Training on Gender and Sexual and Reproductive Health: Facilitation Manual

2015

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EngenderHealth works to improve the health and well-being of people in the poorest communities of the world. We do this by sharing our expertise in sexual and reproductive health and transforming the quality of health care. We promote gender equity, advocate for sound practices and policies, and inspire people to assert their rights to better, healthier lives. Working in partnership with local organizations, we adapt our work in response to local needs.

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Contents

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- EngenderHealth. 2008. *Engaging boys and men in gender transformation: The group education manual.* New York.
- Cooperative for Assistance and Relief Everywhere, Inc. (CARE). 2007. *Ideas and action: Addressing the social factors that influence sexual and reproductive health.* Atlanta.
- CARE. 2007. *ISOFI toolkit: Tools for learning and action on gender and sexuality.* Exercise 8. Atlanta.
- CARE. 2013. Gender equity and diversity module 5: Engaging men and boys for gender equality. Atlanta.
- EngenderHealth. 2006. *Engaging men as partners to reduce gender based violence: A manual for community workers.* New Delhi.
- Interagency Gender Working Group (IGWG). [no date]. *IGWG gender, sexuality and HIV training module.* Washington, DC.
- EngenderHealth. 2014. *Integration of family planning and intimate partner violence services: Trainer's guide.* New York.
- The ACQUIRE Project/EngenderHealth. 2008. *Counseling for effective use of family planning: Trainer's manual.* New York.
- Men's Resources International. 2007. *Change-makers training: Facilitator handbook*. Pelham, MA, USA.

Some statements in the pretest/posttest were adapted from: Nanda, G. 2011. *Compendium of gender scales.* Washington, DC: FHI 360/C-Change; and Herek, G. M. 1998. The Attitudes Toward Lesbians and Gay Men (ATLG) scale. In C.M. Davis, W.H. Yarber, R. Bauserman, et al. (Eds.), *Sexuality-related measures: A compendium*. Thousand Oaks, CA: Sage Publications.

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Facilitator Guidelines

Reflective Practice and the Power of the Circle

Reflective practice differs from classic training workshops, in that the facilitator leads participants through a process of learning and personal introspection, as opposed to simply delivering information in a didactic manner. Reflective practice acknowledges that participants are also experts by virtue of their various personal experiences; and it recognizes that everyone "has a piece of the truth." To enable the process of learning and self-reflection, it is useful to seat participants in a large circle. This seating arrangement encourages a sense of community and positions everyone at the same level. You may place a few small tables against the walls at the back of the room and use them to set materials on. Seating each participant at a table, however, contributes to creating a formal atmosphere and tends to encourage participants to focus on taking notes rather than on interacting with and listening to others. Laptops should not be allowed in a reflective practice workshop, as they disrupt the learning process and can be distracting for the facilitator and other participants.

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The Role of the Facilitator[1]

Leading this workshop is a great opportunity to share awareness, inspiration, healing, and empowerment with others. As workshop leader, your job will be to:

1. Help all participants feel welcomed, valued, and safe
2. Encourage respectful listening and dialogue
3. Facilitate workshop activities

- *What is <u>not</u> expected of you as a facilitator*
  - **You are not expected to be an expert on all of the issues that might arise in this workshop. No one person can know it all.**
  - **You are not expected to have the answer to every question that might arise.** If you do not know the answer—say so! Someone in the group may have an answer, or the group may come up with an answer together.
  - You are not expected to do everything perfectly. You will make mistakes. Use these mistakes as learning opportunities. (It is important for the group to see you acknowledge and work through mistakes, awkwardness, and difficulty—it is an essential part of learning!)
  - **You are not expected to be responsible for each participant's learning and change; this is not something you can control. Each member is responsible for himself or herself.**

[1] *Adapted from:* Men's Resources International. 2007. *Change-makers training: Facilitator handbook*. Pelham, MA, USA.

- *What is expected of you as a facilitator*
  - You are expected to act as the leader in guiding the participants through this workshop. Sometimes, this means **actively steering the group's conversation,** and sometimes this means **stepping back and letting the group members develop their own ideas.**
  - You are expected to help every member of the group feel welcome, safe, and respected and to make sure that everyone has a chance to share their ideas, experiences, and opinions.
  - You are expected to provide gentle guidance, support, and encouragement to individuals and to the group as a whole, particularly when things get difficult.
  - You are expected to keep the larger picture in mind; remember the goals of the workshop, and bring the group back to those goals when necessary.
  - **You are expected to model gender equality**—with your cofacilitator, group members, and everyone you come into contact with during the workshop.

Facilitation Guidelines

1. Keep the end in mind. Know what you are doing and why you are doing it. Be sure that participants are clear about the purpose and goals of the workshop and of each activity.
2. **Be flexible. Be prepared to adapt or skip an activity to meet the specific needs of a group or situation**. Reassure participants that it is okay to leave some of the activities and discussions unfinished. This is a lifelong process, and participants can continue to meet again as a group or as individuals to talk, learn, and plan together.
3. **Encourage participation. Ask the group questions, and encourage the participants to ask questions. Appreciate all comments (even if you disagree with them).**
4. Pay attention to who speaks and who does not. Ask people to be mindful of sharing speaking time in the group. You may need to ask people who speak up often to hold their thought to create space for people who have not yet spoken.
5. Help the group learn and practice dialogue skills. Listen to each participant with respect and compassion, rather than criticism. **Explain that differences in experiences and opinions are an opportunity for learning, not judgment.**
6. Encourage participants to engage and talk about their emotions. The deepest, most effective learning involves both the mind and the heart.
7. Everything that happens is a learning experience, especially situations that seem challenging. **Remind participants that we are learning from each other and with each other all of the time.**
8. Use yourself and your experiences as examples. **Trust the value of your experience and perspective**. The workshop is a learning experience for you too. Share with the group what you are learning.

- *Working with your Cofacilitator*

  A cofacilitator is someone who equally shares the responsibility of leading and facilitating the workshop. You are encouraged to use two facilitators for this workshop because:
  - You can share the responsibility and work of this workshop. (It is hard work!)
  - You will have someone to help keep track of all of the important tasks and details of the workshop and each activity.
  - It brings an additional perspective on gender and brings another set of life experiences and wisdom into the large group.

- It can provide participants with an excellent model of cooperation, connection, and gender equity when things are going well. It can also provide an excellent model of dialogue and conflict resolution when things are challenging.
- Your cofacilitator can help you check your perceptions about what is happening in the group, help you to think about and address group dynamics, and give you feedback on your facilitation.
- It provides a mix of facilitation styles and personalities, helping to keep the energy fresh and engaging.
- Each facilitator can learn something from the skills and perspectives of the other.

➢ *Cofacilitation Preparation*

The relationship between cofacilitators has a big impact on the workshop. **It is very important that you meet with your cofacilitator at least twice before the workshop, to get to know each other, to review the workshop sessions, and to work out the details of your workshop plan.**

- Talk with each other about your own experiences as participants in previous workshops: What was most valuable to you? What seemed most effective for others in the group? What did you notice about the facilitation? Was there anything that you did not like?
- If you have worked together as cofacilitators before, talk about the last time you facilitated together: What went well? What was challenging? What would you do differently? How can you improve the experience for workshop participants?
- Carefully review the objectives of the workshop, as well as the objectives listed for each session.
- Review the description of each session. Discuss the potential challenges of each session, how to avoid them, and how to deal with them if they occur.
- Decide who will serve as lead facilitator for each session
- Discuss contingency plans for each day. Despite our best efforts, things do not always go as we plan. What activity can you shorten or let go of if you run out of time?
- Set times during the day for the two of you to check in with each other.
- Talk specifically about how you will manage the beginning and ending of the workshop.
- Review the "Managing Conflict" section (below) and talk about effective ways in which you have seen conflict managed.

➢ *Cofacilitation during the Workshop*

- Be open to thoughts, feedback, and help from your cofacilitator. Your cofacilitator may notice something happening during the workshop that you have missed. If you feel stuck, or unsure about something, ask your cofacilitator for his or her thoughts. In addition, **when you are leading, try to make a habit of asking your cofacilitator for input or asking if he or she has anything to add**.
- Take time during and after the workshop to check in with your cofacilitator. This will give both of you the opportunity to check your perceptions, give and receive feedback, and strategize about what happens next.
- When you are leading a session, be sure to make eye contact with your cofacilitator. This will give your cofacilitator a chance to get your attention (if necessary) without disrupting the activity. It will also give you an opportunity to see if your cofacilitator has something to add to the conversation.

- When your cofacilitator is leading, scan the room to get a sense of what is happening in the group. Check for reactions, participation levels, and nonverbal communication. Gently interrupt you cofacilitator if you think something is happening that needs immediate attention.
- When your cofacilitator is leading a session, pay attention to the time. It is very easy to lose track of time, particularly when there is a great conversation or significant learning happening. Helping your cofacilitator to pay attention to time will enable both of you to balance the immediate needs of the group with the objectives of the workshop.

➢ *Managing Conflict*

Know the difference between disagreement and conflict. (Disagreement is healthy and can lead to better understanding; conflict is not healthy and distracts from learning objectives.) Disagreement is not always a bad thing: It can be healthy and productive and is a normal part of group development. When disagreement occurs, do not rush to interrupt if it is happening in a respectful way.

- Reassure the group that experiencing disagreement is an important part of the workshop and that we can do it in a way that is a learning and healing experience for everyone.
- Encourage the group to use "I" statements, describing their own individual feelings, rather than "you" statements that criticize or judge others.
- Tell the group that disagreements do not always have to be resolved. **Learning to allow each other our differences can be even more important than getting everyone to agree.**
- If it seems that the disagreement is becoming a problem, you can use the following strategies to deescalate:
  - Review the group guidelines and talk about the importance of being together in this workshop and doing this work.
  - Ask the group for a five-minute break so that you can confer with your cofacilitator.

- After the disagreement has been managed, ask the group for examples of what they saw done or what they found helpful. Also, ask if there is anything unresolved about the disagreement. Write the answers to these two questions on two pieces of flipchart paper titled "Helpful" and "Unresolved." Sometimes, it is also helpful to check in with key individuals during breaks to find out how they feel about the disagreement.

Workshop Supplies and Materials

- One large plenary room (for 25 people) with chairs (enough for participants and facilitators) organized in a large circle (see picture above)
- Three small break-out rooms (large enough to accommodate 6–8 people)
- Two flipchart stands
- Plenty of colored markers (at least 30)
- Masking tape
- Enough wall space to display flipcharts
- An overhead projector and screen
- A good sound system with which to show a film
- One notebook and pen per participant

Advance Preparation

Before the start of the workshop:

- Arrive early to get the room.
- Arrange chairs in a circle to allow participants to see and interact with each other.
- Provide water throughout the workshop
- Check in with your cofacilitator about the agenda.
- Review the logic model[2] for this training curriculum (pages XX–XX): It shows the behaviors that the training is designed to change/improve and the specific workshop sessions that are meant to target particular attitudes and behaviors.

As the participants arrive:

- Welcome each participant enthusiastically.
- Be sure to spend some time interacting with participants.
- Keep an eye out for participants who are not mingling with others and make an effort to reach out to them.

Final Thoughts

Relax. Breathe. Stay in the moment. Connect with your cofacilitator. Connect with each person in the room. Feel and acknowledge emotions and energy—your own and the group's. **Trust that you can and will be a good leader**, that the group will learn and connect, and that the experience will be valuable for everyone!

[2] A logic model is the initial stage of curriculum development. It details the specific workshop outcomes; the various determining factors that could either facilitate or hinder the behavior changes sought; and the sessions required to address each of the specific determinants identified as influencing participants' capacity to demonstrate the behaviors/ skills required for reaching the formulated goals.

Logic Model

Workshop Sessions	Behavior Determinants	Trainer Behaviors/ Skills	Goals
✓ Looking at Our Attitudes ✓ Learning about Gender ✓ Ideal Man, Ideal Woman ✓ I'm Glad I Am…, If I Were… ✓ What Is Violence? ✓ Persons and Things ✓ Sexual and Reproductive Coercion ✓ Violence in Daily Life ✓ Once upon a Boy/Once upon a Girl ✓ Understanding Sexuality ✓ Sexual Mandates ✓ Want, Don't Want, Want, Don't Want ✓ Family Planning and IPV Trivia Game ✓ Step in, Step out	Behavior 1 ***Knowledge*** – Understanding of basic concepts of gender (including impact of gender inequality on physical health, mental health, social outcomes, service delivery, and intimate partner violence [IPV]) – Understanding of intersections of gender norms, race, ethnicity, caste, religion, sexuality, poverty, and class (social justice writ large) – Understanding/awareness of how gender norms negatively affect men and boys – Understanding/awareness of how gender norms negatively affect women and girls – Understanding/awareness of the larger impacts of gender inequity on family and community – Understanding of link between gender inequity/gender norms and homophobia – Understanding that respect for diversity is an EngenderHealth principle ***Beliefs/Attitudes/Values*** – Belief that women's and men's roles/behaviors are not fixed or predetermined by their biology (and that those behaviors change over time—as does culture) – Belief that sexuality is not fixed – Belief that culture/religion should never be accepted as a justification for inequality between women and men – Belief that women and men can adopt more equitable relationships and roles (that they are flexible) – Belief that women should have the same rights and opportunities as men – Belief that nothing justifies men's exerting control or using violence over their partners in any context – Belief that gender equality is not just a Western concept – Respect for diversity, especially sexual diversity	Communicate and model positive and equitable relationships and roles for women and men, and avoid reinforcing negative gender norms	Increased understanding among project trainers of the ways in which they are personally impacted by gender-inequitable norms, and the ways in which they may, as individuals, reinforce or challenge gender-inequitable norms

Logic Model (*cont.*)

Workshop Sessions	Behavior Determinants	Trainer Behaviors/ Skills	Goals
	Behavior 1 (*cont.*) **Beliefs/Attitudes/Values (*cont.*)** – Belief that one can be an agent of change (in one's own life, relationships, community, and work) – Belief that gender equality is an organizational core principle for EngenderHealth **Skills and Self-Efficacy** – Ability to identify negative gender norms and stereotypes – Ability to reflect on how gender impacts our own lives and relationships – Ability to articulate and model gender-equitable behaviors and attitudes – Ability to address gender-inequitable and homophobic comments		
✓ PowerPoint on links between gender norms and sexual and reproductive health (SRH) outcomes ✓ I'm Glad I Am…, If I Were… ✓ Sexual and Reproductive Coercion ✓ Understanding Sexuality ✓ Sexual Mandates ✓ Want, Don't Want, Want, Don't Want ✓ Introduction to Facilitation ✓ Facilitation Practice	Behavior 2 ***Knowledge*** – Understanding of evidence indicating links between gender norms and SRH outcomes – Understanding of relationship between personal attitudes and beliefs and service quality and effectiveness – Ability to communicate links between SRH outcomes and gender norms – Understanding of basic concepts of gender (including impact of gender inequality on physical health, mental health, social outcomes, service delivery, and IPV) – Understanding of intersections of gender norms, race, ethnicity, caste, religion, sexuality, poverty, and class (social justice writ large) – Understanding/awareness of how gender norms negatively affect men and boys – Understanding/awareness of how gender norms negatively affect women and girls – Understanding/awareness of the larger impacts of gender inequity on family and community – Understanding of link between gender inequity/gender norms and homophobia – Belief that women should have the same rights and opportunities as men – Ability to identify negative gender norms and stereotypes	Facilitate sessions in a manner that is gender-sensitive	Increased ability of trainers to be able to facilitate EngenderHealth's effective counseling curriculum in a gender-sensitive manner

DAY 1

Pretest (Day 1)

Objectives

1. To establish participants' range of knowledge and attitudes at the beginning of the training (which will be compared with their knowledge and attitudes at the end of the training) as they relate to gender and sexual and reproductive health.

Time

20 minutes

Materials

- Pens or pencils
- Participant Handout 1: Pretest

Advance Preparation

1. Make enough copies of the participant handout for each participant.
2. Number each of the pretest copies according to the number of workshop participants (e.g., if there are 20 participants, number each pretest copy 1 through 20).

TRAINING STEPS

COMPLETING THE PRETEST (20 minutes)

1. Tell participants that EngenderHealth is interested in measuring changes in their knowledge and attitudes, to improve the training. Explain that they will be asked to complete a questionnaire at the beginning and at the end of the training. Assure participants that their answers will remain anonymous and confidential.
2. Distribute *Participant Handout 1: Pretest* to the participants, along with pens or pencils. Ask participants to be mindful of the number written on the copy they receive and explain that they will have to remember that number for the posttest at the end of the workshop.
3. Tell participants they will have 20 minutes to complete the questionnaire.
4. After 20 minutes, collect the questionnaires and inform participants that the material on the questionnaire will be covered during the workshop. Explain that the questionnaire will be administered again at the end of the workshop to determine any changes in the group's knowledge and attitudes.

Note to Facilitator

To save on time, one option may be to have participants complete the questionnaire as they arrive at the workshop, rather than wait for all participants to arrive.

Participant Handout 1: Pretest

Participant sex (circle one):

Female

Male

Statements	AGREE	PARTIALLY AGREE	PARTIALLY DISAGREE	DISAGREE
Men need more sex than women do.				
Men are always ready to have sex.				
A man needs other women even if things with his wife are fine.				
A woman who has sex before marriage does not deserve respect.				
A woman should not initiate sex.				
The man should decide when to have sex.				
It is a woman's responsibility to avoid getting pregnant.				
There are times when a woman deserves to be beaten.				
A woman should tolerate violence to keep her family together.				
Women are often raped because they dress provocatively.				
A woman has the right to practice a contraceptive method without the knowledge or consent of her partner.				
It is OK for a man to hit his wife if:				
• She refuses to have sex with him.				
• She neglects the children.				
• She goes out without telling him.				
• She is unfaithful.				
• She argues with him/talks back to him.				
If a man forces or coerces his wife to have sex, then he has committed rape.				
A woman should have sex with her husband even if she does not feel like it.				
A woman's role is taking care of her home and family.				
A man should have the final word about decisions in his home.				
The man is the natural leader of the home.				
A woman should be able to talk openly about sex with her husband.				
A woman can suggest using condoms just like a man can.				
Women and men should share household chores.				
It disgusts me when I see a man acting like a woman.				
Male homosexuality is a natural expression of sexuality in men.				

Female homosexuality is a natural expression of sexuality in women.				
A person's sexuality should not block that person's access to basic rights and freedoms.				

TRUE OR FALSE

1. Sexuality refers only to our ability to reproduce.

   TRUE FALSE

2. Sex refers to the roles and responsibilities society attributes to women and men.

   TRUE FALSE

3. Gender refers to the physiological attributes that identify a person as female or male.

   TRUE FALSE

MULTIPLE CHOICE

1. Gender:
   a) Is a social construct.
   b) Changes over time and is based on context.
   c) Is not static.
   d) All of the above

2. Socio-cultural norms have an influence on women's and men's sexual and reproductive health because:
   a) They can hinder women's ability to negotiate condom use with a partner.
   b) They can hinder women's ability to refuse sex with their partner.
   c) They can prevent couples from speaking openly about sex.
   d) They can encourage men to have multiple sexual partners.
   e) All of the above

SELF-ASSESSMENT

On a scale of 1 to 10 (1=low; 10=high), how would you rate yourself on the following?

a) Your understanding of the links between gender norms and sexual and reproductive health

1 2 3 4 5 6 7 8 9 10

b) Your understanding of gender norms and their differential impacts on women and men

1 2 3 4 5 6 7 8 9 10

c) Your sensitivity to gender norms and their differential impacts on women and men

1 2 3 4 5 6 7 8 9 10

d) Your capacity to take gender into account when facilitating trainings on contraceptive technology

1 2 3 4 5 6 7 8 9 10

Workshop Objectives, Agenda, and Expectations (Day 1)

Objectives

1. To review workshop objectives
2. To share individual expectations for the workshop
3. To identify and agree on ground rules/group norms

Time

1 hour

Materials

- Flipchart paper, markers, and tape
- Participant Handout 2: Workshop Agenda and Objectives

Advance Preparation

1. Make enough copies of the participant handout for each participant.

TRAINING STEPS

Objectives, Expectations, Agenda, and Norms (1 hour)

1. With participants seated in a circle, start by explaining the overall purpose of the five-day workshop.
2. Go around the circle and ask each participant to share one expectation for the workshop. As participants share, write their expectations on a sheet of flipchart paper.
3. Distribute *Participant Handout 2: Workshop Agenda and Objectives* to each participant, and read through the learning objectives. After doing so, return to the participants' list of workshop expectations and compare these with the workshop objectives. Address any inconsistencies in expectations and objectives by explaining either why a particular expectation will not be covered or how it might be, even if it does not explicitly appear among the objectives.
4. Review the five-day agenda with participants and allow a few minutes for questions and comments.
5. Explain that because some of the workshop content is sensitive, it is important for participants to create a safe group environment that enables everyone to actively and comfortably engage in the workshop. To do so, participants will need to collectively identify some group norms they will hold each other to over the course of the workshop.
6. Ask participants to call out some group norms; as they do so, write them on a sheet of flipchart paper. Make sure that the following appear on the list:
    - Confidentiality
    - The right to pass
    - Suspending judgment
    - Respecting the opinions and feelings of others
    - Not speaking for others
    - Sharing
    - Honesty/openness

- Turning cell phones off
- No leaving (exiting and returning)
- No side conversations while others are speaking
- No interruption of others when they are speaking

Note to Facilitator
Explain that "not speaking for others" means that individual participants should speak only for themselves. They should refrain from making generalizations, and when participants are reporting back to the larger group about what was discussed in their small groups, they should only share what they said in their small group and not what other, individual group members may have shared.

Also explain that the "right to pass" means that a participant may choose to abstain from a discussion or from answering a question if she/he feels uncomfortable with the topic being addressed.

7. Once the group norms have been agreed upon by the participants, post the list on a wall in the room and keep it posted during the entirety of the workshop.

Participant Handout 2: Workshop Agenda and Objectives

Objectives

1. To increase participant understanding and sensitivity to socio-cultural gender norms and their differential impacts on women and men
2. To increase participant understanding of the links between socio-cultural gender norms and SRH
3. To strengthen the capacity of participants to take gender into account during their facilitation of training sessions on contraceptive technology

DAY 1		
Timeframe	**Session**	**Objectives**
8:30–9:00	Pretest	– Participants complete the pretest.
9:00–9:30	Opening, Welcome, and Introductions	– Participants get to know one another.
9:30–10:00	Discussion on: workshop objectives and agenda; participant expectations; ground rules	– Participants are familiarized with the workshop objectives. – Participants share their individual expectations for the workshop. – The group identifies and agrees on ground rules.
10:00–10:45	Looking at Our Attitudes	– Participants explore attitudes about gender differences, roles, and inequalities.
10:45–11:00	Learning about Gender	– Participants learn the difference between the terms “sex” and “gender.” – Participants develop an understanding of “gender equity” and “gender equality.”
11:00–11:15	BREAK	
11:15–11:50	Learning about Gender, continued	
11:50–13:00	Ideal Man, Ideal Woman	– Participants explore the idea of socially defined gender roles.
13:00–14:00	LUNCH	
14:00–14:50	Ideal Man, Ideal Woman, continued	
14:50–15:35	Links between Gender and SRH Outcomes	– Participants learn about the influence of gender norms on SRH outcomes for women and men.
15:35–15:50	Closing Circle	– Participants share their main takeaways from the day.

DAY 2		
Timeframe	**Session**	**Objectives**
9:00–9:20	Recap of Day 1	– Participants review information shared during Day 1.
9:20–10:20	I'm Glad I Am…, If I Were…	– Participants develop a better understanding of the enjoyable and difficult aspects of being male or female.
10:20–10:50	Once upon a Boy/Once upon a Girl	– Participants learn about women's and men's socialization process.
10:50-11:00	Persons and Things	– Participants learn about power in relationships and its impact on individuals and relationships. – Participants learn about the various types of power.
11:00–11:15	BREAK	
11:15–12:15	Persons and Things, continued	
12:15-13:00	What Is Violence?	– Participants explore the concept of violence. – Participants learn about the different forms of violence.
13:00–14:00	LUNCH	
14:00–15:00	What Is Violence? continued	
15:00–15:15	Closing Circle	– Participants share their main takeaways from the day.

DAY 3		
Timeframe	**Session**	**Objectives**
9:00–9:20	Recap of Day 2	– Participants review information shared during Day 2.
9:20–11:00	Violence in Daily Life	– Participants develop an understanding of the many ways in which women's (and men's) lives are limited by male violence and/or the threat of men's violence.
11:00–11:15	BREAK	
11:15–12:30	Family Planning and IPV Trivia Game	– Participants explore the links between IPV and contraceptive access and use.
12:30–13:00	Want, Don't Want, Want, Don't Want	– Participants discuss a variety of reasons why individuals choose to have or to not have sex. – Participants discuss challenges and strategies related to negotiating sex in intimate relationships.
13:00–14:00	LUNCH	
14:00–14:40	Want, Don't Want, Want, Don't Want, continued	–
14:40–15:40	Sexual and Reproductive Coercion	– Participants explore the concept of coercion as it applies to sexual and reproductive health. – Participants explore the ways in which IPV can affect a female client's ability to use a contraceptive method effectively.
15:40–15:55	Closing Circle	– Participants share their main takeaways from the day.

DAY 4		
Timeframe	**Session**	**Objectives**
9:00–9:20	Recap of Day 3	– Participants review information shared during Day 3.
9:20–11:00	Understanding Sexuality	– Participants learn about a comprehensive and holistic framework for sexuality. – Participants explore how gender and sexuality intersect. – Participants learn about sexual rights.
11:00–11:15	BREAK	
11:15–11:40	Understanding Sexuality, continued	
11:40–12:40	Step in, Step out	– Participants identify how gender and sexual norms shape sexuality and power for different groups.
12:40–13:00	Sexual Mandates	– Participants develop an understanding of sexuality as a social construct. – Participants explore sexuality stereotypes and standards for women and men.
13:00–14:00	LUNCH	
14:00–14:25	Sexual Mandates, continued	
14:25–15:00	Introduction to Facilitation	– Participants are oriented on basic facilitation skills. – Participants are oriented on skills for facilitating sessions on gender.
15:00–16:30	Assigning Facilitation Teams and Preparing for Facilitation	– Facilitation teams prepare their assigned sessions.

DAY 5		
Timeframe	**Session**	**Objectives**
9:00–9:20	Recap of Day 4	– Participants review information shared during Day 4.
9:20–12:00	Facilitation Practice	– Facilitation teams strengthen their facilitation skills.
12:00–12:30	Closing Circle and Workshop Evaluation	– Participants share their main takeaways from the workshop. – Participants complete the posttest.
12:30	LUNCH	

Looking at Our Attitudes (Day 1)

Objective
1. To explore attitudes about gender differences, roles, and inequalities

Time
45 minutes

Materials
- Facilitator Resource 1: Belief Statements
- Sheets of A4 paper
- Markers
- Tape

Advance Preparation
1. Before the session, label four pieces of A4 paper with one of the following statements: "Strongly Agree"; "Strongly Disagree"; "Agree"; and "Disagree." Place each of the four labeled pages on the walls around the room. Leave enough space between each labeled page to allow a group of participants to stand near each one.

TRAINING STEPS
Introduction (1 minute)
1. Explain to the participants that this activity is designed to give them a general understanding of their own and each other's values and attitudes about gender. It is designed to challenge some of their current thinking about gender issues and help them clarify how they feel about certain issues.

Looking at Our Attitudes (30 minutes)
1. Explain to participants that you will read a series of statements out loud. Draw the participants' attention to the four signs you have posted on the walls around the room and tell them that once you have read a statement, they should move toward the sign that best reflects what they think about the statement.
2. Remind the participants that everyone has a right to his or her own opinion, and everyone's opinions should be respected.
3. Refer to *Facilitator Resource 1: Belief Statements* and read each of the statements individually out loud. After you have read a statement, allow participants a few minutes to physically move toward the sign that best reflects their personal opinion about the statement in question.
4. After the participants have moved to a sign, ask for one or two participants beside each sign to explain why they are standing there. Ask them to say why they feel this way about the statement. Do not spend more than five minutes discussing each statement.
5. After a few participants have talked about their attitudes toward the statement, ask if anyone wants to change their mind and move to another sign. Then bring everyone back together to the middle of the room and read the next statement.
6. Repeat Steps 3 to 5 for the remaining statements.

Note to Facilitator
If all participants agree about any of the statements, play the role of "devil's advocate" by walking over to the opposite side of the room and asking, "Why would someone be standing on this side of the room?" (i.e., what values would they have that would put them here?).

Note to Facilitator
Some participants may say that they do not know whether they agree or disagree and do not want to stand beside any of the four signs. If this happens, ask these participants to say more about their reactions to the statement. Then encourage them to choose a sign to stand beside. If they still do not want to, let these participants stand in the middle of the room, as a "don't know" group.

Group Discussion (13 minutes)

1. After reading all of the statements, lead a discussion by asking the following questions:
   - What statements, if any, did you have strong opinions and not very strong opinions about? Why?
   - How do you think people's attitudes about the statements might affect the way they deal with men and women in their lives?
   - How do you think people's attitudes about the statements help or do not help to promote family planning?

Closing (1 minute)

1. End the activity by reminding participants about the importance of thinking about their own attitudes toward gender. Encourage people to continue to challenge their own personal values and beliefs about gender throughout this workshop, and beyond. Say something like the following:

   Everyone has their own attitudes about gender. Often, our attitudes may be in conflict with those of others. It is important to respect other people's attitudes about gender, but to also challenge them if their attitudes and values can be harmful to them and to others. As you do gender-related work, it is equally important to challenge your own personal values and beliefs about gender.

Facilitator Resource 1: Belief Statements

- A man should have the final word about decisions in his home.
- A woman should choose whether or not to have sex, just the same as her husband can.
- It is normal for men to have sex with other men.
- Changing diapers, giving the children a bath, and feeding the kids are the sole responsibility of the mother.
- Women who wear revealing clothing are asking to be raped.

Acknowledgments

Parts of this session have been adapted from the following curriculum:

- EngenderHealth. 2008. *Engaging boys and men in gender transformation: The group education manual.* New York. Session 1.1.

Learning about Gender (Day 1)

Objectives
1. To understand the difference between the terms "sex" and "gender"
2. To understand the terms "gender equity" and "gender equality"

Time
50 minutes

Materials
- Participant Handout 3: Equity Cartoon
- Participant Handout 4: Gender Definitions
- Flipchart paper
- Flipchart stand
- Markers
- Masking tape

Advance Preparation
1. Make enough copies of the participant handout for each participant

TRAINING STEPS
Introduction (1 minute)
1. Explain that this session will help clarify some of the terminology that we will be using in the workshop. It will also help us understand what these terms mean in our own lives.

