



PROGRAM RA

SECOND EDITION





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Why the Second Edition of Program Ra?

It stems from our belief in the vital role of men and young boys in preventing violence against women and girls and the necessity for them to be actively involved in issues of sexual and reproductive health and rights and to focus on how sexual and reproductive health and rights intersect with gender and women's rights. Gender inequality is not only the main vulnerability factor related to sexual and reproductive health and rights for women and girls, but gender norms also influence decision making and thus limit the ability to access sexual and reproductive health and rights.

Accordingly, the Second (or amended) Edition of Program Ra goes beyond just addressing sexual and reproductive health and rights issues, and seeks to focus on the inclusion of a set of issues that include topics related to Comprehensive Sexuality Education.

By doing so, we will be able to have more in-depth discussions and conversations with young people about how gender and human rights relate to sexual rights, healthy relationships, sexual diversity, family planning, contraception and sexually transmitted diseases. This allows the participants to reflect on their own perceptions and creates a strong foundation for young people who support gender equality and sexual health for all.

The partners

This Second Edition of Program Ra is developed under the Prevention+ program. A five-year GBV program coordinated by Rutgers, Promundo and Sonke Gender Justice and financed by the Dutch Ministry of Foreign Affairs. ABAAD and SALAMA worked together (as partners of Prevention +) worked on the adaptation of Program Ra in order to effectively address information gaps on SRHR in the first edition of Program Ra.

Combining SALAMA's expertise in sexual and reproductive health and rights (SRHR) and comprehensive sexual education (CSE) and ABAAD's expertise in women's rights and engaging men and boys was an added value for developing the second edition of Program Ra. It is worth noting that Promundo and Rutgers contributed to the development process by providing the necessary technical support.

The process

During the adaptation process of this manual, we conducted an experts' meeting on January 2020, where a group of participants with a strong expertise in topics related to GBV and SRHR were invited to share feedback on the first edition of Program Ra's training manual as well as the Comprehensive Sexual Education curriculum developed by IPPF in partnership with SALAMA. Moreover, fundamental discussions took place during this workshop where the experts shared the best ways to merge the training modules in both manuals.

This workshop was followed up by an online validation workshop that was held in May 2020 with a group of youth volunteers from SALAMA. During this workshop, the participants were consulted about the number, order and content of the modules/sessions.

This process culminated with this manual that we put at your disposal- the Masculinities and Comprehensive Sexuality education manual for adolescents and young adults, that fully covers gender, GBV and Comprehensive Sexual Education issues.

This manual is named program Ra, as Ra is the first letter of "Rajol" in Arabic, which means Man.

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Acknowledgements

ABAAD gladly shares with you the Lebanon-contextualized version of the “Programme H” Manual. This manual, prepared by our colleagues at Promundo-US, a non-governmental organization in Brazil, is considered a revolutionary approach in working with young men to deconstruct the concepts in relation to gender and masculinity. It provides easy communication methods to young men in regards to various gender related issues using age-appropriate entertaining and interactive activities. To maximize its impact, the manual was amended to fit the context of different countries around the world. ABAAD, in partnership with Promundo-US and funded by Womanity, adapted the first edition of this manual to the Lebanese context, hoping to promote discussions about gender with young men living in Lebanon (including host and refugee communities) in the same interactive way.

We would like to extend our gratitude to Womanity Foundation for their support on this project. Without their collaboration, this manual- and the opportunities it will create- would not have been translated into reality in Lebanon. We would like as well to thank our partner, Promundo-US, for their guidance, expertise and direct operational support throughout the process.

We would like to express our deep appreciation to our colleagues in the Balkans and Brazil for dedicating their time and passionate efforts to share their knowledge and best practices in relation to this manual through the exchange of field visits.

Last but not least, the production of this manual would not have been possible without the valuable commitment of the experts, trainers, and members of the MenEngage network in Lebanon, let alone the Lebanese young men who volunteered for testing the manual and providing their feedback, which shaped the manual and contributed to its success.

As for the second (or amended) edition of Program Ra, ABAAD and SALAMA would like to thank all the contributing partners who reviewed, gave feedback and supported the work on this manual. ABAAD and SALAMA would like as well to express their appreciation to the participants in the experts’ meeting and SALAMA’s youth volunteers who were part of the validation of this second (or amended) edition of Program Ra. Finally, we would like to express our recognition to the Dutch Ministry of Foreign Affairs that funded this project.



ABOUT ABAAD

ABAAD, founded in 2011, is a Lebanon-based non-profit, and non-religious civil association that aims to promote sustainable social and economic development in the MENA region. ABAAD seeks to promote equality and partnership between women and men and activate women's participation through policy development, legal reform, integrating the concept of gender, enhancing male participation in this process, eliminating discrimination, empowering women and enhancing their capabilities to participate effectively in their societies. ABAAD also seeks to cooperate with civil society organizations involved in gender equality programs and advocacy campaigns. ABAAD adopts the principle of equal opportunity and is committed to protection from sexual exploitation and abuse.



ABOUT Promundo

Promundo is a global leader in promoting gender justice and preventing violence by engaging men and boys in partnership with women and girls. Promundo believes that working with men and boys to transform harmful gender norms and unequal power dynamics is a critical part of the solution to achieve gender equality. For the empowerment of women and girls to progress, men and boys must see themselves as allies in the process. Men and boys also benefit when harmful norms are challenged. Promundo's research, programs, and advocacy efforts show that promoting healthy masculinity (or positive notions of "what it means to be a man") and femininity (or "what it means to be a woman") leads to improvements in men's own lives, and in the lives of women and girls.



ABOUT SALAMA

SALAMA- the Lebanese Association for Family Health- is a non-governmental organization funded in 2008 under the factual attestation No.1740. It is a member association of the International Planned Parenthood Federation (IPPF). SALAMA advocates for Sexual and Reproductive Health and Rights (SRHR) by encouraging the competent authorities in Lebanon to support and protect SRHR, It also provides and supports high-quality services (for children, youth, men and women), and raises awareness among all segments of society (especially the disadvantaged and marginalized) to enable them to make informed decisions regarding their rights and sexual and reproductive health.

SALAMA is a member of various task forces and networks in Lebanon and across the Arab World region. Salama seeks to improve the quality of life of individuals and to achieve community development by strengthening partnerships with stakeholders.



ABOUT Rutgers

Rutgers is an IPPF member and international center of expertise on sexual and reproductive health and rights. Rutgers believes that everyone should be able and free to enjoy their sexuality and relationships. On a national and international levels, Rutgers conducts research, engages in advocacy and implements programs to advance young people's sexual and reproductive health and rights. Rutgers has embraced gender transformative approaches, because we believe it is necessary to work with all genders to address negative sexual norms and unequal power dynamics to ensure SRHR and gender justice for all. Together with partners, Rutgers works on topics like sexuality education, access to contraception and prevention of sexual violence.

METHODOLOGY OF REVISION AND ADAPTATION OF PROGRAM H TO THE NATIONAL LOCAL CONTEXT

1- Desk Review by a Committee of Local Experts

ABAAD contacted several experts in the field gender equality to set the review and adaptation mechanisms in relation to the manual, particularly the ones who work with youth and on masculinities, for a preliminary revision of Program H manual. The purpose of the desk review is as follows: a) select the sections that require contextualizing, and b) suggest recommendations based on their expertise and understanding of the Lebanese context particularly with young men from host and refugee communities in Lebanon. Following the committee's review and inputs, ABAAD compiled the recommendations and recruited a translator to work on the 12 workshops/sessions that were selected with the aforementioned suggestions incorporated.

2. Revision and Testing with a Group of Trainers

Between the 26th and 29th of January 2016, ABAAD conducted a workshop for Programme H for the trainers working on field-level with young ABAAD organized, between January 26 and 29, an optional training workshop for the "Program H in the local context in Lebanon, with the direct participation of trainers working with youth on the ground .

The main goal of the training was to review each exercise in the manual in line with the recommendations set by ABAAD and the committee of experts. After every activity, an additional discussion session was conducted with the trainers to collect their feedback, focusing on the following:

- a. Challenges and obstacles in the field;
- b. The added value of each activity;
- c. The amendments and additions to be incorporated in the manual;
- d. The trainers' notes on the workshops;
- e. Any changes to be taken into consideration by the trainer in relation to the setting of implementation (school, communities' acceptance of certain subjects, etc) and the participants' age group.

3. Revision and Testing with a Group of Young Men

ABAAD organized between the 25th and 28th of April 2016, a training with young men living in Lebanon in the final stage of testing Program H, and tailoring it to the Lebanon context. Similar to the adaptation process previously undertaken with the trainers, the training consisted of a revision for each of the activities in the manual, while maintaining the original recommendations of the trainers and the committee as a baseline.

Several group discussions were conducted with the young men following each activity to collect their feedback and inputs. Some of the opinions and feedback expressed are as follows:

- a. Did they feel that the activity was beneficial for them on a personal level?
- b. Did they gain any new information and knowledge about the subject of the activity?
- c. What was their emotional state and impression during the activity?
- d. How much comfortable they felt with the subject?
- e. Was participating in the discussion easy among other issues?

Their feedback was taken into consideration to implement the necessary amendments on the contextualized version of the present manual.

THE FINAL OUTCOME WAS THE CONTEXTUALIZED VERSION OF PROGRAM H MANUAL IN LINE WITH THE LEBANESE CONTEXT, WHICH WAS FIELD-TESTED IN COOPERATION WITH EXPERTS, TRAINERS, AND YOUNG MEN LIVING IN LEBANON.

Why do we work with young men?

Throughout the years, there were a lot of presumptions on the well-being of young men and boys, mainly that they are in good health and that their needs are less than their female counterparts. In other times, there were assumptions that they are aggressive and indifferent to their well-being. They were labelled as violent- against their peers or against women- without understanding their upbringing and how they are encouraged to be violent.

New studies and recommendations call for a deeper understanding on how young men are raised and what they need in terms of healthy development, and the means in which their guardians and others in their surrounding can help them progress. In the past 20 years, many initiatives worked on empowering women and resolving gender inequality, yet many stakeholders and women rights activists realized that the well-being and comfort of women- whether adult or young- requires also the engagement of men and boys too.

The International Conference on Population and Development (ICPD) in 1994, and the Fourth World Conference on Women in Beijing in 1995, provided a baseline to engage men in the efforts to improve the status of women and young girls. For instance, the plan of action set by the International Conference on Population and Development recommends “encouraging gender equality in all aspects of life including family and society, and encouraging men to be responsible for their behavior in relation to sexual and reproductive health and their roles in family and society”.

In 1998, the World Health Organization (WHO) decided to have a special focus on the needs of adolescent boys stating that they are generally subjected to negligence when developing adolescent health programs. Additionally, UNAIDS dedicated the campaign to fight the human immunodeficiency virus (HIV)/AIDS during the period 2000-2001 for men and young men in the framework after recognizing that men's behavior puts them and their partners at risk, and that men should be engaged in a well-thought approach to support the prevention of HIV transmission, as well as people living with HIV.

The past few years witnessed an increased recognition of the burdens borne by young and adult men, compared to women, due to the traditional aspects of their masculinities and gender roles, particularly their lack of engagement in their children's lives; an increase in the mortality rate among men caused by traffic accidents and suicide; and an increased level of addiction and dependency on alcohol and other substances. Moreover, young and adult men have various health needs that require the adoption of gender perspective to achieve them. Yet what does it mean to implement such a perspective whilst working with young and adult men? Gender, in comparison to sex, refers to the ways in which we were brought up; how we behave, work, and dress as men and women. It is the method that enforces the roles, forming a stereotyped pattern that is accepted and subsequently taught to others.

Most of the behaviors of men and boys are attributable to their upbringing; whether through negotiations with their partners about using condoms, for being caregivers to the children, or when exercising violence against their partners. Sometimes, a presumption that such behaviors by men and boys are "normal" because "it is their nature to act as such".

Yet violent young men and the increase in substance abuse and suicide rates, as well as their degrading behavior towards their partners, stem mainly from the adopted methods in upbringing boys and girls among their families and community.

It is not easy to change the upbringing methods of boys yet it is crucial to change the negative traditional aspects of masculinity. Most cultures encourage boys to be violent and competitive, as key factors to become the provider and the protector, while girls are taught to accept the male dominance. Sometimes, boys are brought up to commit to strict concepts of "honor" that drives them even further into violence in order to prove their masculinity and that they are "real men".

Boys that express interest in caregiving for their younger siblings or in cooking, or other house chores, and boys who have friendly relations with girls, boys who express their feelings or never had sexual relations before, are subjected to bullying and mockery from their families and peers, often described as "sissies". In most cases, boys are brought up to be independent to a reckless extent in which they stop caring for their wellbeing, thus, never seeking help when they are exhausted. The ability to express their concerns and request support is key to reducing substance abuse and unprotected sexual encounters, which also partially explains why boys tend towards violence more than girls.

Research shows that the upbringing methods of boys has direct impact on their health. A national survey conducted in the USA with male adolescents between 15 and 19 years old as subjects, found that young men with traditional opinions on sexism and masculinity, are mostly the same ones that abuse substances, use violence, and engage in unprotected sex, while their peers who do not abuse substances, use violence and engage unprotected sex have a more flexible understanding of what a “real man” is.

Therefore, working with young and adult men from a gender perspective boils down to 2 main points:



Gender Roles

engaging boys in discussions and think-tanks about the absence of gender equality, and arguing the roles enforced exclusively on women like child care, house chores, and sexual/reproductive health.



Gender Equality and Equity

exploring the various needs of boys in relation to their health and development as affected by their upbringing. This means, for example, engaging boys in discussions about substance abuse and risky behaviors, as well as helping them understand the deeper reasons why they feel compelled to act or behave in a certain way.

The present manual attempts to combine these 2 perspectives.

What are the Guiding Principles of Engaging Men?

Even though men are not considered violent or ruthless by nature, yet the majority of them do not recognize that they are privileged in their society by being males. One of the privileges men have is the encouragement to exercise violence against women and girls with no consequences.

Many cultures encourage gender inequality, mainly by raising boys on patriarchy and comparisons (male versus female; the powerful versus the weak) that shape their gender roles.

Engaging men helps them to change themselves, and subsequently contribute to society as a whole. Equipping men with the knowledge and tools needed to change helps them change their negative methods, allowing them to move from a traditional perspective on dominant and harmful gender roles to choose better behaviors that promote personal and societal harmony.

Human rights and gender equality are not theoretical concepts. They provide applicable frameworks that support men and women in choosing better behaviors entailing greater fairness and satisfaction.

This transformation process should be based on self-recognition in which the men, at their own pace, do not feel subjected to prejudice, thus able to change. Most of the men who participated in the session shared a common upbringing- a patriarchal one- in which they didn't feel the necessity to question their behaviors. Most probably they will feel that the subjects of the session are difficult and full of challenges, and may feel a sense of blame once they state that their upbringing is a major contributor to their violent behavior.

Men and women are raised in a patriarchal setting under the father's authority. They will not feel compelled to change that system until they realize that its values are problematic. Then, when the need to change a system that promotes violence becomes necessary, they will face resistance from others, both men and women equally. The process requires the engagement of men for a durable transformation on gender, decrease the time required for the transformation, and increasing the resources. The patriarchal system stretched over many eras, which means a lot of effort, resources and time is required to change individuals. The training session is invaluable yet a sole tool to undergo the transformation.

The "proper" or "correct" manifestations of masculinity and their meanings may differ from one culture to another. The trainers and program developers should exercise an additional effort to contextualize the training sessions, taking into consideration, for example, the setting and the hosting environment. While it is important to take into consideration the cultural and environmental settings of the training session and its participants, yet it should not be at the expense of the main messages that the session wants to deliver.

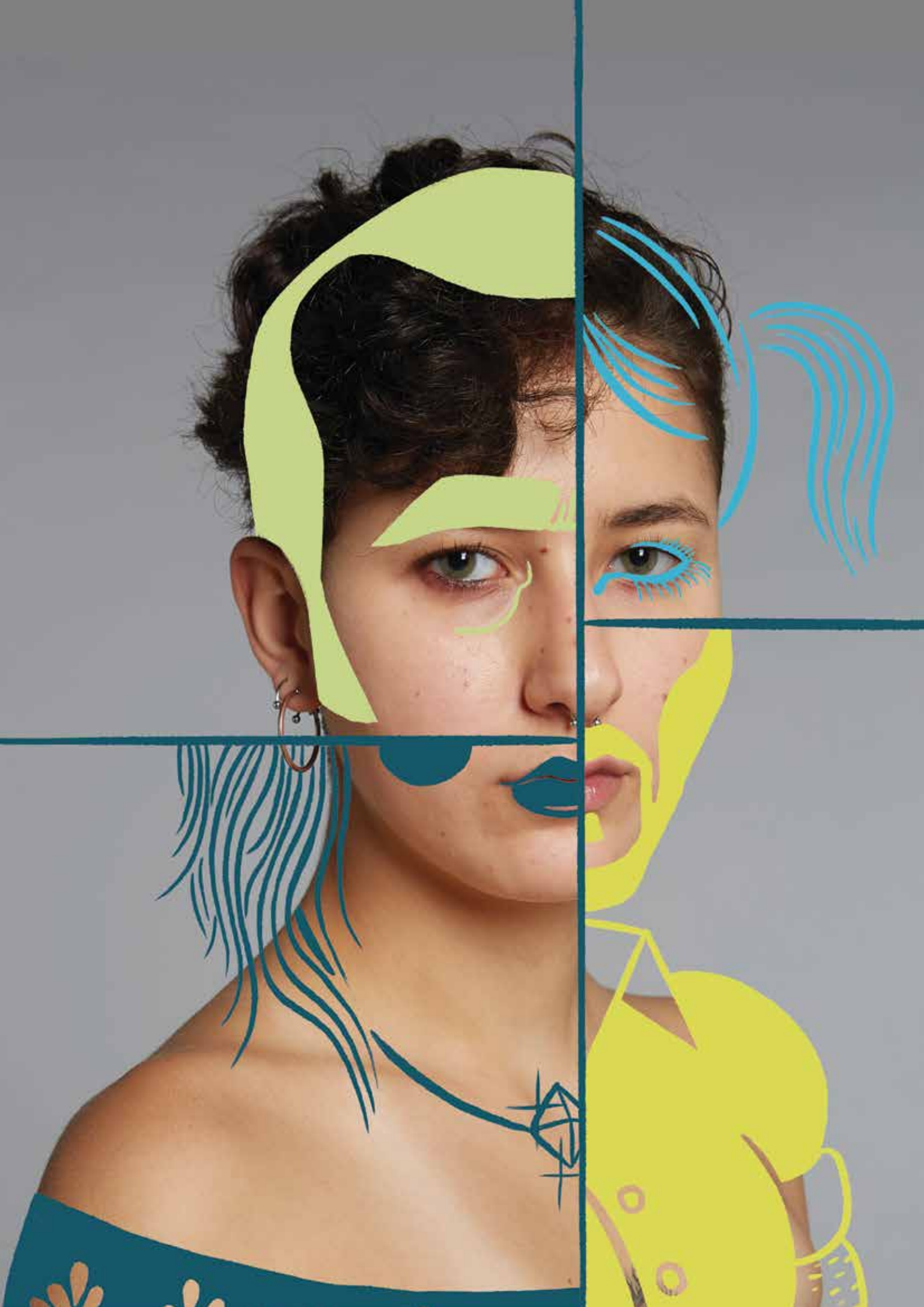
What are the Skills and Qualifications of the Facilitators?

