



MINISTRY OF LABOUR
AND SOCIAL PROTECTION



ЗАСГИЙН ГАЗРЫН ХЭРЭГЖҮҮЛЭГЧ АГЕНТАГ
ГЭР БҮЛ, ХҮҮХЭД, ЗАЛУУЧУУДЫН
ХӨГЖЛИЙН ГАЗАР



International
Labour
Organization



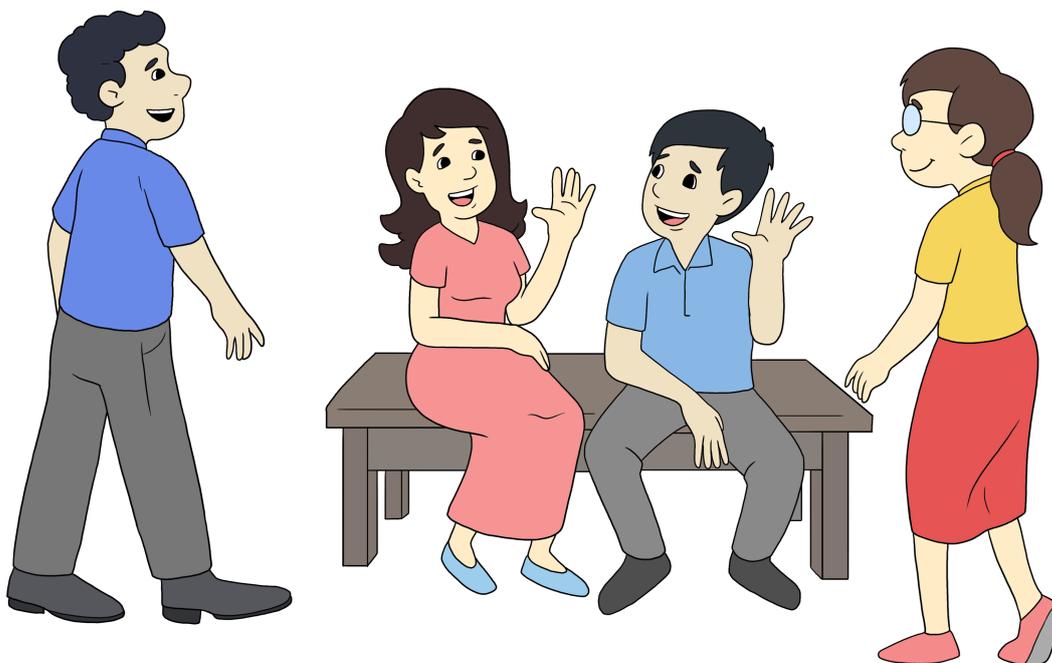
Funded by the
European Union



3-R Trainers' Kit

Rights, Responsibilities and Representation
For Children, Youth and Families

Module 6: Sex Education



Busakorn Suriyasarn, Nelien Haspels and Rosalinda Terhorst



3-R Trainers' Kit

Rights, Responsibilities and Representation For Children, Youth and Families

Module 6: Sex Education

By

Busakorn Suriyasarn, Nelien Haspels and Rosalinda Terhorst



Copyright © International Labour Organization 2020
First published 2020

Publications of the International Labour Office enjoy copyright under Protocol 2 of the Universal Copyright Convention. Nevertheless, short excerpts from them may be reproduced without authorization, on condition that the source is indicated. For rights of reproduction or translation, application should be made to ILO Publications (Rights and Licensing), International Labour Office, CH-1211 Geneva 22, Switzerland, or by email: rights@ilo.org. The International Labour Office welcomes such applications.

Libraries, institutions and other users registered with a reproduction rights organization may make copies in accordance with the licences issued to them for this purpose. Visit www.ifrro.org to find the reproduction rights organization in your country.

3-R Trainers' Kit: Rights, Responsibilities and Representation for Children, Youth and Families, International Labour Office, Country Office for China and Mongolia – Beijing: ILO, 2020

ISBN: 978-92-2-0325599 (web pdf)

Also available in Mongolian: *Амьдрах ухааны сургалтын багц: Хүүхэд, залуучууд, гэр бүлийн эрх, үүрэг, оролцоо*
ISBN: 978-92-2-0325605 (print) 978-92-2-0325612 (web pdf), Ulaanbaatar, 2020

NOTE ON THE 3-R TRAINERS' KIT, 2020 EDITION (ENGLISH AND MONGOLIAN VERSIONS)

This publication was developed by Busakorn Suriyasarn and Ulziitungalag Khuajin, consultants for the ILO, in collaboration with the Authority for Family, Child and Youth Development of Mongolia (AFCYD), government implementing agency, under the framework of the Phase 2 of the ILO project "Sustaining GSP-Plus Status by Strengthened National Capacities to Improve ILS Compliance and Reporting – Mongolia Phase 2" (MNG/17/50/EUR).

The content is extracted, customized and reproduced from the following original source: Empowerment for children, youth and families: 3-R trainers' kit on rights, responsibilities and representation, ISBN: 92-2-117849-8 (print), 92-2-117850-1 (web pdf), 92-2-117851-X (CD-ROM), Bangkok (2006) and subsequent editions, including the 2017 edition ISBN 978-92-2-130249-0 (print); 978-92-2-130250-6 (web pdf).

This publication was produced with the financial assistance of the European Union. The views expressed herein can in no way be taken to reflect the official opinions of the European Union.

The designations employed in ILO publications, which are in conformity with United Nations practice, and the presentation of material therein do not imply the expression of any opinion whatsoever on the part of the International Labour Office concerning the legal status of any country, area or territory or of its authorities, or concerning the delimitation of its frontiers.

The responsibility for opinions expressed in signed articles, studies and other contributions rests solely with their authors, and publication does not constitute an endorsement by the International Labour Office of the opinions expressed in them.

Reference to names of firms and commercial products and processes does not imply their endorsement by the International Labour Office, and any failure to mention a particular firm, commercial product or process is not a sign of disapproval.

Information on ILO publications and digital products can be found at: www.ilo.org/publns.

The authors are solely responsible for the contents and any opinions expressed within this publication, which does not reflect any official position of the ILO.

Book cover pictures and cartoons by ICCD LLC
Graphic design and layout by Sodbaatar Purevjav
Mongolia

FOREWORD

Over the last decade, the Government of Mongolia has taken concrete measures towards the implementation of the ILO's Worst Forms of Child Labour Convention, 1999 (No. 182) and Forced Labour Convention, 1930 (No. 29). These efforts are in line with the 2030 Development Agenda which calls for the eradication of forced labour, modern slavery and human trafficking by 2030 and the elimination of child labour in all its forms by 2025.

Yet, to achieve these sustainable developmental results, key stakeholders in Mongolia have identified the need for a better understanding on how child and forced labour develops in today's context. This need is most acute on the side of state agencies and civil society organizations whose mission is to support children, youth and families who are at risk of child and forced labour and other forms of violence.

The Trainers' Kit on Rights, Responsibilities and Representation for Children, Youth and Families (3-R Kit) aimed at strengthening the capacities of both public and private entities in these areas. It was originally developed in 2006 by the ILO, and since then, successfully implemented in a number of countries including Mongolia where the first version of the training kit was used under the ILO/IPEC project in 2007. The 3-Kit has been recognized by the Mongolian Ministry of Labour and Social Protection and the Authority for Family, Child and Youth Development (AFCYD), government implementing agency as the most relevant and appropriate tool to strengthen the capacities of Mongolian public and private actors.

Under the framework of the "ILO/EU project on Sustaining GSP-Plus Status¹", the 3-R Kit has been revisited, adapted to the Mongolian context and validated by national trainers. We hope it will be of use to a large audience and eventually benefit those who most need it. The COVID 19 pandemic, which is unfolding at the moment of writing this note, has cast a new shadow on the wellbeing of vulnerable groups, particularly children. With an expected unfavorable economic environment for the upcoming years, governments, state entities, private sector, trade unions and civil society organizations all around the world are faced with the heightened challenge of eliminating child and forced labour by 2025 and 2030 respectively. The 3-R Kit is a modest contribution to support these efforts.

The ILO and the AFCYD are most grateful to the European Union's generous financial support, which made possible the realization of this Mongolian version of the 2020 3-R Kit. We look forward to our continuous engagement in support of most vulnerable parts of the population, helping to make sure that no one is left behind.

Enkh-Amar Mijidsuren
Chairperson
AFCYD

Claire Courteille-Mulder
Director
ILO Country Office for China and Mongolia

¹ Full title of the project is: "ILO/EU project on Sustaining GSP-Plus Status by Strengthening National Capacities to Improve International Labour Standards Compliance and Reporting-Mongolia Phase 2" (MNG/17/50/EUR)



Contents

Foreword		iii
Acknowledgments		vii
Module Overview		1
Unit 6.1	Changes and Sexuality	3
Ex. 6.1.1	Body Mapping	5
	TA 6.1.1 A: Example Drawings of Plain Nude Boy and Nude Girl	10
	TA 6.1.1 B: Main Internal Organs	11
	TA 6.1.1 C: Reproductive Organs of Women	12
	TA 6.1.1 D: Reproductive Organs of Men	13
	TA 6.1.1 E: The Correct Positions of All Organs	14
	Briefing Note: Physical Differences between Men and Women	15
Ex. 6.1.2	Oops, I Am Changing	16
	Briefing Note: Changes during Adolescence	19
Ex. 6.1.3	Am I Normal or Strange?	23
	TA 6.1.3 A: Frequently Asked Questions and Answers on Changes during Adolescence	26
Ex. 6.1.4	Reproductive Processes	30
	TA 6.1.4 A: Transparencies of Female Reproductive Organs	33
	TA 6.1.4 B: Transparencies of Male Reproductive Organs	34
	TA 6.1.4 C: Illustration of Penis with and without Circumcision	35
	TA 6.1.4 D: Memory Cards	36
	TA 6.1.4 E: Memory Cards: Answers	37
	Briefing Note: Reproductive Organs	38
Ex. 6.1.5	Born This Way	41
	TA 6.1.5 A: The Genderbread Person	47
	TA 6.1.5 B: SOGIE Scale	48
	TA 6.1.5 C: True or False	49
	TA 6.1.5 D: True or False - Explanations	50
	Briefing Note: Sexual Orientation, Gender Identity and Expression	53
Unit 6.2	Love and Marriage	57
Ex. 6.2.1	Roundabout Talk	59
	TA 6.2.1 A: List of Roundabout Questions	62
Ex. 6.2.2	The Perfect Match	65

Ex. 6.2.3	Relationship Management	68
	TA 6.2.3 A: A Couple's Events	70
Unit 6.3	Safe Sex	72
Ex. 6.3.1	Risks of Sexual Behaviours	73
	TA 6.3.1 A: Risk Cards	77
	TA 6.3.1 B: Risk Evaluation Sheet	78
Ex. 6.3.2	Contraception	80
	TA 6.3.2 A: Family and Contraception Poster	85
	TA 6.3.2 B: Lay-out for Poster	86
	TA 6.3.2 C: Contraceptive Methods	87
Unit 6.4	Teenage Pregnancy	90
Ex. 6.4.1	Negotiating Contraceptive Options	91
	TA 6.4.1 A: Case for Negotiation	94
Ex. 6.4.2	My Life and a Baby	95
	TA 6.4.2 A: My Life Goals	98
Ex. 6.4.3	Being a Young Parent	99
	TA 6.4.3 A: Teenage Pregnancy Game Board	101
	Sources for Further Reading	102
	Picture Cards	103
	TA 6.1.4 A: Transparencies of Female Reproductive Organs (4 cards)	103
	TA 6.1.4 B: Transparencies of Male Reproductive Organs (4 cards)	103

ACKNOWLEDGMENTS

The present Mongolian edition of the 3-R Kit is the result of a teamwork and dedicated efforts by the AFCYD and ILO.

We acknowledge the valuable contribution of Ms Busakorn Suriyasarn, international consultant for her technical guidance.

In addition, we thank each member of the 3-R Kit Working Group established by AFCYD, in particular:

- o Ms Algirmaa Purevsuren (Module 4, 9 and 10)
- o Ms Ariunchimeg Gombo (Module 11)
- o Ms Azjargal Jantsandorj (Module 2, 4, and 9)
- o Mr Batsaikhan Batsukh (Module 1 and 3)
- o Ms Battuya Tsanlig (Module 4)
- o Ms Bolortsetseg Sosorburam (Module 10 and 11)
- o Mr Galbadrakh Sharkhuu (Module 6 and 7)
- o LGBT Centre Mongolia (Module 6)
- o Ms Oyundari Bayanbaatar (Module 5 and 8)
- o Ms Sanjid Borbandi (Module 3)
- o Ms Ulziitungalag Khuajin (Trainers' Guide).

We would like to express our appreciation to Mr Altansukh Ochirbat, former chairperson in AFCYD for his initiation of and support to this work. For the coordination, detailed national contributions and review of the Mongolian translation, we thank Ms Azjargal Jantsandorj, senior specialist in charge of child rights policy implementation in AFCYD and Ms Ulziitungalag Khuajin, senior lecturer in the Social Work Department of the Mongolian National University of Education. We are also grateful to Ms Bertsetseg Vanjil and Ms Narmandakh Battulga who provided translation support during the adaptation process and Ms Tuya Balchindorj for her edition of the Mongolian language version.

On the ILO side, Ms Lkhagvademberel Amgalan and Ms Bayartsetseg Bayarsaikhan in Ulaanbaatar, Ms Parissara Liewkeat, in Beijing and Ms Bharati Pflug, Senior Specialist on Fundamental Principles and Rights at Work in the ILO DWT-Bangkok, provided programming, administrative and technical support.



MODULE 6 SEX EDUCATION

Module Overview

This module deals with the changes that puberty brings. Adolescents become interested in sexuality, love and relationships and need to become smart in making choices in life. The exercises are especially designed for teenagers but most exercises can be used with participants of all ages. The subjects include: understanding physical and emotional changes that happen during puberty, sexuality and gender identity, romantic relationships, safe sex, contraceptive methods and why it is a good idea to prevent unintended pregnancy and becoming parents at a young age. Each unit has several exercises related to the main topic so that trainers can select which exercises are best suited for their target group.



Tip for Trainers

Sex education is vital for all children and youth, even if many parents and educators find it difficult to provide it to them. Children and youth need correct information about their own sexual development and what is responsible sexual behaviour. This will protect them from sexually transmitted infections, unwanted pregnancy and sexual violence.

This module includes 4 units:

Unit 6.1 Changes and Sexuality

Unit 6.2 Love and Marriage

Unit 6.3 Safe Sex

Unit 6.4 Teenage Pregnancy

Unit 6.1 Changes and Sexualities	Objectives	Time
Ex. 6.1.1 Body Mapping	<ul style="list-style-type: none"> To understand the physical differences between the male and female bodies 	60 mins
Ex. 6.1.2 Oops, I Am Changing	<ul style="list-style-type: none"> To understand what happens in teenage bodies and feelings during puberty To identify physical and emotional changes of both girls and boys during their teenage years 	75 mins
Ex. 6.1.3 Am I Normal?	<ul style="list-style-type: none"> To identify physical and emotional changes during puberty and understand that these changes are normal To address some questions and concerns about physical sexual and reproductive changes during adolescence 	60 mins
Ex. 6.1.4 Reproductive Processes	<ul style="list-style-type: none"> To learn more about the male and female reproductive organs 	45-75 mins

Ex. 6.1.5 Born This Way	<ul style="list-style-type: none"> To learn to distinguish facts from myths on different sexual orientations, gender identities and expressions (SOGIE) To promote tolerance towards lesbian, gay, bisexual, transgender and intersex (LGBTI) people and understand that they are accorded dignity, equal treatment and justice, just like other people 	90-120 mins
Unit 6.2 Love and Marriage		
Objectives		Time
Ex. 6.2.1 Roundabout Talk	<ul style="list-style-type: none"> To learn how to talk about relationships and sexuality, and with whom To know one's own values and attitudes about sexuality in order to adopt sexual behaviours that are consistent with them 	60 mins
Ex. 6.2.2 The Perfect Match	<ul style="list-style-type: none"> To find out what are the characteristics and responsibilities of an 'ideal partner' To identify what men and women consider important when they select their partner 	75 mins
Ex. 6.2.3 Relationship Management	<ul style="list-style-type: none"> To become aware that there can be many ups and downs in the relationship of a couple To learn how to handle conflicts in a relationship 	60-90 mins
Unit 6.3 Safe Sex		
Objectives		Time
Ex. 6.3.1 Risks of Sexual Behaviours	<ul style="list-style-type: none"> To become aware of the risks of engaging in sexual activities To identify ways to reduce risks through behavioural change 	60 mins
Ex. 6.3.2 Contraception	<ul style="list-style-type: none"> To become aware of modern contraceptive methods and dispel common misconceptions about them To identify benefits and risks of different contraceptive methods, their effectiveness and appropriate use, and where to access them To understand that the prevention of pregnancy and STIs is a joint responsibility of both parties in the relationship 	60-90 mins
Unit 6.4 Teenage Pregnancy		
Objectives		Time
Ex. 6.4.1 Negotiating Contraceptive Options	<ul style="list-style-type: none"> To develop skills to communicate contraceptive needs and negotiate condom use with sexual partner To respect the choice of girls/women who want to prevent a pregnancy 	45-60 mins
Ex. 6.4.2 My Life and a Baby	<ul style="list-style-type: none"> To realize that becoming pregnant and having a baby at a very young age changes life enormously, especially for those who will take care of the baby 	60 mins
Ex. 6.4.3 Being a Young Parent	<ul style="list-style-type: none"> To realize that becoming pregnant and having a baby will change one's life To become aware of the responsibilities men and women have as a parent To become aware of the difficulties one will face when becoming a parent at a young age 	60 mins
Total time in Module 6: 13 hours 30 minutes – 15 hours 45 minutes		

Unit 6.1 Changes and Sexuality



Content

This unit includes exercises to help participants understand physical differences between boys (men) and girls (women). Participants will learn about the reproductive organs of both boys and girls. The physical and emotional changes in both girls and boys during their teenage years are discussed. Attention is given to sexual concerns that many young adults have. Facts about different sexual orientations and gender identities are presented and acceptance towards all sexual orientations and gender identities is promoted.



Key Messages

- Both boys and girls change during their teenage years and this is a normal part of growing up.
- Most internal organs in girls' and boys' bodies are the same. The physical differences between the female and male bodies are mainly in the reproductive organs.
- Although the appearance of men's and women's reproductive organs may be different, many of them share similar, parallel functions. Together these help in making babies.
- Boys and girls (men and women) have a different mix of hormones that are needed for the reproductive process. Many changes during puberty are physical and are caused by hormones.
- During puberty, the first menstruation is an important event for girls and the first ejaculation is an important event for boys.
- Changes also occur in feelings and relationships. Many teenagers will start to fall in love or feel attracted to other persons for the first time, for other teenagers this will happen later in life.
- People have different sexual orientations, gender identities and gender expressions.
- Being lesbian, gay, bisexual, transgender or intersex (LGBTI) is not a mental illness or a choice.
- LGBTI people exist in all ages, cultures and societies. In some societies they have freedom to express themselves, but in others they do not.
- There are still a lot of prejudices and discrimination against LGBTI people. This is unfair because a sexual orientation or gender identity is just the way some people are born to be.



Exercises

- 6.1.1 Body Mapping
- 6.1.2 Oops, I Am Changing
- 6.1.3 Am I Normal?
- 6.1.4 Reproductive Processes
- 6.1.5 Born This Way



Related Units

- 3.1 What's the Difference between Being a Boy and a Girl?
- 3.2 Values and Attitudes about Gender Roles
- 6.2 Love and Marriage
- 6.3 Safe Sex
- 6.4 Teenage Pregnancy
- 7.1 Planning a Family

Exercise 6.1.1 Body Mapping



Objectives

To understand the physical differences between boys (men) and girls (women)



Target Group

Children, youth and adults



Duration

60 minutes



Seating Arrangements

Large circle seating with enough open space to do the exercise and enough wall space for 8-10 pieces of flipchart paper



Materials

For each group:

- 1 copy of Example of Drawings of Plain Nude Boy and Nude Girl (Training Aid 6.1.1 A)
- 2 copies of Main Internal Organs picture cards (Training Aid 6.1.1 B)
- 1 copy each of Reproductive Organs of Women and Men picture cards (Training Aids 6.1.1 C: and D)
- A pair of scissors
- 2 markers
- 4 sheets of flipchart paper
- Glue or masking tape

For each student:

- 1 copy of The Correct Positions of All Organs (Training Aid 6.1.1 E)



Training Aid

6.1.1 A: Example Drawings of Plain Nude Boy and Nude Girl

6.1.1 B: Main Internal Organs

6.1.1 C: Reproductive Organs of Women

6.1.1 D: Reproductive Organs of Men

6.1.1 E: The Correct Positions of All Organs

Briefing Note: Physical Differences between Men and Women



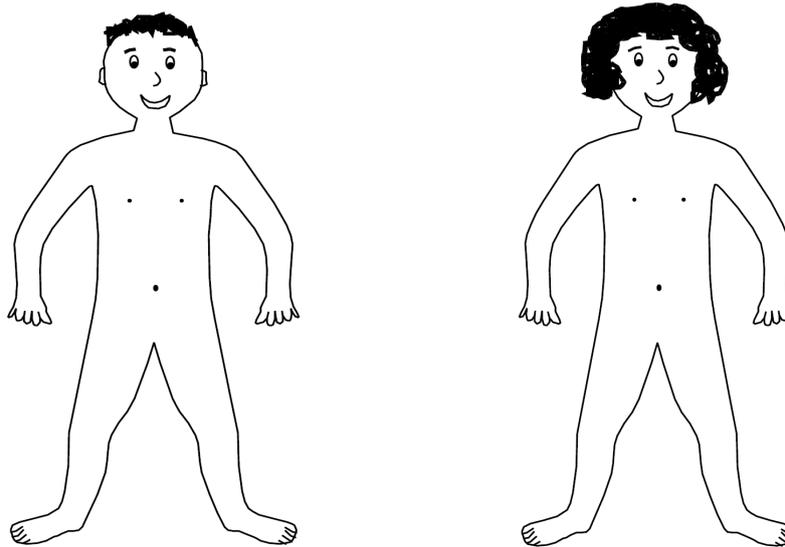
Session Plan Steps¹

1. Introduction: Boy and girl bodies – 5 minutes
2. Group work: Body mapping – 15 minutes
3. Discussion: Place internal organs in plain nude bodies – 20 minutes
4. Differences between the male and female bodies – 10 minutes
5. Summary – 10 minutes

¹ Adapted from: "Maggie the Apron" by Japan Family Planning Association, Inc. (JFPA) and Japanese Organization for International Cooperation in Family Planning, Inc. (JOICFP).

Step 1 Introduction: Boy and girl bodies – 5 minutes

Introduce the subject by explaining that when a baby is born one of the first questions is: “Is it a boy or a girl?” Also when a new kid is coming to school or people get a new colleague one of the first things people like to know about the person is: is it a boy or a girl, is it a man or a woman? But what are the main physical differences between the sexes?



- Show or make a drawing of a pre-teen nude boy and nude girl to the class as follows:
 - How old do you think these boy and girl are? (They are no more than 9 years old.)
 - Can s/he be 25 years old? Why not? (No body hair on the boy, no female breasts or curves on the girl, etc.)
- Explain that without clothes we can see only the external physical differences between boys and girls but we can't see organs inside the male and female bodies.
- Ask if they could identify similar internal organs of the male and female bodies, then different internal organs. (Some may say 'heart', 'lung', etc. for similar organs, and womb or testicles for different organs. There is no need to spend much time on this.)



Tip for Trainers

This topic may make some participants very embarrassed or nervous. Some may laugh or make jokes out of nervousness. Try to help them relax. Due to different gender norms and attitudes about sex, girls/women may feel shy and nervous to talk openly on this topic. Make extra efforts to provide support and encouragement to girls/women without putting them on the spot, especially during the class discussion. If there are more male than female participants, pay a particular attention to not allow boys/men to joke too much and dominate the activities or discussion and make girls/women uncomfortable. Discourage inappropriate jokes or teasing. Ensure that the class environment is free from harassment.

- *Emphasize that feeling embarrassed is normal but teasing or making others uncomfortable is disrespectful, therefore inappropriate and should be avoided.*

- *It is important to know how our body works so that we can take better care of it. Learning about our bodies is about facts and science and that our reproductive system is natural and amazing, just like the rest of our body.*

Step 2 Group work: Body mapping – 15 minutes

Explain that in this exercise they will work in small groups to identify important external and internal organs in the male and female bodies.

- Divide participants into groups of no more than 6 people. If there is a more or less equal gender balance or more girls than boys, group members should be from both sexes. But if there are very few girls/women in the class, put the girls together in girls-only groups.
- Give each group a set of materials from Training Aids 6.1.1. A-D (see under materials). Do *not* yet give them a copy of Training Aid 6.1.1 E.
- Explain that each group will do match the internal organs (Training Aid 6.1.1 B) and male and female reproductive organs (Training Aids B, C and D) with the nude pictures of the man and the woman. Explain that participants can:
 - Draw a larger or life-size plain body of 25-year-old man and a woman without clothes (see examples in Training Aid 6.1.1. A). Participants can tape two pieces of the flipchart paper for drawing each nude body.
 - Cut with scissors the internal and reproductive organs or draw the organs onto each nude body.
 - They have up to 12 minutes to finish the tasks.

Step 3 Discussion: Place internal organs in plain nude bodies – 20 minutes

Ask all groups to put up their pictures or drawings on the board or wall. Give participants a few minutes to walk around to look at the works of other groups.

Compare the results in plenary using the following questions:

- Did you know the position of all these organs? If not, which ones were difficult?
- Are the organs at the right place in all groups' drawings?
- What are similar and what are different internal organs in the man and woman bodies?

After the questions have been answered, mention the organs one by one.