Gender and Sex (28 minutes)
1. Start by asking participants the following question:
   - What does the term "gender" mean to you?

2. Next, on a blank sheet of flipchart paper, create two columns. Title one column "Man" and the second column "Woman."
3. Ask participants to think of the first words that come to mind when they hear the word "Woman," as well as the first words that come to mind when they hear the word "Man."
4. As participants call out ideas, write them on the flipchart paper in the relevant column. Make sure that each list includes words describing biological traits (e.g., "penis" for men, or "breasts" for women). If the following biological traits are not mentioned, include them on the lists:

Man	Woman
• Penis • Testicles • Hair on chest, face • Broad shoulders • Adam's apple	• Vulva, vaginal opening • Women can give birth • Breasts • Women can breast feed • Wider hips

5. Once the lists are complete, ask the group to point out those words in the "Man" column that can only apply to men. As participants call out the words, circle them on the flipchart. If participants call out traits that are nonbiological, push the reflection a bit further by asking them whether those traits might apply to both women and men (e.g., can bravery also apply to women?).
6. Next, move to the "Woman" column and ask the group to point out those words that can only apply to women. As participants call out the words, circle them on the flipchart. If participants call out traits that are nonbiological, push the reflection a bit further by asking them whether those traits might apply to both women and men (e.g., can men also be caring?). Spend no more than five minutes on steps 5 and 6.
7. Next, explain that both lists illustrate the difference between "gender" and "sex." Explain that the words you circled in both lists are characteristics that help to define our SEX. Sex is defined by our biology. We are born with it, and our sex does not change.
8. Next, explain that the remaining characteristics that are not circled help to define a person's GENDER. Gender is the set of expectations about what women and men should do. However, we are not born with these characteristics, they are not fixed, and they are not "natural." These expectations are created and communicated to us by the society we live in.
9. Allow participants a few minutes to ask questions.
10. Next, facilitate a 10-minute discussion with participants using the following questions:
    - Looking at both lists, do the differences between women and men tend to be mostly biological or mostly societal?
    - Do you think women can also be "strong," "brave," and "head of a household"? Why or why not?
    - Do you think men can also be "caring" and "kind" and can "take care of the children"? Why or why not?

Note to Facilitator
During the discussion, emphasize that the way women and men are expected to behave is not related to their sex or to their biology, but rather to what their community expects of them. Women and men can both be strong, brave, and good providers, and women and men can both be kind, nurturing, and good with children. Make it clear that social expectations for women vary by society and can change over time—unlike sex, which cannot change.

Gender Equity and Gender Equality (20 minutes)

1. Next, explain that several terms related to the word "gender" also need to be explained. Ask the group if they have ever heard the term "gender equality." Ask them what they think it means. Allow plenty of time for discussion.
2. After getting some answers, provide the following definition:
   Gender Equality means that men and women enjoy the same status. They share the same opportunities for realizing their human rights and potential to contribute and benefit from all spheres of society (economic, political, social, cultural).

3. Ask the group if this definition makes sense. Allow them to ask questions about it.
4. Ask the group to discuss whether gender equality actually exists in their country. As the group discusses this, write on a sheet of flipchart paper any statements that explain why women do not

share equal status with men in all spheres of society. Be sure to include some of the following points if they are not mentioned by the group:

- Women in many countries are more likely than men to experience sexual and domestic violence.
- Men are paid more than women for the same work (in most cases).
- Men are in more positions of power within the business sector.
- Women bear the brunt of the AIDS epidemic, both in terms of total infections and in care and support for those living with HIV.

5. Ask the group if they have ever heard the term "gender equity." Ask them what they think it means and how it is different from gender equality. Allow plenty of time for discussion.
6. After getting a few answers, provide the following definition:

   Gender Equity is the process of being fair to men and women. Gender equity leads to gender equality. For example, an affirmative action policy that promotes increased support to female-owned businesses may be gender-equitable because it leads to ensuring equal rights among men and women.

7. Distribute *Participant Handout 3: Equity Cartoon* and allow participants a few seconds to look at the picture. After a few seconds, ask the group whether the "test" referred to by the male character in the cartoon is equitable. After a few responses, explain that the test is not equitable because the various animals represented in the picture have physical differences that can be either advantages or disadvantages to their successful completion of the test. If the test were equitable, it would have been designed to take into account the various physical differences of the animals such that each had an equal chance to succeed at the test. Reiterate that gender equity is the process of being fair to women and men. Gender equity is the process of taking into account the specific social, cultural, political and economic conditions and needs of women and men so as to enable women and men to ultimately benefit from the same opportunities and enjoy the same status (e.g., gender equality).
8. After clarifying the definitions of gender equality and gender equity, ask the group the following questions:
   - Why should men work toward achieving gender equality?
   - What benefits does gender equality bring to men's lives?
   - How does gender inequity impact efforts to promote family planning?

9. Before closing the session, distribute *Participant Handout 4: Gender Definitions* to each participant.

Closing (1 minute)

1. Conclude by explaining that programs promoting sexual and reproductive health should encourage communities to be more sensitive to gender, so that men and women can live healthier and happier lives. To achieve this, we must encourage gender-equitable behaviors, such as: men and women making joint decisions about their health; men respecting a woman's right to say no to sex; men and women settling differences without violence; and men and women sharing responsibility for parenting and for care of others.

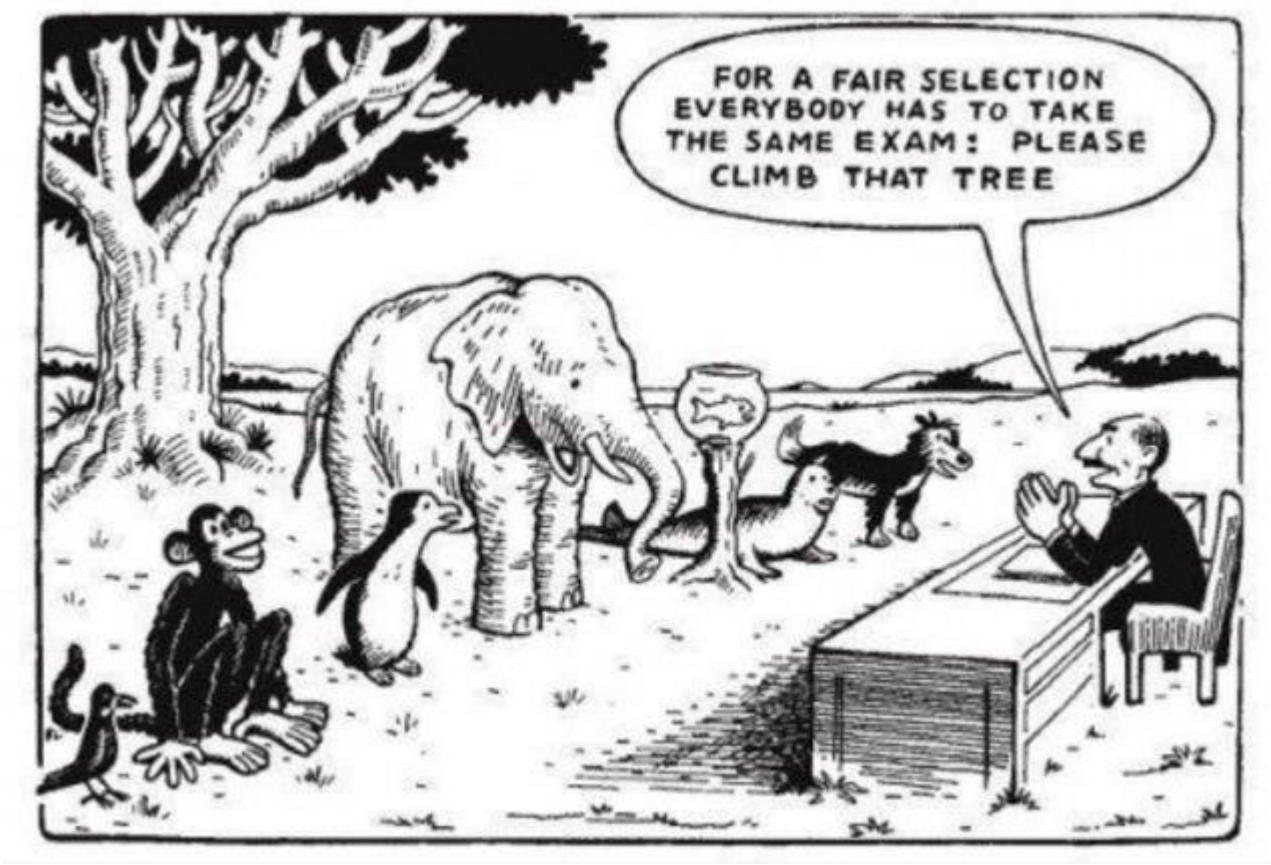
Acknowledgments

Parts of this session have been adapted from the following curriculum:

- EngenderHealth. 2008. *Engaging boys and men in gender transformation: The group education manual.* New York: Session 1.2.

Participant Handout 3: Equity Cartoon

Is the test equitable?



Source: http://pranav.amrute.me/business/education-tests/

Participant Handout 4: Gender Definitions

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

Gender refers to widely shared ideas and expectations concerning women and men. These include ideas about typically feminine/female and masculine/male characteristics and abilities and commonly shared expectations about how women and men should behave in various situations.

Gender equality means that men and women enjoy the same status. They share the same opportunities for realizing their human rights and potential to contribute to and benefit from all spheres of society (economic, political, social, cultural).

Gender equity is the process of being fair to women and men. Gender equity leads to gender equality. For example, an affirmative action policy that promotes increased support to female-owned businesses may be gender-equitable because it leads to ensuring equal rights among women and men.

Ideal Man, Ideal Woman (Day 1)

Objective
1. To explore the idea of socially defined gender roles

Time
2 hours

Materials
- Flipchart paper
- Masking tape
- Colored markers

TRAINING STEPS
Introduction (1 minute)
1. Open the session by explaining to participants that this activity will allow them to deepen their understanding of gender and gender norms. Tell participants that the session is a creative way of further exploring the influence of gender norms on our social identities as women and men.

Group Work (1 hour)
1. Divide participants into four single-sex groups: two groups of women and two groups of men.
2. Once the groups have been formed, ask one female group to illustrate what they understand to be an "ideal man" in their culture, one female group to illustrate what they understand to be an "ideal woman" in their culture, one male group to illustrate what they understand to be an "ideal woman" in their culture, and one male group to illustrate what they understand to be an "ideal man" in their culture.
3. Explain that the groups will create their illustrations on flipchart paper. Explain that they can use a combination of drawings and words. They will have 40 minutes to do so. Once you have communicated the instructions and provided clarifications, distribute flipchart paper and markers to each group. Guide each group to separate areas of the room or to spaces outside of the room.
4. After 40 minutes, ask the groups to put their posters on the walls around the room.

Gallery Walk (40 minutes)
1. Once the posters are up on the walls, move as a group to the individual posters and ask a member of the group to explain the group's illustration. Allow five minutes for a group to present their poster and five minutes for other participants to comment or ask questions.

Group Discussion (17 minutes)

1. Once all of the groups have presented their illustrations, bring participants back to the large circle and facilitate a group discussion using the following questions:
   - What did you learn about being a boy or a girl when you were growing up? How did you learn? From whom?
   - How are images of the ideal woman and ideal man created? Where do they come from? Who affirms them? Would you like to change the images you describe?

Closing (2 minutes)

1. End the session by stating that society decides normative behaviors, attitudes, etc., for women and men. We all operate to a large extent under the influence of these social gender norms. But the message to retain from this exercise is that norms are simply social constructions and, as such, they can be challenged, deconstructed, and reconstructed.

Acknowledgments

Parts of this session have been adapted from the following curriculum:

- Cooperative for Assistance and Relief Everywhere, Inc. (CARE). 2007. *Ideas and action: Addressing the social factors that influence sexual and reproductive health.* 2007. Tool 1. Atlanta.

Links between Gender and SRH Outcomes (Day 1)

Objective

1. To understand the relationship between gender norms and SRH behaviors and outcomes

Time

45 minutes

Materials

- Projector
- Laptop computer
- Facilitator Resource 2: PowerPoint on Links between Gender and SRH

TRAINING STEPS

Introduction (1 minute)

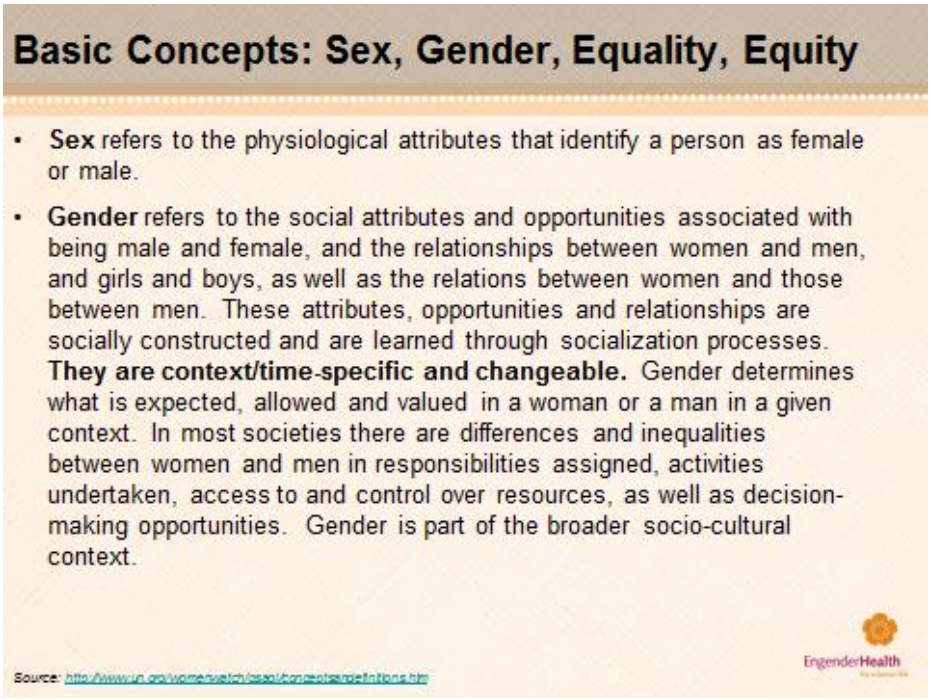
1. Explain to participants that they will spend some time discussing how gender norms influence women's and men's health attitudes and behaviors, ultimately determining SRH outcomes among women and men.

Links between Gender and SRH Outcomes (44 minutes)

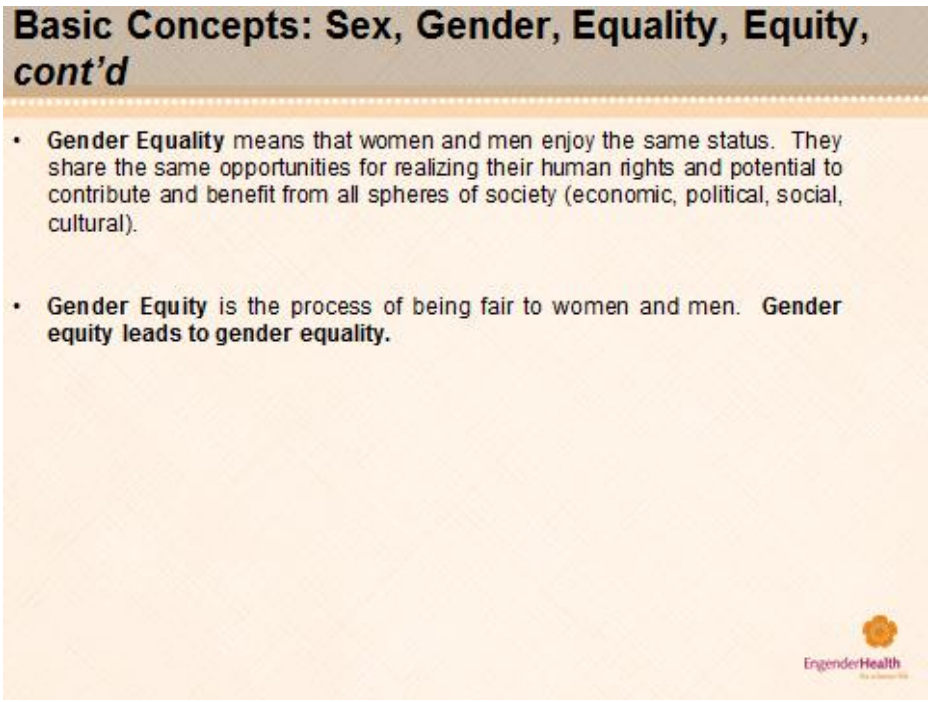
1. Project the PowerPoint presentation on Links between Gender and SRH (*30 minutes*).
2. After the presentation, allow some time for questions and comments (*14 minutes*).

Facilitator Resource 2: PowerPoint on Links between Gender and SRH

Slide 1

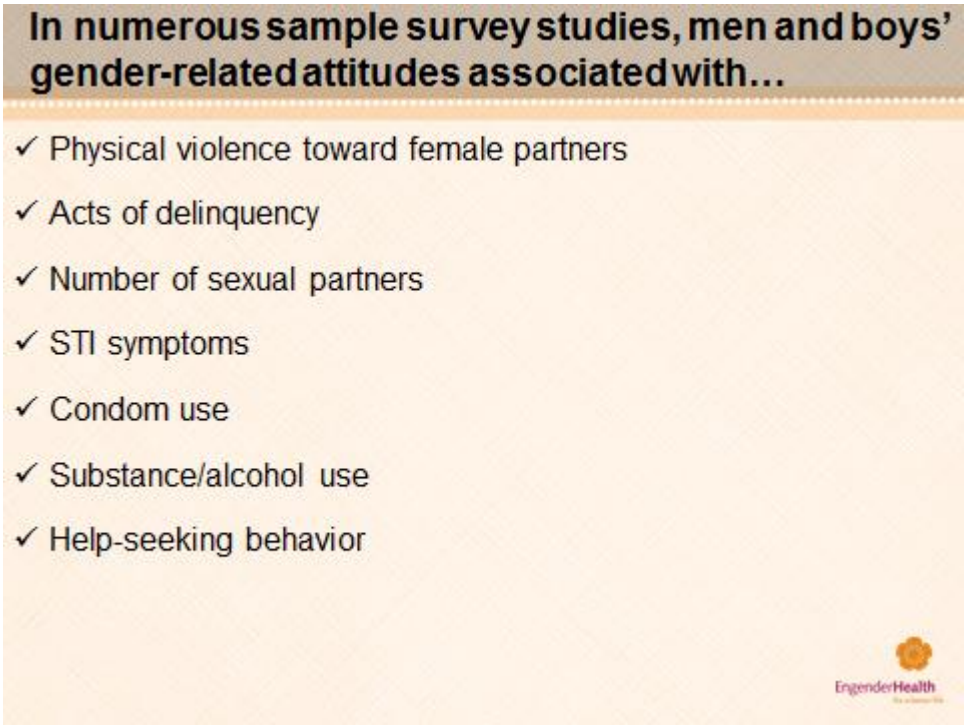


Slide 2



Facilitator Notes:
Read the definitions as they appear on the slides. When reading the definition of gender, emphasize the fact that a fundamental difference between gender and sex is that gender norms can change.

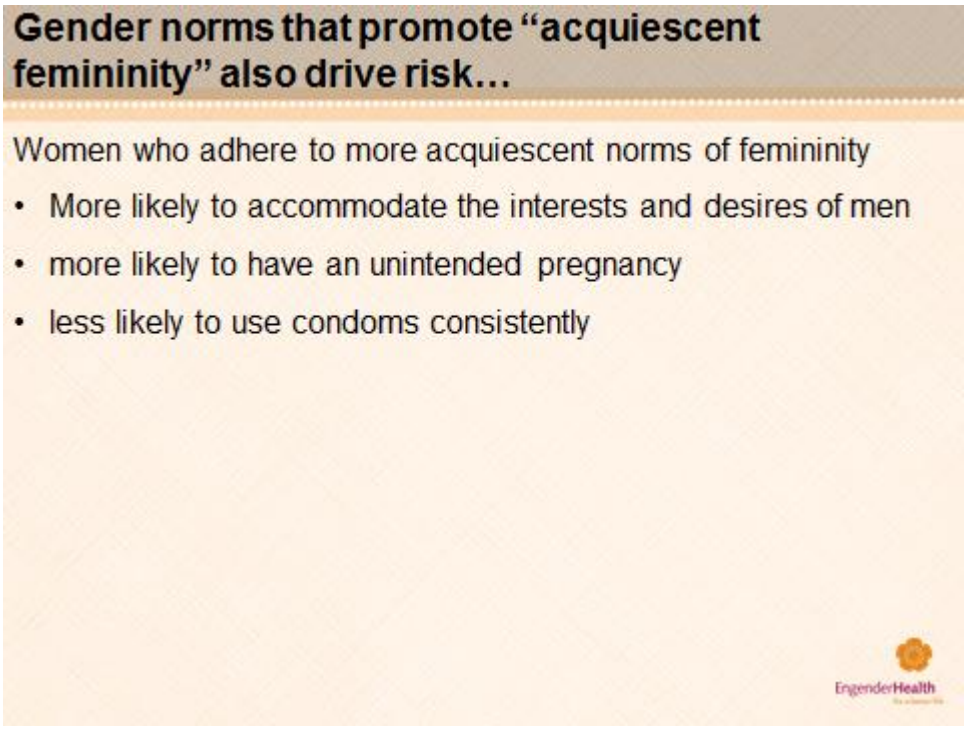
Slide 3



Facilitator Notes:
State that there is a direct correlation between health outcomes (among both women and men) and gender norms in terms of access to services, vulnerability to HIV and other sexually transmitted infections (STIs), and unplanned pregnancies. Explain the following points:

- Masculinity norms contribute to more risk-taking (men are more likely to engage in risky sexual behavior, such as having unprotected sex, having multiple partners, etc.) and also to less help-seeking behavior (if/when men are unwell, they tend not to seek out medical care, and if they are in trouble and require support, they are less likely to ask for help/support).

Slide 4

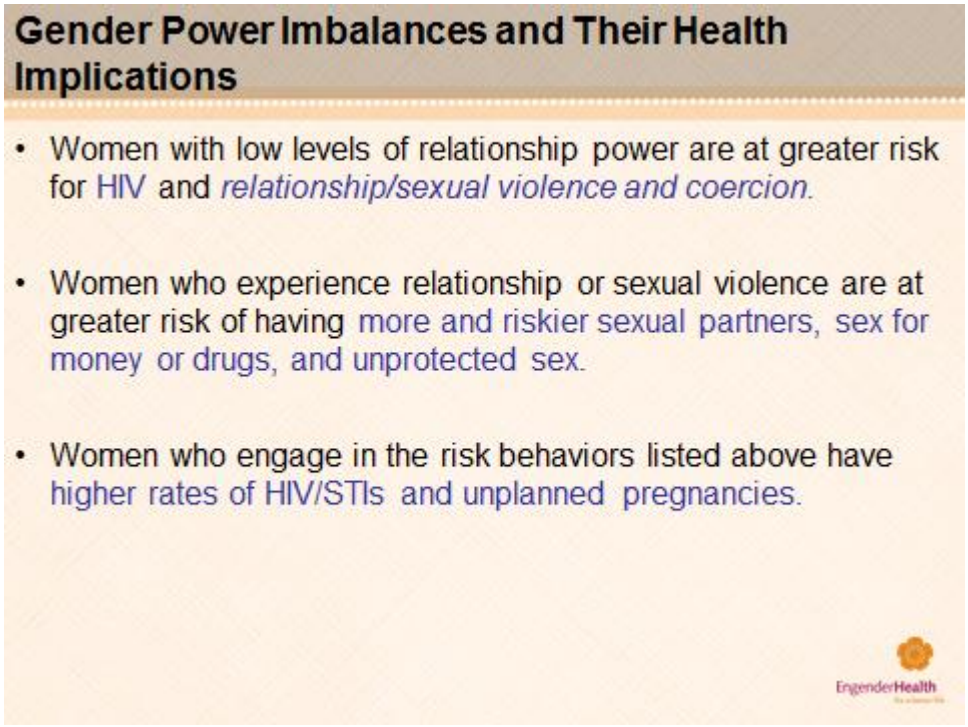


Facilitator Notes:

Explain the following points:

- Norms of femininity affect women's health outcomes, in the sense that messages from society that mandate that women respect and be submissive to men mean that women have less negotiating power in intimate relationships and so less capacity to negotiate the terms of sex (where, when, how, if)—this leads to women's being more at risk for contracting HIV and STIs and more at risk for unplanned pregnancies. One consequence of women's attempting to bend these traditional norms (by refusing sex, for example) is violence.
- Men's and women's health are intimately linked. We cannot address a woman's SRH, for example, without also addressing the SRH of her male partner. And we cannot improve SRH (or any area of health) without including an analysis of the social norms that drive individual behaviors and without including strategies to transform these norms.

Slide 5



Facilitator Notes:

Explain the following points:

- Generally, as a result of inequitable gender norms, women tend to be able to exercise less decision-making power in their intimate relationships with men. Explain that unequal power levels between women and men in intimate relationships have serious implications for women's health. Women who have no or little decision-making power in relationships are often unable to ensure their SRH because they may be unable to negotiate the terms of sex (e.g., when/where to have sex, whether to use contraception, etc.). Women in relationships characterized by power imbalances are more at risk for violence from their male partners. In such relationships, violence is both a cause and a consequence of poor SRH outcomes for women. Because of power imbalances, women may be threatened and coerced into adopting certain behaviors in order to avoid violence. Similarly, women may experience poor SRH outcomes (e.g., unwanted pregnancy; abortion; HIV; STIs) as a result of their victimization.
- Men's and women's health are intimately linked. We cannot address a woman's SRH, for example, without also addressing the SRH of her male partner.

Closing Circle (Day 1)

Objective

1. To share main takeaways from the day

Time

15 minutes

TRAINING STEPS

1. Thank the participants for their active engagement in the day's sessions. Explain that you will end the day with a closing circle.
2. Ask the participants to stand and form a circle. Explain that you will go around the circle and ask each participant to share one important thing that they learned or that they realized during the day.
3. After you have gone around the circle, thank everyone once more and remind the participants of the start time on Day 2.

DAY 2

Recap of Day 1 (Day 2)

Objective

1. To review the main information communicated during Day 1

Time

20 minutes

Materials

- Participant Handout 2: Workshop Agenda and Objectives

TRAINING STEPS

1. Start by welcoming everyone back to the workshop. Next, explain that you would like to begin the day by recalling the main information shared the previous day.
2. Ask for some volunteers to briefly recount for the rest of the group the information communicated during Day 1. Spend no more than 10 minutes on the recap.
3. Next, review the day's agenda, and address any questions or concerns from participants.

I'm Glad I Am…, If I Were… (Day 2)

Objective

1. To develop a better understanding of the enjoyable and difficult aspects of being male or female

Time

1 hour

Materials

- Flipchart paper
- Flipchart stand
- Markers
- Masking tape

TRAINING STEPS

Introduction (1 minute)

1. Explain that the first session of the day will be a continuation of the previous day's reflection on gender norms. Tell participants that the session will enable them to further explore the influence of gender norms in their personal lives. Add that the session will also deepen their awareness and understanding of the ways in which gender norms affect women and men differently.

Group Work (38 minutes)

1. Separate the participants into same-sex groups of no more than eight. If the participants are all men, simply divide them into smaller groups. Tell the participants to pick one person to serve as the recorder, who will write for the group.
2. Give each group a sheet of flipchart paper and a marker. Ask the participants to write down as many endings as they can for the following sentences:
   - Male group: I'm glad I'm a man because…
   - Female group: I'm glad I'm a woman because… (If the group is all male, do not worry about this question.)

3. Give an example of each to help the groups get started. Allow 15 minutes for completion.

Note to Facilitator
Make sure that the responses from the participants are positive aspects of their own gender, rather than responses centering on not having to experience something the other sex experiences. For example, instead of men in the group making statements like, "I'm glad I'm a man because I don't have a period," they should concentrate on statements like "I'm glad I'm a man because I'm strong."

4. Give the groups another sheet of flipchart paper and ask the participants to come up with as many endings as they can to the following sentences in 15 minutes:
   - Male group: If I were a woman, I could…
   - Female group: If I were a man, I could… (If the group is all male, do not worry about this question.)
   - Male group: I envy women because….
   - Female group: I envy men because… (If the group is all male, do not worry about this question.)

5. Tape the sheets to the walls in the room.

Group Discussion (20 minutes)

1. Facilitate a large-group discussion using the following questions:
   - Were any of the responses the same for both sexes?
   - Was it easier for the men or for the women to come up with reasons they are glad about their sex? Why do you think this is?
   - How does the first set of responses from one sex compare to the second set from the other sex? (Do the items the women list as things they are glad about overlap with what the men list as things they could do if they were women?)
   - What did you find challenging about discussing the advantages of being the other sex? Would any of these reasons help in preventing HIV?
   - Are any of the responses stereotyped? Which ones? Why do these stereotypes exist? Are they fair?
   - What else did you learn from this activity?

Closing (1 minute)

1. End the activity by explaining that major gender differences contribute to inequalities in women's and men's social, political, and economic standing. Creating safe spaces in which women and men can communicate with one another about their daily realities, from a gender perspective, can contribute to greater gender equity by helping women and men to better understand one another. Such

understanding can also lead to healthier relationships and better health outcomes for individuals, families, and communities.

Acknowledgments

Parts of this session have been adapted from the following curriculum:

- EngenderHealth. 2008. *Engaging boys and men in gender transformation: The group education manual.* New York. Session 1.5.

Once upon a Boy/Once upon a Girl (Day 2)

Objective

1. To learn about women's and men's socialization process

Time

29 minutes

Materials

- Projector
- Laptop computer or DVD player
- *Once Upon a Boy* video and *Once Upon a Girl* video

TRAINING STEPS

Introduction (1 minute)

1. Explain to participants that you will show two videos illustrating the different ways in which social and cultural pressures affect women and men.

Videos (12 minutes)

1. Show seven minutes of the *Once Upon a Boy* video and five minutes of the *Once Upon a Girl* video. After participants have viewed both videos, move to the group discussion.

