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The Hashemite Kingdom of Jordan



Sexual, Reproductive, and Mental Health Training of Trainers in the Garment Sector

Training Manual



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Background

Better Work Jordan (BWJ) is a partnership between the International Labour organization (ILO) and the International Finance Corporation (IFC). The ILO flagship program brings together stakeholders from all levels of the global industry to garment manufacturing improve working conditions, enhance respect for labour rights, and boost competitiveness.

Better Work Jordan works with multilateral stakeholders, including representatives from the government, employers and workers with the aim of ameliorating working and living conditions in the Jordanian garment sector. The main services of BWJ are delivered in conjunction with their partners through joint assessment and advisory visits and through Training of Trainers (ToT) so that trainings can be delivered to a wider audience by a diverse set of trainers. As reported in the Better Work 2021 Annual Report, P.19, starting of December 88 ,2020 factories were enrolled in Better Work Jordan – 42 direct exporters, 21 subcontractors, 21 satellite units, and four non-garment factories.

Recently, BWJ has been also providing non- typical compliance or traditional core-service delivery, including, but not limited to: Mental well-being, and Gender-based violence; preventing sexual harassment and gender-based violence.

Training of workers and factory staff is a key component in Better Work's strategy to improve working conditions for garment workers and increase business performance in factories (Better Work 2021 Annual Report).

Mental Health Project- BWJ

BWJ is implementing a mental health project to enhance the mental health of migrant workers in Jordan. The project started in January 2021, aiming to become more resilient against mental health risks, including seeking psychosocial support when necessary. Besides target factories and the mental health referral system, they reach more workers needing psychosocial support, including women and migrant workers. Women's empowerment in Jordan's garment sector is an important topic due to the very high concentration of women at work, yet, not all the aspects of workers', particularly women's well-being.

In Jordan, migrant workers comprise about %77 percent of the labor force in the garment sector, according to the BTW statistics (2021). In this sector, women comprise about %70, which puts a burden to meet all their work and strategic needs to achieve the goals and standards of a decent work.

Over the last several years, particularly against the background of significant disasters in the sector regarding worker occupational safety and health (OSH), there have been increasing efforts to address garment factory workers' health, safety, and well-being. Beyond programs addressing OSH, there are growing efforts to address other important issues to women in this sector, including sexual and reproductive health (SRH), family planning (FP), sanitation, and hygiene.



Introduction

This Trainer Manual describes how to plan, deliver and evaluate the training effectively. The training is designed to take five days, twelve sessions, and can be adapted for shorter trainings as needed. Each day covers a different area of Sexual and Reproductive Health (SRH) integration, with the order and flow of sessions designed to relate back to each other. The training and coaching culminates with site visits and group discussions.

Sessions include suggestions, tips and reminders for trainers, and list all the needed materials. Power point presentations and references to useful resources are also provided, these can be either distributed to participants or referred to as a shared during the TOT workshop. You may have your own relevant language-specific documents and materials that can also be used. The annex section contains materials referred to throughout the manual, you can have them photocopied and used as handouts to support the learning.

Who Will Use this Manual?

This manual is intended to assist Trainers in providing training and passing on information as effectively and efficiently as possible, for building capacities to address issues related to SRH for migrant workers in the garment sector factories.

A Master Trainer who will be using this Manual is someone who has already received in-depth training on the used topics and methods and on ways of thinking about conducting training in SRH.

As a Master Trainer, you should be able to facilitate the same kind of awareness sessions and workshops, and should be able to document and evaluate the SRH topics and methods.

As time passes, you may also become a mentor of this process, who is able to train and lead other groups of Trainers, to assess their strength and weakness points, and to give individual feedback to build their capacities.

Training Objectives

The main purpose of the training is to qualify participants to provide safe, respectful and friendly information on sexual and reproductive health and related topics to migrant workers and encourage them to use the health knowledge and services with confidence.

