read or write English, make the pre- and post-workshop evaluations oral. Limit your questions to three that you think will tell you most about changes in the group's thinking, feelings, or level of knowledge; and pose the questions in the same words before and after the workshop. Workshop activities involving reading and writing will also need to be done orally. Written materials you want to use should be read aloud (in translation, if the group is not English-speaking).

SUGGESTED ACTIVITIES

Getting Acquainted (15-30 minutes, depending on size of group)

Greet the group. Introduce yourself and other leaders, describe the purposes of the parent education programme, and explain what will take place in this workshop.

Ask each participant to pair off with another whom he or she does not already know. Have each interview the other for about five minutes, especially about what the other hopes or fears the workshop may be like. Then ask each to introduce the partner, mentioning the partner's fears and expectations. List all fears and expectations on newsprint or the chalkboard.

Distribute the 'Parent Questionnaire,' the 'Teen Questionnaire,' and index cards. Ask participants to fill out their questionnaires and write on their cards at least one question they'd like answered in the course of the workshop. Hand out and review 'Workshop Ground Rules.'

Sex and Sexuality

Ask participants for their definitions of the words 'sex' and 'sexuality.' Then give your own. Explain that sexuality begins at birth -- that it's a total expression of who we are as human beings, physically, emotionally, culturally, and spiritually.

Discuss with the group the 'social scripts' that are handed down to all of us to guide our behaviour. Make a list on newsprint or the chalkboard of as many scripts as the group can suggest -- for example, dressing girls in pink and boys in blue, or giving girls dolls and boys toy guns. The 'Sex Role Quiz' may help start you off. Ask if participants think these scripts are changing today. If so, why? If not, why not?

If Only.... (30 minutes)

Divide the group into two subgroups, fathers in one, daughters in the other. Ask the fathers to select one to act as reporter for the subgroup. Then ask them to take 15 minutes or so to --

-- Complete this sentence: 'If I could change my daughter in just one way, I would....'

-- Fill in the missing words: 'I appreciate or like...about my daughter.'

-- Fill in the missing words: 'I resent or dislike...about my daughter.'

Ask the daughters to choose a reporter for their subgroup and to --

-- Complete this sentence: 'If I could change my father in just one way, I would....'

-- Fill in the missing words: 'I appreciate or like...about my father.'

-- Fill in the missing words: 'I resent or dislike...about my father.'

You may want to have the fathers hold their discussion first and then leave the room for a break while the daughters talk. Some children are reluctant to say anything critical in their fathers' presence.

Bring the full group back together to talk over what has been said. Remind them of the need for mutual respect and consideration of feelings. Ask for comments on what was revealed.

What My Father Never Told Me (20-30 minutes)

Have the group arrange seating for a 'fishbowl' discussion: two concentric circles. Invite the daughters to sit in the inner circle, while the fathers sit in the outer one, observing and listening.

Ask the girls to tell one another when and from whom they first learned about sex.

Then reverse the process. Put the fathers in the inner circle and the daughters in the outer one, and ask the fathers to describe how

they learned about sex. At what age and from whom did they first find out about menstruation? Wet dreams? Masturbation? Conception and pregnancy? Contraception? What were they led to believe was appropriate behaviour for a boy, a man, a father? Did a father's responsibilities include sex education?

Wrap up by asking the whole group what they feel the discussion accomplished. Do they know some things now they hadn't known before? How do they feel about what they learned?

Myth or Fact (30 minutes)

To set off a discussion of myths about sex and sexuality, go over 'Myth or Fact?' Ask the group to tell you all the sexual myths and misconceptions they can think of -- ones covered in the handout plus any others they've heard. List them on newsprint or the chalkboard.

Or divide the group into subgroups of five or six and distribute 'Myth-Information' cards to them. Ask each subgroup to spend 10 or 15 minutes discussing answers to the questions on the cards. Then call everyone back together and have each subgroup read its questions and report on its answers.

Lunch Break (45 minutes)

Take a few minutes during the break to check the cards for questions to be answered in the afternoon session.

How Our Bodies Work (40 minutes)

Using whatever visual aids you have -- charts, slides, or your own drawings on newsprint -- familiarise the group with the male and female reproductive systems: the correct names and functions of the body parts and their relationship to menstruation and conception.

Begin by asking if anyone can explain the process of conception, or menstruation, or ejaculation. In this way, you can establish what members of the group already know and can sort out what is accurate from what is not. This may go slowly. Take extra time if you need to.

What Do You Think? (20 minutes)

Distribute the 'Attitude Survey.' Give group members time to answer the questions privately, then ask them to discuss their answers as a group.

Do You Really Know Each Other? (45 minutes)

Lead another 'fishbowl' discussion, starting with fathers in the inner circle and daughters in the outer one. Ask the fathers to discuss 'What do I want for my daughter? As a woman? As a mother?' Reverse the seating, and ask the daughters to discuss 'What do I want for my father? What do I want for myself? As a woman? As a mother-to-be?'

Or hand out 'How Well Do You Know Your Child?' and 'How Well Do You Know Your Parent?' Give the group time to answer, then ask them to compare their answers. Are there any surprises?

If you have time, ask the group to try some role playing. Ask a father to play the daughter role, and a daughter to play the father role. Give all members of the group a chance to role-play if you can. Ask how the experience made them feel.

Wrap Up

Review the goal and objectives of the workshop. If there are questions you haven't dealt with, answer them now. If there are any you can't answer, suggest another source of information.

Distribute fresh copies of the 'Parent Questionnaire' and the 'Teen Questionnaire' and ask everyone to answer the questions again. Go over community resources the group may find useful.

A One-Day Workshop: FATHERS AND SONS

Designed for up to 40 fathers and teenaged sons, not necessarily related; to explore the dynamics of communication between these same-sex family members, particularly on the subject of sex, and provide accurate information on basic aspects of sexuality. (Be conservative in setting the bottom age limit for participating sons; many fathers are reluctant to discuss sexual matters in the presence of their younger children.)

WHAT WE HOPE TO ACCOMPLISH

- 1 To help participants better understand their own feelings about what it means to be a man, a father, a son.

To enable them to communicate more easily about sexual issues -- raise questions and express concerns.

To give them a better understanding of sex, sexuality, and the physical and emotional changes that take place during puberty.

SUGGESTED MATERIALS

Chalkboard or newsprint pad
Chalk or felt-tip pen
3x5 index cards
Pencils or pens for everyone
Anatomical charts or drawings
Myth-Information Cards

Handouts:

Parent Questionnaire
Teen Questionnaire
Workshop Ground Rules
Myth or Fact?
Attitude Survey
How Well Do You Know Your Child?
How Well Do You Know Your Parent?
Sex Role Quiz

NOTE: If participants cannot read or write English, make the pre- and post-workshop evaluations oral. Limit your questions to three that you think will tell you most about changes in the group's thinking, feelings, or level of knowledge; and pose the questions in the same words before and after the workshop. Workshop activities involving reading and writing will also need to be done orally. Written materials you want to use should be read aloud (in translation, if the group is not English-speaking).

SUGGESTED ACTIVITIES

Getting Acquainted (15-30 minutes, depending on size of group)

Greet the group. Introduce yourself and other leaders, describe the purposes of the parent education programme, and explain what will take place in this workshop.

Ask each participant to pair off with another whom he does not already know. Have each interview the other for about five minutes, especially about what he hopes or fears the workshop may be like. Then ask each to introduce his partner, mentioning the partner's fears and expectations. List all fears and expectations on newsprint or the chalkboard.

Distribute the 'Parent Questionnaire,' the 'Teen Questionnaire,' and index cards. Ask participants to fill out their questionnaires and write on their cards at least one question they'd like answered in the course of the workshop. Hand out and review 'Workshop Ground Rules.'

Sex and Sexuality

Ask participants for their definitions of the words 'sex' and 'sexuality.' Then give your own. Explain that sexuality begins at birth -- that it's a total expression of who we are as human beings, physically, emotionally, culturally, and spiritually.

Discuss with the group the 'social scripts' that are handed down to all of us to guide our behaviour. Make a list on newsprint or the chalkboard of as many scripts as the group can suggest -- for example, dressing girls in pink and boys in blue, or giving girls dolls and boys toy guns. The 'Sex Role Quiz' may help start you off. Ask if participants think these scripts are changing today. If so, why? If not, why not?

If Only.... (30 minutes)

Divide the group into two subgroups, fathers in one, sons in the other. Ask the fathers to select one to act as reporter for the subgroup. Then ask them to take 15 minutes or so to --

-- Complete this sentence: 'If I could change my son in just one way, I would....'

-- Fill in the missing words: 'I appreciate or like...about my son.'

-- Fill in the missing words: 'I resent or dislike...about my son.'

Ask the sons to choose a reporter for their subgroup and --

-- Complete this sentence: 'If I could change my father in just one way, I would....'

-- Fill in the missing words: 'I appreciate or like...about my father.'

-- Fill in the missing words: 'I resent or dislike...about my father.'

You may want to have the fathers hold their discussion first and then leave the room for a break while the sons talk. Some children are reluctant to say anything critical in their fathers' presence.

Bring the full group back together to talk over what has been said. Remind them of the need for mutual respect and consideration of feelings. Ask for comments on what was revealed.

What My Father Never Told Me (30 minutes)

Have the group arrange seating for a 'fishbowl' discussion: two concentric circles. Invite the sons to sit in the inner circle, while the fathers sit in the outer one, observing.

Ask the boys to tell one another when and from whom they first learned about sex.

Then reverse the process. Put the fathers in the inner circle and the sons in the outer one, and ask the fathers to describe how they

learned about sex. At what age and from whom did they first find out about menstruation? Wet dreams? Masturbation? Conception and pregnancy? Contraception? What were they led to believe was appropriate behaviour for a boy, a man, a father? Did a father's responsibilities include sex education?

Wrap up by asking the whole group what they feel the discussion accomplished. Do they know some things now they hadn't known before? How do they feel about what they learned?

Myth or Fact (30 minutes)

To set off a discussion of myths about sex and sexuality, go over 'Myth or Fact?' Ask the group to tell you all the sexual myths and misconceptions they can think of -- ones covered in the handout plus others they've heard. List them on newsprint or the chalkboard.

Or divide the group into subgroups of five or six and distribute 'Myth-Information' cards to them. Ask each subgroup to spend 10 or 15 minutes discussing answers to the questions on the cards. Then call everyone back together and have each subgroup read its questions and report on its answers.

Lunch Break (45 minutes)

Take a few minutes during the break to check the cards for questions to be answered in the afternoon session.

How Our Bodies Work (40 minutes)

Using whatever visual aids you have -- charts, slides, or your own drawings on newsprint -- familiarise the group with the male and female reproductive systems: the correct names and functions of the body parts and their relationship to menstruation and conception.

Begin by asking if anyone can explain the process of conception, or menstruation, or ejaculation. In this way, you can establish what members of the group already know and can sort out what is accurate from what is not. This may go slowly. Take extra time if you need to.

What Do You Think? (20 minutes)

Distribute the 'Attitude Survey.' Give group members time to answer the questions privately, then ask them to discuss their answers as a group.

Do You Really Know Each Other? (45 minutes)

Lead another 'fishbowl' discussion, starting with fathers in the inner circle and sons in the outer one. Ask the fathers to discuss 'What do I want for my son? As a man? As a father?' Reverse the seating, and ask the sons to discuss 'What do I want for my father? What do I want for myself? As a man? As a father-to-be?'

Or hand out 'How Well Do You Know Your Child?' and 'How Well Do You Know Your Parent?' Give the group time to answer, then ask them to compare their answers. Are there any surprises?

If you have time, ask the group to try some role playing. Ask a father to play the son role, and a son to play the father role. Give all members of the group a chance to role-play if you can. Ask how the experience made them feel.

Wrap Up

Review the goal and objectives of the workshop. If there are questions you haven't dealt with, answer them now. If there are any you can't answer, suggest another source of information.

Distribute fresh copies of the 'Parent Questionnaire' and the 'Teen Questionnaire' and ask everyone to answer the questions again. Go over community resources the group may find useful.

A Two-to-Four-Hour Workshop: FOR MEN ONLY

Designed for up to 40 men, to provide them with basic information about sexuality and a chance to explore a broader definition of a man's role and responsibilities. (The workshop can be held in any setting -- in bars, clubs, churches, mosques, marketplaces, or at work.)

WHAT WE HOPE TO ACCOMPLISH

To give men a better understanding of sexuality.

To give them a better understanding of their roles as men; as friends, lovers, husbands; as fathers.

To encourage them to take responsibility for educating their children about sex and feel comfortable about doing so.

SUGGESTED MATERIALS

Projector and screen (or white wall)
 Film: 'The Follower' (if desired)
 Pencils or pens for everyone
 Anatomical charts or drawings
 Myth-Information Cards
 Feeling Good Cards

Handouts:

Parent Questionnaire
 How to Talk to Your Child
 Myth or Fact?

NOTE: If participants cannot read or write English, make the pre- and post-workshop evaluations oral. Limit your questions to three that you think will tell you most about changes in the group's thinking, feelings, or level of knowledge; and pose the questions in the same words before and after the workshop. Workshop activities involving reading and writing will also need to be done orally. Written materials you want to use should be read aloud (in translation, if the group is not English-speaking).

SUGGESTED ACTIVITIES

Getting Acquainted

Many of the men may know each other, since the workshop is being held where they normally gather. But you will want to give them a chance to introduce themselves as husbands, fathers, whatever -- and to get to know you. Introduce yourself and other leaders, describe the purposes of the parent education programme, and explain what will take place in this workshop.

Distribute the 'Parent Questionnaire' and index cards. Ask participants to fill out the questionnaire and write on the card at least one question they'd like answered in the course of the workshop. Hand out and review 'Workshop Ground Rules.'

Myth or Fact

It's important to let the men tell you what they know and find out for themselves what they aren't sure about.

To set off a discussion of myths about sex and sexuality, go over 'Myth or Fact?' Ask the group to tell you all the sexual myths and misconceptions they can think of -- ones covered in the handout, plus any others they've heard. List them on newsprint or a chalkboard.

Or divide the group into subgroups of five or six and distribute 'Myth-Information' cards to them. Ask each subgroup to spend 10 or 15 minutes discussing answers to the questions on the cards. Then call everyone back together and have each subgroup read its questions and report on its answers.

How Our Bodies Work

Using whatever visual aids you have -- charts, slides, or your own drawings on newsprint -- familiarise the group with the male and female reproductive systems: the correct names and functions of the body parts and their relationship to menstruation and conception. Discuss sexuality, with emphasis on the physical changes that go with reaching sexual maturity. Cover conception and contraception.

Discussion

In this workshop, you need to be particularly flexible and sensitive to the feelings and needs of the individual group. It is difficult for some men to talk openly about sex, and you may have to be highly creative to draw them out. Do your best to encourage everyone to express his thoughts and feelings openly. But don't press, and let the group relax when they seem to need it.

Here are some subjects you should try to cover:

What does it mean to be a man? What kind of behaviour makes men feel really masculine? Is it the same kind that women and children find attractive in men? What does a wife need that a husband must provide? How do you show that you love a woman? What do your children need from their father?

Whose business is it, anyway? What does 'fathering' mean? How do you show your children you love them? What is your role in your children's sex education? Are there ways in which you're better qualified to answer their questions than their mother? Are there special things you can do to help your sons understand sex and sexuality? Your daughters?

Good communication and how to achieve it: Try some role playing to help men discover better ways of communicating with their wives and children. Make them aware of nonverbal communication and the messages it sends. You may want to go over 'How to Talk to Your Child' to stimulate discussion.

If you have time and adequate facilities, use the film 'The Follower.' The 'Feeling Good' cards can also be helpful.

Wrap Up

Review the goal and objectives of the workshop. If there are questions you haven't dealt with, answer them now. If there are any you can't answer, suggest another source of information.

Distribute fresh copies of the 'Parent Questionnaire' and ask everyone to complete it again. Go over community resources the men may find useful.

A One-Day Workshop: SEXUALLY TRANSMITTED DISEASES

Designed for up to 40 men and women, to help them protect themselves against the risks of sexually transmitted diseases.

WHAT WE HOPE TO ACCOMPLISH

To make participants aware of behaviour that may put them at risk of infection.

To let them know how they can avoid or reduce the risk of infection.

To enable them to recognise the symptoms of various sexually transmitted diseases.

To explain the treatments for these diseases and the consequences if they are not treated appropriately.

SUGGESTED MATERIALS

Projector and screen (or white wall)
 Film: 'VD: Old Bugs, New Problems'
 Chalkboard or newsprint pad
 Chalk or felt-tip pen
 3x5 index cards
 Pencils or pens for everyone
 Anatomical charts or drawings
 Myth-Information Cards
 Feeling Good Cards

Handouts:

Parent Questionnaire
 Workshop Ground Rules
 Facts about Sexually Transmitted Diseases
 Other materials on STDs obtained from local organisations

NOTE: If participants cannot read or write English, make the pre- and post-workshop evaluations oral. Limit your questions to three that you think will tell you most about changes in the group's thinking, feelings, or level of knowledge; and pose the questions in the same words before and after the workshop. Workshop activities involving reading and writing will also need to be done

orally. Written materials you want to use should be read aloud (in translation, if the group is not English-speaking).

SUGGESTED ACTIVITIES

Getting Acquainted (up to 60 minutes, depending on group size)

Greet the group. Introduce yourself and other leaders, describe the purposes of the parent education programme, and explain what will take place in this workshop.

Hand out one or two 'Feeling Good' cards to each person. Going around the room, ask participants to introduce themselves and respond to their cards.

Distribute the 'Parent Questionnaire' and index cards. Ask participants to fill out the questionnaire and write on the card at least one question they'd like answered in the course of the workshop. Hand out and review 'Workshop Ground Rules.'

STD -- Why the Increase? (45 minutes)

Have participants suggest factors that may have contributed to rising STD rates in recent years. List these factors on newsprint or the chalkboard. If the group omits any important ones, add them yourself. Discuss them.

How Our Bodies Work (60 minutes)

Use anatomical charts or your own drawings on newsprint to review the male and female reproductive systems. Present information on STDs, including --

- what types of sexual behaviour are associated with transmission of the disease
- what the usual sites of infection are
- what the symptoms are at various stages of the disease
- how the disease is treated
- what the consequences are if the disease is not treated appropriately

-- what can be done to avoid picking up the disease or passing it on

Distribute whatever current informational material you have on STDs.

STD Myths and Facts (30 minutes)

Hand each person one or two 'Myth-Information' cards dealing with STDs. Ask participants to read their cards and respond.

Lunch Break (45 minutes)

Take a few minutes during the break to check the cards for questions to be answered in the afternoon session.

Film and Discussion: 'VD: Old Bugs, New Problems' (45 minutes)

Show the film and ask the group for comments.

Questions and Answers (30 minutes)

Read and answer questions from the cards. If there are any you can't answer, suggest another source of information.

Wrap Up

Distribute fresh copies of the 'Parent Questionnaire' and ask everyone to complete it again. Go over community resources the group may find useful.

A One-Day Workshop: HOW TO SAY NO WITHOUT FEELING GUILTY

Designed for up to 40 girls and boys under 18, to help prepare them to make informed and reasoned decisions about sexual involvement.

WHAT WE HOPE TO ACCOMPLISH

To teach participants the skills of problem solving and decision making and how these skills can be used in sexual situations.

To help participants recognise factors that can influence sexual decision making.

To help participants identify and clarify their own feelings, attitudes, and values where sexual involvement is concerned.

SUGGESTED MATERIALS

Projector and screen (or white wall)
 Film: 'The Follower'
 Chalkboard or newsprint pad
 Chalk or felt-tip pen
 3x5 index cards
 Pencils or pens for everyone
 Feeling Good Cards

Handouts:

Teen Questionnaire
 Decision-Making Model
 Values Clarification: A Moral Dilemma
 President Game

NOTE: If participants cannot read or write English, make the pre- and post-workshop evaluations oral. Limit your questions to three that you think will tell you most about changes in the group's thinking, feelings, or level of knowledge; and pose the questions in the same words before and after the workshop. Workshop activities involving reading and writing will also need to be done orally. Written materials you want to use should be read aloud (in translation, if the group is not English-speaking).

SUGGESTED ACTIVITIES

Getting Acquainted (up to 60 minutes, depending on group size)

Greet the group. Introduce yourself and other leaders, describe the purposes of the parent education programme, and explain what will take place in this workshop.

Hand out one or two 'Feeling Good' cards to each person. Going around the room, ask participants to introduce themselves and respond to their cards.

Distribute the 'Teen Questionnaire' and index cards. Ask participants to fill out the questionnaire and write on the card at least one question they'd like answered in the course of the workshop. Hand out and review 'Workshop Ground Rules.'

Choices -- What Affects Them? (30 minutes)

Have participants suggest as many factors as they can think of that influence people's sexual decisions and behaviour. List the factors on newsprint or the chalkboard. Fill in any important ones that are missing. Review the list with the group and discuss it.

Discuss the fact that many people have sex for personal reasons that have nothing to do with sex. What they really want is --

- To cure loneliness or unhappiness.
- To become more popular.
- To avoid having a close, caring relationship (and using physical sex to do it).
- To get acceptance and love.
- To prove manhood or womanhood.
- To discover the 'fireworks' that always seem to go with sex on television and in music, magazines, and books.
- To prove independence.
- To hold on to a boyfriend or girlfriend

Obviously, intercourse won't help in any of these situations and may even have sad results.

But in any case, intercourse involves two people with individual thoughts and feelings. You have to live with yours. So it's all right to say 'no.' It may even help to practice saying 'no' to yourself before you need to use it.

When Is It All Right to Have Sex? (30 minutes)

On newsprint or the chalkboard, set up two columns. Head one, 'It's All Right to Have Sex When....' Head the other, 'It Isn't All Right to Have Sex When....'

Have participants suggest situations and circumstances to go under each heading. List as many as you can.

Decision Making (45 minutes)

Discuss the difficulty many young people have in making decisions. They rarely got to practice decision making when they were children; now, in adolescence, they are suddenly expected to make all kinds of decisions. They need to understand the process and learn to weigh possible consequences.

People often overlook the emotional consequences of decisions -- the anxiety or guilt they might feel, for instance, if their decisions are in conflict with their values. Ask the group to think about these and other emotional consequences.

Introduce the idea of self-esteem. Write on newsprint or the chalkboard the four conditions that must exist for us to have high self-esteem -- connection, uniqueness, power, models. Get the group to brainstorm ways in which each of these four conditions operate in our lives. (Example: 'Why do we let our friends talk us into decisions?' 'Why do we dress in certain ways?')

Go over the 'Decision-Making Model.' Discuss the steps outlined in the model. Then give participants some sample problems or situations. (Example: 'Suppose a boy says if you don't have sex with him, it's over between the two of you. What can you do?') Ask them to reach decisions, following the model.

The President Game (30 minutes)

Hand out 'The President Game.' Ask participants to write down all the people they would want to consult before making a decision about sexual involvement.