Group Discussion (16 minutes)

1. Facilitate a large-group discussion using the following questions:
   - What was the significance of the pencil? And the eraser?
   - How were the women characters portrayed in the videos?
   - What does it mean to be a woman?
   - What does it mean to be a man?
   - Do you think men and women are raised the same way? Why or why not?
   - What characteristics attributed to women and men are valued as positive or negative by our society?
   - What would it be like for a woman to assume gender characteristics traditionally associated with men? Would it be hard or easy? How would it be for men to assume gender characteristics traditionally assigned to women?
   - How do our families and friends influence our ideas of how women and men should look and should act?

- How do these different expectations of how women and men should look and act affect your daily lives? Your relationships with family? Your relationships with intimate partners?

Acknowledgments

Parts of this session have been adapted from the following sources:

Instituto Promundo. [no date]. *Program H: Working with young men to promote health and gender equity.* Rio de Janeiro: Accessed at: http://www.endvawnow.org/uploads/browser/files/Once%20Upon%20a%20Boy_Discussion_Promundo.pdf.

Instituto Promundo, Salud y Género, ECOS, Instituto PAPAI, and World Education. 2009. *Working with young women: Empowerment, rights and health*. Rio de Janeiro.

Persons and Things

Objectives

1. To increase awareness about the existence of power in relationships and its impact on individuals and relationships
2. To introduce participants to the various types of power

Time

1 hour, 12 minutes

Materials

- Flipchart paper
- Flipchart stand
- Markers
- Participant Handout 5: Expressions of Power

Advance Preparation

1. Refer to *Participant Handout 5: Expressions of Power* and write each of the four expressions of power on four individual sheets of flipchart paper (one flipchart page for one expression of power).
2. Make enough copies of the participant handout for each participant.

Note to Facilitator

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

TRAINING STEPS

Introduction (1 minute)

1. Open the session by explaining to participants that they will spend some time exploring the concept of inequality and its influence on relationship dynamics.

Persons and Things (30 minutes)

1. Divide the participants into two groups.

2. Tell the participants that the name of this activity is "Persons and Things." Choose, at random, one group to be the "things," another to be "persons."
3. Read the following directions to the group:
   - **THINGS:** You cannot think, feel, or make decisions. You have to do what the "persons" tell you to do. If you want to move or do something, you have to ask the person for permission.
   - **PERSONS:** You can think, feel, and make decisions. Furthermore, you can tell the objects what to do.

4. Assign each "person" a "thing" and tell them that they can do what they want with them (within the space of the room). Tell them they should have fun with this activity and be creative (but of course not ask the Things to do something that can put them at risk of harm or humiliate them). As examples, you can ask them to jump around, sing, move around, dance, carry things, get coffee, shake hands with others, etc.

> **Note to Facilitator**
> If there is an uneven number of participants and it is not possible to pair all participants, explain that participants who have not been paired with a partner will act as observers. They will observe the dynamics between the "persons" and the "things."

5. Give the group five minutes for the "people" and "things" to carry out their designated roles.
6. After five minutes, tell the persons and things that there has been a Revolution! The Things have taken over! They will switch and now the "persons" will be "things" and "things" will be "persons." Give them another five minutes to carry out the new roles.
7. Finally, ask the groups to go back to their places in the room and use the questions below to facilitate a 15-minute discussion:
   - How did your "persons" treat you? What did you feel? Did you feel powerless? Why or why not?
   - How did you treat your "things"? How did it feel to treat someone this way? Did it make you feel powerful? Why or why not?
   - Why did the "things" obey the instructions given by the "persons"?
   - In your daily lives, do others treat you like "things"? Who? Why?
   - In your daily lives, do you treat others like "things"? Who? Why?
   - Why do people treat each other like this?

Exploring Power (40 minutes)

1. Transition to the next section of the session by asking:

- What does this exercise tell us about power? How would you define it?

2. Allow participants to discuss this question for five minutes. Then ask the following question:
   - Do you think power is only control over others?

3. Allow participants to discuss this question for five minutes.
4. Next, explain that not all expressions of power are harmful; power can be used positively. Tell participants that you will quickly look at the different types of power that exist.
5. On the wall, post the four prepared flipchart sheets, each with an "Expression of Power." One by one, read the four expressions of power. After reading each description, ask the group to think of examples of this type of power, and write their examples on the flipchart pages. Examples may come from families, workplaces, communities, or other countries. Spend no more than 15 minutes explaining the different expressions of power.
6. After the group has completed a list of examples for each category, facilitate 10 minutes of discussion about whether the group considers the examples to be a "positive" or "negative" use of power. For each example, ask participants whether it is an appropriate use of power or an abuse of power. Explain that the definition of "positive" or "negative" is debatable; it depends on the circumstances and on one's perspective. For example, is a teacher's use of authority "positive" or "negative"? It depends on what the teacher is actually doing, and whether you are the teacher or the student! This is a good moment to clarify that the nature of "power" is not necessarily "good" or "bad," because it can be either.
7. Before closing the session, distribute *Participant Handout 5: Expressions of Power*.

Closing (1 minute)

1. One of the main points of this exercise is that power is just power; it is not necessarily good or bad, although it can be used both constructively and destructively. Categorizing power as either "positive" or "negative" is debatable; it depends on the circumstances and on one's perspective. Understanding the many varieties of power is essential for promoting gender equality and social justice. As you will see in the other sessions we will complete, the unequal power balances between men and women in intimate relationships can have serious repercussions for the risk for STIs, HIV and AIDS, and unplanned pregnancy. For example, a woman often does not have the power to say if, when, and how sex takes place, including whether a condom is used, because of longstanding beliefs that men should be active in sexual matters and women should be passive (or that women "owe" sex to men).

We sometimes assume that power is something outside of us. We may perceive that someone else controls us and the choices we are able to make. All of us, however, have power at different moments in our lives. We negotiate power balances all of the time with the people around us.

As we reflect upon gender and relationships between men and women, it is important to remember the connection between how you might feel oppressed or treated like an "object" in some of your relationships and how you, in turn, might treat others, including women, like "objects." Thinking about these connections can help motivate you to construct more equitable relationships with women in your homes and communities—as we saw in the last part of this exercise, not all power is used to oppress others; sometimes power can be used for positive change, to motivate others.

Acknowledgments

Parts of this session have been adapted from the following curricula:

- EngenderHealth. 2008. *Engaging boys and men in gender transformation: The group education manual.* New York. Session 1.4.
- Cooperative for Assistance and Relief Everywhere, Inc. (CARE). 2007. *Ideas and action: Addressing the social factors that influence sexual and reproductive health.* Atlanta. Tool 2.

Participant Handout 5: Expressions of Power

Different Expressions and Types of Power

Expressions of Power	Sources of Power	Examples
OVER	Authority	The perception that a leader has the right to give orders and make rules Parents' authority over children Bosses' authority over employees Charisma that leads to the influence of famous or popular people Some social groups' power over others
WITH	Human resources or human supporters	People who support and assist a leader Groups who use collective action to achieve a goal Sense of identity or belonging
TO	Mental or physical skills, talent, and knowledge	Education, talent, knowledge of a certain thing or how to do a certain thing
WITHIN	Habits or attitudes about obedience and submission, or sense of personal self-confidence, common faith, ideology, or sense of mission	Habit of following what others say, believing that others are more capable Strong sense of mission or destiny A 2-year-old's willingness to say "no"

Note: This chart is adapted from: Just Associates, *Tools for Analyzing Power*; and Sharp., G. 1985. *Dynamics of nonviolent action (politics of nonviolent action, part 3).* Boston: Porter Sargent.

Power OVER—The power to dominate others. Power is seen as an external control over something or someone else. The source of "Power Over" is authority.

Power WITH—The power of mutual support, solidarity, and collaboration. This comes when groups work together toward a common goal. The source of "Power With" is other human beings.

Power TO—The power that comes from the capacity to accomplish something. The source of "Power To" is one's knowledge, education, skills, or talent.

Power WITHIN—The power of internal beliefs, attitudes, and habits. This has to do with a person's sense of self-worth and self-knowledge. The source of "Power Within" may be self-confidence.

What Is Violence? (Day 2)

Objectives

1. To explore the concept of violence
2. To develop an awareness and understanding of the different forms of violence

Time

1 hour, 42 minutes

Materials

- Flipchart paper
- Flipchart stand
- Sheets of paper
- Masking tape
- Markers
- Participant Handout 6: What Is Gender-Based Violence?
- Facilitator Resource 3: Violence Scenarios

Advance Preparation

1. Write each of the following words on three separate sheets of paper: "Violence"; "No Violence"; and "Not Sure." Tape each of the three labeled pages onto the walls around the room. Leave enough space between each labeled page to allow a group of participants to stand near each one.
2. Make enough copies of the participant handout for each participant.

TRAINING STEPS

Introduction (3 minutes)

1. Share with the group that this session will focus on violence. Acknowledge that the topic is challenging, because violence harms many women and yet is so very common. State that some people in the group, including the facilitators, may have been affected by violence—maybe they witnessed violence with neighbors or family; maybe they experienced it in their own family as a child; maybe they experienced it at some point in their adult life.
2. Explain that violence is a sensitive topic and that it is important for the participants to remember the following agreed-upon group norms as you move through the session:
   - **Confidentiality:** What is said in the room stays in the room.
   - **Everyone has the right to pass**: If a participant feels uncomfortable about a particular topic or if s/he feels uncomfortable about sharing on a particular point, s/he has the right to pass.

- **Suspending judgment**: Everyone has a right to their opinions and beliefs; try not to judge others, and to maintain an open mind and hear what others are saying.
- **Respect for the opinions and feelings of others**: Avoid interrupting others while they are speaking; avoid mocking or minimizing a person's contribution.
- **Do not speak for others**: Only share what *you* have said; do not relate what someone else may have said in the context of this group.
- **Practice active listening**: Pay attention when others are speaking and try to listen carefully to what they are saying

3. Explain that given the sensitive nature of the topic, you would like participants to keep in mind the following options during the session:
   - Take care of yourself, and take a break if you need to do so.
   - Anyone who wants additional support on this issue for yourself, a family member, or a friend should feel free to come talk to with us after the session, and we will get you connected to some community resources.
4. Ask the group if they have any questions or concerns.

What Does Violence Mean to Us? (30 minutes)

1. Ask for some volunteers to share with the group what violence means to them. Write the responses on a sheet of flipchart paper.
2. Discuss some of the common points in their responses, as well as some of the unique points. Next, review the definitions of violence below and tell the participants that there is not always a clear or simple definition of violence. Explain that during the second part of the exercise, you will read a series of case studies to help them think about the different meanings and types of violence. After you have shared the definitions, allow participants some time to ask questions.
   - **Violence:** Violence can be defined as the use of force—or the threat of force—by one individual against another. Violence is often used as a way to control another person, to have power over them.
   - **Physical violence:** This means using physical force, such as hitting, slapping, or pushing.
   - **Emotional/psychological violence:** This is often the most difficult form of violence to identify. It may include humiliating, threatening, insulting, pressuring, and expressing jealousy or possessiveness (e.g., by controlling decisions and activities).
   - **Economic violence:** This occurs when one intimate partner has control over the other partner's access to economic resources, thereby diminishing the victim's capacity to support her/himself and forcing her/him to financially depend on the perpetrator (e.g., denying access to money or the means of obtaining money; denying access to work or school; intentionally withholding necessities such as

food , clothing, shelter, medication, or personal hygiene products; stealing from the victim; forbidding a victim from maintaining a personal bank account, etc.)
- **Sexual violence:** This involves pressuring or forcing someone to perform sexual acts (from kissing to sex) against their will, or making sexual comments that make someone feel humiliated or uncomfortable. It does not matter if there has been prior consenting sexual behavior.

Looking at the Different Types of Violence (42 minutes)

1. Next, draw the participants' attention to the three signs around the room and explain that you will read some scenarios out loud and that each participant should decide on his/her own what the answer is:
   - If they think that the situation is a case of violence, they should physically move and stand by the sign that says *Violence.*
   - If they think that the situation does not depict a case of violence, they should move and stand near the sign that says *No violence.*
   - If they are undecided, they should move and stand near the sign that says *Not sure*.
2. Once participants have understood the instructions, refer to *Facilitator Resource 3: Violence Scenarios*, and read the first scenario out loud. After you have read the scenario, allow participants a few minutes to move toward the sign that best reflects their opinion.
3. Once participants have positioned themselves, ask for a volunteer from each group to explain their reasons for taking that particular position. Allow no more than five minutes of discussion for each scenario.
4. After five minutes of discussion, sum up the discussion by using the Key Points provided at the end of the scenario.
5. Repeat steps 2–4 for the remaining scenarios.

Group Discussion (25 minutes)

1. After you have read all of the scenarios, facilitate a group discussion using the following questions:
   - Were you surprised that any particular situation was indeed an act of violence? Why?
   - What kinds of violence most often occur in intimate relationships between men and women in your country? What causes this violence? (Examples may include physical, emotional, and/or sexual violence that men use against girlfriends or wives, as well as violence that women use against their boyfriends or husbands.)
   - What kinds of violence most often occur outside relationships and families? What causes this violence? (Examples may include physical violence between

men, gang- or war-related violence, stranger rape, and emotional violence or stigmatization of certain individuals or groups in the community.)

- Are some acts of violence related to a person's sex? What is the most common type of violence practiced against women? (See *Participant Handout 6: What Is Gender-Based Violence*?) Against men?
- What are the consequences of violence, in relation to contraceptive use in couples?

2. Before closing the session, distribute *Participant Handout 6: What Is Gender-Based Violence?*

Closing (2 minutes)

1. End the session by making the following points:
   - In every situation that we discussed, there was some form of violence. While the violence was clearly evident in some cases, in other cases it was less so. This violence took different forms—in some cases, it was sexual violence, while in other cases it was verbal, physical, emotional, or economic violence.
   - In each case, the person at the receiving end suffered either physical or emotional hurt. Violence is therefore not only causing physical injury; causing emotional or mental trauma or economic deprivation is also violence.
   - Violence happens all around the world and often stems from how individuals, especially men, are raised to deal with anger and conflict. It is commonly assumed that violence is a "natural" or "normal" part of being a man. However, violence is a learned behavior, and in that sense, it can be unlearned and prevented. Men are often socialized to repress their emotions, and anger is sometimes one of the few socially acceptable ways for men to express their feelings. Moreover, men are sometimes raised to believe that they have the "right" to expect certain things from women (domestic tasks or sex, for example), and the right to use physical or verbal abuse if women do not provide these things.

Acknowledgments

Parts of this session have been adapted from the following curricula:

- EngenderHealth. 2008. *Engaging boys and men in gender transformation: The group education manual.* New York. Session 9.1.
- EngenderHealth. 2006. *Engaging men as partners to reduce gender based violence: A manual for community workers.* New Delhi. Day 2, Activity 1.

Participant Handout 6: What Is Gender-Based Violence?

In many settings, most laws and policies use "family violence" or "domestic violence" to indicate acts of violence against women and children by an intimate partner, usually a man. However, there has been an increasing shift toward the use of "gender-based violence" or "violence against women" to encompass the broad range acts of violence that women suffer from intimate partners, family members, and other individuals outside the family. These terms also draw focus to the fact that gender dynamics and norms are intricately tied to the use of violence against women (Velzeboer, M., Ellsberg, M., Clavel Arcas, C., and Garcia-Moreno, C. 2003. *Violence against women: The health sector responds*. Washington, DC: Pan American Health Organization [PAHO] and World Health Organization [WHO]).

Below is a definition of gender-based violence and violence against women based on the United Nations General Assembly Declaration on the Elimination of Violence against Women in 1994:

> …any act that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring **in public or in private life.**
>
> …shall be understood to encompass, but not be limited to the following:
>
> a. Physical, sexual and psychological violence occurring **in the family,** including battering, sexual exploitation, sexual abuse of children in the household, dowry-related violence, marital rape, female genital mutilation and other traditional practices harmful to women, non-spousal violence and violence related to exploitation
> b. Physical, sexual and psychological violence occurring **within the general community,** including rape, sexual abuse, sexual harassment and intimidation at work, in educational institutions and elsewhere, trafficking in women and forced prostitution
> c. Physical, sexual and psychological violence **perpetrated or condoned by the state and by institutions,** wherever it occurs.

Facilitator Resource 3: Violence Scenarios

Scenario 1

A girl is standing near a movie theatre, waiting for her friends. A group of boys who are waiting nearby call out to her and pass remarks on her clothes and make-up. They ask her if she wants to join them. Would you call the boys' behavior violent? Why?

Key Points

The boys' behavior is an act of sexual harassment, even if the boys were just doing it for "fun." This is also a form of sexual violence: Even though they might not have harmed the girl physically, their remarks could have hurt and humiliated her; since she was alone, she might have been frightened as well.

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Scenario 2

A 12-year-old boy has just come home with his examination results. He has failed. His parents shout at him; his mother refuses to give him any food that day, while his father threatens to teach him a lesson he will not forget. Would you describe what the parents did to the boy as violence? Why?

Key Points

While the boy's father has threatened physical violence, which will definitely hurt the boy, the mother's behavior can also harm him physically and mentally. Therefore, what the parents did to the boy can be described as violence. It is natural for the parents to be angry at their son's behavior, and they do have a right to scold him and tell him to improve his performance the next time. But "disciplining" their son cannot be an excuse for using physical force or depriving him of basic necessities.

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Scenario 3

In a school, children belonging to a particular caste are made to sit separately because they are considered to be "inferior." Would you say there is any violence involved in this situation? Why?

Key Points

Every individual has the right to be treated equally and fairly, regardless of religion or sex or caste. In this case, the children are being forced to sit separately because of their caste. This will definitely harm them mentally and emotionally, and they will grow up feeling inferior. This is therefore an act of violence. It is also against the law to discriminate on the basis of caste.

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Scenario 4
A woman and her husband work in the same company. The woman has just got a promotion, while the man has not. As a result, he is upset and has stopped talking to his wife; he taunts her in front of his friends, telling them that she is now "too big" for him. Do you think there is any violence involved in this situation? Why?

Key Points
Yes, the husband's behavior is a form of violence. It will cause emotional and mental harm to the woman. It is his jealousy that is making the man hurt his wife in this manner. Also, most men are brought up to believe that they are "superior" to women; so when his wife does better than him at her job, he probably feels inferior, he feels he is "less of a man." But the fact is that, like a man, a woman too has a right to have a career and to secure a promotion based on her hard work and good performance.

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Scenario 5
A well-off couple has employed a 13-year-old girl to work as a domestic helper. The girl is expected to do all the housework, including washing the clothes and vessels, cleaning the house, taking care of the couple's 2-year-old baby, and buying things at the market. She is expected to work seven days a week. She gets a salary and two meals every day. Do you think there is any violence involved in this situation? Why?

Key Points
Yes, this is a form of violence. This is a clear example of child labor. And every case of child labor causes serious mental, emotional, and even physical harm to the child.

The law prohibits child labor. However, this is a common situation in many countries. Children often work in hazardous and extremely harsh conditions. This deprives them not only of basic rights like education, but they also lose out on their childhood. Children are employed because they provide cheap labor; employing a child does not mean that the employer is "helping" the child's family. Employing an adult in the child's place would not only put an end to this practice, but it would also reduce the large-scale prevalence of adult unemployment in our country.

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Scenario 6
The wife and husband in a couple both have full-time jobs. Once she has returned home at the end of the day, the wife is expected by her husband to cook his dinner, help the children with their homework and prepare them for bed, and tidy up the house. Most nights, the husband also expects his wife to have sex with him. The wife is often very

tired at the end of the day and needs sufficient rest to wake up early the next day so she can get the children ready for school before she goes to the office. As a result, she often refuses to have sex with her husband. On several occasions, however, her husband has forced himself on her in spite of her protestations. Do you think there is any violence involved in this situation? Why?

Key Points

Yes, this is a form of violence. The type of violence described is marital rape, because the husband has been forcing his wife to have sex against her will. All sexual encounters must be consensual; both partners—whether married or not—must be able to provide their consent free from coercion and violence. When partners are not consenting and are forced or coerced into engaging into sexual practices, it is rape.

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Scenario 7

A 14-year-old boy is very particular about his appearance and likes to dress well. He is a rather quiet boy and does not have many friends. Every day when he goes to school, a group of boys tease him; they whistle at him and call him a girl. This has been going on for the last month. The boy is now scared to take his normal route to school. Do you think there is any violence involved in this situation? Why?

Key Points

Yes, this is a form of violence. The behavior of the other boys has frightened and humiliated him. Even if the boys are not causing him any physical harm, and even if they think they are having some "harmless fun," the fact is that their behavior has hurt him; it is therefore a form of violence.

Closing Circle (Day 2)

Objective

1. To share main takeaways from the day

Time

15 minutes

TRAINING STEPS

1. Thank the participants for their active engagement in the day's sessions. Explain that you will end the day with a closing circle.
2. Ask participants to stand and form a circle. Explain that you will go around the circle and ask for each participant to share one important thing that they learned or that they realized during the day.
3. After you have gone around the circle, thank everyone once more and remind participants of the start time on Day 3.

DAY 3

Recap of Day 2 (Day 3)

Objective

1. To review the main information communicated during Day 2

Time

20 minutes

Materials

- Participant Handout 2: Workshop Agenda and Objectives

TRAINING STEPS

1. Start by welcoming everyone back to the workshop. Next, explain that you would like to begin the day by recalling the main information shared the previous day.
2. Ask for some volunteers to briefly recount for the rest of the group the information communicated during Day 2. Spend no more than 10 minutes on the recap.
3. Next, review the day's agenda and address any questions or concerns from participants.

Violence in Daily Life (Day 3)

Objective

1. To better understand the many ways in which women's (and men's) lives are limited by male violence and/or the threat of men's violence

Time

1 hour, 40 minutes

Materials

- Flipchart paper
- Flipchart stand
- Colored markers
- Masking tape
- One ream of A4-sized paper

Advance Preparation

1. Before the session, write one of the following three categories on a sheet of flipchart paper and tape the three sheets to the wall:
   - Violence used against me
   - Violence that I use against others
   - Violence that I have witnessed
2. Before the session, divide several sheets of A4 paper in half.

TRAINING STEPS

Introduction (1 minute)

1. Open the session by explaining to the participants that now that they have explored the general concept of violence and the concept of gender-based violence, they will spend some time reflecting on their own individual experiences with violence as women and men. Before proceeding further, remind participants (once more) of the group norms you reviewed in the previous session: maintaining confidentiality; recognizing that everyone has the right to pass; suspending judgment; respecting the opinions and feelings of others; not speaking for others; and practicing active listening.

Small-Group Work (35 minutes)

1. Before creating small groups, ask participants to take two minutes to individually and silently reflect on the following questions:
   - What do you do on a daily basis to protect yourself from sexual violence?

- What do you lack in order to be able to protect yourself from sexual violence?

2. After two minutes of reflection, divide the participants into same-sex groups (ideal size is 5–8 per group). Within each group, participants are to share their thoughts and together come up with a list of answers to the questions and write those answers on two sheets of flipchart paper. Allow 20 minutes for the small-group work.
3. After 20 minutes, ask the groups to post their lists on the walls in the room.
4. Once they have done so, allow participants five minutes to look at each of the lists in silence.

Group Discussion (20 minutes)

1. Next, lead a dialogue on observations, thoughts, and questions in plenary.

> **Note to Facilitator**
> This activity helps set and establish a clear understanding of the extent and impact of male use of violence against women. Be sure to allow plenty of time in plenary, as it can be emotional.

2. Start with the men, and ask them what they noticed about the women's list and whether they have any questions. Then switch to the women, asking them for their observations on the men's list and any questions they may have. If the following questions do not surface, be sure to bring them up in plenary:
   - Do the men have many things listed pertaining to sexual violence? Why is this?
   - How does men's use of violence damage men's lives as well?
   - How much do you already know about the impact of male use of violence on women's lives? What does it feel like to have not known much about it before? (Some men may not be aware of the level of detail and consciousness that women carry on a day to day basis to avoid violence.)
   - How do you think you were able to avoid not noticing what an impact men's use of violence has on women's lives?

> **Note to Facilitator**
> When facilitating the discussion, be careful not to push men into feeling blamed and guilty. Rather, try to ease them into recognizing the reality of the situation and committing themselves to greater responsibility to end other men's use of violence.

Note to Facilitator
If men are defensive, make sure to look more closely at their reactions. Make it clear that you are not accusing anyone in the room of having created such a climate of fear. Remind the group that you are trying to show how common and how devastating violence against women is for everyone.

Note to Facilitator
Some people have strong emotional reactions to this activity. These reactions can include anger, outrage, astonishment, shame, embarrassment, and defensiveness, among others. These may be related to personal experiences of violence at some point in life. Some female participants may feel exasperated to have to relive, rehash, and "display" the vulnerability they feel. Some participants may want to share these overtly, which can be very emotional and challenging for the entire group. But it can also be therapeutic and healing. Enough time should be given for this, and participants should be encouraged to support one another. As workshop participants show their feelings, let them know that their reaction is normal and appropriate. Remind them that anger can be a powerful motivating force for change. Encourage them to identify ways in which to use their anger and outrage usefully to prevent violence and to promote gender equity and equality.

Note to Facilitator
Be aware that some men may think that they need to protect women from violence. If some men in the group say this, remind the group that it is important for each of us to be working to create a world free from violence. Men and women need to work together as allies in the effort. The danger of saying that it is up to men to protect women is that we reproduce the stereotypes of men as strong and powerful and of women as a part of men's property that must be protected from other men.

Individual Experiences of Violence (42 minutes)

1. Transition to the next part of the session by explaining that participants will spend some more time reflecting on their individual experiences with violence.
2. Remind participants of the meanings of violence explored during the "What Is Violence?" session completed the previous day.
3. Give each participant three sheets of A4-sized paper
4. Draw participants' attention to the three signs that you posted on the wall.
5. Explain that women and men experience violence in three different ways: as victims; as witnesses; and as perpetrators.

6. Ask participants to think for a while about the three categories posted on the wall and to write:
   - One example of a personal experience they had with violence as a perpetrator
   - One example of a personal experience they had with violence as a victim
   - One example of a personal experience they had with violence as a witness

   Instruct participants to use one sheet of paper per example. Once participants are finished writing their examples, they should fold the pieces of paper. On the back of each piece of paper, participants should indicate whether the example is one of perpetrator, witness, or victim. Tell participants not to write their names on the sheets of paper.
7. Allow 10 minutes for this task. Explain that they should not write much, just a few words or a phrase.
8. After 10 minutes, gather the sheets of paper and tape each sheet of paper to the wall under the corresponding sign.
9. After all of the sheets of paper have been taped to the wall, spend about five minutes reading a few answers.
10. Next, facilitate a 15-minute large-group discussion using the following questions:
    - What is the most common type of violence used against us?
    - What is the most common type of violence we use against others?
    - How do we know if we are really using violence against someone?
    - Where do we learn violence?
    - Is any kind of violence worse than another?

Closing (2 minutes)

1. End the session by making the following points:
   - Violence and the threat of violence is an everyday fact for women. Because men do not live with the daily threat of violence, they do not realize the extent of the problem that women face. Men usually do not understand how violence—actual and threatened—is such a regular feature of women's daily lives. However, men's lives are damaged too by violence against women. It is men's sisters, mothers, daughters, cousins, and colleagues who are targeted—women whom men care about are being harmed by violence every day. Social acceptance of this violence against women gives men permission to treat women as unequal and makes it harder for men to be vulnerable with their partners, wives, and female friends. Sexual violence makes it impossible for a woman to negotiate condom use and eliminates any element of choice regarding the decision to have sex or not. Also, as mentioned in other activities, the tearing of tissue during rape dramatically increases the risk for HIV

- Men and women, boys and girls all experience sexual violence, not just women; men and boys are also victims of sexual violence (e.g., through systematic abuse in schools and children's homes, in the church, as a result of homophobic hate crimes, in the trafficking of boys, rape of wives in front of husbands in contexts of war/conflict etc.).

Acknowledgments

Parts of this session have been adapted from the following curricula:

- EngenderHealth. 2008. *Engaging boys and men in gender transformation: The group education manual.* New York. Session 9.4.
- Cooperative for Assistance and Relief Everywhere, Inc. (CARE). 2013. *Gender equity and diversity Module Five: Engaging men and boys for gender equality.* Atlanta. Activity 22.

Family Planning and IPV Trivia Game (Day 3)

Objective

1. To explore the links between intimate partner violence (IPV) and contraceptive access and use

Time

1 hour, 15 minutes

Materials

- Flipchart paper
- Flipchart stand
- Colored markers
- Masking tape
- Scissors
- Facilitator Resource 4: Trivia Instruction and Resource Sheet
- Facilitator Resource 5: Family Planning and IPV Trivia
- Facilitator Resource 6: Score Cards

Advance Preparation

1. Print one copy of *Facilitator Resource 4: Trivia Instruction Guide.*
2. Print one copy of *Facilitator Resource 5: Family Planning and IPV Trivia.*
3. Print one copy of *Facilitator Resource 6: Score Cards.*
4. Cut the trivia pieces from *Facilitator Resource 6: Score Cards.*
5. Arrange and tape the trivia pieces to the wall (see *Facilitator Resource 4: Trivia Instruction Guide* for detailed instructions).
6. Prepare and post a flipchart titled "Scoring Sheet."

TRAINING STEPS

Introduction (1 minute)

1. Start the session by reminding participants of the presentation on the links between gender and SRH (Day 1). Explain that gender-inequitable norms contribute to power imbalances in intimate relationships between women and men; typically, women tend to have less power in intimate relationships with men by virtue of the lower social, economic, and political value attributed to women. As a result, women in intimate relationships are often less able to exercise control over their SRH because they often do not have the power to decide when, where, or how sex will occur. This lack of decision-making power has tremendous implications for their SRH. Explain to participants that this activity will focus on the ways in which power imbalances in relationships impact contraceptive use.

Family Planning and IPV Trivia Game (1 hour, 3 minutes)

1. Take three minutes to divide the participants into three even-sized teams and to explain the rules of the trivia game (refer to *Facilitator Resource 4: Trivia Instruction Guide*). Inform the participants that the game will last about an hour.
2. Ask one of the participants if he/she would be willing to help you keep score for each of the teams.
3. For the next hour, facilitate the playing of the trivia game.
4. Refer to *Facilitator Resource 5: Family Planning and IPV Trivia* to clarify any incorrect answers that the participants give.

> **Note to Facilitator**
> Some of the information presented in the trivia game will be new information; this is not an attempt to intimidate the participants. Instead, this is an opportunity for participants to draw from the information they have already learned, assess the question, and make their best guess.

Group Discussion (10 minutes)

1. Lead a group discussion using the following key discussion questions:
   - Was this activity challenging? Why or why not? In what categories did you excel? For what categories did you need to focus more energy on learning the information?
   - What information from the trivia game was surprising to you? How do you feel about the information that was being presented to you?