The training objectives are to:

1. Provide knowledge and resources that empower participants in SRH topics.
2. Develop a greater understanding of SRH problems and the value of early detection and mitigation.
3. Understand the obstacles and stigmas linked to the various SRH issues.
4. Raise awareness on sexual health and reduce risky behaviors.
5. Review and exchange relevant experiences on existing practices and interventions.
6. Guide methodologies and training skills for adapting SRH frameworks and practices in the target factories.
7. Encourage the use of peer-to-peer health education on sensitive issues.

Structure of ToT Sessions

Each training session is comprised of a series of activities, including presentations, group discussions, role plays, case studies and practical examples. There will be a daily assessment and participants will have simple homeworks to practice what they learn. The total duration of the training is five business days.

The five-day schedule is outlined in detail hereunder, with proposed session and break times. Each day has a separate section in the manual, with a timetable; sessions start at 09:00 and finish at 3:00, though you can adjust to an earlier or later start and finish according to what works best in your context. Identify the best timings for your setting and communicate these with decision-makers and participants in advance.



Workshop Instructions

Try to make a simple brainstorming with the attendees by asking what the workshop rules should be and writing their answers on the flipchart. These may include the following:

- Be punctual
- Attend sessions daily
- Work in a team
- Listen to colleagues and respect their opinions
- Respect others
- Be interactive
- Hand on complicated issues for later review
- Actively participate in all sessions including role plays
- Turn off mobile ringtones and internet during workshop activities
- Any other instructions suggested by the participants

Materials: Flipcharts with the objectives and instructions prepared in advance and displayed on the meeting room wall during the workshop, this should include:

- Colored markers
- laptop
- Projector, Headphones, Microphone
- Papers and pens for the participants
- Awareness handouts (brochures, posters, etc.)
- Pre- and post-evaluation tests

The place or halls where the training will be held should be also checked, make sure the following points are taken into consideration:

- The place should be spacious and bright, taking social distancing into account.
- Arrangement of the tables should suit all the sessions.
- All participants should wear masks.



Instructions for Trainers

As a trainer, who will be responsible for conducting and managing training within your factory, there are three major processes you should follow to ensure competent training and facilitation of learning.

➤ 1. Planning and Preparation

- We suggest that you read through the entire manual in preparation for the workshop. If there will be more than one trainer, you will need to meet and decide which sessions each of you will lead.
- Trainers should be competent and feel comfortable with the content. Reading through the supporting documents in advance and exploring the links contained in each session can help ensure this. Trainers may feel more comfortable with certain sessions than others. Explore each other's strengths, and base your decision on who shall lead individual sessions on these.
- The content of each session can be adjusted to suit the level of experience of participants in each setting. During your planning process, different trainers may be able to suggest how to adapt sessions while keeping the content and learning points intact.
- An illustrative small movie on SRH related topics in different languages could be shown, if available.
- You should have a good understanding of the possible training obstacles, previous learning experiences, literacy levels, languages, culture, special needs and different learning styles;
- Make sure that you have everything you will need before the workshop starts, including tools, handouts and supporting documents.
- Set up the workshop in a bright and spacious room, where participants can take part comfortably and feel safe to share their views and experiences. If possible, conduct the workshop away from their usual workplace to avoid distractions and interruptions.
- Consider having a translator for all or parts of the workshop, in particular to help migrant workers communicate freely and comfortably with their mother language. The translator could be someone from the group, make sure that he/ she understands and maintains respect and confidentiality.

➤ 2. Training Facilitation

- Varying appropriate methodologies to increase interest and involvement.
- Creating an open, safe and conducive environment to make the participants feel relaxed and ensure full and active participation.
- Promoting open interaction and ensuring that participants are aware of the training outcomes.
- Enabling trainees to draw from and share their own experiences, work out and apply concepts for themselves.
- Providing opportunities to practice and consolidate learning.
- Managing groups.
- Encouraging involvement through the use of open questioning techniques.
- Making modifications to ensure that the participants' needs are addressed.