- Start with the internal organs that are the same for both sexes: heart, lungs, liver, kidneys and stomach, and end with the male and female sexual and reproductive organs.
- Encourage participants to identify each organ in the process and correct each other if some organs are placed in the wrong position.
- Distribute a copy of Training Aid 6.1.1 E: The Correction Positions of All Organs to each participants.

Step 4 Differences between the male and female bodies – 10 minutes

Continue the discussion by asking:

- What are the physical signs not apparent on the drawing that tell you a girl becomes a woman and a boy becomes a man?
- Ask participants to identify the most important milestones in the physical changes that they have experienced as they entered puberty. (*Menstruation for girls and ejaculation for boys.*)

Introduce the concept of **hormones** by asking:

- What causes these external and internal changes during puberty?
- Explain the hormones:
“The physical bodily and sexual changes and differences in the female and male bodies are influenced by the hormones. **Hormones are chemical products made in your body.** They spread through your body by blood, starting from the **pituitary gland** deep inside your brain.

The two most important reproductive hormones are **testosterone** and **estrogen**. Both men and women have a different mix of both hormones but **men have more testosterone** and **women have more estrogen**. The reproductive hormones start the change from a child’s body to an adult’s body. During puberty testosterone in the body of a boy gives the testicles the order to produce sperms. In the body of a girl estrogen takes care of the release of eggs, usually one every month from the time she starts to have her period.”

Step 5 Summary – 10 minutes

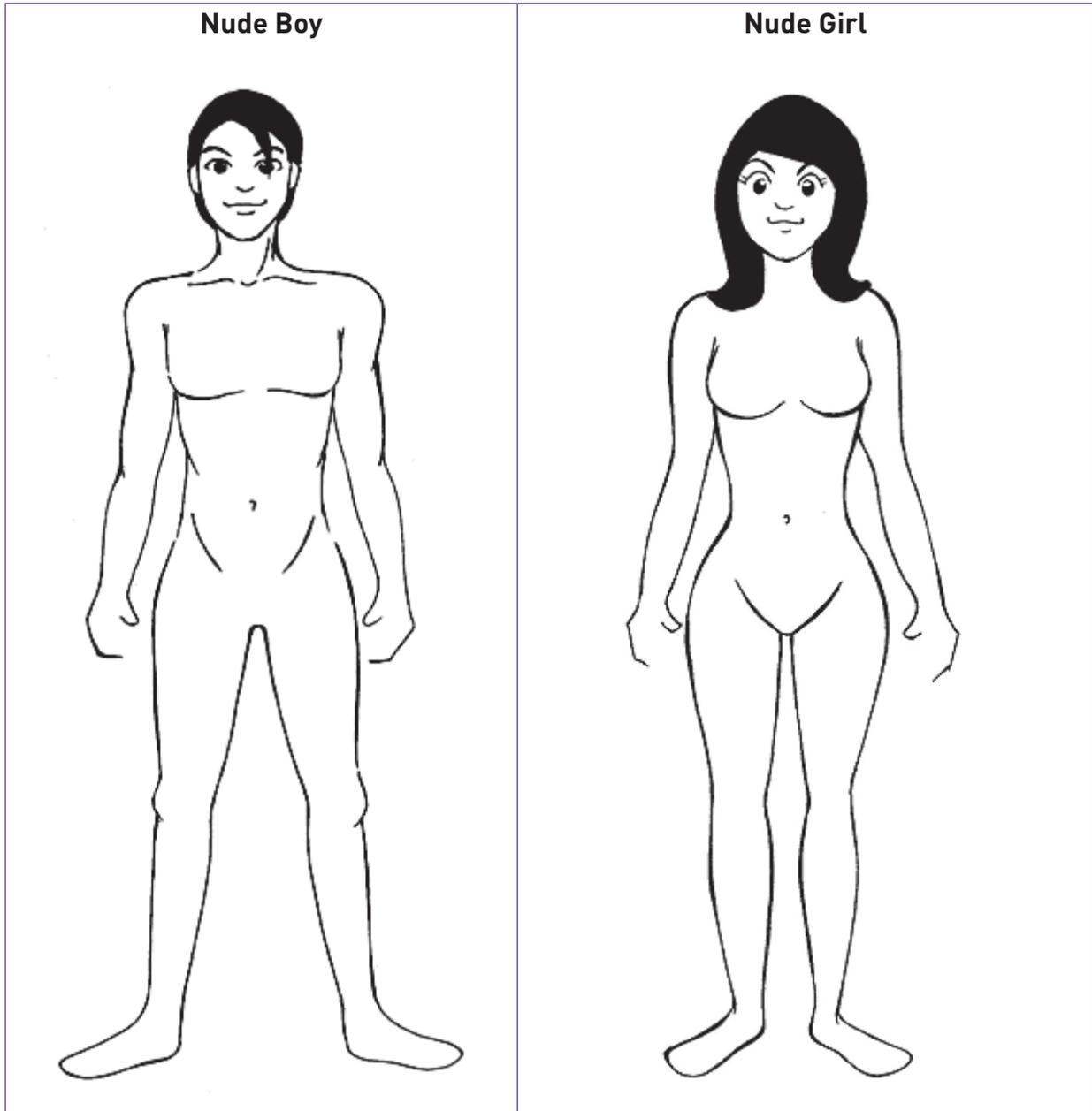
Conclude by asking students to identify the key things they have learned from the exercise. Encourage students to make their own conclusions. Make sure that the following points are emphasized:

- Most internal organs in female and male bodies are the same.
- **The physical differences between the female and male bodies are mainly in the reproductive organs.**
- Boys and girls, men and women have **a different mix of hormones that are needed for making babies**, i.e. the reproductive process.



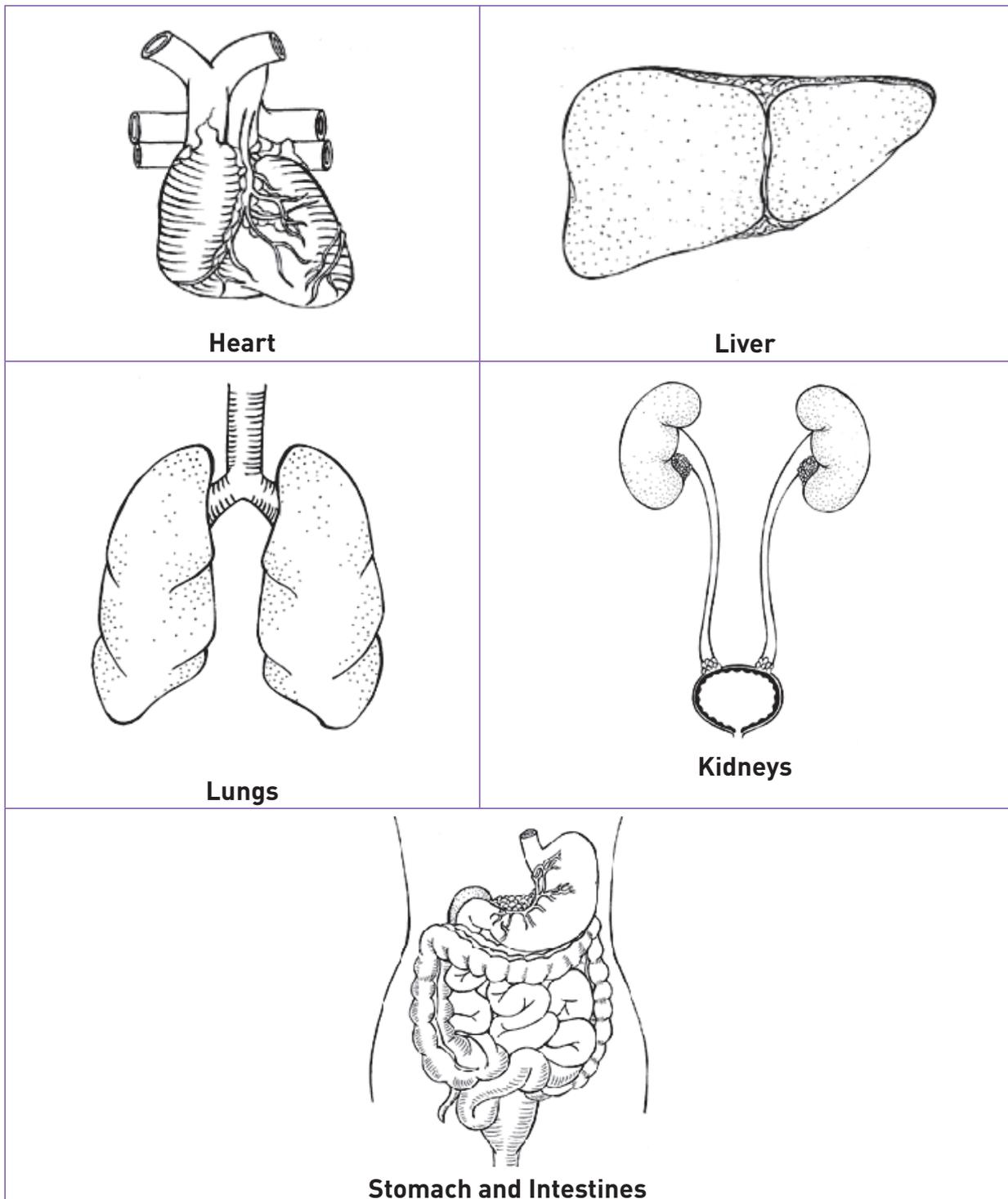
Training Aid 6.1.1 A: Example Drawings of Plain Nude Boy and Nude Girl

Guidelines: These are example drawings of a plain (i.e. without organs) nude boy (man) and nude girl (woman). Give one photocopy of this training aid to each group as an example to draw a nude boy and nude girl.



 **Training Aid 6.1.1 B: Main Internal Organs**

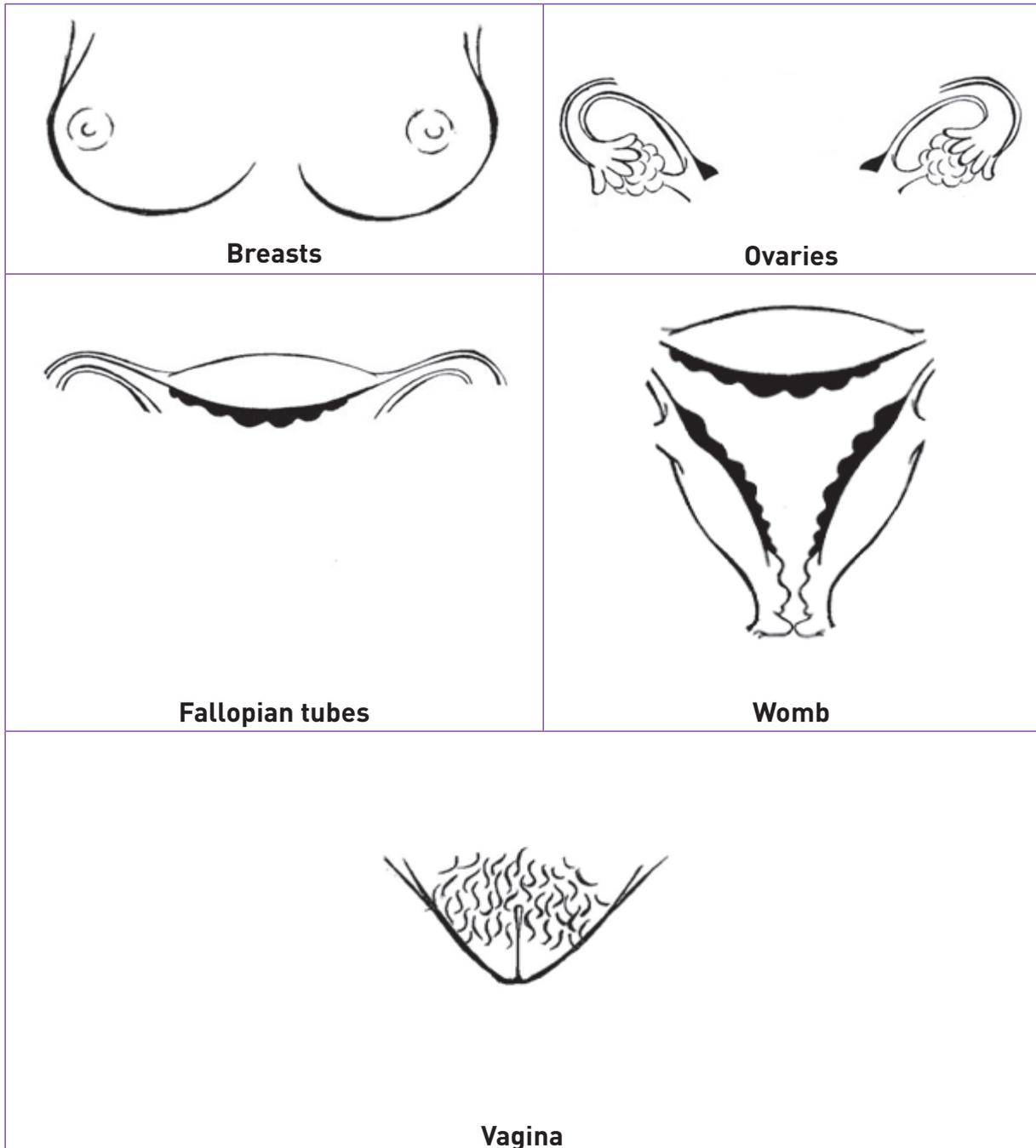
Guidelines: Make two photocopies of the following 5 internal organs in real-life size. Cut them according to their shape. Give each group two complete sets of the organs in Step 2.





Training Aid 6.1.1 C: Reproductive Organs of Women

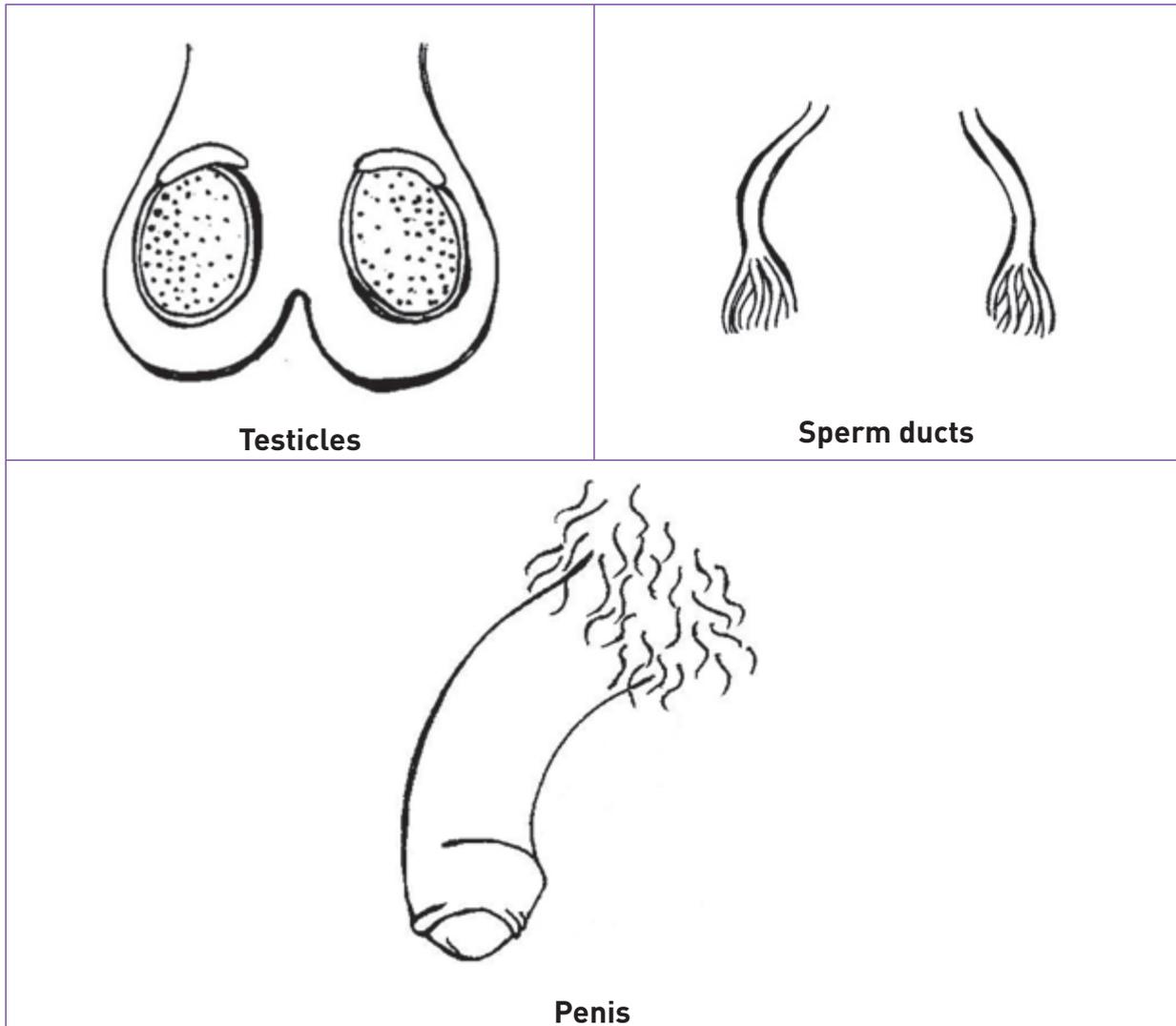
Guidelines: Make one photocopy of the following female reproductive organs in real-life size. Cut them according to their shape. Give each group a complete set of the organs in Step 2.





Training Aid 6.1.1 D: Reproductive Organs of Men

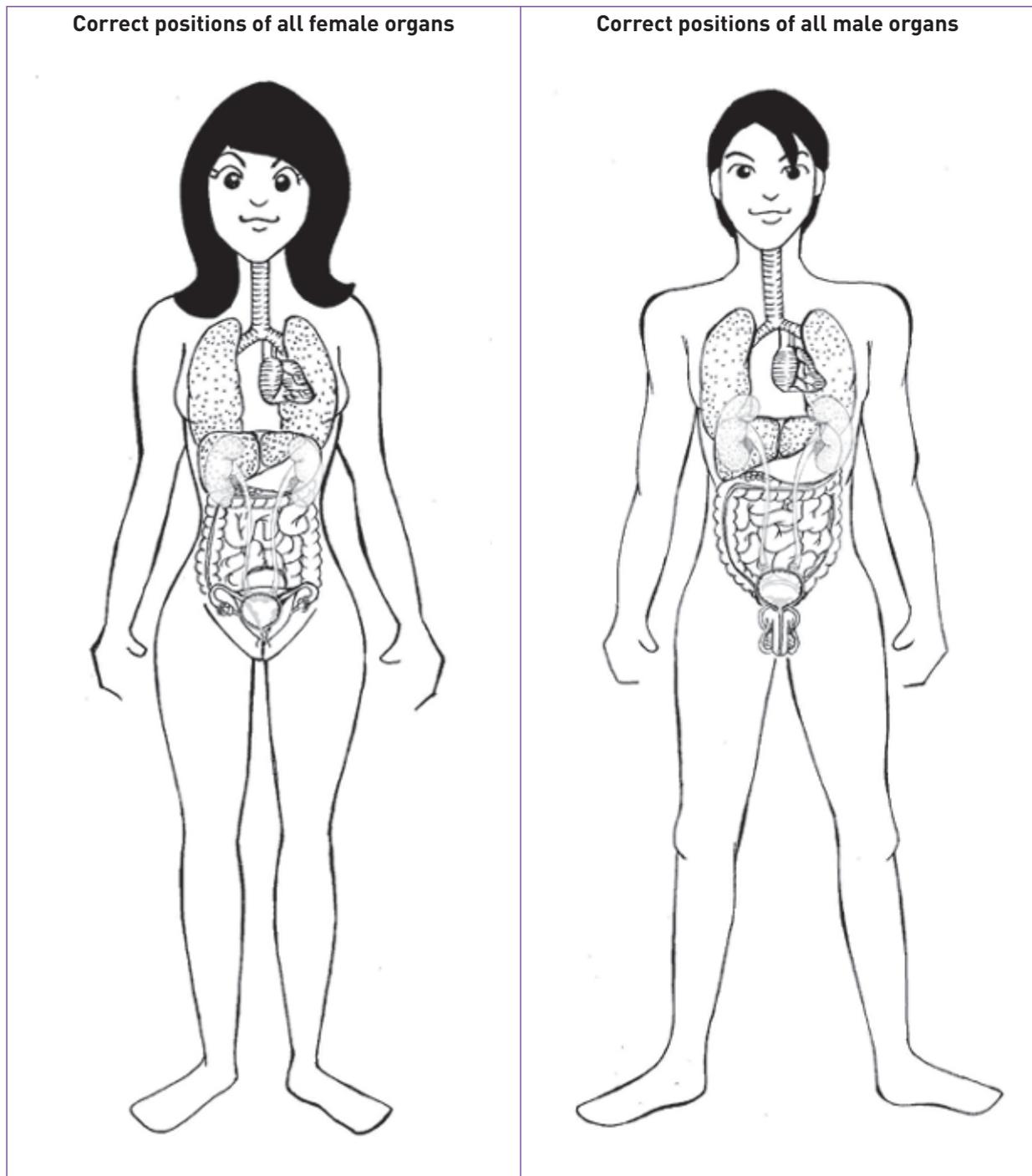
Guidelines: Make one photocopy of the following male reproductive organs in real-life size. Cut them according to their shape. Give each group a complete set of the organs in Step 2.





Training Aid 6.1.1 E: The Correct Positions of All Organs

Guidelines: The following drawings show the correct positions of all male and female internal and reproductive organs. Use these drawings in Step 3 of the exercise to check if both groups placed all organs correctly.





Briefing Note: Physical Differences between Men and Women

When you ask people what the difference is between boys and girls they may come up with an answer such as: boys are strong and girls are weak or boys fight a lot and girls often giggle. But is that true? Look around you: there are boys who are not so strong or who are shy. There are also girls who fight. Some people will say that you can see the difference because they are dressed in a different way. Boys wear pants and have short hair and girls wear skirts or dresses and have long hair. Again this is not always the case. There are also girls with short hair or wearing pants and some boys have long hair or a necklace or earring.

Actually, you can only see the main physical difference between boys and girls when they are nude. Boys have a penis with a kind of bag around it containing two balls. Girls have a vagina and when they get older their breasts get bigger. Inside there are also differences. For instance, girls have a womb where babies can grow and boys do not.

Another difference between boys and girls, men and women, is not visible. This is related to the hormones they have. Hormones are chemical products made in your body. They spread through your body by blood.

Men and women have a different mix of reproductive hormones and two important ones are: *testosterone* and *estrogen*. Both men and women have both hormones but men have more testosterone and women have more oestrogen. The reproductive hormones start the change from a child's body to an adult's body. During puberty the reproductive hormone testosterone in the body of a boy gives the testicles the order to produce sperms. In the body of a girl the reproductive hormone estrogen takes care of the release of eggs, usually one every month from the time she starts to have her menstruation.

Exercise 6.1.2 Oops, I Am Changing



Objectives

- To understand what happens in teenage bodies and feelings during puberty
- To identify physical and emotional changes of both girls and boys during their teenage years



Target Group

Children and adolescents (from around 9 to 15-16 years old)



Duration

75 minutes



Seating Arrangements

Group seating around tables in 3 groups



Materials

- Flipchart paper and masking tape
- 3 sets of markers in 4 colours: black, green, blue and red
- Photocopies of the Briefing Note, one for each participant



Training Aid

Briefing Note: Changes during Adolescence



Session Plan Steps

1. Introduction – 5 minutes
2. Brainstorm in groups about changing bodies and feelings – 10 minutes
3. Identify physical changes and emotional changes – 5 minutes
4. What I like, what I don't like – 5 minutes
5. Discussion: Changes in teenagers during puberty – 40 minutes
6. Round up – 10 minutes

Step 1 Introduction – 5 minutes

Introduce the exercise by telling participants that they will be learning about their bodies and their minds/feelings as they are growing up. Ask if they have noticed any changes in their bodies and their minds or emotions in the past few years, for example, getting bigger and taller, more hair in some places on the body, stronger smell under the armpits, etc. There are some boy-specific and girl-specific changes, too. For example:

- For boys: Hair growth on body, lower and deeper voice, and waking up with something 'wet' ('wet dreams'), feeling sexually attracted to others.
- For girls: Breasts have likely grown larger, menstruation starts, romantic dreams, feeling attracted to others.

Also, they may have noticed changes in the way they feel too, for example, feeling happy and then moody, getting excited or extremely shy when seeing someone good looking or someone they like, especially someone of the opposite sex.

Explain that they will learn about these changes that happen to girls and boys during their teenage years.



Tip for Trainers

In some culturally or religiously sensitive areas, this topic may be a taboo or too sensitive to discuss in a mixed group. In such cases, separate participants into male-only and female-only groups from Steps 2-4 as appropriate. Make sure to discuss the changes for both sexes in all groups.

Step 2 Brainstorm in groups about changing bodies and feelings – 10 minutes

Divide the group into three groups of equal size according to their age: the youngest persons in Group 1, the eldest persons in Group 3 and the rest in Group 2. All groups get a sheet of flipchart paper and markers in four colours (black, red, green and blue). Ask them to brainstorm about the physical and emotional changes they have experienced or are experiencing in their teenage life. They have to write down the changes on a flipchart with a **black** marker.

Step 3 Identify physical changes and emotional changes – 5 minutes

After all groups have made a list, ask them to separate the changes into physical and emotional changes. They have to put a **blue circle around the physical changes** and a **green circle around the emotional changes**. (If colour markers are not available, ask them to draw a square around the physical changes and a circle around emotional changes).

Leave other changes that do not apply as physical or emotional changes without any mark.

Step 4 What I like, what I don't like – 5 minutes

After the changes are put in separate categories, ask all participants in each group to individually **add a red dot to the changes they like(d)**. When they did not like or did not experience the change (yet) they do not mark anything on that change. The result will be that some changes will have many red dots, other changes only a few and some will have none.