- a. The facilitator should have experience in social and/or psycho-social work (academic and/or specialized). More importantly, the facilitator should have a deep understanding and knowledge of gender equality, gender roles, and gender-based violence as well as the cultural indicators of these subjects in Lebanon.
- b. Comprehensive communication with communities for behavioral change: despite focusing on engaging men and boys, yet women and girls should be supported in understanding the positive aspects of masculinity and gender equality. Trainers should have good facilitation skills to deal with resistance, conflict resolution, and intense reactions (which is the reason why comprehensive communication with communities for behavioral change is recommended)

The key messages cannot be delivered without a deep knowledge on these subjects, or even the most vital of messages can miss their mark and even harm the participants and their families. It is worth noting that gender-based violence affects society as a whole, thus it is important to learn the concepts and modern terms so the efforts for transformation are fruitful and “harmless”.

Choosing the Right Facilitators

Ideally, two facilitators will be conducting the sessions to provide support to each other, mitigate and resolve conflicts when the need arises, and monitor any unusual indicators that needs to be taken into consideration during evaluation. The participants who show interest, engagement and knowledge are considered to have a higher sense of responsibility on these subjects and are more likely to become effective leaders in the transformation process.



WORKSHOP 1

WHAT IS GENDER?



Goal

Understanding the difference between sex and gender, and thinking about the ways men and women are expected to behave



Timeframe

1 hour



Required equipment

- ✓ Flipchart (board)
- ✓ Marker

Planning Notes:

When discussing the terms to define “man” and “woman”, it is important to note the same terminology used by the participants. If you realise that some of the participants are shy to use some words, initiate the discussion by making some suggestions yourself. Make sure to go through the issues of using derogatory terms some participants might use to express their thoughts.

Process:

1. Draw 2 columns on the board. In the first one, write “Man”; and in the second write “Woman”.
2. Ask the participants to list words/characteristics which relate to “Man”; and write their answers on the board immediately. Some of the answers might be positive or negative. Help the participants to name and take into consideration the social and physiological characteristics of the “Man”.
3. Repeat these steps under the “Woman” column.
4. Go through the answers of the participants in each column.
5. Switch the titles of the columns: “Man” becomes “Woman” and vice-versa. Ask the participants if the answers under “Man” still apply to “Woman”; and vice-versa.
6. Use the questions below to facilitate the discussion regarding what characteristics the participants think don’t apply for both men and women equally, and why. Explain that biological/physiological differences are “sex” characteristics, as the social ones are gender characteristics.

Optional Step:

To help you highlight the differences between sex and gender, you may wish to collect photos of men and women and present them to the participants about sexual (sex) and gender (social) characteristics of each.

The photos may include: a woman washing dishes (gender); a woman breastfeeding (sex); a man fixing a car or fishing (gender). Ask the participants if the photo signifies gender or sex, and to justify their answers.

Questions for Discussion:

1 | What does it mean to be a man?

What does it mean to be a woman?

2

3 | Do you think that men and women are raised the same way?

What are the roles of men in intimate relations?
What are the roles of women?

4

5 | How do men express their feelings? Is it different from the way women express their feelings? Why do you think there is a difference?

How do men express their sexuality? Is it different from the way women express their sexuality? Why do you think there is a difference?

6

7 | What are the roles of men during the reproductive process? Is it different from the roles of women? How?

Is our perception of the roles of men and women affected by what family members and friends think it should be? How?

8

9 | Do media affect gender roles? If yes, in what ways? How do media present women? How do they present men?

How do differences or how does inequality between men and women affect our daily lives?

10

11 | What are the roles of men during the reproductive process? Is it different from the roles of women? How?

How can you, in your personal life, challenge some of the different behaviours that are expected from men? How can you challenge some of the different behaviours that are from women?

12

Conclusion

Throughout our lives, we receive messages from family, friends, and media about how we are expected to behave as men, and how to treat other women and other men. Despite that there are some differences between men and women, yet it is important to know that these differences stem from society alone, and that they are not related to any biological or natural factors. These differences can affect the life of men and women and their relationships on a daily basis. For instance, the man is expected always to be strong and dominant in his relations with others, including his partner. Similarly, the woman is expected to be submissive to the man's authority.

There are a lot of negative consequences for these gender stereotypes as we will see in the sessions. As you become more aware of how some stereotypes negatively influence men and women, you will constructively think about the ways to challenge these stereotypes and promote better positive gender relationships in your life and community.

Resources

Sex

refers to sexual and biological characteristics that determine if a person is a male or female.

Sexuality

refers to the expression of feelings, thoughts, and behaviours as men and women. It includes our feelings of attraction and love, and our behaviour during sexual relations.

Gender

refers to the social differences between men and women, the inequality between them (such as outfit and behaviour). We learn these behaviours and expectations from our family, friends, religious institutions, cultural institutions, school, work, and media.

Examples of sexual and gender characteristics of men and women



Cultural

Learnt from society and upbringing



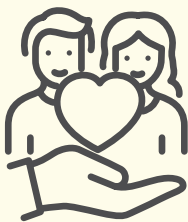
Biological

Hereditary

THUS
Can it be changed?

YES

Example



Work

Caregiving for children and the elderly can be for both men and women

NO

Example



Only women can give birth



Only men can fertilize ovarian eggs



WORKSHOP 2
ACT LIKE A
MAN
ACT LIKE A
WOMAN



Goal

Understanding the impact of gender roles on the lives of men and women



Timeframe

1 hour



Required equipment

- ✓ Flipchart (board)
- ✓ Marker

Planning Notes:

1. Ask the participants if someone before told them that they are (acting like a man). Ask them to tell the other participants about what happened when someone told them this or something similar. After the participant shares his/her story, ask: why do you think this person told you so? What did you feel after that? Tell the participants: we will go deeper into these 2 questions. This will allow us to know how society makes it difficult to be male or female.
2. Write on the board with big letters the phrase "act like a man", and ask the participants to say what this sentence means to them. These are the society's expectations of what a man should be like and how he should behave; how he should feel and react. Draw a box (square) and write inside the participants' answers. Some of the possible answers would be "be strong" and "don't cry".
3. Write on the board in big letters the phrase "act like a woman". Ask the participants to say what this sentence means to them. These are society's expectations of what a woman should be and behave, and how she should react and feel. Draw a box (square) and write inside the participants' suggestions. Some of the possible answers would be: "be a housewife" and "don't be too aggressive".
4. When the participants are done with their suggestions, start the discussion using the questions listed next.

boys
do not
cry

smile

be nice

do not be
too aggressive

be strong

Questions for Discussion:

1 | Which of these questions can be more harmful? Why?
(the facilitator must tick or mark each message as the participants are going through them, one at a time)

How does living and abiding by what is written in the box affect the well-being of men? How does it affect the well-being of women?

2

3 | How does living and abiding by what is written in the box limits and influences a man's life and relationships? How does what is written in the box influence and limit a woman's life?

What happens to men who do not abide by gender roles? (i.e. living outside what is written in the box)? What happens to women who do not abide by gender roles? What do people say about them? How are they treated?

4

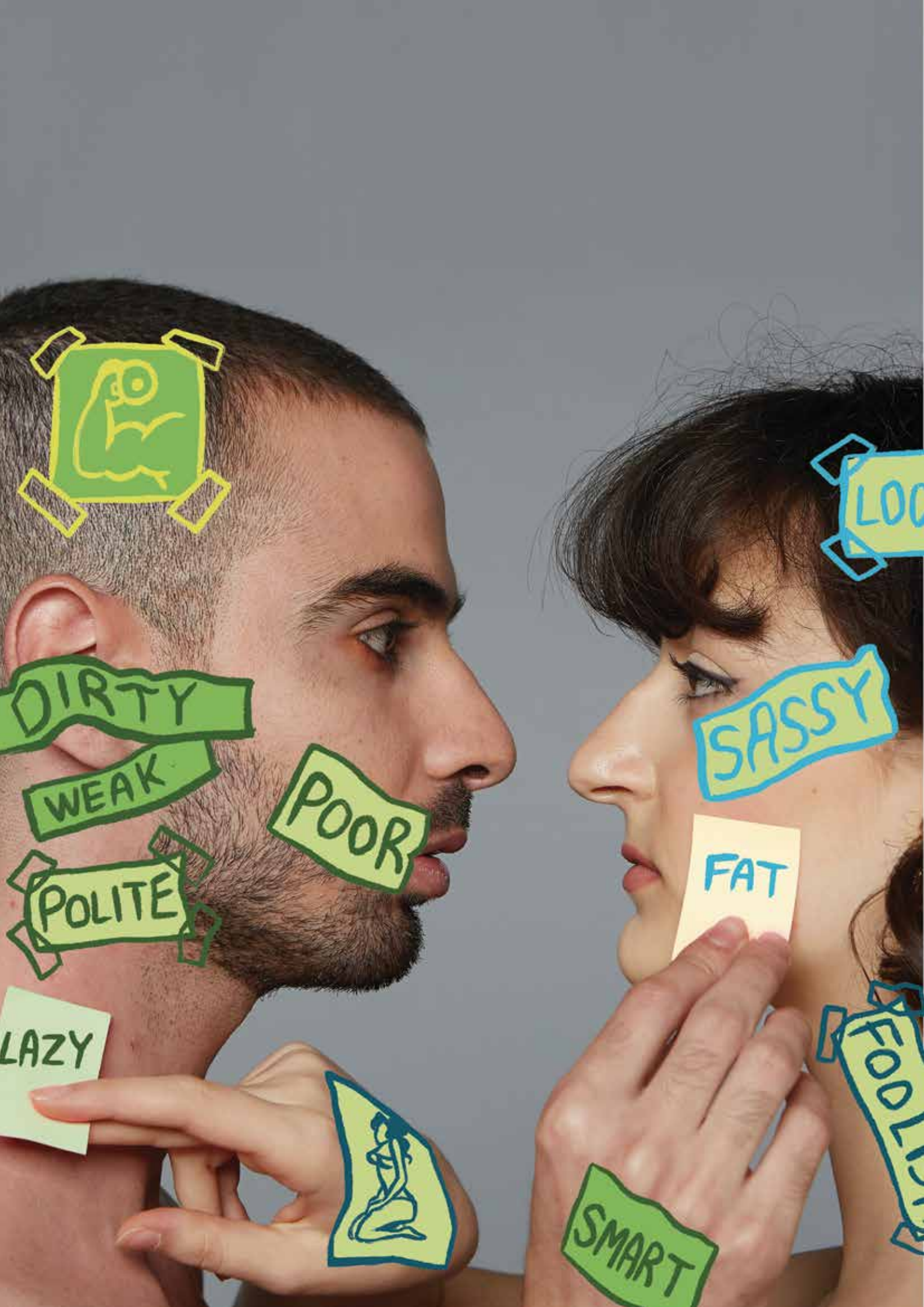
5 | What do you think is necessary to ease the life of men and women outside what is written in the box? How do we contribute to that?

Optional step: divide the participants into small groups and ask them to act out a short scene (for one or 2minutes) in which a person tells another "act like a man" and "act like a woman/respectful lady".

6

Conclusion

The aim of this activity is to help clarify how society places different rules on how men and women are expected to behave. These rules are known as "gender roles" because they dictate what is "normal" for a man to think, feel and behave, and what is "normal" for a woman. In many cases, these roles -as we will discuss in the coming activities- might impose additional limitations on men and women to maintain themselves inside the boxes of "act like a man" and "act like a woman", in addition to the consequences related to decision-making and private relations.



DIRTY

WEAK

POOR

POLITE

LAZY



LOOK

SASSY

FAT

SMART

FOOT

WORKSHOP 3

LABELLING



Goal

Discovering how labelling people can affect personal relationships



Timeframe

90 minutes



Required equipment

- ✓ Flipchart (board)
- ✓ Marker

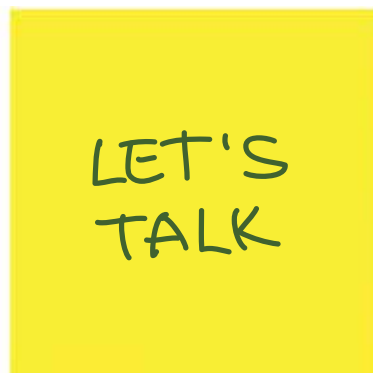
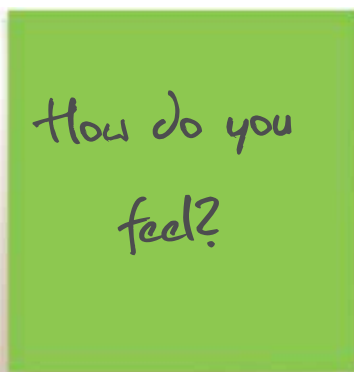
Planning Notes:

The profiling and categorisation should not cause aggression and conflict between the participants and they should not feel insulted by these categorisations.



Process:

1. Initiate collecting ideas about positive profiling and stereotypes that are common in young people's communities. This may include: smart, lazy, shy, violent, etc.... Try to think of a number of characteristics equal to the number of participants.
2. Write the characteristics on post-it notes and stick each one on a participant's back; label them. For this exercise to be successful, the participants should not see the note posted on their back, rather they should only see what others have on their back.
3. Choose randomly 2 or 3 participants; ask them to perform act out a short scene referring to the characteristics they see on each other's backs.
4. Ask each participant to perform a small scenario in which he/she tries to find out the characters assigned to him/her throughout the short acting scene, and then ask the participant to consider the following questions:
 - How do you feel regarding your treatment based on your characteristics?
 - How do you feel regarding your treatment of others based on their characteristics?
 - After collecting the participants' answer, ask them to give their feedback on the whole acting scenario.
5. All the participants should act out a scenario to help them identify the characteristics assigned to them and think about their feelings when they are labelled with these characteristics.
6. Open the discussion among all participants about the exercise.



Questions for Discussion:

1 | What is your reaction when you are treated based on your labels?

What is your reaction when you treat others or witness someone being treated based on their labels?

2

3 | Are these labels common in your community? Give an example about other labels people use.

Why do people label each other?

4

5 | What are the effects of labelling each other? What is the effect on relationships between people?

If we think about the previous exercise related to power structures, what is the link between labelling and power structures in your opinion?

6

7 | What are the things you learnt here and how can you apply it in your daily life and your community?

How do you avoid labelling others?

8

9 | How can you encourage young people to avoid labelling others?

Conclusion

Labelling others and stereotypes affect individuals and their relationships with others. It is important to think thoroughly about how we treat others and how can we avoid some negative behaviours and actions when interacting with others, as we learnt from previous exercises, for instance:

- Not judging a person before knowing them.
- Not using labels and derogatory terms to describe them or refer to them.
- Not discriminating on the basis of gender, religion, sect, race, social class, or vulnerable populations (like refugees), or sexual orientation.
- Turning one person in the family/community into a scapegoat or punch-bag to let out our frustrations against.
- Stubbornness and clinging to one's beliefs and opinions.
- Portraying a sense of carelessness or silence or resentment.

The sense of belonging to a group (community or society), and the sense of acceptance by the group as we are without judgement, are crucial for us to learn and develop on an individual and collective basis. As you progress in these exercises here and in your daily life, you will learn to go past these labels and to be open in the way you interact with people.



WORKSHOP 4

WHAT IS VIOLENCE?



Goal

Identifying the type of violence in relationships, family, and local communities.



Timeframe

1.5 hours



Required equipment

- ✓ Flipchart (board)
- ✓ markers
- ✓ talking-stick,
- ✓ copies of the case studies listed below in resource paper (a) and resource paper (b).

Planning Notes:

Before delivering the session on violence, a research should be conducted about the information that are largely accepted by the local community in relation to violence, taking into consideration the current laws and humanitarian aid available for people who perpetrate violence or are victims of it. It is important to be ready to refer the participant to a needed service if the facilitator discovers he/she suffered from violence or abuse. The case studies in resource paper (a) include several scenarios a sexual, physical, and emotional violence exercised by men towards their partners in intimate relationships; men exercising physical violence towards women outside the intimate relationships; physical violence between men; as well as community and institutional violence against individuals or a group of individuals. When necessary, you can adjust these case studies to address other types of violence that may occur within couples, families, and the local community. It is suggested to use the talking-stick in this exercise, if the facilitator deems is necessary. The flipchart will show definitions and meanings of violence that will be discussed in the first part of the exercise "Understanding the Role of Violence".

Process:

Part 1: What does violence mean to us? (3 minutes)

1. Ask the participants to sit in a circle and think for few minutes- silently- about what violence means to them.
2. Ask each participant to share his/her thoughts with the group. Write their answers on the flip-chart. Alternative method: ask the participants to write or draw what violence means to them.
3. Discuss with the participants some of the findings and share especially the unique ones. Revise the definitions found below and inform the participants that there is no concrete or simple definition of violence>Tell them that you will in Part 2 of the session go through a series of case studies that will help them think about the meanings and types of violence:
 - Physical violence: using physical violence like hitting, beating, slapping, and pushing
 - Physical violence: using physical violence like hitting, beating, slapping, and pushing.
 - Emotional/psychological violence: it is the most difficult kind of violence to identify. It can include insults, threats, humiliation, pressure, excessive jealousy, entitlement and ownership like controlling all decisions and actions.
 - Sexual violence: pressuring a person or forcing him/her into sexual acts (from kissing to intercourse) against his/her will, or making sexual comments that makes them feel insulted, humiliated, or bothered- even if there were consensual sexual relations in the past.