➤ 3. Evaluation

- Collecting participants' informal and formal feedback.
- Critically analyzing feedbacks against the review criteria and the predefined training outcomes.
- Providing useful recommendations for future training improvements.
- Using the evaluation forms.



Are You Ready?

Being a facilitator or a trainer is not just about passing along information, it is also about your personality, your approach to training, your approach to other people, and your ability to interact with others. Throughout the process of this work, you will find that you are expected to challenge yourself and examine your attitudes, and you will need to understand your own values and where they come from. Ongoing self-awareness and personal development and growth are part of this process. You also need to be aware of how you are presenting yourself, how you speak and use language, how you dress, and how others may be influenced by what you say and do. This places a great deal of responsibility on your shoulders. There may be times when you become frustrated by the attitudes and perceptions of others, this is because, as facilitators, you are dealing with closely-held beliefs about the world. You are privileged to have access to this information and to have already gone through reflective processes that allow you to understand this. You should be careful to treat others who are at the start of this process with respect. You should also adopt the following principles:

- Approach each session on participants' own context through reflection and sharing of their experiences;
- Adopt a sex-positive approach to the workshop. A sex-positive approach accepts that sex and sexuality are part of life, and that open expression of sexuality, free from taboo, shame and judgement, is important to an individual's wellbeing
- Establish a safe space and encourage open and honest dialogue. No question is a silly one!
- Make sure that confidentiality and privacy is understood and maintained throughout the sessions.
- Support individuals who may need to take some time out or talk privately.



Day 1

TIME	Minutes	Session	Topic
09:00-10:00	60	1.1	Workshop Introduction
10:00-10:30	30	1.2	Why is SRH important in the garment sector?
10:30-12:00	90	1.3	SRH Concepts and My Body
12:00-12:30	30	Break	
12:30-1:30	60	1.4	Personal Hygiene
1:30-2:00	30	1.5	Reflection and Evaluation
2:00-2:15	15	1.6	Homework and closure of the day
2:15-3:00	45	Lunch	

Session	1.1	Workshop Introduction
Time	60 Minutes	
Objectives		
• To introduce participants to each other • To provide an overview of the training objectives and schedule; • To explore the expectations of the workshop, what we can contribute with, and reflect on what participation means to us.		
Activities		
1. Welcome • Greet the participants and introduce yourself to them. 2. Icebreaker: Introduce Your Other Half • Divide the participants in pairs, by counting ---1,2,3,4,5etc. • Allow five minutes for discussion in pairs, then participants should introduce their partners to the rest of the group and mention what their partner hopes to gain by participating in the training. 3. Introduction • Introduce the workshop to participants. • Give a brief overview of the six- day program and the topics you will be covering on Day1. 4. Pre-Training Assessment • Distribute the pre-training assessment forms to the participants. 5. Expectations • Ask each table/ group to give 3-2 expectations. • Write them on the flip chart and speak them up in front of the groups. 6. Workshop Rules • Brainstorm rules by asking the participants what the workshop rules should be. • Write down their answers on the flipchart		
Materials		
• Flip chart, Markers,Illustrated introduction cards.		

Session	1.2	Why is SRH Important in the Garment Sector
Time	30 Minutes	
Objectives		
- To Improve participants' knowledge and information about previous projects and interventions for SRH. - To gain more confidence and trust for the upcoming training opportunity.		
Activities		
1. Exercise: Gallery walk - Prepare Gallery walk. - Ask participants to move and read similar experiences. - Guide a plenary discussion		
Materials		
Flip chart, Markers.		