Step 5 Discussion: Changes in teenagers during puberty – 40 minutes

Ask the three groups to put their flipchart paper in front of the group. Start discussing their findings and explaining the main changes. See Briefing Note: Changes during Adolescence for the key information. Ask older participants to share their experience and thank them for their contribution if they share vital information, such as, what is menstruation or what is an ejaculation, and what is the difference between romance, love and sexual attraction. Start the discussion with the following questions:

- Are there differences between the groups? If yes, what kind of differences? Are these related to age?
- What main differences happen to boys and girls respectively?
- Do you know the cause of these differences?
- Which changes did you like and why?
- Which changes did you not like and why not?
- What was the most important change for you?
- Do you know how to take care of your changed (changing) body?
- Do you have persons with whom you can talk about these changes?
- Do you find it difficult to talk about these changes?

Step 6 Round up – 10 minutes

Conclude with a summary of the discussion and emphasize the following points:

- Both boys and girls experience changes in their bodies during their teenage years.
- A lot of changes are physical and are caused by hormones.
- During puberty, the first menstruation is an important event for girls and the first ejaculation is an important event for boys.
- Changes also occur in feelings and relationships. Many teenagers will start to fall in love or feel attracted to other persons for the first time, for other teenagers this will happen only later in life.

Finally, say that everyone faces these changes so it should be normal to talk about it with parents or friends.



Tip for Trainers

If participants are able to read you can hand out photocopies of the Briefing Note: Changes during Adolescence, which includes all information discussed under Step 5.



Briefing Note: Changes during Adolescence

Our body changes from the moment we are born until the moment we die, but between about 9 and 15 years of age there are many physical and emotional changes happening to boys and girls. These can be disturbing and confusing. This period is called *puberty* or *adolescence* and it means that you are becoming an adult. The fast changes in the body take a couple of years. In general, girls reach puberty a little earlier than boys. During puberty, girls and boys experience many changes that are both physical and emotional. Physically it means that you are able to make babies. Emotionally it means changes in feelings and relationships, such as being sexually attracted to others.

Most of the changes are the result of *hormones*. Hormones are chemical products made in your body and they are spread through your body by blood. There are different types of hormones in both male and female bodies, and two important ones are: *testosterone* and *estrogen*. Both men and women have both hormones but men have more testosterone and women have more estrogen. During puberty the hormones are responsible for the most important changes in your body, especially in the reproductive organs. Simply said: When the reproductive hormones start working, puberty starts.

The main physical changes for girls	The main physical changes for boys
<ul style="list-style-type: none"> • Ovaries become larger • Body sweats more • Skin and hair become more greasy • Body grows at a faster pace • Arms and legs become longer • Hands and feet become bigger • Facial features become more mature • Hair grows around the vagina • Hips become larger and rounder • Breasts grow larger • Hair grows under armpits • Menstruation starts • Ovulation starts • The womb gets ready for babies • Girls can become pregnant 	<ul style="list-style-type: none"> • Testicles become larger • Body sweats more • Skin and hair become more greasy • Body grows at a faster pace • Arms and legs become longer • Hands and feet become bigger • Facial features become more mature • Hair grows around the penis • Shoulders and chest become larger • Muscles become stronger • Hair grows under armpits • Moustache and beard start growing • Production of sperms starts • Ejaculation and 'wet dreams' start occurring • Larynx and Adam's apple become larger • Voice changes

Menstruation

The most shocking event for girls is the *menstruation*. Most girls have their first menstrual '*period*' or monthly bleeding between the age of 10 and 16. It happens every month and is the end of the travel of an egg through your body. Your brains give a signal to your ovary to produce the hormone estrogen that takes care of the maturation of the eggs you already have in your ovaries. When the eggs are ready, about once a month one egg (sometimes two) will leave your ovary. This is called *ovulation*. The egg travels through the ovary to your womb.

When an egg meets a sperm they can unite. This is called *insemination* or *fertilization*. This only happens when you had sex with a boy or man. The womb has made a nice warm place to take care of the inseminated cell so it can become a baby. This warm place is made of blood vessels and tissues.

However, most of the times, the egg does not meet a sperm. This means that the womb made the warm place for nothing. The egg dies and leaves your body together with the blood vessels and tissues through your vagina. This is called menstruation. But if the egg meets a sperm, there will be a baby and no menstruation.

Menstruation lasts from 3 to 7 days and some girls and women have headaches or pain in their belly or back during this period, often the first 2 days. If the pain gets too much, you may take painkillers during this period. Generally, menstruation is annoying but does not influence your daily activities very much: you can go to school, eat, work, and socialize with others as normal. You can take a shower, continue sporting and do all other things you normally do. It is also not harmful to swim or to have sex during the menstrual period, although some girls and women do not like to do so. For a minority of girls and women, menstruation can be (very) painful. If this is the case, rest and keep your belly warm. Go see a doctor for a check-up, if the problem persists.

Menstruation is sometimes a taboo subject, and in some cultures, girls and women are considered to be 'dirty' when they menstruate, and hence are not allowed to go to (parts of) the temple or a holy site. Such customs may have had a function in primitive times when it was difficult for people to keep clean. Nowadays, this is not the case anymore, but customs sometimes take time to change. It is important that girls and women do not feel ashamed and bad about having their menstruation because it is natural. Girls and women with menstruation are not 'dirty' because it is part of their normal reproductive function that prepares the body of a woman to host a baby. All girls and women of reproductive age who are not pregnant have a monthly period.

Ejaculation

For many boys the first *ejaculation* is the most important change that signals the arrival of puberty. The testicles (or the balls) start making sperms, about 100 to 300 million per day! The testicles keep the sperms on the right temperature. When it becomes cold the testicles will shrink closer to your body and when it becomes warm they will hang down for cooling. The sperms travel from the testicles to the sperm duct, where they are mixed with liquid. This mixture is called *sperms*. It is sticky and cloudy. Sperms come through the penis when a boy ejaculates. When this happens the penis is stiff and points straightforward. The ejaculation gives a nice feeling that is called orgasm.

Normally the penis hangs between your legs but when you get sexually excited the blood vessels in your penis open and extra blood comes into all the vessels. The outgoing vessels are closed by pressure so the blood cannot go anywhere and your penis stands up. You can get excited by touching your penis, or by watching a movie, or by looking at something that excites you or when you dream of something nice. You have an erect penis before and during making love but your penis can also stiffen at moments you do not want. Sometimes you have an erection when you wake up. This has nothing to do with sexual feelings but is caused by your bladder. The bladder has become so full during the night that it puts pressure on the beginning of your penis.

Taking care of your changing body

Because of all changes during puberty you have to take care of your body in a different way.

Due to hair growth on their face, for instance, many boys will start shaving. Some girls also shave or pluck hair under their armpits. Teenagers also sweat more so you have to wash yourself better and you may need deodorants for your armpits. Some adolescents may have greasy hair or a greasy skin with pimples. If you find it a problem you can buy cream for your skin and special shampoo for your hair.

Many girls are starting to wear bras because their breasts grow larger. This is not really necessary for health, but girls and women wear them because the bras make them feel more confident and comfortable, especially if they have large breasts. Some girls and women do not like to wear bras and do so only sometimes, for example when playing sports.

Keeping your sexual organs clean

All girls and boys should keep your sexual organs clean daily. The best way of doing this is using clean warm water without soap, change your underwear daily and avoid damp underwear to prevent fungal infection. Sexual organs should be kept clean and dry. However, girls should not 'douche' or wash the inside of the vagina even with water. Do not use soap or any cleaning product inside the vagina because this will destroy the natural vaginal balance and can cause irritation and infection. Boys should make sure to pass all the urine fluid from the penis. Clean the feces with water and dry the anus with bathroom tissue paper or towels. For girls, wipe from the front to the back to avoid bacterial infection from the anus to the vagina.

Keeping clean during the monthly period

Girls who are having their period can use sanitary towels or tampons if available in the market. They are made from soft cotton tissue, absorb the blood that comes through your vagina and keep your clothes clean. When there are no sanitary towels or tampons available in the market you can make a sanitary towel yourself by using soft and clean cotton cloth. It does not matter what you use, as long as it is clean and dry. Choose a product that you feel comfortable with and that is available. If you make your own sanitary towels with soft clothes, make sure that you have enough supply of the towels during the rainy season. It is very important to use clean and dry towels. During the dry season, it may not be enough to hang them to dry in the sun. If there is no sun, after washing the towels clean, you can iron them to dry and to avoid fungal or bacterial infections in the vagina. Do not hide your sanitary towels under other clothes after washing because they need to be dry.

Whatever you use you should change it regularly and keep yourself clean. This means changing at least 3 times a day or every 3 to 4 hours. It depends on how much blood comes out. Change often, especially on "heavy days" when there is a lot of blood flowing. During menstruation use clean and warm water without soap to wash your vagina. It is not necessary to buy any special cleaning product. Only clean water is sufficient to keep your vagina clean.

Body image

Each person will go through the same process of development but that there will be differences in how people look. Some girls will have bigger breasts or wider hips than others, some men will have more facial hair and different penis sizes. This is ok. Everybody is unique. People may look different but their bodies function in the same way.

Changes in feelings and moods

The ups and downs in your feelings are also part of growing up. You may or may not like the changes in your body. Some teenagers are excited about the changes during puberty and like them, while others hate them or do not know what or how to feel about them. Often, it can all be confusing, embarrassing and frustrating. For instance, you may feel insecure about the size of certain parts of your body. It is important to realize that these changes are normal.

There are also differences in the types and sizes of bodies among different people: small,

medium and large. All bodies develop in their own way and at their own pace and the size of your penis or breasts has nothing to do with how these organs function. It also does not make a difference if you are having an early or late puberty. Of course, it can be uncomfortable to be the first or the last one to reach puberty among your friends, especially if they tease you, but remember it will happen to everybody anyhow sooner or later.

Friendships and romance

Another thing that happens during puberty is the changing nature of some friendships. You will notice that you start having 'special' feelings for someone, often of the opposite sex, that are new to you and beyond the friendship that you already know. These special feelings include feeling sexually attracted to another person, or falling in love with another person, also known as 'having a crush' on somebody else. You can become attracted to a person you know or somebody you do not know personally like a movie star. They can be the same age, younger or older. Sometimes these feelings come earlier before puberty, most teenagers experience them during puberty, but they may also come later in life. Sometimes these feelings are very deep. You may become shy or feel butterflies in your stomach when you think about or meet the person, who is special to you. You may also become sad, if you think or find out that the other person is not especially interested in you.

While some friendships may become romantic or sexual, this does not mean that all friendships with the opposite sex will be about romance and sex. Many boys and girls will continue to have friends of the other sex, who are like siblings or comrades and with whom they do not develop these 'special' feelings.

Is it love or sex?

Both boys and girls need to know the difference between romance, also known as falling in love, sexual attraction and love. Romance is about being attracted to the body, heart and mind of another person to whom you like to be very nice, with whom you want to spend a lot of time, and with whom you like to be physically close, kiss, hug and eventually have sex. Usually people are attracted to people of the opposite sex, but some people are attracted to people of the same sex, or to people of either sex. Sexual and romantic feelings are personal and not something for others to judge.

Romance can change in real love when developing a deep relationship with somebody with whom you would like to live your life and have a family. Sexual attraction means that you are attracted to the body of another person but are not so interested in their well-being or having a longer relationship. For some people, often girls but also boys, romance or love and sexual attraction always go together. For others, often but not only boys and men, sexual attraction can be a separate feeling: being interested in having physical contact and sex but no interest in a longer relationship and the well-being of another person.

When your best friend has a boyfriend or girlfriend

You may feel lost or jealous because your friend has less time to spend with you. Again, understand that this is a normal part of growing up. There will be things that you like about growing up but sometimes you may wish that life were simpler as when you were a child. Again, this is normal, and the best thing to do when you feel confused, angry, hurt, or have feelings that you cannot understand is to talk to someone you trust, who can be your friend, someone in your family, or your teachers, or somebody of your own age.

Exercise 6.1.3 Am I Normal?



Objectives

- To identify physical and emotional changes during puberty and understand that these changes are normal
- To address some questions and concerns about physical sexual and reproductive changes during adolescence



Target Group

Youth and children in puberty



Duration

60 minutes



Seating Arrangements

Group seating with some space between the groups



Materials

- 26 sheets of plain A-4 paper and a marker for each group
- A photocopy of the questions in Training Aid 6.1.3 A
- A small box, hat, can or small container
- At least 150 sheets of plain A-4 paper and 6 markers



Training Aid

6.1.3 A: Frequently Asked Questions and Answers on Changes during Adolescence

Briefing Note: Changes during Adolescence (in Exercise 6.1.2)



Session Plan Steps

1. Introduction and game set up – 10 minutes
2. Play question and answer game – 40 minutes
3. Round up and key messages – 10 minutes

Preparation

- Read thoroughly Briefing Note: Changes during Adolescence.
- Make a photocopy of Training Aid 2.2 A. Cut up all questions into separate pieces, each without the answer, roll up each question and put them all in a prepared container. Keep the answers for your reference in Step 2.



Tip for Trainers

This exercise can be done in mixed, or boys-only and girls-only groups if the topic is considered too sensitive to be discussed in mixed groups. Keep in mind, though, that students will learn more in a mixed group environment as they will hear different perspectives. It is especially important for boys to learn about and respect the perspectives and feelings of girls, so if this session is done for boys only, it should be conducted by a mixed training team and girls'/women's perspectives be discussed. Use all questions in Training Aid 6.1.3 A in either option. In deciding whether to conduct the exercise in boys-only and girls-only groups, consider the difficulties faced by some participants whose gender identity or expression may not be typical boy or girl. They may feel uncomfortable and get teased. In that case, it is better to do the exercise in mixed groups or at least let the participants choose to be with the group they feel most comfortable with.

Step 1 Introduction and game set up – 10 minutes

Explain that this exercise deals with the changes that happen to boys and girls during puberty or adolescence. Common questions about these changes and feelings about sexuality will be discussed. This will be done in a questions and answers game.

- Divide participants into mixed small teams of 5-6. Each group will sit together making a circle around the classroom (like a flower shape). Leave an empty space the middle. Put a chair in the middle of that empty space.
- Put the container with 26 questions on the chair.
- Give each group 26 sheets of plain A-4 paper and a marker.
- Explain the rules of the game as follows:
 - A volunteer will pick a question from the container and read it out loud to everybody.
 - All teams get maximum 45 seconds to discuss and write down the answer in big letters on a piece of paper.
 - When prompted by the trainer, all teams have to show their answer at the same time.
 - Each question will be drawn from the container and read by a different volunteer.

Step 2 Play question and answer game – 40 minutes

Start the game.

- Ask for a volunteer to pick and read the first question and then ask all teams to discuss, write down and show their answers.
- Scan the answers quickly and ask a few volunteers to share their answers (select a few wrong answers and the correct one(s)). Briefly discuss these and agree with participants on

the right answer (check the correct answers in Training Aid 6.1.3 A).

- Move on to the next question until all 26 questions are answered. (Try to keep the discussion of the answers for each question within 45 seconds. Spend no more than 1.5 minutes per each question.)

Step 3 Round up and key messages – 10 minutes

Summarize the game by explaining that the questions are about issues that concern both boys and girls. It is normal to talk about them although people often laugh about it, because they do not know the details and feel shy and insecure. It is important to know as much as possible about what is happening in your own body, and also about the experience and feelings of the opposite sex in order to understand them better. It is good that boys know about menstruation and that girls understand what a wet dream is, for instance. When you do not know the facts you may believe stupid myths, feel insecure or get into dangerous and difficult situations.

Conclude with the following points:

- During adolescence both boys and girls change a lot, not only physical but also emotional.
- Hormones cause these changes and this is a part of becoming an adult.
- The changes in your body can be exciting but also confusing, embarrassing or frustrating. These changes happen to everybody, so it is good to talk about it with somebody you trust, like your parents, relatives, friends, medical professionals, or youth volunteers, who can explain to you and help you on the issues you don't know and are concerns about. Exchanging information will also help you a lot.



Training Aid 6.1.3 A: Frequently Asked Questions and Answers on Changes during Adolescence

Guidelines: There are three categories of the following questions and answers on changes during adolescence: (1) general; (2) boys-specific; and (3) girls-specific. Photocopy the following pages and cut up all questions without the answers, roll or fold them up and put them in a jar, hat or other container.

1) General:



<p>1. Why do some girls start growing breasts and menstruate and some boys start growing body hair sooner than others?</p>	<p>Girls and boys reach puberty at a different time, ranging 9-10 years old to 15. Some grow faster and reach it sooner than others. This is normal. Usually girls reach puberty a little earlier than boys. During puberty girls and boys experience many changes that are both physical and emotional.</p>
<p>2. At what age do people start having sex?</p>	<p>There is no specific age for starting to have sex. Different people have different reasons for deciding when to have sex for the first time. What is important about having sex for the first time is that you do it out of your own free will—not because you feel pressured or forced to do it, regardless whether you are a girl or a boy. It is important to think about the possible consequences of having sex too, especially when you are young: will you become pregnant or make your girlfriend pregnant? Is there a chance that you will get a sexually transmitted disease from it?</p> <p>All children and youth need to be aware that there are inappropriate sexual behaviours that are not allowed. For example, adults who may be someone you know, a neighbor or even a family member should not touch or engage sexually with a child or an adolescent, who is not yet an consenting adult. If you feel that an adult or someone behaves inappropriately in a sexual way with you, such as touching, showing or forcing a sexual act that makes you feel uncomfortable or afraid, you need to tell someone you trust in order to make them stop. Sexual molestation of minors (people who are not yet of a legal age) is illegal and the perpetrators can be punished by law.</p>
<p>3. Why do girls and women have a monthly period?</p>	<p>Every month or so, the female body releases an egg, which if fertilized by a sperm, would result in pregnancy. Every month the uterus of a woman or girl who has entered puberty prepares to host a baby by the thickening of the lining of the uterus. When a girl or woman does not have sex or a sperm does not fertilize the egg, the uterine lining dissolves and becomes blood, shed through the vagina. This is called 'menstruation' or a monthly period.</p>
<p>4. Is it okay to fantasize being with someone you like or a movie star?</p>	<p>Why not, if it makes you happy. It is normal for boys and girls to daydream about someone they like. It is part of growing up. Just don't do it too much that you neglect your duties.</p>

<p>5. What is 'masturbation'? Can it be harmful? Is it true that only boys and men can do it?</p>	<p>Masturbation is pleasuring yourself by touching or playing with the sensitive parts of your sexual organs: the penis, especially the tip, and the testicles for boys and men, and the clitoris for girls and women. Usually boys/men masturbate by rubbing their penis and girls/women the clitoris repeatedly and fast until they have an orgasm. And no, masturbation is not harmful; it does not make you weak.</p>
<p>6. People say girls or women are 'unclean' or 'dirty' when they have a monthly period. Is this true?</p>	<p>Girls and women should not feel bad or feel 'dirty' when having menstruation because it is natural. The monthly period or menstruation is part of the normal reproductive function that prepares the body of a woman to host a baby. When women are not pregnant, and not carrying a baby, they have monthly periods until their late forties or early fifties.</p>
<p>7. What is 'safe sex'?</p>	<p>'Safe sex' means minimizing the risks of getting sexually transmitted diseases and having unwanted pregnancy by using appropriate protection when having sex. Touching, hugging or kissing without having sexual intercourse are also considered safe sexual activities. However, be careful: if sperms come out of a man's penis near to a woman's vagina, they can travel all the way up to the uterus and cause a pregnancy if the woman if she is in her fertile period.</p>
<p>8. I feel more attracted to persons of the same sex than those of the opposite sex. Am I abnormal?</p>	<p>No. Some people feel attracted to persons of the same sex. There are also some people who feel attracted to persons of the same sex as well as the opposite sex. Although most people feel attracted to the opposite sex and many societies have difficulties with people loving people of the same sex, there is nothing to be ashamed of. It just happens to be so for some people.</p>
<p>9. I feel like I am in the wrong body. I don't want to be the sex that I was born with. If I want to change my body and my sex to reflect who I really feel I should be, am I wrong or sinful?</p>	<p>There is nothing wrong with you. Some people have a 'gender identity' or sense of being a boy or a girl, a man or a woman, does not match their body. This has nothing to do with being wrong or sinful. Some people are just born this way. They are 'transgender' people. Some transgender people may seek hormone treatments to transition into their preferred gender, but others may not want to change their bodies or sexual organs, but choose to express their gender identity through clothing, hairstyle, name or gender pronoun instead. Transgender people are not wrong or sinful.</p>
<p>10. I think my sexual organs may be different and not what they are supposed to be. I don't really know if I'm male or female. What should I do?</p>	<p>Sexual organs are unique to each person. If they only look slightly different there may not be anything wrong. However, a very small minority of people (less than 1 per cent of the population) are born with sex characteristics that do not fit the typical male or female bodies. They are called 'intersex' people who may have both male and female sexual organs or neither or ambiguous. In some cases intersex traits are visible at birth but in other cases they are not apparent until puberty. If you really worry, discuss it with a person whom you trust and seek out a doctor with knowledge about intersex condition. If you worry about this problem, you can ask someone whom you can trust for advice.</p>

(2) Boys-specific:



<p>11. What is a 'wet dream' and is it normal to have them?</p>	<p>When a boy/man is dreaming a very exciting thing and has an ejaculation, it is called a 'wet dream'. Sperms will come out of your penis so when you wake up your night clothes or sheets are wet and sticky. Wet dreams happen during your sleep and are completely normal. Often a boy has his first ejaculation during his sleep.</p>
<p>12. Why do boys and men sometimes wake up with an erection, does it mean they are sex-crazed?</p>	<p>No. This has nothing to do with sexual feelings but is caused by the bladder. The bladder is so full that it puts pressure on the beginning of a penis so that it stands up.</p>
<p>13. What is this sticky stuff that comes out of my penis after I feel good?</p>	<p>The sticky and cloudy fluid that comes from your penis is called sperms. Ejaculating sperms in or close to a girl's vagina can make a girl pregnant.</p>
<p>14. I am ready to have sex, but my girlfriend will not do it with me. What do I do?</p>	<p>Wait. Respect her point of view. She can get pregnant, not you. There is no fun in having sex with someone who does not want it. There is the danger of making a baby when both of you are not ready for it, and this will be very difficult, especially for your girlfriend. Talk about it and respect each other's feelings and wishes. The two of you can do other nice things like hugging and kissing.</p>
<p>15. My friends always nag me to go to sex workers to celebrate our manhood. If I say no, will that make me less manly?</p>	<p>Nonsense. There are many sound reasons why you do not want to go to a sex worker. This does not make you less manly. Being a real man has nothing to do with having sex often.</p>
<p>16. Somebody told me that men have a greater sex-drive than women. Therefore, men need to have sex with many women but women always need to be faithful.</p>	<p>Both men and women have a sex-drive, and there are many individual differences on how often both men and women want to have sex. In many societies the sex-drive of men is encouraged and the sex-drive of women is discouraged. This leads to many problems. Men need to control their sex-drive and respect women's choices. Being faithful is a personal choice of both women and men.</p>
<p>17. My friends tell me that girls need encouragement to have sex. If girls say "no", they really mean "yes".</p>	<p>This idea is wrong. Girls often want to wait with having sex because they are afraid of getting pregnant. They are right, because their life will become very difficult if they become pregnant outside marriage. If girls say "no", you need to respect their choice.</p>
<p>18. I am a young man and still a virgin. My friends say I am not manly, am I gay?</p>	<p>No, being a virgin has no relation at all with being gay. The changes in puberty come at different ages for different people and there is no need to rush into sexual experience, if you do not feel like it.</p>

(3) Girls-specific:



<p>19. My breasts are much smaller than my friend's breasts. Is this normal?</p>	<p>This is completely normal. During adolescence a girl's breasts start growing. Some girls grow large breasts while those of others will not become so large. The size of the breasts does not make any difference in their functioning. Large or small breasts are beautiful in their own way. No need to worry.</p>
<p>20. Now that I have monthly periods, does it mean I can get pregnant?</p>	<p>Yes, there is a short period each month (around 14 days before your next period) when you can become pregnant. It is the period when you are considered the most 'fertile': the egg is travelling from the ovary to the womb. When the egg meets a sperm they will unite and this results in pregnancy. It can happen when you had sex with a boy/man and have sperms in your vagina.</p>
<p>21. Why do some girls' menstruation lasts so many days, or is so painful, while others' is short and not painful? How do you know if there is something wrong?</p>	<p>The length and experience of the menstruation differ from one girl to the next. Some do not feel anything while others have pain in their stomach or headache. Some girls have menstruation every 20 days, and some have it every 35 days. For most girls, however, the menstruation lasts between 3 and 7 days. But go to a doctor if you bleed more heavily or for too many days, have menstruation every two weeks or feel more pain than usual.</p>
<p>22. When I don't have the menstruation sometimes, white discharge is coming out, is this normal?</p>	<p>This is normal. It protects you against vaginal infections. If it does not hurt or itch and goes away after a few days, it is fine. If it causes pain or itches or starts to smell 'fishy' or changes color (yellow, green, pink), go to a healthcare center.</p>
<p>23. My parents say good girls should not talk about sex, look at sexy pictures/videos or read sexy novels. If I do this, am I a bad girl?</p>	<p>No. There is nothing wrong with girls and women talking about sex but they often feel shy. Looking at sexy pictures or read sexy novels does not make a person bad or harm anyone. But sexy pictures/videos and romantic novels do not necessarily give useful information. What is important is that all girls and boys should know about 'safe sex.'</p>
<p>24. I just want to touch and kiss my boyfriend, but he wants more, what do I do?</p>	<p>Explain to him that you do not want more. Be clear in saying "no" to what you do not want. He should respect your feelings. If not, stop going out with him.</p>
<p>25. What product is best to use for menstruation?</p>	<p>You should use what feels most comfortable for you and what is available. You can buy sanitary towels or tampons or make something yourself if these are too expensive or not available. Keep clean, wash and change regularly (about every 3-4 hours) whatever you use!</p>
<p>26. Why do I have my menstruation for so many days and have so much pain. My friends have it so easy, just 2-3 days. Is there something wrong with me?</p>	<p>There is nothing wrong. The length and experience of the menstruation differ from one girl to the next. Some do not feel anything while others have pain in their stomach or headache. Some girls have menstruation every 20 days, and some every two months. It depends. For most girls, however, the menstruation lasts between 3 days to a week. But go to a doctor if you bleed more heavily or for longer periods or have a menstruation every 2 weeks or feel more pain than usual.</p>

Exercise 6.1.4 Reproductive Processes



Objectives

To learn more about the male and female reproductive organs



Target Group

Youth and adults



Duration

45 minutes excluding Step 3

75 minutes including Step 3



Seating Arrangements

U-shape or circle



Materials

- 2 sets of transparencies, one with the male and one with the female reproductive organs as given in Training Aids 6.1.4 A and B
- Overhead projector (if not available, see preparation)
- Photocopy of the illustration of penis with and without circumcision (Training Aid 6.1.4 C)
- Photocopy of the memory cards (Training Aid 6.1.4 D), one set for each group (optional)



Training Aid

6.1.4 A: Transparencies of Female Reproductive Organs

6.1.4 B: Transparencies of Male Reproductive Organs

6.1.4 C: Illustration of Penis with and without Circumcision

6.1.4 D: Memory Cards

6.1.4 E: Memory Cards: Answers

Briefing Note: Reproductive Organs



Session Plan Steps

1. Get to know the female and male reproductive organs – 30 minutes
2. Explain circumcision – 10 minutes
3. Review reproductive functions with memory cards – (optional) 30 minutes
4. Summary – 5 minutes

Preparation

When you do not have an overhead projector to show the transparencies you can either draw the pictures on flipchart paper or make photocopies of the transparencies of the female and male reproductive organs (Training Aids 6.1.4 A and B), one for each participant.