Lunch Break (45 minutes)

Take a few minutes during the break to check the cards for questions to be answered in the afternoon session.

Film and Discussion: 'The Follower' (60 minutes)

Show the film and ask the group for their reactions.

Values Clarification (45 minutes)

Hand out 'Values Clarification: A Moral Dilemma' or a story of your own. Have each participant read the story and rate the characters. Then divide the group into subgroups of five or six and ask each subgroup to arrive at a collective rating. Assign one person in the subgroup to record and report the rating when you bring the group back together. Ask the group to compare and discuss the differences in ratings.

Questions and Answers (30 minutes)

Read and answer questions from the group's cards. If there are any you can't answer, suggest other sources of information.

Wrap Up

Review the goal and objectives of the workshop. Be sure that the central message is clear in everybody's mind. You might say something like, 'Remember, deciding is easy. Saying "no" isn't. The most important thing is being honest -- with the other person and, more important, yourself.'

Distribute fresh copies of the 'Teen Questionnaire' and ask everyone to complete it again. Go over community resources the group may find useful.

A One-Day Workshop: MOTHERS AND DAUGHTERS

Designed for up to 40 mothers and teenaged daughters, not necessarily related; to explore the dynamics of communication between these same-sex family members, particularly on the subject of sex, and provide information on basic aspects of sexuality.

WHAT WE HOPE TO ACCOMPLISH

To help participants better understand their own feelings about what it means to be a girl, a woman, a mother, a daughter.

To enable them to communicate more easily about sexual issues -- raise questions and express concerns.

To give them a better understanding of sex, sexuality, and the physical and emotional changes that take place during puberty.

SUGGESTED MATERIALS

Projector and screen (or white wall)
Film: 'Dear Diary' (if desired)
Chalkboard or newsprint pad
Chalk or felt-tip pen
3x5 index cards
Pencils or pens for everyone
Anatomical charts or drawings
Myth-Information Cards

Handouts:

Parent Questionnaire
Teen Questionnaire
Workshop Ground Rules
Myth or Fact?
Attitude Survey
How Well Do You Know Your Child?
How Well Do You Know Your Parent
Sex Role Quiz

NOTE: If participants cannot read or write English, make the pre- and post-workshop evaluations oral. Limit your questions to three that you think will tell you most about changes in the group's thinking, feelings, or level of knowledge; and pose the questions in the same words before and after the workshop. Workshop activities involving reading and writing will also need to be done orally. Written materials you want to use should be read aloud (in translation, if the group is not English-speaking).

SUGGESTED ACTIVITIES

Getting Acquainted (15-30 minutes, depending on size of group)

Greet the group. Introduce yourself and other leaders, describe the purposes of the parent education programme, and explain what will take place in this workshop.

Ask each participant to pair off with another whom she does not already know. Have each interview the other for about five minutes, especially about what she hopes or fears the workshop may be like. Then ask each to introduce the partner, mentioning the partner's fears and expectations. List all fears and expectations on newsprint or the chalkboard.

Distribute the 'Parent Questionnaire,' the 'Teen Questionnaire,' and index cards. Ask participants to fill out their questionnaires and write on their cards at least one question they'd like answered in the course of the workshop. Hand out and review 'Workshop Ground Rules.'

Sex and Sexuality

Ask participants for their definitions of the words 'sex' and 'sexuality.' Then give your own. Explain that sexuality begins at birth -- that it's a total expression of who we are as human beings, physically, emotionally, culturally, and spiritually.

Discuss with the group the 'social scripts' that are handed down to all of us to guide our behaviour. Make a list on newsprint or the chalkboard of as many scripts as the group can suggest -- for example, dressing girls in pink and boys in blue, or giving girls dolls and boys toy guns. The 'Sex Role Quiz' may help start you off. Ask if participants think these scripts are changing today. If so, why? If not, why not?

If Only.... (30 minutes)

Divide the group into two subgroups, mothers in one, daughters in the other. Ask the mothers to select one to act as reporter for the subgroup. Then ask them to --

-- Complete this sentence: 'If I could change my daughter in just one way, I would....'

-- Fill in the missing words: 'I appreciate or like...about my daughter.'

-- Fill in the missing words: 'I resent or dislike...about my daughter.'

Ask the daughters to choose a reporter for their subgroup and to --

-- Complete this sentence: 'If I could change my mother in just one way, I would....'

-- Fill in the missing words: 'I appreciate or like...about my mother.'

-- Fill in the missing words: 'I resent or dislike...about my mother.'

After 10 or 15 minutes, bring the full group back together to talk over what has been said. Remind them of the need for mutual respect and consideration of feelings. Ask for comments on what was revealed.

What My Mother Never Told Me (20-30 minutes)

Have the group arrange seating for a 'fishbowl' discussion: two concentric circles. Invite the daughters to sit in the inner circle, while the mothers sit in the outer one, observing and listening.

Ask the girls to tell one another when and from whom they first learned about sex. Then reverse the process. Put the mothers in the inner circle and the daughters in the outer one, and ask the mothers to describe how they learned about sex. At what age and from whom did they first find out about menstruation? Wet dreams? Masturbation? Conception and pregnancy? Contraception? What were they led to believe was appropriate behaviour for a girl, a woman, a mother? Did a mother's responsibilities include sex education?

Wrap up by asking the whole group what they feel the discussion accomplished. Do they know some things now they hadn't known before? How do they feel about what they learned?

Film and Discussion: "Dear Diary" (45 minutes, if desired)

Show film. Ask the group for comments.

Myth or Fact (30 minutes)

To set off a discussion of myths about sex and sexuality, go over 'Myth or Fact?' Ask the group to tell you all the sexual myths and misconceptions they can think of -- ones covered in the handout plus any others they've heard. Post them on newsprint or the chalkboard.

Or divide the group into subgroups of five or six and distribute 'Myth-Information' cards to them. Ask each subgroup to spend 10 or 15 minutes discussing answers to the questions on the cards. Then call everyone back together and have each subgroup read its questions and report on its answers.

Lunch Break (45 minutes)

Take a few minutes during the break to check the cards for questions to be answered in the afternoon session.

How Our Bodies Work (40 minutes)

Using whatever visual aids you have -- charts, slides, or your own drawings on newsprint -- familiarise the group with the male and female reproductive systems: the correct names and functions of the body parts and their relationship to menstruation and conception.

Begin by asking if anyone can explain the process of conception, or menstruation, or ejaculation. In this way, you can establish what members of the group already know and can sort out what is accurate from what is not. This may go slowly. Take extra time if you need to.

What Do You Think? (20 minutes)

Distribute the 'Attitude Survey.' Give group members time to answer the questions privately, then ask them to discuss their answers as a group.

Do You Really Know Each Other? (45 minutes)

Lead another 'fishbowl' discussion, starting with mothers in the inner circle and daughters in the outer one. Ask the mothers to discuss 'What do I want for my daughter? As a woman? As a mother?' Reverse the seating, and ask the daughters to discuss 'What do I want for my mother? What do I want for myself? As a woman? As a mother-to-be?'

Or hand out 'How Well Do You Know Your Child?' and 'How Well Do You Know Your Parent?' Give the group time to answer, then ask them to compare their answers. Are there any surprises?

If you have time, ask the group to try some role playing. Ask a mother to play the daughter role, and a daughter to play the mother role. Give all members of the group a chance to role-play if you can. Ask how the experience made them feel.

Wrap Up

Review the goal and objectives of the workshop. If there are questions you haven't dealt with, answer them now. If there are any you can't answer, suggest another source of information.

Distribute fresh copies of the 'Parent Questionnaire' and the 'Teen Questionnaire' and ask everyone to answer the questions again. Go over community resources the group may find useful.

A One-Day Workshop: MOTHERS AND SONS

Designed for up to 40 mothers and teenaged sons, not necessarily related; to explore the dynamics of communication between these opposite-sex family members, particularly on the subject of sex, and provide accurate information on basic aspects of sexuality.

WHAT WE HOPE TO ACCOMPLISH

To help participants better understand their own feelings about what it means to be a boy, a woman, a mother, a son.

To enable them to communicate more easily about sexual issues -- raise questions and express concerns.

To give them a better understanding of sex, sexuality, and the physical and emotional changes that take place during puberty.

SUGGESTED MATERIALS

Chalkboard or newsprint pad
Chalk or felt-tip pen
3x5 index cards
Pencils or pens for everyone
Anatomical charts or drawings
Myth-Information Cards

Handouts:

Parent Questionnaire
Teen Questionnaire
Workshop Ground Rules
Myth or Fact?
Attitude Survey
How Well Do You Know Your Child?
How Well Do You Know Your Parent?
Sex Role Quiz

NOTE: If participants cannot read or write English, make the pre- and post-workshop evaluations oral. Limit your questions to three that you think will tell you most about changes in the group's thinking, feelings, or level of knowledge; and pose the questions in the same words before and after the workshop. Workshop activities involving reading and writing will also need to be done orally. Written materials you want to use should be read aloud (in translation, if the group is not English-speaking).

SUGGESTED ACTIVITIES

Getting Acquainted (15-30 minutes, depending on size of group)

Greet the group. Introduce yourself and other leaders, describe the purposes of the parent education programme, and explain what will take place in this workshop.

Ask each participant to pair off with another whom he or she does not already know. Have each interview the other for about five minutes, especially about what the other hopes or fears the workshop may be like. Then ask each to introduce the partner, mentioning the partner's fears and expectations. List all fears and expectations on newsprint or the chalkboard.

Distribute the 'Parent Questionnaire,' the 'Teen Questionnaire,' and index cards. Ask participants to fill out their questionnaires and write on their cards at least one question they'd like answered in the course of the workshop. Hand out and review 'Workshop Ground Rules.'

Sex and Sexuality

Ask participants for their definitions of the words 'sex' and 'sexuality.' Then give your own. Explain that sexuality begins at birth -- that it's a total expression of who we are as human beings, physically, emotionally, culturally, and spiritually.

Discuss with the group the 'social scripts' that are handed down to all of us to guide our behaviour. Make a list on newsprint or the chalkboard of as many scripts as the group can suggest -- for example, dressing girls in pink and boys in blue, or giving girls dolls and boys toy guns. The 'Sex Role Quiz' may help start you off. Ask if participants think these scripts are changing today. If so, why? If not, why not?

If Only.... (30 minutes)

Divide the group into two subgroups, mothers in one, sons in the other. Ask the mothers to select one to act as reporter for the subgroup. Then ask them to --

-- Complete this sentence: 'If I could change my son in just one way, I would....'

-- Fill in the missing words: 'I appreciate or like...about my son.'

-- Fill in the missing words: 'I resent or dislike...about my son.'

Ask the sons to choose a reporter for their subgroup and --

-- Complete this sentence: 'If I could change my mother in just one way, I would....'

-- Fill in the missing words: 'I appreciate or like...about my mother.'

-- Fill in the missing words: 'I resent or dislike...about my mother.'

After 10 or 15 minutes, bring the full group back together to talk over what has been said. Remind them of the need for mutual respect and consideration of feelings. Ask for comments on what was revealed.

What My Mother Never Told Me (30 minutes)

Have the group arrange seating for a 'fishbowl' discussion: two concentric circles. Invite the sons to sit in the inner circle, while the mothers sit in the outer one, observing.

Ask the boys to tell one another when and from whom they first learned about sex. Then reverse the process. Put the mothers in the inner circle and the sons in the outer one, and ask the mothers to describe how they learned about sex. At what age and from whom did they first find out about menstruation? Wet dreams? Masturbation? Conception and pregnancy? Contraception?

Wrap up by asking the whole group what they feel the discussion accomplished. Do they know some things now they hadn't known before? How do they feel about what they learned?

Myth or Fact (30 minutes)

To set off a discussion of myths about sex and sexuality, go over 'Myth or Fact?' Ask the group to tell you all the sexual myths and misconceptions they can think of -- ones covered in the handout plus others they've heard. List them on newsprint or a chalkboard.

Or divide the group into subgroups of five or six and distribute 'Myth-Information' cards to them. Ask each subgroup to spend 10 or 15 minutes discussing answers to the questions on the cards. Then call everyone back together and have each subgroup read its questions and report on its answers.

Lunch Break (45 minutes)

Take a few minutes during the break to check the cards for questions to be answered in the afternoon session.

How Our Bodies Work (40 minutes)

Using whatever visual aids you have -- charts, slides, or your own drawings on newsprint -- familiarise the group with the male and female reproductive systems: the correct names and functions of the body parts and their relationship to menstruation and conception.

Begin by asking if anyone can explain the process of conception, or menstruation, or ejaculation. In this way, you can establish what members of the group already know and can sort out what is accurate from what is not. This may go slowly. Take extra time if you need to.

What Do You Think? (20 minutes)

Distribute the 'Attitude Survey.' Give group members time to answer the questions privately, then ask them to discuss their answers as a group.

Do You Really Know Each Other? (45 minutes)

Lead another 'fishbowl' discussion, starting with mothers in the inner circle and sons in the outer one. Ask the mothers to discuss 'What do I want for my son? As a man? As a father?' Reverse the seating, and ask the sons to discuss 'What do I want

for my mother? What do I want for myself? As a man? As a father-to-be?'

Or go over 'How Well Do You Know Your Child?' and 'How Well Do You Know Your Parent?' Give the group time to answer, then ask them to compare their answers. Are there any surprises?

If you have time, ask the group to try some role playing. Ask a mother to play the son role, and a son to play the mother role. Give all members of the group a chance to role-play if you can. Ask how the experience made them feel.

Wrap Up

Review the goal and objectives of the workshop. If there are questions you haven't dealt with, answer them now. If there are any you can't answer, suggest another source of information.

Distribute fresh copies of the 'Parent Questionnaire' and the 'Teen Questionnaire' and ask everyone to answer the questions again. Go over community resources the group may find useful.

A One-Day Workshop: PARENTS OF DISABLED CHILDREN

Designed for up to 40 parents whose children are mentally retarded or physically disabled; to prepare them to meet their children's needs for sex education.

WHAT WE HOPE TO ACCOMPLISH

To make participants aware that all children, including disabled children, need education about sex and sexuality.

To develop participants' ability to view mentally retarded children and adults as having the same needs, fear, and questions about sexuality as anyone else.

To give participants basic information about sex and sexuality and help them feel more comfortable talking about sexual subjects.

To allow parents of disabled children an opportunity to discuss the common concerns they have about their sexually maturing children.

SUGGESTED MATERIALS

Chalkboard or newsprint pad
Chalk or felt-tip pen
3x5 index cards
Pencils or pens for everyone
Anatomical charts or drawings
Myth-Information Cards
Feeling Good Cards

Handouts:

Parent Questionnaire
Workshop Ground Rules
Myth or Fact?
Decision Making Model

NOTE: If participants cannot read or write English, make the pre- and post-workshop evaluations oral. Limit your questions to three that you think will tell you most about changes in the group's thinking, feelings, or level of knowledge; and pose the questions in the same words before and after the workshop. Workshop activities involving reading and writing will also need to be done orally. Written materials you want to use should be read aloud (in translation, if the group is not English-speaking).

SUGGESTED ACTIVITIES

Getting Acquainted (up to 60 minutes, depending on size of group)

Greet the group. Introduce yourself and other leaders, describe the purposes of the parent education programme, and explain what will take place in this workshop.

Hand out one or two 'Feeling Good' cards to each person. Going around the room, ask participants to introduce themselves and respond to their cards. Suggest that these cards, since they encourage the expression of personal feelings and values, can be helpful in talking about sexuality with disabled youngsters. Ask parents if they see ways they could use the cards with their own children.

Distribute the 'Parent Questionnaire' and index cards. Ask participants to fill out the questionnaire and write on the card at least one question they'd like answered in the course of the workshop. Hand out and review 'Workshop Ground Rules.'

Sexuality and Disability (30 minutes)

Talk about labeling and stereotyping of the disabled. Stress the importance of recognizing that every child is unique, with an individual set of strengths and weaknesses. Each child's sex education must be tailored to those particular needs and strengths.

Defining Sex and Sexuality (60 minutes)

Ask participants for their definitions of the words 'sex' and 'sexuality.' Give your own. Explain that sexuality begins at birth -- that it's a total expression of who we are as human beings, physically, emotionally, culturally, and spiritually.

Discuss puberty and the questions most adolescents have about their changing bodies. Point out that disabled youngsters especially need to have information given them, because they have less opportunity than other children to pick up facts.

Using whatever visual aids you have -- charts, slides, or your own drawings on newsprint -- familiarise the group with the male and female reproductive systems: the correct names and functions of the body parts, and their relationship to menstruation and conception.

Begin by asking if anyone can explain the process of conception, or menstruation, or ejaculation. In this way, you can establish what members of the group already know and sort out what is accurate from what is not. This may go slowly. Take extra time if you need to.

Myth or Fact (30 minutes)

To set off a discussion of myths about sex and sexuality, go over 'Myth or Fact?' Ask the group to tell you all the sexual myths and misconceptions they can think of -- ones covered in the handout plus any others they've heard. List them on newsprint or the chalkboard.

Divide the group into subgroups of five or six and distribute 'Myth-Information' cards to them. Ask the subgroups to spend 10 or 15 minutes discussing answers to the questions on the cards. Then call everyone back together and have each subgroup read its questions and report on its answers.

Lunch Break (45 minutes)

Take a few minutes during the break to check the cards for questions to be answered in the afternoon session.

Decision Making (60 minutes)

Hand out copies of the 'Decision Making Model.' Discuss its application to decision making in sexual situations. Invite members of the group to role-play how they would talk with their children about appropriate and inappropriate sexual behavior. Have the role players in the center of the room, with the rest of the group observing. Ask the observers to give their reactions to the content of the scenes.

Self-Esteem for Disabled Children (30 minutes)

Discuss self-esteem in relation to disabled children. Discuss masturbation as a healthy way for disabled children to express sexual feelings.

Questions and Answers (30 minutes)

Read and answer questions from the cards. If there are any you can't answer, suggest another source of information.

Wrap Up

Review the goal and objectives of the workshop. Distribute fresh copies of the 'Parent Questionnaire' and ask everyone to complete it again. Go over community resources the group may find useful.

A One-Day Workshop:

PROTECTING YOUR CHILD AGAINST SEXUAL ABUSE

Designed for up to 40 parents and others, to help them help their children protect themselves against sexual victimisation.

WHAT WE HOPE TO ACCOMPLISH

To give participants a better understanding of the problem of sexual abuse of children and factors in our society that contribute to its existence.

To provide information that can help participants recognize and prevent the problem.

To enable participants to feel more comfortable discussing the problem with their children or students

SUGGESTED MATERIALS

Chalkboard or newsprint pad
Chalk or felt-tip pen
3x5 index cards
Pencils or pens for everyone
Samples of advertisements in which children are portrayed as sex objects to sell something

Handouts:

Parent Questionnaire
Workshop Ground Rules

NOTE: If participants cannot read or write English, make the pre- and post-workshop evaluations oral. Limit your questions to three that you think will tell you most about changes in the group's thinking, feelings, or level of knowledge; and pose the questions in the same words before and after the workshop. Workshop activities involving reading and writing will also need to be done orally. Written materials you want to use should be read aloud (in translation, if the group is not English-speaking).

SUGGESTED ACTIVITIES

Getting Acquainted (30-45 minutes, depending on size of group)

Greet the group. Introduce yourself and other leaders, describe the purposes of the parent education programme, and explain what will take place in this workshop.

Hand out one or two 'Feeling Good' cards to each person. Going around the room, ask participants to introduce themselves and respond to their cards.

Distribute the 'Parent Questionnaire' and index cards. Ask participants to fill out the questionnaire and write on the card at least one question they'd like answered during the workshop. Hand out and review 'Workshop Ground Rules.'

Sexual Abuse of Children: What Causes It? (30 minutes)

Ask the group to suggest all the factors they can think of that may contribute to the problem. List these factors on newsprint or the chalkboard. Add any important omissions. Review the list.

Discuss the vague warnings that some of our parents gave us about 'strangers.' Rarely were we warned about acquaintances -- a relative, a neighbor, a family friend. Few of us were specifically told there was such a thing as sexual abuse or any way we could protect ourselves against it. Have the group recall stories of sexual abuse and brainstorm ways we can protect our children.

You will find that parents are excellent resource persons and problem solvers. There is no one perfect way to prevent sexual abuse, but there may be an almost unlimited number of workable ways. By turning to the group and inviting them to suggest some, you not only increase their sensitivity to the whole topic, but stimulate creative thinking about it. If any particularly useful approaches are omitted, be sure to mention them, of course.

The Touch Continuum

Introduce this topic by exploring these questions:

What's the difference between 'good' and 'bad' touch?

When does good or nurturing touch become confusing?

When does confusing touch become bad or exploitive?

Explain that touching can be a grey and confusing area for adults, too. When we were children, no one told us about different types of touch; instead, we were given -- and are still getting -- negative, double, and confusing messages and nonmessages about touch. Have participants discuss touch -- nurturing, confusing, and exploitive.

Children in Our Culture (20 minutes)

Discuss how our culture presents children -- for instance, in magazine advertising or on television. They are seen as always obeying authority, as easy victims because of trust in adults or lack of knowledge.

Suggest that parents can help their children identify an unwanted hug, uncomfortable tickling, or inappropriate touching by using a 'touching code.' This lets a child know his body is his own, and if he's touched in any way that makes him feel uncomfortable, he must and can tell his parents right away. Children should feel free to catch a parent's eye, or hold up a hand, or point to the part of the body touched. Children get a sense of control and positive self-affirmation from this that can help prevent an abuse. They can also be told to say clearly and strongly, 'No!' Or 'Stop it!' Or 'I don't like you to do that!'

Lunch Break (45 minutes)

Take a few minutes during the break to check the cards for questions to be answered in the afternoon session.

Questions and Answers (60 minutes)

Read and answer questions from the cards. If there are any you can't answer, suggest another source of information.

Wrap Up (30 minutes)

Review the goal and objectives of the workshop. Distribute fresh copies of the 'Parent Questionnaire' and ask everyone to complete it again. Go over community resources the group may find useful.

A One-Day Workshop: RAPE PREVENTION

Designed for up to 40 participants, to make them better informed about sexual assault and better able to protect themselves against it.

WHAT WE HOPE TO ACCOMPLISH

To give participants a clearer understanding of what rape is and make them aware of behaviour that can put women at risk of rape.

To let participants know techniques for avoiding rape.

SUGGESTED MATERIALS

Chalkboard or newsprint pad
Chalk or felt-tip pen
3x5 index cards
Pencils or pens for everyone
Feeling Good Cards
Myth-Information Cards

Handouts:

Parent and/or Teen Questionnaire
Workshop Ground Rules
Quiz on Facts about Rape
Myths and Facts about Rape

NOTE: If participants cannot read or write English, make the pre- and post-workshop evaluations oral. Limit your questions to three that you think will tell you most about changes in the group's thinking, feelings, or level of knowledge; and pose the questions in the same words before and after the workshop. Workshop activities involving reading and writing will also need to be done orally. Written materials you want to use should be read aloud (in translation, if the group is not English-speaking).