Session	1.3	SRH Concepts and My Body
Time	90 Minutes	
Objectives		 • To introduce definition of sexual and reproductive health concepts • To know the importance and influence of SRH on the body • To gain more knowledge and confidence about our bodies • To acquire in-depth knowledge of male& female reproductive organs. • To know the phases of the menstruation cycle with the days of higher possibility of getting pregnant. Video Links https://www.youtube.com/watch?v=nzVKrDDarjs https://www.youtube.com/watch?v=PH_NK37bzAQ https://www.youtube.com/watch?v=_5wpKGa-aOA
Activities		 1. Exercise: Identify the Concepts • Divide the participants into three groups, giving each a flip chart. each group will receive a task to work on together: 1) What does health mean to you? 2) What does mental health mean to you? 3) What does reproductive health mean to you? • Ask them to discuss and write on the flip chart. • Display the flip charts on a wall and discuss them together, comparing the answers. • Ask: What else would SRH include? How does it impact mental health? 2. Exercise: Male & Female Reproductive Organs • Guide a large group discussion • Allow participants to stay in the whole group in a circle; • Distribute cards or a slip of paper with names of the male/female reproductive organs and other cards with descriptions of these names; • Ask each participant to read the card he/she has in hand; • Ask for the corresponding card owned by one of the participants to be read aloud; • Ask participants to explain the part and the functions; encourage others to ask questions; • Summarize the main points learned on the reproductive organs; and • Ask for feedback. 3. Videos • Present videos on the phases of the menstrual cycle • Guide a discussion on the menstruation and the days of higher possibility of getting pregnant
Materials		 • Flip chart, Markers, Tape, Pens, Colored paper, Cards game, Laptop, speakers, Handouts

Session	1.4	Personal Hygiene
Time	60 Minutes	
Objectives		
• To know the importance of good hygiene • To understand how germs are spread. • To gain knowledge about the components of personal hygiene. • To practice to be clean and healthy during menstruation. • Detect any wrong beliefs or practices, and try to change and correct. Hygiene in Menstrual cycle https://www.youtube.com/watch?v=Y378HaXMDn4 https://www.youtube.com/watch?v=M5blVFgutUk		
Activities		
1. Exercise: Components of Personal Hygiene • Divide the participants into three groups, giving each a flip chart. • Ask each group to use the most suitable technique (Act, Draw, Write) to describe what does hygiene mean to you? • Ask them to discuss and write on the flip chart. • Display the flip charts on a wall and discuss them together; • Guide the discussion. 2. Brainstorming: Combining Experience with Facts Hygiene for the female & male sex organs (external genitalia) • Ask participants to form pairs or small groups of three by sex. • Ask the pairs/small groups to list down three methods they use to clean the external male/female reproductive organs (5 minutes). • At the end of the 5 minutes, ask them to brainstorm and/or list down their answers on the flip chart. • Conclude by comparing the list with basic information on the hygiene of male/female reproductive organ 3. Videos • Present a video on how to keep my genital area clean. • Guide a discussion on the challenges.		
Materials		
• Flip chart, Markers, Tape, Pens, Colored paper, Handouts, Videos		

Session	1.5	Reflection and Evaluation
Time	30 Minutes	
Objectives		
- To evaluate the quality and style of the training, and the day's key learning points. - To introduce the daily recap sessions.		
Activities		
- On Day 1, explain the purpose of reflection and ask the group to think about what was good about the day (structure, speed, the pitch of information, logistics, etc.), then ask them what could be improved. - Make a note of their answers and decide what can be changed on the remaining days. Some things might be easier to change than others. - Explain that each day will start with a -20minute recap summarizing the content and learning from the previous day. - Distribute the post-training evaluation of Day1		
Materials		
Flip chart, Markers, Post-Evaluation forms		



Session	1.6	Homework and Closure of the Day
Time	15 Minutes	
Objectives		
• To introduce the daily recap sessions. • To exercise the training skills.		
Activities		
• Give participants Handouts of Day1 • Ask for volunteers to present the recaps on Day 2, and note their names. • Explain that they can present in any way they like – the more fun, imaginative and energetic the better		
Materials		
• Flip chart, Markers, Post-Evaluation forms		





1.1 Sexual and Reproductive Health in Garment Sector Similar Practices in Different Countries

The Garment sector is a predominantly female workforce, with a large proportion of migrants, who often have low levels of awareness on sexual and reproductive health, rights and services and are particularly vulnerable to unwanted pregnancies and unsafe abortion.