Option 1:

Redraw the Training Aids on the flipchart paper, one set from Training Aid 6.1.4 A and another set from Training Aid 6.1.4 B. Each set contains 4 pages. (All together you will have 8 sheets of drawings.)

Page 1: Transparency No. 1

Page 2: Transparencies No. 1 combined with No. 2

Page 3: Transparencies No. 1 combined with Nos. 2 and 3

Page 4: Transparencies No. 1 combined with Nos. 2, 3 and 4

Option 2:

Make a photocopy of the 4 pages of transparencies above from both Training Aids for each participant. (Each participant will have a photocopy of 8 pages.)

Step 1 Get to know female and male reproductive organs – 30 minutes

Explain that in this exercise more details about the reproductive organs of women and men are presented and discussed.

Start with the female reproductive organs (Training Aid 6.1.4 A). Take the first transparency and ask the group if they know the names of the organs shown on the transparency. Give the correct names and explain briefly the function of the organs. Place the second transparency right on top of the first one (or show page 2, if using flipcharts or photocopies instead of the transparencies) and ask again if they know the names of the organs that are added. Explain briefly and continue with this process until all 4 transparencies are shown on top of each other, making a complete picture of the female organs. At the end of your explanation ask if everything is clear and whether there are questions.

Do the same with the male reproductive organs.



Tip for Trainers

Adapt this exercise to the age of the participants. With younger persons, keep it simple and do not go into too much detail. Give everything a place and a name and be brief about the details. With young adults, go into more details on the function of all organs.

Step 2 Explain circumcision – 10 minutes

Ask the group if they know what circumcision is. Explain what it is and why boys in some cultures are circumcised (religion and hygienic reasons). Show the illustration (Training Aid 6.1.4 C) so they can see how it looks.

Step 3 Review reproductive functions with memory cards – (optional) 30 minutes

Do this step if you want to check if the group understood the explanation and provide more information. Divide participants into small groups of maximum 4 persons. Give all groups a set of memory cards (Training Aid 6.1.4 D). Explain that they have to look for matches of the female and male reproductive organs with similar function.

When all groups are ready, ask them to show their matches. Use the following guide questions:

- Did all groups match the correct sets?
- Do you understand all the pictures? If not, which are difficult? If yes, can you name them?
- Do you know where they are located in their body?
- Do you know what function they have?

Go over the correct sets of the cards (give each participant a copy of Training Aid 6.1.4 E) and explain as follows:

Female organs:	Male organs:	Form a set because both:
Lips	Scrotum	Have a protective function
Vagina	Penis	Are the 'basics' / Make intercourse possible
Clitoris	Glands	Are very sensitive parts
Ovaries	Testicles	Produce cells for reproduction
Fallopian tubes	Sperm ducts	Are transport channels (for the eggs and the sperms)
Womb	Prostate	Are home or 'storage' (for the baby and the sperms)

Step 4 Summary – 5 minutes

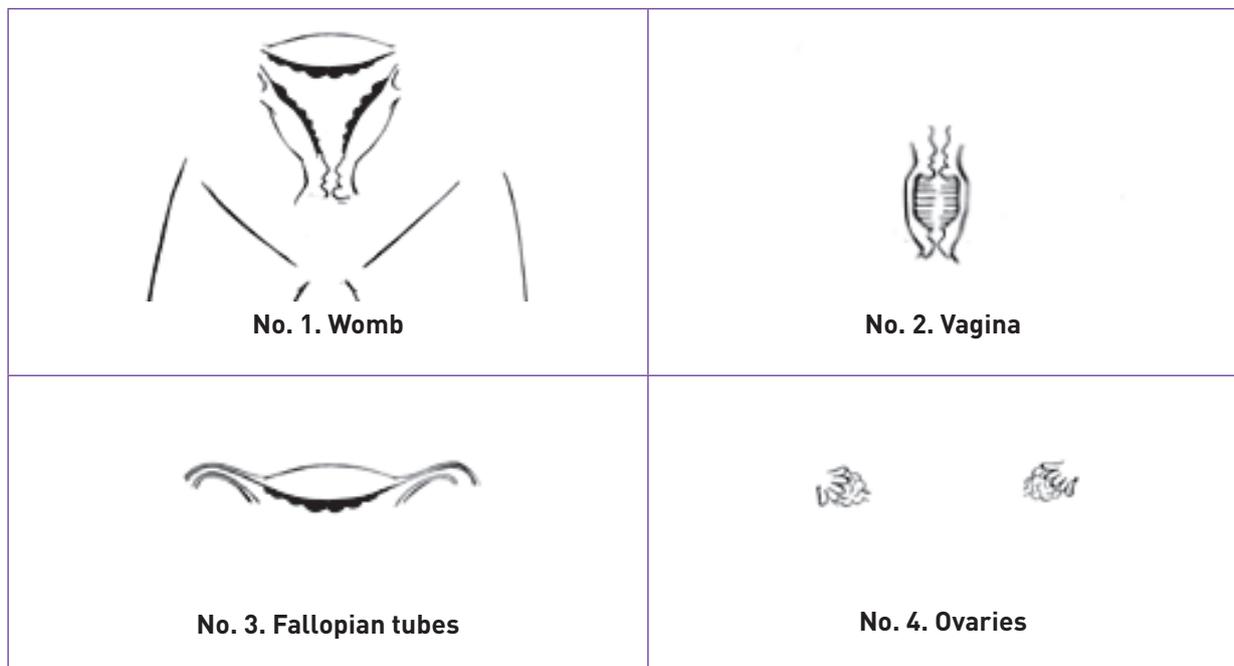
Summarize:

- Girls (women) have the following outside reproductive organs: breasts, vagina, lips and clitoris.
- Girls (women) have the following inside reproductive organs: ovary, fallopian tubes and womb.
- Boys (men) have the following outside reproductive organs: penis and scrotum.
- Boys (men) have the following inside reproductive organs: testicles, sperm ducts, urethra and prostate.
- Although the appearance of men's and women's reproductive organs may be different, many of them share similar, parallel functions. Together these help in making babies.

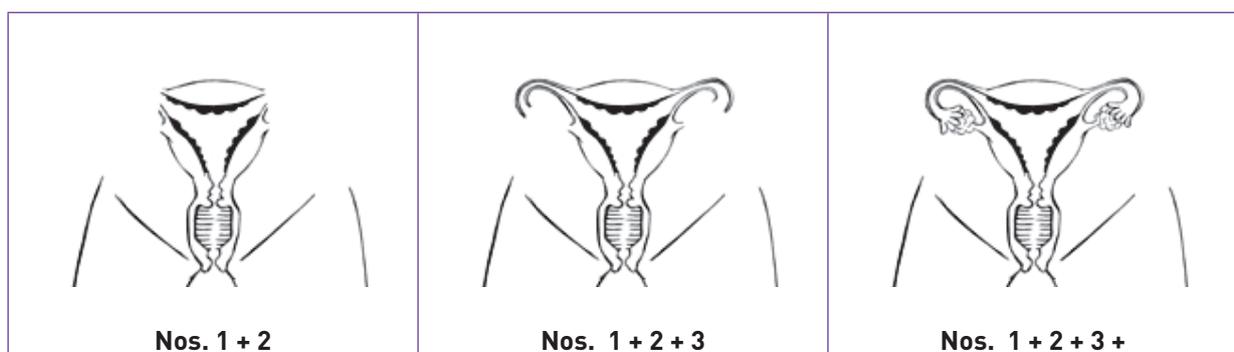


Training Aid 6.1.4 A: Transparencies of Female Reproductive Organs

Guidelines: The following 4 pictures show a schematic overview of the female reproductive organs. They are also provided separately in A-4 size in Book 7. Photocopy the pictures on transparencies.



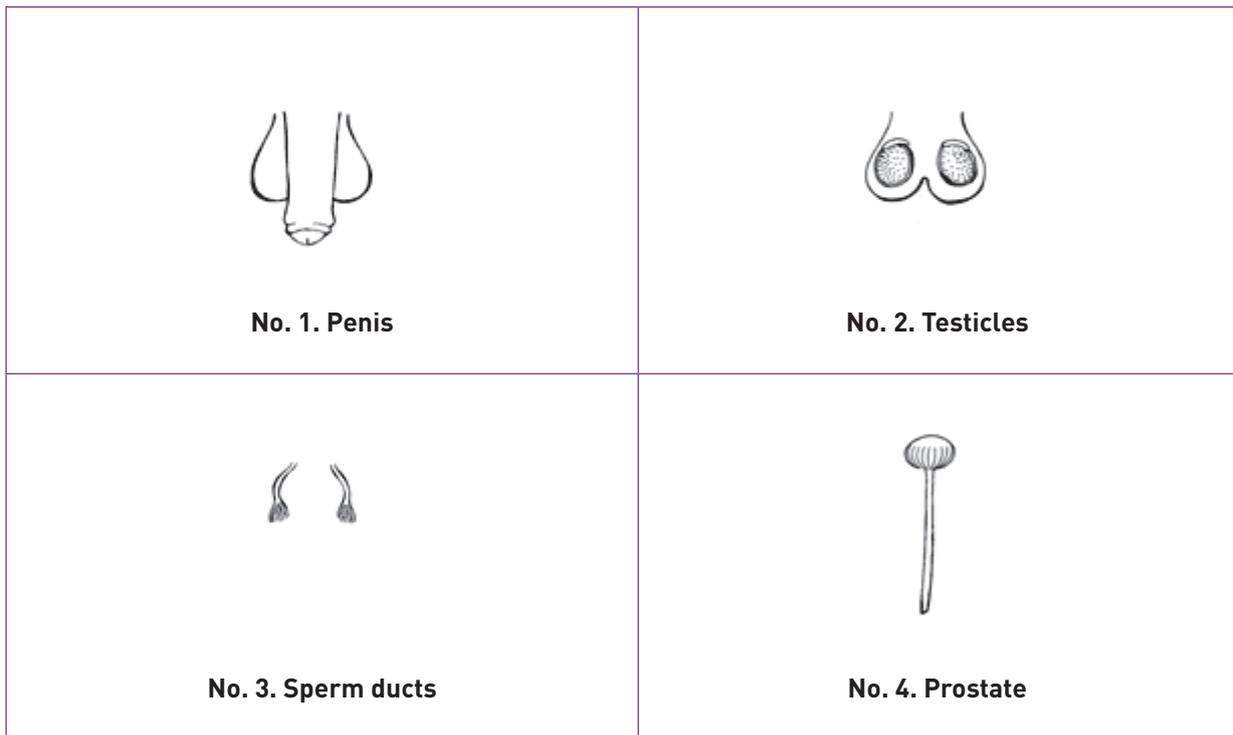
How to show the transparencies: Start with Transparency No. 1. After a brief explanation put No. 2 on top of No. 1, then place No. 3 on top of Nos. 1 and 2. Finally, put No. 4 on top of the three transparencies, which will end the show of the reproductive organs of a woman. The following pictures show the transparency overlays.



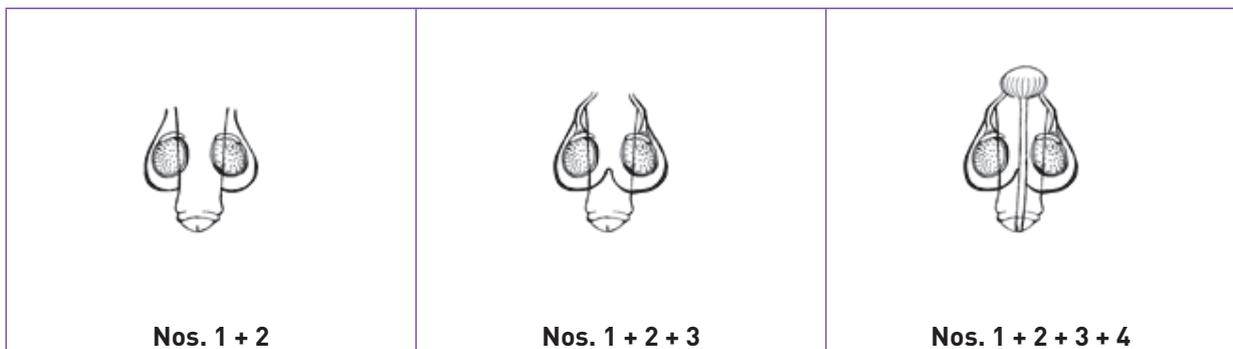


Training Aid 6.1.4 B: Transparencies of Male Reproductive Organs

Guidelines: The following 4 pictures show a schematic overview of the male reproductive organs. They are also provided separately in A-4 size in Book 7. Photocopy the pictures on transparencies.



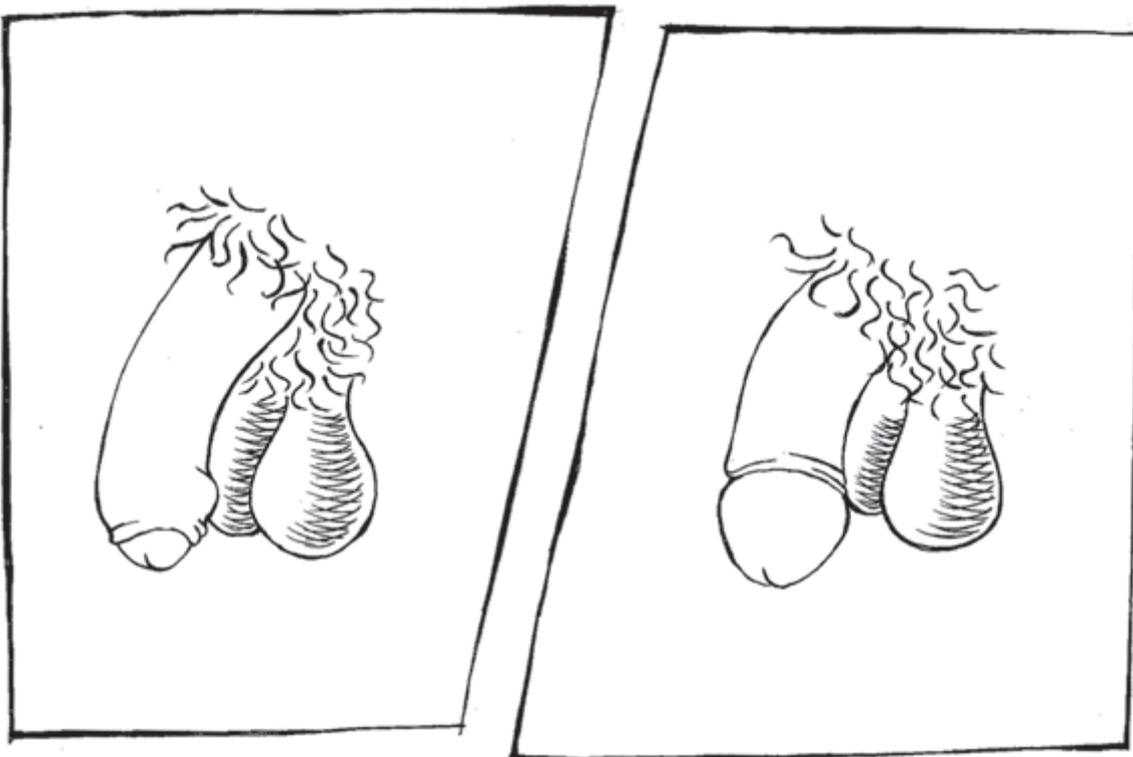
How to show the transparencies: Start with Transparency No. 1. After a brief explanation put No. 2 on top of No. 1, then place No. 3 on top of Nos. 1 and 2. Finally, put No. 4 on top of the three transparencies, which will end the show of the reproductive organs of a woman. The following pictures show the transparency overlays.





Training Aid 6.1.4 C: Illustration of Penis with and without Circumcision

Guidelines: Enlarge this page by photocopying and use it in Step 3 to explain the difference between a penis without circumcision and with circumcision.





Training Aid 6.1.4 D: Memory Cards

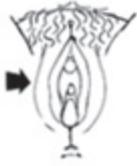
Guidelines: Photocopy the page and cut it up in small cards. Hand out one set to each group.





Training Aid 6.1.4 E: Memory Cards: Answers

Guidelines: Make one photocopy for each participant if doing Step 3.

Female organs:	Male organs:	Form a set because both:
 Lips	 Scrotum	Have a protective function
 Vagina	 Penis	Are the 'basics' Make intercourse possible
 Clitoris	 Glands	Are very sensitive parts
 Ovaries	 Testicles	Produce cells for reproduction
 Fallopian tubes	 Sperm ducts	Are transport channels (for the eggs and the sperms)
 Womb	 Prostate	Are home or 'storage' (for the baby and the sperms)



Briefing Note: Reproductive Organs

Information on the reproductive organs of both sexes is given below. Use this information during the explanation with the female and male sets of transparencies.

Details of female reproductive organs:

Looking at a nude girl, you do not see much of the outside reproductive organs (except her breasts). Between her legs is a soft area with the clitoris, the opening to the vagina, the urinary opening and the lips, and a little more to the back you will find the anus. It is easy to study all of the outside reproductive organs when you hold a mirror between your legs.

- *Lips*

These are two pairs of soft folds of the skin around the vagina. They are called the outside lips and inside lips or large lips and small lips. They protect the clitoris, the urinary opening and the vagina.

- *Clitoris*

This is a small bump in front of the urinary opening. It is a very sensitive spot between the lips. When you touch or rub this softly it feels nice.

- *Urinary opening*

Between the lips you find a very small opening. It is so small that you can hardly see it. This is the opening from the urethra (the channel through which urine passes), and through this small hole you pee. It is not a reproductive organ.

- *Vagina*

You will also find a larger hole. This is the opening to the vagina. Inside, the vagina is about 20 centimetres long and it is very flexible and soft. It connects to the womb. A baby that is ready to be born comes through the vagina to the outside world. The monthly period or menstruation that starts when girls reach puberty goes through the vagina. When people have sex the vagina is the place where the penis fits in.

- *Anus*

A little further to the back you will find a third opening. This is not a reproductive organ but the anus. Through this hole the faeces leaves your body.

If you could look inside the body of a girl you would see the following reproductive organs: the vagina, the womb, two fallopian tubes and two ovaries.

- *Womb*

This is a small organ with very strong muscles. Both fallopian tubes and the vagina are connected to the womb. The womb is the place where babies grow inside the body. Normally the womb is not that big, about the size of a small pear that lies upside down. When a baby grows inside the womb it stretches along with the growth of the baby. After the baby is born it shrinks back to the original size.

- *Ovaries*

At each side of the womb you will find an ovary, about the size of a small lychee. These

ovaries contain the reproductive cells in women, the eggs. When a girl is born she already has a large number (1 to 2 million!) of eggs but these are not 'ripe' yet. They become ready for reproduction during puberty and continue to ripen during a woman's reproductive years until the menopause, which is when women can no longer have babies and stop having menstruation. The menopause usually happens when women reach their late forties or early fifties.

- *Fallopian tubes*

These are small tubes of about 15 centimetres that connect the ovaries with the womb. The eggs travel through these tubes to the womb.

Details of male reproductive organs:

Looking at a nude boy you will immediately see the outside reproductive organs because they hang between the legs: the penis and scrotum.

- *Scrotum*

This is the bag of wrinkled skin that protects the two testicles or balls.

- *Penis*

The penis is very soft and contains tissues with blood vessels. At the end you find a small hole through which urine leaves the body. Normally the penis is fluffy and hangs in front of the scrotum but sometimes it can become stiff and starts to stand up. This happens when a boy/man gets excited or thrilled by something or someone.

- *Glands (and circumcision)*

The tip of the penis is called glands. This is the most sensitive part of the penis. It feels nice when touched. Boys are born with a piece of skin around the tip of the penis. In some cultures the skin covering the tip of the penis is removed. This is called *circumcision*. Most Islamic or Jewish boys and boys from countries such as the United States, Indonesia and Malaysia are circumcised when they are born or when they are very young for hygienic, religious or cultural reasons. In other societies and cultures boys/men are usually not circumcised because the skin, which covers the glands is thought to protect the tip of the penis. The penises of boys who have been circumcised look different from the penises of boys who have not, but the glands and the feelings remain the same.

- *Anus*

A little further to the back you will find a second hole. This is not a reproductive organ but the anus. Through this hole the faeces leaves your body.

If you could look inside the body of a boy you would see the following reproductive organs: the testicles and a number of tubes and glands that are connected to each other.

- *Testicles*

Boys have two testicles or balls. These are soft and elastic and are protected by the scrotum. Testicles are very sensitive. It hurts very much when a boy is kicked there. Most of the times one of the balls hangs a little lower than the other. This is completely normal. Before puberty the testicles have the size of a large pea, and gradually grow to the size of a walnut. In the testicles the cells are made for reproduction. A girl already has eggs when she is born but a boy only starts producing sperms from puberty.

- *Epididymis*

Both testicles are connected to an epididymis. These look like very small telephone horns. Actually the epididymides are very thin and long (4-6 meters) tubes, which are wound up. In the epididymides the cells for reproduction are collected and developed further before going through the sperm ducts.

- *Sperm ducts*

Both epididymides are connected to the urethra by the sperm ducts. These are thin, flexible tubes of about 50 centimetres and they look like boiled noodles.

- *Prostate*

This organ produces a fluid that is mixed with the cells. This mix is called sperms and comes out through the urethra. It leaves the body in short, quick spurts. It is called ejaculation. Many people call it: to come. Ejaculation or 'coming' is only possible from puberty onwards.

- *Urethra*

Sperms and urine come through the same duct, the urethra. It is a long narrow tube through the penis. The bladder is closed by muscles during ejaculation, so that urine and sperms never come out together.

Exercise 6.1.5 Born This Way²



Objectives

- To learn to distinguish facts from myths on different sexual orientations, gender identities and expressions (SOGIE)
- To promote tolerance towards lesbian, gay, bisexual, transgender and intersex (LGBTI) people and understand that they are accorded dignity, equal treatment and justice, just like other people



Target Group

Youth and adults



Duration

90 minutes excluding Step 3

120 minutes including Step 3



Seating Arrangements

U-shape or circle, with or without tables



Training Aids

TA 6.1.5 A: The Genderbread Person

TA 6.1.5 B: SOGIE Scale

TA 6.1.5 C: SOGIE Quiz

TA 6.1.5 D: Answers to the SOGIE Quiz

Briefing Note: Sexual Orientation, Gender Identity and Expression (SOGIE)

Briefing Note: Gender Equality Concepts and Definitions (in Exercise 3.1.1)

² Adapted from: *Toward Equity Training Curriculum* (The Equity Project, 2015), Lesson One: Understanding Sexual Orientation, Gender Identity and Gender Expression, <http://www.equityprojects.org/training/lesson-one-understanding-sexual-orientation-gender-identity-gender-expression/> (accessed 28 January 2017).



Session Plan Steps

1. True or false – 15 minutes
2. The Genderbread Person – 15 minutes
3. The SOGIE Scale and definitions – (optional) 30 minutes
4. Discussion: LGBTI people in society – 30 minutes
5. Myths or facts? – 25 minutes
6. Round up – 5 minutes

Preparation

- Read the Briefing Note about sexual orientation, gender identity and expression and contact local organizations for lesbian, gay, bisexual, transgender and intersex (LGBTI) people to get a clearer picture of key issues facing LGBTI people in the country and local community and the challenges posed by local culture, customs and religious beliefs before conducting this exercise.
- Where possible, invite knowledgeable LGBTI persons as a resource person during the session, or ask them to lead the session if you do not feel comfortable to lead it yourself. Although this topic may be sensitive, it is important to discuss it, because it involves many, including children and youth, who feel that they are different, and they face discrimination in many areas of life and almost everywhere. Make sure that this session is presented in a scientific, sensitive, and respectful manner, and with respect for both the local culture and the privacy of LGBTI people.
- Prepare a flipchart of the Genderbread Person (Training Aid 6.1.5 A) for use in Step 2 and 5 photocopies of the SOGIE Quiz (Training Aid 6.1.5 C).
- If the participants have a high level of literacy, prepare the SOGIE Scale (Training Aid 6.1.5 B) for Step 3 (optional).