Violence is also based on the nature of the relation between the victim and the offender:

- Self-inflicted violence refers to a situation where the person is inflicting violence on himself/herself, and can be divided into several sub-sections of abuse and suicide.
- Violence between people is also violence between individuals.
- Collective violence is the violence exercised by a group of people and it can be political, social, and economical.

Part 2: Discussing the Different Types of Violence (1 hour)

4. Read the case studies about violence and use the talking-stick to facilitate the discussion using the following questions.
5. After reading all the case studies, discuss the questions



Questions for Discussion:

1 What are the kinds of violence that occur in intimate relationships between men and women? What causes this violence? The examples can include physical violence, emotional or sexual violence that a man exercises against a friend/girlfriend/wife in addition to violence used by a woman against her friends and partner.

What are the common types of violence within the family? What causes this violence? (Examples can include physical/emotional/sexual violence used by the parents against their children, or other forms of violence among family members).

2

3 What are the types of violence that occur outside the boundaries of the relationship? What causes this violence? (Examples can include physical violence among men related to gangs, war, rape, emotional violence, stigma against some individuals or groups in the community...).

Are there types of violence that relate to a person's gender? What is the most common form of violence used against women? (Refer to the resource paper (a) on gender-based-violence, and to resource paper (b) on violence against men.

4

5 Are men alone violent, or can women be violent as well? What is the most common type of violence men use against others? What is the most common type of violence women use against others?

Does any man or woman ever "deserve" to be beaten or to suffer from violence?

6

7 What are the consequences of exercising violence on others? On relationships? On the local community?

What can you do in collaboration with other young people to eliminate violence in your community?

8

Conclusion

Violence, in its simplest definition, is a person using force or power (or threats) against someone else. In most cases, violence is used as a means of control and enjoying that control over someone. Violence occurs all around the world and it's the result of a person's upbringing, particularly men, as a way to deal with anger and conflict. It is widely assumed that violence is a "normal" and "natural" part of being a man. Yet violence is a learnt behaviour and not innate, thus it can be eliminated. As we discussed in other sessions, men are mostly brought up to oppress their emotions where anger is the sole emotion they can express without affecting their masculine image. Additionally, sometimes men are raised to believe that they have the right to expect certain things from women (house chores and sex for example), and that they have the right to physically and verbally abuse women in case they did not comply to the men's expectations. It's important to think of the extent of harm violence also inflicts on men on an individual basis, and their relationships with others, resulting from the strict-gender roles in regards of the ways they use to express their feelings and interact with women. In your daily lives, it's crucial as young people to think on what can be done to eliminate the violence of men against others.

Linkages: This exercise can be tied to the previous one "Expressing My Emotions" and discuss how to deal with anger.

Resource Paper (a):

Case Studies on Violence

Case Study #1

Ziad and Lydia are married. Ziad is extremely worried that his family is coming for dinner, and he is wondering if his family members will have a good time, and he wants to show them how great his wife is in cooking. Yet, when he returned home that night, he found that his wife didn't prepare any food since she was feeling sick and couldn't start preparing dinner. Ziad was very angry as he did not want his family to think that he cannot control his wife. They started arguing and yelling. The conflict intensified quickly and Ziad hit Lydia.

- How should Lydia react?
- Could Ziad act in a different way in this case?

Case Study #2

You went out dancing with a group of friends. When you were about to leave, you saw a couple (a guy and a girl; they seem as boyfriend/ girl-friend) arguing at the entrance. He called her a whore and asked her why did she flirt with another man? Her answer was: "I was not looking at him, and even if I did, aren't I with you?" The guy yelled at her again, and she answered: "you don't have the right to treat me like that." He called her "worthless" and asked her to leave his sight as he couldn't look at her anymore. Then he hit her and she fell on the ground. She yelled at him saying that it's not his right to do so.

- What will you do? Will you leave? Will you say something? Why or why not?
- Would the situation be different if a man was hitting another man?
- What could you do in such cases? What are your options?
- Is it your responsibility to stop others from using violence?

Case Study #3

Sami is a guy from a wealthy family. One day, he met a girl called Petra as she was on her way from school to her house, and they exchanged a conversation. The next day, he met her again, and he kept seeing her until one day he asked her out for dinner. During dinner, Sami told Petra about how much he admires her and asked her to go with him to his house. When they were in the house, they started kissing and then Sami started feeling Petra's body from under her shirt. Yet Petra stopped him and said that she doesn't want him to go any further. Sami felt very angry and told her that he spent a lot of time on her, saying "what will my friends say about me?" He insisted on her to change her mind. At first he tried tempting her, then he started yelling expressing his disappointment. He then pushed her and she fell on the ground and forced her to have sexual intercourse with him despite her will and her consistent requests for him to stop.

- Is this considered a kind of violence? Why or why not?
- What should have Sami done?
- What should have Petra done?

Case Study #4

Tarek was having a tough day at school. His mother punished him because of his bad grades, and did not allow him to go out that night. In class, he was unable to answer a teacher's question. In the playground, his classmate Rana mocked him for failing at answering the teacher's easy question. She said "the question was very easy...are you really that stupid?" Tarek told her to shut up and he pushed her against the wall. Rana raged with anger said "If you touch me again I'll show you what I'll do to you..." Tarek replied: "No, you wait and see what I'll do to you." He slapped her, turned around and walked away.

- Do you think Tarek was right to hit Rana?
- Could've he have acted in another way?

Case Study #5

A group of friends went to dance. Fady notices another guy looking at his girlfriend. Fady gets up and walks towards that guy and start fighting.

- Why did Fady act this way?
- Do you think Fady was right to fight this other guy?
- How could he had reacted?
- What should his friends do?

Case Study #6

In many societies, people living with HIV AIDS are rejected. They are subjected to insults and humiliation. Their children are not allowed to go to school even.

- Is this considered a kind of violence?
- Do you think this kind of discrimination harms people living with HIV/AIDS?
- What can be done to avoid such incidents from happening?

Case Study #7

Salma is a 19 years old university student who moved in with her colleague to a one-bedroom apartment near their campus. Salma is HIV positive since she was 17 years old. She takes her needed medication, which requires constant refrigeration. One day, her colleague asked her why she takes this medicine? Salma wanted to be honest with her colleague and told her that she is carrying the virus. Her colleague was shocked and very angry. She asked Salma to leave the apartment immediately before she gets the virus too.

- How did Salma's colleague react?
- Do you think there is a risk in Salma giving the virus to her colleague?
- Is this considered a kind of violence?
- What can be done to avoid such incidents from happening?

Case Study #8

Rami and Nada are a couple who had their second baby. When they decided to have children, they agreed that Nada will be the one staying home and taking care of the children,

while Rami works to bring money. Yet Rami started giving Nada lesser amounts of money. In the beginning, he had to cancel the German classes she was taking, and after that, she did not have enough money to buy clothes for her self or even meet her friends for a coffee. When she discussed this issue with Rami, he only said "we do not have enough money. You ask for a lot of things even though you don't make any money". When Nada mentioned that he goes out every night with his friends and she suggested that maybe she can go out with her friends instead, he replied: "Yes I go out a lot but I need to rest after work. You spent the entire day doing nothing".

- Is this considered a kind of violence? Why or why not?
- What should Nada do in your opinion?
- Could have Rami acted in a different way?
- What would you do in such cases?

Case Study #9

A group of friends are taking a walk in a public garden. Leila is a quite and introverted girl, and Nour was bugging her about that. She did not respond, yet Hazem- who likes Leila- decided to defend her. He asked Nour to stop what she is doing and they argued. Hazem then hit Nour and they started fighting.

- What do you think about how Nour was treating Leila?
- Do you think this treatment is a kind of violence? Why or why not?
- What do you think of Hazem's reaction? Is it considered violent? Why or why not?
- What would you do in such scenario?

Case Study #10

Adam is a gay man. He came out to his family and friends recently. In the beginning, it was very difficult with the family yet they eventually accepted him. Yet some of his colleagues in school started calling him "faggot" and other derogatory terms. They used to always conspire against him, and they even beat him sometimes.

- Is this considered a kind of violence? Why or why not?
- What can Adam do in this case?
- What can his friends do in this case?
- What would you do in this case?

Resource Paper (b):

What is Gender Based Violence (GBV)

In many cases, many laws and policies use the term “domestic violence” or “family violence” in reference to violence against women and children exercised by the partner, usually the man. Yet we are witnessing an increased trend in using “Gender-Based Violence” or “Violence Against Women” to cover a wider scope of violence exercised against women by their partners, family, or other people outside the family.

These terms focus on the reality of the dynamics and complex gender standards exercised against women (Filispoire, 2003). The core concept of GBV is to differentiate between violence based on gender, and other forms of violence. This concept can be applied to both men and women, girls and boys, and focuses on eliminating violence against women and young people since they are the most affected. In the following, GBV and Violence Against Women are defined in accordance with the Declaration on the Elimination of Violence Against Women in 1993:

“Violence against women” means any act of gender-based violence 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 deprivations of liberty, whether occurring in public or private life”. —Violence against women includes but is not limited to:

- *Physical, psychological, and sexual violence that occurs within the family in the forms of beating, enforced sexual actions against young girls (children) in the family, and violence related to dowry, marital rape, female genital mutilation, and other traditional practices that are harmful to women, including non-marital violence and abuse.*
- *Physical, psychological, and sexual violence that occurs generally within society including rape, sexual harassment, threats and fear in academic and professional work spaces or anywhere else, trafficking of women and forcing them into sex work.*
- *Physical, psychological, and sexual violence that is exercised by the state, or that the state intentionally allows or does not respond to.*

It's important to think of the extent of harm violence also inflicts on men on an individual basis, and their relationships with others, resulting from the strict-gender roles in regards of the ways they use to express their feelings and interact with women. In your daily lives, it's crucial as young people to think on what can be done to eliminate the violence of men against others.



WORKSHOP 5

SEXUAL & REPRODUCTIVE RIGHTS, SEXUALITY & SEXUAL DIVERSITY



Goal

To learn about sexual and reproductive rights and to discuss the responsibility of persons in relation to the respect of human rights.



Timeframe

90 minutes



Required equipment

- ✓ Flip chart paper
- ✓ Markers
- ✓ Copies of resource sheet a on "human rights and sexual and reproductive rights"
- ✓ Copies of resource sheet b on "case studies".

Planning Notes:

To give all participants the opportunity to express their opinions freely with an emphasis on respecting all diverse opinions.

Process:

1. Start with a brainstorming about the meaning of rights? What are human rights? What are young people's reproductive rights?
2. Explain what rights are and link sexual and reproductive health rights to human rights; And what are young people's reproductive rights.
3. Do a brainstorming about the meaning of sexuality.
4. Explain about sexuality and sexual rights.
5. Explain about sexual diversity, gender identity and some terms related to sexual relationship.
6. Split participants into 3 working groups.
7. Ask each group to study the first part of each case for 10 minutes.
8. Ask each group to present its main discussion points then ask the rest of the groups for their feedback.
9. Ask each group to study the second part of each case for 10 minutes.
10. Ask each group to present its main discussion points then ask the rest of the groups for their feedback.
11. After the debriefing from working groups, emphasize the importance of protecting sexual and reproductive rights and reducing stigma and discrimination.

Questions for Discussion:

- 1 | What do rights mean? What are human rights?
- 2 | What are sexual and reproductive rights and their relationship to human rights?
- 3 | What do you know about sexuality?
- 4 | What do you know about sexual diversity?
- 5 | What are the young people's sexual and reproductive rights?
- 6 | What are the barriers to reproductive rights of adolescents and young people?

Conclusion

Reproductive rights are one of the fundamental rights of individuals, and are related to personal decisions and practices, including access to information and services related to sexual and reproductive health. It is essential to ensure that all individuals in society enjoy their full rights.

Everyone should be fully cognizant of their rights and strive to fulfill them. Everyone should respect the rights and choices of others, without stigma and discrimination.

All people have the right to enjoy their sexuality, and there should be mutual consent of both partners for the sexual relationship to be satisfactory.

Some aspects of sexuality are considered human rights; They are called sexual rights.

Persons with different values and sexual orientation are exposed to stigma and discrimination, which hurts their feelings and violates their human rights, thus making them feel excluded or shame and depriving them of participation in political, professional and civic life.

The need to promote the positive perception of diversity and the recognition of the devastating effects of discrimination are deemed necessary for achieving equality, tolerance, acceptance and respect.

Resource Sheet (a):

Sexual and reproductive rights

The right to equality, to enjoy equal legal protection and freedom from all forms of discrimination based on sex and gender differences

The right to participation for all persons regardless of gender

The right to life, liberty, security of the person and bodily integrity

The right to privacy

The right to autonomy and recognition of the law

The right to freedom of thought, opinion and expression, and the right to freedom of association

The right to health and to enjoy the benefits of scientific progress

The right to marry or not, to found a family and plan for it, and to decide whether or not to have children, and how and when to have children

The right to accountability and fairness

Human rights

The right to equality before the law

The right to assemble and participate in society

The right to be treated with dignity and respect, the right to be free from torture, the right to health, including access to information and services, the right to freedom of opinion and expression

The right to be treated with dignity and respect

The right to freedom of opinion and expression, the right to equality before the law, the right to freedom of thought, belief and religion

The right to freedom of thought, opinion and religion

The right to health, including access to information and services

The right to health, including access to information and services

The right to equality before the law

Resource Sheet (b):

1. Alicia

Part One

Alicia's story: Alicia, a Polish woman, suffers from health problems since childhood and when she falls pregnant, a number of doctors told her that pregnancy and childbirth will cause a serious damage to her health. It is worth noting that the law in Poland allows women to have an abortion when pregnancy threatens a mother's health. However, the doctors refused to issue a certificate allowing Alicia to have an abortion, so she had no choice but to continue her pregnancy until the time of delivery.

- How do you feel about this case?
- What are the sexual or reproductive rights that are related to this case?
- Do you think this story represents a human rights violation? Why?
- Who is responsible for what happened in this case? Draw up a list of people who are responsible for what happened.

Part Two

What Happened to Alicia? The delivery resulted in further degradation of Alicia's health, as she was not able anymore to work, and became totally dependent on the help of others in daily activities including caring for her baby. Alicia's case was referred the European Court of Human Rights, where the Court concluded the necessity for governments to set effective mechanisms to enable women to have abortion when it is legal. Then the court awarded Alicia large financial compensatory damages in recognition of her "pain and suffering".

- How do you feel about the outcome of this case?
- How can this case be different if the victim was rich / poor or female / male?
- What are the attitudes that should be changed within society to protect this sexual and reproductive right?
- What would happen if this story had happened in your community?

2. Samira

Part One

Samira's story: Samira, a little rural girl from a border province, was forced to marry at the age of 12. Under the customs in her village, Samira had the responsibility to cater for her husband and his family at home. Since she was really young and unable to tolerate this situation and chores, she escaped and returned to her parents' home, who forced her to return to her husband's home. Samira says: "I tried a lot to adapt to my husband's family, then I became pregnant with my first child a year and a half after I got married. Because of my complete ignorance about pregnancy, I used to consult my neighbor who was constantly checking on me and to seek her advice about pregnancy problems. My neighbor advised me to go to the health services center, but my mother-in-law refused, saying that pregnancy was a normal thing and did not require medical follow-up, which made my husband reject the idea. A month later, I felt severe cramps in my lower abdomen and tried to hold together even though the pain was about to rip me apart, and then I started bleeding.

- How do you feel about this case?
- What are sexual or reproductive rights that are related to this case?
- Do you think this story represents a human rights violation? Why?
- Who is responsible for what happened in this case? Draw up a list of people who are responsible for what happened.

Part Two

What Happened to Samira? Samira lost consciousness, forcing her husband to take her to the hospital. After her examination, the doctor found that she had a miscarriage and suffered from a severe drop in blood pressure. Immediately, Samira received treatment, then the doctor explained the danger of pregnancy at an early age for girls, as well as the importance and necessity of pregnancy monitoring.

- How do you feel about the outcome of this case?
- How can this case be different if the victim was rich / poor or female / male?
- What are the attitudes that should be changed in society to protect this sexual and reproductive right?
- What would happen if this story had happened in your community?

3. Matthew**Part One**

Matthew's story: Matthew is a gay college student from the United States. One night, two gay men claimed they were gay and offered to drive him home. Matthew went with them, but the two young men took him to a remote area, where they stole him, tied him to a fence, and beat and tortured him in a brutal way, before leaving him there to die. Eighteen hours later, someone found him strapped to a fence, alive but unconscious.

- How do you feel about this case?
- What are sexual or reproductive rights that are related to this case?
- Do you think this story represents a human rights violation? Why?
- Who is responsible for what happened in this case? Draw up a list of people who are responsible for what happened.

Part Two

What Happened to Matthew? Matthew's skull and head were badly injured. His injuries were serious for doctors to treat. Matthew did not regain consciousness and died five days later. The two killers were arrested, and ultimately received two back-to-back life sentences. The story of Matthew drew national attention to hate crimes. A law was passed in the name of Matthew that exceeded the legislation on hate crimes to include hate crimes against gays, women, and persons with disabilities. Later on, the mother of Matthew created the Foundation Matthew Sheppard, that aims to "replacing hate with understanding, sympathy and acceptance" through education, awareness and advocacy.

- How do you feel about the outcome of this case?
- How can this case be different if the victim was rich / poor or female / male?
- What are the attitudes that should be changed in society to protect this sexual and reproductive right?
- What would happen if this story had happened in your community?

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WORKSHOP 6

PREGNANCY & BREASTFEEDING



Goal

To learn about fertility, pregnancy and the importance of breast-feeding, and to learn about infertility.



Timeframe

1 Hour



Required equipment

✓ None

Process:

1. Ask the participants what they know about pregnancy and fertility.
2. Explain to participants what fertility is and how pregnancy occurs.
3. Explain how a woman knows she is pregnant and how she can ensure a healthy pregnancy.
4. Explain about natural delivery and caesarean delivery.
5. Ask about the importance and benefits of breastfeeding.
6. Explain the benefits of breastfeeding for the infant and mother.
7. Explain what is infertility and what are its causes.
8. Explain what are the methods of assisted delivery.