Closing (1 minute)

1. End the session by emphasizing gender inequity as a determinant of women's SRH. State that it is important for family planning providers to remain mindful of both the client's sociocultural context and the dynamics of her relationship with her intimate partner. This awareness and understanding will enable the provider to recommend a contraceptive method that the client will be able to practice effectively and without safety risks.

Acknowledgments

Parts of this session have been adapted from the following curriculum:

- EngenderHealth. 2014. *Integration of family planning and intimate partner violence services: Trainer's guide.* New York. Session 2.3.

Facilitator Resource 4: Trivia Instruction Guide

Setting up the Trivia Game

1. Cut the category and point value cards from *Facilitator Resource 6: Score Cards*.
2. Arrange and tape the cards to the wall in the following manner:

Intimate Partner Violence and Health Outcomes	Family Planning	Care and Treatment	Pregnancy	Memory Test
100 Points	100 Points	100 Points	100 Points	100 Points
200 Points	200 Points	200 Points	200 Points	200 Points
300 Points	300 Points	300 Points	300 Points	300 Points
400 Points	400 Points	400 Points	400 Points	400 Points
500 Points	500 Points	500 Points	500 Points	500 Points

Trivia Game Instructions:

1. Divide the group into three teams. Decide which team will go first, second, and third.
2. Explain the rules of the trivia game to the participants:
   Step 1: One at a time, teams will pick a category and a point-value card.
   Step 2: The trainer will remove and discard the point value card from the wall.
   Step 3: The trainer will refer to *Facilitator Resource 5: Family Planning and IPV Trivia* and will read the selected question and answer choices out loud, twice.
   Step 4: The team has 20 seconds to decide the answer to the question, as well as to provide a rationale for their answer.
   Step 5: The trainer will provide the group with the correct answer and will share additional information.
   Step 6: If the team correctly answers the question, add the appropriate value to the Scoring Sheet.
   Step 7: Move to the next team.

(Repeat steps 2–6 until all of the questions have been answered.)

Facilitator Resource 5: Family Planning and IPV Trivia

Intimate Partner Violence (IPV) and Health Outcomes

100 Points **Question—Multiple Choice:** What percentage of women exposed to IPV have experienced injuries as a result of the abuse? a. 19% b. 27% c. 35% d. 42% **Answer:** d. 42% *Source:* World Health Organization (WHO). [no date]. Violence against women: Health impact. Geneva. Accessed at: www.who.int/reproductivehealth/publications/violence/VAW_health_impact.jpeg.	**200 Points** **Question—True or False:** Women exposed to IPV are twice as likely to acquire alcohol use disorders. **Answer:** **True.** According to a global study by the World Health Organization, women exposed to IPV are twice as likely to have alcohol use disorders. Alcohol may be used as a coping mechanism. *Source:* WHO. [no date]. Violence against women: Health impact. Geneva. Accessed at: www.who.int/reproductivehealth/publications/violence/VAW_health_impact.jpeg.
300 Points **Question—Multiple Choice:** What percentage of all murders of women globally were reported as having been committed by the women's intimate partner? a. 3% b. 15% c. 38% d. 50% **Answer:** c. 38% *Source:* WHO. [no date]. Violence against women: Health impact. Geneva. Accessed at: www.who.int/reproductivehealth/publications/violence/VAW_health_impact.jpeg	**400 Points** **Question—True or False:** Roughly 20% of women and girls (aged 15–49) in Africa who have had partners have experienced physical and/or sexual violence from their partners. **Answer:** **False:** 36.6% of women and girls (aged 15–49) in Africa who have had partners have experienced physical and/or sexual violence at the hands of their partners. *Source:* World Health Organization. 2013. *Global and regional estimates of violence against women: Prevalence and health effects of intimate partner violence and non-partner sexual violence*. Geneva. Accessed: August 1, 2014, at: http://apps.who.int/iris/bitstream/10665/85239/1/9789241564625_eng.pdf.

500 Points

Question—True or False
Women exposed to IPV are no more likely to experience depression than women *not* exposed to IPV.

Answer:
False. Women exposed to IPV are twice as likely to experience depression.

Source:
WHO. [no date]. Violence against women: Health impact. Geneva. Accessed at: www.who.int/reproductivehealth/publications/violence/VAW_health_impact.jpeg.

Family Planning and STIs

100 Points

Question—True or False:
Physical and sexual violence can limit a woman's ability to negotiate the use of condoms or other contraception.

Answer:
True.

Sources:
WHO and Pan American Health Organization (PAHO). 2012. Understanding and addressing violence against women. Health consequences. Geneva. Accessed at: www.who.int/reproductivehealth/publications/violence/rhr12_43/en/.

Population Reference Bureau. 2010. *Gender-based violence: Impediment to reproductive health*. Washington, DC. Accessed at: www.prb.org/igwg_media/gbv-impediment-to-RH.pdf.

200 Points

Question—True or False
Women experiencing IPV in Sub-Saharan Africa are 1.5 times more likely to acquire HIV.

Answer:
True. Open wounds (a possible outcome of physical and sexual violence) create a passageway for HIV infection. Additionally, IPV inhibits open and honest conversation, such as conversations about sexuality, safe sex, and condom negotiation.

Source:
WHO. 2013. Violence against women: a "global health problem of epidemic proportions". Press release. Geneva. Accessed at: www.who.int/mediacentre/news/releases/2013/violence_against_women_20130620/en/.

300 Points	400 Points
Question—True or False: Men who are violent toward their female partners are more likely to engage in sexual behaviors that are high-risk for HIV compared with men who are not violent toward their partners. Women whose partner is violent are more likely to report their partner having multiple partners than are women whose partner is not violent. **Answer:** **True**. Surveys have shown that women whose partners are physically and sexually violent are more likely to report their partner having multiple partners than are women whose partner is not violent. Surveys have also shown that women who have experienced physical and sexual violence are more likely to be vulnerable to HIV. *Source:* García-Moreno, C., et al. 2005. *WHO multi-country study on women's health and domestic violence against women: initial results on prevalence, health outcomes and women's responses*. Geneva: World Health Organization (WHO). Accessed at: www.who.int/gender/violence/who_multicountry_study/en/.	**Question—Multiple Choice:** A comparison of Demographic and Health Surveys from 9 countries showed that women who experience intimate partner violence are at what percentage more likely to report an STI than women who did not report experiencing violence? a. 10% b. 25% c. 43% d. 50% **Answer:** **d. 50%** A study of Demographic and Health Surveys from 9 different countries showed that prevalence of STIs among women who experienced violence was at least twice that of women who had never experienced violence. This can be explained by the fact that women in abusive relationships: have less ability to negotiate condom use with their partner; are often forced by their partners to have sex; and have less ability to access counseling and testing. *Source:* Kishor, S., and Johnson, K. 2004. *Profiling domestic violence—a multi-country study*. Calverton, MD: ORC Macro. Accessed at: http://dhsprogram.com/pubs/pdf/od31/od31.pdf.

500 Points

Question—Short Answer:
List three things that a male partner might do to sabotage his female partner's practice of contraception.

Answers:
- Hiding, withholding, or destroying a partner's birth control pills
- Intentionally breaking condoms or removing a condom during sex
- Not withdrawing during intercourse when that was the agreed-upon method of contraception
- Removing contraceptive patches, rings, or intrauterine devices

Source:
Futures Without Violence. 2012. *Addressing intimate partner violence, reproductive and sexual coercion: A guide for obstetric, gynecologic and reproductive health care settings.* San Francisco. Accessed at: www.futureswithoutviolence.org/content/features/detail/1652.

Provider Care and Treatment

100 Points **Question —True or False:** Family planning professionals are no more likely to receive a disclosure of IPV than other health care providers **Answer:** **False.** Health programs—particularly those that provide sexual and reproductive health services—are often among the few institutions that have routine contact with most adult women in developing countries. Reproductive and sexual health providers are thus strategically placed to identify women who experience gender-based violence. Health providers are also well-placed to help women living with violence to become aware of the risks that they face, and survivors sometimes cite this experience as the first step on the road to seeking help. *Source:* Guedes, A. 2004. Addressing gender-based violence from the reproductive health/HIV sector. Washington, DC: Population Technical Assistance Project (POPTECH). Accessed at: www.prb.org/pdf04/addressGendrBasedViolence.pdf.	**200 Points** **Question—Multiple Choice:** Which of the following symptoms can be directly linked to IPV? a. Unexplained chronic gastrointestinal symptoms b. Chronic pain c. Reproductive symptoms, including pelvic pain and sexual dysfunction d. Repeated vaginal bleeding and STIs e. All of the above **Answer:** **e: All of the above** *Source:* Adapted from: Black, M. C. 2011. Intimate partner violence and adverse health consequences: Implications for clinicians. *American Journal of Lifestyle Medicine* 5(5):428–439.
300 Points **Question—True or False:** Health care professionals may inadvertently put women at risk if they are uninformed about IPV or are unprepared to address it. **Answer:** **True.** Health providers who are uninformed about IPV and are not prepared to handle a patient's disclosure of it can put women's safety, well-being, and even their lives at risk. All of the behaviors below can put female clients (who have experienced IPV) at risk: – Expressing negative attitudes to clients about women who are beaten or raped – Discussing a woman's injuries where they can be overheard by an abusive spouse – Breaching confidentially by sharing information about pregnancy, STIs, HIV, or sexual abuse with another family member without the woman's consent – Blaming the victim	**400 Points** **Question—Short Answer:** List at least five negative health outcomes that IPV can lead to among women. **Answer:** Chronic pain, STIs, emotional detachment, low birth weight, depression, anxiety, eating and sleeping disorders, unexplained vaginal bleeding, unintended pregnancy, pelvic inflammatory disease, delayed antenatal care, preterm delivery, sexual dysfunction, alcohol abuse, unprotected sex.

500 Points

Question—Multiple Choice:
Which of the following are things that a family planning provider can do to support a client experiencing IPV?

a. Discuss IPV with the client in a safe and supportive space.
b. Explore the client's family planning options in the context of IPV.
c. Learn about medical, legal, psychosocial, and other services available to survivors
d. Refer the client to other support services
e. All of the above

Answer:
e. All of the above

Pregnancy

100 Points

Question—Multiple Choice:
What percentage of African women experiencing IPV will be victimized during pregnancy, including being punched or kicked in the abdomen?

a. 5–15%
b. 15–20%
c. 20–40%

Answer
c. 20–40%

Source:
World Health Organization (WHO). 2011. *Intimate partner violence during pregnancy. Information sheet.* Geneva. Accessed at: http://whqlibdoc.who.int/hq/2011/WHO_RHR_11.35_eng.pdf.

200 Points

Question—True or False:
Sub-Saharan African women who are exposed to IPV are 50% more likely to experience at least one episode of pregnancy loss compared with women not exposed to abuse**.**

Answer:
True. The most common reason for pregnancy loss is physical trauma. Close behind is women's stress levels associated with the psychological impact of the violence. Higher stress levels caused hypertension and infections during pregnancy.

Source:
Stöckl, H., et al. 2012. Induced abortion, pregnancy loss and intimate partner violence in Tanzania: A population based study**.** *BMC Pregnancy and Childbirth* **12**:12 doi:10.1186/1471-2393-12-12. Accessed at: www.biomedcentral.com/1471-2393/12/12.

300 Points

Question—Multiple Choice:
Women who experience IPV have a _____ % greater chance of having a low birth weight baby?

a. 3% greater chance
b. 5% greater chance
c. 10% greater chance
d. 16% greater chance

Answer:
d. 16% greater chance

Source:
World Health Organization (WHO). 2013. *Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and nonpartner sexual violence.* Geneva. Accessed at: http://apps.who.int/iris/bitstream/10665/85239/1/9789241564625_eng.pdf.

400 Points

Question—True or False:
The incidence of abuse decreases during pregnancy.

Answer:
False. Pregnancy confers no protection. In fact, abuse often begins or escalates during pregnancy. One in six pregnant women are abused during pregnancy, and 17 percent of physical or sexual abuse of women occurs during pregnancy.

Sources: McFarlane, J., Parker, B., Soeken, K., and Bullock, L. 1992. Assessing for abuse during pregnancy. Severity and frequency of injuries and associated entry into prenatal care. *Journal of the American Medical Association* 267(23):3176–3178.

Source:
Helton, A. S., McFarlane, J., and Anderson, E. T. 1987. Battered and pregnant: A prevalence study. *American Journal of Public Health* 77(10):1337–1339.

500 Points
Question—True or False:
There is no direct link between lower rates of breastfeeding and IPV.

Answer:
False. Physical, sexual, and psychological IPV during pregnancy are associated with higher levels of depression, anxiety, and stress, as well as suicide attempts, lack of attachment to the child, and lower rates of breastfeeding.

Sources:
Zeitlin, D., Dhanjal, T., and Colmsee, M. 1999. Maternal-foetal bonding: The impact of domestic violence on the bonding process between a mother and child. *Archives of Women's Mental Health* 2(4):183–189.

Bergman, K. B. A., Sarkar, P. M. D., O'Connor, T. G., et al. 2007. Maternal stress during pregnancy predicts cognitive ability and fearfulness in infancy. *Journal of the American Academy of Child and Adolescent Psychiatry* 46(11):1454–1463.

Memory Test

100 Points **Question—Short Answer:** Name the four forms of violence. **Answer:** 1. Physical violence 2. Sexual violence 3. Psychological/emotional violence 4. Economic violence	**200 Points** **Question—Short Answer** Describe the difference between gender and sex. **Answer:** **Sex** refers to physiological attributes that identify a person as male or female. **Gender** refers to widely shared ideas and expectations concerning women and men. These include ideas about typically feminine/female and masculine/male characteristics and abilities and commonly shared expectations about how women and men should behave in various situations.
300 Points **Question—Short Answer:** List the four types of power. **Answer:** 1. Power OVER 2. Power WITH 3. Power TO 4. Power WITHIN	**400 Points** **Question—Short Answer** Describe the difference between gender equality and gender equity. **Answer:** **Gender equality** means that men and women enjoy the same status. They share the same opportunities for realizing their human rights and potential to contribute to and benefit from all spheres of society (economic, political, social, and cultural). **Gender equity** is the process of being fair to women and men. Gender equity leads to gender equality. For example, an affirmative action policy that promotes increased support to female-owned businesses may be gender-equitable because it leads to ensuring equal rights among women and men.

500 Points

Question—Short Answer
Explain how:

- Norms of masculinity affect SRH outcomes for men
- Norms of femininity affect SRH outcomes for women

Answer:

Masculinity norms contribute to more risk-taking by men (they are more likely to engage in risky sexual behavior, such as having unprotected sex, having multiple partners, etc.) and also less help-seeking behavior (if/when they are unwell, men tend not to seek out medical care, and if they are in trouble and require support, they are less likely to ask for help/support).

Norms of femininity affect women's health outcomes in the sense that messages from society mandating that women respect and be submissive to men mean that women have less negotiating power in intimate relationships and so less capacity to negotiate the terms of sex (where, when, how, if). This leads to women being more at risk for contracting HIV and STIs and more at risk for unplanned pregnancies. One consequence of women attempting to bend these traditional norms (by refusing sex, for example) is violence.

Intimate Partner Violence and Health Outcomes	Family Planning and STIs
Provider Care and Treatment	Pregnancy

Memory Test	100 Points
100 Points	100 Points

100 Points	100 Points
200 Points	200 Points

200 Points	200 Points
200 Points	300 Points

300 Points	300 Points
300 Points	300 Points

400 Points	400 Points
400 Points	400 Points

400 Points	500 Points
500 Points	500 Points

500 Points	500 Points

Want, Don't Want, Want, Don't Want (Day 3)

Objectives

1. To discuss a variety of reasons why individuals choose to have or to not have sex
2. To discuss the challenges and strategies related to negotiating abstinence or sex in intimate relationships

Time

1 hour, 7 minutes

Materials

- Flipchart paper
- Flipchart stand
- Markers
- Participant Handout 7: Why Men and Women Want to Have Sex

Note to Facilitator

During this activity, some men may be asked to role-play women. This is not always easy for men, and it should be presented as optional (one alternative is to involve the men in a debate based on the scenarios presented, rather than in a role play). It is likely that some men will laugh during the role-playing exercise. It is important to understand that some of this laughter might be due to the awkwardness or discomfort that men may feel playing the role of a woman or seeing other men play the woman's role. The facilitator should be sensitive to these responses and, when appropriate, should remind the participants of earlier discussions about gender roles. The facilitator should also encourage the men to reflect on why they might respond in certain ways when they see men taking on traditional female roles or characteristics.

If the facilitator feels that it is more relevant, this activity can be adapted so that the group role-plays the negotiation of condom use in an intimate relationship (as a form of preventing STIs and HIV and/or as a form of birth control). Any remaining time can be used to role-play other issues, including condom use, planning the number of children to have, or how to spend household income.

Advance Preparation

1. Make enough copies of the participant handout for each participant.

TRAINING STEPS

Introduction (1 minute)

1. Open by explaining that the next session will focus more on the influence of gender norms on sexual expression and sexual decision making in intimate relationships.

Explain that an important part of the provider's role should be to encourage healthy, consensual, and respectful relationships between intimate partners. Providers must feel comfortable discussing sexuality with their patients—this requires providers to overcome dominant social norms that make any discussion about sex and sexual pleasure taboo.

Group Work (45 minutes)

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

Group	Topics of Discussion
M1	Reasons why men want to have sex in an intimate relationship
M2	Reasons why men do not want to have sex in an intimate relationship
W1	Reasons why women want to have sex in an intimate relationship
W2	Reasons why women do not want to have sex in an intimate relationship

2. Explain that the groups (or volunteers from each group) will be paired together to negotiate abstinence and sex.
3. Explain that the groups will have 10 minutes to discuss and agree on the reasons/arguments they will use to defend their position during the role play with the opposite group.
4. After 10 minutes, ask for a volunteer from Group M1 (men who want to have sex), and a volunteer from Group W2 (women who do not want to have sex) to come to the front of the room for the first negotiation role play. Remind participants that this first negotiation role play is between a man who wants to have sex and a woman who does not want to have sex. Tell the two volunteers that they will have five minutes for the role play.
5. After five minutes, stop the role play.
6. Next, ask participants to identify the most important arguments (both in favor and against) presented during the role play. As participants call out ideas, write them on a sheet of flipchart paper. Spend no more than 10 minutes on this step.
7. Next, ask for a volunteer from Group M2 (men who do not want to have sex) and a volunteer from group W1 (women who want to have sex) to come to the front of the room for the second negotiation role play. Remind participants that this second negotiation role play is between a woman who wants to have sex and a man who does not want to have sex. Tell the two volunteers that they will have five minutes for the role play.

8. After five minutes, stop the role play.
9. Next, ask participants to identify the most important arguments (both in favor and against) presented during the role play. As participants call out ideas, write them on a sheet of flipchart paper. Spend no more than 10 minutes on this step.

Group Discussion (20 minutes)

1. Facilitate a large-group discussion using the following questions:
   - What have you learned from the exercise?
   - Were the role plays realistic?
   - How are these negotiations similar to what happens in real life?
   - What are the reasons why a woman would want to have sex? To not have sex?
   - What are the reasons why a man would want to have sex? To not have sex?
   - How does a man react if a woman takes the initiative in asking for sex?
   - Can men ever say no to sex? Why or why not?
   - Can women ever say no to sex? Why or why not?
   - Are certain individuals' rights less respected when it comes to sexual decision making, in terms of gender, age, and class? Why do you think this is?

2. Before closing, distribute *Participant Handout 7: Reasons Why Men and Women Have Sex* to each participant.

Closing (1 minute)

1. Close the session by explaining that people make decisions about sexual activity throughout their lives. Many factors go into making the decision to have or to abstain from sex. In the case of women, the fear of losing their partner, societal expectations, or low self-esteem might lead them to agree to have sex even when they do not want to. Among men, the decision to have sex might come from peer or social pressure to prove their manhood. Furthermore, communication styles, emotions, self-esteem, and unequal power relations all play a role. It is important to be conscious of how these factors influence your own and your partner's desires and decisions. It is also important to remember that negotiation does not mean winning at all costs, but seeking the best situation for both parties. All individuals have a right to make their own decisions about sex and decide if and when they want to become sexually active with their partner. Under no circumstances should these rights be denied to an individual or should these decisions about sex be made by others. It is important to note that discussing sex is important, but it is also important to discuss condom use, especially as a form of family planning in an intimate relationship and as a form of STI and HIV prevention.

Acknowledgments

Parts of this session have been adapted from the following curriculum:

- EngenderHealth. 2008. *Engaging boys and men in gender transformation: The group education manual.* New York. Session 2.6.

Participant Handout 7: Reasons Why Men and Women Have Sex

REASONS WHY MEN AND WOMEN HAVE SEX

- ✓ Because of pressure from friends/partner
- ✓ To communicate loving feelings in a relationship
- ✓ To avoid loneliness
- ✓ To prove his/her manhood/womanhood
- ✓ To receive affection or to feel loved
- ✓ To receive pleasure
- ✓ Believing that everyone is doing it
- ✓ To hold onto a partner
- ✓ Not knowing how to say "no"
- ✓ To become pregnant or to become a parent
- ✓ To satisfy curiosity
- ✓ Having nothing better to do
- ✓ To receive money or gifts
- ✓ Because media messages make it seem glamorous
- ✓ Believing that it will cure them of HIV and AIDS

REASONS WHY MEN AND WOMEN DO NOT HAVE SEX

- ✓ Because of religious beliefs or personal/family values
- ✓ To avoid an unplanned pregnancy
- ✓ To avoid STIs and HIV infection
- ✓ To avoid hurting his or her reputation
- ✓ To avoid feeling guilty
- ✓ Because of fear that it will hurt
- ✓ To wait for the right partner
- ✓ Not feeling ready to have sex
- ✓ Wanting to wait for marriage

Sexual and Reproductive Coercion (Day 3)

Objectives
1. To explore the concept of coercion as it applies to sexual and reproductive health
2. To explore the ways in which IPV can affect a female client's ability to use a contraceptive method effectively

Time
1 hour

Materials
- Projector
- Laptop computer
- Facilitator Resource 7: PowerPoint presentation on sexual and reproductive coercion

TRAINING STEPS

Introduction (1 minute)
1. Remind participants of the previous session on power imbalances in SRH decision making.
2. Explain that unequal gender norms for women and men contribute to a power imbalance between women and men that can increase women's vulnerability to violence. State that it is important for them in the course of their work with couples to be mindful of power imbalances, and in particular of the influence such an imbalance may have on the female partner in terms of her capacity to decide on a method and her capacity to use a contraceptive method with effectiveness.

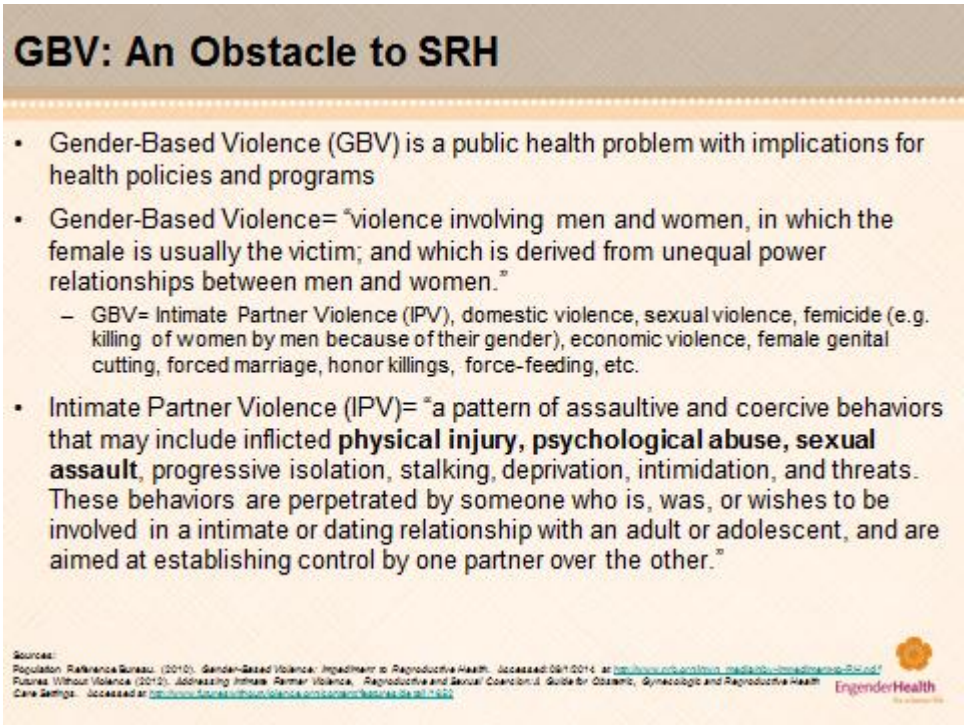
Presentation (59 minutes)
1. Project the PowerPoint and use the talking points included in *Facilitator Resource 7: PowerPoint Presentation on Sexual and Reproductive Coercion*. Present for about 40 minutes.
2. When you are done presenting, allow about 20 minutes for the participants to ask questions and/or make comments.

Acknowledgments
Parts of this session have been adapted from the following documents:
- Population Reference Bureau. 2010. *Gender-based violence: Impediment to reproductive health*. Washington, DC. Accessed August 4, 2014, at www.prb.org/igwg_media/gbv-impediment-to-RH.pdf.

- World Health Organization. 2013. *Global and regional estimates of violence against women: Prevalence and health effects of intimate partner violence and non-partner sexual violence*. Geneva. Accessed August 1, 2014, at http://apps.who.int/iris/bitstream/10665/85239/1/9789241564625_eng.pdf.
- Futures Without Violence. 2012. *Addressing intimate partner violence, reproductive and sexual coercion: A guide for obstetric, gynecologic and reproductive health care settings*. San Francisco. Accessed November 27, 2014, at www.futureswithoutviolence.org/addressing-intimate-partner-violence/.

Facilitator Resource 7: PowerPoint Presentation on Sexual and Reproductive Coercion

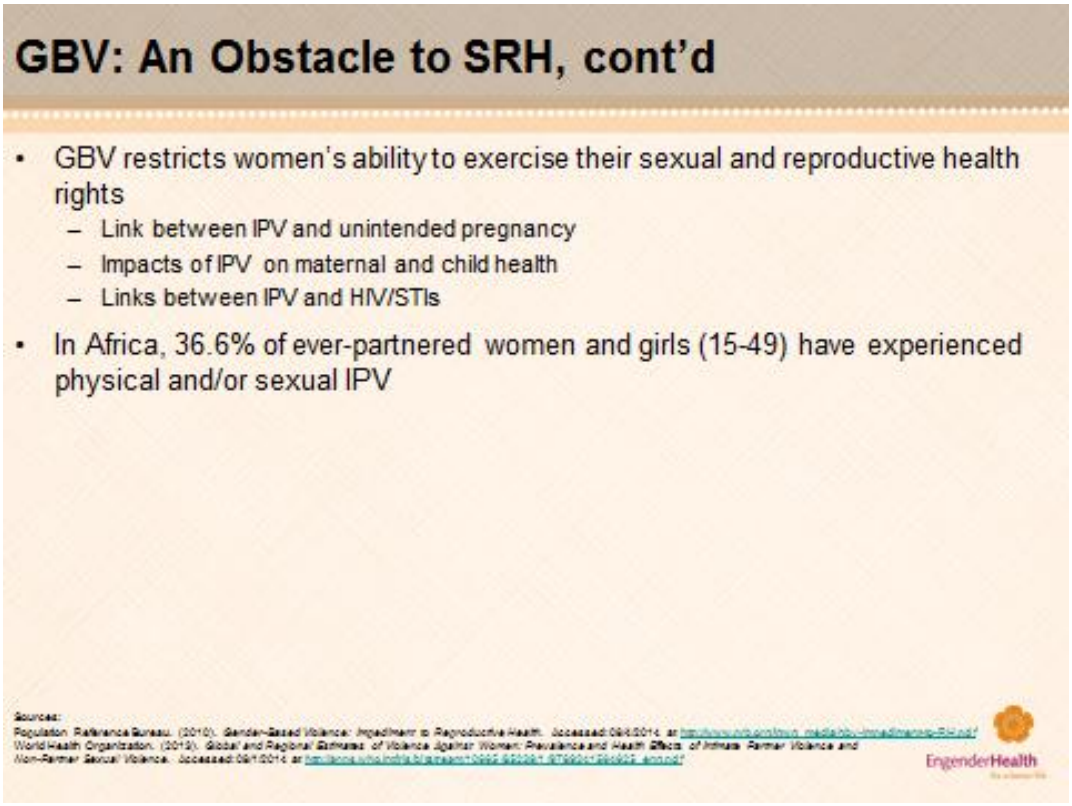
Slide 1



Facilitator Notes:

- According to a 2010 report by the Population Reference Bureau, research completed in the last 10 years indicates that GBV is a "pervasive public health problem that has implications for health policies and programs around the world."
- GBV is generally perpetrated by men against women and girls. GBV occurs in many forms, including (but not limited to) IPV, domestic violence, sexual violence, femicide, female genital cutting, forced marriage, honor killing, force-feeding, etc.
- Abuse during pregnancy has risks for the mother and the unborn child. Violence during pregnancy is linked to low birth weight of babies; and the children of women who suffer from IPV have a greater risk of death before the age of 5.
- Forced and unprotected sex and related trauma increase a woman's risk for STI and HIV infection. Some studies have found STI prevalence among women who have experienced violence to be at least twice as high as in women who have not experienced violence. Male perpetrators of IPV also have higher rates of IPV.