Tip for Trainers

Reflect on your personal beliefs, values and gaps in knowledge about LGBTI people and different sexual orientations and gender identities (SOGIE). Be aware of how your own views may have been influenced by myths and stereotypes and are not supported by facts. In most societies, people have prejudices and fears about different SOGIE. In the discussion, let people express their fears and prejudices and allow different opinions but ensure that everybody remains respectful to one another. Chances are high that at least one of the participants is LGBTI, even though they may not openly express their sexual orientation or gender identity. Emphasize facts and the impact of prejudices and discrimination on the day-to-day life of LGBTI people and avoid making moral judgements on what is right or wrong.

Step 1 True or False – 15 minutes

Introduce the session by telling participants that they will learn about different ways of love and relationships. But first, you will share some common ideas and ask what they think of them.

Read each of the 10 statements below one by one. After each statement, ask participants whether they think it's true or false. Read the statements in quick succession. There is no need to correct the answer or get into the detailed explanation of the statements at this stage. The purpose of the statements is to introduce the topic and to test the knowledge of participants. If participants want to know the answer, tell them the answers will follow later in the session.

1. All men are attracted to women and all women are attracted to men. (False)
2. Not all 'effeminate' men are gay and not all 'manly' women are lesbian. (True)
3. Every human is born to be only either male or female because it is nature. (False)
4. Some people know that they are not the sex that they were born with at a young age. (True)
5. Being a lesbian, gay or transgender is a personal choice, so people can choose to be one or not. (False)
6. People who are attracted to people of the same sex or do not behave according to the sex they were born with are mentally ill. (False)
7. There are people who can love either a man or a woman. (True)
8. People cannot know if they are gay or lesbian if they have never had sex with persons of the same sex. (False)
9. Being gay or lesbian is not the same as being transgender. (True)
10. Only people who have had a sex change are true transgender people. (False)

Ask if these ideas in the statements are ever discussed in their community. What, if any, are other ideas about sexuality that have heard people talk about in their community. Take a few examples and go on to the next step.

Step 2 The Genderbread Person – 15 minutes

Draw the outline of The Genderbread Person (see Training Aid 6.1.5 A) without the words on the board or flipchart. Use this drawing as a tool to begin exploring the concepts of 'biological sex,' 'gender identity,' 'gender expression' and 'sexual orientation.' Start by telling participants that this drawing represents a person. Imagine it being a real human being with a sense of self, thoughts and feelings, and preferences, especially in sexuality and people in romantic relationships. Use the following questions as a discussion guide:

- How does the person know what 'sex' she or he is?

(Many participants will likely point to the genital area. Write the word 'sex' with an arrow pointing to the genital area. Introduce the concept of 'biological sex' – see 'sex assigned at birth' in the Briefing Note. Emphasize that sex refers to biological sexual attributes and reproductive systems a person is born with.)

- Are the genitalia and sexual biological attributes the only indication of a person's sex and gender? How or where does a person form a sense that she or he is a boy or a man, a girl or a woman?

(Write the word 'identity' with an arrow pointing to the brain and lead the discussion to the concept of 'gender identity' – how a person and his/her social environment defines his or her identity as a boy/man, a girl/women, or some other identity.)

- How does a person communicate to others that she or he is a male (boy, man) or a female (girl, woman), or neither?

(Write the words 'expression' with a line circling an entire side of the body. Explain that typically people express their gender through external cues such as choices of clothing, hairstyles, ornaments, physical expression and mannerisms, masculine or feminine form of speech, or a name that reflects their sense of gender identity. Someone (transgender) people may also express their gender identity through physical alterations of their body.)

- Where do you have the feeling of liking or loving someone?

(Most participants are likely to point to the heart. Write the words "attraction" with an arrow pointing to the heart. Explain that this is what it means by "sexual orientation", feeling the attraction physically, emotionally and sexually to someone of the same sex, the opposite sex, or both, or neither.)

Summarize: Most people are attracted to people from the opposite sex but some people are attracted to people of the same sex or are attracted to both. A sense of personal identity regarding gender and sexuality concerns not just the physical body, but also the mental and emotional aspects of being a female or a male and sexual or romantic attraction that are later realized and self-determined as the person grows.

Step 3 The SOGIE Scale and definitions – (optional) 30 minutes

Draw or show the prepared SOGIE Scale (Training Aid 6.1.5 B).

Building upon the Genderbread Person, use the scale to explain the SOGIE concepts:

- sex assigned at birth (male ←-----→ female)
- gender identity (man ←-----→ woman)
- gender expression (masculine ←-----→ feminine)
- sexual orientation (attracted to women ←-----→ attracted to men).

Emphasize that sexual orientation, gender identity and gender expression do not exist only in the extreme but in a continuum, meaning while there are a lot of people who fall on either end of the above, there are also many people who fall in between the two ends. For example, every society has male/female, masculine/feminine ideals, and some people do fit these ideals of an extremely masculine man or an extremely feminine woman, although most do not.

Explain that most people fall somewhere between the two extremes of masculinity and femininity. Also, while most people are attracted to persons of the opposite sex, some people are attracted to persons of the same sex or both sexes, and still others are 'asexual', meaning they do not feel any sexual and/or romantic attraction to anybody at all.

Introduce and discuss the remaining key terms in the Briefing Note:

- LGBTI: lesbian, gay, bisexual, transgender, and intersex
- transsexual
- third gender
- queer.



Tip for Trainers

Some of the terms and definitions may be confusing for participants, unfamiliar with these concepts. Use your judgement on how deep you need to go into the details. Some of the terms may need to be explained in simple wordings. Use equivalent local terms where available, but be aware of matching the wrong terms. If you feel unsure or uncomfortable explaining these terms, ask a local LGBTI resource person or expert to introduce this step.

Step 4 Discussion: LGBTI people in society – 30 minutes

Once participants have some understanding about the concepts of sexual orientation, gender identity and expression and LGBTI people, explain that some societies and groups accept different gender roles and identities, while others are more rigid. In many South and Southeast Asian cultures different gender identities have traditionally been accepted. For example, India, Nepal, Indonesia, Myanmar and Thailand have historically had more than two (masculine and feminine) gender identities. Several countries in the world, including India and Nepal, legally recognize non-binary gender identities (that is, neither typically male or female), often known in Asia as the ‘third gender’.



Tip for Trainers

If Step 3 was not done, the trainers may explore some local LGBTI terms and local historical context here. Use information from the Briefing Note to explain some important concepts as relevant. However, do not spend too much time on the terms, as that is not the main focus of the discussion, which is more about the treatments of LGBTI people in the community. (Note that ‘LGBTI’ here is used as a collective term to refer to all people with non-heterosexual and non-conforming sexual orientation or gender identity. Use local terms where available but try to avoid perjorative terms.)

Stimulate a discussion with the following questions:

- Do you know anyone who are LGBTI in your community?
- How are LGBTI people treated in your community?
- What are some ideas and prejudices against them?
- What are their experiences in school, at work and in life? Is it easy or difficult for them? How?
- What are main difficulties that they face?
- Are there anything that you agree or disagree with concerning the ways they are treated?
- What do you think should be changed?

Summarize key points from the discussion and emphasize that:

- Even in societies that have historically accepted different gender identities, LGBTI people whose sexual orientation or gender identity differs from the norm are still widely discriminated against in many areas of life, in education, work and within the family.
- In societies where cultural or religious norms are more rigid, LGBTI people often face considerable pressure to conform to the prescribed gender norms or face severe social censure and discrimination if they do not. Sometimes they are even punished by laws (as in the case in Myanmar).

Step 5 Myths or facts? – 30 minutes

Tell participants that as a group we now know more about people with different sexual orientations and gender identities, and will answer the quiz questions from Step 1. Divide participants into 5 small groups. Give each group the set of 10 statements asked earlier in Step 1 (Training Aid 6.1.5 C). Give the groups about 5-10 minutes to discuss the statements, decide as a group whether each statement is true or false with an explanation why it is true or false.

Discuss each of the 10 statements. Ask the small groups to take turn giving their answers and explanations (each group gets 2 statements). For each statement invite additional comments and correct the answer, clarify or fill in the information as needed (use the explanations provided in Training Aid 6.1.5 D). Repeat the same process for all 10 statements.



Tip for Trainers

During the discussion some participants are likely to share some common stereotypes or myths about LGBTI people. While encouraging sharing of ideas, be sure to emphasize the difference between myths and facts. Explain that beliefs not based on facts, fears based on lack of knowledge and misconceptions about LGBTI people (or any minority group for that matter) often lead to discrimination and unfair treatment of minority people. Ask them to think of situations when they feel they are a minority in society (for example, as migrant workers in another country facing prejudices and discrimination). A lot of prejudices and mistreatment stem from mistaken beliefs and unfounded fears. So knowing the facts can help prevent prejudices and discrimination of especially vulnerable groups in society.

Step 6 Round up – 5 minutes

Conclude by emphasizing that being LGBTI is not a disease. Heterosexuality is the most prevalent and the norm in most societies but homosexuality is also quite common. All people, irrespective of their sexual orientation or gender identity, have the same needs, feelings and aspirations. Treat LGBTI family members, co-workers and friends in the same way that you treat everyone else. When you have questions or doubts about your own sexual orientation or gender identity, talk to someone you trust. This often helps.

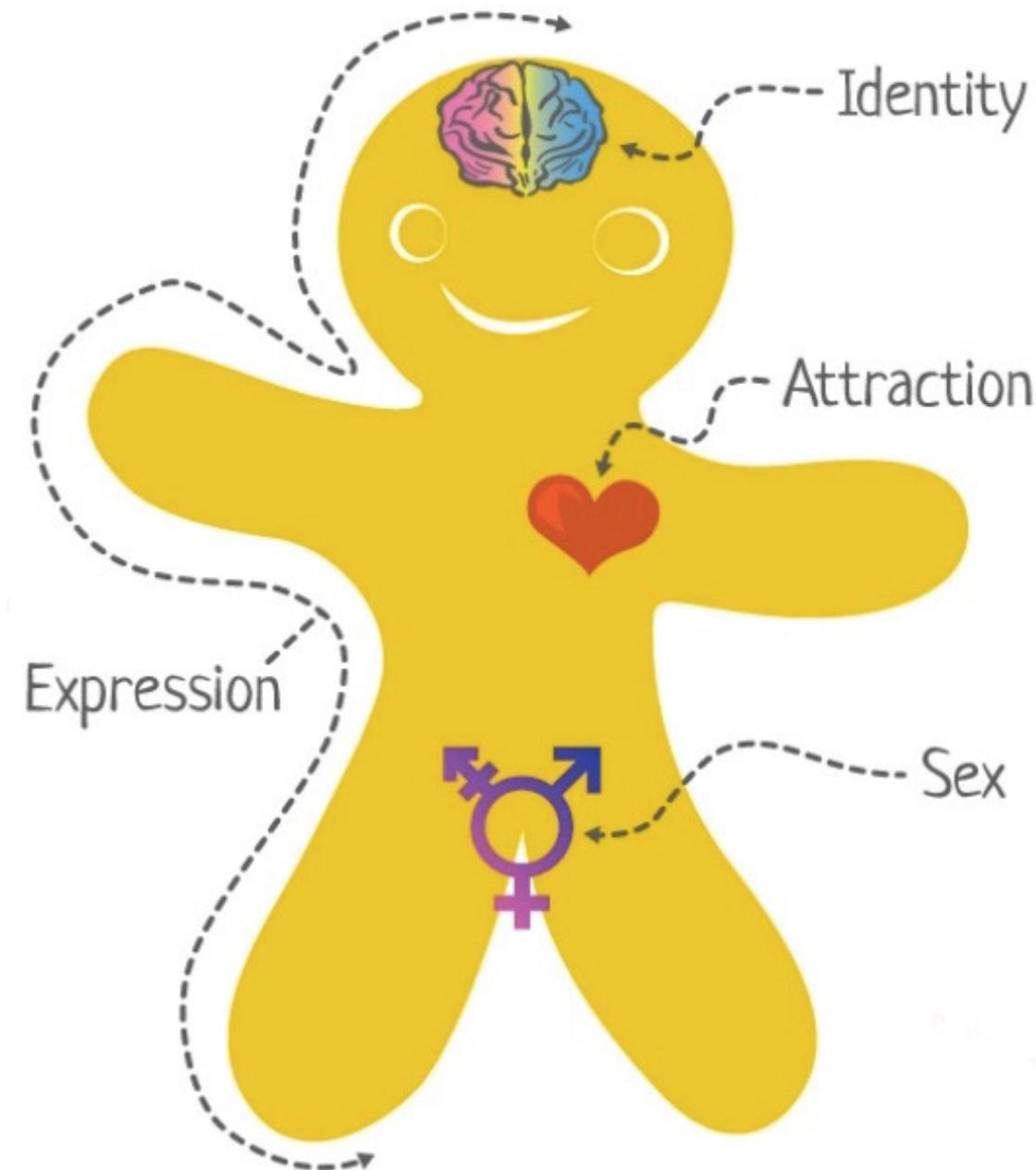
Emphasize the following points:

- People have different sexual orientations, gender identities and gender expressions.
- Most people are attracted to people of the opposite sex, and some people love people of the same sex or love both women and men.
- Being LGBTI is not a mental illness. LGBTI people just have sexual orientations, gender identities or expressions that are different from those of the majority.
- Nobody knows for sure why some people are LGBTI. There are probably a number of biological and psychological factors. However, scientific studies and major medical institutions agree that being LGBTI is *not* a choice. So people cannot just stop being LGBTI in the same way that heterosexual people cannot just stop being a heterosexual.
- LGBTI people exist in all ages, cultures and societies. In many societies they have freedom to express themselves, but in many others they are still unable to express themselves freely.
- There are still a lot of prejudices and discrimination against LGBTI people. This is unfair because a sexual orientation or gender identity is just the way some people are born to be.



Training Aid 6.1.5 A: The Genderbread Person³

Guidelines: Draw this image of The Genderbread Person on the board of flipchart to help explain the concepts of 'biological sex,' 'gender identity,' 'sexual orientation' (attraction), and 'gender expression.'

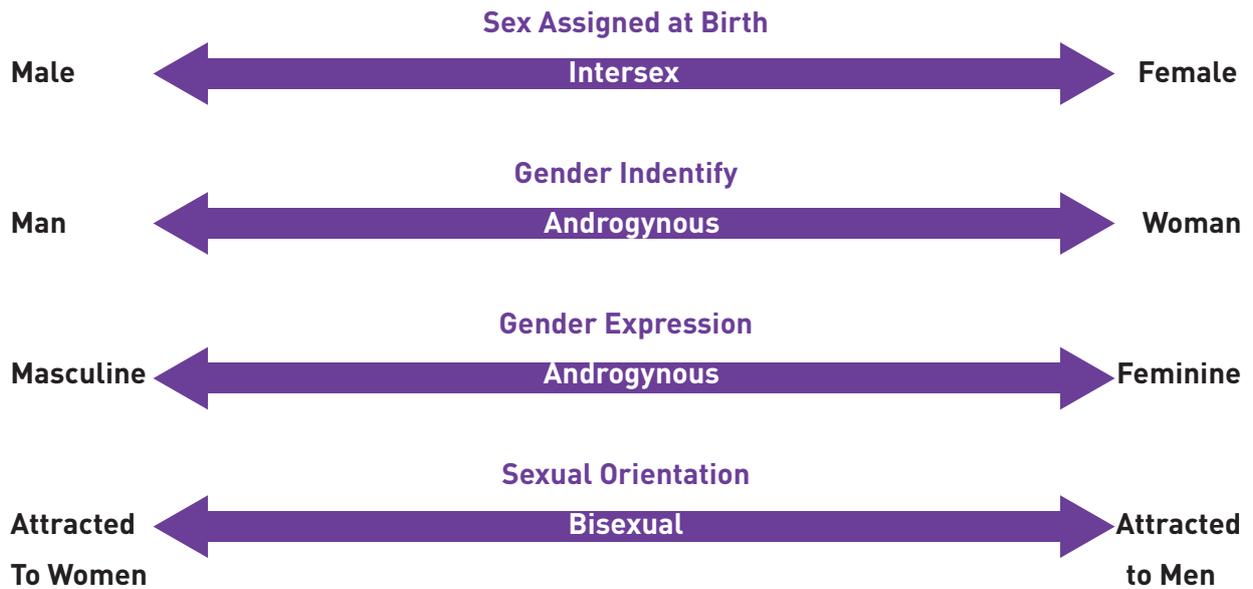


³ The Genderbread Person was introduced by Sam Killerman of *It's Pronounced Metrosexual*, a comedy show and online resources on social issues, including gender and sexuality: <http://itspronouncedmetrosexual.com> (accessed 28 January 2017).



Training Aid 6.1.5 B: SOGIE Scale⁴

Guidelines: Draw the scale on the board or flipchart. To make the chart more interesting put pictures of well-known celebrities who are widely considered to be very masculine and feminine (a man/boy on the far left side, a woman/girl on the far right side).



⁴ Source of the SOGIE Scale: *Toward Equity Training Curriculum* (The Equity Project, 2015), Lesson One: Understanding Sexual Orientation, Gender Identity and Gender Expression, p. 7.



Training Aid 6.1.5 C: True or False

Guidelines: Use this set of statements as an introduction as well as a pre-test (without explanations) in Step 1, and as a post-test (with explanations) in Step 4.

1. All men are attracted to women and all women are attracted to men.
2. Not all 'effeminate' men are gay and not all 'manly' women are lesbian.
3. Every human is born to be only either male and female because it is nature.
4. Some people know that they are not the sex that they were born with at a young age.
5. Being a lesbian, gay or transgender is a personal choice, so people can choose to be one or not.
6. People who are attracted to people of the same sex or do not behave according to the sex they were born with are mentally ill.
7. There are people who can love either a man or a woman.
8. People cannot know if they are gay or lesbian if they have never had sex with persons of the same sex.
9. Being gay or lesbian is not the same as being transgender.
10. Only people who have had a sex change are true transgender people.



Training Aid 6.1.5 D: True or False – Explanations⁵

Guidelines: These explanations are for use in the discussion in Step 4.

1. All men are attracted to women and all women are attracted to men.

False: The majority of people are attracted to persons of the opposite sex ('heterosexual' people) and a minority are attracted to persons of the same sex ('gay' men and 'lesbian' women, or 'homosexual' people). Some people are attracted to both women and men ('bisexual' people), or are attracted to neither ('asexual' people). There are no definite percentages of these sexual minorities but they exist. Scientific studies have shown at least 2-3 per cent up to 10 per cent of the general population are non-heterosexual.

2. Not all 'effeminate' men are gay and not all 'tomboy' women are lesbian.

True: A man acting feminine or a woman acting like a 'tomboy' is a form of gender expression, which is not the same as sexual orientation. While many gay men may act in the way considered feminine by social norms, some feminine men are attracted to women, so they are not gay. It is the same with 'tomboy' women. While many lesbians may have an appearance and behaviours considered masculine and are called 'tomboy,' not all 'tomboys' are lesbians or are attracted to women.

3. Every human is born to be only either male and female because it is nature.

False: While most humans are born with either male or female genitalia and sexual and reproductive systems, not everyone human being can be classified as exclusively a male or female person. This is a scientific fact. A small percentage of people (less than 2 per cent) are born with sex characteristics (including genitals, sex gland, i.e. an ovary or testis, and chromosome patterns) that do not fit typical male or female bodies. These are 'intersex' people, with specific medical conditions. In some cases, intersex traits are visible at birth while in others, they are not apparent until puberty. Some chromosomal intersex variations may not be physically apparent at all.

4. Some people know that they are LGBTI at a young age.

True: People can become aware of their gender identity or sexual orientation at a young age. A recent study in Thailand found that 11.9 per cent of 2,070 secondary school students surveyed in five provinces in all regions of the country self-identified as lesbian, gay, bisexual, transgender or intersex (LGBTI).⁶ Recent studies in the United States also show that the average age at which teenagers first self-identify as lesbian and gay has decreased over the past several decades. The average age of people coming out as LGBTI was 20-22 years old in the 1980s, and 16 years

⁵ Adapted from: *Toward Equity Training Curriculum* (The Equity Project, 2015), Lesson One: Understanding Sexual Orientation, Gender Identity and Gender Expression, <http://www.equityprojects.org/training/lesson-one-understanding-sexual-orientation-gender-identity-gender-expression/>, pp. 16-17; The Trevor Project, Resources, Trevor Support Center, <http://www.thetrevorproject.org/pages/support-center> (accessed 28 January 2017).

⁶ *Bullying targeting secondary school students who are or are perceived to be transgender or same-sex attracted: Types, prevalence, impact, motivation and prevention measures in 5 provinces of Thailand* (Mahidol University, Plan International Thailand, UNESCO: Bangkok, 2014), <http://unesdoc.unesco.org/images/0022/002275/227518e.pdf> (accessed 28 January 2017).

old in 2011.⁷ Note that these are the ages of coming out. In fact, children have an understanding of their sexual orientation (whether they like boys or girls) much earlier, usually by the age of ten, and most children have an understanding of their gender identity (a sense of whether they are a boy or girl) by the age of three.⁸

5. Being a lesbian, gay or transgender is a personal choice, so people can choose to be one or not.

False: Sexual orientation and gender identity are deep-seated, inherent aspects of personal identity. People do not ‘choose’ to become lesbian, gay, bisexual, transgender, or intersex. Being LGBTI is not a lifestyle, or fashion, but a deeply felt sense of self. Attempts to change somebody’s self-identified gender identity or sexual orientation are both futile and cause psychological harm to them. According to the American Psychiatric Association, “No one knows what causes a person to be gay, bisexual, or straight. There probably are a number of factors. Some may be biological. Others may be psychological. The reasons can vary from one person to another. The fact is, you do not choose to be gay, bisexual, or straight.”⁹ It is just the way some people are born to be.

6. People who are attracted to people of the same sex or do not behave according to the sex they were born with are mentally ill.

False: Major medical associations in the world now all agree that homosexuality is not a mental illness or disorder, but a form of sexual expression. While homosexuality was considered a mental illness in the past, it is no longer considered so in most countries today. Scientific knowledge from many decades of research has shown no evidence to support that it is a mental illness or disorder. In 1990, the World Health Organization (WHO) removed homosexuality or same-sex relations from the list of mental illnesses in the International Classification of Diseases (ICD-10). In 2019, WHO also removed transgender identity from the list of mental disorders. The 11th edition of the International Statistical Classification of Diseases and Related Health Problems (ICD-11) has redefined gender identity-related health, replacing diagnostic categories like ICD-10’s ‘transsexualism’ and ‘gender identity disorder of children’ with ‘gender incongruence of adolescence and adulthood’ and ‘gender incongruence of childhood’, respectively. The removals of homosexuality and transgender identity from the list of mental disorders will help support better access to adequate and appropriate health care among gender and sexual minorities.¹⁰

Traditionally transgender persons have been diagnosed with ‘gender dysphoria,’ which relates to emotional distress that people may experience when their gender identity is not congruent with their sex assigned at birth. Not all transgender people experience gender dysphoria, however. Those who do may seek medical interventions (such as hormone blockers or hormone replacement therapy). For youth, hormone therapy prevents physical changes that may cause

⁷ *Education Policy: Issues Affecting Lesbian, Gay, Bisexual, and Transgender Youth 1* by Jason Cianciotto and Sean Cahill (National Gay and Lesbian Taskforce Policy Institution, 2003), <http://www.thetaskforce.org/downloads/reports/reports/EducationPolicy.pdf> and *Effects of Family and Friend Support on LGB Youths’ Mental Health and Sexual Orientation Milestones* by Guy Shilo and Riki Savaya, 60 FAM. REL.: INTERDISC. J. APPLIED FAM. STUD. 318,318 (2011), cited in *Toward Equity Training Curriculum* (The Equity Project, 2015), p. 16.

⁸ Ibid.

⁹ *Psychiatric Treatment and Sexual Orientation POSITION STATEMENT* by American Psychiatric Association, <https://www.psychiatry.org> [accessed 28 January 2017].

¹⁰ World Health Organization, *WHO/Europe Brief – transgender health in the context of ICD-11*, <http://www.euro.who.int/en/health-topics/health-determinants/gender/gender-definitions/who-europe-brief-transgender-health-in-the-context-of-icd-11> [accessed 23 November 2019].

mental distress or that changes their bodies to match with the gender they identify with. Others may only express their gender identity through clothing, hairstyle, name, and gender pronoun.¹¹

7. There are people who can love either a man or a woman.

True: Yes. They are known as 'bisexual' people.

8. People cannot know if they are gay or lesbian if they have never had sex with persons of the same sex.

False: Heterosexual people know they love someone without needing to have sex with them. Gay or lesbian people are the same way. Sexual orientation is not the same as sex act. Anyone can know their sexual orientation or have romantic feelings for someone without needing to have sex.

9. Being gay or lesbian is not the same as being transgender.

True: Being gay or lesbian is about sexual orientation. Being transgender is about gender identity. Most gay or lesbian person have a gender identity that often matches their sex assigned at birth. That is, a gay man is still a man, and lesbian is still a woman. However, a transgender person has a gender identity that does not match his or her sex assigned at birth.

10. Only people who have had a sex change are true transgender people.

False: Not all transgender people want to change their bodies to reflect their gender identity. There are transgender people who change their bodies through hormone therapy and gender affirming (sex reassignment or sex change) surgeries (they are called 'trans men' and 'trans women', or men who were born as women and women who were born as men respectively). However, there are people who want to change their bodies to match their gender identity but cannot afford to pay for the costs because hormone therapy and medical surgeries (for example, breasts and genitals) are very expensive. Then there are transgender people who may feel that their gender identity is neither the normative male or female body, who are happy with their bodies, and do not want to change them. This latter group may express themselves only socially through their behaviours and external appearance. Finally, there are transgender people who are too shy, or due to social, religious or family restrictions are unable to express their true gender identity, so they choose to keep it hidden. The term 'transgender' covers all these people.

¹¹ *Transgender, Gender Identity, & Gender Expression Non-Discrimination* by American Psychological Association (Aug. 2008), <http://www.apa.org/about/policy/transgender.aspx>, cited in *Toward Equity Training Curriculum* (The Equity Project, 2015), p. 17.