» Previous Experiences

1st Study Example

The operational research conducted in Bangladesh to evaluate the effectiveness of the HERhealth model for improving female factory workers' health and find ways to optimize program inputs and processes to support future scale-up of the intervention (Md.Irfan Hossain et al, 2017).

Among the objectives of this study was the assessment of the workplace setting's effectiveness for delivering sexual and reproductive health (SRH) knowledge and access programs, and to validate the appropriateness of the HERhealth methodology for achieving meaningful progress in SRH objectives. Training modules were provided to female factory workers in groups of 10-40, depending on factory size, and were led by Peer Health Educators (PHEs). Since some of the topics contained sensitive material, female trainers conducted the trainings for PHEs and ensured confidentiality of the sessions.

They were taught to communicate effectively through careful listening, to encourage active participation from factory workers. The following three- hour trainings, with a one-hour follow up one month later, were offered for female garments workers:

1. Our health is important (introductory module); personal hygiene
2. Eating healthy; female body & menstruation
3. SRHR and abortions,
4. Preventing STIs, HIV
5. Serious illness – Malaria and Dengue fever; reproductive cancers
6. Occupational health and safety

► Recommendations

- Extending training content and duration: Both PHEs and general workers recommended more trainings on health-related issues.
- Engaging male workers: Qualitative findings from in-depth interviews with factory managers suggested the adoption of a similar program for male factory workers.
- Regular follow up: Regular follow up by the implementing agency should be ensured at factories where the intervention has been completed.
- Engaging factory management: Findings from qualitative interviews with implementing partners suggest that factory managers should be sensitized periodically to ensure the sustainability of this project.



2nd Study Example

Preventing and combating sexual harassment in Jordan's garment industry through training and awareness raising, the program implemented by BWJ in the Jerash Garment & Fashion Manufacturing Co. Ltd

Methodology

- The training gave participants a practical guidance on how to prevent and deal with sexual harassment, including sexual harassment policies, sensitizing managers and workers on what constitutes sexual harassment, and deepening their understanding of how sexual harassment affects workers and the workplace.