Questions for Discussion:

- | | | |
|-----------|--|-----------|
| 1 | How does fertilization and pregnancy happen? | |
| | How can a woman know that she is pregnant? | 2 |
| 3 | How can a woman ensure a healthy pregnancy? | |
| | What happens during natural delivery? | 4 |
| 5 | How is cesarean delivery done? | |
| | What help do women need during childbirth? | 6 |
| 7 | What are the consequences of unattended delivery? | |
| | What are the benefits of breastfeeding? | 8 |
| 9 | What are the benefits of breastfeeding for the mother? | |
| | How to increase breast milk? | 10 |
| 11 | What is weaning? How to wean? | |
| | What is infertility and its main causes? | 12 |
| 13 | What are the first steps to face fertility problems? | |
| | What are the methods of assisted delivery? | 14 |

Conclusion

Some of the men or women may struggle with infertility or a decrease in fertility for several reasons.

Sperm that is been ejaculated into a woman can live inside the uterus for 5 days and can fertilize the egg. That's why it is possible to get pregnant if you have unprotected sex while ovulating during that period.

Early pregnancy is not safe (before 17 years of age) because growth is not complete.

Childbirth in unsafe conditions may expose the life of the mother and the child to great risks. Thus, it is necessary to visit specialized health centers (hospital, equipped clinic, etc. ..) where specialists such as doctors, midwives and others are available to ensure a safe delivery, and to provide emergency care in case complications occur.

The working woman can pump breast milk in a completely clean container with a tight cover and leave it at home, to give it to the infant when needed, provided that the mother breastfeeds her infant from her breast constantly when she is with him.

Most infertility problems can be treated, so it is imperative for a couple to consult specialists to obtain the necessary advice and services.



WORKSHOP 7

FAMILY

PLANNING &

ABORTION



Goal

To learn about family planning methods, how they work and how they are used, and to learn about abortion, its types and complications.



Timeframe

1.5 Hours



Required equipment

- ✓ Flipchart paper
- ✓ Markers
- ✓ Resource sheet "list of family planning methods", a
- ✓ 3 Copies of the fact sheet on family planning
- ✓ Resource sheet b

Planning Notes:

Do not allow participants to engage into discussions about religion during the discussion of family planning and abortion, and inform them that this session is scientific, while always putting an emphasis on human rights and gender when raising this topic.

Process:

1. Ask participants about family planning methods and what types of methods they are familiar with.
2. Explain to participants about the types of family planning methods and their details: temporary methods that prevent sperm from reaching the egg, long-term methods that work within the body system, natural methods that require specific behaviors and an understanding of the nature of the body and permanent surgical methods.
3. Explain to participants about emergency contraceptives.
4. Divide participants into 3 groups.
5. Ask team 1 to draw of a piece of paper that includes the name of one family planning method. Ask team 2 and team 3 to guess about the method of family planning, which is contained in the piece of paper held by team 1. Team 2 and Team 3 are requested to ask questions to Team 1 that only answer yes or no. (A family planning factsheet will be distributed to help answer yes or no). And they should guess from Team 1's answers what is the method.
6. Write down the points that each team gets on the flipchart paper. Give the winning team a token gift.
7. Ask participants what is abortion and its types.
8. Explain what is abortion, and its types: miscarriage and induced abortion (both surgical and medical).
9. Explain the complications of a surgical abortion, and the symptoms and complications of a medical abortion.
10. Discuss with the participants the reasons for having an abortion.
11. Explain about unwanted pregnancy, its reasons, and the fact that it is one of the most important reasons for having an abortion.
12. Explain about unsafe abortion, and discuss the difference between safe and unsafe abortion.
13. Explain the consequences of unsafe abortion, the leading factors and the reasons for the high rate of unsafe abortion among adolescents.

Each team has the right to ask 5 questions and only 30 seconds to answer after each question. When the team gives an incorrect answer, it loses half a point. And when it gives a correct answer, it gets a full point. If either of the two teams does not give a correct answer, Team 1 gets a full point.

The same activity is then repeated with Team 2 and Team 3 respectively.

Questions for Discussion:

- 1 | What do you know about family planning methods?
Mention some family planning methods and how they work.
- 2 |
- 3 | What do you know about emergency contraceptives?
What do you know about abortion and its types?
- 4 |
- 5 | Do you know what are the complications of abortion?
What are the reasons for having an abortion?
- 6 |
- 7 | What is unwanted pregnancy?
What does unsafe abortion mean?
- 8 |
- 9 | What is the difference between safe and unsafe abortion?
What are the consequences of unsafe abortion?
- 10 |
- 11 | What are the factors that lead to unsafe abortion?
What are the reasons for the high rate of unsafe abortion among adolescents?
- 12 |

Conclusion

There are several types of family planning methods: a temporary method means to prevent the arrival of sperm to the egg, a long - term method operates within the body system, a natural method requires specific behaviors and an understanding of the nature of the body, a surgical method means permanent.

Emergency contraception is a way to prevent unwanted pregnancy after having unprotected sex. Emergency contraceptive pills (ECPs) are pills that can be taken up to 5 days (120 hours) after having unprotected sex.

20%

of pregnancies end in miscarriage (often before the woman realizes she is pregnant)

20%

of pregnancies end in induced abortion.

Most abortions take place (either miscarriage or induced) when pregnancy has reached 8 weeks or even before. Unsafe abortion is the termination of an unwanted pregnancy by people lacking the necessary skills, or in an environment lacking minimal medical standards, or both.

To protect adolescents from unsafe abortion, there is a need for:

- Increasing adolescent girls' awareness of various aspects of sexual and reproductive health.
- Increasing adolescent girls' awareness of the dangers of unsafe abortion.
- Providing the best ways to access necessary information in this age group.
- Providing all facilities for post-abortion care and dealing with complications arising from unsafe abortion through the reproductive and sexual health services provided to young people.

Resource Sheet (a): **A list of family planning/contraception methods**



Condoms



Female condoms



Oral contraceptives



Emergency contraception



Contraceptive injection



Contraceptive implant



**UD (intrauterine device
or hormonal coil)**



Lactational amenorrhea



**Withdrawal/pull-out
method (coitus interruptus)**



**Calendar (rhythm) method/
Safe days**







**Tubal ligation
(female sterilization)**




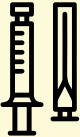


**Vasectomy
(male sterilization)**


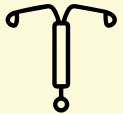
Resource Sheet (b): Fact Sheet about Family Planning Family planning / Contraception methods

Temporary methods that prevent the arrival of sperm to the egg


Contraception method	What is it and how does it work	Other properties
Condom 	<p>Condom is made from latex and is put on when the penis is erect to prevent sperm entering the woman's vagina when the man ejaculates.</p>	<ul style="list-style-type: none"> • It is one of two methods that offer dual protection (from pregnancy and from sexually transmitted infections) and thus can also protect against infertility and cervical cancer. • It enables men and boys to protect themselves and their partners. • Easily available. • It should be worn during sexual activity and before sexual intercourse. • Some people find that it reduces sensation. • May tear, especially if used incorrectly. • Protects against STIs/HIV.
Female condom 	<p>The female condom is a lubricated pouch made of polyurethane that fits inside the vagina and covers the vulva. An inner ring at the closed end is used to insert the device inside the vagina. The outer ring remains outside the vagina and covers the vulva. It is a pouch that collects sperm.</p>	<ul style="list-style-type: none"> • Can be inserted hours before sexual activity. • It enables women and girls to protect themselves and their partners. • Is felt during sexual intercourse and needs training to be fitted. • More expensive compared to male condoms. • It protects against STIs / HIV
Cervical cap 	<p>A cervical cap is a thimble-shaped cup and made of rubber latex that fits tightly on the surface of the cervix to block sperm from entering the uterus. It is preferable to use it with one of the types of spermicides.</p>	<ul style="list-style-type: none"> • Can be inserted before the onset of sexual activity. • Not widely available. • It can be taken off during sexual intercourse. • It should be fitted by a healthcare provider. • It is not known yet if it prevents STIs / HIV, or not.
Spermicide 	<p>Spermicide comes in many different forms: creams, gels, and suppositories that are inserted inside the vagina before sex to kill sperm or stop it from moving. The spermicide can be used alone or with a barrier method such as condoms, to increase its effectiveness.</p>	<ul style="list-style-type: none"> • Repeated use of spermicides (NONOXY-NOL-9) can lead to damage or wounds to the reproductive organs, which increases the risk of transmission of HIV infection. • It is preferred not to be used by women who are most susceptible to HIV infection.




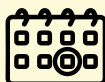
Long term contraceptive that operates within the system

Contraception method	What is it and how does it work	Other properties
Oral pills 	<p>They contain a mix of estrogen and progesterone or progesterone only to prevent ovulation (the release of an egg during the monthly cycle) and to block sperm movement by increasing the viscosity of the cervix. The woman takes oral contraceptives for 21 or 28 days, depending on the type and brand of the oral contraceptive.</p>	<ul style="list-style-type: none"> • It does not require the use or insertion of anything during sexual intercourse. • It can reduce menstrual cramps (menstrual cycle) and the risk of some types of cancer, anemia, breast problems and pelvic inflammatory diseases. • A woman should remember when to take the tablets regularly. • Usually, fertility returns quickly after you stop using them.
Contraceptive injection (The Shot) 	<p>The contraceptive injection is taken on regular intervals, once every month or once every three months, and contains the progestin hormone that stops your body from releasing eggs and thickens the mucus at the cervix.</p>	<ul style="list-style-type: none"> • It does not require the use or insertion of anything during sexual intercourse. • It can reduce the risk of some types of cancer. • Fertility returns within a few months after stopping its use.
Vaginal ring 	<p>The vaginal ring is a small soft, plastic ring that a woman places inside her vagina. It releases a continuous dose of the hormones estrogen and progestogen into the bloodstream to prevent ovulation and thickens the mucus at the cervix. (It is inserted for 21 days, then a woman has a 7-day ring-free break).</p>	<ul style="list-style-type: none"> • It does not require the use or insertion of anything during sexual intercourse. • Fertility returns immediately after stopping its use.
Contraceptive patch 	<p>The contraceptive patch is a small sticky patch that releases the hormones estrogen and progestogen into your body through your skin to prevent ovulation. It also thickens cervical mucus, which makes it more difficult for sperm to move through the cervix (the patch can be directly applied onto most areas of your body, except for hips and breasts for three weeks, followed by a patch-free week).</p>	<ul style="list-style-type: none"> • It does not require the use or insertion of anything during sexual intercourse. • It is less effective in women who weigh more than 90 kg. • Fertility returns immediately after stopping its use.



Contraception method	What is it and how does it work	Other properties
<p>Hormone implant</p> 	<p>It is one or 2 soft rods that are placed under the skin in a woman’s upper arm. It releases the hormone progesterone and lasts for 3 to 5 years. It stops your body from releasing eggs and thickens the mucus at the cervix.</p>	<ul style="list-style-type: none"> • It can be removed at any time but must be fitted and removed by trained service providers. • It does not require the use or insertion of anything during sexual intercourse. • Fertility returns immediately after its removal.
<p>Intrauterine device (IUD)</p> 	<p>A small, flexible T-shaped device that is placed in the uterus by a health service provider. Hormonal IUDs release the hormone progesterone to prevent pregnancy. Copper IUDs prevent pregnancy by changing the way sperm cells move so they can't get to an egg. Depending on the type, an IUD can last up to 10 years.</p>	<ul style="list-style-type: none"> • This method does not interrupt the sexual relationship, and is not noticeable or perceptible during intercourse. • If there is an infection during the fitting process, or if sterilization is not done during the fitting, this may lead to a pelvic infection and increase the risk of fertility loss. • Sometimes the body expels the IUD. • It must be fitted and removed by a trained service provider immediately after the end of the menstrual cycle.

“Natural contraceptive methods” that require specific behaviors and an understanding of the nature of the body

Contraception method	What is it and how does it work	Other properties
<p>Breastfeeding (lactational infertility)</p> 	<p>For lactating women only. Breastfeeding causes your body to produce hormones that prevent ovulation. To prevent pregnancy, this method is effective only during the first six months of breastfeeding or until the return of the menstrual cycle (whichever comes first) and on the condition that it is breastfeeding exclusively (without any food or external fluids).</p>	<ul style="list-style-type: none"> • Breastfeeding is inexpensive and has positive health effects for both mother and child. • This method is difficult for women whose circumstances do not allow them to stay with their children regularly.

Contraception method	What is it and how does it work	Other properties
Withdrawal (coitus interruptus)	<p>The penis is removed from the vagina before ejaculation to prevent sperm from entering the vagina. This method is effective if done correctly and consistently.</p>	<ul style="list-style-type: none"> • The withdrawal process is always available and inexpensive. • It depends on the man's self-control and his ability to anticipate the timing of ejaculation (the woman has no control on this method). • It interrupts the sexual relationship and can reduce sexual pleasure. • Failure rate- Low reliability: "Sperm may enter the vagina if withdrawal isn't properly timed or if pre-ejaculation fluid contains sperm" • Protection from STDs- Low safety: "since no barrier is being used, the risk for STD transmission is still high"
	Cervical mucus method & awareness of fertility	<p>The cervix produces mucus that can be noticed while wiping the vulva after urinating or on a woman's underwear. The type and amount of this mucus changes during a woman's menstrual cycle. A woman can learn to recognize the type of mucus that indicates her fertile days and the type that indicates her infertile days. During fertile days, a woman can use a spermicide (such as a spermicide or male / female condom) or abstain from sexual intercourse during this period.</p>
	Basal body temperature & awareness of fertility	<p>The basal body temperature method involves observing a woman's temperature every morning before getting out of bed or moving around to be able to detect ovulation. Ovulation cannot be predicted, but after a few days of ovulation, a woman can learn that the remaining days of her cycle are considered to be a period of infertility. Until ovulation occurs, a woman can use a spermicide or a male / female condom or refrain from having sexual intercourse during this period.</p>
	Calendar (cycle beads)	<p>Many women have regular periods that are somewhat predictable, in terms of menstrual cycle. A woman can use a string of beads to monitor the length of her menstrual cycle to avoid sexual intercourse on those days or use alternative contraceptive methods.</p>
	<ul style="list-style-type: none"> • This method increases a woman's awareness and understanding of her body. • It allows a woman to anticipate when her next menstrual cycle will start. • It can help both partners who want to conceive a baby determine the highest fertile days in the menstrual cycle. • Learning this method takes time; commitment to daily mucus monitoring, and the cooperation of the woman's partner 	
<ul style="list-style-type: none"> • A special thermometer is used that enables the user to notice any slight differences in body temperature. • Because a woman's body temperature sometimes drops before ovulation, this method can help both partners who want to conceive a baby to determine the highest fertile days in the cycle. • This method requires the cooperation of both partners. 	<ul style="list-style-type: none"> • This method is suitable and practical for women who have regular menstruation. • This method can help both partners who want to conceive a baby in determining the highest fertile days in the cycle. • This method requires the cooperation of both partners. 	

Permanent surgical methods

Contraception method	What is it and how does it work	Other properties
<p>Vasectomy (male sterilization)</p> 	<p>A minor surgery done in a clinic to cut and block the vas deferens tubes. After a vasectomy, the testes still make sperm, but they are soaked up by the body. It doesn't affect a man's sex drive or ability to enjoy sex or to have erections.</p>	<ul style="list-style-type: none"> • This method is ineffective until 3 months after the surgery. • It is a permanent method.
<p>Tubal ligation (female sterilization)</p> 	<p>A surgical act to cut, tie or block the fallopian tubes to permanently prevent sperm from meeting an egg. It doesn't affect a woman's ability to have sex and feel sexual pleasure.</p>	<ul style="list-style-type: none"> • It is a permanent method. • There is a new technique by which something like forceps is placed to seal the fallopian tubes, and it can be removed laparoscopically later to restore fertility again.

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WORKSHOP 8

TAKING THE DECISION TO USE DRUGS



Goal

To reflect on the pressure exercised by peers to use drugs, and to understand addiction to substances.



Timeframe

1 Hour



Required equipment

- ✓ Copies of the resource paper (one for each participant),
- ✓ Flipchart sheets
- ✓ Markers

Process:

Part 1:

1. Distribute a copy of the resource paper to each participant and ask him/her to fill it in 5 minutes. As for illiterate groups, read the questions out loud and ask them to discuss the subject within pairs.
2. Ask each participant to share his/her answers with the group. If there are a lot of people in the session, divide them into smaller groups to share the answers between each other.
3. After sharing the answers, go through the following questions to facilitate the discussion:
 - Do you think peer pressure a big factor that pushes men to use drugs?
 - Do women face similar pressure from their peers?
 - What are the similarities of peer pressure between the above 2 cases? What are the differences?
 - How does alcohol affect sex, and sex-related decisions? Does it leave positive or negative consequences?
 - What are the other behavioural changes that alcohol and drugs can affect? (driving, work, relationships, violence...)
 - How can we respond to some of the pressures that men face from their peers regarding substance use? How can we respond to some of the pressure that women face from their peers regarding substance use?

Part 2:

1. Brainstorm with the participants the meaning of addiction and dependency. Explain that these 2 concepts do not revolve around drugs and substance abuse only, yet they also exist and affect other behaviours, like addiction to junk and fast food and chocolate, watching TV the whole day, or excessively playing video games. Do another brainstorming session about what other activities or substances a person can be addicted to or dependent on.
2. Ask the participants what substances or activities young people can be addicted to the most?
3. Divide the participants into groups of 3 or 4. Ask them to choose one of the things that young people can get addicted to or dependent on, and to discuss the reasons that push them to abuse these substances or activities.
4. Ask each group to present the main points they found during their discussion while taking input from everyone.
5. Use the questions below to finalise the discussion on dependency and addiction.

Questions for Discussion:

1

What are the most common reasons that push men and women to use or depend on substances and drugs?

How do dependency and addiction affect a human being? How do they affect his/her relationships?

2

3

What is the link between the availability of a substance, and the danger of abusing it and getting addicted to it?

What are the possible positives of dependency and addiction?

4

5

What did you learn from this exercise? How can you apply what you learned in your daily life and relationships?

Conclusion

In many cases, it is common for men and women to use some substances or drugs (like alcohol) during gatherings or social occasions. Yet they should know how to put limitations on their consumption of these substances, and how to respect the boundaries and limits of others. For example, an appropriate strategy is to drink alcohol responsibly and in small amounts only, and not mixing it with other drugs or substances. It is also important to find ways to have fun and entertain ourselves without the use of substances and alcohol, and not pressuring others to use any substance if they do not want to. We must be aware of the causes of anxiety and tension in our daily lives that push us to develop negative habits like substance abuse because we are unable to deal with or resolve the actual problems; and we should transform the negative causes into positive ones.