SUGGESTED ACTIVITIES

Getting Acquainted (up to 60 minutes, depending on size of group)

Greet the group. Introduce yourself and other leaders, describe the purposes of the parent education programme, and explain what will take place in this workshop.

Hand out one or two 'Feeling Good' cards to each person. Going around the room, ask participants to introduce themselves and respond to their cards.

Distribute the 'Parent Questionnaire' and/or the 'Teen Questionnaire' (depending on the group) and index cards. Ask participants to fill out the questionnaire and write on the card at least one question they'd like answered in the course of the workshop. Hand out and review 'Workshop Ground Rules.'

What Is Rape (90 minutes)

Go to the chalkboard or your newsprint pad and ask the group to give you a definition of rape. Write down all the definitions suggested and discuss them. The final definition you and the group should arrive at is that rape is an act of violence -- a sexual assault, in which force or the threat of force is used to compel someone to have vaginal, oral, or anal intercourse.

Distribute copies of 'Quiz on Facts about Rape.' Ask participants to fill it out. Then review and discuss their answers. Have them cross out the words 'Quiz on' and leave just 'Facts about Rape,' since all the statements on the sheet are true. Hand out 'Myths and Facts about Rape' and discuss the statements it contains. Distribute 'Myth-Information' cards on rape and have participants say whether the statements on their cards are true or false.

Roads to Rape (45 minutes)

Make two columns on the chalk board or newsprint. Head them 'Traditional Male Sex Role' and 'Traditional Female Sex Role.' Have participants brainstorm suggestions for adjectives to go in the female column (submissive, weak, etc.) and the male column (aggressive, domineering, tough, etc.). Review the lists and ask whether these stereotypes might 'set a person up' for rape.

Start another list. Have the group brainstorm various reasons a man may rape and various factors that can make a woman a victim. Write them down, go over them, and discuss them.

Lunch Break (45 minutes)

Take a few minutes during the break to check the cards for questions to be answered in the afternoon session.

Strategies for Avoiding Rape (30 minutes)

On newsprint or the chalkboard, start listing all the strategies and/or precautions that can be used to minimise the risk of rape, whether by a stranger or an acquaintance. Have participants brainstorm as many as they can think of, then add any they forgot. Discuss these methods.

Questions and Answers (30 minutes)

Read and answer questions from the cards. If there are any you can't answer, suggest another source of information.

Wrap Up (30 minutes)

Review the goal and objectives of the workshop. Distribute fresh copies of the 'Parent Questionnaire' and/or the 'Teen Questionnaire' and ask everyone to answer the questions again. Go over community resources the group may find useful.

A One-Day Workshop: SINGLE PARENTS

Designed for up to 40 men and women who are raising children alone, to address the problems related to sexuality that are faced by single parents and help them carry out their responsibilities as sex educators of their children.

WHAT WE HOPE TO ACCOMPLISH

To give participants a better understanding of sex and sexuality and the issues they raise.

To give participants confidence in their ability to be good sex educators of their children.

To help participants recognise their special responsibility as single parents to help their children understand the implications of sex and sexuality.

SUGGESTED MATERIALS

Projector and screen (or white wall)
Film: 'Loving Parents'
chalkboard or newsprint pad
Chalk or felt-tip pen
3x5 index cards
Pencils or pens for everyone
Feeling Good Cards
Myth-Information Cards
Chart showing methods of contraception

Handouts:

Parent Questionnaire
Workshop Ground Rules
Sexuality and Sex
Life Cycle Form

NOTE: If participants cannot read or write English, make the pre- and post-workshop evaluations oral. Limit your questions to three that you think will tell you most about changes in the group's thinking, feelings, or level of knowledge; and pose the questions in the same words before and after the workshop. Workshop activities involving reading and writing will also need to be done orally. Written materials you want to use should be read aloud (in translation, if the group is not English-speaking).

SUGGESTED ACTIVITIES

Getting Acquainted (10 minutes)

Greet the group. Introduce yourself and other leaders. Invite participants to give their names, the number of children they have at home, each child's age, and whether the child is attending primary or secondary school.

Briefly describe the purposes of the parent education programme, and explain what will take place in this workshop.

Distribute the 'Parent Questionnaire' and index cards. Ask participants to fill out the questionnaire and write on the card at least one question they'd like answered in the course of the workshop. Hand out and review 'Workshop Ground Rules.'

A few special do's and don'ts:

Don't separate the men and women. They need practice talking together.

Don't invite outside observers. They may inhibit discussion.

Don't moralise. It isn't your job as a facilitator to lead parents to think as you do. Do, however, point out alternatives and mention the results of certain behavior.

Don't monopolise discussions. Do, when appropriate, provide facts and suggest alternative approaches.

Feeling Good (20 minutes)

Invite everyone to take a 'Feeling Good' card from the pack. After the cards are distributed, ask each person to respond to the question on the card in any way he chooses. Tell the group.

'There are no right or wrong answers. You may answer the question in any way you choose. You can sit or stand, you can act your answer out, whatever. Relax and enjoy it.' The aim is to make participants feel more comfortable and at ease with one another and with you.

Sexuality and the Life Cycle (45 minutes)

Parents need to understand that:

There is a broad definition of sexuality.

All of us are sexual beings from birth to death.

Children are sexual beings.

Adolescence is a stage of transition when we feel special interest in and concern about sexuality.

Distribute 'Sexuality and Sex' and give everyone a chance to read it. Then introduce the concept of sexuality and the life cycle in your own words. The important concepts to present are:

We often think of sexuality too narrowly -- as just 'sex.'

In fact, sexuality has to do with many things --

- being male or female
- touching and being touched
- wanting to be and feel close to another human being
- being able to enjoy oneself in a sexual way
- being able to reproduce
- and more.

Invite the group to look at sexuality from birth to death, to broaden their definition of sexuality. This will help them better understand their children.

Divide participants into subgroups of five or six and give each subgroup a blank Life Cycle Form. Ask them to brainstorm and put down on the form every kind of life experience they can think of that is related in any way to sex or sexuality. Allow at least 10 minutes for this.

Bring the group back together and ask the first subgroup to read out what they wrote for 'Birth to 4 Years.' Record the list on

newsprint or the chalkboard. Have other subgroups to make additions. Make additions yourself from your own Life Cycle Form.

Ask another subgroup to read their list for '4-12 Years.' Again, make additions. Ask the next subgroup to give their list for '13-20 Years.' Complete the group list, then say you'll return to the subject of adolescence in a little while.

Ask the next subgroup what they wrote for '21-50 Years' and the last subgroup what they wrote for '51 Years-Death.' Complete these lists. Wrap up this first part of the exercise by asking the group if it has helped them understand the complexity of the term 'sexuality.'

Start the second part of the exercise by going back to the list for '13-20 Years.' Review it with the group. Introduce the Concept of adolescence as a unique part of the life cycle.

In your own words, describe what teenagers must cope with today.

- They are reaching puberty at earlier ages.
- There are many more sexual messages on radio and TV and in the cinema, advertising, popular music, and magazines today than when their parents were young.
- Birth control is now widely available.
- Boys and girls get different sexual messages.
- More teenagers today are having sexual relationships involving intercourse. (Though not all teenagers, contrary to popular opinion.)

You may want to raise some questions:

How is growing up today different from when parents were growing up?

Who talks to children these days about sexual relationships?

Where can children get the facts about sex and sexuality?

As time allows, lead a discussion about any of these topics. Or simply ask what questions parents have about teenagers today. The important thing is to help parents see adolescence as a unique time and understand some of the pressures their children are or will be facing.

Film and Discussion: Loving Parents (60 minutes)

Show the film, which includes short scenes and parent group discussions. It is an excellent stimulus for discussion. Let the group talk about the issues it raises.

Myth or Fact (60 minutes)

To set off a discussion of myths about sex and sexuality, go over 'Myth or Fact?' Ask the group to tell you all the sexual myths and misconceptions they can think of -- ones covered in the handout plus any others they've heard. List them on newsprint or the chalkboard.

Divide the group into small subgroups of five or six people and distribute 'Myth-Information' cards. Ask each subgroup to spend 10 or 15 minutes discussing answers to the questions on the cards. Then call everyone back together and have each subgroup read its questions and report on its answers.

Lunch Break (45 minutes)

Take a few minutes during the break to check the cards for questions to be answered in the afternoon session.

How Our Bodies Work (45-50 minutes)

Using whatever visual aids you have -- charts, posters, slides, or your own drawings on newsprint -- familiarise the group with the male and female reproductive systems: the correct names and functions of the body parts and their relationship to menstruation and conception.

Begin by asking if anyone can explain the process of conception, or menstruation, or ejaculation. In this way, you can establish what members of the group already know and can sort out what is accurate from what is not. This may go slowly. Take extra time if you need to.

What If...? Improving Communication Skills (60 minutes)

Distribute 'How to Talk to Your Child.' Give the group a few minutes to go over the rules.

Invite members of the group to role-play several situations they have faced as single parents. Ask them to include situations in which some of the communication between parent and child is nonverbal.

If you have time, choose additional activities suggested in the workshop 'Communicating about Sex.'

Wrap Up

Review the goal and objectives of the workshop. If there are questions you haven't dealt with, answer them now. If there are any you can't answer, suggest another source of information.

Distribute fresh copies of the 'Parent Questionnaire' and ask everyone to complete it again. Go over community resources the group may find useful.

A One-Day Workshop: SUBSTITUTE PARENTS

Designed for up to 40 men and women who are raising children not their own, to explore their special needs and concerns and help them feel more comfortable as sex educators of the children for whom they are responsible.

WHAT WE HOPE TO ACCOMPLISH

To give participants a better understanding of sex and sexuality and issues they raise.

To help them gain confidence in their ability to be good educators.

To help them recognise their special role in helping children understand the implications of sex and sexuality.

SUGGESTED MATERIALS

Chalkboard or newsprint pad
Chalk or felt-tip pen
3x5 index cards
Pencils or pens for everyone
Feeling Good Cards
Myth-Information Cards
Anatomical charts or drawings

Handouts:

Parent Questionnaire
Workshop Ground Rules
Myth or Fact?
Sexuality and Sex
Life Cycle Form

NOTE: If participants cannot read or write English, make the pre- and post-workshop evaluations oral. Limit your questions to three that you think will tell you most about changes in the group's thinking, feelings, or level of knowledge; and pose the questions in the same words before and after the workshop. Workshop activities involving reading and writing will also need to be done orally. Written materials you want to use should be read aloud (in translation, if the group is not English-speaking).

SUGGESTED ACTIVITIES

The activities proposed for this workshop are ones you have used with other groups. But be sure to adapt them to this group's special interests.

Getting Acquainted (10 minutes)

Greet the group. Introduce yourself and other leaders. Invite participants to give their names, the number of children they have at home, and the children's ages. Ask them to express any special concerns they have as substitute parents.

Briefly describe the purposes of the parent education programme, and explain what will take place in this workshop.

Distribute the 'Parent Questionnaire' and index cards. Ask participants to fill out the questionnaire and write on the card at least one question they'd like answered in the course of the workshop. Hand out and review 'Workshop Ground Rules.'

Feeling Good (20 minutes)

Invite everyone to take a 'Feeling Good' card from the pack. After the cards are distributed, ask each person to respond to the question on the card in any way he chooses. Tell the group, 'There are no right or wrong answers. You may answer the question in any way you choose. You can sit or stand, you can act your answer out, whatever. Relax and enjoy it.' The aim is to make participants feel more comfortable and at ease with one another and with you.

Myth or Fact (60 minutes)

To set off a discussion of myths about sex and sexuality, go over 'Myth or Fact?' Ask the group to tell you all the sexual myths and misconceptions they can think of -- ones covered in the handout plus any others they've heard. List them on newsprint or the chalkboard.

Divide the group into small subgroups of five or six people and distribute 'Myth-Information' cards. Ask each subgroup to spend 10 or 15 minutes discussing answers to the questions on the

cards. Then call everyone back together and have each subgroup read its questions and report on its answers.

Lunch Break (45 minutes)

Take a few minutes during the break to check the cards for questions to be answered in the afternoon session.

Sexuality and the Life Cycle (45 minutes)

The group needs to understand that:

There is a broad definition of sexuality.

All of us are sexual beings from birth to death.

Children are sexual beings.

Adolescence is a stage of transition when we feel special interest in and concern about sexuality.

Distribute 'Sexuality and Sex' and give everyone a chance to read it. Then introduce the concept of sexuality and the life cycle in your own words. The important concepts to present are:

We often think of sexuality too narrowly -- as just 'sex.'

In fact, sexuality has to do with many things --

- being male or female
- touching and being touched
- wanting to be and feel close to another human being
- being able to enjoy oneself in a sexual way
- being able to reproduce
- and more.

Invite the group to look at sexuality from birth to death, to broaden their definition of sexuality. This will help them better understand their children.

Divide participants into subgroups of five or six and give each subgroup a blank Life Cycle Form. Ask them to brainstorm and put down on the form every kind of life experience they can think of that is related in any way to sex or sexuality. Allow at least 10 minutes for this.

Bring the group back together and ask the first subgroup to read out what they wrote for 'Birth to 4 Years.' Record the list on newsprint or the chalkboard. Have other subgroups to make additions. Make additions yourself from your own Life Cycle Form.

Ask another subgroup to read their list for '4-12 Years.' Again, make additions. Ask the next subgroup to give their list for '13-20 Years.' Complete the group list, then say you'll return to the subject of adolescence in a little while.

Ask the next subgroup what they wrote for '21-50 Years' and the last subgroup what they wrote for '51 Years-Death.' Complete these lists. Wrap up this first part of the exercise by asking the group if it has helped them understand the complexity of the term 'sexuality.'

Start the second part of the exercise by going back to the list for '13-20 Years.' Review it with the group. Introduce the concept of adolescence as a unique part of the life cycle.

In your own words, describe what teenagers must cope with today.

- They are reaching puberty at earlier ages.
- There are many more sexual messages on radio and TV and in the cinema, advertising, popular music, and magazines today than when their parents were young.
- Birth control is now widely available.
- Boys and girls get different sexual messages.
- More teenagers today are having sexual relationships involving intercourse. (Though not all teenagers, contrary to popular opinion.)

You may want to raise some questions:

How is growing up today different from when parents were growing up?

Who talks to children these days about sexual relationships?

Where can children get the facts about sex and sexuality?

As time allows, lead a discussion about any of these topics. Or simply ask what questions parents have about teenagers today. The important thing is to help parents see adolescence as a unique

time and understand some of the pressures their children are or will be facing.

How Our Bodies Work (40 minutes)

Using whatever visual aids you have -- charts, posters, slides, or your own drawings on newsprint -- familiarise the group with the male and female reproductive systems: the correct names and functions of the body parts and their relationship to menstruation and conception.

Begin by asking if anyone can explain the process of conception, or menstruation, or ejaculation. In this way, you can establish what members of the group already know and can sort out what is accurate from what is not. This may go slowly. Take extra time if you need to.

Communicating about Sex (30 minutes)

Distribute 'How to Talk to Your Child' and give the group a few minutes to go over the rules.

Ask participants to role-play some of the situations they experience as substitute parents. Have them include some situations in which they or their children communicate nonverbally.

Wrap Up

Review the goal and objectives of the workshop. If there are questions you haven't dealt with, answer them now. If there are any you can't answer, suggest another source of information.

Distribute fresh copies of the 'Parent Questionnaire' and ask everyone to complete it again. Go over community resources the group may find useful.

A One-Day Workshop: TEEN FATHERS

Designed for up to 40 adolescent boys who are, or are about to be, fathers; to explore with them a man's role and responsibilities and prepare them to share in the sex education of their children.

WHAT WE HOPE TO ACCOMPLISH

To give teen fathers a better understanding of sex and sexuality.

To give them a wider understanding of their own roles as men, as husbands or partners, as fathers.

To address the differing concerns of those who are actively involved as parents and those who feel excluded from involvement.

To encourage them to take more responsibility for the sex education of their children and help them feel more comfortable doing so.

SUGGESTED MATERIALS

Projector and screen (or white wall)
Film: 'The Follower'
Chalkboard or newsprint
Chalk or felt-tip pen
3x5 index cards
Pencils or pens for everyone
Feeling Good cards
Myth-Information cards
Anatomical charts or drawings

Handouts:

Parent Questionnaire
Workshop Ground Rules
Myth or Fact?
Sex Role Quiz

NOTE: If participants cannot read or write English, make the pre- and post-workshop evaluations oral. Limit your questions to three that you think will tell you most about changes in the group's thinking, feelings, or level of knowledge; and pose the questions in the same words before and after the workshop. Workshop activities involving reading and writing will also need to be done orally. Written materials you want to use should be read aloud (in translation, if the group is not English-speaking).

SUGGESTED ACTIVITIES

Getting Acquainted (15 minutes)

Greet the group. Introduce yourself and other leaders. Many of the young men in the group may know each other already, but give them a chance to introduce themselves.

Briefly describe the purposes of the parent education programme and explain what will take place in this workshop.

Distribute the 'Parent Questionnaire' and index cards. Ask participants to fill out the questionnaire and write on the card at least one question they'd like answered in the course of the workshop. Hand out and review 'Workshop Ground Rules.'

Feeling Good (20 minutes)

Invite everyone to take a 'Feeling Good' card from the pack. After the cards are distributed, ask each person to respond to the question on the card in any way he chooses. Tell the group, 'There are no right or wrong answers. You may answer the question in any way you choose. You can sit or stand, you can act your answer out, whatever. Relax and enjoy it.' The aim is to make participants feel more comfortable and at ease with one another and with you.

Myth or Fact (30 minutes)

It's important to let these teenagers tell you what they know and find out for themselves what they aren't sure about.

To set off a discussion of myths about sex and sexuality, go over 'Myth or Fact?' Ask the group to tell you all the sexual myths and misconceptions they can think of -- ones covered in the handout plus any others they've heard. List on newsprint or chalkboard.

Or divide the group into subgroups of five or six and distribute 'Myth-Information' cards to them. Ask each subgroup to spend 10 or 15 minutes discussing answers to the questions on the cards. Then call everyone back together and have each subgroup read its questions and report on its answers.

How Our Bodies Work (45 minutes)

Using whatever visual aids you have -- charts, posters, slides, or your own drawings on newsprint -- familiarise the group with the male and female reproductive systems: the correct names and functions of the body parts and their relationship to menstruation and conception.

Begin by asking if anyone can explain the process of conception, or menstruation, or ejaculation. In this way, you can establish what members of the group already know and can sort out what is accurate from what is not. This may go slowly. Take extra time if you need to.

Lunch Break (45 minutes)

Take a few minutes during the break to check the cards for questions to be answered in the afternoon session.

Film and Discussion: "The Follower" (60-120 minutes, as you decide)

Show the film and discuss the issues it raises.

Discussion (45 minutes)

In this workshop, you need to be particularly flexible and sensitive to the feelings and needs of the individual group. Use your creativity to draw people out and spark discussions. Do your best to encourage everyone to express his thoughts and feelings openly.

Here are some subjects you should try to cover:

What does it mean to be a man?

What makes men feel really masculine?

Are these the same things women and children find attractive in men?

What do your children need from their father?

What does 'fathering' mean?

What is your role in your children's sex education?

Wrap Up

Review the goal and objectives of the workshop. If there are any questions you haven't dealt with, answer them now. If there are any you can't answer, suggest another source of information.

Distribute fresh copies of the 'Parent Questionnaire' and ask everyone to complete it again. Go over community resources the group may find useful.

A One-Day Workshop: TEEN MOTHERS

Designed for up to 40 adolescent girls who are, or are about to be, mothers, to explore with them a woman's role and responsibilities and prepare them to take responsibility for the sex education of their children.

WHAT WE HOPE TO ACCOMPLISH

To give participants a better understanding of sex and sexuality.

To give them a wider understanding of their roles as women, wives or partners, mothers.

To encourage them to take responsibility as sex educators of their children and feel comfortable in that role.

SUGGESTED MATERIALS

Chalkboard or newsprint pad
Chalk or felt-tip pen
3x5 index cards
Pencils or pens for everyone
Feeling Good Cards
Myth-Information Cards
Anatomical charts or drawings

Handouts:

Parent Questionnaire
Workshop Ground Rules
Myth or Fact?
Sexuality or Sex
Life Cycle Form
Sex Role Quiz

NOTE: If participants cannot read or write English, make the pre- and post-workshop evaluations oral. Limit your questions to three that you think will tell you most about changes in the group's thinking, feelings, or level of knowledge; and pose the questions in the same words before and after the workshop. Workshop activities involving reading and writing will also need to be done orally. Written materials you want to use should be read aloud (in translation, if the group is not English-speaking).

SUGGESTED ACTIVITIES

Getting Acquainted (15-30 minutes)

Greet the group. Introduce yourself and other leaders. Invite participants to give their names, the number of children they have at home, and the children's ages.

Briefly describe the purposes of the parent education programme, and explain what will take place in this workshop.

Distribute the 'Parent Questionnaire' and index cards. Ask participants to fill out the questionnaire and write on the card at least one question they'd like answered in the course of the workshop. Hand out and review 'Workshop Ground Rules.'

A Warm-Up Discussion (20 minutes)

You need to be particularly sensitive to the needs of this group. Many teen mothers must deal with a special and formidable set of social, economic, and psychological pressures. Most suffer from low self-esteem, anxiety, and guilt. They rarely have an opportunity to voice their feelings about being parents or about the personal pressures they face. Ideally, this workshop will help relieve some of their pent-up emotions, as well as offer sound, thoughtful, and constructive information that can enhance their lives.

You may want to begin the session by asking each young mother to tell what she liked and disliked about being pregnant and what she now likes and dislikes about being a mother. Or invite everyone to take a 'Feeling Good' card from the pack and respond to the question on the card in any way she chooses.

Sexuality and the Life Cycle (45 minutes)

The group needs to understand that:

There is a broad definition of sexuality.

All of us are sexual beings from birth to death.

Children are sexual beings.

Adolescence is a stage of transition when we feel special interest in and concern about sexuality.

Distribute 'Sexuality and Sex' and give everyone a chance to read it. Then introduce the concept of sexuality and the life cycle in your own words. The important concepts to present are:

We often think of sexuality too narrowly -- as just 'sex.'

In fact, sexuality has to do with many things --

- being male or female
- touching and being touched
- wanting to be and feel close to another human being
- being able to enjoy oneself in a sexual way
- being able to reproduce
- and more.

Ask participants what they want for themselves in the future, and for their children.

Invite them to look at sexuality from birth to death, to help them better understand themselves and their children.

Divide participants into subgroups of five or six and give each subgroup a blank Life Cycle Form. Ask them to brainstorm and put down on the form every kind of life experience they can think of that is related in any way to sex or sexuality. Allow at least 10 minutes for this.