Briefing Note: Sexual Orientation, Gender Identity and Expression (SOGIE)

Being attracted to persons of the opposite sex (being heterosexual) is a norm in all societies. However, heterosexuality is not the only sexual orientation that exists. In all societies, a minority of people are not heterosexual but have other *sexual orientations*. There are also people who have *gender identities* or *gender expressions* that do not conform to the (heterosexual) norms of what it means to be male or female, masculine or feminine. These are people commonly referred to as lesbian, gay, bisexual, transgender or intersex (LGBTI).¹²

LGBTI people are not a new phenomenon. Nor do they only exist in Western societies. LGBTI people live in all societies, all ethnic, cultural and religious groups.¹³ The situation of LGBTI people varies. In many countries LGBTI people have freedom to express themselves, while in many others they are at risk of harassment, physical harms from others in society, as well as arrest, prosecution and imprisonment, and even the death penalty. At present, at least 30 countries (mostly in the West) allow same-sex marriage¹⁴ and at least 20 countries and limited jurisdictions of countries allow same-sex civil union. However, same-sex relations are still criminalized in more than 70 countries.¹⁵ Lack of legal protection, coupled with prevalent prejudices and misconceptions about sexual orientation, gender identity and expression (SOGIE), results in LGBTI people, including children and youth, facing harassment and violence in their families, schools, communities and workplaces in many parts of the world. They encounter everyday discrimination in many areas of life, including in education, healthcare, employment, housing, and even within their own families.¹⁶

The revised Criminal Law (2015) prohibits discrimination based on sex and sexual orientation, however Mongolia society is generally not open to alternate or non-traditional sexual orientations or gender identity. At the personal level, significant violence towards LGBTI persons has been reported, as well as instances of harassment and stigma. Although Mongolia's Human Rights Commission has raised awareness about LGBTI rights, there is little sensitization among health professionals and state officials. And discrimination against LGBTI people prevails. Employment discrimination is among the most serious problems facing LGBTI people in Mongolia. Over 80 per cent of LGBTI workers hide their sexual orientation from their co-workers and it is very difficult for transgender women to find a regular job, pushing them into sex work which is illegal in Mongolia. LGBTI people are often portrayed negatively by the media and an LGBTI identity is generally not accepted in Mongolian families.¹⁷

Parents, education and health staff and Mongolian society in general have little understanding of sexuality and gender minorities. A 2017 review found the LGBTI children in Mongolia experience high pressure, discrimination, harassment and bullying in all social environment:

12 LGBT and LGBTQ are the most widely used acronyms to collectively refer to people who have non-conforming sexual orientations, gender identities or gender expressions. Other common acronyms are such as LGBTQ, LGBTQI, LGBTQIA+ (with 'Q' standing for "queer" or "questioning", 'I' for "intersex", 'A' for "asexual" or "ally", and '+' for inclusion of other non-conforming characteristics and identities on the gender and sexuality spectrum that are not yet defined). See the list of terms in the briefing note for the definitions.

13 *Fact sheet – LGBT Rights: Frequently Asked Questions*, Free & Equal (United Nations), https://www.unfe.org/system/unfe-7-UN_Fact_Sheets_v6_-_FAQ.pdf (accessed 28 January 2017).

14 Pew Research Center, *Same-Sex Marriage Around the World*, 28 October 2019, <https://www.pewforum.org/fact-sheet/gay-marriage-around-the-world/> (accessed 21 November 2019).

15 *Criminalization*, Free & Equal (United Nations), <https://www.unfe.org/wp-content/uploads/2018/10/Criminalization-English.pdf> (accessed 21 November 2019).

16 *UN Human Rights Council Report: Discrimination and Violence Against Individuals Based on Their Sexual Orientation and Gender Identity*, Free & Equal (United Nations), https://www.unfe.org/system/unfe-63-UN_Human_Rights_Council_Report_one-pager_GREY.pdf (accessed 28 January 2017).

17 *Being LGBT in Asia: Mongolia Country Report* (UNDP, USAID, 2014), https://www.undp.org/content/dam/rbap/docs/Research%20&%20Publications/hiv_aids/rbap-hhd-2014-blii-mongolia-country-report.pdf (accessed 21 November 2019).

- 79% faced some forms of discrimination or ostracism.
- 9.4% experienced grave physical violence.
- 45.2% faced discrimination, violence or ostracism at home.
- 13% had negative experience with health professionals.
- 1 in 19 felt safe to express their LGBTI identity at home.
- 2 in 19 felt safe to express their LGBTI identity with peers.
- 1 in 5 had access to some information on sexual orientation in educational setting.¹⁸

There are no definitive figures for the size of LGBTI population around the world. While some scientific studies put the number at 10 per cent and this figure is widely cited, it has also been hotly contested. Conservative estimates put the LGBTI population at 2-3 per cent of the total population.¹⁹

The issue of SOGIE is a taboo or highly sensitive in many cultures, especially in religiously conservative societies where it is considered a threat to the heterosexual family. However, because it is a reality that involves many people facing discrimination but are unable to seek support due to prohibitive laws and social prejudices, it is important to understand and bring it up in the open. Negating this reality has a negative legal, social as well as psychological impact on LGBTI people, not least because they have often internalized the prejudices, feel bad about themselves but know they can not change it and tend to suffer alone. Discussion about SOGIE enables better understanding of the difficulties facing LGBTI people that are hidden or not openly discussed. It helps the officials, social workers, community leaders and other practitioners to consider specific issues that may affect a specific segment of their target group (that thus far may have been unaddressed) in order to ensure effective intervention in education, healthcare, employment or any other aspect of work in social development and social justice. In understanding SOGIE, there are some important terms.²⁰

Sex assigned at birth:	Sex is a biological construct, or 'biological sex,' based primarily on physical attributes such as chromosomes, external and internal genital and reproductive anatomy, and hormones. In most countries, the legal sex of individuals is assigned at birth based on these biological attributes or characteristics, typically male or female. However, a small percentage of people (less than 2 per cent) are born with a reproductive and sexual system that is ambiguous, does not fit either the male or female category or can be both. These conditions are called 'intersex' (see 'intersex').
Gender expression:	Describes how individuals communicate their gender to others. People express and interpret gender through hairstyles, clothing, physical expression and mannerisms, masculine or feminine form of speech, physical alterations of their body, or by choosing a name that reflects their own idea of gender identity.

¹⁸ LGBT Centre, *LGBTI Children and Adolescents in Mongolia: An Overview of the Situation*, 2017

¹⁹ David Spiegelhalter, "Is 10% of the population really gay?", *The Guardian*, 5 April 2015, <https://www.theguardian.com/society/2015/apr/05/10-per-cent-population-gay-alfred-kinsey-statistics> (accessed 28 January 2017).

²⁰ Sources of terminology: *Toward Equity Training Curriculum* (The Equity Project, 2015), Lesson One: Understanding Sexual Orientation, Gender Identity and Gender Expression, <http://www.equityprojects.org/training/lesson-one-understanding-sexual-orientation-gender-identity-gender-expression/> (accessed 28 January 2017).

Gender identity:	A person's deeply felt, internal sense of being a boy or a man, a girl or a woman, some alternative gender that is neither male nor female, masculine nor feminine, a combination of genders or no gender. Everyone has a sense of gender identity. A person's gender identity may or may not be consistent with their sex assigned at birth. Gender identity is often intertwined with gender roles – how male/female, masculine/feminine individuals are expected to behave in society. Therefore, a range of gender identity can vary within and between cultures and can change over time. Some cultures in Southeast Asia such as Indonesia, Myanmar and Thailand have historically had more than two (masculine and feminine) gender identities (see 'third gender').
Gender non-conforming:	Describes a person who does not subscribe to gender expression or roles according to societal expectations and/or stereotypes related to gender. For example, a girl or woman who is referred to as a 'tomboy,' or a person who looks androgynous, that is, partly male and female, or of indeterminate gender. Other similar terms with the same meaning include: 'genderfluid,' 'gender variant' and 'genderqueer,' among others. (Many gay, bisexual, lesbian, trans and intersex people are very comfortable conforming to societal expectations of what it means to be a boy/man or a girl/woman, while others express themselves in gender non-conforming ways.)
Sexual orientation:	A person's capacity for profound emotional, physical, romantic and/or sexual attraction towards other people. A person may be attracted to people of the same gender ('homosexual,' 'gay,' or 'lesbian'), to people of a different gender ('heterosexual') or more than one gender ('bisexual' or 'pansexual'). People may also be 'asexual' and not experience any sexual and/or romantic attraction to others.
Lesbian:	A woman who is emotionally, physically and romantically attracted to other women.
Gay:	A man who is emotionally, physically and romantically attracted to other men. The term 'gay' is generally used to refer to only men in Asia. However, in the West, it is now often also used to describe women who are attracted to women.
Bisexual:	A person who is emotionally, physically and romantically attracted to both men and women.
Transgender:	Also shortened to 'trans', is used to refer to all people whose internal sense of gender (their gender identity) is different from the sex they were assigned at birth. Someone assigned a female biological sex at birth who identifies as male is referred to as a transgender man or trans man. He might also use the term 'male' to describe his identity. A transgender woman is someone assigned a male sex at birth but who identifies as female. She might use the term 'female' to describe her identity.
Transsexual:	Sometimes used to describe transgender people who have undergone, or who seek to undergo, medical interventions such as hormone therapy and surgeries to match their bodies with their gender identity. Unlike transgender, transsexual is not an umbrella term. Many transgender people do not identify as transsexual and prefer the word transgender.

Third gender:	Used in some countries to refer to a culturally specific population that has a historical gender identity outside of the male-female, masculine-feminine norms, specifically people who were assigned male sex at birth, for example, <i>hijras</i> in Bangladesh, <i>khwaja siras</i> in Pakistan, <i>metis</i> in Nepal, and <i>hijras</i> and <i>thirunangai</i> in India, <i>bakla</i> in the Philippines, <i>waria</i> in Indonesia, <i>katoey</i> in Thailand. In some countries, 'third gender' is also sometimes used collectively to refer to LGBTI people as a whole (though this is less common).
LGBTI:	An acronym used to describe lesbian, gay, bisexual, transgender, and intersex persons, or the LGBTI community as a whole. There are other variations or extensions of the LGBTI acronym that include different or additional initials such as LGBT, LGBTQ, LGBTIQ, LGBTIQA+ (with 'Q' standing for 'questioning' or 'queer', 'A' for 'asexual' or 'ally', and '+' for inclusion of other non-conforming characteristics and identities on the gender and sexuality spectrum that are not yet defined).
Intersex:	Intersex people are born with sex characteristics (including genitals, gonads, i.e. sex gland or an ovary or testis, and chromosome patterns) that do not fit typical male or female bodies. These are considered medical conditions. In some cases, intersex traits are visible at birth while in others, they are not apparent until puberty. Some chromosomal intersex variations may not be physically apparent at all. An intersex person may be heterosexual, gay, lesbian, bisexual or asexual, and may identify as female, male, both or neither. Some intersex people may also identify as transgender. In the past, the term 'hemaphrodite' was used to describe intersex characteristics but this is now considered offensive by intersex people. In Mongolia, intersex people are called "Manin"—which is a perjorative term used in bullying or gender discrimination. It should be avoided.
Queer:	Traditionally a negative term used against people with same-sex desires, 'queer' has been recently re-claimed by some in the LGBTI community to inclusively describe people who are not heterosexual. It is now often used as an umbrella term for sexual and gender minorities.

The terminology above gives an overview of the complexities concerning sexual orientation, gender identity and expression in general, with a focus on basic scientific facts (that continues to be revised and updated). Culturally, the concepts of SOGIE vary and evolve across culture and over time. Asia has a long history of culturally specific indigenous gender identities in different countries. Terms typically have meanings that combine aspects of both sexual orientation and gender identity or gender expression. Alongside local identities, there are communities mainly in urban areas whose identities correspond more closely with Western subcultures of lesbians, gay men, bisexuals, and transgender people.²¹ In any case, in a culture where there is little acceptance of sexual minorities, perjorative terms may be common. It is disrespectful to use such terms with other people, to bully them or even to make a joke. Everyone, regardless of their sexual orientation or identity, deserves to be treated kindly and due respect.

21 UNDP & ILO, *LGBTI People and Employment: Discrimination Based on Sexual Orientation, Gender Identity and Expression, and Intersex Status in China, the Philippines and Thailand* (Bangkok, 2018), https://www.asia-pacific.undp.org/content/rbap/en/home/library/democratic_governance/hiv_aids/lgbt-people-and-employment--discrimination-based-on-sexual-orie.html.

Unit 6.2 Love and Marriage



Content

This unit focuses on the importance of communication in relationships and in successful management of romantic partnership. Participants will find out how to talk about relationships and sexuality and what characteristics and responsibilities they seek in a perfect partner. By doing the different exercises they will realize that it is difficult to make dreams come true and to find somebody who is perfect. They will also learn that there can be many ups and downs in a relationship and that good communication between the partners is essential.



Key Messages

- Talking about relationships and sexuality can be difficult, but is often very useful.
- You may like to talk to different people about different things. There may be things you do not want to share, not even with your best friends. You do not have to feel guilty about it. It is your right to share only the things and thoughts that you want, unless the secrets have negative effects on people. For example, if you witness domestic violence or sexual harassment, it is important to talk about it with others and seek help.
- Everyone has his or her own feelings about what is important or not in a friendship or relationship. You need to find out for yourself what you want in a friendship or romantic relationship, and what characteristics you want your future partner to have. Everybody has good and bad characteristics. The ideal person does not exist, so you need to weigh advantages and disadvantages, such as do you want to marry a rich person who is mean, or a poor person whom you love.
- In a relationship it is important to talk about the expectations people have from each other to avoid misunderstandings. In a relation no person should ever force another person to do something the other person does not want to do.
- Both partners have responsibilities as well as rights. A good relationship needs 'mutual respect' and 'investments' of both partners to keep it equal and happy.
- The demands of partners in a relationship should be fair and just. A good relationship is based on an equal give and take by both partners, not one partner only giving and the other partner only taking.
- Love is not only about romance, but also about sharing good and bad things, sad and happy things.
- Nobody should force their partner or anybody else to condone domestic violence or sexual assault.



Exercises

- 6.2.1 Roundabout Talk
- 6.2.2 The Perfect Match
- 6.2.3 Relationship Management



Related Units

- 3.2 Values and Attitudes about Gender Roles
- 3.3 Making a Happy Family
- 4.1 Who's Doing What Work and Who Has a Say in the Family?
- 5.3 Making Friends
- 5.4 Social and Communication Skills
- 8.1 How to Say 'No' to Violence

Exercise 6.2.1 Roundabout Talk



Objectives

- To learn how to talk about relationships and sexuality, and with whom
- To know one's own values and attitudes about sexuality in order to adopt sexual behaviours that are consistent with them



Target Group

Teenagers and young adults



Duration

60 minutes



Seating Arrangements

Two circles with an equal number of chairs, one inside the other about 2 feet apart from each other. Place the chairs of the inner and outer circles facing each other.



Materials

At least 15 letter-size envelopes (1 envelope per 2 students)



Training Aid

6.2.1 A: List of Roundabout Questions



Session Plan Steps²²

1. Set up – 5 minutes
2. Roundabout questions and answers – 30 minutes
3. Discussion – 20 minutes
4. Round up – 5 minutes

²² Adapted from: *Voorlichten dat het een lust is...*, ideeënboek voor seksuele voorlichting by Rutgers Stichting (Den Haag: 1995), Exercise: Het Carrousselspel, pp. 48-50.

Preparation

- Prepare the envelopes with questions in advance according to the instructions in Training Aid 6.2.1 A.
- The group needs to have an even number of participants. If there is an odd number of participants, one of the trainers needs to pair up with one participant and join the game. Participants will need to be literate; for those with low literacy, trainers may assign 2-4 persons as 'secret readers' to help read the questions. One or 2 of the 'secret readers' should sit or walk around within the inner circle and the other(s) outside the outer circle (they will not play), so that participants can easily access them.

Step 1 Set up – 5 minutes

Explain that this session is about learning how to share information about yourself and your inner feelings with other people, and to decide what you want to share with others and what not.

- Divide the group into two mixed groups of people of both sexes and ask one group to sit down in the inner and the other in the outer circle. Each participant in the inner cycle will face another person in the outer cycle and persons facing one another will form a pair.
- Give each person sitting in the inner circle an envelope with questions.

Before starting the game explain the rules:

- In this game each pair will work together one-on-one, asking and answering questions from the envelope. Each envelope contains 10 questions.
- The person in the inner circle starts by taking one question to ask first. The question the person in the outer circle answers the question and then picks another question from the envelope to ask. Each pair continues to take turns asking and answering the questions until being told to stop.
- Everybody decides for him or herself what personal information or feelings to share and how many details s/he wants to tell. The answerer can pass (not answer the question), if s/he does not know the answer or does not want to discuss it. In these cases, the asker takes another question from the envelope.
- Every pair decides how long they talk about each question. This means that some pairs only talk about one question while others answer about 3 or 4 questions in each round.
- Put the questions back in the envelope before starting the next round. The envelope stays with the chair in the inner circle. The person in the outer circle moves to the next chair. In the next round, the person in the inner circle moves to the next chair, leaving the envelope on the chair.

Step 2 Roundabout questions and answers – 30 minutes

- After 5 minutes ask the persons in the outer circle to move one place to the right (or skip two places if each circle has more than 10 people). New pairs are now formed, and a new round of questions starts. Move the places again after 5 minutes. Play the game until the sixth round of questions is finished or the 30 minutes is up.

Step 3 Discussion – 20 minutes

Tell participants that we will now explore and discuss how far participants want to go when talking about subjects related to relationships and sexuality. Start a brief discussion with the following:

- What did you think of the game and the discussions with your partners?
- Which subjects were easy to talk about? Why?
- Which subjects were difficult to talk about? Why?
- Were there any differences between having a boy or a girl as partner? Did you discuss more or less? Whom do you trust to tell the most secret things in your life? Why?
- Whom do you not trust to tell personal things in your life? Why not?
- Who in real life would you want to talk to about relationships and sexuality?

Tell participants, they can come and see one of the trainers or one of their family or friends if they want to discuss any of the questions further.



Tip for Trainers

If there are available resources for counselling such as teachers, school counsellors, youth centers, or local health clinics, suggest them to participants.

Step 3 Round up – 5 minutes

Conclude with the following messages:

- Talking about relationships and sexuality can be difficult, but it is often very useful.
- It depends on the subject, to whom you like to talk and how many details you like to share.
- There are things you do not want to share, not even with your best friends. You do not have to feel guilty about that. It is your right to share only the things and thoughts that you want unless the secrets have negative effects on people. For example, if you witness or experience domestic violence or sexual abuse or harassment, it is important to talk about it with others and seek help.
- In many societies and families, boys and men are not encouraged to talk about their feelings. Girls and women are also often shy to talk about sex. It is important to seek information, share your feelings with somebody you trust.
- Somebody who makes sick jokes about something you value or who is disrespectful about the feelings of others is not a good friend.
- Finally, warn participants about talking to strangers about things that may allow unscrupulous people to take advantage of them.



Training Aid 6.2.1 A: List of Roundabout Questions

Guidelines: Make 5 photocopy of this training aid. Cut put them up into individual questions. Divide the 30 questions into 3 sets (questions 1-10; 11-20; 21-30). Put 10 questions into each envelope (write on the envelopes "1-10", "11-20", "21-30" to help ensure spreading out the questions evenly, i.e., not put the same sets next to each other). The number of envelopes needed is equal to the number of students divided by 2. Trainers can select, delete, change and make up new questions that are suitable for the target group.

- ✂ -----
1. How do you show someone that you are in love with him or her?
----- ✂ -----
2. How do you know you are in love?
----- ✂ -----
3. Do your parents or relatives tell you anything about sex? Like what to do or not to do?
----- ✂ -----
4. If your friend told you that s/he made love to someone without using any birth control method, what would you tell your friend?
----- ✂ -----
5. Does HIV and Aids frighten you?
----- ✂ -----
6. Which words do you use for your own sexual organs?
----- ✂ -----
7. What does the boy or girl in your fantasy look like?
----- ✂ -----
8. What do you do when your best friend has a boyfriend or girlfriend and doesn't have time for you anymore?
----- ✂ -----
9. Do you think you will sleep with someone you love before marriage or not?
----- ✂ -----
10. What should you do if your boyfriend/girlfriend want to have sex with you but you are not ready for it?
----- ✂ -----
11. If your best friend told you that s/he likes persons of the same sex, how would you react?
----- ✂ -----
12. Someone often looks at you and likes to touch you in a way that makes you feel uncomfortable. What should you do?

- ✂ -----
13. What do you think about people sharing sexy pictures of men/women or pornographic videos on the internet?
- ✂ -----
14. What is your definition of a best friend?
- ✂ -----
15. How would you end a relationship?
- ✂ -----
16. If your best friend is being abused by her/his lover, what would you do?
- ✂ -----
17. What do you think is romantic?
- ✂ -----
18. Do you ever touch yourself to feel good?
- ✂ -----
19. What type of information would you not even share with your best friend?
- ✂ -----
20. Will you send sexy pictures of yourself to someone you really fancy but have never met in real life?
- ✂ -----
21. What would you say to someone you are in love with?
- ✂ -----
22. Have you ever asked somebody you like very much for a date?
- ✂ -----
23. What do you do if your boyfriend/girlfriend wants to have sex without protection but you think it is not a wise thing to do?
- ✂ -----
24. What would you say when someone tells you that you are beautiful/handsome?
- ✂ -----
25. What would you say when someone from your own sex say that s/he has fallen in love with you?
- ✂ -----
26. What would you do when your boyfriend or girlfriend looks at other boys or girls?
- ✂ -----

----- ✂ -----

27. Whom would you ask if you want to know more about birth control?

----- ✂ -----

28. Have you ever had sex?

----- ✂ -----

29. What do you expect when you have sex with someone for the first time?

----- ✂ -----

30. Suppose you found out that you are gay or lesbian, whom would you tell first?

----- ✂ -----

Exercise 6.2.2 The Perfect Match



Objectives

- To find out what are the characteristics and responsibilities of an 'ideal partner'
- To identify what men and women consider important when they select their partner



Target Group

Youth and adults



Duration

75 minutes



Seating Arrangements

Group seating for 4 groups



Materials

- Flipchart paper
- Markers and 4 rolls of masking tape



Session Plan Steps²³

1. Draw an ideal partner – 20 minutes
2. Top 3 important things about the ideal partner - 5 minutes
3. Discuss expectations and realities about a partner – 45 minutes
4. Key takeaways – 5 minutes

²³ Adapted from: *Fledglings Manual*, by Nwe Nwe Aye & Aye Aye Tun (Save the Children: Myanmar, June 2000), Exercise: Dream Lover, p. 43.

Step 1 Draw an ideal partner – 20 minutes

Explain to the participants that they will explore what their 'ideal partner' looks like in this session. Divide the group in 4 groups: two groups with only boys/men and two groups with only girls/women. Give each group a sheet of flipchart paper and a set of markers. Ask them to draw a picture of their ideal partner and make a list of characteristics they would like their ideal partner to have on one side of their drawing. On the other side, they have to make a list of responsibilities they think the perfect partner should take in a relationship.

Step 2 Top 3 important things about the ideal partner – 5 minutes

Ask all groups to identify the top 3 most important characteristics and the top 3 most important responsibilities of their ideal partner by putting a red circle around the items on their top 3 lists.

Step 3 Discuss expectations and reality about a partner – 45 minutes

All groups have to present their drawing and the top 3 characteristics and responsibilities they hope to find in their ideal partner. The presentation should be brief, maximum 5 minutes per group. After all presentations, start a discussion in plenary using the following questions:

- What are the similarities between the ideal partners of the boys and the girls?
- Are there differences between the ideal partners of the boys and the girls? If yes, what are the main differences?
- Why do you think those differences exist?

Ask the girls to comment on the top 3 characteristics and responsibilities mentioned by the boys and the boys to comment on those mentioned by the girls on the following aspects:

- Which characteristics do you find unrealistic or unfair and why?
- Which responsibilities do you find unrealistic or unfair and why?
- Can you meet the requirements you have put in the top 3 of your 'ideal partner' yourself? How or why not?

In the discussion, make sure to address the following points:

- Boys and men tend to emphasize the physical appearance of their partner and/or their willingness to have sex. Girls and women often give priority to the personality and earning capacity or status of their partner. Both women and men often mention characteristics, such as loving, caring, honesty, etc. Responsibilities often reflect the existing gender norms, values and roles of men and women in society. Explain that differences between women and men are fine and can lead to a good relationship, if there is:
 - a 'give and take' between the two partners
 - respect for each other's opinions
 - a fair distribution of workload, decision making and income between the couple.
- Some people have unrealistic expectations when looking for a partner, for example, many girls/women search for the 'Prince on a White Horse'. This dream will never become true, because all men and women have strong and weak points.

- Boys and men like to gain sexual experience with girls and women but when it comes to marriage with an 'ideal' partner, they often want their new wife to be a virgin. This 'double standard' is a problem in many societies.
- Different expectations in a relationship can lead to misunderstandings and disappointments.
- Good communication between partners is needed to identify each other's expectations.

Step 4 Key takeaways – 5 minutes

Summarize the discussion and emphasize that:

- A perfect partner is difficult to find because every person has good characteristics and some shortcomings.
- It is smart to think about what characteristics are very important for you and whether your (future) partner has these characteristics.
- In a good relationship both men and women need to give and take, and respect one another.
- Both partners need to take responsibilities in a relationship. In a good relationship both partners talk about their expectations of the other person, and never force their partner to do something s/he does not want to do.
- Sexual relations require "consent" from both parties, meaning that each party is willing to engage in a sexual act and has a right to say "No" to what she or he does not wish to do at any stage of sexual relations. No one should be forced to engage in sex without consent.