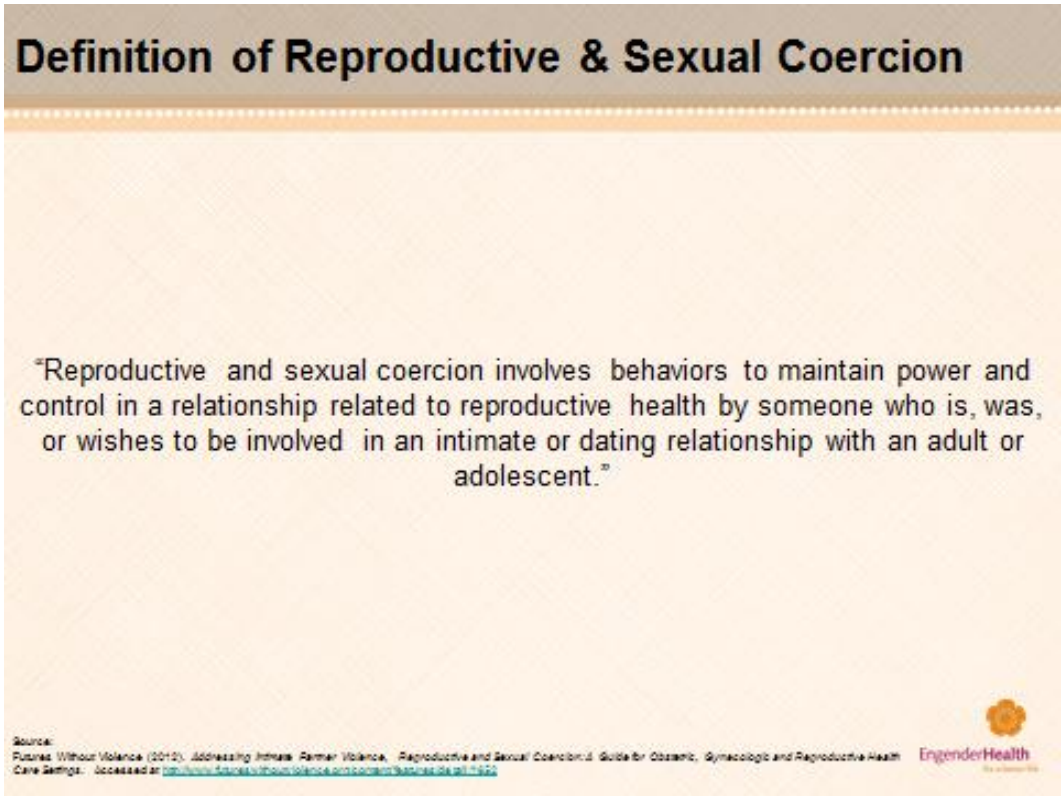
Slide 2



Facilitator Notes:

- Women who experience IPV have difficulty effectively using contraceptive methods. They are more likely to use contraception in secret, be stopped by their partner from using contraception, or have a partner who refuses to use a condom. Women who experience IPV also demonstrate a higher rate of unintended pregnancies, have more unsafe abortions, and are more likely to become pregnant as adolescents.
- Point out that, aside from Côte d'Ivoire and Burkina Faso, there are no data available on GBV prevalence rates for the remaining three countries (e.g., Mauritania, Niger, and Togo) covered by the AgirPF project. According to Côte d'Ivoire's 2011–2012 Demographic and Health Survey (DHS), 36% of women aged 15–49 experienced physical violence in their lifetime. According to Burkina Faso's 2010 DHS, 20% of women aged 15–49 experienced physical violence in their lifetime.

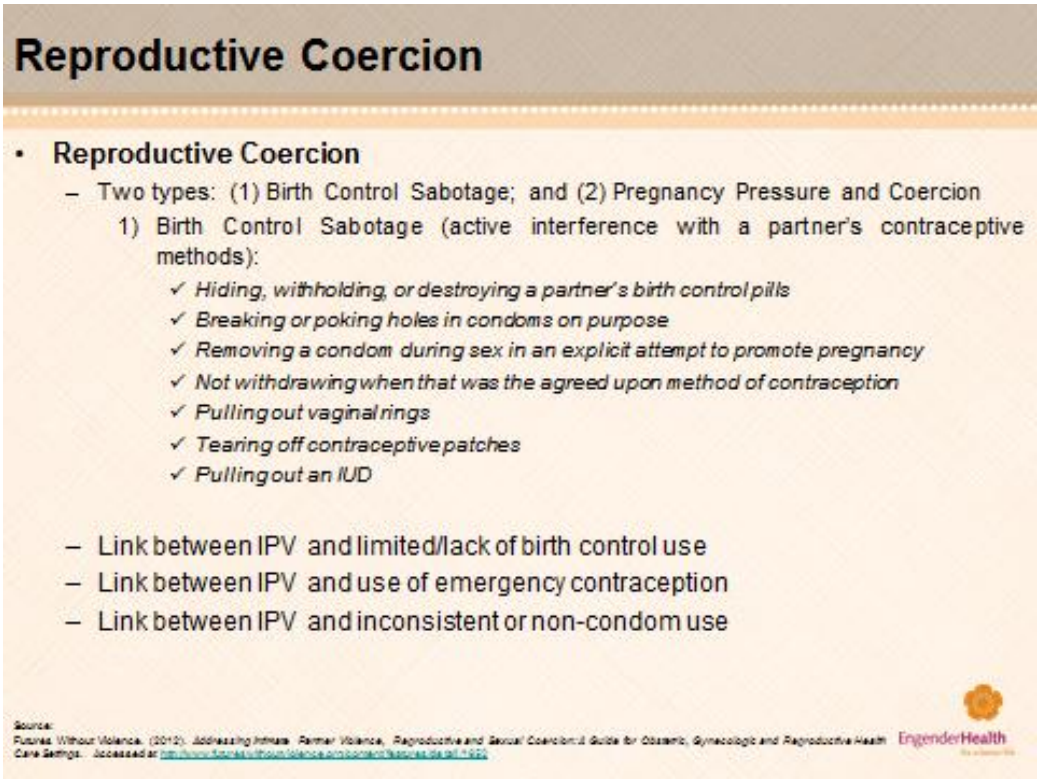
Slide 3



Facilitator Notes:

- Sexual and reproductive coercion are both forms of IPV.
- Most forms of behavior used to maintain power and control in a relationship that impact reproductive health disproportionately affect females.

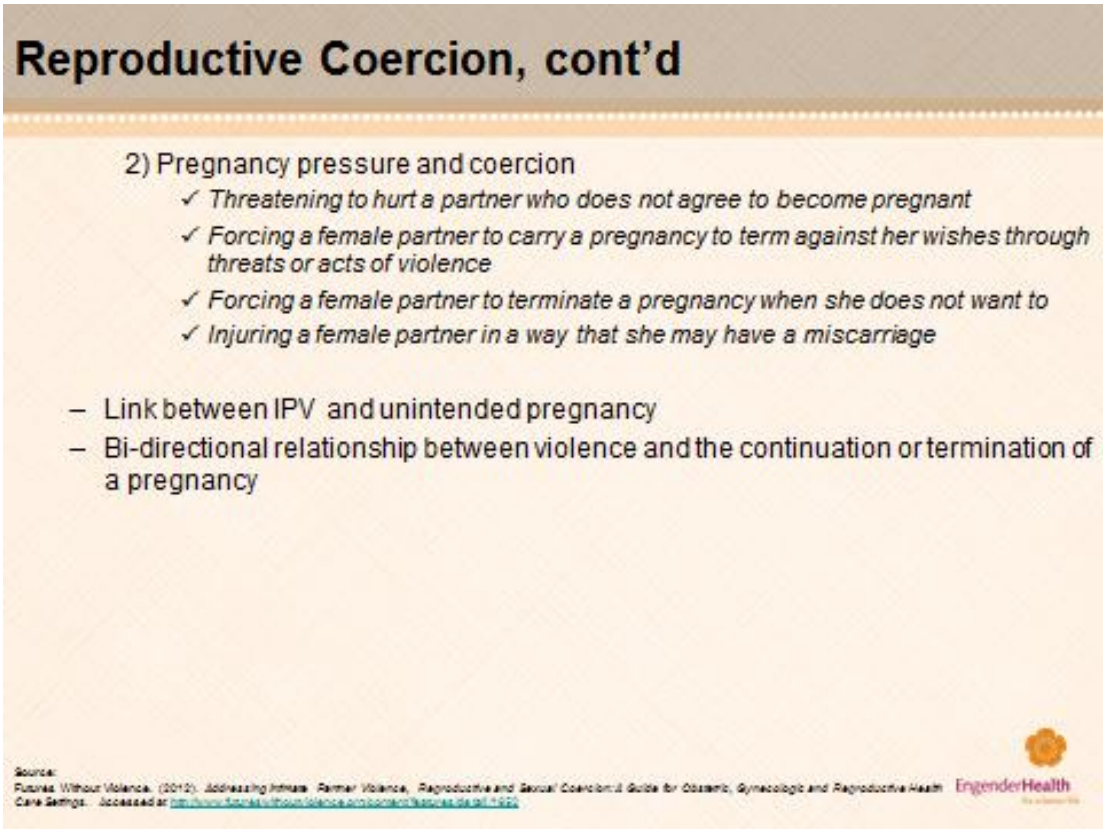
Slide 4



Facilitator Notes:

- Reproductive coercion is related to behaviors that interfere with contraception use and/or pregnancy. Reproductive coercion is limited to heterosexual relationships.
- There are two types of reproductive coercion: birth control sabotage, and pregnancy pressure and coercion.
- Birth control sabotage is actively interfering with a partner's contraceptive methods.
- Women who have experienced IPV are more likely to report a lack of birth control use because of a partner's unwillingness to use birth control or the partner's desire for a pregnancy.
- Abused women are also more likely to have not used birth control due to affordability and are more likely to have used emergency contraception when compared to nonabused women.
- In abusive relationships, partners interfere with women's birth control use as a way to control them.

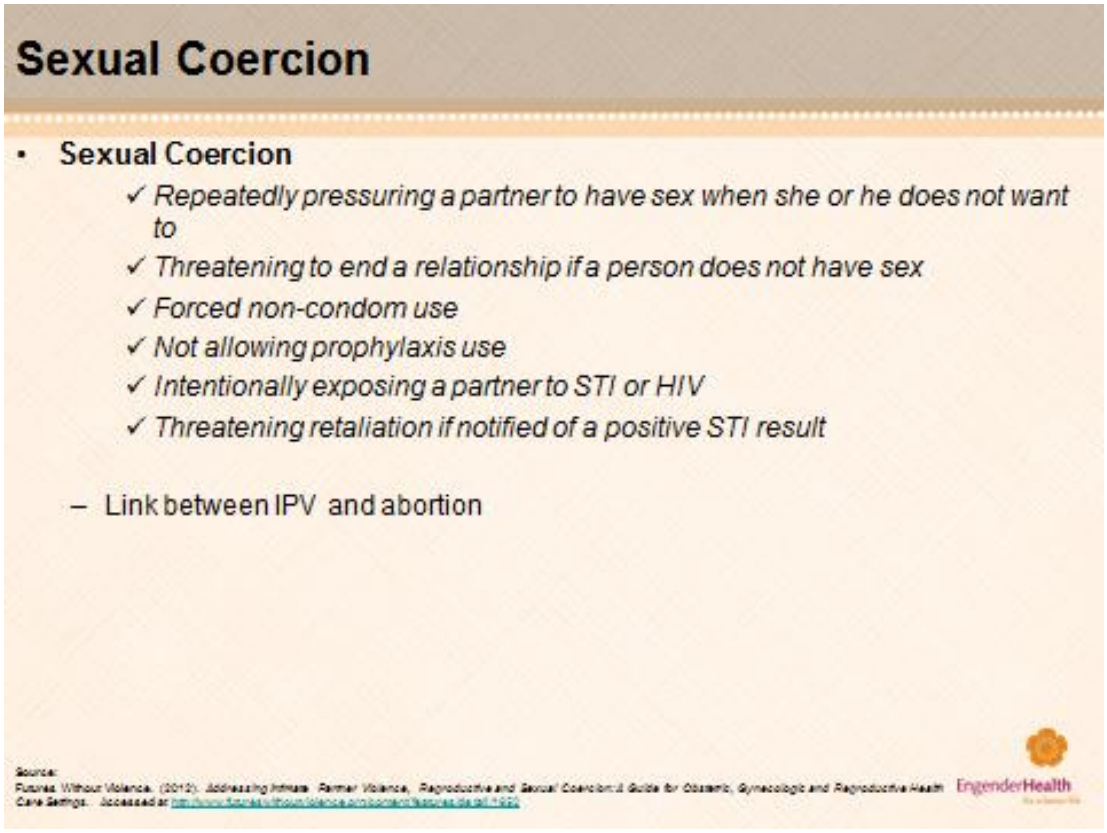
Slide 5



Facilitator Notes:

- Pregnancy pressure involves behaviors that are intended to pressure a female partner into becoming pregnant when she does not wish to.
- Pregnancy coercion involves coercive behaviors such as threats or acts of violence if she does not comply with her partner's wishes, regarding of whether the decision is to terminate or to continue a pregnancy.
- The increased risk of unintended pregnancy faced by women who experience IPV can arise as a result of the male partner's pressuring the female partner to become pregnant.
- Women who are in an abusive relationship and who want to continue their pregnancy may not be allowed by their partner to do so. Similarly, women who are in an abusive relationship and who do not want to terminate their pregnancies may be coerced by the partner into having an abortion.

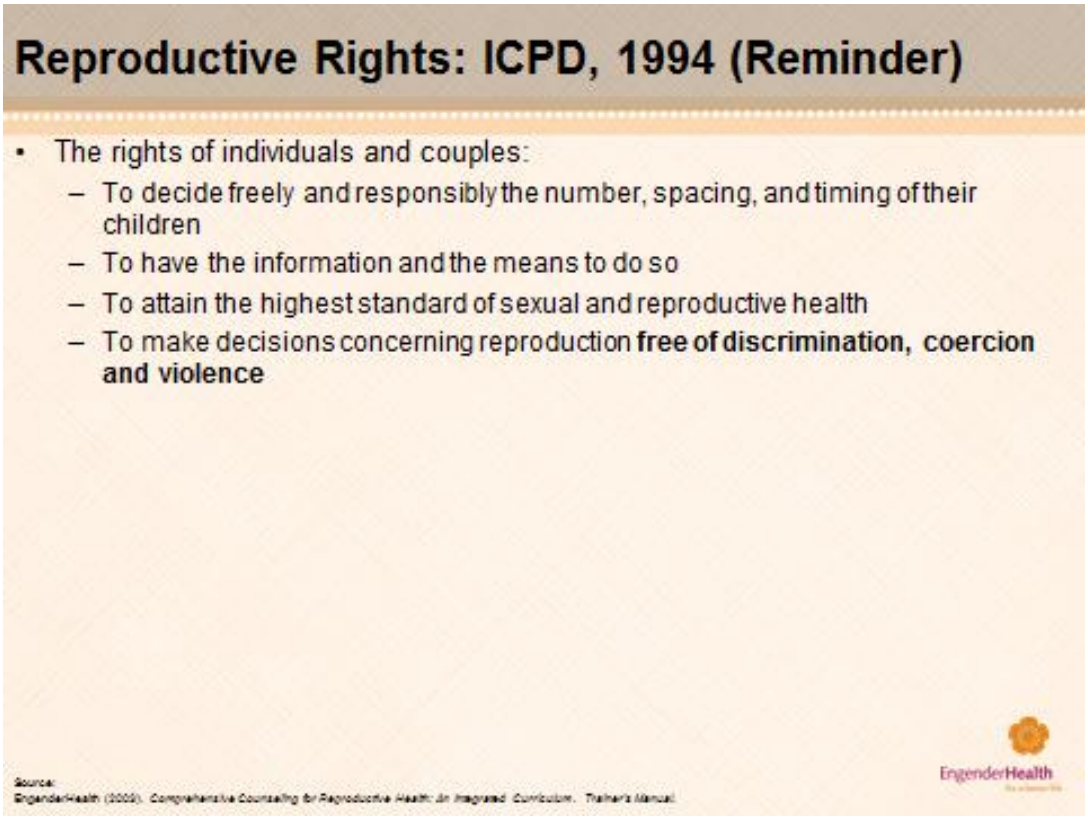
Slide 6



Facilitator Notes:

- Sexual coercion includes a range of behaviors that a partner may use related to sexual decision making to pressure or coerce a person to have sex without using physical force. Sexual coercion may occur in heterosexual or same-sex relationships.
- A significant proportion of women seeking abortions have a history of lifetime or current IPV.
- Reproductive and sexual coercion include behaviors such as forced sex, insistence on unprotected sex, and/or refusal to allow a woman to use birth control; this may result in several unintended pregnancies, followed by multiple coerced abortions.

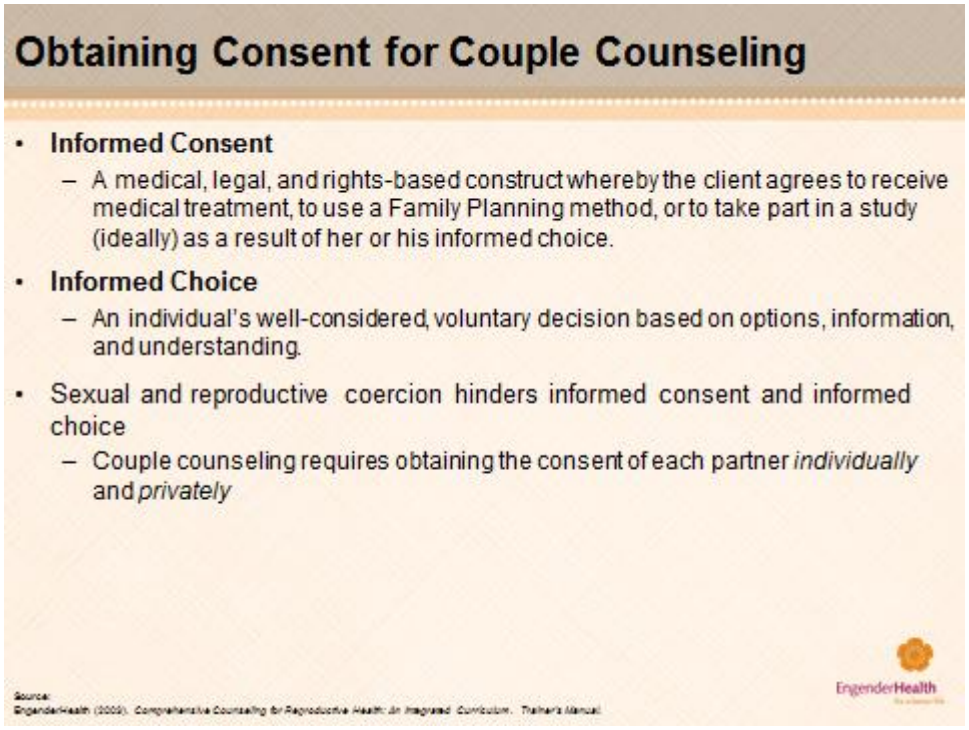
Slide 7



Facilitator Notes:

– Emphasize the last point referring to coercion and violence and move to the next slide.

Slide 8



Facilitator Notes:

- Read the definitions for Informed Consent and Informed Choice.
- Health providers can and should play an important role in preventing IPV and reproductive and sexual coercion by discussion healthy, consensual, and safe relationships with all of their patients. It is especially important to convey such messages during counseling sessions with couples.
- Because there may be power imbalances in some intimate relationships between female and male partners who have come for couples counseling, it is important for the provider to make sure that both partners are willingly participating in a joint counseling session, that both are prepared to receive counseling on various contraceptive methods, and that both are open to ultimately receiving and using a contraceptive method.
- Before proceeding with the couples counseling session, health care providers must obtain the consent of each individual partner to participate in the joint counseling process.
- To obtain consent, providers must meet with each partner individually and confidentially. Obtaining consent in this way can help to ensure that neither partner is being coerced or pressured into participating in the process or adopting a contraceptive method.

Closing Circle (Day 3)

Objective

1. To share main takeaways from the day

Time

15 minutes

TRAINING STEPS

1. Thank the participants for their active engagement in the day's sessions. Explain that you will end the day with a closing circle.
2. Ask participants to stand and form a circle. Explain that you will go around the circle and ask for each participant to share one important thing that they learned or that they realized during the day.
3. After you have gone around the circle, thank everyone once more and remind participants of the start time on Day 4.

DAY 4

Recap of Day 3 (Day 4)

Objective

1. To review the main information communicated during Day 3

Time

20 minutes

Materials

- Participant Handout 2: Workshop Agenda and Objectives

TRAINING STEPS

1. Start by welcoming everyone back to the workshop. Next, explain that you would like to begin the day by recalling the main information shared the previous day.
2. Ask for some volunteers to briefly recount for the rest of the group the information communicated during Day 3. Spend no more than 10 minutes on the recap.
3. Next, review the day's agenda and address any questions or concerns from participants.

Understanding Sexuality (Day 4)

Objectives

1. To learn about a comprehensive and holistic framework for sexuality
2. To explore how gender and sexuality intersect
3. To learn about sexual rights

Time

2 hours

Materials

- Flipchart paper
- Two flipchart stands
- Masking tape
- Slips of paper
- Multicolored markers
- Participant Handout 8: Circles of Sexuality
- Participant Handout 9: Definitions of Circles of Sexuality
- Participant Handout 10: Sexuality Continuum
- Participant Handout 11: Questions about Homosexuality
- Participant Handout 12: WHO Working Definition of Sexual Rights
- Facilitator Resource 8: Circles of Sexuality

Advance Preparation

1. Refer to *Facilitator Resource 8: Circles of Sexuality* and reproduce the five circles (as shown) on a blank sheet of flipchart paper.
2. Make enough copies of the participant handouts for each participant.
3. Set up the two flipchart stands a few feet apart at the front of the room, and load them with blank flipchart paper.

TRAINING STEPS

Introduction (3 minutes)

1. Explain that this session will focus on sexuality. Sexuality is an important part of human life and of intimate relationships between women and men. The messages that were communicated to us while we were growing up—and now as adults—have an important influence on how women and men view and experience sexuality.
2. Explain that you want to go back and reinforce the group norms that were identified at the start of the workshop—namely, maintaining confidentiality; suspending judgment; and respecting the feelings and opinions of others. Explain that some

people do not feel comfortable talking about sexuality in a group setting, for a variety of reasons: They might worry that they will sound ignorant, that they will be judged, or that people will gossip about them later.

3. Acknowledge that it can be hard to talk openly about sex, and thus a person can choose to pass if something being discussed makes him/her feel uncomfortable.

Exploring Sexuality (1 hour, 5 minutes)

1. Ask participants if they have ever heard the word "sexuality." For those who acknowledge that they have, ask them what they think it means. After participants have shared some ideas, explain that they will spend some time exploring the idea further during this session. Spend no more than two minutes on this step.
2. Ask for two volunteers to come to the front of the room to write down ideas from the group.
3. Explain to the group that they will spend some time brainstorming all of the words that they think are associated with sexuality. Ask participants to call out words and have each of the volunteers write the words on their respective flipchart sheets. (Both lists should be identical.) Spend no more than five minutes in creating the list. Examples of words that participants may mention are listed below:

Kissing	Hugging	Contraception	Body image
Massage	Sexual harassment	Need to be touched	Caressing
Caring	Loving/liking	Pornography	Impotence
Infertility	Abortion	Sperm	Bisexual
HIV	Date aggression	Self-esteem	Anal sex
Touching	Masturbation	Orgasm	Communication
Fantasy	Passion	Sexual attraction	Emotional vulnerability
Sharing	STIs	Withdrawal method	Flirtation
Child spacing	Ovaries	Getting pregnant	Incest
Rape	Female genital cutting	Lesbian, gay	Unwanted pregnancy

4. After five minutes, lead a five-minute discussion with participants using the following questions
   - What do you think of the lists?
   - Do some words seem to apply more to women or more to men?
5. Next, draw participants' attention to the prepared flipchart illustrating the five circles of sexuality. Explain that words related to human sexuality can fit in one or more of these circles. Use the definitions below to explain each circle, and provide quick examples of sexuality concepts, thoughts, or behaviors that would fit into each circle. Spend no more than 10 minutes explaining the circles of sexuality (steps 6–10).

6. Start with the **Sensuality Circle**. Explain that sensuality is about how our bodies derive pleasure. Sensuality involves our five senses: touch, sight, hearing, smell, and taste. Any or all of these senses can be part of the sexual pleasure we experience, because they enable us to enjoy and respond to sexual pleasure. Sensuality is how our bodies give and receive pleasure.
    - Examples of sensuality may include: giving or receiving a massage; deriving pleasure from seeing your partner's naked body; kissing; or expressing sexual desire/pleasure with words or sounds.
7. Move to the **Intimacy/Relationships Circle**. Explain that intimacy is the part of sexuality that deals with relationships; it has to do with our ability to love, trust, and care for others. How we communicate with and feel about our partner is part of intimacy.
    - Examples of intimacy may include: being able to openly communicate your sexual desires to your partner; being able to share your feelings together; or being able to confide in one another.
8. Move to the **Sexual Health Circle**. Explain that sexual health involves our behaviors and attitudes related to having children, having and enjoying sex, and maintaining the physical health of our sexual and reproductive organs.
    - Examples may include: practicing safe sex to avoid contracting HIV and other STIs; seeking medical attention when you suspect that you have a genital infection; getting tested regularly for HIV; maintaining good personal hygiene; being able to plan your family size with your partner; and being able to experience sexual pleasure with your partner.
9. When you get to the **Sexual Identity Circle,** tell the group that you will discuss this circle at the end of this session.
10. Move to the **Sexuality to Control Others Circle**. Unfortunately, many people use sexuality to violate someone else or to get something from another person. Sexuality to control others means using sex or sexuality to influence, manipulate, or control other people (e.g., seduction, flirtation, harassment, sexual abuse, or rape). It is removed from the other circles because it is a negative aspect of sexuality.
11. Once the definitions of the circles have been covered, divide participants into three groups.
12. Once the groups have been created, assign one of the following three sexuality circles to each group:
    - Group 1: Sensuality circle
    - Group 2: Intimacy/relationships circle
    - Group 3: Sexual health circle
13. Since you have three groups, take a few minutes to quickly copy the words from the two flipcharts onto a third flipchart page, so that the third group also has a copy of the list to work with.

14. Give each group a sheet of flipchart paper and the list with the words recorded during the first step.
15. Tell participants to identify a work space, and explain that they will spend 10 minutes thinking with their group members about how the words that the large group brainstormed to describe sexuality fit into the circle their group has been assigned. The group will draw a circle on the flipchart paper and title the circle. As the group identifies words from the large-group brainstorm that they believe apply to their circle, they will write them inside the circle. Explain that the group will look at the sexual identity circle separately in the next activity.
16. Explain that each group will be assigned a specific colored marker as well as a black marker.
17. Once the groups are ready to begin, go around to each group and give each a black marker and a different colored marker that will be unique to a specific group (e.g., Group 1 receives a black marker plus a red marker; Group 2 receives a black marker plus a blue marker; Group 3 receives a black marker plus a green marker).
18. Ask each group to use the black marker to include the words from the brainstorm flipchart. After they use up all of the words on the brainstorm flipchart, ask them to use their group's unique colored marker to include other words that would fit into their circle but that were not mentioned during the brainstorm.
19. Explain that after 10 minutes, the groups will be directed toward another group's flipchart, and they will have five minutes to add ideas to that group's circle of sexuality, using their unique colored marker. After five minutes, they will be directed to yet another group's flipchart, and they will again have five minutes to add ideas to that group's circle, using their unique colored marker. Tell participants that when they visit another group's circle, in addition to adding words, they may also cross out words that they believe do not belong in that particular circle.
20. In the end, the group with the most words added to all three flipcharts will win. Every word added counts as one point. A word correctly crossed out counts as one point for the team that crossed it out, but if they cross out a word wrongly, then they lose two points. Spend no more than 10 minutes on steps 11–19.
21. Allow the groups 10 minutes to work with their team members on their assigned circle. After 10 minutes, ask: Group 1 to move to move to the flipchart of Group 2; Group 2 to move to the flipchart of Group 3; and Group 3 to move the flipchart of Group 1. Explain to the groups that they will have 5 minutes to add ideas to that group's circle of sexuality using their unique colored marker. Remind participants that when they visit another group's circle, in addition to adding words, they may also cross out words they believe do not belong in that particular circle. Emphasize, however, that if they cross out a word incorrectly, they will lose two points.
22. After 5 minutes, stop the groups and ask: Group 1 to move to the flipchart of Group 3; Group 2 to move to the flipchart of Group 1; and Group 3 to move to the flipchart

of Group 2. Explain to the groups that they will have 5 minutes to add ideas to that group's circle of sexuality using their unique colored marker. Remind participants that when they visit another group's circle, in addition to adding words, they may also cross out words they believe do not belong in that particular circle. Emphasize, however, that if they cross out a word incorrectly, they will lose two points.

23. After 5 minutes, stop the participants and ask for volunteers to post all of the group flipcharts side by side on a wall in the room. Bring everyone back to the large circle and review each flipchart with the group to see if they agree with the words that are there; then, total up the number of points per team. Spend no more than five minutes on this step.
24. Once you have tallied the scores and announced a winning group, lead a 10-minute group discussion using the following questions:
    - Were there any circles that you never before thought of as sexual? Explain.
    - Do we tend to focus on some circles more than others in our programming?
    - Are all of the circles important to your work? Are some more or less important? Explain.
    - Which circles do you think carry the heaviest silence and are hardest to talk about? Why is that?
    - Are the challenges of talking about sexuality different for men and women? Why?

    Before moving on to the next section, distribute Participant Handout 8: Circles of Sexuality and Participant Handout 9: Definitions of Circles of Sexuality to each participant.

Sexual Identity (30 minutes)

Note to Facilitator
The topic of sexual identity includes the concepts of sexual orientation and gender identity, both of which can be extremely sensitive topics. It is important that the facilitator be accepting and comfortable with the topic. It might be helpful to first identify common myths and misunderstandings about sexual orientation that can be addressed and integrated into the discussion. Prior to the session, the facilitator should research local laws and movements that promote the rights of gay individuals and couples, as well as such resources as web sites related to sexual orientation and local organizations supporting their rights. S/he should then share this information with the participants.

1. Begin by asking the group to define what they think sexual identity means (the circle we did not define). Take a few definitions.