Bring the group back together and ask the first subgroup to read out what they wrote for 'Birth to 4 Years.' Record the list on newsprint or the chalkboard. Have other subgroups make additions. Make additions yourself from your own Life Cycle Form.

Ask another subgroup to read their list for '4-12 Years.' Again, make additions. Ask the next subgroup to give their list for '13-20 Years.' Ask the next what they wrote for '21-50 Years' and the last what they wrote for '51 Years-Death.' Complete these lists. Wrap up this first part of the exercise by asking the group if it has helped them understand the complexity of the term 'sexuality.'

This might be a good point at which to set up another session. Invite the group to reconvene for a discussion of anatomy, physiology, and family planning.

Myth or Fact (60 minutes)

To set off a discussion of myths about sex and sexuality, go over 'Myth or Fact?' Ask the group to tell you all the sexual myths and misconceptions they can think of -- ones covered in the handout plus any others they've heard. List them on newsprint or the chalkboard.

Divide the group into subgroups of five or six and distribute 'Myth-Information' cards to them. Ask the subgroups to spend 10 or 15 minutes discussing answers to the questions on the cards. Then call everyone back together and have each subgroup read its questions and report on its answers.

Lunch Break (45 minutes)

Take a few minutes during the break to check the cards for questions to be answered in the afternoon session.

How We Communicate (30 minutes)

Have members of the group role-play some situations they have experienced with their parents. Have them include situations in which they or their parents communicate nonverbally.

Divide the group into subgroups. Have a spokesperson from each subgroup report on the subgroup's reactions to the scenes played.

Growing Up Today (30-45 minutes)

Discuss adolescent sexuality and decision making.

Wrap Up

Review the goal and objectives of the workshop. If there are questions you haven't dealt with, answer them now. If there are any you can't answer, suggest another source of information.

Distribute fresh copies of the 'Parent Questionnaire' and ask everyone to complete it again. Go over community resources the group may find useful.

MATERIALS FOR DISTRIBUTION

ATTITUDE SURVEY
DECISION-MAKING MODEL
DID ANYONE EVER TELL YOU?
HOW TO TALK TO YOUR CHILD
HOW WELL DO YOU KNOW YOUR CHILD?
HOW WELL DO YOU KNOW YOUR PARENT?
ISSUES WE FACE IN REAL LIFE
LIFE CYCLE FORM
MYTH OR FACT?
MYTHS AND FACTS ABOUT RAPE
PARENT QUESTIONNAIRE
PARENTS AS SEX EDUCATORS: Course Outline
PART OF A NEW GROUP
PEOPLE SAY....
THE PRESIDENT GAME
QUESTIONS TO ASK WHEN CHOOSING
 A METHOD OF CONTRACEPTION
QUIZ ON FACTS ABOUT RAPE
RULES FOR BRAINSTORMING
SEVEN VALUE INDICATORS
SEX ROLE QUIZ
SEXUALITY AND SEX
SEXUALLY TRANSMITTED DISEASES
TEEN QUESTIONNAIRE
TRAINEE QUESTIONNAIRE
TRAINING SESSION EVALUATION FORM
VALUES CLARIFICATION: EARTHQUAKE
VALUES CLARIFICATION: A MORAL DILEMMA
WORD EXERCISE
WORKSHOP GROUND RULES

ATTITUDE SURVEY

Instructions: This is a survey of attitudes, not a test. There are no 'right' answers. Please read each statement carefully and decide whether you strongly agree with it, or agree, or are neutral or have mixed feelings, or disagree or strongly disagree. Circle the appropriate number at the right of the statement.

	Strongly Agree		Neutral		Strongly Disagree
A 15-year-old who wants birth control should be able to get it without difficulty.	1	2	3	4	5
Two children are enough for anybody.	1	2	3	4	5
If people don't want to use birth control, that's their business.	1	2	3	4	5
A person should not use birth control for selfish reasons.	1	2	3	4	5
Abortion should not be legal.	1	2	3	4	5
There's no excuse for unwanted pregnancy. All anyone has to do is use a good method of birth control.	1	2	3	4	5
A man who gets his tubes tied -- has a vasectomy -- will more than likely be sorry later.	1	2	3	4	5
Sometimes I think birth control pills are too easy for people to get.	1	2	3	4	5
Birth control can help a shaky marriage.	1	2	3	4	5
A woman who doesn't want any children probably has good reasons for feeling that way.	1	2	3	4	5

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DECISION MAKING MODEL

This decision-making model provides a process people can use in solving problems or making decisions. It is applicable to most situations in life, including sexual situations.

THE STEPS IN THE PROCESS

Define the problem. State exactly what the problem is or the situation about which a decision needs to be made.

Consider all alternatives. List all the possible ways to resolve the problem, all the possible decisions that could be made. You may need to gather more facts or consult with others to be sure you haven't overlooked any options.

Consider the consequences of each alternative. List all the possible outcomes -- positive and negative -- for each alternative or each course of action that could be taken. Make sure you have correct and full information by this point.

Consider family and personal values. Values include beliefs about how we should act or behave and the personal and family rules we live by and believe are important -- for example, beliefs about honesty, loyalty, or whether it's all right to smoke or drink. Most of our values come from the training we receive at home. Others come from our friends and society. Consider whether each alternative is consistent with your personal and family values.

Consider the impact on other people. Our decisions affect many people who are important to us -- parents, siblings, friends, others. Think about the effect of each alternative on these people.

Choose one alternative. After carefully weighing each alternative, choose the one that seems most appropriate, based on your knowledge, values, morals, religious upbringing, present and future goals, and the effect of the decision on the people who matter to you.

Implement the decision. Do what is necessary for the decision to be carried out as you want it to be. You may have to set up a step-by-step programme with a timetable to make sure things get done.

Adapted from Family Life Education
Programme Development Project

DID ANYONE EVER TELL YOU? Some Sexual Topics You May Never Have Discussed at Home

Did your parents talk to you about any
of these subjects? If not, how did you learn?

- childbirth
- menstruation
- different ways to express your love of another person

- wet dreams
- petting
- what to do if you were sexually abused

- time of the month when a woman is most likely to be fertile
- birth control options
- how to say 'no' if you don't want to be sexually involved

- sexually transmitted diseases
- changes during puberty
- where babies come from

- homosexual behaviour
- taking responsibility in a sexual relationship
- proper names for male sex organs

- how a penis becomes erect
- masturbation
- orgasm

- having sex during pregnancy
- what the clitoris is
- menopause

- childhood sex play
- ways to protect oneself from rape
- what happens to a man when he's sexually aroused

- breastfeeding
- sex roles for women
- sex roles for men

- whom to talk to if incest occurred

HOW TO TALK TO YOUR CHILD

Some Basic Ground Rules

- o Speak frankly. Acknowledge your feelings. If you don't know the answer, say so. Then find out.
- o You do not need to be a specialist, with highly detailed information. Give simple, direct answers you know are accurate.
- o Be an 'askable' parent. Don't get upset or agitated. Keep cool. If, for example, you're in a store or the marketplace when your child asks a question about sex, say calmly, 'That's a good question, but I'd like to answer it when we get home.' And be sure you do answer it then.
- o Your attitude is extremely important. Let your child know that no question is wrong to ask, and that even subjects that can be embarrassing are good to talk over with you.
- o What if your child doesn't ask? The general rule is that if your child doesn't begin to ask questions about sex by the time he or she is six years old, you should start looking for opportunities to introduce the subject.

HOW WELL DO YOU KNOW YOUR CHILD?

See how many questions you can answer about your son or daughter. Remember, only your child can grade this for you; only he or she really knows the right answer. Good luck.

- How many boyfriends has your daughter had?
- Or how many girlfriends has your son had?
- What's your child's favourite game?
- What's your child's height? (Within one centimeter.)
- What's the name of your child's best friend?
- How much does your child weigh? (Within five kilograms.)
- What's your child's favourite colour?
- What film has your child seen most recently?
- What's your child's favourite sport?
- After school, which would your child rather do --
go for a walk or play outside?
- Given the choice, which would your child pick for dinner --
sadza and stew, fish and chips, rice and chicken,
or sadza and sour milk?
- Which would your child rather eat --
peanuts, biscuits, cake, fruit, or buns?
- What's your child's favourite musical group or singer?
- Which would your child rather do --
gardening, dishwashing, ironing, shopping, or herding?
- What does your child want to do when he or she grows up?
- Do your child's friends call him or her by a nickname?
If so, what is it?
- Which would your child rather spend the evening doing --
listening to the radio, visiting a friend, reading,
watching TV, or playing games?
- At school, which subject does your child like best?
- What's your child's favourite fruit?
- What was the last nice thing your child did for you
that was a real surprise?

HOW WELL DO YOU KNOW YOUR PARENT?

You may live with your parents, spend a lot of time with them, talk to them all the time. Still, it's a good bet there's a lot you don't know about them. See how much -- or how little -- you've learned over all these years. You won't find the answers here -- only your parent can grade your test. Ask him or her how well you did.

- What household task does your parent dislike most?
- Does your parent feel comfortable talking to you about sex?
- Does your parent believe in love at first sight?
- Does your parent usually carry a photo of you?
- How old were your parents when they got married?
- What's the name of your parent's best friend?
- Which of these can your parent not do --
 - touch his or her toes, split firewood, farm,
 - wash, cook, make a bed?
- What clothing has your parent bought recently?
- Which would your parent prefer to eat --
 - sadza and stew, nuts, rice and chicken,
 - mutakura?
- If your parent won a prize in the lottery,
 - what would he or she do with the money?
- What's the last present your parent gave you?
- What's your parent's idea of having fun?
- Does your parent enjoy watching television?
- How old would your parent like you to be when you marry?
- What's your parent's favourite song?
- What's your parent's favourite colour?

ISSUES WE FACE IN REAL LIFE
What Are Our Attitudes
toward Them?

Abortion
Anal sex
Artificial Insemination
Bisexuality
Celibacy
Contraceptives
Cross-dressing (transvestism)
Exhibitionism
Group sex
Heterosexuality
Homosexuality
Incest
Intercourse
Masturbation
Oral sex
Pornography
Premarital sex
Prostitution
Rape
Sado-masochism
Sexual fantasies and dreams
Sterilisation
Teenage pregnancy
Transsexualism
Venereal disease
Voyeurism

LIFE CYCLE FORM

51 Years to Death

20 to 50 Years

13 to 20 Years

4 to 12 Years

Birth to 3 Years

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MYTH OR FACT?

Would you believe...

- ...if a woman douches right after sex, she can't get pregnant?
- ...a girl can't use tampons until she's had sex?
- ...nice people don't get VD?
- ...during a woman's period, she is sick and should avoid exercise and refrain from sex?
- ...an IUD can float through a woman's body after it's been inserted?
- ...if a woman uses a diaphragm, her partner will feel it?
- ...the amount of sexual satisfaction depends on the size of the penis?
- ...the pill can cause cancer?
- ...drinking a salt solution can prevent pregnancy?
- ...if you want a boy, you should have sex a lot?
- ...if you want twins, you should have sex sideways?
- ...an IUD will give a woman infections?
- ...a woman can't get pregnant when she's menstruating?
- ...if a woman does get pregnant when she's menstruating, the baby will be an albino?
- ...if a woman has an IUD inserted, her sexual partner will feel the IUD strings?
- ...if a woman has sex while she's pregnant, the baby will have a broken leg or arm or be otherwise deformed?
- ...if a woman has sex during her ninth month of pregnancy, she will give birth to a dirty baby?
- ...if a pregnant woman has been unfaithful, she will have problems during delivery?
- ...a woman who is breastfeeding can't get pregnant?
- ...the color of the line beneath the pregnant woman's navel determines the sex of the child?
- ...menstruating women are unclean?
- ...the wider the woman's mouth, the larger her vagina?
- ...if a pregnant woman looks at a strange or abnormal person, she will give birth to a baby with similar features?

(over)

Would you believe...

- ...you can contract VD from dirty toilet seats or dirty towels?
- ...the longer a man's middle finger, the longer his penis?
- ...if a woman has sex standing up, she can't get pregnant?
- ...if a woman has sex in a river or stream, she can't get pregnant?
- ...a change in a woman's menstrual cycle is caused by infidelity?
- ...if a woman doesn't menstruate, she's ill?
- ...when a woman doesn't menstruate, bad blood accumulates in her womb?
- ...having sex cures period pains?
- ...having a baby cures period pains?
- ...if a girl washes her hair, goes bathing, or sits on anything cold while she's menstruating, she will catch a cold?
- ...a girl can't conceive till after she starts menstruating?
- ...conception occurs when there is a simultaneous orgasm?
- ...a baby is formed by the semen ('starch') from a man's body?
- ...birth marks are caused by a woman's drinking hot liquids when she is pregnant?
- ...a pregnant woman should wear a string around her waist to keep the unborn baby from rising to her heart?
- ...breast milk inside a baby's ears can cause an ear discharge or deafness?
- ...the pill will rot a woman's internal organs?
- ...a condom can get lost inside and rot a woman's internal organs?
- ...if a woman's breast milk gets to her son's penis, he will be sterile?
- ...syphilis is an advanced stage or complication of gonorrhoea?
- ...if you have gonorrhoea and are cured, you have lifelong immunity?
- ...if an infant is buried in a dry place, the mother will not be to have any more children?

MYTHS AND FACTS ABOUT RAPE

1. MYTH: Rape is sex.
FACT: Rape is experienced by the victim as an act of violence. It is a life-threatening experience. In a sample of 135 sexual assault victims interviewed by the Victim Treatment and Research Clinic, 19 percent (N=26) had had a sexual assault with two or more assailants; 33 percent (N=44) had experienced an assault with a weapon; 32 percent (N=33) had experienced an assault with 'excessive force' -- that is, more force than is necessary to subdue the victim, or enough to cause her serious injury.
2. MYTH: Women incite men to rape.
FACT: Research has found that the vast majority of rapes are planned. Rape is the responsibility of the rapist alone. Women, children, and men of every age, physical type, and demeanor are raped. Opportunity is the most important factor determining whom a given rapist will rape.
3. MYTH: Women secretly enjoy being raped.
FACT: No one -- man, woman or child -- enjoys being raped. It is a brutal intrusion on mind and body that causes lasting problems.
4. MYTH: Women 'cry rape' to get men in trouble.
FACT: Reporting rape is a debilitating and humiliating experience that all too rarely results in a conviction. Of the sample of 135 women interviewed by the VTRC, only 15 percent (N=49) of 321 sexual assaults suffered by the subjects were reported to the police. A woman would gain nothing and would pay a heavy penalty for falsely reporting rape. [We have] yet to come across a genuine false report, though we are familiar with cases that have been incorrectly classified as such.
5. MYTH: If a woman didn't fight back, she wasn't really raped.
FACT: Any rape is a potential murder, and this is abundantly clear to the victim during the assault. Women and children must receive appropriate training in order to have the option of effective physical resistance.
6. MYTH: There is a 'right' way to respond to a rape situation.
FACT: Since rape is life-threatening and each rapist has his own pattern, the best thing a victim can do is follow her instincts and observe any cues from the rapist. If the victim escapes alive, she has done the right thing.

MYTHS AND FACTS ABOUT RAPE / page 2

7. MYTH: A victim who doesn't report the rape to the police is responsible for any more rapes the assailant commits.
FACT: No one but the rapist is responsible for a rape.
8. MYTH: Rape trauma syndrome is a transient problem. Most healthy people will return to their normal state of functioning within a year.
FACT: Surviving a rape can lead a woman to a better understanding of her own strengths, but rape is a life-changing experience. Only one woman out of a sample of 111 interviewed by VTRC whose last assault had been three or more years ago felt that her life had not been changed.
9. MYTH: A victim should be discouraged from dwelling on the rape. She should 'put it away and forget it.'
FACT: This advice generally comes from people who are more concerned with their own feelings than the victim's. All victims should be offered the opportunity to talk about the assault with those personally close to them and with knowledgeable professionals. Victims who are not allowed to talk about the rape have a much more difficult time recovering from it. Enforced silence preserves the crisis in a state of suspended animation.
10. MYTH: A 'recidivist' victim must be seeking rape.
FACT: 50 percent (N=79) of the sample of 135 women interviewed by VTRC reported being assaulted more than once. This does not include single rape situations that involve ongoing assault, as in marital rape or incest. The term 'recidivist' blames the victim and is completely unacceptable. 35 percent of that sample (N=47) had suffered two or more assaults with penetration.
11. MYTH: Women never get pregnant as a result of being raped.
FACT: VTRC has so far found a 4 percent pregnancy rate. Rape counselors have a clinical impression that pregnancy is most common from gang rapes and incest.
12. MYTH: Women raped by their husbands are masochists.
FACT: Wives are often imprisoned in the situation. Wives are often economically dependent on their husbands for themselves and their children. It is not easy even for a woman with marketable skills to escape from this situation. At the present time, a raped wife can expect little help from most agencies. Legislation is now pending in many [parts of the United States] to remove the clause in the law that exempts a husband from prosecution for the rape of his wife, but this reform is the most controversial of all the needed changes in the rape law. Most institutions of society support the notion that wives are the property of their husbands.

13. MYTH: Rapists never return to the same victim, so fears of retaliation after reporting are irrational.
FACT: Many cases of rapists returning have been reported. In one case, a stranger rapist tracked down a victim who had moved after the first attack and raped her again five years later.
14. MYTH: Prostitutes can't be raped.
FACT: Prostitutes, who are society's official sexual scapegoats, are perfect targets for rape, especially very brutal ones. Assaults on prostitutes are unlikely to be reported unless they are homicides. One's vulnerability to sexual assault increases inversely to one's social prestige.
15. MYTH: Rapists are non-white, rapists are lower class, rapists are 'criminal types.'
FACT: Rapists that fit the myth are far more likely to be prosecuted, but a rapist can be anyone -- doctor, policeman, clergyman, social worker, or corporation president.
16. MYTH: Incest isn't necessarily harmful, because at least the child is learning about sex at home and is getting affection.
FACT: What a child learns about sex to meet an adult's need isn't necessarily helpful. Of a sample of 50 incest survivors interviewed by VTRC, 64 percent (N=32) were suffering from sexual dysfunctions. 56 percent (N=28) were experiencing difficulties with trust and forming relationships.
17. MYTH: Incest doesn't happen in my community.
FACT: Incest happens in every community.
18. MYTH: Sexual assaults are rare deviations and affect few people. After all, no one I know has been raped.
FACT: Sexual assaults are very common. Someone close to you has been profoundly affected by a sexual assault. Not only are victims reluctant to discuss their assaults, but many succeed in totally blocking the assault from conscious memory. However, the trauma remains and may come to the surface at another crisis or when the opportunity to discuss it with a sympathetic person arises.
19. MYTH: Nice people don't rape.
FACT: A rapist can be anyone.

Adapted from publication of
New York Women Against Rape

PARENT QUESTIONNAIRE

Facilitator's Name _____

Today's Date _____ Your Birth Date (date/month/year) _____

PART 1: Please tell us how you feel about each of the following statements. Circle 'A' if you agree with a statement, 'D' if you disagree, and '?' if you aren't sure or don't know.

1. Most boys mature physically earlier than girls. A D ?
2. The physical changes of puberty happen to different teenagers at different times. A D ?
3. All girls start to menstruate at the same age and have identical cycles. A D ?
4. Boys are born with all the sperm cells they will ever use. A D ?
5. Each female releases thousands of eggs each month. A D ?
6. Male testes produce millions of sperm for each ejaculation. A D ?
7. Once a girl starts to menstruate, she is able to get pregnant. A D ?
8. A man must have a large penis in order to satisfy a woman sexually. A D ?
9. Wet dreams are a sign of a sexual disorder. A D ?
10. If a couple has sexual intercourse without using birth control, the only time the woman can get pregnant is during her menstrual period. A D ?
11. A woman can get pregnant by swallowing semen. A D ?
12. Using withdrawal as a method of birth control is almost as effective as using a condom. A D ?
13. The correct way to use a condom is to leave some space at the tip of the condom for the semen. A D ?
14. A condom can be washed out and reused several times. A D ?

PARENT QUESTIONNAIRE / page 2

- | | | | |
|---|---|---|---|
| 15. If a teenaged girl is having sex, taking birth control pills is less dangerous to her health than getting pregnant. | A | D | ? |
| 16. A child who masturbates is perfectly normal. | A | D | ? |
| 17. The only normal way to have sex is intercourse with the man on top of the woman. | A | D | ? |
| 18. A person who is celibate has no sexual feelings. | A | D | ? |
| 19. Having one sexual experience with someone of the same sex means that you are homosexual. | A | D | ? |
| 20. A person who is bisexual always prefers having sex with a person of the opposite sex. | A | D | ? |
| 21. Many older people continue to have sex and enjoy it. | A | D | ? |
| 22. Children are usually lying or fantasising when they say they have been sexually abused. | A | D | ? |
| 23. You can tell if a woman is asking to be raped by the way she dresses and acts. | A | D | ? |
| 24. At present, it is impossible to cure herpes II or Acquired Immune Deficiency Syndrome (AIDS). | A | D | ? |
| 25. You can tell whether a woman has a sexually transmitted disease by putting earwax in her vagina to see if it burns her. | A | D | ? |
| 26. If left untreated, syphilis can cause blindness, insanity, and even death. | A | D | ? |
| 27. Women who have gonorrhoea often don't know it. | A | D | ? |
| 28. Using condoms helps prevent the spread of gonorrhoea. | A | D | ? |
| 29. A person must see a nurse or doctor in order to be cured of a sexually transmitted disease. | A | D | ? |
| 30. If you have any itching around your penis or vagina, or if you have an unusual discharge, you may have an STD and should see a doctor or nurse immediately. | A | D | ? |
| 31. Children who ask a lot of questions about sex are oversexed and should be punished. | A | D | ? |
| 32. If a child has not asked about sex by the age of six, the parent should introduce the topic. | A | D | ? |

- | | | | |
|---|---|---|---|
| 33. Natural opportunities for parents to talk briefly with their children about sex occur several times a week. | A | D | ? |
| 34. Body language often communicates parents' values about sexuality. | A | D | ? |
| 35. People are sexual from the time they are born until the time they die. | A | D | ? |
| 36. It's natural for children to be curious about sex and have questions about it. | A | D | ? |
| 37. Most children have some sexual feelings, even before puberty. | A | D | ? |
| 38. Parents do more than anyone else to educate their children about sexuality. | A | D | ? |
| 39. It's wrong for a mother and her son, or a father and his daughter, to discuss sexuality together. | A | D | ? |
| 40. Parents should try to make it easy for their children to ask them questions about sex. | A | D | ? |
| 41. Parents should not have to discuss their personal sexual behaviour with their children. | A | D | ? |
| 42. Parents don't have to have all the answers before they talk to their children about sexuality. | A | D | ? |
| 43. Parents should wait until their children come to them with questions before they talk about sexuality. | A | D | ? |
| 44. Parents' talking about sex with their children will not encourage the children to have sex. | A | D | ? |
| 45. Premarital sex is morally wrong. | A | D | ? |
| 46. Both men and women should take responsibility for birth control and raising children. | A | D | ? |
| 47. It's wrong for men to take sexual advantage of women. | A | D | ? |
| 48. All human beings deserve respect, without regard to sex or sexual orientation. | A | D | ? |
| 49. Disabled people have a right to sexual expression. | A | D | ? |
| 50. Two people having sex should use some form of birth control if they aren't ready for a child. | A | D | ? |

51. Family planning or child spacing is extremely important to our society. A D ?

PART 2: Please tell us which of these statements are true for you. Circle 'Y' if your answer is yes, 'N' if your answer is no, and '?' if you're not sure or don't know.