Addiction only postpones resolving the problem and does not give a permanent solution. In most cases, addiction is linked to emotional problems that start with a sense of hollowness or void that we feel in our lives, which leads to reinforcing the sense of carelessness and lack of motivation to move forward, until we reach a level where life as a whole feels pointless. Therefore, it is important for a person, even when overwhelmed by despair and agony, to remember that there is always a solution and that it is never too late to ask for help.

Memo

Alcohol may not be an appropriate subject to discuss in some communities for religious reasons. In this case, "Alcohol" can be replaced with "Hash/Marijuana" or any other kind of drug from the resource paper. This does not mean that alcohol cannot be discussed, yet there might be some hesitation from participants to disclose among others that they drink alcohol because of its negative quotations in their local communities.

Resource Paper: Personal Survey

Decision Making: Yes/No

1. Do you feel misplaced in a party or gathering with friends if they offered you an alcoholic beverage and you decided not to drink it? Explain briefly.

2. Imagine you are at a party or gathering, and alcohol was being served and you drank a beverage, while one of your friends did not want to drink. Would you consider your friend weird, boring, or anti-social? Explain briefly.

3. Would you defend your friend's decision of not drinking among other friends? Let's assume you decided to defend him/her, what will your other friends think of you? Explain briefly.

4. Do you think that in order to have the approval of the group, you need to do what everyone else is doing? Explain briefly.

5. Do you think that a person can live a happy social life without drinking? Explain briefly.

6. Can a person feel comfortable with themselves without drinking? Explain briefly.

7. Can a man feel accepted without drinking? Explain briefly.

We must be aware of the causes of anxiety and tension in our daily lives that push us to develop negative habits like substance abuse because we are unable to deal with or resolve the actual problems; and we should transform the negative causes into positive ones.



WORKSHOP 9

SEXUALLY TRANSMITTED INFECTIONS & HIV (AIDS)



Goal

To learn about sexually transmitted infections & AIDS, ways of transmission, symptoms & complications, & ways of prevention.



Timeframe

1.5 Hours



Required equipment

- ✓ Flipchart paper
- ✓ Markers
- ✓ 4 Copies of condom steps cards
- ✓ Resource sheet (a)
- ✓ A question paper about sexually transmitted infections (if possible, exercise on power point)
- ✓ Resource sheet (b)

Planning Notes:

Always emphasize human rights and gender, and the need to reduce stigma and discrimination as cross-cutting themes with sexually transmitted infections and AIDS.

Process:

1. Ask participants what is a Sexually Transmitted Infection. Ask them to identify their types.
2. Explain what is a sexually transmitted infection, and its types: the infection transmitted by sex only and affecting the reproductive system, the infection transmitted by sex and blood and not affecting the reproductive system, the infection that is not sexually transmitted and affecting the reproductive system.
3. Ask participants about modes of transmission of sexually transmitted infections.
4. Explain STIs' modes of transmission, symptoms, and the factors that delay treatment.
5. Explain what are the complications of sexually transmitted infections.
6. Explain ways to prevent sexually transmitted infections.
7. Ask participants what they know about HIV.
8. Explain what HIV is and discuss transmission methods with participants.
9. Discuss opportunistic infections with participants.
10. Explain methods of preventing HIV infection, and preventing transmission of infection from mother to fetus.
11. Divide participants into 4 groups, and distribute to each group 12 written cards for each step of using the condom.
12. Have the groups arrange the steps for using the condom in the correct sequence and give them 10 minutes to do this.
13. Explain how to use a condom correctly.
14. It is required to arrange these cards according to the correct steps for using a condom.
15. Note that there is flexibility in arranging the first 5 steps because they are pre-sex rituals.
16. Explain about counselling and testing.
17. Discuss with participants the support needed for people living with HIV.
18. Discuss with participants how to live with HIV and AIDS.
19. Identify the difference between stigma and discrimination, and their consequences.

Optional step:

If you have enough time to consolidate the participants' information, you can perform an exercise "Test your knowledge about sexually transmitted infections"; and divide participants into two groups to compete on the correct answer to the questions raised.

Questions for Discussion:

- 1 | What is STI and what are its types?
- 2 | What are the modes of transmission and symptoms of sexually transmitted infections?
- 3 | How to prevent sexually transmitted infections?
- 4 | What is HIV / AIDS? What are the modes of transmission? What are the ways not to transmit it?
- 5 | What are the most vulnerable groups to infection with HIV?
- 6 | What are the reasons that make women more vulnerable to HIV infection than men?
- 7 | What does the seroconversion mean?
- 8 | How to prevent Mother-to-Child transmission?
- 9 | Why don't people use prevention and why is gender equality the key to fighting AIDS?
- 10 | What is HIV counselling and testing?
- 11 | What are the needs of people living with HIV?
- 12 | How do you live with HIV?
- 13 | How can we reduce stigma and discrimination?

Conclusion

Sexually Transmitted Infections “have serious complications that may sometimes lead to infertility, the emergence of cancer cells” and sometimes to death.

There are many types of sexually transmitted infections, some of which are incurable. Everyone is at risk of getting a sexually transmitted infection, being male or female, young or old, regardless of race in the event of unprotected sex.

Women are most likely to be infected due to their physiological characteristics. Early detection of sexually transmitted infections contributes to receiving treatments and full recovery.

An AIDS patient has the right to



Decent life & full treatment



Not to be discriminated against and to be integrated in all areas and community institutions (schools, universities, clubs and workplaces).

Resource Sheet A

Steps to use a male condom

Note that there is flexibility in arranging the first 5 steps because they are pre-sex rituals

1

Buy condoms from a pharmacy or get them from a health center for free or for a minimal price

2

Keep the condom in a cool, dry place (not in the wallet)

3

Check the expiry date

4

Practice putting on the condom until you get used to it the next time you use it.

5

Gently open the condom wrapper, and be careful not to tear it off (No teeth to open)

6

Squeeze the tip of the condom and place it on the head of the penis (when erect)

7

Hold the tip of the condom and extend it so that it covers the entire penis

8

The condom can get wet on the outside (using water-based lubricants & never use petroleum jelly or oil-based products, as they can weaken & tear the condom)

9

If the condom breaks, the penis must be pulled out immediately before ejaculation occurs (but if ejaculation has already occurred, emergency contraception must be used immediately)

10

After semen is ejaculated, and the penis is still erect, hold the condom from the open side (at the base of the penis), and gently pull the penis out of the vagina (without any semen escaping from it)

11

Tie or wrap the condom in toilet paper and throw it in the garbage bin

Resource Sheet B

Exercise "Test your information about sexually transmitted infections"

1. List two types of reproductive tract infections (RTIs) that are not transmitted through sex:

- ✓ *Bacterial vaginosis*
- ✓ *Fungal vaginitis (Candida / moniliasis).*

2. List 9 types of RTIs:

- ✓ *Syphilis*
- ✓ *Gonorrhea*
- ✓ *Chlamydia*
- ✓ *Chancroid*
- ✓ *Herpes simplex*
- ✓ *Human papillomavirus (HPV)*
- ✓ *Trichomonas (Hairy).*
- ✓ *AIDS*
- ✓ *Hepatitis B*

3. List the types of RTIs that are transmitted through sex and blood:

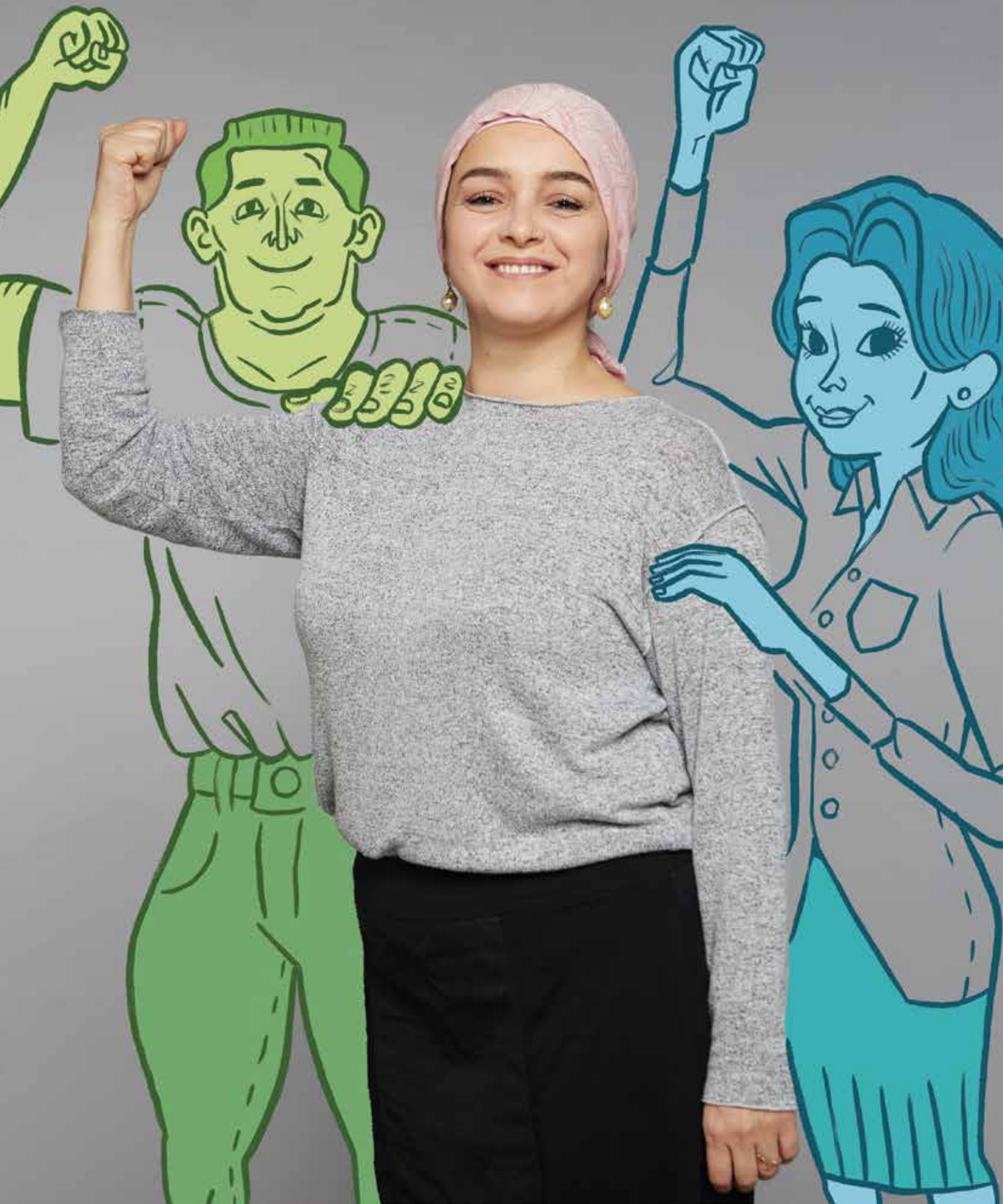
- ✓ *AIDS*
- ✓ *Hepatitis B*

4. List the types of STIs that do not affect the reproductive system:

- ✓ *AIDS*
- ✓ *Hepatitis B*

5. You may get a sexually transmitted infection from a toilet seat:

False: *You cannot catch any STI from sitting on the toilet seat.*



WORKSHOP 10

BREAST & CERVICAL CANCER



Goal

To learn about the symptoms of breast cancer and cervical cancer, how to investigate them, and how to prevent them.



Timeframe

1 Hour



Required equipment

- ✓ Pictures of breast self-examination to detect breast cancer

Process:

1. Ask participants what is breast cancer and what are its symptoms.
2. Explain what symptoms may indicate the presence of breast cancer.
3. Ask participants how to do breast cancer screening.
4. Explain the types of screening tests for breast cancer and related steps: breast self-examination, clinical breast examination, mammogram (breast X – ray)
5. Ask participants what is cervical cancer and what are its symptoms.
6. Explain the causes of cervical cancer and the symptoms that may indicate the presence of cervical cancer.
7. Explain about vaccination against HPV (Human papillomavirus).
8. Explain how to prevent cervical cancer.

Questions for Discussion:

- 1 | What is breast cancer and what are its symptoms?
- 2 | What are the steps for a breast self-examination?
- 3 | What is a clinical breast examination?
- 4 | What is a mammogram? And when should it be performed?
- 5 | What are the causes of cervical cancer and its symptoms?
- 6 | What are the reasons that make women/girls more susceptible to developing cervical cancer?
- 7 | What is HPV? What is the causal relation between human papillomavirus and cervical cancer?

Conclusion

You must conduct the breast self-examination once every month (after the end of the menstrual cycle directly): for women and girls older than 20 years.

The woman performs a breast self-examination on the first day that she starts using the first strip of tablets in case she is using oral contraceptives.

The presence of one of these symptoms does not mean breast cancer, but the doctor must make the final diagnosis, as 80% of breast tumors are benign. Breast cancer is a preventable disease, hence the importance of conducting various examinations and preventing it. Breast cancer prevention and high survival rate are an easy and inexpensive process due to early detection with a mammogram.

Cervical cancer is the second most common cancer (after breast cancer) among women younger than 45 years of age. It is often detected in the advanced stages. Most deaths occur early in the reproductive age. Despite its high risk and mortality rate, prevention is easy and inexpensive through early detection and treatment.

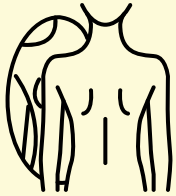
The woman consults a doctor if

- 1
She feels the presence of a mass, no matter how small.
- 2
She notices a discharge coming from her nipples.
- 3
She feels something unusual that is worrisome.

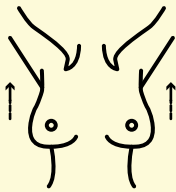
Resource Sheet

Steps to Breast Self-Examination:

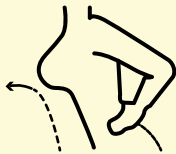
First: Visual examination in front of the mirror



Hold your arms on your hips (this position allows you to notice **any deviation of the nipple** from the normal direction) and look at the breast in the mirror to notice the previous points.



Raise your hands and clasp them (this position allows you to clearly see the **bottom of the breast**) and look at the breast in the mirror to notice the previous points.



Bend forward and look at the breast in the mirror to notice the previous points.

Second: Touch examination



Use three fingers of the opposite hand, gently press and feel the breast, start at the nipple and press outward feeling for any lumps (softly then mildly then firmly).



Feel your breasts while lying down, using your right hand to feel your left breast and then your left hand to feel your right breast.



Examine any enlarged lymph nodes under the armpit.



Press the nipple between the two fingers and notice any yellowish or bloody secretion/discharge.

Don't hesitate to call your doctor if:

1

you've noticed a lump no matter how small it is.

2

you've noticed any discharge from the nipples.

3

you've noticed other breast change that is new and worrisome.

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WORKSHOP 11

WHAT DO I DO WHEN I FEEL ANGRY?



Goal

To help the participants in identifying the ways in which they feel angry, and the way they express their anger through means other than violence.



Timeframe

1 Hour



Required equipment

- ✓ Flipchart
- ✓ Markers
- ✓ Tape
- ✓ A copy of the resource paper for each participant

Process:

1. Initiate the exercise with a brief introduction on the subject. For example: many teenagers and men confuse anger and violence and they think they are the same. It is important to emphasize that anger is a natural emotion and everyone feels it throughout their lives. Violence is one behaviour in which anger is expressed. Yet, there are other ways to express anger- better and more positive ways than violence. If we learn how to express our anger when we feel it, it will be better than leaving it to accumulate, which eventually leads to feeling frustrated.
2. Explain to the group that this exercise aims to discuss the ways in which people express their anger
3. Distribute copies of the resource paper. Read all the questions to all participants and ask them to answer it individually for 2 to 3 minutes for each question. For illiterate groups, ask the questions out loud and ask the participants to discuss it with each other in smaller groups or draw what they think.
4. After answering the questions, divide the participants into groups of 4 or 5 maximum. Ask them to share their answers. Give each group 2 minutes to do so.
5. While the participants are still in their groups, distribute a flipchart sheet for each group to write:
 - The negative ways to interact with others when we are angry
 - The positive ways to interact with others when we are angry
6. Give each group 15 minutes to prepare the lists and ask them to present in front of the entire class.
7. It is likely that the participants will share the following positive techniques: Diaphragmatic breathing, exercise, or "taking a time out" in which they rehearse using words to describe what they are feeling without harm. It is important to stress on that "taking a time out"

does not mean going out for a drive or the need for speed in cars or drinking an alcoholic beverage outside since these are risky behaviours. In case these 2 points did not come up in the discussion with the participants, make sure to highlight them as a facilitator.

Briefly, "taking a time out" means distancing ourselves from the situation or the person we are angry with. The angry persons may do Diaphragmatic breathing, go for a short walk, or any other physical activity to calm themselves down. Generally, the angry person should say to the person they are having the argument with that he/she is going for a walk, saying something along the lines of: "I'm feeling angry right now and I need to go for a walk". I need to walk a little bit so I won't feel violent or start screaming. When I calm down, we can discuss the problem together"

Another example for dealing with violence is expressing ourselves without insulting others. This entails explaining why we are angry and how do we wish to solve the problem without insulting or hurting others. Give an example for the group: in case your friend is late for a specific date, you can either scream "you are a whore, you always do the same thing and I stand here waiting for you"; or you can express your anger without insults and say "X, I am angry because you are late. Next time you are late, let me know before or call me on my mobile instead of leaving me waiting"

8. Discuss the following questions

Optional

If the time allows, ask the participants to create some acting scenarios or think of other examples or sentences to say when conflict arises, to use them as substitutes for insults and yelling.

Questions for Discussion:

1 | Generally, it is difficult for a man to express his anger without using violence. Why is that?

Who are the people we consider role models to learn from how we express our emotions including anger?

2

3 | We generally know how to avoid a conflict or a fight without using violence. Why don't we ever apply them?

Can "breathing some air" reduce the tension in conflicts? Did you use this approach before? Did it work?

4

5 | Is it possible to use words without insults when we are angry?

Conclusion

Anger is a natural emotion that everybody experiences throughout their lives. The problem arises when some people mix anger and violence together and consider them the same concept, thinking that violence is an acceptable way to express anger. Yet, there are other better and more positive ways to express anger. Learning to express our anger is considered better than bottling up our anger inside and not expressing it, because if our anger accumulates it will result in an eruption of anger at a later stage.