Exercise 6.2.3 Relationship Management



Objectives

- To become aware that there can be many ups and downs in the relationship of a couple
- To learn how to handle conflicts in a relationship



Target Group

Youth and adults



Duration

60 minutes excluding Step 3

90 minutes including Step 3



Seating Arrangements

Group seating for 4 groups



Materials

- Cards with statements and events (see the list of examples in Training Aid 6.2.3 A)
- Flipchart paper and markers



Training Aid

6.2.3 A: A Couple's Events



Session Plan Steps

1. Group talk: Couple events – 15 minutes
2. Big discussion on couple events – 40 minutes
3. Repeat Steps 1 and 2 – (optional) 30 minutes
4. Key takeaways – 5 minutes

Preparation

Check the list of example events and common reactions of couples during their life (Training Aid 6.2.3 A). Select 5 that may give rise to common conflicts between couples in the communities of the target group. Replace or create new events and/or the couple's reactions as suitable for the target group and give the couple local names.

Step 1 Group talk: Couple events – 15 minutes

Explain that this exercise is about learning about the ups and downs in relationships of couples and how to deal with these, so that the relationship can be a happy one. Divide the group into 4 smaller groups and give each group a piece of flipchart paper and some markers. Explain that they have to imagine a couple that has been together for about 3 years. They are having happy and sad moments in the relationship as there are in all relationships.

Explain that each group will receive a statement of an important event that is happening to a couple and the reaction of the husband or the wife to this event. They need to discuss the situation of the couple and the reaction of the partner given on the statement, and then decide what will be the best reaction of the other partner. Ask them to think of a possible action or solution to solve the conflict. They can write this down on a flipchart or do a short role play. Encourage them to think of more than one possible solution to the problem.

Step 2 Big discussion on couple events – 40 minutes

Ask each group to present their event with the reactions of both husband and wife and the possible solution(s) they thought of. Discuss briefly the results of each group in plenary using the following questions:

- Are these types of conflicts common between couples? If no, what is different?
- What do you think of the outcomes of each role play?
- Do members of other groups like to add other solutions?
- Are there other possible actions or solutions besides the ones presented?

Step 3 Repeat Steps 1 and 2 – (optional) 30 minutes

Repeat Steps 1 and 2 with another set of statements.

Step 4 Key takeaways – 5 minutes

Summarize the discussion and emphasize that:

- Both partners have responsibilities and rights in a relationship.
- Never force your partner to do something s/he does not want.
- For a relationship and a marriage to be happy, healthy and equal, both partners need to respect one another, invest and continue to work at it.
- Your demands in a relationship should be fair and not one-sided: you cannot only take but also need to give. It takes two people to make a happy relationship.
- Love is not only about romance, but also about sharing good and bad things, sad and happy things and solving conflicts and problems that come in your way.
- Nobody should force their partner or anybody else to condone domestic violence or sexual violence.
- People who propose that a rapist marry the victim of the rape are misinformed and insensitive. Usually such proposals come from family members who do not want to lose face, and do not respect the feelings of the victim. Rape is a criminal offense.



Training Aid 6.2.3 A: A Couple's Events

Guidelines: The following events have to be distributed in Step 1. Photocopy the page and cut it into separate pieces. Select a different event for each group. Change statements and events according to the local situation, and replace the words husband and wife with common names from the area.

----- ✂ -----

Event 1: Birth of a daughter.
Husband's reaction: Sad and disappointed.

----- ✂ -----

Event 2: Husband: "I am seeing someone else (have another girlfriend) but we will stay married."
Wife's reaction: Wants a divorce and is very angry.

----- ✂ -----

Event 3: Wife from a poor family has won a price in a lottery.
Husband's reaction: Wants to buy a big screen TV.

----- ✂ -----

Event 4: A child is sick but husband does not help with taking care of the child.
Wife's reaction: Refuses to do things for her husband because he does not help her.

----- ✂ -----

Event 5: Husband is losing his job.
Husband's reaction: Feeling depressed, very worried for the future.

----- ✂ -----

Event 6: Mother-in-law is interfering in all family matters. She keeps on telling what the wife has to do everyday.
Wife's reaction: Asks her husband to talk to his mother.

----- ✂ -----

Event 7: Wife is always short of money.
Husband's reaction: Refuses to give her money.

----- ✂ -----

Event 8: Wife tells her husband she does not want to get pregnant again after two children and wants husband to have a vasectomy.
Husband's reaction: Angrily disagreeing, saying he will not let his manhood deminished.

----- ✂ -----

----- ✂ -----

Event 9: Wife wants to start working again to earn her own income.

Husband's reaction: He does not agree because he thinks it is not necessary.

----- ✂ -----

Event 10: The couple find out that their daughter has been raped by a the husband's cousin. The wife wants to report the rape to the police.

Husband's reaction: He forbids the report of the rape to the police. He says he will deal with his cousin himself, maybe make him marry their daughter but does not want him punished.

----- ✂ -----

Unit 6.3 Safe Sex



Content

The main aim of this unit is to help youth as well as adults to become aware of the risks of engaging in sexual activities. They will learn that risks can be reduced significantly by being 'smart' and protecting themselves by taking appropriate precautions and practicing safe and responsible sexual behaviour. They will also learn about different methods of birth control and their different levels of effectiveness.



Key Messages

- Sexual pleasure comes with responsibility for oneself and one's partner's health and well-being.
- Safe sex minimizes the risks of getting sexually transmitted infections and having an unwanted pregnancy.
- Certain risks in sexual activities are unavoidable and can only be prevented by playing safe. Risks can be reduced significantly by changing behaviour.
- Condoms are the safest way, if used correctly, because they protect against sexually transmitted infections (STIs) and pregnancy.
- Birth control is not just a responsibility of women but the responsibility of both a man and a woman every time they have sex. Both are responsible that it happens in a safe way.
- Safe sex is not only about having sexual intercourse. Touching, hugging or kissing, for example, are safe activities.
- It is important for children and youth to have sexual education and understand what is responsible and/or consensual sexual behaviour, not only to protect themselves from STIs and unwanted pregnancy but also from potential sexual violence. They must be confident to say "No" to any sexual act that they don't want to engage in, whether it is done to them by their boyfriend/girlfriend, family members, relatives neighbours, friends, teachers or strangers.



Exercises

- 6.3.1 Risks of Sexual Behaviours
- 6.3.2 Birth Control Methods



Related Units

- 6.1 Changes and Sexuality
- 6.4 Teenage Pregnancy
- 7.1 Planning a Family
- 7.3 What Are STIs and HIV and Aids?

Exercise 6.3.1 Risks of Sexual Behaviours



Objectives

- To become aware of the risks of engaging in sexual activities
- To identify ways to reduce risks through behavioural change



Target Group

Youth and adults



Duration

60 minutes



Seating Arrangements

Group seating of 4 persons for group work and U-shape or semi-circle seating for plenary



Materials

- One set of Risky Business Events (Training Aid 6.3.1 A) for each group
- Flipchart paper, markers and masking tape



Training Aids

6.0.1 A: Risk Cards

6.0.2 B: Risk Evaluation Sheet



Session Plan Steps

1. Defining 'risk' – 5 minutes
2. Group work: Rank risky behaviours – 20-25 minutes
3. Compare risk rankings – 10-15 minutes
4. Dispel myths – 10-15 minutes
5. Key takeaways – 5 minutes

Step 1 Defining ‘risk’ – 5 minutes

Tell students that this session is about learning the risks involved in sexual activities: how to identify risks and avoid risky situations. Ask:

- What does it mean by ‘risk’ related to sexual activities?
- Get some responses from students and explain that we are going to focus on health-related risks. These are:
 - **Getting pregnant**
 - **Getting sexually transmitted infections (STIs)**
 - **Getting HIV**
- Explain that there are ways to prevent and reduce these risks, which is the aim of the exercise.

Step 2 Group work: Rank risky behaviours – 20-25 minutes

Tell participants that they are going to rank the risks on three levels, from low to very high:

- (1) Not at all risky
- (2) Could be risky or moderately risky
- (3) Very risky

Participants will work on ranking the activities into 3 groups for each of the risks mentioned (pregnancy, STIs, HIV). Write on the following table as an example on the board:

Activity	Risk for Pregnancy	Risk for STIs	Risk for HIV	Other risks
Smooching someone on the cheeks	(1)	(1)	(1)	
Having sex without condoms	(3)	(3)	(3)	
...				

- Divide the class into small groups of maximum 4 persons.
- Give each group a set of risk cards (Training Aid 6.3.1 A) and a sheet of flipchart paper.
- Ask students to work small groups, discuss each behaviour on the cards and put them in the table as in the example. They are can draw the table on the flipchart.
- They have 20-25 minutes to work on the assignment.

Step 2 Compare risk rankings – 10-15 minutes

Ask all groups to hang their flipchart with the rankings at a place where everyone can easily see them. Ask students to walk around to look at the rankings by other groups for a few minutes, then start a class discussion with the following questions:

- Which sexual activities every group agreed to be ‘not at all risky’ (1)?
- Which sexual activities every group agreed to be ‘very risky’ (3)?
- Are there any differences in the rankings of different groups?

- Identify some of the common rankings in each of the three categories.
- Pick some of the activities that get different rankings from different groups and discuss the reason from the groups.
- Explain that it is difficult to make one ranking that is the same for all. People may disagree on what 'could be risky' because people have different personal feelings and attitudes. The level of the risk can also depend on the situation or how people interpret the situation, for example, some people may think 'getting naked with each other' is 'very risky', while others few that the high risk only comes with sexual intercourse without a condom. Generally, however, most people can agree on the distinction what's 'not at all risky' category and what's 'very risky'. For example, falling in love or buying condoms are not at all risky, while having sexual intercourse without a condom or having sexual intercourse for the first time are 'very risky'. (See Training Aid 3.2 B: Risk Evaluation Sheet.)
- Ask students:
 - Out of the risk cards which situations would you never let yourself into? Why not?
 - Are you surprised by the level of risk in any situation? Which situations?
 - What can be the consequence of taking certain risks?
 - What are other possible risks besides getting pregnant, STIs or HIV? (*Sexual violence in some risky situations when alcohol or drug is involved.*)
 - What can you do to reduce the risks to a minimum? (*Avoid sexual intercourse, always use condoms when having sex, and avoid using drug or alcohol or being with people using drug or alcohol.*)
 - When any of these activities (smooching, sex with condoms, sex without condoms) are not acceptable?

Step 3 Dispel myths – 10-15 minutes

Ask participants if they have heard other stories in their community, at school or at work on how to have safe sex. Participants will most possibly list common beliefs such as: the first time people have sex, the girl/woman cannot become pregnant; a virgin cannot become pregnant; young girls who had their menstruation cannot become pregnant; special herb drinks, potions or amulets protect against pregnancy; having sex with a virgin cures sexually transmitted diseases such as HIV and Aids.

Discuss these stories and mention that they are all myths that are not based on scientific facts and evidence. The main risks are:

- Girls/women can get pregnant when they have sexual intercourse without using a birth control method.
- Both girls and boys can get infected with a sexually transmitted disease when the other person is infected with such a disease and they have sex without using a condom.



Tip for Trainers

Make sure to identify the ‘very risky’ situations that everyone should agree on, and ways to reduce risks as mentioned above. Also, if there are prevalent myths in the community such as a virgin cannot become pregnant or having sex with a child can cure sexually transmitted diseases, some magic potion or talisman can protect a man from sexual harm, etc., make sure to discuss and dispel these myths. Explain that such myths are not based on scientific facts or evidence and can put girls and women at risk of pregnancy, and everybody of STIs and HIV.

Step 4 Key takeaways – 5 minutes

Conclude the exercise by emphasizing the following points:

- Responsible sexual behaviour starts with being informed about risks of unsafe sexual activities. Certain risks when having sex are unavoidable but you can reduce the risks significantly through correct behaviour: use a condom when you have sex with someone.
- Having sex without taking appropriate precautions always means that the girl/woman runs the risk of becoming pregnant and both partners are exposed to sexually transmitted infections (STIs).

End with the definition of ‘safe sex’:

- Safe sex is minimizing the risks of getting sexually transmitted infections and having unwanted pregnancy by using appropriate protection.
- Safe sex is not only about having sexual intercourse. Touching, hugging or kissing, for example, are ways to explore each other and are safe activities.
- Safe sex requires consent. Unwanted hugs, kisses, or intercourses are harmful.
- It is important for children and youth to have sexual education and understand what is responsible sexual behaviour, not only to protect themselves from STIs and unwanted pregnancy but also from potential sexual violence. Children and youth must be confident to say “No” to any act they are not comfortable with.



Training Aid 6.3.1 A: Risk Cards

Guideline: Photocopy one set for each group.

Smooching someone's cheeks	Having sexual intercourse without a condom	Touching yourself
Stroking someone's knee	Deep kissing with tongues	Falling in love
Kissing on the lips	Whispering something sexy into someone's ear	Sending a sexy picture of yourself to someone
'Sexting' or Having phone sex	Watching movies together	Having sex with a man promising to withdraw before ejaculation
Having sex after drinking a lot of alcohol	Rubbing genitals together naked	Buying condoms in the drugstore around the corner
Forgetting to take a birth control pill	Wearing two condoms when having sex	Telling your friend to drink so s/he will have courage to talk to his/her crush
Drinking with older boys and girls	Having sexual intercourse for the first time	Touching and kissing each other with clothes on
Holding hands	Trying a drug your friend told you to make you feel confident	Going home with someone you just met after drinking together



Training Aid 6.3.1 B: Risk Evaluation Sheet

Guideline: Use this sheet as reference for the discussion in Step 3.

Activity	Risk for Pregnancy	Risk for STIs	Risk for HIV	Other risks
Smooching someone's cheek	Not at all risky	Not at all risky	Not at all risky	--
Stroking someone's knee	Not at all risky	Not at all risky	Not at all risky	--
Whispering something sexy in someone's ear	Not at all risky	Not at all risky	Not at all risky	--
Falling in love	Not at all risky	Not at all risky	Not at all risky	--
Holding hands	Not at all risky	Not at all risky	Not at all risky	--
Touching yourself	Not at all risky	Not at all risky	Not at all risky	--
Kissing on the lips	Not at all risky	Not at all risky	Not at all risky	--
Watching a movie together	Not at all risky	Not at all risky	Not at all risky	--
Deep kissing with tongues	Not at all risky	Could be moderately risky if there are cuts in both person's mouths		<i>Could lead to sexual activity – risky if there is no condom</i>
Sending a sexy picture of yourself to someone	Not at all risky	Not at all risky	Not at all risky	<i>Picture could get circulated to other people</i>
Sending sexy text messages or having a phone sex	Not at all risky	Not at all risky	Not at all risky	<i>Messages or videos could get circulated to other people</i>
Touching and kissing each other with clothes on	Not at all risky*	Not at all risky*	Not at all risky*	<i>As long as sexual intercourse does not happen</i>
Telling your friend to drink so that s/he will have courage to talk to his/her crush	Could be risky	Could be risky	Could be risky	<i>Being drunk could make you take unnecessary risks; You could become addicted to alcohol</i>
Drinking with older boys and girls	Could be risky	Could be risky	Could be risky	<i>You could be forced to drink and get drunk, or to have unsafe sex, even against your will</i>
Trying a drug because your friend told you it would make you feel confident	Could be risky	Could be risky	Could be risky	<i>Being under influence of drug could make you take unnecessary risks; You could become addicted to alcohol</i>

Going home with someone you just met after drinking together	Could be risky	Could be risky	Could be risky	<i>Being under influence of alcohol could make you take an unwise decision; the new friend could rob, rape or assault you</i>
Rubbing genitals together naked	Moderately risky if ejaculation happens on or near vagina	Moderately risky	Very risky	<i>Could easily lead to sexual intercourse; very risky if there is no condom</i>
Having sexual intercourse without a condom	Very risky if no contraceptive either	Very risky	Very risky	--
Having sexual intercourse for the first time	Very risky if no condom or other contraceptive either	Very risky if no condom	Very risky if no condom	--
Having sex after drinking a lot of alcohol	Very risky if no condom or other contraceptive either	Very risky if no condom	Very risky if no condom	<i>Could also face sexual or other violence if sexual partner is drunk or unscrupulous; if very drunk, could be easily taken advantage of, e.g., be taken pictures or videos during sex without knowing</i>
Having sex with a man promising to withdraw before ejaculation	Moderately risky if ejaculated on or near vagina; very risky if the man cannot withdraw before ejaculation	Very risky	Very risky	--
Buying condoms from a drug store	Not at all risky	Not at all risky	Not at all risky	--
Wearing two condoms when having sex	Could be very risky*	Could be very risky*	Could be very risky*	<i>*Gives false sense of security, while in fact condoms have a chance of breaking and semen could leak, resulting in no protection</i>
Forgetting to take a birth control pill	Moderately risky if forgot during days of ovulation	Very risky*	Very risky*	<i>*Birth control pills provide no protection against STIs and HIV</i>

Exercise 6.3.2 Contraception



Objectives

- To become aware of modern contraceptive methods and dispel common misconceptions about them
- To identify benefits and risks of different contraceptive methods, their effectiveness and appropriate use, and where to access them
- To understand that the prevention of pregnancy and STIs is a joint responsibility of both parties in the relationship



Target Group

Youth and adults



Duration

60-90 minutes



Seating Arrangements

Group seating for groups of 5 people with enough space for group work



Materials

- At least 3 pieces of the Family Planning and Contraception posters (Training Aid 6.3.2 A)
- Some samples of real contraceptives: condoms, strips of pills, etc.
- Additional posters or leaflets about the birth control methods for distribution, if any
- Some samples of birth control methods: condoms, strips of pills, etc.
- For each group:
 - One copy of Training Aid 6.3.2 B: Lay-out for Poster
 - Flipchart paper to make a poster for each group
 - Markers in different colors and glue or masking tape
- For each student: Training Aid 6.3.2 C: Birth Control Methods



Training Aids

6.3.2 A: Family Planning and Contraception Poster

6.3.2 B: Lay-out for Poster

6.3.2 C: Contraceptive Methods



Session Plan Steps

1. Make birth control methods – jigsaw puzzle and poster making– 20-30 minutes
2. Present birth control methods – 30-50 minutes
3. Round up - 10 minutes

Preparation

Before doing this exercise, visit a local family planning centre or some organizations working in the field of birth control to get as much information as possible about the different birth control methods. Buy some condoms to show and, if possible, get samples of other birth control methods as well. To make the session livelier, invite a reproductive health worker who can help with answering questions from participants, and drawing conclusions and key messages at the end of the session.

Cut up a poster on contraceptive methods (Training Aid 6.3.2 A) into 24 pieces of jigsaw for use in Step 1. Cover the main methods in Training Aid 6.3.2 A first (male condom, pill, injection, intrauterine device (IUD), female and male sterilization), then discuss additional modern methods listed in Training Aid 6.3.2 B (implant, emergency pill, natural method (calendar), and early withdrawal).

Step 1 Birth control methods – jigsaw puzzle & poster making – 20-30 minutes

Introduce the subject of this session: contraception. Explain that participants will get to know many birth control methods, the advantages and disadvantages as well as the effectiveness of different methods.

- Ask participants to choose one piece of jigsaw cut from the prepared posters, then tell them to find 3 other people who have the pieces to make a set of the same contraceptive method. Each set will comprise:
 - picture of the contraception
 - name of the contraception
 - information about how the contraception works and its effectiveness
 - picture of how to use the contraception
- Once participants form all sets of 4, ask them to sit together.
- Ask each group to call out the name of their contraception method one at a time, so that everyone can hear the name of all 6 methods: male condom, birth control pill, injection, IUD, female sterilization (tubal ligation), and male sterilization (vasectomy).

- Then, show and distribute each group a copy of Training Aid 6.3.2 B: Lay-out for Poster.
- Explain that each group will work together to make a poster on one method, filling in information as designed in the lay-out example. Besides the information each group already has, they will add information on advantages of disadvantages of the method, and how much it costs and where to get it.
- Give each group a sheet of flipchart paper, markers and glue, or masking tape.
- Each group should present the information in an attractive and creative way.



Tip for Trainers

Tell participants that there are additional materials about contraceptive methods. Give them a copy of Training Aid 6.3.2 C and any brochures or leaflets available. Participants can ask the guest speaker/resource person or other participants who might know or look it up on the internet.

Step 2 Present birth control methods – 30-50 minutes

Each group has to present their information within 5 minutes in plenary. Correct them or add things if the information is not sufficient. Hang all posters in the training room so people can have a look at them later on.

After all presentations start a brief discussion using the following questions:

- Did you know about these types of birth control methods? If not, which were new to you?
- Which methods are common in your community?
- Which methods are appropriate for married couples who want to stop having children?
- Which methods are appropriate for couples who want to space children?
- Which methods are appropriate for unmarried couples who do not want children yet?
- Are safe birth control methods available and affordable for couples and for youth?
- What method would you use, and why?
- Who needs to take care of birth control measures and why?



Tip for Trainers

If the session is planned for 90 minutes, invite the resource person to provide information and demonstrate how to use each method correctly, especially male condoms (participants should also be encouraged to try). Have a free discussion on common issues and misconceptions about contraception in the local community.

Introduce and discuss additional methods not presented by participants, including the not-so-effective 'natural' (calendar) method and early withdrawal. Discuss also about implant, emergency pill, and unsafe abortion. Make sure to mention the costs for different methods and where participants can access affordable contraception. Discuss appropriate methods for young single people and for married couples.

There is a common tendency to place the burden of birth control on women. It is important to stress that birth control is a responsibility of men also. Unsafe abortion should be avoided. Safe abortion, if it must be done, can be performed by doctors. Additionally, the 'emergency pill' (popular among young women) is not meant to be used regularly but only in 'emergency' situations, particularly in cases of unprotected sex or rape. Emergency pills are effective against getting pregnant if taken within a day or two after unprotected sex or rape. However, it has side effects such as nausea, headaches, and vomiting, among others, and it does not protect against sexually transmitted diseases and infections.

Step 3 Round up – 10 minutes

Check participants' understanding about different methods of contraception with the following true or false statements.

- 1) Condom is the most reliable method against pregnancy. (**False** – 86% effectiveness for typical use is not so reliable as pill, injection, IUD and implant which have 95-99% effectiveness.)
- 2) Condom is the only method that can protect against both pregnancy and STIs. (**True** – And there are condoms for both women and men but male condoms are easier to use and slightly more effective.)
- 3) Birth control pills cause cancer. (**False** – In fact, studies have shown it actually reduces the risks of ovarian, uterus and colon cancer, although there may be a slight increased risk for breast cancer.)
- 4) Pills can cause infertility. (**False** – Except sterilization, fertility can return to normal for most contraceptive methods. However, infertility can result from unsafe abortion that damaged a woman's reproductive organs.)
- 5) No contraceptive method is 100% effective. (**True** – The only way to ensure no pregnancy is to have no sex.)

Conclude by explaining that:

- **Birth control is not just a responsibility of women, but the responsibility of both a man and a woman every time they have sex.** Both are responsible that it happens in a safe and consensual way.
- **Different birth control methods have different levels of effectiveness, may serve different purposes and have different ways of using.** Many prevent only pregnancy, and not STIs. Some are permanent, some work for several years or months, but some have to be taken every day or used every time having sex.
- **Obtain information about the birth control method you decide to use, so that you can use it correctly and effectively, and for the right purpose.**
- **The natural method (calendar) and (early) withdrawal are not very safe.** These methods were used by the older generations when the new methods were not yet available. Some young people still use these methods, because they lack knowledge or money or do not know how to obtain the more reliable birth control methods. In such cases: Do not have sexual intercourse.
- **Male condoms are the cheapest and safest contraception if used correctly. They protect against both pregnancy and sexually transmitted infections (STIs).** Some boys/men do not want to use condoms because they feel it diminishes their pleasure. This is very dangerous for their sexual partners, especially girls/women.

- **Girls and women should always negotiate and insist on condom use before having sex.** Do not give in, as it is you who will have to live with the consequences. Try to get the emergency pill, if you had unprotected sex, and find a way not to get into such a situation again.
- **Emergency pill can be used in case of emergency but should not be used regularly.**
- Safe sex is not only about just using a birth control method for sexual intercourse. Having sex without penetration (such as touching, hugging and kissing) can also be a good way to have safe sex, especially for young people who are not ready to start a family.



Training Aid 6.3.2 A: Family Planning and Contraception Poster

Guideline: Cut up each contraceptive method into 3 jigsaw pieces to be distributed to participants in Step 1.



ЖИРЭМСЭЛТЭЭС ХАМГААЛАХ ЭМ, ХЭРЭГСЛИЙН АРГУУД



СУУЛГАЦ 99 хувь хамгаална. Нөхөн үржихүйн насны эмэгтэйчүүдийн 1.0 хувь норплант суулгацыг хэрэглэж байна.

99%



ЕРӨНДӨГ 99 хувь хамгаална. Нөхөн үржихүйн насны эмэгтэйчүүдийн 25.8 хувь нь ерондог хэрэглэж байна.

99%



ТАРНА нь 94-99 хувь хамгаална. Нөхөн үржихүйн насны эмэгтэйчүүдийн 11.1 хувь нь хэрэглэж байна.

94% – 99%



БЭЛДМЭЛ /эм / нь 91-99 хувь хамгаална. Нөхөн үржихүйн насны эмэгтэйчүүдийн 20.1 хувь нь хэрэглэж байна.

91% – 99%



ЭРЭГТЭЙ БЭЛГЭВЧ нь 82-98 хувь хамгаална. Нөхөн үржихүйн насны эмэгтэйчүүдийн 30.6 хувь нь хэрэглэж байна.

82% – 98%



ҮРИЙН ХООЛОЙ боох нь 100 хувь хамгаална. Нөхөн үржихүйн насны эмэгтэйчүүдийн 1.6 хувь нь хэрэглэж байна.

100%

Иймд жирэмслэхээс хамгаалах эм хэрэгслийг сонгон хэрэглэхдээ эмчийн заавар зөвлөгөөний дагуу сонгон хэрэглэнэ үү.

Жилд жирэмслэхээс хамгаалах арга хэрэгслийг хэрэглээгүй 100 эмэгтэй тутмын 85 нь жирэмслэж байна.