- 52. I'm confused about my sexual values and beliefs. Y N ?
- 53. I'm confused about what people should or should not do sexually. Y N ?
- 54. I have a clear set of rules to guide sexual behaviour. Y N ?
- 55. I know for sure what is right and wrong sexually for me and for others. Y N ?
- 56. I have talked about menstruation with my daughter/cousin/niece. (If you have none or if she is under five, don't answer -- leave blank.) Y N ?
- 57. I have talked about wet dreams with my son/cousin/nephew. (If you have none or if he is under five, don't answer -- leave blank.) Y N ?
- 58. I have talked with my children about intercourse. Y N ?
- 59. I have talked with my children about birth control. Y N ?
- 60. I have talked with my children about teenage pregnancy. Y N ?
- 61. If I talked to my children about sexual intercourse, I'd feel very uncomfortable. Y N ?
- 62. If I talked to my children about birth control, I'd feel very uncomfortable. Y N ?

I am female male

My religion is: _____

My ethnic identity is: _____

My age is under 21
 21-30
 31-40
 41-50
 over 50

My marital status is:
 married
 single
 widowed or divorced
 other

Each child's age
 sex
 school level

PARENTS AS SEX EDUCATORS

Course Outline

- Session I GETTING STARTED: SEX AND SEXUALITY
- Course objectives and the methods we will use to achieve them. Getting acquainted. Finding out what we know and believe. Sources of sex education.
- Session II LEARNING THE FACTS: BIOLOGY AND TERMINOLOGY
- Human growth and development. Physical aspect of self-image. Communication skills. Sex roles.
- Session III MAKING CHOICES: WHAT'S IMPORTANT TO ME?
- Sexual values and attitude clarification.
- Session IV TALKING IT OUT: EASIER SAID THAN DONE
- Role playing. Discussion of parent-child conversations about sex.
- Session V SOME IMPLICATIONS: HEALTH AND SOCIAL ISSUES
- Birth control. Health and hygiene. Homosexuality.
- Session VI GROWING UP TODAY
- Adolescent sexuality and decision making. Review of sex education materials available. Course evaluation.

PART OF A NEW GROUP

Which statement best describes the way you feel in a new group?

- Generally... I prefer to sit quietly and listen to others.
- I feel quite at ease taking part in discussion.
- I find myself ready for some form of leadership role.
- I wish I could take over and structure the discussion.
- I feel ill at ease.
- I prefer to listen for a while and then participate after I have a feel for the group.
- I... (please fill in) _____
-

from Workshop Ideas for Family
Planning Education by Lyra
Srinivasan. Published by World
Education, Inc., New York, 1975

PEOPLE SAY....

Instructions: This is a survey of attitudes, not a test. There are no 'right' answers. Please read each statement carefully and decide whether you strongly agree with it, or agree, or are neutral or have mixed feelings, or disagree or strongly disagree. Circle the appropriate number at the right of the statement.

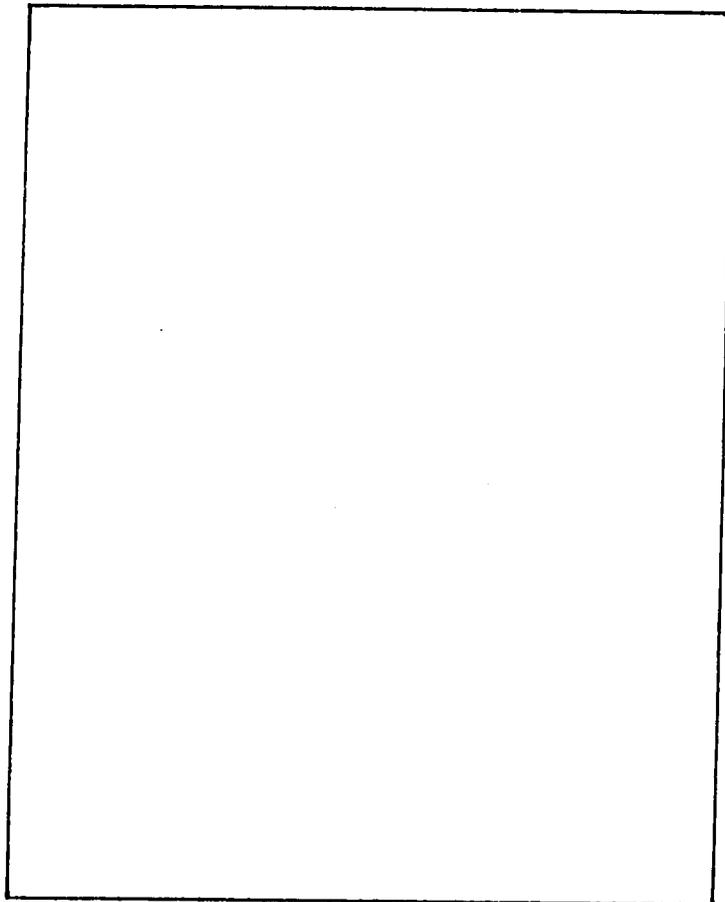
	Strongly Agree	2	Neutral	4	Strongly Disagree
Abortion will leave a girl with a good many guilt feelings.	1	2	3	4	5
Women who get their tubes tied still feel feminine afterward.	1	2	3	4	5
A baby holds a marriage together.	1	2	3	4	5
If a girl fools around and gets pregnant, it's her fault.	1	2	3	4	5
Sex education in the schools will help young people be more responsible.	1	2	3	4	5
I think we should make some people have sterilisation operations.	1	2	3	4	5
Taking birth control pills makes a young girl more apt to be promiscuous.	1	2	3	4	5
If a girl or woman wants an abortion, she should be able to get one legally.	1	2	3	4	5
If I were a patient, I think I'd be a little embarrassed at how frankly things like birth control are discussed at the clinic.	1	2	3	4	5
A woman should be able to get her tubes tied only if she's had a certain number of children.	1	2	3	4	5
A prostitute is entitled to free birth control as much as anyone else.	1	2	3	4	5

THE PRESIDENT GAME

You're the president of the country, sitting at the head of the table. You're about to make an extremely important personal decision.

Who is in your cabinet -- your circle of special advisors? The people you seat nearer to you are the people you think have more influence over your decisions than those sitting farther away. Try to fill in the whole table. Whom do you choose?

YOU



QUESTIONS TO ASK WHEN CHOOSING A METHOD OF CONTRACEPTION

When you're considering a method of contraception, ask yourself these questions. Every 'yes' response is a sign of discomfort or uncertainty about the method that might make for problems in using it and lower its effectiveness.

- o Am I afraid of using this method of birth control?
- o Would I really rather not use this method?
- o Will I have trouble remembering to use this method?
- o Have I ever become pregnant while using this method?
- o Are there reasons why I cannot use this method as prescribed?
- o Do I still have unanswered questions about this method?
- o Did someone close to me strongly urge me not to use this method?
- o Will this method make my periods longer or more painful?
- o Will prolonged use of this method cost more than I can afford?
- o Is this method known to have serious complications?
- o Am I opposed to this method because of religious beliefs?
- o Have I already experienced complications from this method?
- o Has a nurse or doctor already told me not to use this method?
- o Is my partner opposed to using this method?
- o Am I using this method without my partner's knowledge?
- o Will the use of this method embarrass me?
- o Will the use of this method embarrass my partner?
- o Will my partner or I enjoy sex less because of this method?
- o Will this method interrupt lovemaking?

Most people will have several 'yes' responses, indicating some chance of problems for people using almost any method of birth control. This is understandable, since it isn't easy to use most methods and none is without potential side effects or complications. But people can use methods effectively, in spite of negative factors, if their desire to avoid pregnancy is strong.

Adapted from Contraceptive Technology
1984-1985 by Robert A. Hatcher, M.D.,
et al.

QUIZ ON FACTS ABOUT RAPE

Respond to each statement by putting a check under 'True,' 'False,' or 'I don't know.' Do not guess.

	True	False	I don't know
1. Rape is forced sexual relations against a person's will.	_____	_____	_____
2. Rape is committed in Zimbabwe.	_____	_____	_____
3. Over 50 percent of all rape occurs between people who have met before.	_____	_____	_____
4. The majority of rape victims are between 15 and 19 years of age.	_____	_____	_____
5. The majority of reported rapists are between 15 and 24 years of age.	_____	_____	_____
6. Most rapes occur between people of the same race and similar social position.	_____	_____	_____
7. An estimated 50 percent of all rapes are ever reported to the police.	_____	_____	_____
8. Rape takes place during daytime hours and often in the victim's own home.	_____	_____	_____
9. Studies show that rapists plan ahead and choose women who seem likely 'victims.'	_____	_____	_____
10. Rapists interviewed say they have poor social relationships with women.	_____	_____	_____
11. Sexual gratification is not the motivating factor in rape.	_____	_____	_____
12. Rape is an expression of hostility, aggression, and dominance.	_____	_____	_____
13. All victims of rape, regardless of their previous sexual experience, report rape as a violent and dangerous attack upon them that deeply affects their lives.	_____	_____	_____

RULES FOR BRAINSTORMING

- o Don't criticise anyone's suggestions during the brainstorming.
- o Don't alter or edit the ideas. Take them just as they come.
- o Encourage far-fetched ideas. They may trigger more practical ones.
- o The more, the better. Don't stop until the group runs out of ideas.
- o Record all ideas as they are presented on newsprint or a chalkboard where everyone can read them.

SEVEN VALUE INDICATORS Expressions, Statements, or Actions That Tell Something about Values

ATTITUDES (also beliefs, opinions, convictions, views)

Clue words: The way I see it... In my opinion...
I believe.... Our choice is...
I'm for... I'm against...
I'm convinced...

ASPIRATIONS (long-range goals, dreams, remote yet realizable)

Clue words: Someday I'd like... In the future...
In ten years I... When I grow up...
One of these days... When I retire...

PURPOSE (short-range goals or objectives, achievable within a year)

Clue words: This Christmas I...
Next (specified time) I...
By the end of (specified time) I'm going to...
We're thinking about doing...

INTEREST (passing whims, things we spend spare time, money, energy on)

Clue words: If I had (whatever) I would give...
I'd like to know more about...
Nothing makes me feel better than...
My hobby is...
I really enjoy reading about...

ACTIVITIES (how we spend our time; can be a part of other indicators)

Clue words: I spend the most time on...
Most of my energy is expended on...
Another thing I do is...

FEELING (sense and emotions)

Clue words: I get most excited when...
The thing that makes me depressed is...
Nothing makes me feel better than...
What hurts me is ...
I get angry when...

PROBLEMS, OBSTACLES, WORRIES

Clue words: The biggest obstacle facing me is...
The problem I have with that is...
What worries me about that is...

SEX ROLE QUIZ

Respond to each statement by putting a check under 'True,' 'False,' or 'I don't know.'

	True	False	I don't know
1. Girls are always smarter than boys.	_____	_____	_____
2. Boys can always run faster than girls.	_____	_____	_____
3. Men make better teachers than women.	_____	_____	_____
4. Women make better nurses than men.	_____	_____	_____
5. Intelligence is more important for boys than girls.	_____	_____	_____
6. Good looks are more important for girls than boys.	_____	_____	_____
7. All women want to be mothers some day.	_____	_____	_____
8. All parents know naturally how to raise children.	_____	_____	_____
9. There is something wrong with people who decide not to have children.	_____	_____	_____

Parent Education Programme
Youth Advisory Services
ZIMBABWE NATIONAL FAMILY PLANNING COUNCIL

SEXUALITY AND SEX

Sexuality is a broad term referring to one's full personhood as a male or a female. Sex is a more limited term referring to one's reproductive system and genital behaviour as male or female. It has to do with biology, anatomy, physiology. It is a crucial element in everyone's sexuality -- a given that persons need to accept with comfort, understand clearly, and employ responsibly and joyfully. Sex is good feelings and open, wholesome attitudes.

Sexuality is the term that refers to the fusion of 'sex' with personal identity. Human sexuality includes the entire sexual identity and psychic orientation of an individual and is part of and dependent upon one's self-concept. The terms 'male' and 'female' properly relate to 'sex.' 'Masculinity' and 'femininity' are the terms that refer to 'sexuality.' They are psychological and relate a person's sexual identity to the whole personality structure. When, therefore, we say that a man lacks confidence about his masculinity, we are not simply speaking of male genitalia; rather, it is a question of one's self-concept and how one relates to others.

'Masculinity' and 'femininity' -- as generally understood -- have been seen in the light of particular stereotyped gender roles. These stereotypes stem from cultural myths, traditions, and practices. Gender roles are changing significantly in America today, stereotypes are being challenged, and many persons are confused about what is 'masculine' and what is 'feminine.' For some, there is a crisis regarding one's 'sexuality' -- regarding, in effect, one's self-identity. Sometimes this affects an individual's sex functioning, and the result may be sexual dysfunction, impotency, etc. What we are saying is that 'sex' and 'sexuality' are intimately and inseparably related.

'Sexuality,' then, is related not simply to sex acts, but to what it is to be a boy or man, a girl or woman, in relation to other persons in society. One's sexuality depends upon one's psycho-social development, one's self-identity and gender identification, as well as upon one's sex. When one develops sexually as a male, for example, but develops psycho-socially in such a way as to identify oneself as a woman, we have a transsexual phenomenon -- an individual who is biologically a male, but who feels himself to be a woman trapped in a male body. It is such an individual who seeks a sex change operation.

Much of one's psycho-social development is due to influences of family life, conditioning by parents, and the marital pattern provided by mother and father. Family life education and education concerning human sexuality, therefore, are inseparable.

Harold W. Minor, Jr.

SEXUALLY TRANSMITTED DISEASES

STD stands for Sexually Transmitted Disease. VD stands for Venereal Disease, which is the same thing. Under either name, these are diseases that are passed from person to person through sexual contact -- genital, oral, or anal. The germs cannot live outside the body -- you can't pick them up from toilet seats or door knobs.

The three kinds of sexually transmitted disease that are the biggest threat to adults and teenagers today are gonorrhea, syphilis, and herpes II. You will find specific information on these three on the pages that follow. (Along with facts on a fourth disease, AIDS -- not yet common, but highly dangerous.)

Syphilis and gonorrhea are curable if treated by a doctor at an early stage of the infection. Herpes II can be treated by a doctor, but no cure for it has yet been found.

Two facts about all sexually transmitted diseases are critically important to remember:

- o No vaccine, no pill, no medical treatment can keep you from getting any STD if you're exposed to it. And if you have had an STD and been cured, you are not immune to that STD or any other -- you can be infected again if you're exposed again.
- o Gonorrhea and syphilis can be cured if you get adequate treatment soon enough. But not all cases have clearly recognizable symptoms -- and sometimes there are no symptoms at all.

So don't take chances. Know the facts. And protect yourself.

Protecting Yourself and Others

The best way to avoid infection is not to be exposed to it. Don't have sex with anyone who might possibly be infectious. (People who have many sex partners are the most likely to pick up and pass on some variety of STD.)

The best way to protect yourself in case you might be exposed is to use condoms (if you're male) or contraceptive foam (if you're female). Both are excellent insurance against both STDs and pregnancy. A man may get a little protection if he urinates

immediately after sex and washes his penis with soap and hot water, but infection is still possible.

Getting Treatment

If anything makes you suspect you have an STD --

-- Do not try to treat yourself. Only professional diagnosis and treatment will work.

-- Go immediately to your local health centre or clinic or hospital, or your doctor.

-- Do not have any kind of sexual contact until you are cured. Don't masturbate -- it can spread the germs to other parts of the body. Don't drink anything alcoholic -- it may reduce the effectiveness of the medicine being used to treat you.

-- Get in touch with all the people you've had sexual contact with, so they can get treatment.

GONORRHEA

Facts: Virtually the only way you can get it is through penis-vagina contact (genital sex) or penis-anus contact (anal sex). The germs most readily attack the urinary tract, the cervix, and the rectum.

Untreated gonorrhoea can cause --

- sterility in women
- arthritis
- heart disease
- poor health generally
- serious infection of internal organs
- urinary problems in men, often lifelong

A pregnant woman who has gonorrhoea does not pass it on to the fetus. But when the baby is born, the gonorrhoea germs in the vagina -- the birth canal -- can attack the baby passing through and cause blindness.

Gonorrhoea can be treated and cured only by a doctor. The usual treatment is one or more high-dosage injections of penicillin.

A doctor will treat a person who thinks he or she may have been exposed to gonorrhoea even if the person has no symptoms

(symptoms are not always present) and even if a test is negative (tests are still not 100% reliable).

Because more and more cases of gonorrhea are without symptoms, all sexually active men and women -- but especially women -- should have a gonorrhea test as part of a yearly medical checkup.

Symptoms: Three to six days after gonorrhea germs enter a man's body, he may get --

- a dripping discharge from his penis
- a slight, cloudy discharge
- a discharge of pus
- a burning feeling when he urinates

But these symptoms may not show up until a month after exposure.

Three to six days after gonorrhea germs enter a woman's body, she may get --

- a light vaginal discharge along with a burning feeling when she urinates
- inflammation of the cervix
- painful infection in the pelvic area
- anal irritation (resulting from anal sex)
- throat irritation (resulting from oral sex)

But in most cases, there are no signs at all. She may not know she has gonorrhea for weeks, months, even years.

SYPHILIS

Facts Virtually the only way you can get it is through sexual intercourse, though there have been cases of transmission by 'French kissing.'

If left untreated, syphilis can eventually cause --

- paralysis
- brain damage
- insanity
- heart disease
- skin disease

A pregnant woman with syphilis in any stage passes the infection on to the fetus.

Syphilis can be treated and cured only by a doctor. The usual treatment is one or more high-dosage injections of penicillin. The earlier the treatment, the better.

Several types of blood tests can detect syphilis, but none is totally error-free. Someone who has had syphilis less than 90 days may well have a negative test result.

Symptoms: Syphilis has three stages.

Ten to 90 days after the germ enters the body, a chancre -- a sore -- appears. It looks like a pimple or wart. It may or not have pus in it. It shows up where sexual contact was made -- on the penis, inside the vagina, or in the rectum or the mouth.

This sore may go unnoticed, since it usually does not hurt or itch. Meanwhile, any skin-to-chancre contact can spread syphilis; the germs can travel through the pores of the skin.

After a few weeks, the chancre will go away. The disease will not.

Two weeks to six months after the germ enters the body, other signs appear --

- rashes on palms of hands and soles of feet, sometimes over whole body
- moist-looking welts around genital organs
- sores between toes or in armpits or mouth
- low fever
- headaches
- hair falling out in patches
- sore throat

Sometimes people interpret these as symptoms of an allergy or even a common cold. Eventually they go away. But the disease does not.

Three to five years after the germ enters the body, the person is still infected but can no longer pass the disease on. During this stage, the infected person may feel perfectly healthy. But in the next five to 20 years, the disease will probably reach the heart, brain, and other organs. The result will be physical and mental crippling, possibly death.

HERPES II

Facts: It's commonly spread by sexual intercourse (oral sex as well as genital sex). But it can be transmitted through any touching of the blisters it produces, and people may themselves spread it to other parts of their bodies.

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Medical treatment can relieve the pain of herpes and make the eruption of blisters go away faster. But there is no known cure. The disease will recur. The recurrences may be very frequent or very rare, and they may or may not be triggered by special conditions, such as stress.

A drug called acyclovir, in the form of an ointment, is particularly successful in treating initial herpes attacks and helps somewhat to reduce the frequency, severity, and contagiousness of later attacks. Some doctors advise a special diet. Getting adequate rest and reducing stress may also help.

A pregnant woman with herpes does not pass it on to the fetus. But if the infection is in an active stage at the time of the baby's birth, she will need a cesarean delivery -- otherwise, the herpes germs in her vagina could infect or even kill the baby.

Women who contract herpes seem to run a greater risk of developing cervical cancer.

Symptoms: There is a tingling or burning sensation around the genitals or other site of infection. This warning signal is called a 'prodrome.' As soon as it occurs, the person is infectious.

Then many tiny blisters appear -- on the genitals, thighs, buttocks, abdomen. Eventually the blisters burst, discharging pus, blood, or watery fluid. The open sores may be mildly painful or agonisingly so. The person continues to be infectious to others until the sores are completely healed.

For the duration of the attack, the person has a general feeling of malaise. Many people have flu-like symptoms -- body aches, fatigue, fever, headaches.

AIDS (Acquired Immune Deficiency Syndrome)

Facts: As its name indicates, AIDS attacks the body's immune system, destroying the ability to fight off infections and disease.

Apparently, the AIDS virus is passed from person through an exchange of body fluids such as semen, feces, or blood. This exchange can be effected by sexual interaction, or by using an infected needle to inject drugs, or by a transfusion of infected blood. The virus does not appear to be spread through casual contact nor through contact with fluids like sweat or saliva.

Certain population groups seem to be at higher risk than others of picking up the AIDS virus. They include (but are not limited to) --

- persons who have been sexually intimate with actively homosexual/bisexual men
- persons who share needles to inject drugs
- persons who need large amounts of transfused blood (hemophiliacs)
- persons whose sexual partners are AIDS victims
- infants of AIDS mothers.

A group of extremely serious infections seem to take special advantage of the AIDS victim's vulnerability. They are --

- Kaposi's sarcoma (KS), a rare skin cancer
- Pneumocystis carinii pneumonia (PCP), a lung infection
- Life-threatening bacterial, viral, or yeast infections
- Severe herpes infections

These diseases can be treated, but there is no cure yet for AIDS. Recently, however, the virus was identified, and this gives some hope that a cure or immunisation may be developed soon.

In 1984, it was reported in the United States of America that approximately 35% of AIDS patients had died within the first year of diagnosis. The sooner the disease is diagnosed, the better the chance of survival.

- Symptoms: A combination of --
- Persistent swollen glands at several sites in the body
 - Unexplained weight loss and/or loss of appetite
 - Recurring night sweats or fevers
 - Severe persistent cough/sore throat
 - Persistent diarrhea
 - Chronic fatigue
 - Unexplained bluish-brown bruises that persist and/or ulcerate

TEEN QUESTIONNAIRE

Facilitator's Name _____

Today's Date _____ Your Birth Date (date/month/year) _____

PART 1: Please tell us how you feel about each of the following statements. Circle 'A' if you agree with a statement, 'D' if you disagree, and '?' if you aren't sure or don't know.