2. Explain that to help define the concept, we will now look at the different aspects that make up each of our sexual identities.
3. Toward the top of a sheet of flipchart paper, draw a horizontal line and title it "Biological Sex." Label one end of the line "male," the other end "female," and place "intersex" in the middle. Explain that the most obvious distinction is a person's biological sex. Most children are born male or female. But some people are born with full or partial genitalia of both sexes, or with underdeveloped genitalia, or with unusual hormone combinations. We say these people are "intersex," which challenges the assumption that there are only two biological sexes. Explain that intersexed people are often assigned a sex by their parents and provider at birth and may go through surgical procedures. This is a debated issue, in that many think we should allow those children to grow up and select their sex (or not) themselves. Also, explain that people can use surgery and hormonal injections to change their biological sex. Therefore, a person could move from one end of the continuum to another in their lifetime.
4. On the same sheet of flipchart paper (beneath the Biological Sex line), draw another horizontal line and title it "Gender Roles." Label one end "Masculine" and the other end "Feminine." Explain that gender roles are societal expectations of how men and women should act. Explain that a person's gender roles can also move across the continuum over time or can change in a given situation.
5. On the same sheet of flipchart paper (beneath the Gender Roles line), draw a horizontal line and title it "Gender Identity," with one end labeled "Male" and the other "Female." "Transgender" should be in the center. Explain that a person's gender identity is not always the same as his/her biological sex. When a person feels that his/her personality or inner self is different from his/her biological sex, we say that the person is "transgender," though that can actually mean many different things. A transgender person may decide to wear clothing of another gender, decide to change his or her biological sex (called "gender reassignment surgery"), or do neither. You can mention that these examples give a general idea but do not explain all gender identity. There are many places along the continuum, and some that may not be exactly on the continuum. For example, Native Americans include people known as "two spirit," who actually identify with both male and female genders and therefore would not be exactly in between either point.
6. Explain that another aspect of our sexual identity is our sexual orientation. Sexual orientation refers to the sex we are attracted to sexually and romantically. We can be attracted to the same sex (homosexual), the opposite sex (heterosexual), or both sexes (bisexual).
7. On the same sheet of flipchart paper (beneath the Gender Identity line), draw a horizontal line and title it "Sexual Orientation." Label one end of the line "Homosexual" and the opposite end "Heterosexual." Between them, write

"Bisexual" (see *Participant Handout 10: Sexuality Continuum*). Explain that sexual orientation can be seen as a continuum, from homosexuality to heterosexuality, and that most individuals' sexual orientation falls somewhere along this continuum. While individuals say that they cannot change their sexual orientation at will, sexual orientation might change across a person's lifetime. So an individual's orientation can move along the continuum as time passes. Most people, however, do not change much in their life. Keep in mind that, as with the other line, there may be points that are not exactly on the continuum. For example, someone may be asexual—in other words, not attracted sexually to anyone at all. And many people may be bisexual to various degrees (in terms of their attraction to either sex).

8. State that another distinction to make is that a person's sexual behavior does not always indicate his or her self-identified sexual orientation. To make this point, draw a fifth line below the Sexual Orientation line and title it "Sexual Behavior." Label one end of the line "Sex with Men" and the other "Sex with Women." Explain that this is where more neutral terms such as MSM ("men who have sex with men") or WSW ("women who have sex with women") come from, in that they define sexual acts but do not take into account identity specifically. Explain how the aspects of sexual identity do not follow any set pattern, pointing to the different points of the flipchart. Explain that a person's sexual orientation is often confused with gender roles. Often, when a man acts in a feminine manner, he is assumed to be homosexual, but this may not be true, because gender roles and sexual orientation are different. For example, a man may appear to be very "macho" but may still be attracted to other men, while another man may appear effeminate and yet be heterosexual. Also, gender identity is not directly related to sexual orientation. A person born biologically male may identify as female (in other words, may feel that he should not be biologically male) but may not be attracted to the same biological sex he was born with.
9. Explain that not all individuals who have had one or more sexual experiences with members of their own sex define themselves as homosexual or are considered homosexual by society. For example, some adolescent boys who experiment sexually with other boys (such as by masturbating in a group), and some men who have sex with other men in isolated settings, such as in prisons, do not consider themselves to be homosexual and are not considered to be so by others. In addition, individuals who engage in same-sex sexual activity might not be exclusively attracted to members of their own sex and might not wish to engage in sex only with members of their own sex. Indeed, some married persons engage in same-sex sexual activity outside of marriage and still consider themselves to be heterosexual. People who have sex with both men and women might consider themselves to be bisexual, homosexual, or heterosexual. All of this is of course also influenced by social perceptions and by differing levels of stigma around nonheterosexuality. In some

places, openly assuming a nonheterosexual identity can be difficult and to some extent dangerous.

10. Lastly, explain that though these terms help to get an understanding of sexual identity, it is important not to define people or label people based on our assumptions. As we noticed, people may engage in diverse sexual behaviors and may have various types of identities. Also, as we saw, our assumptions about gender roles or identity are not often true. The decision of whether to take up an identity or share it with others should really up to the individual. What we can do, though, is not assume that everyone is heterosexual and be open to whatever identity someone happens to have.

Questions and Answers on Sexual Orientation (20 minutes)

1. Explain that since we have had a basic introduction to issues of sexual identity, we will open up the session for participants' questions. Pass out slips of paper and ask the group to write down any questions that they may have about sexual orientation. Tell them that they should not put their name on the questions.
2. Collect the questions, read them, and either answer them yourself or ask the group to answer them. Refer to *Participant Handout 11: Questions about Homosexuality* for a list of questions you can ask, in case the group does not come up with their own. Suggested answers are included as well.
3. After 15 minutes of discussion, distribute *Participant Handout 12: World Health Organization Working Definition for Sexual Rights* and spend five minutes discussing participants' reactions to the definition, in light of the information communicated about sexuality and sexual identity.
4. Before closing the session, distribute *Participant Handout 10: Sexuality Continuum* and *Participant Handout 11: Questions about Homosexuality*.

Note to Facilitator

During the question-and-answer session, emphasize that everyone has a sexual orientation—that is, you are romantically and sexually attracted either to men, to women, to both, or to neither. Although we do not know precisely what determines a person's sexual orientation, we do know that it is formed early in life, is not chosen by the person, although some may hide it because of social taboos and homophobia. Social taboos and homophobia can put gays and lesbians at particular risk for violence, discrimination, depression, and self-destructive behaviors, like drug and alcohol abuse or suicide. Also, stigma and fear can make it difficult for gays and lesbians to access sexual health information and services, putting them at greater risk for HIV and AIDS. It is important to work to dispel myths and promote respect for the rights of women and men to express their sexual orientation, free from discrimination.

Closing (2 minutes)

1. End the session by emphasizing that sexuality encompasses more than just sexual intercourse. Individuals' sexual and reproductive health is largely influenced by their social and cultural environment. People make decisions about sexual activity throughout their lives. Many factors go into making the decision to have or abstain from sex. In the case of women, the fear of losing their partner, societal expectations, or low self-esteem might lead them to agree to sex. Among men, the decision to have sex might come from peer or social pressure to prove their manhood. Furthermore, communication styles, emotions, self-esteem, and unequal power relations all play a role. All individuals have a right to make their own decisions about sex, decide if and when they want to become sexually active with their partner, and decide if and how many children they want to have. Under no circumstances should these rights be denied to an individual or should these decisions about sex be made by others.

Acknowledgments

Parts of this session have been adapted from the following curriculum:

- EngenderHealth. 2008. *Engaging boys and men in gender transformation: The group education manual.* New York. Sessions 2.1 and 2.8.

Participant Handout 8: Circles of Sexuality

Participant Handout 9: Definitions of Circles of Sexuality

Sensuality

Sensuality is how our bodies derive pleasure. It is the aspect of our body that deals with the five senses: touch, sight, hearing, smell, and taste. Any of these senses, when enjoyed, can be sensual. Think of how a person might enjoy each of the five senses in a sensual manner. The sexual response cycle is also part of our sensuality because it is the mechanism that enables us to enjoy and respond to sexual pleasure.

Our body image is part of our sensuality. Whether we feel attractive and proud of our bodies influences many aspects of our lives.

Our need to be touched and held by others in loving and caring ways is called *skin hunger.* Adolescents typically receive less touch from family members than do young children. Therefore, many teens satisfy their skin hunger through close physical contact with a peer. Sexual intercourse may result from a teen's need to be held, rather than from sexual desire. Fantasy is part of sensuality. Our brain gives us the capacity to fantasize about sexual behaviors and experiences, without having to act upon them.

Intimacy/Relationships

Intimacy is the part of sexuality that deals with relationships. Our ability to love, trust, and care for others is based on our levels of intimacy. We learn about intimacy from relationships around us, particularly those within our families.

Emotional risk taking is part of intimacy. To experience true intimacy with others, a person must open up and share feelings and personal information. We take a risk when we do this, but intimacy is not possible otherwise.

Sexual Identity

Every individual has his or her own personal sexual identity. This can be divided into five main elements:

- *Biological sex* is based on our physical status of being either male or female.
- *Gender identity* is how we feel about being male or female. Gender identity starts to form at around age 2, when a little boy or girl realizes that he or she is different from the opposite sex. If a person feels like he or she identifies with the opposite biological sex, he or she often considers himself or herself transgender. In the most extreme cases, a transgender person will have an operation to change his or her biological sex (often called gender "reassignment" surgery), so that it can correspond to his or her gender identity.

- *Gender roles* are society's expectations of us based on our biological sex. Think about what behaviors we expect of men and what behaviors we expect of women. These expectations are gender roles.
- *Sexual orientation* refers to the biological sex to which we are attracted romantically. Our orientation can be heterosexual (attracted to the opposite sex), bisexual (attracted to both sexes), or homosexual (attracted to the same sex). People often confuse sexual orientation and gender roles. For example, if a man acts feminine or a woman acts masculine, people often assume that these individuals are homosexual. Actually, they are expressing different gender roles. Their masculine or feminine behavior has nothing to do with their sexual orientation. A gay man may be feminine, masculine, or neither. The same applies to heterosexual men. Also, a person may engage in same-sex behavior and not consider himself or herself to be homosexual. For example, men in prison may have sex with other men but may consider themselves to be heterosexual.
- *Sexual behavior* refers to sexual practices that we engage in consensually. A person's sexual behavior does not always indicate her or his sexual orientation. For example, not all individuals who have had one or more sexual experiences with members of their own sex define themselves as homosexual or are considered homosexual by society. Some adolescent boys who experiment sexually with other boys (for example, by masturbating in a group) and some men who have sex with other men in isolated settings, such as prisons, do not consider themselves, and are not considered by others, to be homosexual. This is why more neutral terms, such as women who have sex with women (WSW) and men who have sex with men (MSM) are often used, because these terms refer to sexual behaviors without specifying a particular sexual identity.

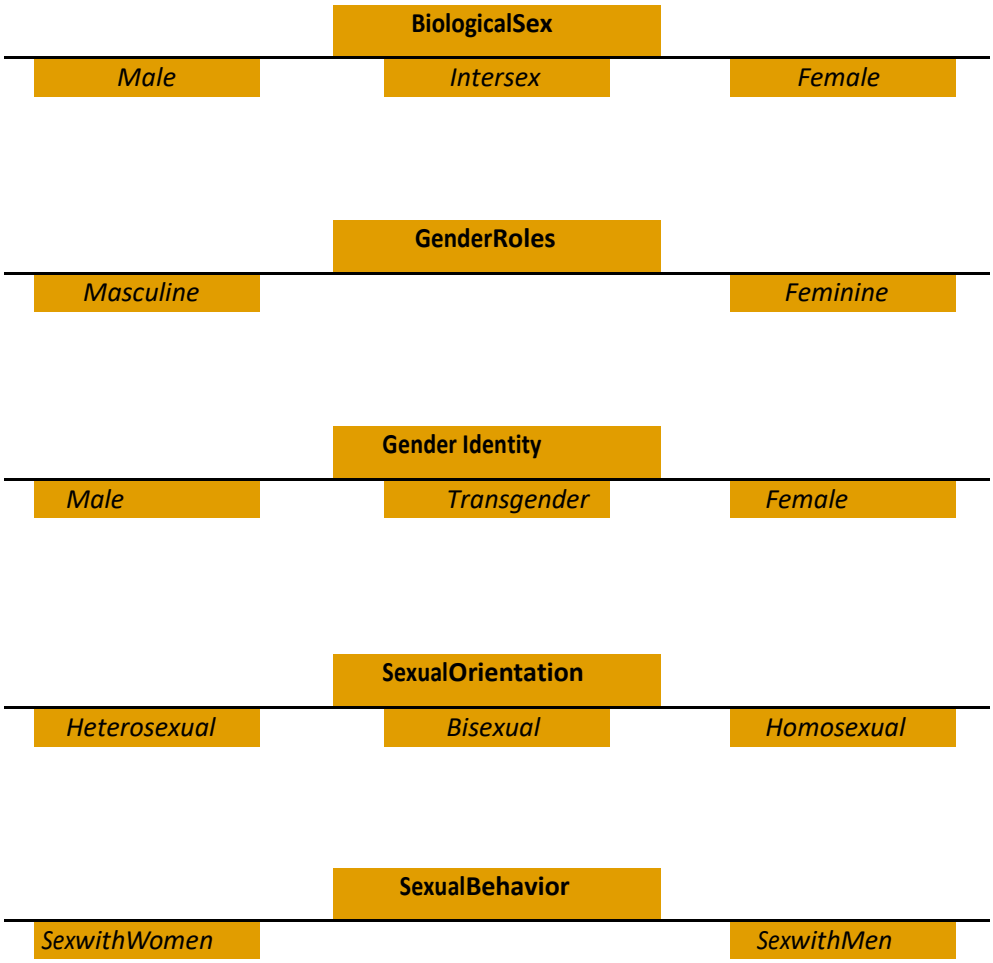
Sexual Health

Sexual health involves our behavior related to producing children, enjoying sexual activities, and maintaining our sexual and reproductive organs. Issues like sexual intercourse, pregnancy, and sexually transmitted infections are part of our sexual health.

Sexuality to Control Others

This circle is a negative aspect of sexuality and can inhibit an individual from living a sexually healthy life. This element is not a healthy one. Unfortunately, many people use sexuality to violate someone else or get something from another person. Rape is a clear example of sex being used to control somebody else. Sexual abuse and forced prostitution are others. Even advertising often sends messages of sex to get people to buy products.

Participant Handout 10: Sexuality Continuum Diagram



Participant Handout 11: Questions about Homosexuality and Sexual Orientation

What causes a person to have a particular sexual orientation?

How a person's sexual orientation develops is not well understood by scientists. Various theories have proposed differing sources for sexual orientation, including genetic or inborn hormonal factors and life experiences during early childhood. However, many scientists share the view that sexual orientation is shaped for most people at an early age, through complex interactions of biological, psychological, and social factors.

Is sexual orientation a choice?

No, human beings cannot choose to be either gay or straight. Sexual orientation emerges for most people in early adolescence, without any prior sexual experience. Although we can choose whether to act on our feelings, psychologists do not consider sexual orientation to be a conscious choice that can be voluntarily changed. Homosexuals and bisexuals might want to live an honest life in the open, but because of social stigma, many choose to "live in the closet," hiding their true feelings.

Is homosexuality a mental illness or emotional problem?

No. Psychologists, psychiatrists, and other mental health professionals agree that homosexuality is not an illness, mental disorder, or emotional problem. Scientific research has shown that people who have sex with members of their own gender are as emotionally healthy as those who have sex exclusively with members of the opposite sex.

Can lesbians, gay men, and bisexuals be good parents?

Yes. Studies comparing groups of children raised by homosexual and by heterosexual parents find no developmental differences between the two groups of children in four critical areas: intelligence, psychological adjustment, social adjustment, and popularity with friends. It is also important to realize that children of homosexual parents are no more likely to become gay than are children of heterosexual parents.

Do gay men hurt children?

There is no evidence to suggest that homosexuals are more likely than heterosexuals to molest children.

Why do we need to talk about this stuff?

Educating all people about sexual orientation and homosexuality is likely to diminish antigay prejudice. Accurate information about homosexuality is especially important to young people, who are first discovering and seeking to understand their sexuality—whether homosexual, bisexual, or heterosexual. Fears that access to such information will make more people gay have no validity—information about homosexuality does not make someone gay or straight.

Participant Handout 12: World Health Organization Working Definition of Sexual Rights

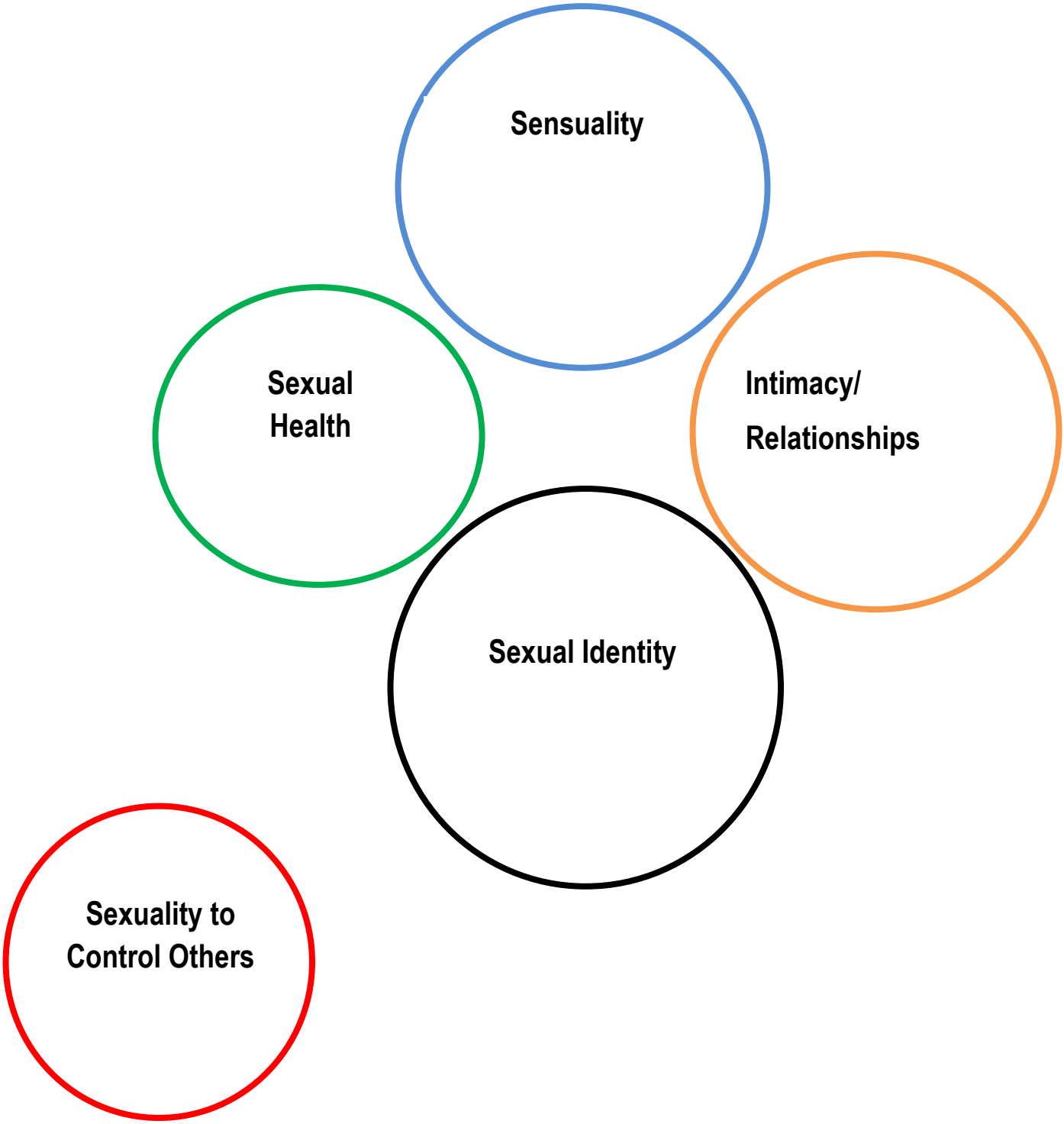
Sexual rights embrace human rights that are already recognized in national laws, international human rights documents, and other consensus statements. They include the right of all persons, free of coercion, discrimination and violence, to:

- Equality and nondiscrimination
- Be free from torture or cruel, inhumane, or degrading treatment or punishment
- Privacy
- The highest attainable standard of health (including sexual health) and social security
- Marry and found a family and enter into marriage with the free and full consent of the intending spouses, and to equality in and at the dissolution of marriage
- Decide the number and spacing of one's children
- Information, as well as education
- Freedom of opinion and expression
- An effective remedy for violations of fundamental rights

The responsible exercise of human rights requires that all persons respect the rights of others.

Source:
WHO draft working definition,
www.who.int/reproductivehealth/topics/sexual_health/sh_definitions/en/index.html

Facilitator Resource 8: Circles of Sexuality



Step in, Step out (Day 4)

Objective

1. To identify how gender and sexual norms shape sexuality and power for different groups

Time

1 hour

Materials

- Participant Handout 13: Character Descriptions
- Facilitator Resource 9: Questions

Advance Preparation

1. Print *Participant Handout 13: Character Descriptions* and cut out each individual character description.

TRAINING STEPS

Introduction (1 minute)

1. Tell participants that they are going to continue reflecting on the links between social norms and sexual expression and identity. Explain that the next session will contribute to their understanding of how a person's social position influences her/his capacity to exercise her/his sexual and reproductive rights which could ultimately negatively impact on her/his sexual and reproductive health.

Gender and Sexuality (45 minutes)

1. Create seven small groups. Ask participants to count off from 1 to 7 until everyone knows which group she or he belongs to.

> **Note to Facilitator**
> If there are fewer than 12 participants, use only five groups and remove the character or situation that is least culturally relevant. The exclusively heterosexual male must remain.

2. Once the groups have been formed, ask all participants to stand with their small group members.
3. Next, explain that each small group will represent a character. Distribute the different character descriptions to each of the small groups.

4. Once each group has received a character description, ask each group to identify a group representative/spokesperson.
5. Next, explain that you will ask a series of questions. Each group will have one minute to discuss and agree upon how they believe the character they were assigned would respond to the question. For each question, it is possible to answer only YES or NO. Explain that it is important for the groups to come to a consensus. If the answer to a question is YES, then the group representative/spokesperson walks to the front of the room and stands there. If the answer is NO, then the spokesperson/representative stays where she/he is.
6. Refer to *Facilitator Resource 9: Questions* and read the first question out loud. After you have asked the question and the group spokespersons/representatives have moved (or not), ask for each group spokesperson/representative to briefly explain the group's answer by sharing a description of the character their group was assigned. Ask the group representatives/spokespersons to also share any divergent opinions that might have been expressed within their respective group, and allow other groups to briefly react to the answers provided by each of the group spokespersons/representatives. Spend no more than four minutes total on this step.
7. After each of the group spokespersons/representatives have explained their group's choice/answer, ask for the group representatives to rejoin their respective groups.
8. Next, ask the next question in Facilitator Resource 9 and repeat steps 6 and 7.
9. Repeat steps 6–8 for the remaining questions.

Group Discussion (10 minutes)

1. Upon completion of the game, ask participants to come back to the larger group, and facilitate a group discussion using the following questions:
    - How did the different groups feel about the position of the individual they were representing? Did they feel happy, unhappy, frustrated, discriminated against, etc.?
    - Were you surprised by some of the group responses? Which ones?
    - How did gender norms affect who was able to move? For which questions (and dimensions) of sexuality?
    - How did expectations of what is "proper" sexual behavior (sexual norms) affect who was able to move? Which sexual behaviors are privileged (accorded more power and ability to move)? How do these affect who was able to move—and in relation to what questions?
    - What does this tell us about:
        - What is most valued in society? What is/is not acceptable?
        - Who has more power? When?
    - What does all of this imply for family planning promotion?

Closing (4 minutes)

1. Summarize the discussion, highlighting the following points:
    - Gender and sexual norms shape who has power in sexual relations.
    - Sexual norms—expectations of what is acceptable sexual behavior—also affect men, women, and trans people in relations both with same-sex and opposite-sex partners. "Acceptable" sex is penile-vaginal intercourse. Other forms of sexual behavior are often stigmatized and discouraged
    - Social norms tend to dictate that sex is supposed to occur within the institution of marriage or within stable partnerships; having multiple sexual partners or paying for sex is generally stigmatized (and in many instances criminalized). Talking about sexuality openly is still often taboo; most providers do not feel comfortable talking about sexual practices. Gender and sexual norms related to sexuality also shape power in other areas of one's life—such as how the community or institutions respect, protect, and uphold your rights or enact stigma and discrimination.
    - Other sources of inequality also contribute to a person's relative status and power related to sexuality (e.g., age, race, ethnicity, etc.). Gender and sexual norms reinforce each other. Together, gender and social norms enforce dominant power inequalities. What is valued/privileged/assumed/correct in society is masculine, heterosexual, white (or the dominant ethnic/racial group), and financially secure. This reinforces a hierarchy of relations (men over women, more "masculine" men over less "masculine" men, and adult men over younger men).
    - Individuals and groups may have the agency to act outside of these norms. The degree to which individuals and groups are able to successfully act outside them and reshape sexual power relations to be more equitable depends on many contextual factors (including a person's own social position, social capital, community norms, laws, etc.). These gender and sexual norms—and the related inequalities or opportunities to reshape them—determine: which sexual practices are valued or are stigmatized and punished by society, who has the power to make decisions about sex, and whose sexual pleasure and well-being is most important. Social gender norms that dictate what constitutes "normal" sexual behaviors for women and men also inform the delivery of SRH services, ultimately limiting women's and men's access to SRH services as well as access to services by socially marginalized populations (e.g., gay, lesbian, intersex, transgender, transsexual, bisexual, men who have sex with men, women who have sex with women, etc).
    - Unmarried and/or young women and men may be discouraged (or prohibited) from accessing SRH enters to obtain contraceptive methods.

- Provider attitudes may be particularly discriminatory toward gay, lesbian, intersex, transgender, transsexual, and bisexual persons.
- Women may be denied contraception if they have not obtained the approval of their male spouse.

Acknowledgments

Parts of this session have been adapted from the following curriculum:

- Interagency Gender Working Group (IGWG). [no date]. *IGWG gender, sexuality and HIV training module.* Washington, DC: IGWG. Sub-Module 2. Accessed at: www.healthpolicyinitiative.com/Publications/Documents/1408_1_IGWG_GSHIV_Module_Oct_2010_acc.pdf.

Participant Handout 13: Character Descriptions

You are a married woman who grows vegetables and sells them in the market. Your husband spends time away from home for seasonal work. He can be violent upon return, accusing you of having earned extra money from relationships from other men while at the market.

You are a nonmarried, exclusively heterosexual man who owns a small business. You most often pay for sex, especially when traveling outside of your town.

You are a young man who has sex with both men and women and who lives with his extended family; they assume that you are heterosexual. You have not told your family or friends that you enjoy having sex with both women and men.

You are a female sex worker with a boyfriend. While you and your boyfriend used condoms at the start of your relationship, you have not used them recently because you have been together now for six months and your relationship is getting more serious.

You are a nonmarried, female high school student who is living away from home for the first time. Your material needs are met. You have a boyfriend you love. You and your boyfriend have decided together that you want to begin having sex.

You are a young, recently married man who has one daughter with your wife. You and your wife have agreed to wait to have more children. Your extended family and neighbors tease you and say that you are like a girl (and they make jokes about your virility), because you spend time with your wife and daughter—and because you have no immediate plans to try to produce a son.

You are a middle-aged, self-identified gay man who is openly gay and comfortable in his own skin. Your family and friends all know that you are gay.

Facilitator Resource 9: Questions

1. Do you nearly always experience pleasure during sex?
2. Would your sexual practices be respected and seen as legitimate by the broader community?
3. Would it be easy for you to find relevant information (brochures, posters, etc.) about your sexual health?
4. Can you openly discuss your sexual practices and concerns with a provider?
5. Could you have a long-term relationship with the partner of your choice?
6. Would most people you meet be correct in their assumption about your sexual orientation?
7. Can you openly express your sexual orientation and gender identity without fear of violence?
8. Can you ask for sex when you want it?
9. Can you refuse sex when you want to?
10. Is it easy for you to insist that a condom be used during sex?

Sexual Mandates (Day 4)

Objectives
1. To build an understanding of sexuality as a social construct
2. To explore sexuality stereotypes and standards for women and men

Time
45 minutes

Materials
- Flipchart paper
- Flipchart stand
- Markers
- Masking tape
- Facilitator Resource 10: Sexual Mandates Table

Advance Preparation
1. Refer to *Facilitator Resource 10: Sexual Mandates Table* and reproduce the table on a blank sheet of flipchart paper.

TRAINING STEPS
Introduction (1 minute)
1. Start the activity by stating that through the previous sessions on sexuality, participants were able to better perceive the links between social norms and women's and men's sexual expression. Sex is an everyday part of our lives, yet we do not talk about it publicly. Even in situations where it should be normal to talk about sex (e.g., for a patient speaking to her/his doctor), we still feel uncomfortable. Explain that the next session will focus more specifically on the different social messages and rules related to women's and men's sexual behaviors.

Sexual Mandates (30 minutes)
1. Start by spending 10 minutes discussing the following questions with participants:
   - Is sexuality socially constructed or biological? How can you tell?
   - What are the rules around sexuality? For example: When were you first allowed/supposed to think about sex?
2. Explain to the group that they will spend some time exploring the stereotypes and mandates for women and men as they relate to sex.
3. Draw participants' attention to the flipchart on which you drew the "Sexual Mandates Table." Point out the words/issues listed on the left side of the table and explain that they will spend some time discussing how each word/issue listed is

scripted for women and men (i.e., "virginity" as it is scripted for men may mean that they are not expected to be virgins after puberty; "virginity" as it is scripted for women may mean that they are supposed to be virgins until they marry).

4. Spend about 20 minutes completing the table with the group. After you have completed the table, allow participants a few minutes to look at it.

Group Discussion (13 minutes)

1. Facilitate a 10–13 minute discussion with the group using the following questions:
   - Women's and men's rule books about sex look very different—why?
   - What happens to people who break the sexuality rule book—are the consequences worse for women or for men?
   - If you had to write a guidebook for sexuality rights, what kinds of things would you include?
   - How can the information presented in this session inform your work as providers?

Closing (1 minute)

1. Tradition, culture, and education often tell us that it is taboo or shameful to talk about sex. Because it is taboo, we receive inadequate information, and we grow up with a sense of shame. We are forced to get pieces of information from our friends, books, or any source that we may find—information that may or may not be accurate.

   The way in which we express our sexuality is often determined by our gender. Often, men are expected to be sexually promiscuous, while women are expected to protect their virginity and reputation and deny that they feel or want sexual pleasure. In many places, people assume that a woman's or a man's sexuality is uncontrollable. For example, if a man rapes a woman, it is assumed he could not control his sexual urges. Sex is an everyday part of our lives, yet we do not speak about it publicly. This lack of conversation drives it underground and makes it feel shameful. Sex is natural and normal; it is nothing to be ashamed of. When we learn to speak openly and explicitly about sex, people will be better informed about safer sex practices.

Acknowledgments

Parts of this session have been adapted from the following curricula:

- Cooperative for Assistance and Relief Everywhere, Inc. (CARE). 2013. *Gender equity and diversity Module Five: Engaging men and boys for gender equality.* Atlanta. Activity 27.

- CARE and International Center for Research on Women (ICRW). 2007. *Inner spaces outer faces initiative (ISOFI) toolkit: Tools for learning and action on gender and sexuality.* Atlanta and Washington, DC. Introductory Exercise 4.