Resource Paper:

What do I do when I feel angry? Self-Examination:

1. Think of scenarios that you experienced lately in which you felt angry. What happened? Describe briefly in 1 or 2 sentences.

2. Now after thinking about these scenarios, try to remember what were you thinking about and what did you feel. List some of these feelings.

3. When we feel angry, we mostly resort to violence. This might happen even before we realize that for some people a reaction is instant and manifests in yelling and throwing things across the room, or hitting something or someone. On other occasions, we could get depressed, isolate ourselves, or remain silent.

Now that you are rethinking the scenario in which you were angry; how did that anger manifest? How did you behave? Write a sentence or few words about your reaction.

“taking a time out” means distancing ourselves from the situation or the person we are angry with. The angry persons may do Diaphragmatic breathing, go for a short walk, or any other physical activity to calm themselves down. Generally, the angry person should say to the person they are having the argument with that he/she is going for a walk, saying something along the lines of: “I’m feeling angry right now and I need to go for a walk”. I need to walk a little bit so I won’t feel violent or start screaming. When I calm down, we can discuss the problem together”.



WORKSHOP 12
FROM VIOLENCE
TO RESPECT IN
INTIMATE
RELATIONS



Goal

Discussing the use of violence in intimate relations and building relationships based on mutual respect.



Timeframe

2 Hours



Required equipment

- ✓ Flipchart
- ✓ Markers
- ✓ Tape



Planning Notes:

We should understand that young men feel desperate when it comes to responding to the violence they witness by other men. A lot of them believe that they should not intervene in the business of other men. It is important, throughout the discussion, to express the despair felt by many men when they witness another man exercising domestic violence. This exercise uses enactment of scenarios that include women. In case the group is comprised only of males, some may hesitate to perform the scenarios and play female roles. Encourage the group to be more flexible in case a man did not want to act out a female role, and ask them to describe scenes using photos or stories for example.

Process:

1. Explain to the participants that this exercise aims to discuss and analyse the types of violence we use sometimes in our intimate relations, and discuss as well the ways in which we can build relations based on respect.
2. Divide the participants into smaller groups and ask them to create a short scenario or a short comedy sketch.
3. Ask 2 groups to present an intimate relation with a boyfriend or a girlfriend, or with a husband and wife, that portrays a form of violence. Remind the participants of the discussions in "what is violent" exercise and emphasize that the violence described in the scenarios could be physical even if it was not necessary. Ask them to be real in their description and to use examples from things they have seen, heard, or experienced in their community.
4. Ask the group as well to present a relationship based on mutual respect. This relationship may have conflict and differences in opinion, yet the presentation should show how mutual respect was reached without using violence.
5. Give the groups 15 to 20 minutes to create their stories and watch them. Ask each group to act out their scenarios without exceeding 5 minutes.
6. Ask the participants to present their acts, and allow time for questions after each scenario.
7. When the groups are done with their enactments, ask the following questions to facilitate the discussion.

Questions for Discussion:

- 1 | Were the examples in the scenarios enacted realistic? Do you witness similar scenarios in your community?
- 2 | What constitutes a violent relationship?
- 3 | What are the causes of violence in a relationship?
- 4 | In the scenarios that include violence, how could have the actors behaved differently?
- 5 | Do men only use violence against women, or could women use violence against men? How are they violent? How should a man respond to violence?
- 6 | When you see a couple using violence, what do you usually do? What can you do? Where do you find help?
- 7 | What is the role that alcohol and drugs play when it comes to violence?
- 8 | What are the consequences of violence on relationships?
- 9 | What is the society/community's response to violence in relationships?
- 10 | How do healthy relationships seem? Do we see examples of relationships based on mutual respect in our community?
- 11 | What can we do as individuals to form healthy relationships?
- 12 | What can we do as a local community?

Conclusion

Conflicts occur in all relationships. The way in which we handle conflicts is what makes a difference. Learning how to dedicate time to think about our emotions and express them calmly and peacefully is an important part in creating a relationship based on respect.

MAY I...?

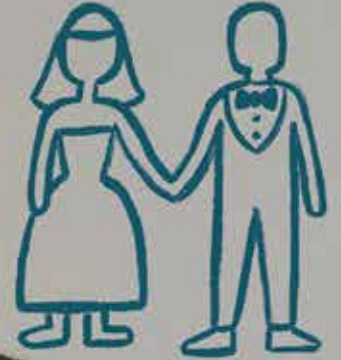
Let's talk



NO

YES

IS THIS OK?



Wait



WORKSHOP 13

I WANT TO, I DON'T WANT TO, I WANT TO...



Goal

Discussing the challenges encountered during negotiations about having sex or abstaining.



Timeframe

2 Hours



Required equipment

- ✓ Flipchart board
- ✓ Markers
- ✓ Resource paper

Planning Notes:

During this exercise, some young men may be asked to play female roles. This exercise may not be easy for some men to act out, and should be presented as optional. The alternative would be engaging the young men in a discussion rather than drama. In cases where a scenario is going to be played out, laughter is expected. We should understand that laughter is sometimes a result of embarrassment or discomfort, which they may experience when they play a female role or watching 2 other men act out the scenario. We should be flexible when dealing with these kinds of responses, and at the right time, we should remind the young men about the previous discussion of “what is sex and what is gender”, encouraging them to think in ways to interact with and respond to a man acting like a woman or other traditional feminine behaviour.

Process:

1. Explain to the participants that this exercise aims to discuss and analyse the types of violence we use sometimes in our intimate relations, and discuss as well the ways in which we can build relations based on respect.
2. Divide the participants into smaller groups and ask them to create a short scenario or a short comedy sketch.
3. Ask 2 groups to present an intimate relation with a boyfriend or a girlfriend, or with a husband and wife, that portrays a form of violence. Remind the participants of the discussions in “what is violent” exercise and emphasize that the violence described in the scenarios could be physical even if it was not necessary. Ask them to be real in their description and to use examples from things they have seen, heard, or experienced in their community.
4. Ask the group as well to present a relationship based on mutual respect. This relationship may have conflict and differences in opinion, yet the presentation should show how mutual respect was reached without using violence.
5. Give the groups 15 to 20 minutes to create their stories and watch them. Ask each group to act out their scenarios without exceeding 5 minutes.
6. Ask the participants to present their acts, and allow time for questions after each scenario.
7. When the groups are done with their enactments, ask the following questions to facilitate the discussion.

Questions for Discussion:

1 | What are the similarities in these negotiations, and what happens in real life?

What makes negotiations with the partner easier in cases one does not want to have sex? What makes it more difficult?

2

3 | What happens when the negotiations happen during and not before the excitement (arousal) phase? Does this make the negotiations easier or more difficult?

What are the reasons that push a young woman to have sexual desires? And the reasons that makes her have less sexual desires? (refer to resource paper)

4

5 | What are the reasons that push a young man to have sexual desires? And the reasons that push him to have less sexual desires? (refer to resource paper)

What is a man's reaction when a woman initiates sexual intercourse?

6

7 | Can a man decline sex sometimes? Why? (If the answer is positive or negative)

Can a woman decline sex sometimes? (Why and why not?)

8

9 | Is it fair to push someone to have sex when they do not want to? Why and why not?

How can young men and women deal with peer pressure and their partners when it comes to sexual relations?

10

11 | What are the things you learned from this exercise? What are the methods to apply what we learned in our relationships?

Conclusion

Many factors contribute towards the decision to have or to abstain from sex. Some women may fear losing their partners or feel worthless when they decline sex. As for men, sexual intercourse may be motivated by peer or the community pressure to prove their manhood. Additionally, communication, feelings, self-respect and unequal power structures in a relationship play a major role in determining or abstaining from the intercourse. Hence, it is important to understand how these factors contribute to sexual desires and decisions related to you and your partner. Negotiations do not mean to have a winner in that discussion but rather to find common ground in which you and your partner feel both comfortable.

Linkages

The negotiations about sexual relations can be related to unequal power structures that exist in most relations between men and women, and promote negative, decisive and aggressive ways that young men use to communicate their desires.

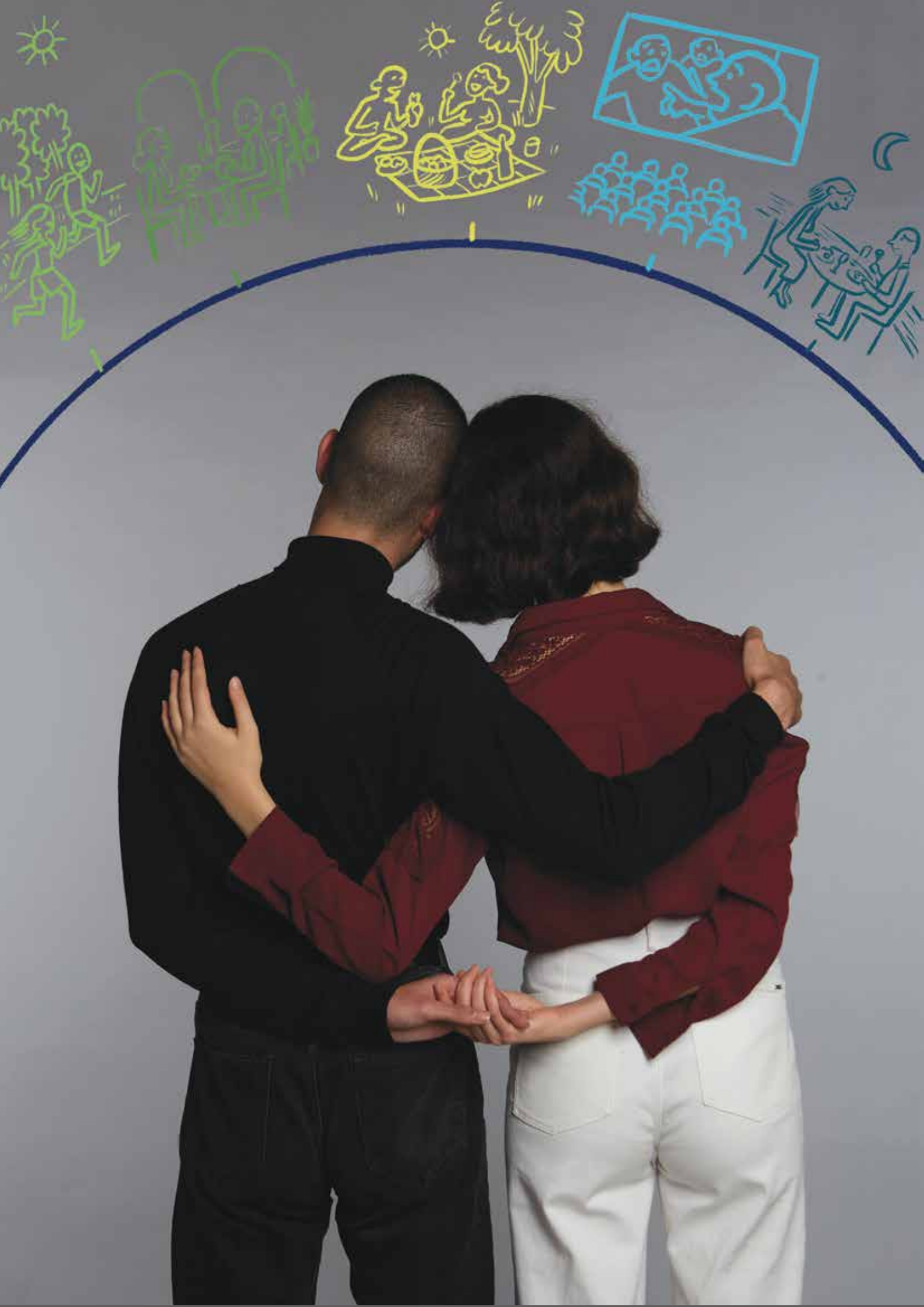
Resource Paper

The reasons that push young men and women to have sex are:

- ✓ *Limiting peer and partner pressure*
- ✓ *Expressing love in the relationship*
- ✓ *Avoiding loneliness*
- ✓ *Proving one's masculinity/femininity*
- ✓ *Seeking affection from another person*
- ✓ *Seeking pleasure*
- ✓ *The impression that everybody has sex*
- ✓ *Showing independence from the family or other adults*
- ✓ *Clinging to the partner*
- ✓ *Not knowing how to say "NO"*
- ✓ *Proving to be an adult/mature*
- ✓ *Wanting to be pregnant or to have children*
- ✓ *Curiosity*
- ✓ *The person has nothing else to do*
- ✓ *Sex in exchange of gifts or money*
- ✓ *Media representing sex as something fantastic*

The reasons that push young men and women to abstain from sex:

- ✓ *Commitment to religious and cultural/family values*
- ✓ *Unwanted pregnancy*
- ✓ *Avoiding contracting sexually transmitted diseases (STDs)*
- ✓ *Avoiding a bad reputation*
- ✓ *Avoiding guilt*
- ✓ *Fear from sex being painful*
- ✓ *Waiting for the right partner*
- ✓ *Not feeling ready*
- ✓ *Waiting until marriage*
- ✓ *Not disappointing the family's hopes and expectations*



WORKSHOP 14

DATING

SCENARIOS



Goal

Identifying the difficulties young men face to express their emotions and the consequences of these expressions on their relations.



Timeframe

1 Hour



Required equipment

- ✓ Flipchart board
- ✓ Markers
- ✓ Post-it notes
- ✓ Resource paper

Planning Notes:

Many opinions may be voiced out regarding healthy and unhealthy relationships. Before starting this exercise, the facilitator should work with a group to reach an agreement in this regard.

Process

1. Draw 2 columns on the flipchart. Write in the first one "Healthy Relationship" and in the other "Unhealthy Relationship"
2. Divide the participants into 3 or 4 smaller groups and give each group one copy of the resource paper titled "Dating Scenarios"
3. Ask each group to cut out these "scenarios" and placing them under each column, whether they think it is healthy or unhealthy. Give the groups 15 minutes to do so. Ask each group- if the time allows- to suggest additional healthy and unhealthy scenarios.
4. Review the scenarios and ask each group why they decided they were healthy or unhealthy.
5. Use the following questions to facilitate the discussion.

Questions for Discussion

- | | | |
|----------|---|----------|
| 1 | Do you think these scenarios are realistic? | |
| | Did you ever experience similar scenarios? How did you feel? | 2 |
| 3 | What is society's reaction towards these scenarios? | |
| | What are the common characteristics of a healthy relationship? | 4 |
| 5 | What are the common characteristics of an unhealthy relationship? | |
| | Do you think that young men in your community establish healthy or unhealthy relationships? Explain. | 6 |
| 7 | What are the major challenges faced when building a healthy relationship? How can we face these challenges? | |
| | What should you do in case you felt that you are in an unhealthy relationship? | 8 |
| 9 | What can you do if a friend of yours is in an unhealthy relationship? | |

Dating Scenarios

The following are examples of scenarios that the participants can use. They should be encouraged to come up with their own scenarios that are relevant to their community and culture.

You planned to do something with your partner but he/she cancels in the last minute because he/she thinks that what you planned is not entertaining.

Your partner criticizes your friends.

He tells his friends that he had sex with her last night, meanwhile in reality he did not do anything except talking to her.

You celebrate together when one of you receives good news.

When they go out together, he always looks at other women, and sometimes comments that they are "sexy".

He calls her the next morning after their date and tells her that he had a good time and hopes that she had a good night sleep.

He pressures her to take nude photos. He plans to share the photos on the internet, and he says "my dear, you look very sexy and I want the whole world to see".

He calls her stupid while arguing.

He pulls her arm during arguing.

He pressures her to have sex with him.

Even if you have different opinions, this does not affect your mutual respect.

She doesn't like it when he goes out with his friends. She doesn't trust him when he is not with her.

You get angry over something, yet you always talk and listen to each other's point of view.

She decides to cheat on him to make him feel jealous.

He cheats on her, so he hits her.

She tells him that he needs help in choosing his outfits, and that he can kiss her better.

One night before the deadline of a school homework, he asks her to do the assignment for him because he didn't have the time to do it.

He feels he needs to be always strong in front of her.

You take turns in watching the music bands or TV programs that you want to watch.

He drives too fast; she tells him she is uncomfortable. He reduces the speed and apologizes.

He thinks she wants to have sex with him if she wore short skirt or an open shirt.

They share the cost of dinner and movie tickets.

When she has problems reading a map, he says "I think women lack a sense of location because it is in their genes".

They go together on a camping trip, and they make a list of the things they need with them, and they shop together.

When she knew that he cheated on her, he justifies himself by saying he was drunk and not responsible for his mistake.

They talk to each other if they're both having some problems at home or school.

When she is angry at him, he listens to what she is saying.



ANNEX

EXPRESSING EMOTIONS



Goal

Identifying the difficulties young men face to express their emotions and the consequences of these expressions on their relations.



Timeframe

1 Hour



Required equipment

- ✓ Flipchart board
- ✓ Markers
- ✓ Post-it notes
- ✓ Resource paper

Planning Notes:

Before the session starts, it is important for the facilitator to revise this activity on his/her own and think of the ways he/she expresses his/her own feelings. It is also important to identify local psychological counselling centres or specialists for potential referrals.

Process:

1. Draw 5 columns and write the title of each emotion: "Fear, Compassion, Sadness, Happiness, Anger". Refer to the resource paper for example on the order of the words).
2. Explain to the participants that these are the emotions that you will discuss in this activity, and that they will have to think about how difficult or easy it is for young men to express these emotions.
3. Some of the participants might suggest other different emotions that generally relate to the aforementioned ones here, such as "Hate" which goes under Anger. In one session, a young man suggested "Indifference" as an emotion. Throughout the session and working together, he discovered that the 2 actual emotions that led him to indifference were fear and sadness. Shyness, Guilt, and Violence may be suggested as emotions by the participants. Explore with the participants what exists behind these emotions and encourage them to think about the consequences of these emotions.
4. Give each participant a post-it note, and ask them to write the emotions on the board, starting with the emotion they feel is the easiest to express (number 1) to the most difficult to express (number 5).
5. After the participants complete ordering their emotions from the easiest to express to the most difficult to express, collect the papers and score the finding in the columns as shown below.
6. Discuss the similarities and differences in the participants' answers. Explain that the emotions marked as 1 or 2 are the ones that we learned to overexpress. Numbers 4 and 5 are the emotions we learned to contain and not express as much, even to hide sometimes. Number 3 may signify that the emotion that we do not express nor contain, yet we deal with it on a daily basis.
7. Use the questions below to facilitate the discussion.