1. Most boys mature physically earlier than girls. A D ?
2. The physical changes of puberty happen to different teenagers at different times. A D ?
3. All girls start to menstruate at the same age and have identical cycles. A D ?
4. Boys are born with all the sperm cells they will ever use. A D ?
5. Each female releases thousands of eggs each month. A D ?
6. Male testes produce millions of sperm for each ejaculation. A D ?
7. Once a girl starts to menstruate, she is able to get pregnant. A D ?
8. A man must have a large penis in order to satisfy a woman sexually. A D ?
9. Wet dreams are a sign of a sexual disorder. A D ?
10. If a couple has sexual intercourse without using birth control, the only time the woman can get pregnant is during her menstrual period. A D ?
11. A woman can get pregnant by swallowing semen. A D ?
12. Using withdrawal as a method of birth control is almost as effective as using a condom. A D ?
13. The correct way to use a condom is to leave some space at the tip of the condom for the semen. A D ?
14. A condom can be washed out and reused several times. A D ?

TEEN QUESTIONNAIRE / page 2

15. If a teenaged girl is having sex, taking birth control pills is less dangerous to her health than getting pregnant. A D ?
16. A child who masturbates is perfectly normal. A D ?
17. You can tell if a woman is asking to be raped by the way she dresses and acts. A D ?
18. At present, it is impossible to cure herpes II or Acquired Immune Deficiency Syndrome (AIDS). A D ?
19. If left untreated, syphilis can cause blindness, insanity, and even death. A D ?
20. Women who have gonorrhea often don't know it. A D ?
21. Using condoms helps prevent the spread of gonorrhea. A D ?
22. A person must see a nurse or doctor in order to be cured of a sexually transmitted disease. A D ?
23. If you have any itching around your penis or vagina, or if you have an unusual discharge, you may have an STD and should see a doctor or nurse immediately. A D ?
24. People are sexual from the time they are born until the time they die. A D ?
25. It's natural for children to be curious about sex and have questions about it. A D ?
26. Most children have some sexual feelings, even before puberty. A D ?
27. Both men and women should take responsibility for birth control and raising children. A D ?
28. It's wrong for men to take sexual advantage of women. A D ?
29. All human beings deserve respect, regardless of sex and sexual orientation. A D ?
30. Two people having sex should use some form of birth control if they aren't ready for a child. A D ?
31. Family planning or child spacing is extremely important to our society. A D ?
32. A woman may get pregnant after only one experience of sexual intercourse. A D ?

PART 2: Please tell us which of these statements are true for you.
 Circle 'Y' if your answer is yes, 'N' if your answer is no,
 and '?' if you're not sure or don't know.

- | | | | |
|--|---|---|---|
| 33. I'm confused about my sexual values and beliefs. | Y | N | ? |
| 34. I'm confused about what people should or should not do sexually. | Y | N | ? |
| 35. I have a clear set of rules to guide sexual behaviour. | Y | N | ? |
| 36. I know for sure what is right and wrong sexually for me and for others. | Y | N | ? |
| 37. FOR GIRLS ONLY: My parents have talked with me about menstruation. | Y | N | ? |
| 38. FOR BOYS ONLY: My parents have talked with me about wet dreams. | Y | N | ? |
| 39. My parents have talked with me about sexual intercourse. | Y | N | ? |
| 40. My parents have talked with me about birth control. | Y | N | ? |
| 41. My parents have talked with me about teenage pregnancy. | Y | N | ? |
| 42. If I talked to my parents about sexual intercourse, I'd feel very uncomfortable. | Y | N | ? |
| 43. If I talked to my parents about birth control, I'd feel very uncomfortable. | Y | N | ? |

I am female ___ male ___

My religion is _____

My ethnic identity is _____

My school level is ___

TRAINEE QUESTIONNAIRE

Your Name _____

Today's Date _____

PART 1: Please circle the one best answer to each of the questions below.

1. If a couple has sexual intercourse without using birth control, the woman may get pregnant --
 - a. any time during the month
 - b. only one week before menstruation begins
 - c. only during menstruation
 - d. only one week after menstruation begins
 - e. only two weeks after menstruation begins

2. The method of birth control that is least effective is --
 - a. a condom with foam
 - b. the diaphragm with spermicidal jelly
 - c. withdrawal (pulling out)
 - d. the pill
 - e. abstinence (not having intercourse)

3. Physically --
 - a. girls usually mature earlier than boys
 - b. most boys mature earlier than most girls
 - c. all boys and girls are fully mature by age 16
 - d. all boys and girls are fully mature by age 18

4. At present, it is impossible to cure --
 - a. syphilis
 - b. gonorrhoea
 - c. herpes II
 - d. vaginitis
 - e. all of the above

5. When men and women are physically mature --
 - a. each woman's ovary releases two eggs a month
 - b. each woman's ovary releases millions of eggs monthly
 - c. each man's testes produce one sperm for each ejaculation
 - d. each man's testes produce millions of sperm for each ejaculation
 - e. none of the above

TRAINEE QUESTIONNAIRE / page 2

6. To use a condom the correct way, a person must --
 - a. leave some space at the tip for the seminal fluid
 - b. use a new one every time sexual intercourse occurs
 - c. hold it on the penis while pulling out of the vagina
 - d. all of the above

7. Syphilis --
 - a. is one of the most dangerous of the sexually transmitted diseases
 - b. is known to cause blindness, insanity, and death if untreated
 - c. first shows itself as a chancre sore on the genitals
 - d. all of the above

8. The advantage of using condoms when having sexual intercourse is that they --
 - a. help keep users from getting or giving sexually transmitted diseases
 - b. can be bought in drug stores by either sex
 - c. have no dangerous side effects
 - d. do not require a prescription
 - e. all of the above

9. The physical changes of puberty --
 - a. happen in a week or two
 - b. happen to different teenagers at different ages
 - c. happen quickly for girls and slowly for boys
 - d. happen quickly for boys and slowly for girls

10. The rhythm method or natural family planning --
 - a. means couples must not have intercourse on certain days of the woman's menstrual cycle
 - b. requires the woman to keep a record of when she has her period
 - c. works successfully for fewer than 80 percent of users
 - d. is recommended by the Roman Catholic Church
 - e. all of the above

11. Gonorrhea --
 - a. is 10 times more common than syphilis
 - b. is a disease that can be passed from mothers to their children during birth
 - c. makes many men and women sterile -- unable to have children
 - d. is often difficult to detect in women
 - e. all of the above

12. People choosing a birth control method --
 - a. should think only about the cost of the method
 - b. should choose whatever method their friends are using
 - c. should learn about all the methods before choosing the one that's best for them
 - d. should pick the method that's easiest to get
 - e. all of the above

13. The tube that transports sperm to the seminal vesicles is the --
 - a. epididymis
 - b. vas deferens
 - c. Cowper's gland
 - d. prostate gland

14. Menopause occurs when --
 - a. all the eggs have been released from a woman's ovaries
 - b. a woman loses her sex drive
 - c. stops ovulating
 - d. a woman reaches 50 years of age
 - e. all of the above

15. Puberty means a girl or boy is able --
 - a. to have sexual intercourse
 - b. to reproduce
 - c. to have children
 - d. to be an adult
 - e. all of the above

16. As people grow older, they need --
 - a. to have less physical contact with others
 - b. to stop having sex
 - c. to continue having love and affection
 - d. to keep more to themselves
 - e. none of the above

17. Before parents can talk about sex with their children, they must --
 - a. know everything about the subject
 - b. be completely comfortable with the subject
 - c. be in a place where they cannot be overheard
 - d. be willing to listen and express their own feelings
 - e. all of the above

18. It's easier for a girl to say 'no' to sex if she --
 - a. realises that having sex when she's not ready can be a mistake
 - b. is well-informed and has high self-esteem
 - c. is not easily influenced by others
 - d. knows how to assert herself
 - e. all of the above

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19. The best time for parents to talk to their children about sex is whenever --
- their children reach puberty
 - their children ask questions
 - they catch their children masturbating
 - situations allow brief discussions
 - all of the above
20. Program facilitators or instructors should always --
- state their opinions clearly
 - be strongly assertive
 - control discussions closely to stay in charge
 - encourage participants to discuss their ideas and views
 - all of the above
21. Conducting some form of evaluation after a workshop is not always necessary because --
- if the participants are smiling, you know they are pleased with the session
 - if the participants sit quietly, you know they are learning
 - if no one leaves the room, you know participants enjoyed the session
 - people always let you know what they really think
 - none of the above
22. Good workshops often include --
- films
 - role-play situations
 - visual aids
 - group discussions
 - all of the above
23. More young people are having sex today because they --
- are exposed to more sex on TV, records, and magazines
 - want to be popular
 - are trying to cure loneliness or unhappiness
 - want to prove their masculinity or femininity
 - all of the above
24. Generally, children who masturbate --
- grow up feeling guilty
 - develop negative attitudes toward sex
 - as adults, prefer masturbation to sexual intercourse
 - are oversexed
 - are perfectly normal

25. Children who ask a lot of questions about sex will be --
- sexually promiscuous
 - preoccupied with sex
 - more likely to experiment with sex
 - better informed about sex
 - all of the above
26. Teen mothers and fathers are more likely to --
- drop out of school
 - suffer psychologically and economically
 - abuse their children
 - have larger families
 - all of the above
27. Teenagers tend to make better sexual decisions when parents --
- are more open with them about sexual matters
 - give them a great deal of freedom
 - are more authoritarian
 - wait for their children to ask them about sex
 - all of the above
28. A person who practices celibacy --
- chooses not to engage in sexual intercourse
 - has no sexual feelings
 - has never had sexual intercourse
 - will always remain celibate
 - none of the above
29. A man who has never been married is probably --
- homosexual
 - bisexual
 - weird
 - a child-abuser
 - none of the above
30. Impotence --
- affects nearly all men at some time in their lives
 - means a man cannot have sex for many months or years
 - is caused by sexually transmitted diseases
 - cannot be cured
 - none of the above
31. A large penis --
- is necessary for a woman's physical enjoyment of sex
 - means a man is more sexually active
 - does not increase in size when erect as much as a small penis does
 - goes with largeness of hands, feet, neck, or nose
 - all of the above

32. A good facilitator should --
- a. make judgments about participants' values
 - b. tell participants what he or she considers right and wrong
 - c. seek to create a nonjudgmental atmosphere
 - d. present his or her own religious teachings in a workshop

PART 2: Do you agree or disagree with the following statements?
Circle the number that best reflects your position.

	Strongly Agree		Strongly Disagree		
	1	2	3	4	5
33. I'm confused about my sexual values and beliefs.	1	2	3	4	5
34. I'm confused about what people should or should not do sexually.	1	2	3	4	5
35. I have a clear set of rules to guide my sexual behaviour.	1	2	3	4	5
36. I know for sure what is right and wrong sexually for me and for others	1	2	3	4	5

PART 3: What values do you believe should be emphasised in a sexuality education programme for parents? Circle the number that best reflects your position.

	Should Not Be Emphasised		Should Be Emphasised Heavily		
	1	2	3	4	5
37. Parents are the primary sex educators of their children.	1	2	3	4	5
38. Premarital sex is morally wrong.	1	2	3	4	5
39. Men should share the responsibility for birth control and raising children.	1	2	3	4	5
40. It is wrong to take unfair advantage of or exploit another person.	1	2	3	4	5
41. All human beings deserve respect, without regard to their race, culture, religion, sex, or sexual orientation.	1	2	3	4	5
42. Masturbation is morally wrong.	1	2	3	4	5

- | | | | | | |
|---|---|---|---|---|---|
| 43. Two people having sex should use some form of birth control if they aren't ready for a child. | 1 | 2 | 3 | 4 | 5 |
| 44. Family planning is extremely important to our society. | 1 | 2 | 3 | 4 | 5 |
| 45. Children have a right to their own views about sexuality. | 1 | 2 | 3 | 4 | 5 |
| 46. Children have a right to be curious about sex and to ask questions about it. | 1 | 2 | 3 | 4 | 5 |
| 47. Both parents should be responsible for teaching children about sex. | 1 | 2 | 3 | 4 | 5 |
| 48. Parents do not have to be experts to teach their children about sexuality. | 1 | 2 | 3 | 4 | 5 |
| 49. Parents should wait for their children to come to them before talking about sexuality. | 1 | 2 | 3 | 4 | 5 |

PART 4: How well can you feel you can do the following things? Circle the number that best reflects your position.

- | | Not at All Skilled | | | Highly Skilled | |
|--|--------------------|---|---|----------------|---|
| 50. Discussing sexual issues with adults. | 1 | 2 | 3 | 4 | 5 |
| 51. Talking about sex with children. | 1 | 2 | 3 | 4 | 5 |
| 52. Organising sexuality education programmes. | 1 | 2 | 3 | 4 | 5 |
| 53. Facilitating group sessions. | 1 | 2 | 3 | 4 | 5 |
| 54. Talking in front of groups. | 1 | 2 | 3 | 4 | 5 |
| 55. Teaching decision making and communication skills. | 1 | 2 | 3 | 4 | 5 |
| 56. Assessing the progress and results of programmes. | 1 | 2 | 3 | 4 | 5 |
| 57. Using the curriculum manual. | 1 | 2 | 3 | 4 | 5 |
| 58. Using different formats for teaching (e.g., role playing and improvisation). | 1 | 2 | 3 | 4 | 5 |

59. Suggesting to parents different strategies of response to their children's questions. 1 2 3 4 5

PART 5: How comfortable do you feel about doing the following things?
Circle the number that best reflects your position.

- | | Very
Uneasy | | | Completely
Comfortable | |
|--|----------------|---|---|---------------------------|---|
| 60. Organising sexuality education programmes. | 1 | 2 | 3 | 4 | 5 |
| 61. Facilitating group sessions. | 1 | 2 | 3 | 4 | 5 |
| 62. Talking in front of groups. | 1 | 2 | 3 | 4 | 5 |
| 63. Discussing sexual issues with adults. | 1 | 2 | 3 | 4 | 5 |
| 64. Talking about sex with children. | 1 | 2 | 3 | 4 | 5 |

PART 6:

65. How many workshops on sexuality have you conducted in the past three months? _____
66. On the average, how many people participated in each of these workshops? _____

TRAINING SESSION EVALUATION FORM

Your Name _____ Today's Date _____

MORNING SESSION:

Title _____ Instructor _____

In the questions below, circle the number that best reflects your view.

1. How did you perceive the level of the material covered?

Too elementary Too sophisticated
1 2 3 4 5

2. How clear was the presentation?

Not clear Very clear
1 2 3 4 5

3. How knowledgeable was the instructor?

Poorly informed Well informed
1 2 3 4 5

4. How enthusiastic was the instructor?

Not enthusiastic Very enthusiastic
1 2 3 4 5

5. How much did you learn?

Nothing A great deal
1 2 3 4 5

6. Overall, how would you rate the session?

Very poor Excellent
1 2 3 4 5

7. What did you like most about the session? _____

8. What did you like least? How would you have made it better?

Parent Education Programme
Youth Advisory Services
ZIMBABWE NATIONAL FAMILY PLANNING COUNCIL

VALUES CLARIFICATION: EARTHQUAKE

This exercise is for small groups of five or six people up to larger groups of 30. There is a time limit for decision making by the group, and there are rules to follow. We expect to find many different values among the members of the group.

THE PROBLEM:

In the next 30 minutes we have to decide which six of the 10 people listed below will be saved from an earthquake. The six we save may be the only six people left to start the human race over again. Which would you choose? Don't let yourself be swayed by pressure. (Which doesn't mean never give in.) Try to make the best possible choices. If you don't make a choice, you are choosing to let all 10 fight it out -- with the possibility that more than four might perish.

THE CAST OF CHARACTERS

Miner, 31 years old
His wife, six months pregnant
School teacher, male
Farmer, 42 years old
Folk singer
Banker, male, 37 years old
Minister, 54 years old
Doctor, female, 29 years old
College student, female
Policeman with gun (gun cannot be separated from him)

THE RULES OF THE GAME

Only one member of the group talks at a time. Use first names.
Don't talk about anyone outside the cast of characters.
Each member of the group is free to speak or not to speak.
Don't pressure anyone into saying what he doesn't want to say.
Don't attack anyone's opinion. Don't ask, 'Why?'
But do invite people to tell how they feel about their choices.
Hear simply to listen -- to care. Don't give advice.
Address each person in the singular: 'You and I....' 'I feel....'
Talk to, not about, people in the group.
Pledge to be honest.

VALUES CLARIFICATION: A MORAL DILEMMA

Read the story below and rank the five people in it. Number One is the person you like best, Number Five is the one you like least. Give reasons for your choices.

This is a story about people whose names are Tonderai, Tsitsi, Nyasha, Rudo, and Temba.

Tonderai and Tsitsi are engaged to be married. Tonderai is away, working in Zambia. Tsitsi is still in school.

Tsitsi shares a class with Nyasha. She and Nyasha become friends. They sleep together. Tsitsi decides she doesn't feel right about having intercourse with Nyasha and tells him they'll have to stop. They do.

Some time passes. Nyasha tells Tsitsi he is driving to Zambia. Tsitsi asks Nyasha to take her along, so she can see Tonderai. Nyasha says, 'Okay, if you'll go to bed with me.'

Tsitsi is uncertain what to do. She talks to Rudo about it. She and Rudo are close friends. Rudo says, 'Do what you think is best.' Tsitsi decides to go to bed with Nyasha.

Meanwhile, Tonderai has been having a casual sexual relationship with a woman in Zambia. When Tsitsi gets to Zambia, she feels obligated to tell Tonderai about her relationship with Nyasha. Tonderai breaks off the engagement, saying he can't trust Tsitsi.

Tsitsi returns home. She meets Temba. She is upset and tells him all. Temba asks her to live with him.

WORD EXERCISE

These are some words we all know and should be able to define. Which ones would you find it hard to talk about with your child?

head	teeth	walk	sneeze
nose	lips	run	cough
eye	skin	urinate	masturbate
ear	clitoris	eat	laugh
vagina	stomach	drink	cry
toe	uterus	ejaculate	menstruate
finger	back	swallow	love
mouth	spine	taste	like
penis	anus	orgasm	intercourse
tongue	hips	vulva	foot
thighs	scrotum	testicles	buttocks
kissing	neck	shoulder	breasts

WORKSHOP GROUND RULES

- o Respect the opinions of others.

Nobody's opinion can be considered right or wrong. An opinion is just that -- someone's own personal way of looking at an issue. Members of the group must agree to respect each person's opinion, even if they disagree strongly.
- o Be considerate of others' feelings.

Members of the group will express personal thoughts and feelings only if they feel sure they will not be criticised or 'put down' for opinions that are not widely shared.
- o Respect everyone's confidence.

What is said in a workshop dealing with very personal feelings must be kept confidential. Try to keep discussions from focussing on anyone's specific personal problems.
- o Everyone has the right to be heard.

Some people find it easy to express their ideas in a group. Others find it difficult. It is important for the entire group to realise that each member's contribution to the discussion is valuable.
- o No spectators.

Occasionally a leader of the organisation sponsoring a workshop wants to sit on the sidelines and observe. This is not helpful to the group. Encourage would-be observers to be participants.

Members of the group may want to add to this list. They may decide, for instance, that smoking should be permitted only during breaks.

OTHER RESOURCES

THE FERTILITY CYCLE
HUMAN SEXUAL RESPONSE CYCLE
LIFE CYCLE FORM (Facilitator's Copy)
METHODS OF CONTRACEPTION
MYTH-INFORMATION GAME INSTRUCTIONS
REPRODUCTIVE ANATOMY / FEMALE
REPRODUCTIVE ANATOMY / MALE
SAMPLE PROMOTIONAL MATERIAL
SEXUAL SLANG
TALKING ABOUT SEX ISN'T EASY

THE FERTILITY CYCLE

This is a sequence of events within a woman's body that keeps repeating itself, every 28 days or thereabouts, from the time she is 12 or so until she is 40 or 50.

It is begun and controlled by a series of hormones -- messenger chemicals -- travelling back and forth through the bloodstream between the ovaries, the uterus, and a small gland at the base of the brain called the pituitary gland.

The cycle has two main phases. The first prepares an egg cell to be released. The second prepares the uterus to receive and nourish a fertilised egg.

Phase One

The pituitary gland starts each cycle off by producing what is called FSH -- Follicle Stimulating Hormone.

This hormone travels to the ovaries, where the immature eggs are stored, each in a tiny follicle or egg-container. Several eggs in both ovaries start to grow and mature. Then, after a few days, one egg in one ovary keeps growing while the rest regress. (It is rare but possible for more than one egg to go on to be released. This is one of the ways multiple births occur.)

FSH also causes the swelling follicle to start producing oestrogen.

Oestrogen stimulates female physical development generally, but it has specific effects on the reproductive organs. As the days go by, the velvety lining of the uterus becomes thicker and more velvety. There begins to be more moisture at the cervical opening, and its consistency gets thinner, easier for sperm to penetrate.

Then, as the oestrogen in the bloodstream approaches its peak, it signals the pituitary to release a surge of LH -- Luteinising Hormone.

This causes the follicle to burst and push the mature egg out. Some women actually feel this as a cramp on one side of the lower abdomen; some have a slight bloody discharge at this point. Most women notice nothing at all. But the event -- ovulation -- is the climax of Phase One.

Phase Two

As soon as the egg cell is released, it starts down the fallopian tube. If fertile sperm are present in the tube -- or if they

reach it during the next 24 hours -- the egg can be fertilised. Meanwhile, the egg's empty follicle -- now called the corpus luteum -- continues to produce oestrogen, but less and less of it and more and more of the other major hormone, progesterone. These two hormones now work together to prepare the whole system for a possible pregnancy.

Within 18 to 24 hours after ovulation, the woman's body temperature goes up one-half to one degree. As progesterone builds up in her system over the next week or so, her kidneys and body tissues may retain more water, so that she feels 'fatter' and her breasts may be uncomfortable. The lining of her uterus becomes still thicker and softer. It starts secreting a special sugar-rich solution, which would help a fertilised egg implant and would provide its first nourishment. There is less cervical moisture, and what there is is thicker, beginning to seal the cervical opening.

Of course, all these preparations are unnecessary if the egg has not been fertilised in the first 24 hours after ovulation, but it takes about 10 days for the message -- pregnancy or no pregnancy -- to reach the ovary.

If the message is no pregnancy, the corpus luteum simply dries up. Its hormone production stops. Without the stimulation of oestrogen and progesterone, the lining of the uterus cannot sustain itself. The extra thickness dissolves. It drains away in a little flow of blood, perhaps four to six tablespoonfuls over a period of four or five days. This is menstruation -- the one part of the cycle most women are aware of.

Meanwhile, the drop in the level of oestrogen and progesterone in the bloodstream has signalled the pituitary to start the whole cycle over again.

All of this usually takes about 28 days, with the first day of menstruation counted as Day 1 of the cycle. But some women normally have longer cycles and others have shorter ones, and any woman's individual cycle may vary from month to month. A cycle can be as short as 21 days; it can be as long as 35 days.