Facilitator Resource 10: Sexual Mandates Table

Sexual Mandates		
	Women	**Men**
Virginity		
Pleasure		
Masturbation		
Affection		
Homosexuality		

Introduction to Facilitation (Day 4)

Objectives
1. To learn about basic facilitation skills
2. To learn about skills for facilitating sessions on gender

Time
35 minutes

Materials
- Flipchart paper
- Flipchart stand
- Markers
- Masking tape
- Participant Handout 14: Becoming a Better Facilitator
- Facilitator Resource 11: Facilitation Skills

Advance Preparation
1. Refer to *Facilitator Resource 11: Facilitation Skills* and copy all of the content onto sheets of flipchart paper. Title the first page "Facilitation Skills."
2. Make enough copies of the participant handout for each participant.

TRAINING STEPS
Introduction (1 minute)
1. Open the session by reminding participants that the workshop is ultimately intended to both strengthen their understanding of the links between gender and SRH and equip them with the basic skills they will need to address gender during the regular trainings on contraceptive technology that they facilitate for providers. Explain that the rest of the workshop will focus on skills needed to facilitate sessions on gender. Tell participants that during the next session, they will learn about basic facilitation skills and skills used during the facilitation of gender sessions.

Facilitation Skills (34 minutes)
1. Draw participants' attention to the prepared flipchart pages.
2. Review the points on the flipchart pages. Refer to *Participant Handout 14: Becoming a Better Facilitator* for explanations for each of the specific points that you have written on the flipchart pages.
3. After you have reviewed the points on the flipchart pages, allow five minutes for questions and comments from participants.

4. Before closing, distribute *Participant Handout 14: Becoming a Better Facilitator* to each participant.

Acknowledgment

- Men's Resources International. 2007. *Change-makers training: Facilitator handbook*. Pelham, MA, USA.

Participant Handout 14: Becoming a Better Facilitator

1. Introduction

It is not hard to create a good learning environment, and you do not have to be an expert to do it. But it is important to work on becoming a better facilitator by developing certain attitudes and skills.

This is especially important for men who are training to facilitate gender workshops. Facilitators are not only being asked to help groups of men and women discuss issues of gender, violence, and sexual health. They are also being asked to model the attitudes and behaviors that men and women will need to protect their own and others' health, safety, and well-being. It is very important that people training to be gender facilitators get an opportunity to talk with each other about the impact of their attitudes on their work and their capacity to model new ways of being men.

Facilitators also need to develop skills in active listening, effective questioning, and leading group discussions. These skills will make them better facilitators in any workshop or event. Trainers can use the following information to help develop such skills.

2. Personal Preparation

As a facilitator preparing to do gender work, you will need to look at your own thoughts and feelings and how these may affect your work. You may feel uncomfortable talking openly about certain topics (for example, about such aspects of sexuality as masturbation). This will make it hard to facilitate a frank discussion. You may also have strong feelings about certain topics (for example, about women carrying condoms). This may make it hard to facilitate an open discussion without imposing your own views. In doing this work, you may also be reminded of painful experiences from your own past, in which you suffered or caused others to suffer. Being reminded of these experiences may make it hard to talk about certain topics.

To help both men and women discuss these issues as openly as possible, it is important to make time to think about your own thoughts, feelings, and experiences. This could involve:

- Meeting with a colleague to discuss thoughts and feelings about gender equality and facilitation. Talk about what you are looking forward to and what you are nervous or unsure about. Talk about any issues that make you uncomfortable and why. Make a plan for how you will deal with this discomfort.

- Making time during a team meeting to carry on the same discussions. If possible, bring in a skilled outside facilitator to help team members with this discussion.
- Choosing someone whom you trust and whom you think will be able to listen to you and support you (colleague, friend, or family member). Tell this person briefly about the past experiences you are concerned about. Share as much or as little detail as you are comfortable sharing.
- Tell this person how you think these memories may affect your work and how you would like to be supported in dealing with the memories. Make a plan for how to get this support.

If you think that you cannot get the support you need or that the memory of the experience is too strong and painful, remember that you have the choice not to do this work or any part of it.

3. Active Listening

Active listening is a basic skill for facilitating group discussions. It means helping people feel that they are being understood, as well as being heard. Active listening helps people share their experiences, thoughts, and feelings more openly. It is a way of showing participants that their own ideas are valuable and important when it comes to solving their problems.

Active listening involves:

- Using body language to show interest and understanding. In most cultures, this will include nodding your head and turning your body to face the person who is speaking.
- Showing interest and understanding to reflect what is being said. It may include looking directly at the person who is speaking. In some communities, such direct eye contact may not be appropriate until the people speaking and listening have established some trust.
- Listening not only to what is said, but to how it is said, by paying attention to the speaker's body language.
- Asking questions of the person who is speaking, to show that you want to understand.
- Summing up the discussions to check that what has been said was understood. Ask for feedback.

4. Being Nonjudgmental

Remember that information should be provided in nonauthoritarian, nonjudgmental, and neutral ways. You should never impose your feelings on the participants.

5. Effective Questioning

Being able to ask effective questions is also a core skill for a facilitator. Effective questions help a facilitator to identify issues, get facts clear, and draw out differing views on an issue. Skillful effective questioning also challenges assumptions, shows that you are really listening, and demonstrates that the opinions and knowledge of the group are valuable.

Effective questioning also increases participation in group discussions and encourages problem solving.

Ways to achieve effective questioning include:

- Ask open-ended questions: Why? What? When? Where? Who? How?
- Ask probing questions. Follow up with further questions that delve deeper into the issue or problem.
- Ask clarifying questions by rewording a previous question.
- Discover personal points of view by asking how people feel and not just what they know.

6. Facilitating Group Discussions

There is no single best way to facilitate a group discussion. Different facilitators have different styles. Different groups have different needs. But there are some common aspects of good group facilitation, described below.

- **Setting the rules.** It is important to create "ground rules" with which the group agrees to work. Ensure that ground rules are established regarding respect, listening, confidentiality, and participation.
- **Involving everyone.** Helping all group members to take part in the discussion is a really important part of group facilitation. This involves paying attention to who is dominating discussions and who is not contributing. If a participant is quiet, try to involve him/her by asking a direct question.

  But remember that people have different reasons for being quiet. They may be thinking deeply! If a participant is very talkative, you can ask him/her to allow others to take part in the discussion and then ask the others to react to what that person is saying.

- **Encourage honesty and openness.** Encourage participants to be honest and open. They should not be afraid to discuss sensitive issues. Encourage participants to honestly express what they think and feel, rather than say what they think the facilitator(s) or other participants want to hear.

- **Keeping the group on track.** It is important to help the group stay focused on the issues being discussed. If it seems as if the discussion is going off the subject, remind the group of the objectives for the activity and get them back on track.
- **Managing conflict.** Because a gender workshop looks at sensitive issues and difficult problems, there may well be disagreement between you and a participant or between participants. People have strongly held views about gender and sexuality. This means that there can be disagreements. It is important to know the difference between disagreement and conflict. (Disagreement is healthy and can lead to better understanding; conflict is not healthy and distracts from learning objectives.)

  Disagreement is not always a bad thing. Disagreement can be very healthy and productive and is a normal part of group development. When disagreement occurs, do not rush to interrupt if it is happening in a respectful way.
  - Reassure the group that experiencing disagreement is an important part of the workshop and that we can do it in a way that is a learning and healing experience for everyone.
  - Encourage the group to use "I" statements, describing their own individual feelings, rather than "you" statements that criticize or judge others.
  - Tell the group that disagreements do not always have to be resolved. **Learning to allow each other our differences can be even more important than getting everyone to agree.**
  - If it seems that the disagreement is becoming a problem, you can use the following strategies to deescalate:
    - Review the group guidelines and talk about the importance of being together in this workshop and doing this work.
    - Ask the group for a five-minute break so that you can confer with your co-facilitator.
  - After the disagreement has been managed, ask the group for examples of what they saw done or what they found helpful. Also, ask if there is anything unfinished about the disagreement. Write the answers to these two questions on two pieces of flipchart paper titled "Helpful" and "Unfinished." Sometimes, it is also helpful to check in with key individuals during breaks to find out how they are feeling about the disagreement.

- **Dealing with difficult people.** As the exercises make clear, people often take on certain roles within groups. Some of these roles can interfere with the learning of the workshop. Facilitating a group discussion may mean dealing with a negative or disruptive person or someone who continues to interrupt the discussion. Reminding

the group of the ground rules and asking everyone to be responsible for maintaining them is a good way to deal with difficult people.

If someone is always complaining, you can ask for specifics, address the complaint, or refer the complaint to the group. If a participant is disruptive, you can involve the group by having its members ask the difficult person to help, rather than hinder, the group, or you can deal with him/her apart from the group.

- **Achieving agreement.** It will not always be possible to achieve agreement, but a good facilitator will highlight areas of agreement within the group, as well as points of disagreement that need further discussion. The facilitator should also sum up the main points of the discussion and any action points that have been agreed upon, as well as thank the group for their contributions to the workshop.
- **Dealing with difficult situations.** During facilitation, the facilitator may be addressing many topics that are very sensitive and difficult to discuss. It is likely that the facilitator will have to deal with participants who make statements that are not in line with the views and values of the program. These could include sexist, homophobic, or racist remarks or opinions. Everyone has a right to their opinion. But they do not have a right to oppress others with their views.

  For example, a participant might say, *"If a woman gets raped, it is because she asked for it. The man who raped her is not to blame."* It is important that facilitators challenge such opinions and offer a viewpoint that reflects the philosophy of the program. This can be difficult. But it is essential in helping participants work toward positive change. The following process is one suggestion for dealing with such a situation:
  - **Step 1: Ask for clarification**—*"I appreciate you sharing your opinion with us. Can you tell us why you feel that way?"*
  - **Step 2: Seek an alternative opinion**—*"Thank you. So at least one person feels that way, but others may not. What do the rest of you think? Who here has a different opinion?"*
  - **Step 3: If an alternative opinion is not offered, provide one**—*"I know that a lot of people completely disagree with that statement. Most men and women I know feel that the only person to blame for a rape is the rapist. Every individual has the responsibility to respect another person's right to say 'no.'"*
  - **Step 4: Offer facts that support a different point of view**—*"The facts are clear. The law states that every individual has a right to say no to sexual activity. Regardless of what a woman wears or does, she has a right not to be raped. The rapist is the only person to be blamed."*

  Please note that even after the facilitator takes these four steps to address the difficult statement, it is very unlikely that the participant will openly change his or

her opinion. However, by challenging the statement, the facilitator has provided an alternative point of view that the participant will be more likely to consider and, it is hoped, adopt later.

Gender facilitators also need to be able to make presentations on a range of topics and issues during the course of a gender workshop. Here are some general tips on presenting to groups:

- Practice any presentation beforehand.
- Move out from behind the podium or table and into the audience.
- Look at and listen to the person asking a question.
- Be aware of the sensitivities of your audience.
- Use humor, but do not wait for laughs.

Never give a generic presentation. Try to customize it for the group, as there are many ways to cover the same material.

Facilitator Resource 11: Facilitation Skills

Personal Preparation

- Examine your own thoughts and feelings and how they may affect your facilitation.
- Think about your own thoughts, feelings and experiences by:
    - Discussing them with a colleague beforehand
    - Talking to someone you trust

If you do not feel that you can facilitate a given session because the material is too sensitive for you, you should not facilitate the session

Active Listening

- Helps participants feel that they are being understood and heard
- Helps participants share experiences, thoughts, and feelings more openly
- Shows participants that their ideas are valuable and important

Active listening involves:

- Using body language
- Showing interest and understanding
- Listening to what is said and how it is said
- Asking questions of the person speaking
- Summing up the discussion to check that you understood what was said

Being Nonjudgmental

- Always provide information in a neutral way.
- Never impose your feelings on participants.

Effective Questioning

- Helps the facilitator identify issues
- Helps the facilitator get facts clear
- Helps the facilitator draw out differing views on an issue
- Helps the facilitator challenge assumptions
- Shows that the facilitator is really listening
- Shows that the facilitator values the opinions and knowledge of the group
- Increases participation
- Encourages problem solving

Ways to achieve effective questioning:

- Ask open-ended questions.
- Ask probing questions.

- Ask clarifying questions.
- Discover personal points of view.

Facilitating Group Discussions

- Set ground rules for the group (especially: respect, listening, confidentiality, and participation).
- Involve everyone.
- Encourage honesty and openness.
- Keep the group on track.

Managing conflict:

- Know the difference between disagreement and conflict. (Disagreement is healthy and can lead to better understanding; conflict is not healthy and distracts from learning objectives.)
- Turn a participant challenge into a question for the participant or for the whole group.

Dealing with difficult people:

- Remind everyone of the ground rules.
- Address complaints or refer them to the group.
- Deal with the difficult person apart from the group (e.g., during a break).

Achieving agreement:

- Highlight areas of group agreement and disagreement.
- Sum up the main points of the discussion and agreed upon action points.

Dealing with difficult situations:

- Ask for clarification.
- Seek an alternative opinion.
- If an alternative opinion is not offered, provide one.
- Offer facts that support a different point of view.

General Tips on Facilitating for Groups

- Practice your presentation beforehand.
- Move into the audience.
- Look at and listen to the person asking a question.
- Be aware of the sensitivities of your audience.
- Always customize your presentation or session to the group.

Assigning Facilitation Teams and Preparing for Facilitation (Day 4)

Objectives

1. To assign facilitation teams to practice facilitation on Day 5
2. To allow facilitation teams to prepare their assigned sessions

Time

1 hour, 30 minutes

Materials

- Flipchart paper
- Flipchart stand
- Markers
- Masking tape
- Participant Handout 15: Facilitation Team 1—Provider Attitudes and Beliefs
- Participant Handout 16: Facilitation Team 2—Sexuality

Advance Preparation

1. Make three copies of each of the participant handouts.
2. Review the content of each of the two sessions that the facilitation teams will practice, and make several copies of the "Essential Ideas" pages. (Make enough copies for the facilitation teams to be able to distribute them to their audience during their practice.)

TRAINING STEPS

1. Ask for six volunteers to practice facilitation on Day 5. Introduce the two sessions that the participants can choose from. Explain that you will need three volunteers for each session.
2. Once volunteers have been identified, ask participants to join their facilitation groups. Explain that they will spend the remainder of the day preparing their sessions together. Each group will need to review its assigned session and agree on how they will cofacilitate the session. Emphasize that each group member will have to facilitate a part of the session assigned to their group.
3. Give each group member a copy of the session assigned to their respective group.
4. Distribute markers, flipchart paper, and masking tape to each facilitation group.
5. Move between the two groups and provide support, as needed.

Note to Facilitator
Because the content of this workshop was designed for the AgirPF project, it was important to focus facilitation practice on the two sessions that focus on gender and sexuality and are included in EngenderHealth's *Counseling for Effective Use of Family Planning* manual, given that the contraceptive technology trainers identified by the project would be using this manual during provider trainings. The content in both sessions is not sufficient to allow for a group of cofacilitators greater than three people. Therefore, workshop participants not assigned to a facilitation group (and who will not be facilitating on Day 5) are free to either go home while the facilitation teams prepare or provide support to the facilitation teams.

One option for allowing other participants to practice facilitation on Day 5 could be to identify some additional gender sessions from among those included in this manual. You would, however, need to ensure that you have sufficient time for additional facilitation practice on Day 5.

Acknowledgments

Parts of this session have been adapted from the following curriculum:

- The ACQUIRE Project/EngenderHealth. 2008. *Counseling for effective use of family planning: Trainer's manual.* New York. Sessions 7 and 9.

Participant Handout 15: Facilitation Team 1—Provider Attitudes and Beliefs

Learning Objectives

By the end of the session, the participants will be able to:

- Explain how providers' beliefs and attitudes can affect their interactions with clients, both positively and negatively
- Explain the importance of being aware of our own beliefs and attitudes, so we can avoid imposing them on clients or having them become barriers to communication

Time

45 minutes

Materials

- Flipchart paper, markers, and tape
- Participant Handout : Essential Ideas
- Trainer's Tool: Belief Statements about Family Planning and Sexual and Reproductive Health

Session Outline

Training Activities	Methodology	Time
A. Introduction	Discussion	5 min.
B. Exploring Beliefs and Attitudes	Large-group exercise	25 min.
C. Summary	Discussion	15 min.

Advance Preparation

1. Review the list of belief statements included in Trainer's Tool: Belief Statements about Family Planning and Sexual and Reproductive Health. Select seven statements to use in this exercise, addressing each of the family planning services covered in this training (see Training Tips below). (You may develop your own statements that address specific local issues in addition to using the statements provided here.)

Training Tips

- Family planning and reproductive health include some of the most controversial and sensitive topics in most cultures around the world. However, specific issues and concerns differ from place to place. Therefore, it is important to read these statements carefully ahead of time. Choose only those that are most relevant to the beliefs and attitudes of service providers in the context where training is taking place. Also, make sure to include statements that will create controversy and disagreement. The idea is to demonstrate that not everyone is in agreement, despite similarities in backgrounds, professions, and so on. Add other statements, if necessary.
- These statements are listed in no particular order. You will need to decide which you want to read first, second, and so on.

2. On three separate sheets of paper, make three signs reading AGREE, DISAGREE, and UNSURE.
3. Post the AGREE, DISAGREE, and UNSURE signs in three different locations, with space for people to gather near each sign.
4. Arrange the chairs and tables so that people can move easily between the signs.
5. Print enough copies of the participant handout for each participant.

TRAINING STEPS

A. Introduction (5 minutes)

1. Explain that this session is about our individual beliefs and the effects they may have on our attitudes toward and interactions with clients. Ask the participants what the word *belief* means to them, and then ask how we form our beliefs.
2. Ask what *attitudes* are, and then ask how our beliefs influence our attitudes.

B. Exploring Beliefs and Attitudes (25 minutes)

1. Explain that you will lead a group exercise intended to help the participants examine their own beliefs about family planning methods, different types of clients, and various sexual practices.
2. Emphasize that there are no right or wrong answers. They should respond based on their own beliefs, because the main purpose of the exercise is to help explore differences in attitudes and beliefs.
3. Read one of the seven belief statements that were chosen from the list in Trainer's Tool: Belief Statements about Family Planning and Sexual and Reproductive Health or that you developed, and ask the participants to decide if they agree, disagree, or are unsure how they feel about the statement.

4. After they decide, ask them to get up and stand under the sign that best reflects their opinion (AGREE, DISAGREE, or UNSURE). Then ask one or two volunteers from each opinion group to describe their thinking about the statement.
5. Repeat this process with more of the statements, for as long as time permits.

Training Tips

- The belief statements are *not* to be distributed as a handout, because the participants or others who might read them might misunderstand the intent of this exercise and think that these statements reflect the beliefs of EngenderHealth and the trainers, which they do not.
- During this exercise, emphasize that there are no right or wrong answers. People respond based on their own beliefs. The main purpose of the exercise is to help explore differences in the participants' beliefs and attitudes. Therefore, it is important that you remain *neutral* throughout the exercise and maintain a balance between the different viewpoints expressed during the discussion, by making sure that no one opinion dominates the discussion and that disagreement is accepted and even encouraged.
- For this exercise to be effective, each participant must decide whether he or she agrees, disagrees, or is unsure about each statement. This will help the participants become more aware of their own beliefs. In addition, discussing their beliefs in front of others will help raise awareness of how their beliefs can affect their interactions with clients (and others).
- To cover the full range of issues in the time available, responses will have to be limited to just one or two opinions per opinion group (agree, disagree, unsure) per statement.

C. Summary (15 minutes)

1. Ask the participants to return to their seats.
2. Use the following questions to lead a discussion about the exercise:
   - Which statements revealed the widest range of beliefs? What could explain these differences?
   - What happens when providers and clients hold different beliefs about family planning and sexual and reproductive health issues?
   - Why is it important for us, as providers, to be aware of our own attitudes and beliefs about family planning and sexual and reproductive health issues?
   - What can we do, as providers, when our beliefs about a particular family planning method or sexual and reproductive health issue make us uncomfortable talking about it with clients?
3. Conclude by saying:

Many of you are from similar backgrounds, yet you have had different responses to some of these statements. Consider what differences there might be when clients come from educational, social, cultural, or religious backgrounds different than their providers.

4. Before closing the session, distribute Participant Handout: Essential Ideas to each participant.

Trainer's Tool

****Do Not Distribute to the Participants****

Belief Statements about Family Planning and Sexual and Reproductive Health

Family Planning

1. In a couple, it is the woman who should be responsible for using contraception.
2. A woman who has sex before marriage does not deserve respect.
3. Many women do not have the freedom to make decisions about their lives, especially regarding sexuality and relationships with their partners.
4. It is okay for a woman to say "no" to her husband if she doesn't want to have sex with him.
5. Unmarried adolescents should not engage in sexual activity.
6. If a woman never experiences childbirth, she will feel less like a woman.
7. Family planning methods should be available to unmarried adolescents.
8. Illiterate women cannot use oral contraceptives effectively.
9. A woman should not have more children with her husband if he is abusing her.
10. Natural family planning methods are ineffective, difficult, and time-consuming to teach.
11. It is okay for a woman to have an intrauterine device (IUD) inserted without telling her husband.
12. Some clients want to continue getting pregnant until they have children of both sexes. Providers should discourage this behavior.
13. A woman has the right to use a contraceptive method without her partner's knowledge
14. If a woman wishes to have a tubal ligation, she should have one, even if her spouse disagrees.
15. If a man wishes to have a vasectomy, he should have one, even if his spouse disagrees.
16. A 21-year-old woman with only one child should be refused a tubal ligation.
17. I trust my patients to make the best decisions for themselves.

HIV and AIDS

18. People who do not use condoms can only blame themselves for getting HIV.
19. Service providers have the right to know the HIV status of their clients.
20. People with HIV should not have sex.
21. It is a crime for people who are infected with HIV to have sexual relations without informing their partner.

22. People who get HIV through sex deserve it because of the behaviors that they practice.
23. AIDS is mostly a problem of prostitutes.
24. Women with HIV should be sterilized so they can't have children and pass on the infection.

Sexuality

25. Sex without intercourse is not real sex.
26. To be "good," sex must end in orgasm.
27. It is acceptable more acceptable for men to have multiple sexual partners than for women to have multiple sexual partners
28. It should be recommended that couples not marry until they have had sexual intercourse.
29. Prostitutes provide a useful service.
30. If people go too long without sex, it is bad for them.
31. The purpose of having sex is to show love for someone.
32. Women enjoy sex as much as men do.
33. Any sexual behavior between two consenting adults is acceptable.
34. A person can lead a perfectly satisfying life while being celibate.
35. Celibacy goes against human nature.
36. Oral sex is wrong.
37. Anal sex is normal behavior.

Condoms

38. Condoms should be distributed to secondary school students who request them.
39. Condom use is a sign of caring and not distrust.
40. Condoms ruin the enjoyment of sex.
41. Couples can have an enjoyable sex life while using condoms every time they have sex.
42. Educating teenagers about condoms will only encourage them to have sex.
43. If my teenage son asked me for condoms, I would give them to him.
44. If my teenage daughter asked me for condoms, I would give them to her.

Judgments about Clients

45. Most uneducated women are incapable of making their own decisions about family planning.
46. It is hard for me to understand why people who know how HIV is transmitted would continue to expose themselves.
47. Clients who have good, up-to-date information about HIV transmission will make good choices about keeping themselves safe.

48. Clients with two children or more should be sterilized.
49. Sterilization is indicated for women with medical reasons to prevent pregnancy.
50. Our facility should make contraceptive methods available to adolescents.
51. Fourteen is too young for a boy to have sex.
52. Schools should provide sex education for children before puberty, starting at age 9 or 10.
46. In most cases, it is not worth discussing condoms with young people because they will never use them.
47. Children should be taught about HIV and other sexually transmitted infections in school.
48. The parent of a teenage client who reports she is having sex has a right to know about it.
49. Young, unmarried people should not have sex.

Participant Handout: Essential Ideas

- *Beliefs* are concepts and ideas that are accepted and thought to be true.
- Our beliefs shape our *attitudes* and thus the way we think about and act toward people and ideas. Our beliefs and attitudes are often so ingrained that we are unaware of them until we confront a situation that challenges them.
- How we communicate our beliefs and attitudes (both verbally and nonverbally) is an important part of our interactions with clients. Every interaction between a client and health care staff, from the moment he or she enters the health care setting until he or she leaves, affects the client's willingness to trust and share personal information and concerns, ability to listen and retain important information, capacity to make decisions that appropriately address his or her situation and meet his or her needs, and ability to commit to appropriate use of family planning, follow treatment regimens, or implement new health behaviors.
- Everyone has a right to his or her own beliefs. However, as service providers, we have a professional obligation to provide health care and to do so in a respectful and nonjudgmental manner. Being aware of our beliefs and how they may affect others—both positively and negatively—will help us to do that.
- Because service providers are providing a service that is *needed* by a client, service providers inherently have more power than their clients. Because of the power imbalance, clients' decisions about family planning can be affected by a provider's values and attitudes. A client may decide to do what they think the provider wants them to do, rather than making the best decision for their own life. A basic principle of family planning counseling is to provide clients with all of their options. The options must be presented to client without the influence of the provider's personal values and attitudes.

Beliefs and Attitudes in Family Planning Counseling

Beliefs are important to individuals. They help us to explain how things work in the world, what is right, and what is wrong. They usually reflect our values, which are influenced by religion, education, culture, and family and personal experiences.

Our beliefs and values shape our **attitudes** and the way that we think about and act toward people and ideas. Each interaction between clients and health care staff is influenced by the attitudes of both the client and the provider. Every interaction that a client has with a health care worker—from the time he or she enters the health care system until he or she leaves—affects the client's

satisfaction with his or her care, how well he or she carries out decisions made during the counseling session, and whether he or she comes back for follow-up if problems arise.

How we communicate our own beliefs, values, and attitudes (both verbally and nonverbally) is an important part of our interactions with clients. Our beliefs often are so ingrained that we are unaware of them until we confront a situation that challenges them. Our beliefs, attitudes, and values might affect how we treat clients and respond to their problems, needs, and concerns. For example, our private reaction to the client's appearance, social class, or reason for seeking health care might determine the gentleness or harshness with which we treat them, how soon we serve them, and whether we consider their full range of health care needs. Being aware of our values and attitudes can help us be more tolerant of those whose values differ from our own by helping us separate our personal beliefs and attitudes from theirs. Effective counselors are able to overcome their biases and provide services in a nonjudgmental manner for all types of clients. When the counselor's beliefs make him or her uncomfortable talking about a particular family planning method or sexual and reproductive health issue with clients, he or she should refer the client to another service provider and try to overcome the discomfort by learning more about the issue.

Participant Handout 16: Facilitation Team 2—Sexuality

Learning Objectives

By the end of the session, the participants will be able to:

- Define the terms *sex* and *sexuality*
- Explain the concept of sexual rights
- Explain how sexual preferences and practices relate to the choice and use of family planning methods
- Identify their personal biases and attitudes about various sexual behaviors
- Recognize that there are differences in perspectives on sexual behavior, including differences in what is considered normal or acceptable
- Explain the relationship between gender norms and sexual preferences and practices
- Explain why it is important to be nonjudgmental about sexual behaviors when counseling clients

Time

1 hour, 30 minutes

Materials

- A4-sized paper
- Flipchart stand
- Flipchart paper
- Scissors
- Markers—one for each participant, if possible
- Masking tape
- Participant Handout: Essential Ideas
- Trainer's Tool: Different Types of Sexual Behavior

Session Outline

Training Activities	Methodology	Time
A. Defining Sexuality	Pairs exercise/discussion	52 mins.
B. Identifying Biases and Judgments Related to Sexual Behaviors	Large-group exercise/discussion	30 mins.
C. Summary	Discussion	8 mins.

Advance Preparation

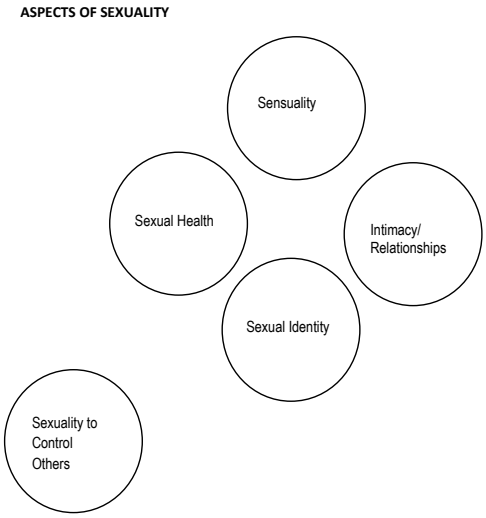
1. Review the list of behaviors (see Trainer's Tool: Different Types of Sexual Behaviors at the end of this session), and select 25 to 30 to use in this session.

> **Training Tip**
> Try to ensure the selection of a mixture of behaviors—some that participants will be familiar with and some that they will not. Add or omit behaviors based on the local situation. The exercise should include some behaviors that are outside of the mainstream or that are taboo, even if these behaviors are not generally acknowledged in the local setting.

2. Once you have selected 25 to 30 sexual behaviors, write each of the sexual behaviors on a separate sheet of A4-sized paper and fold it—one sexual behavior per sheet of paper. Print using a large marker and large letters, or print the pages using a computer in a large, bold typeface so the words can be read from a distance (see example).

3. On a blank sheet of flipchart paper, write the following:
   Define the term "sex."
   Define the term "sexuality."
   How does sexuality relate to family planning counseling?

4. On a blank flipchart page, reproduce the image below:



5. Prepare three additional sheets, one with the phrase "OK for me," a second with the phrase "OK for others but not OK for me," and a third with the phrase "Not OK" written in large print. Use different colors of paper for each of these three sheets, if possible. Post these sheets high on the wall, ensuring that there is sufficient space between them to place three to five vertical columns of cards beneath each.

6. Before the exercise, prepare small pieces of tape, enough to affix all of the behavior cards to the wall.
7. Print enough copies of the participant handout for each participant.