Questions for Discussion:

1 | Did you discover new things about yourself in this activity?

Why do people express some emotions and contain other ones?
How do they learn to do this? What are the consequences of overexpressing or containing emotions for a long period of time?

2

3 | Are there similarities between how men express their emotions?

Is there a difference between how men and women express themselves? What are these differences?

4

5 | Do you think men express their emotions easier than women? Why?

Why do men and women express their emotions differently?
How do friends, family, society, and media influence the way men and women express themselves?

6

7 | How does the way we express emotions affect our relations with others (partner, family, friends, etc....)?

Is it easy to express emotions to friends and family?
Your partner?

8

9 | Why are emotions important? Give examples if necessary: fear could help in dangerous situations. Anger could help in defending ourselves. Ask participants to provide examples.

In your opinion, how do you think you can better express your emotions in a way that promotes your well-being?
(Partner, family, friends, etc....)

10

11 | What can you do to express your feelings more openly? How can you be more flexible in expressing what you are feeling?

Conclusion

Emotions can be considered a form of energy that allows you to realize what is bothering you and what is oppressing you. Different emotions are a reflection of different needs, and it is good to learn how to handle our emotions in our daily lives. The ability to express emotions without causing harm to others can make you a stronger person and helps you deal better with your surroundings. The ways in which we express our emotions differ from one person to another, yet some conflicts may arise, especially when it comes to raising boys. For example, it is common for men to hide their fear and sadness even towards their children. It is also common for them to express these emotions through anger and violence. Even though you are not responsible for what you feel, yet you are responsible for how you handle this emotion. It is important to differentiate between “emotion” and “behaviour”, with the aim of being able to express without causing harm to ourselves and to others.

Memo

It may be important to collectively present ideas about the different strategies to deal with emotions, and encourage each participant to note what they personally think, and then share their thoughts in a smaller group in case they wanted to.

Linkages

It is useful to link this exercise with the “From Violence to Peace” activity where men can use drama to train on nonviolent alternatives to manage their anger and conflicts.

Resource Paper

The following table represents the columns related to emotions and the answers of the participants. Through this discussion, the facilitator should help the participants identify the similarities and differences in ordering their emotions. For example, the table below shows a number of participants that find it easy to express anger, and an equal number that finds it difficult to express anger. This can help in moving the discussion forward regarding these differences and if the young men find expressing anger as something easy or difficult. The sample studied showed that most participants find it difficult to express fear. What is mostly expected from men is to be brave and tough, thus it is important to use examples as a baseline for the discussion around social and gender relations.

Finally, it is worth noting that the collection and ordering of emotions should be anonymous, thus the participants are not obliged to state their name or what column they belong to. The facilitator can assign numbers for each participant as a reference to them on the table.



Fear



Empathy



Sadness



Happiness



Anger

	Fear	Empathy	Sadness	Happiness	Anger
Participant #1	5	4	3	2	1
Participant #2	2	3	4	1	5
Participant #3	4	1	3	2	5
Participant #4	4	3	5	2	1
Participant #5	5	1	3	2	4

Annex to Session 5

I. Human rights

“Human rights are rights inherent to all human beings, regardless of nationality, place of residence, gender, national origin, race, color, language, religion, or any other status. Everyone is equally entitled to these rights, without discrimination. All these rights are indivisible and interdependent”¹.

1. According to UN definition.

- Human rights are universal, (as agreed and officially ratified by countries of the world in international conventions)
- These rights apply to all individuals regardless of their social status, behavior and sexual identity, gender, national and social origin, political, sexual and religious beliefs, and economic or social situation, physical and mental capabilities and health condition. These rights are not conditional and inalienable.
- Children under the age of 18 enjoy human rights (as established in international conventions, including the Convention on the Rights of the Child).

In spite that all individuals must to be able “to enjoy their human rights, nevertheless they are not always able to do this”.The social and economic situation of individuals may limit their ability to enjoy their rights.

Barriers to reproductive health rights of young people and adolescents

- Personal judgments and opinions of service providers
- Religious legislation
- Laws, customs and traditions
- Lack of necessary professionalism among service providers
- Lack of clinical procedures that guarantee the access of adolescents to their rights
- Social pressures

Reproductive rights of adolescents and youth

- The right to enjoy health, especially reproductive health.
- The right to make decisions freely and responsibly in relation to sexual health.
- The right to access the necessary information and advice on sexual and reproductive health to be able to make decisions related to sexual and reproductive health.
- The right not to be subjected to discrimination or violence as a result of decisions made in relation to sexual and reproductive health.
- The right to sexual relations based on knowledge, responsibility and mutual respect from the age of 18 years.
- The right to access quality services that are compatible with the physical capabilities of adolescents regardless of race, sex and social status.

- The right to access services provided by specialists (doctors and health workers) in a confidential manner.
- The right to access services with dignity, freedom, care and respect.
- The right to express an opinion on the quality of services.
- The right to access information and services without gender discrimination.
- The right to access reproductive health services whenever necessary and throughout the treatment period.
- The right to service convenience.
- The right to reject forced marriage.
- The right to refuse to engage in sexual relations that are not based on mutual consent and on freedom and respect, even in marital relationships.

II. Sexuality:

- Sexuality is a dimension of life, expressed in thoughts, feelings and practices.
- Sexual activity is only one aspect of sexuality.
- Cultural norms, individual experiences, and hormones influence the way we perceive and experience sexuality.
- Developing comfort and confidence about sexuality is part of growing up. These are influenced by individual, family and social factors, and by experiences.
- Sexuality can be a source of pleasure and meaningful in life. It can promote happiness, well-being, health and a good quality of life. It can also enhance intimacy and trust between partners.

Sexual rights:

1. The right to equality and to enjoy equal legal protection and freedom from all forms of discrimination based on sexuality or gender.
2. The right to participation, regardless of sexuality or gender.
3. The right to life, liberty, personal security and bodily integrity.
4. The right to privacy.
5. The right to personal autonomy and recognition before the law.
6. The right to freedom of thought, opinion and expression; The right to freedom of association.
7. The right to health and to enjoy the benefits of scientific progress.
8. The right to education and access information.
9. The right to marry or not, to found and plan a family, and to decide whether or not to have children, and how and when to have children.
10. The right to accountability and fairness.

Sexuality and Society:

- Everyone has the right to enjoy a safe and satisfying sex life, based on dignity, equality, responsibility and mutual respect.
- The people's ability to develop a safe and satisfying sex life depends on the family, community, and environment in which they are raised. Social norms

and even laws can promote or impair people's feelings of self-confidence, dignity, health, and a sense of belonging and well-being.

- Education and quality of education can have an influence on the sexual health of young people and adolescents and their experiences.
- Media, books, television and movies generate images that influence attitudes, feelings and expectations about sexuality.
- All people have the right to participate in political, professional and civic life without sexual standards being a barrier.
- Adolescents are raised worldwide, on different attitudes and under different laws in relation to sexual relations and marriage.
- Clerics have different perspectives on sexuality that influence norms and policies pertaining to sexuality and sexual rights issues.
- Cultural norms and local laws pertaining to sexuality change from place to place and over time.
- Young people reflect their independent attitudes towards sexuality and rights in their own communities.

Sexuality and Gender:

- ✓ Society tolerates boys, or even pressures them, to be sexually active, whereas girls are punished for being sexually active.
- ✓ Society expects behaviors and attitudes in relation to sexuality from boys and girls.
- ✓ Everyone has the right to decide to adhere to and act according to the norms of their society related to sexuality or to live according to their own beliefs.

Sexual consent and coercion:

- Everyone has the right to grant or withhold consent in a sexual relationship, and has a responsibility to respect the right of the partner to give or withhold this consent.
- Sexual coercion occurs when someone forces (or attempts to force) another person to engage in a sexual activity against his/her will.
- In the case of coercion, a person may be physically forced to have sex, or may fear social or physical consequences for refusing to engage in unwanted sex.
- Sexual coercion has serious consequences regardless of the circumstances in which it happens.
- Selling sex may or may not be consensual.
- Sexual coercion is always a violation of human rights, regardless of where, when or how it happens.
- In many countries, sex educators can provide an existing list of hotlines and support services for young people who have experienced sexual coercion.

Building sexual relationships characterized by mutual respect and responsibility:

- Several factors contribute to sexual relationships that are characterized by mutual sexual satisfaction, responsibility and security.
- Everyone is able to learn how to develop greater respect, responsibility and satisfaction in his/her sexual relationships.

III. Sexual diversity

Sexual identity: how people define themselves in terms of their sexuality, which may include their sexual orientation, sexual attraction, and the types of relationships they wish to have.

A person's sexual identity may or may not be identical to the person's sexual desire or sexual behavior.

Sexual diversity: the wide difference in people's sexual desires, identities, and behaviors.

Heterosexual: sexual attraction to the opposite sex (between males and females).

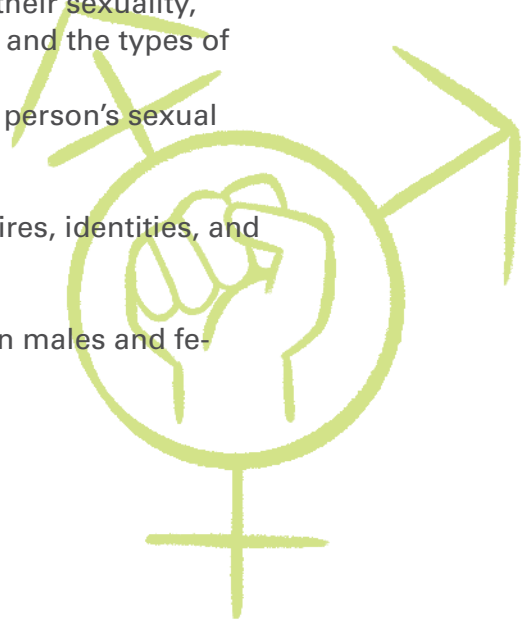
Homosexual:

- * Sexual orientation towards people of the same sex
- * Men who have sex with men
- * Women who have sex with women

Bisexual: Same sex (homosexual) as well as opposite sex (heterosexual) attraction.

Gender identity:

- **Transgender:** People whose gender identity differs from the sex assigned at birth.
- **Transsexual:** People who physically transitioned from the sex assigned at birth.
- **Sexual desire:** the feeling of sexual attraction or longing for sexual expression, which is normal, and losing or reducing it is not normal. It arises in the brain through the human senses (sight - smell - hearing - touch).
- **Sexual desire and love:** Sexual desire is different from love, (desire is often confused with love). It is possible for a person to feel sexual desire with or without love.
- **Sexual desire and sexual response:** Sexual desire differs from the physical sexual response. For example, the penis may become erect without feeling sexual desire. And vice versa, the person may feel sexual desire without an erection.
- **Sexual desire and sexual behavior:** Sexual desire differs from sexual behavior. A person may or may not feel sexual desire and follow it with sexual behavior, and a person may or may not perform a sexual behavior out of sexual desire.



- **Sexual desire and fantasy:** Fantasy may increase sexual desire, but fantasy does not necessarily mean the desire to engage in the act.
- **Sexual behavior:** It is the conduct of sexual practices and acts. It is controlled or impeded by the brain through sexual arousal and sexual intercourse. Therefore, sexual behavior depends on education, brain and sex hormones.

Terminology:

- **Intercourse:**
 - * It often refers to vaginal intercourse (insertion of the penis into a partner's vagina).
 - * Anal intercourse (insertion of the penis into a partner's anus).
- **Abstinence:** Abstinence from sexual relations. In some countries, this concept is linked to cultural societal values (virginity). As for the sexually transmitted infection, it means refraining from sexual activity (with reproductive organs) with a partner.
- **Sexual function:** Biological responses, which are part of the sexual activity of the person.
- **Sexual orgasm:** To reach the sexual peak which is in the final stage of sexual intercourse, where the female and male external genitalia have a major role in reaching this stage.

Annex to Session 6

I. Fertility

- **Female fertility** is a woman's ability to conceive a biological child and keep him until birth.
- **Male fertility** refers to the ability to produce good sperm that is able to fertilize the egg to begin fertilization.

Pregnancy

- During the period of fertility, a mature egg is released from the ovary (ovulation). Then it slowly moves through the fallopian tube where it is captured by (finger-like projections) on the end of the fallopian tube that sweeps the egg into the tube, where it hangs out for about 24 hours to see if any sperm are around.
- The spongy mucus produced by the cervix helps in feeding sperm and in keeping them alive for a period of 5-6 days, and provides also an environment that allows them to swim through the vagina into the uterus to locate an egg in the fallopian tube.
- The sperm surround the egg and only one sperm penetrates the egg. Here, the surface of the egg changes so that no other sperm can enter.
- Once the sperm meets the egg, the nuclei from the egg (with the female genetic material) and sperm merge, the fertilized egg becomes a zygote.
- Then the zygote (with the male genetic material) travels down the fallopian tube in 5 days. Then it reaches the uterus. After 2 days, it burrows into the uterine lining, and the pregnancy begins.

How can a woman know that she is pregnant?

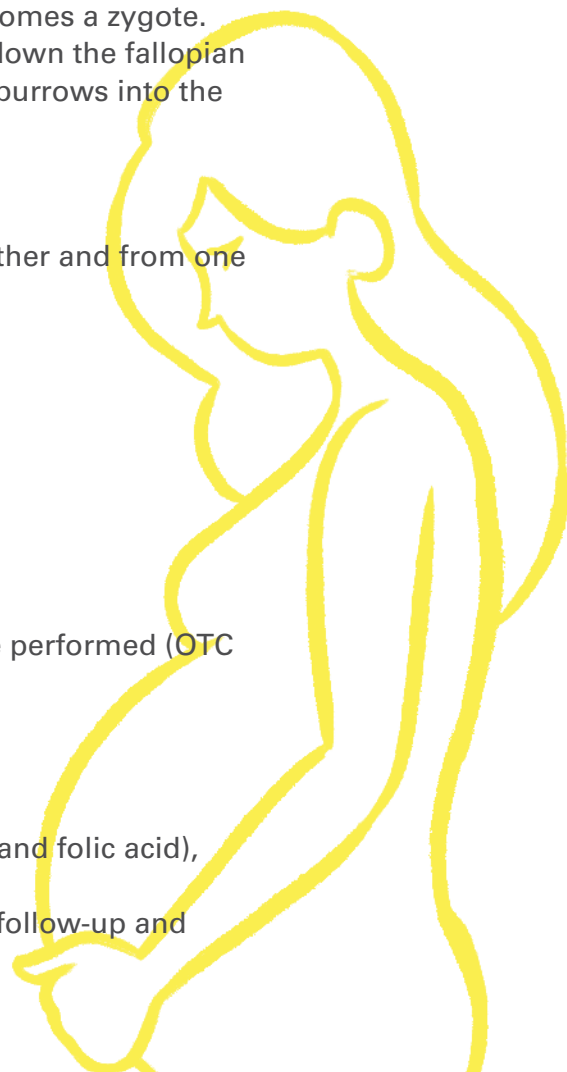
Early signs of pregnancy, which differ from one woman to another and from one pregnancy to another:

- ✓ A missed period
- ✓ Swollen and tender breasts
- ✓ Sore nipples
- ✓ Nausea and vomiting
- ✓ Cramping
- ✓ Feeling of bloating
- ✓ Appetite changes

To find out if the woman is pregnant, a pregnancy test must be performed (OTC pregnancy test or laboratory test)

How to have a healthy pregnancy?

- Avoid taking medications, drugs or alcohol.
- Take vitamins and required supplements (especially iron and folic acid), even before pregnancy, if possible.
- Make regular visits to pregnancy care center for medical follow-up and medical advice on pregnancy and childbirth.

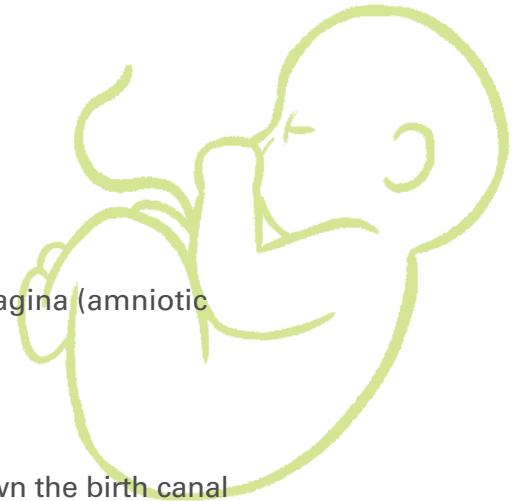


II. Childbirth

What happens during natural childbirth?

The labor often starts with one or more of the following:

- ✓ A clear pinkish or slightly bloody mucus discharges from vagina (amniotic fluid that trickles from the vagina)
- ✓ Uterine contractions increase in intensity
- ✓ Widening of the cervix, which helps in pushing the baby down the birth canal
- ✓ Labor usually lasts between 5 to 18 hours, but it varies between women



Cesarean delivery (C-section)

- Cesarean delivery (C-section) is a surgical procedure used to deliver a baby through incisions in the abdomen and uterus.
- Cesarean delivery takes place if the natural delivery puts the life / health of mother or child at risk.

Benefits of breastfeeding for the child

Breastfeeding is the process of feeding a newborn with his mother's breastmilk:

- Breast milk contains everything baby needs for the first 6 months of life.
- During the first days after birth, the first milk produced is a thick and yellowish fluid called colostrum. It's high in protein, and loaded with beneficial compounds. It increases the immunity of the child and protects him against infections, and helps to clean the intestines of the child.
- Breast milk is loaded with basic essential nutrients that help the baby, such as carbohydrates, proteins and fats, and its temperature is compatible with the baby's age.
- Breastmilk promotes adequate growth and development of the baby.
- Breast milk enhances feelings of affection between mother and child, and promotes bonding, making the child feel more security, compassion and more stability from a psychological perspective.

Benefits of breastfeeding for the mother

- 98% effective in preventing pregnancy during the first 6 months (full breastfeeding).
- Helps the uterus to return to its normal state after childbirth.
- Reduces the amount of bleeding in the first weeks after birth.
- Reduces the complications of breast engorgement.
- Reduces the risk of breast cancer.

- Prolongs the period of pregnancy spacing
- Immediate protection from pregnancy after childbirth.
- Lowers the risk of reproductive cancer.