Эх сурвалж: Эрүүл мэндийн үзүүлэлт, 2014 он



Training Aid 6.3.2 B: Lay-out for Poster

Guidelines: Prepare one flipchart paper for each group with the following headings:

Name of contraceptive method:	
Picture or drawing:	
Effectiveness:	How to use it:
Advantages:	Disadvantages:
Where to buy/get it:	Costs:



Training Aid 6.3.2 C: Contraceptive Methods

Method	How to use it	Effectiveness	Advantages	Disadvantages	Remarks
Male condom	Put it over an erect penis before sexual intercourse	Typical use: 86% effective Perfect use: 97%	<ul style="list-style-type: none"> Widely available Cheap Prevents STIs as well as pregnancy Pleasurable for both partners 	<ul style="list-style-type: none"> May slip off or rip if wrong size used Need to withdraw immediately after ejaculation before the penis goes soft Some users may experience allergy 	<ul style="list-style-type: none"> Come in different shapes and sizes Must be put on before penis touches woman's genital area
Birth control pill	21 or 28 pills (only 21 pills contain hormones); taken orally daily starting from the first day of menstrual period	Typical use: 95% Perfect use: 99%	<ul style="list-style-type: none"> Makes periods regular, lighter, and less painful Reduces risks of ovarian, uterus and colon cancer Fertility returns to normal quickly when stopped 	<ul style="list-style-type: none"> Not suitable for obese smokers aged over 35 Low risks of serious side effects: blood clots, breast and cervical cancer Possible side effects: headache, nausea, mood change, fatigue, weight gain Does not protect against STIs 	<ul style="list-style-type: none"> Not effective immediately, so recommended use with condoms Possible bleeding or spotting in the first few months of use Less effective due to 'missing pill', vomiting or diarrhea Effectiveness reduced by some medication
Injection	Injected into arm or buttock every 2-3 months	99%	<ul style="list-style-type: none"> Last for up to 2 months (Noristerat) or 3 months (Depo-Provera) Can be used during breastfeeding Not affected by any medication 	<ul style="list-style-type: none"> Periods may stop or become irregular Fertility takes longer to return Some women gain weight Does not protect against STIs 	<ul style="list-style-type: none"> Since injection cannot be reversed, any side effects will last as long as the period of injection
Intrauterine device (IUD)	Inserted into the uterus by a trained medical professional	99% *99.99% as emergency contraception if used within 120 hours (5 days) after unprotected sex	<ul style="list-style-type: none"> Works immediately Lasts 3-12 years Can be removed at any time Fertility returns to normal quickly Not affected by any medication 	<ul style="list-style-type: none"> Insertion may be uncomfortable Periods may be heavier, longer or more painful Very small chance of infection in the first 20 day Does not protect against STIs 	<ul style="list-style-type: none"> If used after age 40, it can stay in until menopause User needs to be trained to check if the IUD is still in place

Method	How to use it	Effectiveness	Advantages	Disadvantages	Remarks
Female sterilization (tubal ligation)	Surgical procedure performed by qualified medical professionals	Almost 100 %	<ul style="list-style-type: none"> • Works permanently so no more worries about pregnancy • Periods are unaffected 	<ul style="list-style-type: none"> • All operations carry some risks but risk of serious complication is low • Small risk of ectopic pregnancy if sterilization fails • Does not protect against STIs 	<ul style="list-style-type: none"> • Because this method is permanent, a careful consideration should be made before making a decision • May experience some discomfort after sterilization; rest required
Male sterilization (vasectomy)	Surgical procedure performed by qualified medical professionals	Almost 100 %	<ul style="list-style-type: none"> • Works permanently so no more worries about pregnancy • Usually performed under a local anesthetic 	<ul style="list-style-type: none"> • Takes up to 8 weeks to confirm no sperm in semen • Some men may experience testicle pain but this is uncommon • Does not protect against STIs 	<ul style="list-style-type: none"> • Because this method is permanent, a careful consideration should be made before making a decision • May experience some discomfort after sterilization; rest required
Birth control implant	Implanted under the skin of an upper arm by trained medical professional	99%	<ul style="list-style-type: none"> • Convenient and private • Lasts up to 4 years • Periods become lighter or stop after a year of use • Can be removed at any time • Fertility returns to normal quickly 	<ul style="list-style-type: none"> • Irregular bleeding or spotting in the first 6-12 months • Some women get heavier and longer periods • Rare side effects: headaches, breast pain, nausea, weight gain, ovarian cysts • Does not protect against STIs 	<ul style="list-style-type: none"> • Has become a popular contraception of choice among young women • In rare cases, bruising or infection may occur where the implant was inserted
Emergency pill	Take it orally as soon as possible after unprotected sex or rape (within 120 hours or 5 days)	95% within 24 hours 85% within 24-48 hours 58% within 48-72 hours	<ul style="list-style-type: none"> • Practical and effective emergency option • Available without prescription • Does not cause abortion • Does not cause birth defects if pregnancy occurs • Does not cause infertility 	<ul style="list-style-type: none"> • Does not work if a woman is already pregnant • Possible side effects: nausea • Can affect menstrual cycle • Does not protect against STIs 	<ul style="list-style-type: none"> • Not suitable for regular use • Can be used if a woman is worried about pregnancy, after: <ul style="list-style-type: none"> - being raped - having unprotected sex - condom broke or slipped off - man failed to withdraw • A woman missed 3 or more contraceptive pills

Method	How to use it	Effectiveness	Advantages	Disadvantages	Remarks
Safe abortion	Procedure performed by doctors at a certified hospital or medical center	100% if done by a doctor *Abortion should be performed safely by doctors or certified medical staff only	<ul style="list-style-type: none"> No pregnancy May be the last resort if a woman was raped, or the pregnancy puts a woman's life at risk Safe abortion by a doctor does not lead to future infertility 	<ul style="list-style-type: none"> Possible feelings of guilt Maybe socially unacceptable 	<ul style="list-style-type: none"> Unsafe abortions are done by inserting unsafe, outdated or unhygienic instruments into the womb. These methods are risky, dangerous and can be life-threatening or damage reproductive organs leading to future infertility. Unsafe abortions should be avoided.
Female condom	Inserted inside the vagina with the inner ring fitting behind the pubic bone and the outer ring remaining outside covering the vagina and part of the vulva; the penis is inserted into the pouch; the female condom can also be used in the anus for anal sex	Typical use: 79% Perfect use: 95%	<ul style="list-style-type: none"> Gives women an option to protect themselves Can be inserted before the start of sex until finished Protects against genital warts and genital herpes 	<ul style="list-style-type: none"> Difficult to use compared to male condom Pregnancy may occur due to incorrect use Some women find the inner ring uncomfortable Some people do not like the sound made with female condom during sex 	<ul style="list-style-type: none"> Female condom is <u>not</u> to be used together with the male condom since each type of condom is designed to be used on its own.

Source: UNFPA, Comprehensive Sexuality Education (CSE) for Technical and Vocational Education Training (TVET), Lao PDR, 2019.

Unit 6.4 Teenage Pregnancy



Content

In this unit the main focus is on the challenges faced by young people, especially young women, but also men when they engage in sexual relations and become parents at a young age. It offers some effective strategies to prevent unintended pregnancy by helping them to think critically about real-life consequences of such an event. Participants will be asked to imagine the impact of early parenthood on their lives and realize that their lives will change enormously if they have a baby before they are ready.



Key Messages

- Unprotected sex that results in having a baby has an enormous impact on one's life.
- A girl's or woman's choice to prevent pregnancy need to be respected.
- Protection against pregnancy is not just a woman's responsibility but also her partner's.
- Girls will suffer a lot as they are faced with the consequences. Often they are not allowed to continue their education or training. It is difficult to have to start earning money at a young age without proper qualifications. The father of the child or the teenage mother's (or father's) parents may not want to share responsibility for bringing up the child.
- Boys and men need to respect the choice of girls and women if they do not want to have sex, or only want to have sex with a condom, to prevent pregnancy,
- Having a baby is life-changing and comes with many responsibilities.
- Young women who become pregnant before marriage are often discriminated against. The community blames them, even if it takes two to make a baby.
- Be well informed about birth control methods and use them to avoid becoming a parent at a young age.



Exercises

- 6.4.1 Negotiating Contraceptive Options
- 6.4.2 My Life and a Baby
- 6.4.3 Being a Young Parent



Related Units

- 6.3 Safe Sex
- 6.2 Love and Marriage
- 7.1 Planning a Family
- 7.2 How to Have a Healthy Baby

Exercise 6.4.1 Negotiating Contraceptive Options



Objectives

- To develop skills to communicate contraceptive needs and negotiate condom use with sexual partner
- To respect the choice of girls/women who want to prevent a pregnancy



Target Group

Youth



Duration

45-60 minutes



Seating Arrangements

Group seating for 6 small groups



Materials

- 6 photocopies of Training Aid 6.4.1 A



Training Aid

6.4.1 A: Case for Negotiation



Session Plan Steps

1. Group work: Preparing for Negotiation – 20 minutes
2. Negotiation – 20-30 minutes
3. Round up – 5-10 minutes

Step 1 Group work: Preparing for negotiation – 20-25 minutes

- Introduce briefly that in this session participants will learn how to negotiate for or against a contraceptive option (pill or condom) on behalf of a young couple who are thinking about having sex but cannot agree which contraception to use.

- Explain that participants will work in 6 small groups.
- Divide the class into 6 teams of mixed genders and ask them to sit together as a group in different corners of the room. Explain that each group is given a specific assignment, and they should read the case and the group work instruction carefully.
- Give each team one copy of their assignment (Training Aid 6.4.1 A) to read and start on their group work.
- Walk around to make sure every team understands what they need to do.
- Give the teams 20 minutes to work on their assignment.

Step 2 Negotiation – 20-25 minutes

Reorganize the classroom.

- Set 2 tables facing each other (about 2 meters apart) at the front of the class. Place Table 3 against the wall in between Table 1 and Table 2, but not too close.
- Invite the lead negotiator of each group to sit in their respective seats as follows:
 - Teams 1 & 2 at Table 1
 - Teams 3 & 4 at Table 2
 - Teams 5 & 6 at Table 3
- Introduce the people at the tables: Table 1 will negotiate as Bolor, Table 2 will negotiate as Bat, and Table 3 are people who Bolor and Bat can ask for advice.

Start the negotiation by explaining the rules:

- While a person on each team makes an argument everyone else must listen respectfully.
- That the negotiators must speak within the given time limits.
- Team members in the audience can speak when the negotiators specifically ask for supporting arguments.

ROUND 1:

- Start by asking the first Bolor negotiator to make an argument first why Bat should use condoms in two minutes.
- Then ask Bat negotiator to respond with counter-argument why Bat should not use condoms in two minutes.

ROUND 2:

- Invite the second Bat negotiator to make an argument for why Bolor should go on the pill for two minutes.
- Then invite the second Bolor negotiator to respond with counter-argument why Bolor should not go on the pill for two minutes.

ROUND 3:

- Each team can now ask for supporting arguments from their team members or for advice from Team 3.
- Team 1 will go first for two minutes, then Team 2 for two minutes.

ROUND 4 (final round):

- The lead negotiator of Team 1 and Team 2 will make a concluding argument for their side in one minute.
- Team 3 will give their final advice for the couple in one minute also.

Ask the class what they think of the arguments and the advice.



Tip for Trainers

The key point is that contraception a responsibility of both parties. Bat should use condoms which are effective protection against both pregnancy and STIs and HIV, while Bolor can also take the pill which can protect her from unintended pregnancy in the case that Bat does not use condoms correctly or they break. Using both conceptions both the couple will be well protected.

Step 3 Round up – 5-10 minutes

Encourage students to share what they have learned in this session.

Conclude with the key messages:

- **Protection against pregnancy is not just women's responsibility.**
- **Each partner has equal responsibility in protecting against pregnancy and STIs.**
- Some men do not want to use condoms, but this is very dangerous for their sexual partners, especially women who can get pregnant as well as get STIs.
- Unless both parties agree to have a baby, women should always insist on men to use condom before having sex. Do not give in as it is you who will have to live with the consequences.
- **Early withdrawal is not an effective or reliable method against pregnancy.**
- The birth control pills are not effective immediately, therefore *at least* during the first month of taking the pill, condoms should be used together to prevent pregnancy.
- **Condoms are the best to use with another contraception against pregnancy and STIs** (except female condoms – male and female condoms are not meant to be used together).
- Safe sex can be practiced by: (1) using contraceptive methods to protect against pregnancy and STIs; and (2) touching, hugging and kissing without sexual intercourse. In the second option, there are still risks of some STIs.
- **Abstinence is the only method that offer 100% protection against pregnancy.**



Training Aid 6.4.1 A: Case for Negotiation

Guidelines for group work:

1) Read the case situation (below) together in your group.

Case situation: *Bat and Bolor* have been dating for over six months. They have been talking about having sex. Bat doesn't want to wear a condom because he thinks it will decrease sensation during sex. Bat thinks Bolor should go on the pill because she is the one who will be pregnant, not him. However, Bolor does not want to go on the pill because she is too shy to buy the pill and her mother will not approve. Bolor insists that Bat use condoms because condoms protect against both pregnancy and sexually transmitted infections (STIs), including HIV.

2) Your group is given a specific assignment below.

Assignment for Teams 1 & 2: Your group will argue for Bolor in a negotiation.

- List the advantages of using male condoms for safe sex. (Think of as many as you can.)
- List the disadvantages for women using the pill.
- Prepare persuasive arguments for why Bat should use condoms and reasons for Bolor does not want to use the pill.
- Choose one person as the lead negotiator.
- Each group member should prepare at least one argument supporting Bolor in the negotiation.

Assignment for Teams 3 & 4: Your group will argue for Bat in a negotiation.

- List the advantages for women using the pill. (Think of as many as you can.)
- List the disadvantages of using male condoms for safe sex.
- Prepare persuasive arguments for why Bolor should go on the pill and reasons why Bat does not want to use condoms.
- Choose one person as the lead negotiator.
- Each group member should prepare at least one argument supporting Bat in the negotiation.

Assignment for Team 5: Your group will give advice to Bat in a negotiation.

- List the advantages and disadvantages of condoms.
- List the advantages and disadvantages of the pill.
- Imagine you are Bat's close friend, parent, teacher, doctor, nurse, or counsellor.
- Come up with a good advice that will resolve this situation and have a happy and healthy relationship.

Assignment for Team 6: Your group will give advice to Bolor in a negotiation.

- List the advantages and disadvantages of condoms.
- List the advantages and disadvantages of the pill.
- Imagine you are Bolor's close friend, parent, teacher, doctor, nurse, or counsellor.
- Come up with a good advice that will resolve this situation and have a happy and healthy relationship.

Exercise 6.4.2 My Life and a Baby



Objectives

To realize that becoming pregnant and having a baby at a very young age changes life enormously, especially for those who will take care of the baby



Target Group

Youth



Duration

60 minutes



Seating Arrangements

Group seating for 4 groups



Materials

Flipchart paper and markers and a copy of Training Aid 6.4.2 for each participant



Training Aid

6.4.2 A: My Life Goals



Session Plan Steps

1. Make a list: What I like to do – 10 minutes
2. What I can't do (anymore), if I have a baby – 10 minutes
3. Sharing group lists – 20 minutes
4. Discussion and round up – 10 minutes

Step 1 Make a list: What I like to do – 10 minutes

Explain that this exercise is about the effects of having a baby at an early age.

- Divide the group in 4-5 mixed groups.
- Give each group a sheet of flipchart paper and a marker.
- Each group will divide the paper in two columns.
- Each group make a list of the things that they really like to do in the first column. It is not necessary that all participants agree on each activity. Everyone can say what s/he likes to do and the list can become long. It can be leisure time activities as well as other things they like to do in life and at work.

Step 2 What I can't do (anymore), if I have a baby – 10 minutes

- Ask each group review the list and put a mark in the second column next to the activities they think they would not be able to do anymore if they had a baby to care for right now. (For participants who are already a parent, mark the activities they do not do any more.)
- Each member can go through the whole list made by the group and put a mark behind the activities they think they won't be able to do (some were put there by others).

Step 3 Sharing group lists – 15 minutes

- Ask participants to put their flipcharts.
- Discuss the main findings by asking volunteers to explain 3 key findings for each group.
- Scan through activities that were not mention in group work outcomes quickly

Step 4 Setting life goals – 10 minutes

- Distribute a copy of Training Aid 6.4.2 A to each participant.
- Ask participants to fill in the five statements on the form for themselves. Give them no more than 10 minutes to do so.

Step 4 Discussion and round up – 10-15 minutes

Start a discussion using the following questions:

- Does anyone want to have a baby? Now or later? Why or why not?
- What are your goals in your life?
- What are new things you would really like to try or a place you really want to visit?
- What are the goals that are unlikely to be fulfilled if you had a baby at a very young age?
- What activities would you miss the most if you couldn't do them anymore?
- Are there other things that would change in your life if you had a baby now?
- Does life change in the same way for young women and young men, if they had a baby at a very young age? If not, what are the differences and consequences for women and men?

- Do you think adolescent and young parents can take care for a baby without help?
- What kind of skills and responsibilities are needed to become parents?
- Are you ready to have a baby?
- What age do you think is good for becoming parents?
- What can you do to avoid becoming a parent at a young age?

Summarize the discussion and emphasize that:

- Unprotected sex that results in having a baby has an enormous impact on your life.
- Girls will suffer a lot as they are faced with the health, emotional, social and economic consequences. Adolescent girls and young women have high risk of maternal deaths. Often they are not allowed to continue their education or training. It is difficult to have to start earning money at a young age without proper qualifications. The father of the child and/or the adolescent and young mother's and father's parents may not want to share responsibility for bringing up the child.
- Boys and men need to respect the choice of girls and women if they do not want to have sex, or only want to have sex with a condom, to prevent pregnancy and sexually transmitted infections (STIs) or want to use other contraceptives.
- Having a baby will change your life and comes with a lot of responsibilities responsibilities that adolescents and young people may not be ready to fulfill.
- Be well informed about contraceptive methods and use them when having sex if you do not want a child at a very young age.
- Remind yourself of your life goals, including family and career plans, and how unintended pregnancy can affect them.



Training Aid 6.4.2 A: My Life Goals

Guidelines: Make enough copies for all participants to use in Step 4.

MY LIFE GOALS

✍ Complete the following sentences with those things that you can think of immediately:

1. My dream job is *[career goal]* _____

2. One thing I would really like to try is *[try something new goal]* _____

3. I would like my own family to be *[family goal]* _____

4. Some place I would like to visit is *[travel goal]* _____

5. One of my good qualities I would like to develop further is *[character goal]* _____

Exercise 6.4.3 Being a Young Parent



Objectives

- To realize that becoming pregnant and having a baby will change one's life
- To become aware of the responsibilities men and women have as a parent
- To become aware of the difficulties one will face when becoming a parent at a young age



Target Group

Youth and adults



Duration

60 minutes



Seating Arrangements

Group seating in groups of 6 persons, with enough space to play a game



Materials

- 1 copy of the Game Board for each small group (Training Aid 6.4.3. A)
- 1 dice and 6 play fishes for each group (or different coloured objects such as sweets packaged in different colours, buttons, stones or nuts or small fruits of different shapes)



Training Aid

6.4.3 A: Teenage Pregnancy Game Board



Session Plan Steps

1. Play teenage pregnancy game – 50 minutes
2. Round up – 10 minutes

Step 1 Play teenage pregnancy game – 50 minutes

Divide the participants into small groups of maximum 6 persons, at least one person in each group should be able to read. Show a copy of the game board, a dice and a play fiche in plenary.

Explain the rules of the game in plenary:

- The youngest person starts.
- Throw the dice and go to the corresponding number on the game board.
- When it is an empty square, the turn goes to the next person to the left.
- When there is a statement s/he should explain to the others if s/he agrees with it or not, and why or why not.
- When the group has discussed the possible answers and agrees with the person's explanation the turn goes to the next person to the left.
- The game ends when everybody has reached the last square or when the time is up.

Distribute the game board, a dice and play fishes to all groups. If possible, a trainer joins each group to facilitate the game. If there is only one trainer, s/he needs to walk around to follow the different discussions and answer questions in each group. Start the game.

The discussion about the main topics is automatically held in all groups while playing the game. A long discussion afterwards may not be necessary, if a trainer has joined each group. The guide questions for the plenary discussion are:

- Was it easy or difficult to play the game?
- What were the main discussion points?
- Were there differences in opinion between the girls and boys? If yes, what and why?



Tip for Trainers

It is a good idea to invite resource persons to the session, a young single mother, for instance, to get information about what exactly changes when somebody has a child to take care of, and the responsibilities a young mother faces.

Step 2 Round up – 10 minutes

Summarize and highlight the following points:

- Becoming a parent at a young age results in several consequences and can be very difficult.
- Having a baby at a young age changes your life and comes with many responsibilities that you may not be ready to take.
- It is the responsibility of both parties to make sure that a girl/woman does not get pregnant when she and the father are not ready to be parents.
- The wishes of girls and women to prevent a pregnancy should always be respected.
- Young women who become pregnant before marriage are discriminated. The community blames them, even if it takes two to make a baby.
- Girls who marry early are more likely to face physical and sexual abuse from their husbands, are less able to negotiate for protected sex and hence at higher risks of sexually transmitted infections, including HIV.
- Young girls' bodies are not mature enough for safe childbearing.
- Be well informed about contraceptive methods and use them to avoid becoming a parent at a young age.



Training Aid 6.4.2 A: Teenage Pregnancy Game Board

Guidelines: Photocopy this game board in A-3 size for use in the exercise, one for each group.

END	22 ◀ It is best to get a child when both the mother and father have planned and prepared for it	21 ◀ The young mother and father have to start working and earn money when they become parents	20 ◀ A boy is stupid if he makes a girl pregnant without being able to care for the mother and his child	19 ◀ If you have a baby you do not want, the best thing to do is to have an abortion or give the baby away	18 ◀ You will lose your friends when you become a parent at a young age
12 ▶ Loving a new baby is enough for its development	13 ▶ Most youth become pregnant by accident	14 ▶ If the girl/woman I have sex with, gets a baby, I do not care. Getting babies is the responsibility of women	15 ▶ The mother has to stop her education and look after the baby	16 ▶ If a boy makes a girl pregnant, he should marry her but he does not have to do it, if he does not like her	17 ▶ Good education of yourself is the best you can give your child later in life
11 ▶ The girl is kicked out of school when it becomes known that she is pregnant	10 ◀ It is best for the boy and the girl to get married if the girl is pregnant	9 ◀ The father also has to stop his education	8 ◀ Having a lot of babies when you are young is good because you will have a lot of children who will take care of you when you are old	7 ◀ It is risky to get a child at a young age, both for the health of the mother and the child	6 ◀ Safe sex is the responsibility of the girl. It is her own fault if she gets pregnant
START	1 ▶ A girl is stupid when she becomes pregnant before having finished her education	2 ▶ If you become a teenage parent your parents, grandparents, or other people can take care of the child	3 ▶ No sexual intercourse is the best way to prevent pregnancy	4 ▶ Looking after a new baby is no problem. I can manage it easily	5 ▶ A teenager should be in school and enjoy life instead of becoming a mother or father

Sources for Further Reading

Carl, Greg & Chaiphech, Nonthathorn, *Friends Tell Friends on the Street*, Thai Red Cross Aids Research Centre: Bangkok, 2000.

Darla Cameron and Bonnie Berkowitz, "The state of gay rights around the world," *Washington Post*, 14 June 2016, <https://www.washingtonpost.com/graphics/world/gay-rights/>.

Japan Family Planning Association, Inc. (JFPA) and Japanese Organization for International Cooperation in Family Planning, Inc. (JOICFP), "*Maggie the Apron*."

Nwe Nwe Aye & Aye Aye Tun, *A Manual on Adolescent Reproductive Health, "Fledglings": Teens in Myanmar (Fledglings Manual)*, Save the Children: Yangon, June 2000.

Rutgers Stichting, *Voorlichten dat het een lust is...*, ideeënboek voor seksuele voorlichting, Den Haag, 1995.

The Equity Project, *Toward Equity Training Curriculum*, 2015, <http://www.equityprojects.org/training-type/curricula/>.

The Trevor Project, Resources, Trevor Support Center, <http://www.thetrevorproject.org/pages/support-center>.

United Nations, Free & Equal (project on LGBTI rights), <https://www.unfe.org>.

UNDP & ILO, *LGBTI People and Employment: Discrimination Based on Sexual Orientation, Gender Identity and Expression, and Intersex Status in China, the Philippines and Thailand*, Bangkok, 2018, https://www.asia-pacific.undp.org/content/rbap/en/home/library/democratic_governance/hiv_aids/lgbti-people-and-employment--discrimination-based-on-sexual-orientation.html.

UNESCO, *Bullying targeting secondary school students who are or are perceived to be transgender or same-sex attracted: Types, prevalence, impact, motivation and prevention measures in 5 provinces of Thailand*, Mahidol University, Plan International Thailand,

UNESCO: Bangkok, 2014, <http://unesdoc.unesco.org/images/0022/002275/227518e.pdf>.

UNFPA-Lao PDR, *Comprehensive Sexuality Education (CSE) for Technical and Vocational Education Training (TVET)*, 2019.

List of Picture Cards (provided separately)

TA 6.1.4 A: Transparencies of Female Reproductive Organs (4 cards)

1. Womb
2. Vagina
3. Fallopian tubes
4. Ovaries

TA 6.1.4 B: Transparencies of Male Reproductive Organs (4 cards)

1. Penis
2. Testicles
3. Sperm ducts
4. Prostate



3-R Trainers' Kit

**Rights, Responsibilities and Representation
For Children, Youth and Families**

Module 6: Sex Education

Produced under the framework of the *ILO/EU project on Sustaining GSP-Plus Status by Strengthening National Capacities to Improve International Labour Standards Compliance and Reporting-Mongolia Phase 2*, with the financial assistance of the European Union. The views expressed herein can in no way be taken to reflect the official opinions of the European Union.

For more details: www.ilo.org/mongolia