Training Steps

A. Defining Sexuality (52 minutes)

1. Introduce the session by reviewing the objectives aloud.
2. State that some participants might be thinking, "I know about family planning counseling and reproductive health. So, why are we talking about sexuality?" Tell the participants that you will explore the answer to that question during the following exercise.
3. Divide participants into pairs.
4. Once participants have been organized in pairs, draw their attention to the prepared flipchart showing the three questions. Explain that each pair will spend 10 minutes discussing the three questions on the flipchart. **DO NOT SPEND MORE THAN FIVE MINUTES ON STEPS 1–4.**
5. After 10 minutes have passed, ask participants to volunteer their definitions of *sex*. Remind them not to repeat definitions already given but to mention different aspects that they would like to add to the definition. Repeat this step with the term "sexuality."
6. Ask the participants about the similarities and differences between *sex* and *sexuality*.
7. Next, ask for a few volunteers to share their answers to the question "How does sexuality relate to family planning counseling?" **DO NOT SPEND MORE THAN FIVE MINUTES ON STEPS 5–7.**
8. Next, read the following definition to the participants:

   Sexuality is an expression of who we are as human beings. Sexuality includes all of the feelings, thoughts, and behaviors related to being male or female, to being attractive and being in love, and to being in relationships that include intimacy and physical sexual activity.

   Sexuality begins before birth and lasts throughout a person's life. Our sexuality is shaped by our values, attitudes, behaviors, physical appearance, beliefs, emotions, personality, likes and dislikes, religion, and all of the ways in which we have been socialized. Consequently, the ways in which an individual

expresses his or her sexuality are influenced by ethical, spiritual, cultural, and moral factors.

9. Next, discuss the question "how does sexuality relate to family planning counseling" by stating the following points **:**
   - Pregnancy is one possible outcome of sexual activity; sexually transmitted infections (STIs) are another.
   - Sexuality and sexual practices can have implications for a client's decisions about contraceptive method use and STI risk reduction. People might stop using a contraceptive method if they perceive it as interfering with the sexual act or decreasing their sexual pleasure.
   - Clients might have underlying concerns about sexuality that are the real reason for a facility visit or that are more important than the stated reason for their visit.
   - Taking sexuality into consideration during counseling might help improve client satisfaction with services and thus help to attract new clients and retain them.
   - Exploring clients' sexuality—rather than making assumptions about it—enables providers to better tailor counseling to clients' circumstances (e.g., frequency of sex, number of partners, ability to discuss/negotiate with the partner, and so on).
10. Briefly compare the "official" definition of sexuality with the sexuality definitions shared by participants, and discuss some of the answers that participants provided for the question on the link between sexuality and family planning counseling. **SPEND NO MORE THAN FIVE MINUTES ON STEPS 8–10.**
11. Post the prepared flipchart showing the circles of sexuality. Explain that the five circles represent all aspects of human sexuality. Explain each circle by referring to the definitions/descriptions below. **DO NOT SPEND MORE THAN 10 MINUTES ON STEP 11**:

    Sensuality is how our bodies derive pleasure. It is the part of our experience that deals with the five *senses:* touch, sight, hearing, smell, and taste. Any of these senses, when enjoyed, can be "sensual." Sensuality is also part of the sexual response cycle; it is the mechanism that enables us to enjoy and respond to sexual pleasure.

    Sexual health is the integration of the physical, emotional, intellectual, and social aspects of being sexual in ways that enrich and enhance us—our personality, communication, and love. It involves our behavior related to producing children, enjoying sexual relationships, and maintaining our sexual and reproductive organs. Issues like sexual intercourse, pregnancy, and sexually transmitted infections are part of our sexual health. Sexual health also refers to the rights to exercise control over one's sexuality free of coercion or violence and to receive information about sex.

Intimacy is the part of sexuality that deals with the emotional aspect of *relationships*. Our ability to love, trust, and care for others is based on our experience of intimacy. We learn about intimacy from our relationships with those around us, particularly relationships within our families.

Sexual identity has five main components:

- *Biological sex* is our physical status of being either male or female.
- *Gender identity* is how we feel about being male or female. Gender identity starts to form at about age 2, when a little boy or girl realizes that he or she is different from people of the opposite sex.
- *Gender roles* are the behaviors that society expects us to exhibit that are associated with our biological sex. What behaviors do we expect of men and what behaviors do we expect of women? And when did we learn to expect these behaviors? These sets of behaviors are gender roles, and they begin to form very early in life.
- *Sexual orientation* is the final element of sexual identity. Sexual orientation refers to the biological sex to which we are sexually and romantically attracted. Our orientation can be heterosexual (attracted to the opposite sex), bisexual (attracted to both sexes), or homosexual (attracted to the same sex). People often confuse sexual orientation and gender roles. For example, if a man is very feminine or a woman is very masculine, people often assume that these individuals are homosexual. However, they actually are expressing different gender roles: Their masculine or feminine behavior has nothing to do with their sexual orientation. A homosexual man may be very feminine, very masculine, or neither; the same applies to heterosexual men. Also, a person may engage in same-sex sexual behavior and yet not consider himself/herself homosexual.
- *Sexual behavior* refers to sexual practices that we engage in consensually. A person's sexual behavior does not always indicate her or his sexual orientation. For example, not all individuals who have had one or more sexual experiences with members of their own sex define themselves as homosexual or are considered homosexual by society. Some adolescent boys who experiment sexually with other boys (for example, by masturbating in a group) and some men who have sex with other men in isolated settings, such as prisons, do not consider themselves, and are not considered by others, to be homosexual. This is why more neutral terms, such as women who have sex with women (WSW) and men who have sex with men (MSM) are often used, because these terms refer to sexual behaviors without specifying a particular sexual identity.

Sexuality to Control Others: This aspect of sexuality is not a healthy one. Unfortunately, many people use sexuality to violate someone else or get something from another person. Rape is a clear example of sex being used to control somebody else. Sexual abuse and forced prostitution are others.

12. Facilitate a **10-minute** group discussion using the following questions:
    - Are all of the circles important for your work as providers? Are some more or less important? If so, why?
      Possible responses: women's ability to use a contraceptive method is largely dependent on their relationship with a male partner and the power dynamics inherent in that relationship.
    - In what ways do gender norms influence the five circles?
13. Emphasize that people often reduce the meaning of sexuality to sexual intercourse, but that is a very limited and inaccurate view. Sexuality encompasses more than sexual intercourse.
14. Next, read the World Health Organization's working definition of sexual rights **(DO NOT SPEND MORE THAN TWO MINUTES ON STEP 14)**:

    Sexual rights embrace human rights that are already recognized in national laws, international human rights documents, and other consensus statements. They include the right of all persons, free of coercion, discrimination, and violence, to:
    - Equality and nondiscrimination
    - Freedom from torture or cruel, inhumane, or degrading treatment or punishment
    - Privacy
    - The highest attainable standard of health (including sexual health) and social security
    - Marry and found a family and enter into marriage with the free and full consent of the intending spouses, and equality in and at the dissolution of marriage
    - Decide the number and spacing of one's children
    - Information, as well as education
    - Freedom of opinion and expression
    - An effective remedy for violations of fundamental rights

    The responsible exercise of human rights requires that all persons respect the rights of others.

15. After you have read the definition out loud, facilitate a **five-minute** group discussion by asking:
    - What do sexual rights mean in the context of your work as reproductive health providers?

B. Identifying Biases and Judgments Related to Sexual Behaviors (30 minutes)

1. Introduce this exercise by saying that the group will explore the range of sexual behaviors that people engage in and the attitudes and values that we have about those behaviors. Explain that this interactive exercise will allow everyone to examine their personal values, beliefs, and attitudes about different sexual behaviors in a completely confidential way. It will also help them understand how their beliefs and values might affect their attitudes and behaviors toward clients and the way in which they discuss sexual behaviors with them.
2. Tell the participants that you will give each person one or more folded sheets of paper with a sexual behavior written on it. Instruct them to think about how they personally feel about the particular behaviors written on the papers they receive and to indicate this by writing one of these phrases on the back of the sheet:
   - *OK for me* (meaning that it is a behavior that I personally would engage in)
   - *OK for others but not for me* (meaning that it is a behavior that I personally would *not* engage in but that I have no problem with other people doing)
   - *Not OK* (meaning that it is a behavior that no one should engage in because it is morally, ethically, or legally wrong)

3. Remind the participants that this exercise is meant to be *completely confidential*, so they should not show the behavior on their sheet(s) of paper or their response to anyone. To ensure confidentiality, you might ask the participants to rearrange their seats or spread around the room so that no one can see their papers and responses.
4. After you have explained the rules of the exercise, distribute the sexual behavior sheets and one marker to each participant, attempting to give each person the same number of papers, until all have been distributed.
5. Invite the participants to unfold their sheet(s) of paper and think about the behavior written on them. Remind the participants that this exercise is about values and judgments related to sexual behaviors in general; it is not about risk for contracting HIV or some other STI.
6. Tell participants they will have one minute to mark on the back of each sheet their response to the behavior, without showing their papers to anyone. Instruct them *not* to write their names on the sheets of paper. Repeat what is meant by "OK for me," "OK for others but not for me," and "not OK," and ask if everyone understands. When they are done, they will fold their sheets of paper and place them in a pile in the center of the room (or a trainer can collect them, without looking at what is written on them). **DO NOT SPEND MORE THAN 10 MINUTES ON STEPS 1–6**.

Training Tip
Instruct the participants that if someone gets a sheet of paper with a behavior that he or she does not understand, he or she should signal you to ask for an individual explanation. If the behavior is explained in front of the group, the confidentiality of the exercise will be compromised.

7. Mix up all of the sheets of paper and redistribute them to the participants, asking them to take as many sheets as they put into the pile (i.e., if they received two, they should take two).
8. Once you have redistributed all of the papers, have participants take turns, one by one, reading aloud each of the sexual behaviors written on their sheets of paper and then taping them on the wall under the appropriate category ("OK for me," "OK for others but not for me," or "not OK"), according to what is indicated on the back of the paper. Remind them to place the behavior sheets under the appropriate category, even if they personally do not agree with that placement. Encourage them to line (queue) up to read and post their sheets of paper and to move quickly, one after the other. **DO NOT SPEND MORE THAN 10 MINUTES ON STEPS 7 AND 8.**

Training Tip

Have the participants take turns, if possible, allowing each to read the behaviors listed on his or her sheets of paper aloud and then tape it onto the wall. Although this process takes time, reading aloud is also part of the learning process. The activity contributes to the participants' comfort with pronouncing terms about sexual practices. However, if time is short, the exercise can be completed faster by asking all participants to approach the wall at once and to place their sheets of paper in the appropriate category on the wall, without reading the listed sexual behavior.

9. Once all of the sheets of paper have been posted, instruct the participants to gather around the wall and allow them two minutes to observe the placement of the behaviors.
10. After two minutes, ask the participants: Why do you think I asked you to read aloud the sexual behaviors as you taped the sheets of paper on the wall?
11. After a few responses, tell them that you have done this to increase their level of comfort with using these terms.
12. Facilitate a group discussion (five minutes) based on the questions below. Do not move the sheets of paper even if there is disagreement as to where they were placed on the wall. Simply acknowledge the difference of opinion and leave them as they are.
    - Are you surprised by the placement of some of the behaviors? Which ones surprised you and why?
    - How would you feel if someone placed a behavior that you engage in yourself in the "not OK" category?

- How would you feel if someone placed something you felt was wrong or immoral in one of the "OK" categories?
- How did you feel placing someone else's response on the wall? Would you have felt comfortable placing your own responses in front of the group?
- What does this exercise tell us about how clients might feel when providers ask them about their sexual practices?

Training Tip

During the group discussion, make it clear that while the session was about exploring personal judgments related to sexual practices, it is important to acknowledge that some sexual practices, regardless of personal preference, are harmful and constitute forms of sexual violence (e.g., sexual harassment; rape; having sex with children). Other sexual practices may seem more ambiguous in terms of their harmful impacts (e.g., practicing sadomasochism; being tied up by your partner; tying up your partner). Ultimately, for any sexual practice to be considered healthy, there has to be consent from all partners involved. Therefore, practices such as anal sex or sadomasochism, while perhaps not a personal preference for some, are not harmful when all partners involved have given their consent, free from all coercion. Sexual practices become harmful when partners do not consent and are forced or coerced into engaging in them. Rape is a clear example of sexual violence, as there is an absence of consent. Sex between teachers and students, having sex with children, and sex between a child and an adult relative are other examples of harmful sexual practices, because the power imbalances inherent in these relationships make it impossible for those with less power (e.g., children; students) to give consent freely.

Training Tip

A note on pornography: Pornography can be part of a healthy intimate and sexual relationship between freely consenting individuals. For example, some couples may choose to view pornography as part of sexual foreplay. This is a choice that both partners in the relationship make. Another, more detrimental aspect of pornography,

13. Summarize by stating that we should not question or judge different sexual behaviors or practices as right or wrong. Rather, providers must recognize that these behaviors exist and that they need to be considered during clients' decision making about family planning. **DO NOT SPEND MORE THAN 10 MINUTES ON STEPS 9–13**.

Training Tips

- If some participants indicate that a particular sexual practice does not exist in their culture (e.g., anal sex), ask other participants whether they agree. Some participants are more aware of variations in sexual behavior than others and can help their colleagues understand the range of behaviors.
- Do not ask the participants to identify who placed any one response in a particular category. If a participant would like to volunteer such information to explain his or her answer, he or she may do so, but asking might make the participants uncomfortable and would take away the anonymity of the exercise.

C. Summary (8 minutes)

1. Refer to Participant Handout: Essential Ideas and summarize the session by identifying any ideas that may not have been covered during the discussions.
2. Before closing the session, distribute the Participant Handout: Essential Ideas to each participant.

Trainer's Tool
Different Types of Sexual Behavior

This list includes a wide range of sexual activities and behaviors. **Trainers should feel free to add or omit behaviors, depending on the local situation.** For the average-sized group (12 to 15 participants), select 25 to 30 behaviors to allow enough time for discussion. If there is more time (e.g., one hour), you can increase the number of behaviors.

- Hugging
- Paying someone for sex
- Kissing
- Having premarital sex
- Giving oral sex
- Having sex with animals (bestiality)
- Receiving oral sex
- Having sex with a relative considered too close (incest)
- Having group sex
- Having anal sex
- Swallowing semen
- Having sex with someone of the same sex
- Having sex with children (pedophilia)
- Using objects or toys during sex
- Telling someone a lie just to have sex
- Getting paid for sex
- Having sex with someone of another race or ethnicity
- Having sex in public places
- Being faithful to one partner
- Having sex whenever your partner wants it
- Having sex with a person who is much younger
- Having sex with someone who is married
- Having sex with a disabled person
- Masturbating
- Having sex under the influence of drugs or alcohol
- Manually stimulating your partner (using your hand)
- Watching other people have sex
- Having vaginal sex
- Sharing sexual fantasies with others
- Watching pornographic movies
- Being celibate
- Having sex with many partners
- Having sex in exchange for money to support your children
- Having sex with people you do not know
- Having sex without pleasure
- Initiating sexual encounters
- Having sex with your spouse because it is your duty
- Practicing sadism and masochism
- Sexual harassment
- Having sex with someone only because they promised to give you something in return for sex
- Sex between a teacher and a student
- Rape
- Having oral-anal sex
- Using a vibrator for sexual pleasure
- Engaging in "dry sex"
- Placing objects in the rectum
- Sex between a child and an adult relative
- Placing objects in the vagina
- Having sex with someone other than your spouse (adultery)
- Placing devices on the penis to maintain an erection
- Agreeing to have sex with someone who will not take no for an answer
- Tying up your partner
- Being tied up by your partner

Participant Handout: Essential Ideas

- Gender norms can influence women's and men's sexual identity and practices and this in turn can have an influence on clients' choice of family planning methods and continued use of the method they choose.
- Discussing sexuality might reveal underlying issues and concerns that affect clients' family planning needs and decisions. Sexuality is closely related to one's individual risk for contracting sexually transmitted infections and ways of reducing that risk.
- Discussing sexuality can improve the overall quality of care by fostering comfort and trust between clients and providers.
- Providers often shy away from discussions of sexuality because of their own discomfort or because they fear that such discussions might be culturally inappropriate or offensive to clients.
- The provider is responsible for being comfortable with introducing the subject of sexuality and helping clients feel comfortable enough to respond to questions concerning their sexual behavior. The provider should not question or judge sexual behaviors or practices. Rather, providers should recognize the behaviors that clients might engage in and help clients consider those behaviors when they are making decisions about family planning.
- It is important to acknowledge that some sexual practices, regardless of personal preference, are harmful and constitute forms of sexual violence (e.g., sexual harassment; rape; having sex with children). Other sexual practices may seem more ambiguous in terms of their harmful impacts (e.g., practicing sadomasochism; being tied up by your partner; tying up your partner). Ultimately, for any sexual practice to be considered healthy, all partners involved must consent. Therefore, practices such as anal sex or sadomasochism, while perhaps not a personal preference for some, are not harmful when all partners involved have given their consent, free from all coercion. Sexual practices become harmful when partners do not consent and are forced or coerced into engaging in them. Rape is a clear example of sexual violence, as there is an absence of consent. Sex between teachers and students, sex with children, and sex between a child and an adult relative are other examples of harmful sexual practices, because the power imbalances inherent in these relationships make it impossible for those with less power (e.g., children; students) to give consent freely.

A note on pornography: Pornography can be part of a healthy intimate and sexual relationship between freely consenting individuals. For example, some couples may choose to view pornography as part of sexual foreplay. This is a choice that both partners in the relationship make. Another, more detrimental aspect of pornography, however, is its construction of women as sexual objects to be used by men. Most pornographic materials objectify women and promote unhealthy images of and messages about women, such as: all women want sex all the time from all men; women enjoy all sexual acts performed or demanded by men; and even though a woman may resist at first, she can easily be turned on with the use of sexual force. Most pornographic materials build off of gender inequalities and power imbalances between women and men, by communicating and perpetuating the belief that men should exercise sexual dominance over women. While pornography does not in itself cause men to be sexually violent towards women, it nonetheless promotes harmful beliefs and norms about women—and men—and about the acceptability of nonconsensual sexual relationships.

Sexuality

Sexuality is an expression of who we are as human beings. Sexuality includes all of the feelings, thoughts, and behaviors related to being male or female, to being attractive and being in love, and to being in relationships that include intimacy and physical sexual activity.

Sexuality begins before birth and lasts throughout a person's life. Our sexuality is shaped by our values, attitudes, behaviors, physical appearance, beliefs, emotions, personality, likes and dislikes, religion, and all of the ways in which we have been socialized. Consequently, the ways in which an individual expresses his or her sexuality are influenced by ethical, spiritual, cultural, and moral factors.

Sexuality:

- Is an expression of who we are
- Involves the mind and the body
- Is shaped by our values, attitudes, behaviors, physical appearance, beliefs, emotions, personality, likes and dislikes, and the ways we have been socialized
- Is influenced by social norms, culture, and religion
- Involves giving and receiving sexual pleasure as well as enabling human reproduction
- Spans our lifetimes

Aspects of Sexuality

1. ***Sensuality*** is how our bodies derive pleasure. It is the part of our experience that deals with the five *senses:* touch, sight, hearing, smell, and taste. Any of these senses, when enjoyed, can be "sensual." Sensuality is also part of the sexual response cycle; it is the mechanism that enables us to enjoy and respond to sexual pleasure.

   Body image also is a part of sensuality. Feeling attractive and proud of one's body influences many aspects of life.

   The desire to be touched, held, or caressed is an essential aspect of healthy development, because it is about appreciating one's body and understanding how it functions. Puberty and adolescence are critical stages in the development of sexuality, and during this time young people often develop strong pleasurable feelings about other people whom they may or may not know—for example, pop stars, celebrities, or peers. The desire to hug, kiss, or be physically intimate with others is an important step in young people's sexual development. This does not mean that young people act out such desires continually or that they should be encouraged to do so, but experiencing such emotions and desires is part of healthy sexual development.

2. ***Intimacy*** is the part of sexuality that deals with the emotional aspect of *relationships*. Our ability to love, trust, and care for others is based on our experience of intimacy. We learn about intimacy from our relationships with those around us, particularly relationships within our families.

   Emotional risk taking is part of intimacy. To be truly intimate with others, a person must open up and share feelings and personal information. We take a risk when we do this, but intimacy is not possible otherwise.

3. Every individual has his or her own personal ***sexual identity***. Sexual identity has five main components:
   - *Biological sex* is our physical status of being either male or female.
   - *Gender identity* is how we feel about being male or female. Gender identity starts to form at about age 2, when a little boy or girl realizes that he or she is different from people of the opposite sex.
   - *Gender roles* are the behaviors that society expects us to exhibit that are associated with our biological sex. What behaviors do we expect of men and what behaviors do we expect of women? And when did we learn to expect these behaviors? These sets of behaviors are gender roles, and they begin to form very early in life.
   - *Sexual orientation* is the final element of sexual identity. Sexual orientation refers to the biological sex to which we are sexually and romantically attracted. Our orientation can be heterosexual (attracted to the opposite sex), bisexual (attracted to both sexes), or homosexual (attracted to the same sex). People often confuse sexual orientation and gender roles. For example, if a man is very feminine or a

woman is very masculine, people often assume that these individuals are homosexual. However, they actually are expressing different gender roles: Their masculine or feminine behavior has nothing to do with their sexual orientation. A homosexual man may be very feminine, very masculine, or neither; the same applies to heterosexual men. Also, a person may engage in same-sex sexual behavior and yet not consider himself/herself homosexual.

- *Sexual behavior* refers to sexual practices that we engage in consensually. A person's sexual behavior does not always indicate her or his sexual orientation. For example, not all individuals who have had one or more sexual experiences with members of their own sex define themselves as homosexual or are considered homosexual by society. Some adolescent boys who experiment sexually with other boys (for example, by masturbating in a group) and some men who have sex with other men in isolated settings, such as prisons, do not consider themselves, and are not considered by others, to be homosexual. This is why more neutral terms, such as women who have sex with women (WSW) and men who have sex with men (MSM) are often used, because these terms refer to sexual behaviors without specifying a particular sexual identity.

4. ***Sexual health*** is the integration of the physical, emotional, intellectual, and social aspects of being sexual in ways that enrich and enhance us—our personality, communication, and love. It involves our behavior related to producing children, enjoying sexual relationships, and maintaining our sexual and reproductive organs. Issues like sexual intercourse, pregnancy, and sexually transmitted infections are part of our sexual health. Sexual health also refers to the rights to exercise control over one's sexuality free of coercion or violence and to receive information about sex.
5. ***Sexuality to control others*** is when sex is used to violate someone's rights or to get something from someone (e.g., rape; sexual abuse)

Power Imbalances and Sex

Unfortunately, sometimes power is used to force someone to engage in sex when they do not want to. This is not healthy and is often penalized by laws. Sometimes people misuse their power to manipulate or sexually violate someone. Rape is a clear example of the abuse of power to force someone to engage in sex. It is against human rights and outlawed in almost all countries. Sexual abuse and prostitution are other examples of the use of power to control others.

World Health Organization's Working Definition of Sexual Rights

Sexual rights embrace human rights that are already recognized in national laws, international human rights documents, and other consensus statements. They include the right of all persons, free of coercion, discrimination, and violence, to:

- Equality and nondiscrimination
- Freedom from torture or cruel, inhumane, or degrading treatment or punishment
- Privacy
- The highest attainable standard of health (including sexual health) and social security
- Marry and found a family and enter into marriage with the free and full consent of the intending spouses, and equality in and at the dissolution of marriage
- Decide the number and spacing of one's children
- Information, as well as education
- Freedom of opinion and expression
- An effective remedy for violations of fundamental rights

The responsible exercise of human rights requires that all persons respect the rights of others.

Source: WHO draft working definition, www.who.int/reproductivehealth/topics/sexual_health/sh_definitions/en/index.html

How Sexuality Relates to Family Planning Counseling

(Why is it important to address sexuality as a part of family planning counseling?)

- Pregnancy is one possible outcome of sexual activity; sexually transmitted infections are another.
- Sexuality and sexual practices can have implications for a client's decisions about contraceptive method use and sexually transmitted infection risk reduction.
- People might stop using a contraceptive method if they perceive it as interfering with the sexual act or decreasing their sexual pleasure.
- Clients might feel reluctant to try a certain method (e.g., vasectomy or condoms) out of fear that it will affect sexual pleasure or response (for themselves, their partner, or both).
- Clients might have underlying concerns about sexuality that are the real reason for a facility visit or that are more important than the stated reason for their visit.
- A client's needs might be related to sexual abuse or coercion, rape, or incest—issues that need to be addressed in order to provide effective services.
- Discussing the prevention of sexually transmitted infections must include discussing the specific sexual practices that place a person at risk, as well as sexual practices that are safer.
- Taking sexuality into consideration during counseling might help improve client satisfaction with services and thus help to attract new clients and retain them.

- Exploring clients' sexuality—rather than making assumptions about it—enables providers to better tailor counseling to clients' circumstances (e.g., frequency of sex, number of partners, ability to discuss/negotiate with the partner, and so on).

DAY 5

Recap of Day 4 (Day 5)

Objective

1. To review the main information communicated during Day 4.

Time

20 minutes

TRAINING STEPS

1. Start by welcoming everyone back to the workshop. Next, explain that you would like to begin the day by recalling the main information shared the previous day.
2. Ask for some volunteers to briefly recount for the rest of the group the information communicated during Day 4. Spend no more than 10 minutes on the recap.
3. Next, review the day's agenda, and address any questions or concerns from participants.

Facilitation Practice (Day 5)

Objective

1. To strengthen participants' facilitation skills

Time

2 hours, 35 minutes

TRAINING STEPS

Team 1 Facilitation (45 minutes)

1. Invite the first facilitation team to come to the front of the room to lead their session.

Feedback for Facilitation Team 1 (10 minutes)

1. After Facilitation Team 1 is done facilitating, lead a 10-minute debrief in plenary with all participants, using the following questions:
   - What were the strengths of the session?
   - What are some areas for improvement?
   - How prepared were the facilitators?
   - Did the facilitators provide clear instructions for the activity?
   - How well did the facilitators understand the material?
   - How well did the facilitators model gender equality? How well did they challenge gender stereotypes?
   - How well did the facilitators engage the audience?

Team 2 Facilitation (1 hour, 30 minutes)

1. Invite the second facilitation team to come to the front of the room to lead their session.

Feedback for Facilitation Team 2 (10 minutes)

1. After Facilitation Team 2 is done facilitating, lead a 10-minute debrief in plenary with all participants, using the following questions:
   - What were some of the strengths of the session?
   - What are some areas for improvement?
   - How prepared were the facilitators?
   - Did the facilitators provide clear instructions for the activity?
   - How well did the facilitators understand the material?
   - How well did the facilitators model gender equality? How well did they challenge gender stereotypes?
   - How well did the facilitators engage the audience?

Closing Circle and Workshop Evaluation (Day 5)

Objective

1. To share main takeaways from the workshop
2. To complete a workshop evaluation

Time

30 minutes

Materials

- Participant Handout 17: Posttest
- Facilitator Resource 12: Pretest/Posttest Answer Key

Advance Preparation

1. Make enough copies of the participant handout for each participant.

TRAINING STEPS

1. Thank the participants for their active engagement in the day's sessions. Explain that you will end the workshop with a closing circle.
2. Ask participants to stand and form a circle. Explain that you will go around the circle and ask each participant to share one important thing that he/she learned or that he/she realized during the workshop
3. After you have gone around the circle, thank everyone for their hard work during the five days of the workshop. Spend no more than 15 minutes on steps 1–3.
4. Next, ask participants to remain in the room for an additional 15 minutes to complete a workshop evaluation. Hand out copies of *Participant Handout 17: Posttest*.

Participant Handout 17: Posttest

Participant sex (circle one):

Female

Male

Statements	AGREE	PARTIALLY AGREE	PARTIALLY DISAGREE	DISAGREE
Men need more sex than women do.				
Men are always ready to have sex.				
A man needs other women even if things with his wife are fine.				
A woman who has sex before marriage does not deserve respect.				
A woman should not initiate sex.				
The man should decide when to have sex.				
It is a woman's responsibility to avoid getting pregnant.				
There are times when a woman deserves to be beaten.				
A woman should tolerate violence to keep her family together.				
Women are often raped because they dress provocatively.				
A woman has the right to practice a contraceptive method without the knowledge or consent of her partner.				
It is OK for a man to hit his wife if:				
• She refuses to have sex with him.				
• She neglects the children.				
• She goes out without telling him.				
• She is unfaithful.				
• She argues with him/ talks back to him.				
If a man forces or coerces his wife to have sex, then he has committed rape.				
A woman should have sex with her husband even if she does not feel like it.				
A woman's role is taking care of her home and family.				
A man should have the final word about decisions in his home.				
The man is the natural leader of the home.				
A woman should be able to talk openly about sex with her husband.				
A woman can suggest using condoms just like a man can.				
Women and men should share household chores.				
It disgusts me when I see a man acting like a woman.				
Male homosexuality is a natural expression of sexuality in men.				

Female homosexuality is a natural expression of sexuality in women.				
A person's sexuality should not block that person's access to basic rights and freedoms.				

TRUE OR FALSE

1. Sexuality refers only to our ability to reproduce.

   TRUE FALSE

2. Sex refers to the roles and responsibilities society attributes to women and men.

   TRUE FALSE

3. Gender refers to the physiological attributes that identify a person as female or male.

   TRUE FALSE

MULTIPLE CHOICE

1. Gender:
   a) Is a social construct.
   b) Changes over time and is based on context.
   c) Is not static.
   d) All of the above

2. Socio-cultural norms have an influence on women's and men's sexual and reproductive health because:
   a) They can hinder women's ability to negotiate condom use with a partner.
   b) They can hinder women's ability to refuse sex with their partner.
   c) They can prevent couples from speaking openly about sex.
   d) They can encourage men to have multiple sexual partners.
   e) All of the above

SELF-ASSESSMENT

On a scale of 1 to 10 (1=low; 10=high), how would you rate yourself on the following?

a) Your understanding of the links between gender norms and sexual and reproductive health

1 2 3 4 5 6 7 8 9 10

b) Your understanding of gender norms and their differential impacts on women and men

1 2 3 4 5 6 7 8 9 10

c) Your sensitivity to gender norms and their differential impacts on women and men

1 2 3 4 5 6 7 8 9 10

d) Your capacity to take gender into account when facilitating trainings on contraceptive technology

1 2 3 4 5 6 7 8 9 10

Please use the space below to write any comments and/or suggestions about this training.

Facilitator Resource 12: Pretest/Posttest Answer Key

TRUE OR FALSE

1. Sexuality refers only to our ability to reproduce.

   TRUE **FALSE**

2. Sex refers to the roles and responsibilities society attributes to women and men.

   TRUE **FALSE**

3. Gender refers to the physiological attributes that identify a person as female or male.

   TRUE **FALSE**

MULTIPLE CHOICE

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   b) They can hinder women's ability to refuse sex with their partner.
   c) They can prevent couples for speaking openly about sex.
   d) They can encourage men to have multiple sexual partners.
   e) **All of the above**