Results

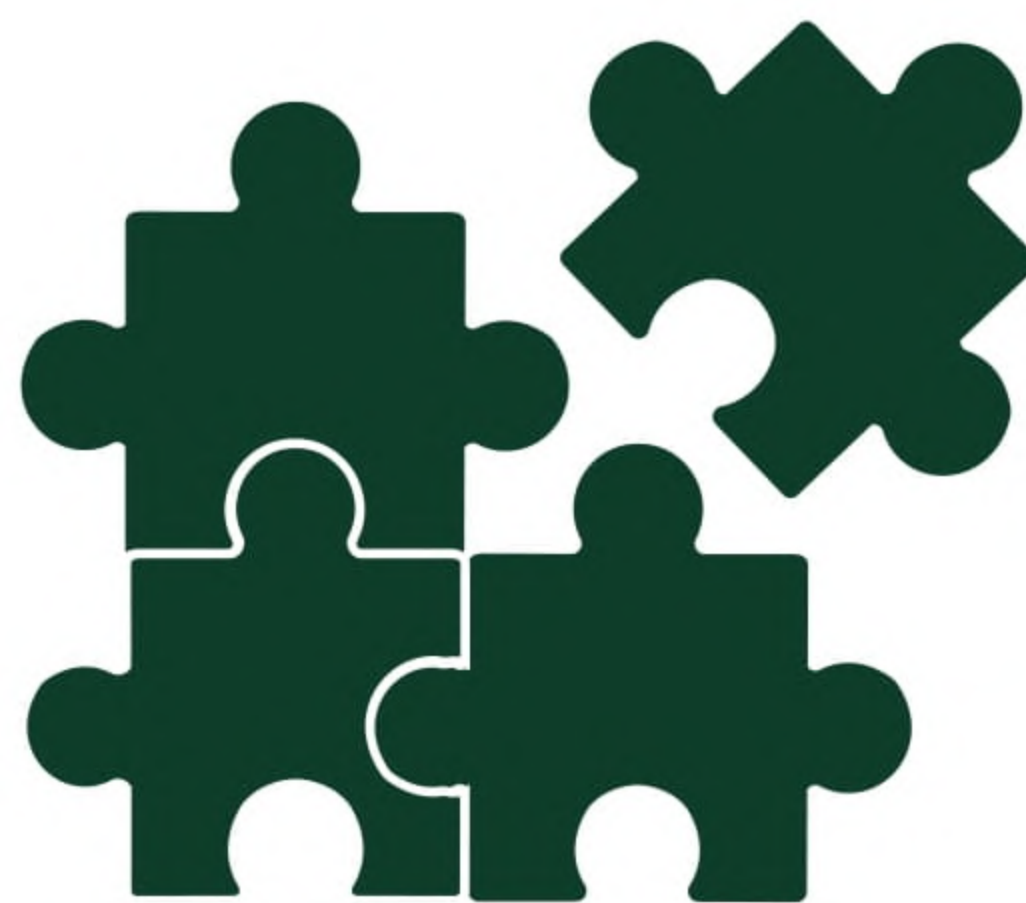
- The training gave workers an understanding of what constitutes sexual harassment in the workplace, highlighting the different forms of harassment such as physical, verbal and non-verbal conduct of a sexual nature, and the impact that it has on workers.
- The training gave supervisors a clear understanding of their responsibilities to address sexual harassment, how to deal with allegations of sexual harassment and provided tools for managers and supervisors on how to protect their workers.

Challenges

- Fear of speaking out, cultural differences and ingrained social attitudes
- Time constraints, and factory adherence

3rd Study Example

The review conducted by Work and Opportunities for Women (WOW) funded by the UKAID, on SRHR interventions in the work place (H. Jenny et al, 2018).



This quick review provides evidences from published reports and papers, academic journals and grey literature gathered through internet searches and from international experts, on links between SRHR interventions in the workplace and benefits for employees including women workers and their employers.

There is strong evidence that workplace interventions, which include modules on SRHR related topics typically delivered through peer-to-peer training, can improve women workers' SRHR knowledge and attitudes (H. Jenny et al, 2018).

4th Study Example

2017 Quantitative Assessment of CARE's Chat! Program

A Program that employs an innovative behavior change approach to improve SRH outcomes for almost 25,000 female garment factory workers in Cambodia – found that use of modern contraception and utilization of SRH services among sexually active women garment factory workers doubled from 24% to 48%, and 9% to 20% respectively between 2014 and 2016. Knowledge of abortion also increased by 39% between baseline and end line (from 8% to 47%).

5th Study Example

2016 Mixed-method Impact Assessment of CARE's Sewing for A Brighter Future Project in Cambodia.

The intervention which included Peer-to-Peer sessions, was associated with a 20% increase in women who could name at least one contraception method; a 22% increase in ability to identify at least two risk behavior related to HIV/AIDS; and a 36% increase in knowledge about sexually transmitted infections.

6th Study Example

Qualitative assessment of a youth peer-led intervention for women who work in factories across Nepal's Kathmandu Valley

This assessment found evidence that the project increased female workers' knowledge of SRHR-related topics which improved their overall health and relationships. (Ipas, 2013).

7th Study Example

2016 evaluation of a 14-month pilot of the Worker Well-Being Initiative of Levi Strauss & Co. (LS&Co.) and the Levi Strauss Foundation (LSF) in Egypt.

The evaluation aimed to strengthen workplace- provided SRHR services through expanding the role of nurses, developing clinical quality standards and practices, and integrating management systems and oversight of health functions, found a high level of service uptake with 91% of the 97 women surveyed at end line reporting to have used the factory clinic for SRH services (Evidence Project, 2016).