One part of the cycle is consistent -- Phase Two, from ovulation to the onset of menstruation, is almost always 14 days. It is Phase One that contains the variable -- the interacting buildup of hormones (FSH, oestrogen, LH) that leads to ovulation.

If this buildup takes place at the rate usual for most women, ovulation will occur on Day 14, and the whole cycle will last the typical 28 days. If the buildup is unusually quick, the woman may ovulate as early as Day 7, and that cycle will be short -- 21 days. If the buildup is slow, perhaps because the woman is tired or ill, she may not ovulate till Day 21 and it will be a 35-day cycle.

HUMAN SEXUAL RESPONSE CYCLE

In 1966, two research scientists, Masters and Johnson, conducted an extensive study of the human body's physiologic response to sexual stimulation. They discovered that regardless of what generates sexual excitement -- fantasy, masturbation, 'foreplay' (sometimes called 'outercourse'), or intercourse -- the human body goes through four phases or sequences of changes. These four phases are now referred to as the 'human sexual response cycle.'

Each phase is characterised by certain physiological changes or reactions that occur in both males and females. But the cycle is a continuum, and some of the changes that take place in one stage only intensify in the next phase of the cycle.

PHASE 1: EXCITEMENT

This phase is begun, for each person, by whatever that person finds sexually stimulating. If the stimulation fades, so does the response -- the body returns to normal. If the stimulation keeps up, the excitement and sexual tension build and eventually reach the next stage.

Male Response: The penis gets hard -- longer, larger, stiffer. About 30 percent of men notice that their nipples become erect.

Female Response: Vaginal walls begin to sweat, making lips of vagina wet. About 30 percent of women notice nipple erection.

PHASE 2: PLATEAU

During plateau, sexual tension builds to its maximum. If something interrupts the process before orgasm, the pelvic area may feel congested for a while before it gets back to its normal unstimulated state. This is not harmful, but can be uncomfortable.

Male Response: Breathing and heartbeat speed up, blood pressure rises slightly. Increased blood flow to the pelvic area. About 25 percent of men have a sexual flush. Muscles tighten, especially in pelvic area and buttocks. Testicles pull in closer to body.

Female Response: Breathing and heartbeat speed up, blood pressure rises slightly. Increased blood flow to the pelvic area. About 75 percent of women have a sexual flush. Clitoris pulls in under hood of skin attached to inner lips.

PHASE 3: ORGASM

If the stimulation keeps up, orgasm results -- a sudden release of tension accompanied by a more or less intense sensation of pleasure.

Male Response: Sudden series of muscle contractions all along the penis. Faster breathing and pulse rates. Ejaculation -- discharge of semen in a few intense spurts.

Female Response: Sudden muscle contractions throughout vagina and clitoris. Faster breathing and pulse rates.

PHASE 4: RESOLUTION

The body relaxes and returns to normal. This may take half an hour, sometimes longer.

Male Response: Muscles relax, penis becomes limp. Blood pressure, pulse, and breathing rates drop to normal.

Female Response: Muscles relax, congestion of blood in pelvic area is relieved. Blood pressure, pulse, and breathing rates drop to normal.

Some women are capable of having several orgasms before they move on to the stage of resolution. Virtually all men require at least a short time in the resolution phase after an orgasm before the response cycle can begin again. This period between orgasm and re-excitement is called the refractory period. While it lasts, which can be anything from a few minutes to a few hours, sexual response is impossible and/or unpleasurable. Many factors seem to influence the varying length of the refractory period in different men -- among them are age, level of stimulation, and genetic predisposition.

Birth to 3 Years	4 to 12 Years	13 to 20 Years	20 to 50 Years	51 Years to Death
Bonding with parent	Learning sex role	Puberty Menstruation Producing Sperm	Forming of long-term sexual relationships	Need for touching and affection
Getting early needs met, learning to trust	Beginning of independent behaviour	Strong need for independence	Pair bonding	If healthy, continuing interest in sex and ability to perform
Experiencing touching by another person	Childhood sex play	Difficulty giving up dependent status	Setting long-term goals and making plans to reach them	Menopause
Gender identity development	Same-sex friendships	Learning, through radio, television, advertising, what it's like to be an adult man or woman	Possibility of birth control decisions	Grandparenthood
'It's a girl/it's a boy' sex-role stereotypes	Masturbation	Masturbation	Women: Possibility of pregnancy and childbirth	Death of loved one
Exploration of own genitals	First sex education in a school setting	Exploration of and experimentation with Dating Petting, liming	Men Possibility of fathering children	
Ability to experience orgasm	Vaginal discharge in pre-pubescent girls	Experimentation with behaving as sexual adult	Sex education of one's own children	
Toilet training	Beginning of puberty	Possibility of birth control decisions	Possibility of menopause	
Boys: erection of penis		Possibility of pregnancy or impregnating someone		
Girls: lubrication of vagina				

METHODS OF CONTRACEPTION

NOTE: Figures on users' success in preventing pregnancy are taken from Contraceptive Technology 1984-1985, by Robert A. Hatcher, M.D. et al.

TEMPORARY METHODS

FERTILITY AWARENESS

Also known as Rhythm, or Natural Family Planning, or the Safe Period, or the Billings Method, or the Sympto-Thermal Method, depending on which of several techniques is used. A system by which a woman can monitor her own fertility, identifying the days in each cycle when an egg is likely to be around, and timing sex accordingly. It involves keeping records of the dates she menstruates, day-to-day changes in cervical mucus and/or body temperature, mid-cycle cramps if she gets them -- whatever physical clues can help her pinpoint the time of egg release. It also requires training by expert teachers and a high level of motivation.

Advantages: No need to do anything about birth control at time of having sex. No supplies necessary, after initial investment in instruction course, record-keeping forms, and special thermometer.

Disadvantages: Women have to keep records for several months before they can start relying on the method for protection. Always some cycles when all calculations are thrown off -- the woman catches a cold that makes her run a fever or comes down with a cold that affects her cervical mucus. Careful users may need to abstain from sex for as much as two weeks of every cycle.

Success Rate: Average-careful users: 70-80%. Super-careful users: 80-98%.

WITHDRAWAL

Otherwise known as 'being careful' and 'getting out in time' -- withdrawing the penis from the vagina just before orgasm, so that that the full ejaculate of semen and sperm is not delivered into the vagina or anywhere near it.

Advantages: No supplies or equipment necessary.

Disadvantages: Withdrawal at the right moment requires a cool head, perfect timing, and self-control on the part of both partners. And some semen and sperm are released into the vagina even before ejaculation.

Success Rate: Average-careful users: 77%. Super-careful users: 84%.

CONDOM

A sheath of rubber or animal membrane that fits over the penis like a second skin. It catches and holds the semen released in ejaculation, so no sperm can get into the vagina (and from there to the uterus and fallopian tubes). Most rubber condoms are coated with lubricants. Some brands add sperm-killing chemicals to this coating.

Advantages: One size fits all. Inexpensive and widely available. Protects against sexually transmitted diseases as well as pregnancy.

Disadvantages: Must be used every time a couple has sex. Some men feel it takes too much of the edge off their physical sensations during sex.

Success Rate: Average-careful users: 90%. Super-careful users: 98%. (If a condom is used along with a vaginal contraceptive, the success rate for the combined method is almost 100%.)

NON-PRESCRIPTION VAGINAL CONTRACEPTIVES (Foam, cream, gel, suppositories, sponge)

Assorted products containing sperm-killing ingredients. All need to be put into the vagina before a woman has sex. Positioned correctly, covering the opening to the uterus, they provide both a physical and chemical roadblock to sperm.

Advantages: Easy to use. Widely available. All seem to provide some protection against sexually transmitted diseases as well as pregnancy. Sponge can be inserted ahead of time and provides 24 hours of protection.

Disadvantages: Must be used every time. All types but sponge provide short-lasting protection -- only about 30 minutes. Some users find them messy or irritating.

Success Rate: Average-careful users: 80-90%. Super-careful users: 95-98%. (If a vaginal contraceptive is used along with a condom, the success rate for the combined method is almost 100%.)

DIAPHRAGM

A shallow cup of thin rubber stretched over a flexible ring, used with sperm-killing cream or gel. Before sex (minutes or hours before), it is inserted in the vagina where it fits exactly, blocking the entrance to the uterus. A doctor must prescribe the right size.

Advantages: Cannot be felt by either partner if inserted correctly. If put in ahead of time, using it need not interrupt lovemaking. May provide some protection against sexually transmitted diseases as well as pregnancy.

Disadvantages: Must be used every time a couple has sex. Women who feel uncomfortable about touching the sexual parts of their bodies may not like using it.

Success Rate: Average-careful users: 81%. Super-careful users: 98%.

INTRAUTERINE DEVICE (IUD)

A little piece of soft plastic, usually with a tiny nylon tail thread or threads attached to it. It is placed in a woman's uterus by a physician or specially trained nurse and left there for as long as the woman wants protection against pregnancy. IUDs come in assorted shapes, sizes, and types, including some that have copper or hormones added. Most widely accepted explanation for IUD effectiveness is that it irritates the uterine lining slightly, so lining is unable to accept implantation of fertilised egg.

Advantages: Long-lasting continuous protection. Nothing to do at time of having sex. Very little to do at any other time -- a woman just has to check regularly that the IUD is in place. (By feeling for the tail threads in her vagina.)

Disadvantages: Not every uterus adjusts happily to an IUD; it may be expelled or cause more discomfort than a woman cares to live with. IUD users are also more apt to get pelvic infections -- which, if overlooked and untreated, can cause permanent infertility or even death. And if a woman

becomes pregnant accidentally, there's a greater chance the pregnancy will be ectopic -- outside the uterus, requiring emergency surgery and reducing future fertility.

Success Rate: Average-careful users: 95%. Super-careful users (which usually means people who use a backup method during part of the monthly cycle): 98.5%.

THE PILL

A packaged series of pills containing manufactured oestrogen and progesterone, hormones normally produced by a woman's own body. Taking one pill every 24 hours keeps the body's hormone level steady, which turns off ovulation -- the ovaries do not release eggs as long as the woman sticks to her pill-taking schedule.

Advantages: Continuous protection. Easy to use. Lighter, less painful, more regular periods.

Disadvantages: Some women find the daily pill-taking schedule a nuisance. Some women notice side effects -- though they're usually mild and temporary. A very, very few women run into serious trouble. The possible risks are high blood pressure, gall bladder problems, circulatory problems (blood clots, heart attack, stroke), liver tumors. Women most at risk are smokers and those over 35.

Success Rate: Average-careful users: 98%. Super-careful users: 99.5%

THE INJECTION (Depo-Provera)

Every three months, a doctor or specially trained nurse injects a woman with a measured amount of a product containing a manufactured form of a single hormone, progesterone. Primarily, this works in the same way The Pill does -- the hormone slowly seeps into the bloodstream from the site of the injection and turns off the ovulation process.

Advantages: Continuous protection. Mistake-proof and effort-free, except for visits to the doctor or clinic every three months. Since it contains no oestrogen, it causes none of the oestrogen-related side effects produced by The Pill.

Disadvantages: Periods are light and irregular; many women stop menstruating altogether. This has no effect on

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physical health, but can be psychologically troubling. Any side effects a woman may have cannot be reversed until the body has used up the injected amount of the hormone. Injection users may run slightly higher risk of developing certain forms of cancer, and some have had problems becoming pregnant when they wanted to after stopping the method.

Success Rate: 99.75%.

THE IMPLANT

A set of six tiny silicon rubber tubes, each containing a manufactured form of a single hormone, progesterone. They are implanted by a doctor or specially trained nurse just under the skin on the inside of a woman's upper arm. The tubes, which are a little over an inch long, are invisible after insertion. A finger touching the area can detect them under the skin; except for that, the woman should be unaware of their presence.

The progesterone is diffused into the bloodstream through the walls of the tubes at a very low rate, over an effective period of five years if left in place. This small but steady seepage works in three ways. It stops ovulation in about half of all cycles; it keeps cervical mucus too thick for sperm to penetrate even in cycles when an egg might be released; and it prevents the lining of the uterus from building up sufficiently to support implantation of an egg if one should be fertilized.

Advantages: Long-lasting continuous protection. Mistake-proof and virtually attention-free, yet easily reversible -- implant just has to be removed.

Disadvantages: Irregular bleeding and spotting is common, especially in first three months after insertion. Evidence so far suggests that risk of serious trouble is very small, but the method is still relatively new -- it has been field tested by only about 14,000 women in 14 countries.

Success Rate: In field tests, users' success in preventing pregnancy was equal to or greater than the success of Pill users.

PERMANENT METHODS

VASECTOMY

A minor operation for men, usually done in a doctor's office or clinic under a local anesthetic. It involves cutting and tying off the tubes through which sperm must travel to enter the semen released during intercourse. Afterward, sperm cells are simply absorbed by the body as other cells are, and since the operation does not affect hormone production, it has no effect on masculinity or sexual desire.

Advantages: It should mean no more worry about pregnancy again, ever.

Disadvantages: Once done, the operation can rarely be undone. A man must be absolutely sure that no matter what, he will never want to have children in the future.

Success Rate: Virtually 100%.

TUBAL LIGATION

An operation for women, in which the fallopian tubes are cut and tied off so no egg can reach the uterus or be reached by sperm. Some techniques for doing this require the woman to be hospitalised. With newer methods -- the simplest is called mini-laparotomy -- the surgery can be done in a specially equipped clinic and the woman can go home a few hours afterward. She will continue to ovulate, but her body will simply absorb the egg cells; and since the operation does not affect hormone production, it has no effect on femininity or sexual desire.

Advantages: It should mean no more worry about pregnancy again, ever.

Disadvantages: Once done, the operation can rarely be undone. A woman must be absolutely sure that no matter what, she will never want to have children in the future.

Success Rate: Virtually 100%.

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MYTH-INFORMATION GAME INSTRUCTIONS

Many people, especially young people, have a lot of incorrect information about sex. Our sexual facts are tangled up with nonfacts, myths, and half-truths. To help clear things up --

Invite everyone to play the Myth-Information Game

The group sits in a circle.

The pack of Myth-Information cards is passed from person to person, going round the circle.

Each person, as he receives the pack of cards, reads aloud the statement on the top card. (Everyone has the right to pass or not read the statement when it's his turn, but it's better if everyone joins in.)

The person who read the statement says whether it is true or false.

Questions and discussion on each statement follow.

End the Myth-Information Game with these reminders:

Parents need accurate information to help their children make responsible decisions.

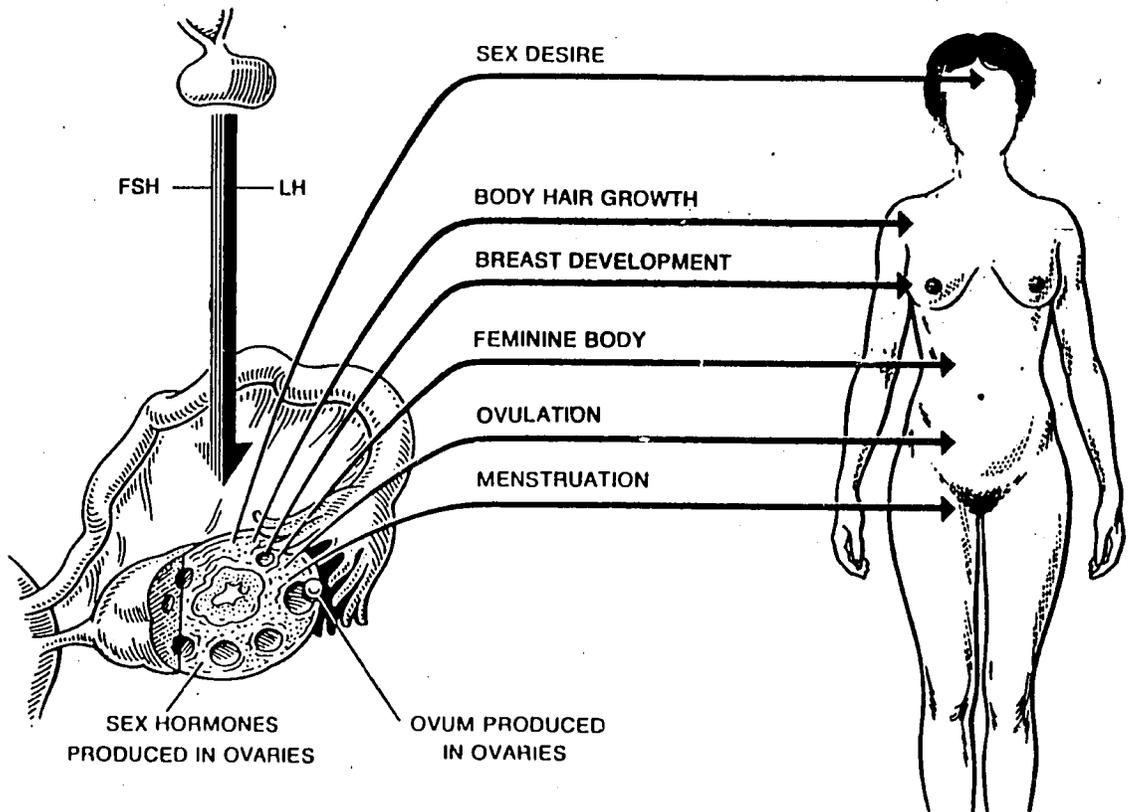
Sexual information does not equal sexual activity. Informed young people are usually the ones who delay sexual intercourse and avoid unwanted pregnancy.

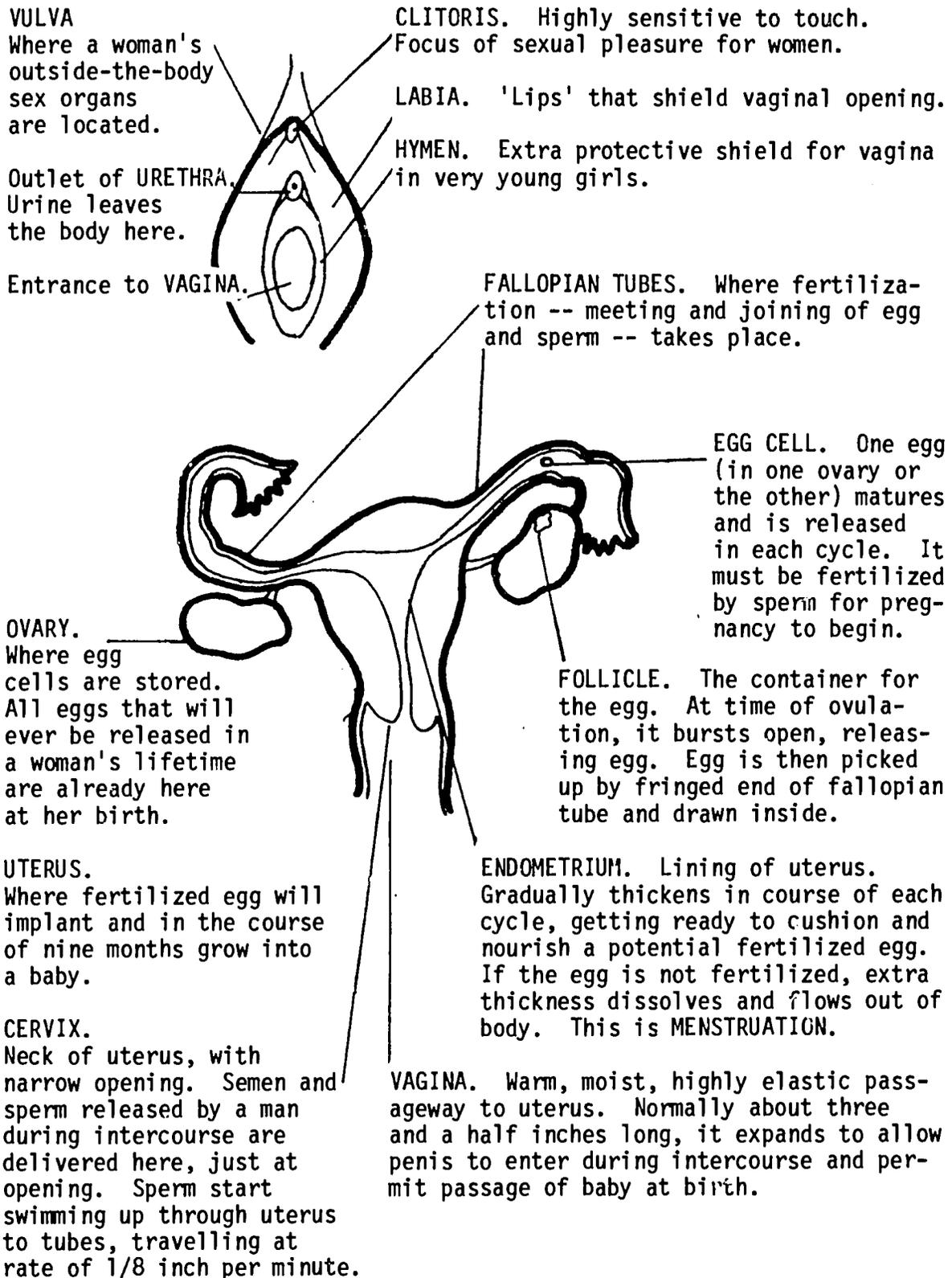
No one person knows all the facts -- it's perfectly all right to say, 'I don't know.'

Then find a source of information that does have the answer.