III. Infertility

Infertility is not being able to get pregnant (conceive) after one year (or longer) of unprotected sex, even if pregnancy occurred before. Infertility is due to reasons relating to women or men, or both.

- **For women:** Fallopian tubes are blocked (for example, due to untreated sexually transmitted infections or endometriosis or hormonal problems).
- **For men:** infertility can be caused by not being able to make or ejaculate (release) sperm and to make normal amounts or normal quality sperm (due to different factors).



Annex to Session 7

Abortion:

It refers to a termination of pregnancy by expulsion of an embryo or fetus before it has reached the stage of viability (before reaching 22th week of gestation). In this case, the fetus weighs less than 500 grams.

Abortion is 2 types:

1- Miscarriage or spontaneous abortion sometimes happens as a result from:

- ✓ Genetic disorders
- ✓ Factors related to the mother (diseases, uterine anomalies, malnutrition and immune causes, bad lifestyle habits ..)
- ✓ Mental state
- ✓ Accidents
- ✓ Other

2- Induced abortion:

- ✓ Surgical abortion include vacuum aspiration, dilation and evacuation, dilation and curettage.
- ✓ Medical abortion with misoprostol only, or with misoprostol + mifepristone.
- ✓ Other methods are manual.

Symptoms and complications of surgical abortion: injury to the uterus, hemorrhage, incomplete or failed abortion, infection, pulmonary embolism, blood clots in the breasts or in the legs, long- term complications (infertility or ectopic pregnancy due to blocked fallopian tubes).

Symptoms and complications of medical abortion: bleeding, colic / abdominal cramps, chills and / or high temperature, nausea and vomiting, diarrhea. if the

abortion fails with misoprostol, it may cause birth defects.

Reasons for having an abortion:

1-Women and girls have an abortion because of unwanted pregnancy since the beginning for various reasons, including:

- Economic reasons: They cannot afford to raise a child.
- Educational reasons: They want to complete their education.
- Health reasons: Pregnancy threatens their physical or mental health.
- Reasons related to the partner: the relationship with the partner is unstable, extra marital sexual relationship, rape-related or coerced sex.

2- Women and girls have an abortion despite intended pregnancy from both partners, and that for various reasons, including:

- A threat to maternal health: the continuation of pregnancy may threaten the woman's physical or mental health.
- A threat to fetus health: Serious health risks to the fetus (ultimately leading to death) may occur due to genetic, behavioral and environmental factors.
- The partners' disappointment about their baby's sex or Gender disappointment: often happens in places where society discriminates on the basis of gender (especially the desire to have male) and / or when countries define coercive population control policies.
- Pressure to have an abortion: some women or girls may come under pressure to have an abortion. This pressure comes from someone else (such as a parent) or the government may force women to have an abortion in countries with coercive population control policies.

Unwanted pregnancy:

One of the main reasons for having an abortion is unwanted/unintended pregnancy.

Reasons for unwanted pregnancy:

1. Lack of family planning methods,
2. Lack of use of family planning methods in spite of their availability,
3. Use of family planning methods incorrectly,
4. Use of family planning methods correctly but contraceptive failure,
5. Rape and incest.

Maternal mortality: Maternal death is the death of a woman while pregnant or within 42 days of termination of pregnancy, from any cause related to or aggravated by the pregnancy or its management. The postpartum period is commonly defined as 42 days after childbirth.

Causes of maternal mortality: severe bleeding, infections (postpartum fever), high blood pressure during pregnancy (puerperal fever), childbirth complications, complications of unsafe abortion.

Unsafe abortion: is defined as a procedure for terminating an unwanted pregnancy either by persons lacking the necessary skills or in an environment lacking minimal medical standards or both. (WHO 1992)

Safe and unsafe abortion:

Safe abortion	Unsafe abortion
It is performed by a trained person.	It is performed by a person lacking the necessary training.
It is performed by medically approved methods (medical aspiration - drugs - curettage).	It does not conform to minimum medical standards.
It is carried out under safe conditions and with the use of appropriate equipment	Done under unsafe sanitary conditions
Happens in the first three months of pregnancy	

Other abortion methods (unsafe methods)

Oral substances:

- Large amounts of birth control pills
- Black tea - boiled tea with vinegar and ginger - boiled water with aspirin
- Disinfectants, acids and detergents
- Boiled alcohol with soap - boiled alcohol with chili and cinnamon

Topical substances:

- Caustic Soda
- Plant roots - knitting needles and electric wires - pens - chicken bones (inserted through the womb)

External means:

- Aggressive abdominal massage
- Lifting heavy weights from the floor

Consequences of unsafe abortion:

- Some of the maternal deaths occur because of unsafe abortion (and can be prevented).
- Complications on the long term and lifelong disabilities.
- Financial cost of treating complications.
- Negative impact on mother, family, children and society.
- Increase in child mortality rate in the event of the mother's death.

Factors leading to unsafe abortion:

- ✓ Unwanted pregnancy.
- ✓ Ignorance about the harmful effects of unsafe abortion.
- ✓ Poverty.
- ✓ Unavailability of safe services for cases authorized by the law.

Reasons for the high incidence of unsafe abortion among adolescent girls:

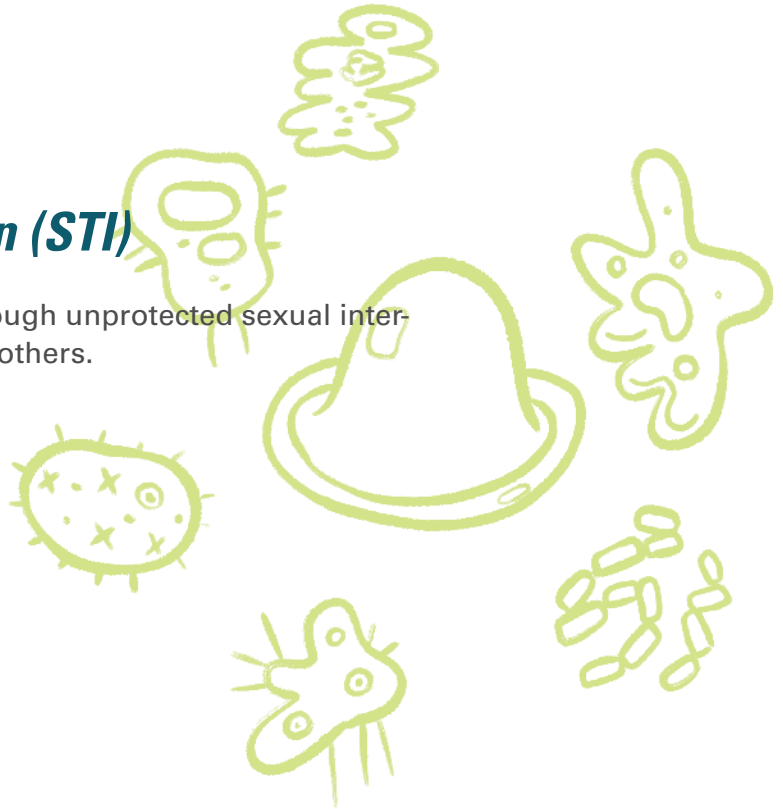
1. Delayed search for an abortion method.
2. Choosing unqualified people.
3. Going to isolated and ill-equipped places.
4. Use of dangerous popular abortion methods.
5. Lack of access to necessary healthcare services in the event of complications.



Annex to Session 9

Sexually Transmitted Infection (STI)

It is an infection that is transmitted mostly through unprotected sexual intercourse, and in some cases through blood and others.



Types of sexually transmitted infections

- HIV / AIDS
- Hepatitis B
- Syphilis
- Genital herpes
- Pubic lice
- Genital warts
- Gonorrhoea
- Inflammation of the urethra
- Fungi
- Chlamydia
- Trichomoniasis

An infection transmitted by sex only that affects the reproductive system

- Syphilis
- Genital herpes
- Pubic lice
- Genital warts
- Gonorrhoea
- Urethritis
- Fungi
- Chlamydia
- Trachoma

An infection that is transmitted through sex and blood that does not affect the reproductive system

- AIDS
- Hepatitis B

Modes of transmission of STIs

- All unprotected sexual relations with an infected person
- Contaminated needles
- Contaminated blood transfusion
- Sharing personal tools such as toothbrushes, blades ... with an infected person
- A pregnant mother to her newborn during pregnancy, childbirth or breastfeeding
- Kissing if there are sores
- Direct contact with the mucous membrane of the bacteria during sexual relations with an infected person

Symptoms of STIs

- Vaginal discharge of an abnormal color or odor (woman)
- Discharge from the penis (man)
- Sores on the genitals (men and women)
- Itchy vagina
- Pain and burning during urination or sexual intercourse
- Lower abdominal pain
- High temperature

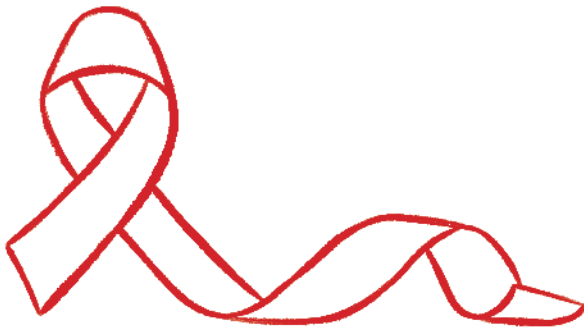
Complications of STIs

- Infertility in women and men
- The appearance of disease in the blood
- Injury throughout the body (arteries, heart, liver, brain)
- Spontaneous abortion
- Ectopic pregnancy
- Blindness in a newborn baby in some infections
- Cervical cancer
- Death

Prevention of STIs

- Fidelity with an uninfected partner
- Use of condoms in sexual relations
- Refrain from using unsterilized piercing and cutting needles and tools
- Ensure that the blood is not contaminated
- Avoid sharing towels, toilets, and underwear
- Conducting the vaccine against hepatitis B virus in exposed people

AIDS



- **The virus that causes AIDS:** HIV Human Immune-deficiency Virus
- **Disease:** Acquired Immune Deficiency Syndrome AIDS

How does AIDS virus work inside the human body?

AIDS is a virus that attacks the immune system. The immune system gradually becomes weaker, making it harder for the body to fight off opportunistic diseases (lack of ability of the body to fight off vulnerable species of microbes, viruses, parasites and fungi that infect the body).

Modes of transmission

The virus is transmitted from person to person in three major ways:

- Through sexual contact with a person carrying the virus.
- Through blood.
- From pregnant mother to fetus.

The virus is transmitted through sexual contact as follows:

- ✓ Unprotected sex between a man and a woman (one of them is carrying the virus).
- ✓ Unprotected sex among men who have sex with men (one of them is carrying the virus).

The virus is transmitted through blood transfusions from a person carrying the virus to a healthy person through:

- ✓ The use of contaminated syringes and sharp tools.
- ✓ Injection drug users.
- ✓ Chinese acupuncture, tattooing and scarification.

The virus is transmitted from a pregnant mother living with the virus to the fetus in about 25% - 45% of cases, and that is:

- ✓ During pregnancy: through the placenta.
- ✓ During delivery: through blood or other fluids.
- ✓ Postnatal: through breastfeeding.

AIDS is not transmitted through:

- Social contact with family, classmates, workplaces, crowded places
- Shaking hands and hugging
- Sneezing
- Insect bites
- Pools / swimming pools
- Use of public phones
- Sharing food and drinks

The most vulnerable categories to STIs

- Persons infected with STIs are more susceptible to infection with HIV / AIDS or to transmit it to others
- Men who engage in sex with men (through anal sex)
- Female sex workers (multiple sexual relations)
- Injection drug users
- Young people for lack of access to correct and sufficient information about HIV / AIDS

HIV is not able to remain alive outside the body. In case it comes into contact with the blood of an infected person or any of the body fluids, the virus can be eliminated by using:

- Heat (HIV is killed in water boiled at 56 degrees Celsius)
- Hand soap
- Oxygenated water
- Any liquid with 25 % alcohol
- Antiseptics of all kinds

The reasons that make women more vulnerable to infection than men

- The endometrial lining in women is 20 cm², so the space where the virus can live is 5 times larger than in men
- The cervix area is vulnerable, especially when young girls or pregnant women or women are using oral contraceptives
- The concentration of the virus in sperm is 10 times higher than in the vaginal secretions
- Sperm remains for quite a period in the body of a woman, thus making her more likely to be infected than men
- Usually STDs are not accompanied by symptoms or signs, thus women are not being treated
- Lack of gender equality, which leads to the inability of women to discuss sexual topics and lack of access to information or to receive health care, and lack of ability to take decisions
- Tattoos and Hijama (wet cupping)

Male condom

Condom is made from a very thin latex that protects against most STDs and prevents sperm from entering the woman's vagina and direct contact between the penis and vagina.

To ensure proper and good use of condoms:

- Keep it in a dry and cool place (not in the wallet)
- Check the expiry date
- Carefully open the condom wrapper so that it does not tear
- Squeeze the tip of the condom and then roll it on the penis from the start of erection in any sexual intercourse
- Remove it carefully after ejaculation with the semen liquid inside then throw it in a garbage bin
- Use it for one time only
- Avoid using it in anal intercourse

Annex to Session 10**I. Breast Cancer****1- Breast self-examination**

Breast self-examination should be performed once a month (immediately after the menstrual cycle ends): for women and girls over the age of 20 years (girls must learn it from puberty to know the normal breast texture).

2- Clinical breast examination

The specialist doctor conducts a clinical examination of the breast:

- For women under the age of 40 years: once every 3 years
- For women over the age of 40 years: once a year

When performing a breast examination, a woman should notice any change in:

- Shape or size (swelling).
- Skin (color or thickness).
- Nipple (discharge, shape, color, inversion, deviation).

Signs of breast cancer:

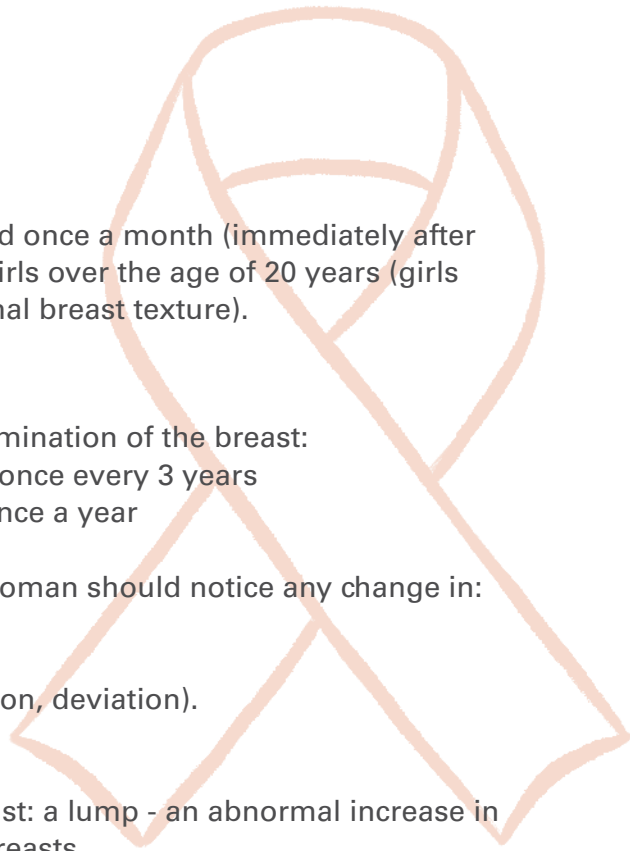
- Change in the shape or size of the breast: a lump - an abnormal increase in the size of the breast – asymmetrical breasts
- Skin changes: thickness - dimpling.
- Nipple discharge, nipple inversion - change in texture.
- Swelling in the upper arm.
- Enlarged lymph nodes.

3. Mammogram

- It is considered one of the best diagnostic methods to discover changes that lead to tumors in the breast, whether malign or benign, at a very early stage.
- Despite its importance, it does not detect all breast cancers (only reveals changes that need further testing).
- Expensive and needs a specialist to perform it.
- It is recommended to have a mammogram once a year, starting at the age of 40.

II. Cervical cancer

- It ranks second (after breast cancer) in the list of most common cancers among women younger than 45 years of age.
- Most often it is detected in the advanced stages.
- Most deaths occur early in the reproductive age.
- Despite its high risk and high mortality rate, prevention is easy and inexpensive through early detection and treatment.



Causes of cervical cancer:

1- HPV:

- ✓ 99% of cervical cancer cases are caused by infection with HPV papilloma virus.
- ✓ HPV is sexually transmitted and very common.
- ✓ 80% of women will be infected with one type of this virus at some point in their life.
- ✓ HPV infection often occurs at a young age.
- ✓ Most of the time, the body fights off the virus without outside intervention.
- ✓ Sometimes, the infection does not go away completely and continues as the infected cells begin to mutate, leading to cervical cancer after about 10-20 years (if it is not detected and treated in the early stages).

2- The reasons that make people more likely to develop cervical cancer:

- ✓ Multiple sexual partners.
- ✓ Young age at first sexual intercourse.
- ✓ Young age at first birth.
- ✓ Smoking.
- ✓ Infection with other types of sexually transmitted infections.

Symptoms of uterine and cervical cancer:

The patient suffers from various symptoms in the final stages of the disease:

1. Abnormal vaginal bleeding that is not related to the menstrual cycle.
2. Bleeding sometimes after sexual intercourse.
3. Frequent bloody secretions.
4. Deep pain in the pelvis.
5. Other symptoms associated with the spread of the disease to other sites such as the bone, liver and lymph nodes, which creates various symptoms depending on the location and extent of the disease.

Prevention of cervical cancer:

First: prevention of infection with the human papillomavirus (HPV).

- Use a condom (partial protection).
- Fidelity to one sexual partner.
- Vaccination against papillomavirus.

Second: Detecting changes before they become cancerous.

- Vaginal swab with microscopic examination.
- Vaccination against papillomavirus:
- In order to achieve optimal prevention, the vaccine must be given before the onset of sexual activity, starting from the age of nine.
- It is recommended that all women under the age of 45 years be vaccinated to protect them against papillomavirus that causes cervical cancer.
- The benefit of vaccination for women over the age of 26 years and its negative implications in the long term have not been tested yet.
- The benefit of vaccination after the onset of sexual activity is low and is not considered a cure in the case of HIV infection.
- The effect of vaccination lasts between 20 to 24 years.
- Not recommended for pregnancy.
- The vaccination is safe and no reported serious side effects so far.