REPRODUCTIVE ANATOMY / FEMALE

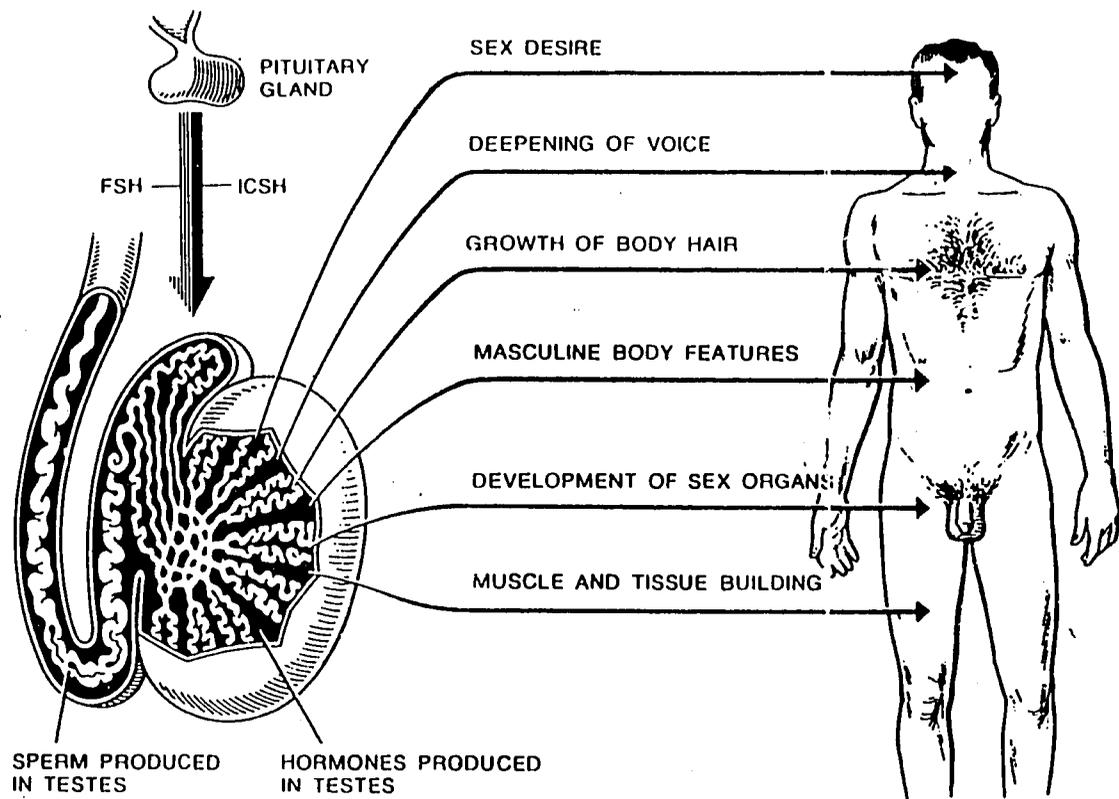
Female Secondary Sex Characteristics





REPRODUCTIVE ANATOMY / MALE

Male Secondary Sex Characteristics



Tube through which semen and sperm are released from body is the URETHRA.

Urine coming from BLADDER leaves body through same tube. But never at same time as semen.

SEMEN-PRODUCING GLANDS. Semen, the fluid in which sperm cells travel, is product of three different glands located here. The most important is the largest, the PROSTATE gland.

PENIS. Tip especially sensitive to touch. Sexual stimulation (physical or mental) causes erection -- increase of blood supply to penis, making it bigger and harder, standing out from body. Penis has to be erect to enter woman's vagina easily in intercourse.

Climax of sexual intercourse brings on EJACULATION here. Semen is released in explosive spurts, not under the man's control. Each ejaculation releases about a teaspoonful of semen, containing 100 million to 500 million sperm. (The longer since the last ejaculation, the higher the count.)

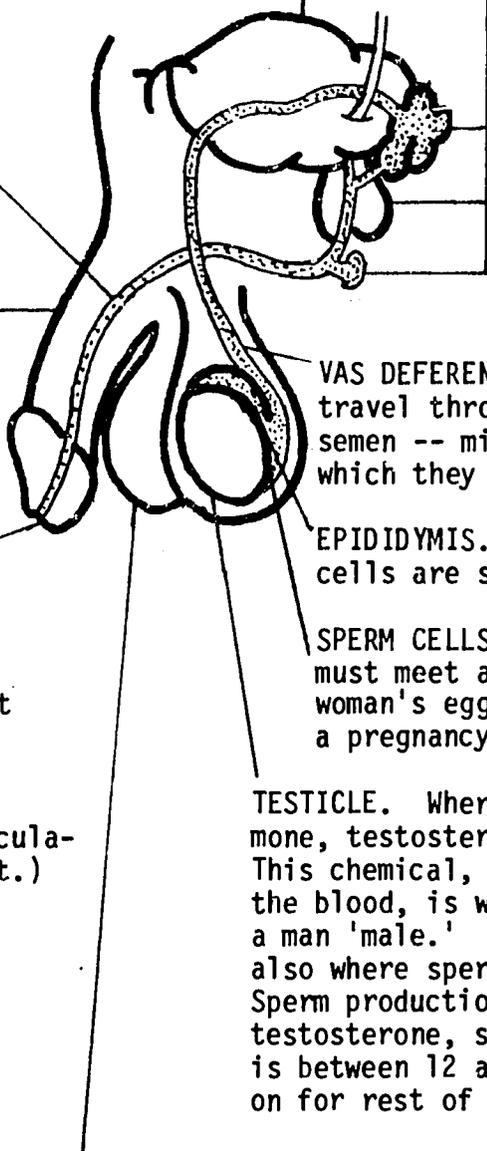
VAS DEFERENS. Tube sperm travel through to merge into semen -- milky fluid in which they leave body.

EPIDIDYMIS. Where sperm cells are stored.

SPERM CELLS. One of these must meet and join with a woman's egg cell to start a pregnancy.

TESTICLE. Where male sex hormone, testosterone, is produced. This chemical, circulating in the blood, is what chiefly makes a man 'male.' Testicles are also where sperm cells are made. Sperm production, stimulated by testosterone, starts when boy is between 12 and 15, then goes on for rest of his life.

SCROTUM. Sack of thin loose skin that holds the two testicles. Temperature is lower here than inside the body itself. This is better for sperm production.



SAMPLE PROMOTIONAL MATERIAL

WHAT IS THE PARENT EDUCATION PROGRAMME?

The Parent Education Programme sponsored by the Ministry of Health, through the Zimbabwe National Family Planning Council in Zimbabwe, is designed to help parents educate their children about family values, sex, relationships, and birth control. The programme seeks to improve parents' communication skills and arm them with the facts they need.

What are the programme's objectives? To help parents develop an appreciation of the interactional nature of their relationship with their children and learn better ways to communicate on sex-related subjects.

What do we offer? A variety of workshop sessions. These sessions can improve parents' understanding of human sexuality and of ways they can help children learn both relevant factual information and moral values:

There are sessions that focus on communication.

There is a comprehensive six-session course that gives parents an opportunity to learn and practice techniques that will add to their parenting skills and their ability to communicate easily and effectively with their children.

There are additional one-day (or shorter) sessions on specific subjects or directed to specific groups. The groups include families together, fathers and daughters, fathers and sons, men only, mothers and daughters, mothers and sons, parents of disabled children, single parents, substitute parents, teen fathers, and teen mothers. Among the special subjects are communication between couples on childrearing issues, problem-solving and decision-making skills for teenagers, protecting children against sexual abuse, and rape prevention.

Through discussion and a range of exercises, participants gain experience in presenting information about sexuality and in expressing their own feelings and values about sexual behaviour. They become aware that communication is as often nonverbal as it is verbal, and they learn to use and interpret the messages that are transmitted through touch, body movement, and facial expression. They learn to distinguish between the active role of listener and the passive one of hearer, and they examine the significance of attitudes, beliefs, and values in sex education. In all these varied ways, they develop the skills they need to establish rapport with their children and become effective sex educators at home.

TITLE OF WORKSHOP/SESSION _____

DATE/TIME _____ PLACE _____

FOR MORE INFORMATION,
WRITE OR CALL _____

SAMPLE PROMOTIONAL MATERIAL

Have you had that all-important talk with your son or daughter yet?

You know -- on the subject of 'sex'?

You know you should. Your children are learning about sex every day of their lives --

-- They're watching people kissing, hugging or embracing, flirting, trying to connect with a partner either permanently or in passing.

-- They see on television (and hear about on radio) not only romance and love, but rape, prostitution, and other sex crimes.

-- They see or hear references to 'homosexuality' and other atypical sexual behavior.

-- They read toothpaste ads that ask, 'How's your love life?'

What are you contributing to the whole education process?

Is it less than you'd like to?

Is it hard going?

Are you just a little uncomfortable?

Afraid that you don't know everything you should?

Let the Parent Education Programme help you out!

TITLE OF WORKSHOP/SESSION _____

DATE/TIME _____ PLACE _____

FOR MORE INFORMATION,
WRITE OR CALL _____

SEXUAL SLANG

Anal Intercourse:	back, brown, buggery, bull, bush road, cuttle, Greek love, Greek way, ninety-nine, old dirt road, play the numbers, poor man's contraceptive, ream, rim, sixty-six, sixty-nine, sodomy, stern job
Anus:	a-hole, ass hole, bunghole, caca-hole, gig, old dirt road, rass, ring
Bi-sexual:	A.C.-D.C., ambisextrous, Ms. B., sissy-man, switch hitter, Spanish machete, two-way
Buttocks:	ass, back wheel, backyard, ban-ban, batty, behind, bum, buns, butt, butty, cash, fanny, heavies, keister, money, oskosh, rear end, rump, seat, stutabake, tail
Clitoris:	boy in the boat, button, clit, dot, female cock, female penis, gateman-piongor, horn, man in the boat, tit
Coitus/Intercourse:	all the way, ashes hauled, ball, bang, bayonet drill, brush, bull, cat, chut, cop a cherry, copulate, cut, dick dip, dig in the canyon, dip your wick, dittle, do it, do something, drop it, frail job, frig, fuck, get a piece, get ass, get in the saddle, get laid, get some, go clean e wase, go the limit, go to bed, hole in one, hop on, horse around, hump, injection, ins and outs, jab, jazz, jive, job, knock off a piece, kudya, kukwiza, kurova zvinhu, kutsika mapapiro, lay, lay pipe, make, make it, make love, make out, move it, peel the banana, piece of ass, piece of tail, plough, poke, popping, pounding the yam, pumping, pussy, put out, rape, ravish, ride, ride me, roll, score, screw, sexual congress, sexual connection, sexual intercourse, shack up, shag, shine, shoot the hips, shtupf, sink the soldier, sleep with, slip it to, stab, stick the meat, swive, tear off a piece, the game, varnish the stick
Condom:	bag, balloon, boots, durex, French letter, Frenchie, gum boots, love-glove, panther, parachute, prophylactic, rainboots, raincoat, rubber, safe, scum bag, sheath, sheik, socks, umbrella
Erection:	big brother, bone, boner, cock, hard, cock stand, erectus, get it up, get stiff, grap, hard on, hard up, jock, kick, lead in the pencil, munzwa, piss hard, popping up, rigid digit, rise, rod, snake in the pants, stalk, stiff, tumescence

Homosexual (female): bulldyke, bulldogger, butch, closet dyke, dyke, gay girl, lesbian, lez, long horn
 Homosexual (male): batty man, bugger, buller man, catamite, closet queen, cocksucker, cornhole, dandaudu, drag queen, fag, faggot, fairy, flute player, freak, fruit, gay, Greek way, homo, homophile, invert, nelly, ngochani, pansy, pervert, punk, queen, queer, swish
 Man: big boy, me baby father, me bra, me good person, me lord and master, me pa, me paymaster, me sugar daddy
 Orgasm/Ejaculation: blast off, break, bring off, cam, climax, come, come off, cream, discharge, ejaculate, get it off, go off, explosion, hit it, make it, nut off, piss, pop off, satisfaction, shoot off, shoot your wad, vomit
 Penis: baby ruth, banana, big brother, bortu, buddy, carrola, cheese cutter, cock, dark meat, dick, dink, doggy, dong, goober, hot dog, jack in a box, jakara, johnnie, john charles, joint, job stick, lingam, little brother, lollipop, meat, member, middle leg, moses, muscle, mutombo, nyaka nyaka, organ, pecker, penny wallie, peewee, peter, phallus, piccolo, pogo stick, poker, pole, prick, privates, prong, pudend, putz, red cap, rod, root, schlong, schmuck, shaft, snake, stalk, sticker, sword, tallywacker, teapot, thing, tick, tolo, tololi, tolo-tolo, tone, tool, toty, wang, weenie wang, whistle, wick, wiener, willie, wood, yang, ying-yang, zvombo
 Semen: come, cum, cream, depth charge, discharge, ejaculate, hand lotion, jism, juice, load, love juice, mess, scum, slime, spence, spend, sperm, starch, sweet water
 Testicles/Scrotum: bag, ballocks, balls, bloccus, charlies, family jewels, gonads, grones, hidden treasure, nuts, orchids, privates, sack, scrotum, seeds, testes, weights
 Venereal Disease: bad blood, bad sick, ciwon dadi, ciwon mata, ciwon maza, clap, dose, G.C., gleet, kangbay, majuru, maruvai kurumwa, morning drip, old joe, pos, scrud, siff, social disease, strain, sweet bumps, thirty-five, V.D., wenera
 Vulva/Vagina: ass, babu, bank book, beaver, box, bun, bush, cabbage, canyon, chocho, cockpit, crack, cunt, cut, cuzzy, en face, fish, fur, gash, gig, hair pie, happy valley, hole, honey pot, hot box, jack in a box, Jennie, Jordon, kun-kun, little sister, lower lip, mat, mound, muff, nooky, penny, pokey, poon-tang, possible, pumbor, pum-pum, puny, pussy, putus, quiff, quim, sacred temple, sa-sa, sex organs, slit, snatch, split, tail, tomato, tool-box, toto-yase, treasure, tunnel, tun-tun, twat, yoni
 Woman: baby, beet, big girl, chick, chopstick, cockroach, daughter, dawta, fuck-mate, girlfriend, me baby mother, me bannie, me lily ting, me tany, old lady, pocket-size, queen, sweks, tings, chukas, chuki

TALKING ABOUT SEX ISN'T EASY A Discussion Guide

Communication about sex and sexuality is sometimes difficult. It embarrasses us, or we don't know the facts, or our own parents never talked to us and so we have no model to go by.

Here are some suggestions for a discussion that will help parents to recognise the difficulties and give them experience in overcoming some of them.

Start by inviting participants to think about their own sexual learning.

Have the group divide into pairs. Ask each pair to take about 10 minutes to list on one side of a blank sheet of paper the sexual topics their parents did educate them about and on the other side the ones their parents did not talk about.

Tell them spelling doesn't matter and encourage them to talk to each other about the topics as they list them. If it's hard for some people to get started, give examples: 'Did your mother explain to you about menstruation?' 'Did your father say anything about wet dreams?' 'Who told you how babies were made?'

At the end of the 10 minutes, bring them back together as a group.

Lead a discussion about the topics their parents talked about as they were growing up.

What topics are the hardest?

Are there words that present special difficulties?

Is it partly because these words are unfamiliar?

Does it help to get the words -- and the facts -- straight?

**BOOKS, FILMS, AND
TEACHING AIDS**

BOOKS AND OTHER HELPFUL READING

Changing Views of Homosexuality

Order from Public Affairs Pamphlets, 381 Park Avenue South, New York, NY 10016 (USA). Order #563.

Child Sexual Abuse Prevention

A curriculum for parents, preschoolers, and elementary-school-age children. Order from Education Dept., Planned Parenthood of Buffalo, Inc., 210 Franklin St., Buffalo, NY 14202 (USA).

Did the Sun Shine Before You Were Born?

Paperback for children aged 3-7. Developed to help parents communicate facts about sex, reproduction, and family life to their children. By Sol Gordon. Order from Institute of Family Research and Education, 760 Ostrom Avenue, Syracuse, NY (USA).

An Easy Guide for Caring Parents: Sexuality and Socialization

An excellent resource, for not only parents, but all who work with the developmentally disabled. By Lyn McKee and Virginia Blackledge, M.D. Order from Planned Parenthood of Contra Costa, 1291 Oakland Blvd., Walnut Creek, California 94596 (USA).

An Easy Guide to Loving Carefully

A book written especially for the mentally retarded person. Easy reading. Contains information about sexual feelings and about birth control. By Winifred Kempton, Lyn McKee, and Lynne Stiggall. Order from Planned Parenthood of Contra Costa, 1291 Oakland Blvd., Walnut Creek, California 94596 (USA).

Girls Are Girls and Boys Are Boys -- So What's the Difference?

A nonsexist sex education book for children aged 6-10. By Sol Gordon. Order from Institute of Family Research and Education, 760 Ostrom Avenue, Syracuse, NY (USA).

Parent Education Programme
Youth Advisory Services
ZIMBABWE NATIONAL FAMILY PLANNING COUNCIL

Guidelines for Sexual Behavior

A guide for discussions. Order from Bureau of Health Education, Kingston, Jamaica.

How to Tell Your Child about Sex

Helps parents answer many of the questions their children have about sex and growing up. Order from Public Affairs Pamphlets, 381 Park Avenue South, New York, NY 10016 (USA). Order #149.

Love, Sex and Birth Control for the Mentally Retarded

A guide for parents, to help them help their mentally retarded child develop into an adult able to respond to love and affection when and where appropriate -- whose sexuality is adjusted to his or her own strengths and limitations. By Winifred Kempton, Medora S. Bass, and Sol Gordon. Order from Planned Parenthood Association of Southeastern Pennsylvania, 1220 Sansom Street, Philadelphia, Pennsylvania 19107 (USA).

The Miracle of Life: The Story of a Baby from Conception to Birth and a Bit Beyond

By J.P. Greenhill. Order from Yearbook Medical Publishers, Inc., Chicago, Illinois (USA).

Nobody Told Me It Was Rape

A well-written booklet to guide parents through the difficult process of talking to teens about rape and other sexual issues that are embarrassing and difficult for most parents and teens to talk about. It explores the areas of Acquaintance Rape, Sexual Exploitation, Talking with Teenagers, Prevention Ideas, Media Messages, and Teens at Risk. By Caren Adams and Jennifer Fay. Order from Network Publications, 1700 Mission St., Suite 203, Santa Cruz, CA 95060 (USA)

One Parent Families

Order from Public Affairs Pamphlets, 381 Park Avenue South, New York, NY 10016 (USA). Order #543.

Our Bodies, Ourselves

A very special book, which illuminates the lives of all kinds of women as it addresses their concerns and questions about sex, sexuality, and relationships. Required reading for those interested in sex education. By the Boston Women's Health Book Collective. Published by Simon and Schuster, 1230 Avenue of the Americas, New York, NY 10020 (USA).

Parent-Teenager Communication

Provides information on developing better communication and listening skills to help bridge the generation gap. Order from Public Affairs Pamphlets, 381 Park Avenue South, New York, NY 10016 (USA). Order #438.

Period

A book on menstruation and related physical and emotional changes girls experience. Order from Dept. B, Volcano Press, Inc., 330 E11th St., San Francisco, CA 94102 (USA). Order #518.

Preparing Tomorrow's Parent

Order from Public Affairs Pamphlets, 381 Park Avenue South, New York, NY 10016 (USA). Order #520.

Schools and Parents -- Partners in Sex Education

Order from Public Affairs Pamphlets, 381 Park Avenue South, New York, NY 10016 (USA). Order #581.

Sex: The Facts, the Acts and Your Feelings

A comprehensive factual book on sex and sexuality. Treats sexuality within context of the whole person, discussing roles, relationships, social values, and religious convictions along with overall sexual development. By Michael Carrera. Published by Crown Publishers, Inc., 3 Park Ave., New York, NY (USA).

Sex Education for Disabled Persons

Helps parents of handicapped and retarded children to educate their children about sex. Order from Public Affairs Pamphlets, 381 Park Avenue South, New York, NY 10016 (USA). Order #531.

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Sex Education: the Parent's Role

Provides facts and information on how parents can become 'approachable' sex educators of their children. Order from Public Affairs Pamphlets, 381 Park Avenue South, New York, NY 10016 (USA). Order #549.

Sexual Options for Paraplegics and Quadriplegics

By Thomas O. Mooney and Theodore M. Cole, M.D. Published by Little, Brown, and Co., Boston, Massachusetts (USA)

Sexuality Education for Parents of Young Children

A facilitator's training manual, presenting methods and techniques used in workshops on sex and sexuality. Order from Ed-U-Press. Box 583, Fayetteville, NY 13066 (USA).

Sexuality Education Strategy and Resource Guide

Series of six booklets for small-group workshops. Includes Programs for Young Men, Peer Education Programs, Programs for Parents, Programs in Religious Settings, Programs for Preadolescents. Primary purpose is to reduce incidence of unintended pregnancies by providing accurate and relevant information. Order from Centre for Population Options, 1012 14th St., NW, Washington, DC (USA).

Talking It Over at Home

Outlines problems in family communication and ways to overcome them. Order from Public Affairs Pamphlets, 381 Park Avenue South, New York, NY 10016 (USA).

Talking to Pre-Teenagers about Sex

Order from Public Affairs Pamphlets, 381 Park Avenue South, New York, NY 10016 (USA). Order #476.

Teen Sex? It's Okay to Say No Way

Encourages teenagers to explore their own feelings about becoming sexually active. Supports decision of millions of teens who have chosen not to be sexually active. Order from Planned Parenthood Federation of America, 810 Seventh Avenue, New York, NY (USA).

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Unmarried Teenagers and Their Children

Order from Public Affairs Pamphlets, 381 Park Avenue South, New York, NY 10016 (USA). Order #537.

What to Say After You Clear Your Throat

A guide for parents who want to provide sex education for their children and an excellent update on the subject for adults themselves. Emphasizes skills in communication and takes into consideration the needs of people with mental or physical handicaps. By Sol Gordon. Order from Institute of Family Research and Education, 760 Ostrom Avenue, Syracuse, NY (USA).

What's Happening Now?

Order from Emory University Family Planning Program, Atlanta, GA (USA)

You Would If You Loved Me

Sex lines heard and used by youth. Includes responses. By Sol Gordon. Order from Institute of Family Research and Education, 760 Ostrom Avenue, Syracuse, NY (USA).

FILMS

Am I Normal? (color, 24 minutes)

Situation comedy about the experiences boys go through during puberty. Using fictional characters and a humorous story line, it presents the facts about male sexuality development while raising important issues about masculinity, identity, and peer pressure.

Dear Diary (color, 25 minutes)

Funny, educational film about female puberty, supplying facts in a situation-comedy format. Information about body changes and maturation is presented tastefully, with humor and reassurance.

The Follower (color, 30 minutes each part)

Two-part film focusing on concerns and issues related to teenagers and their sexuality. Brings out myths and facts, values, responsibility, choices, and consequences. Filmed in an urban setting with blacks, Hispanics, and Orientals in leading roles. Black Spectrum Theatre, 205-21 Linden Blvd., Jamaica, NY 11412.

Hope Is Not a Method III (color, 22 minutes)

Covers all contraceptive methods, including latest information on vaginal sponge, cervical cap, and fertility awareness methods. Perennial Education, Inc., 477 Roger Williams, Highland Park, Illinois 60035 (USA).

Loving Parents (25 minutes)

Film opens with parents discussing values and attitudes about sex. Excellent for opening up discussions on parent-child communications. Texture Films, 1600 Broadway, New York, NY 10019 (USA).

Me, Too

Order from Dominican Ministry of Health, Dominica, W.I., or from United Nations Fund for Population Activities.

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VD and Women (color, 17 minutes)

Explains situations in which VD is transmitted. Specifically describes symptoms of herpes, gonorrhea, and syphilis and guides the viewer to effective treatment. Perennial Education, Inc. 477 Roger Williams, Highland Park, Illinois 60035 (USA).

TEACHING AIDS

Feeling Good Question Cards

Excellent for breaking the ice and stimulating discussions. Order from Feeling Good Associates, 507 Palma Way, Mill Valley, CA 94941 (USA).

Myth-Information Cards

A game that enables players to distinguish between fact and fantasy in the area of human sexuality. Order from Jacki Reubens, 34 Andrew Drive, Tiburon, CA 94920 (USA)

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