8th Study Example

2016 annual review of the Health Access and Linkage Opportunities for Workers (HALOW) project implemented over 12 months by M&S, CARE and GSK and supported by DFID's Business Innovation Facility (BIF) program working with 7,700 readymade garment workers in factories in Bangladesh.

This review found that the intervention — which included subsidized SRH products and services provided through a mobile clinic once a month — increased those using sanitary napkins from 20% to 65%, and by the end of the one-year pilot 2,100 workers had registered to receive free family planning services.



1.2 Reproductive Health

» What is Health

Health is a state of complete physical, psychological, mental and social well-being, and not merely the absence of disease and infirmity

Physical Health: The ability to perform mechanical bodily functions - a state of physical fitness

Mental Health: The ability to think clearly and coherently - a sense of responsibility and the body's ability to make choices and make decisions.

Psychological Health: The ability to recognize and express feelings - a feeling of happiness and psychological comfort without psychological disturbance or tension.

Social Health: The ability to establish and maintain relationships with others - Connect, communicate with, and respect others.

Spiritual Health: Concerning religious beliefs and practices to obtain peace with oneself.

Community Health: The relationship with everything that surrounds the individual of matter, people, laws and regulations.

» Definition of Reproductive Health

Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease and infirmity, in all matters relating to the reproductive system and to its functions and processes. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this last condition are the rights of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility which are not against the law, and the right of access to appropriate health-care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant (International Conference on Population and Development -Cairo 1994; Program of Action, para 7.2)

» Target Groups for Reproductive Health

1. Men and women of childbearing age: To raise their level of health knowledge.
2. Adolescents and youth: To spare them harmful behaviors that may lead to threats to their current and future health and to raise their awareness to prepare themselves for the future and assume their responsibilities towards their health and the families they will form.
3. Women after childbearing age: To prevent, early-detect, and manage diseases related to the reproductive system.
4. The child after birth: To preserve its health, survival, protection and development.

» Factors Affecting Reproductive Health

1. Reproductive health effects and is affected by the social, cultural and economic situation of society. It is negatively affected by the spread of illiteracy and unemployment, and by the society's traditions, customs, beliefs and values. It is also affected by the family environment and the interlocking relationships between its members, the relationship of the father to the mother, the relationship of both to sons and daughters, and the relationship of the brother to his brothers, males and females.
2. When we talk about reproductive health, we should look at behaviors related to marriage, childbearing, family formation, and private relationships. These behaviors are controlled by complex factors, including cultural, biological, psychological and social factors.
3. One of the factors affecting reproductive health is the position of women in society. In many parts of the world, girls are subjected to discrimination concerning the distribution of family resources and access to health care. In regions where women's status is lower, their health, education and emotional needs are second only to men, and studies show that girls in some countries may not have access to medical treatment while they are sick or may receive inadequate care.
4. Health services play an important role in improving the level of reproductive health. Reproductive problems cannot be prevented, treated or reduced without the availability of high-quality health services that are planned to meet the health needs of different groups, while ensuring easy access to them.



► Principles on which reproductive health and its procedures are based

Reproductive health is an integral part of primary health care, as it covers more than one component of it. Therefore, reproductive health is based on a number of basic principles that constitute the essential elements of primary health care:

- The need for interventions to be based on the best available scientific information, and to use only those methods that science has proven correct.
- The need to achieve justice in the delivery of health care to all, including the poor and the deprived.
- The necessity to provide the minimum services that the health care system can adequately perform.
- Not concentrating any of the human and material resources at the top of the health care system, and the need to redistribute them between peripheral areas and the communities in which the population lives (decentralization).



1.3 Male Reproductive System

The male reproductive system consists of a number of sex organs that play a role in the process of human reproduction (Figure 1 below). These organs are located on the outside of the body and within the pelvis. The main male sex organs are:

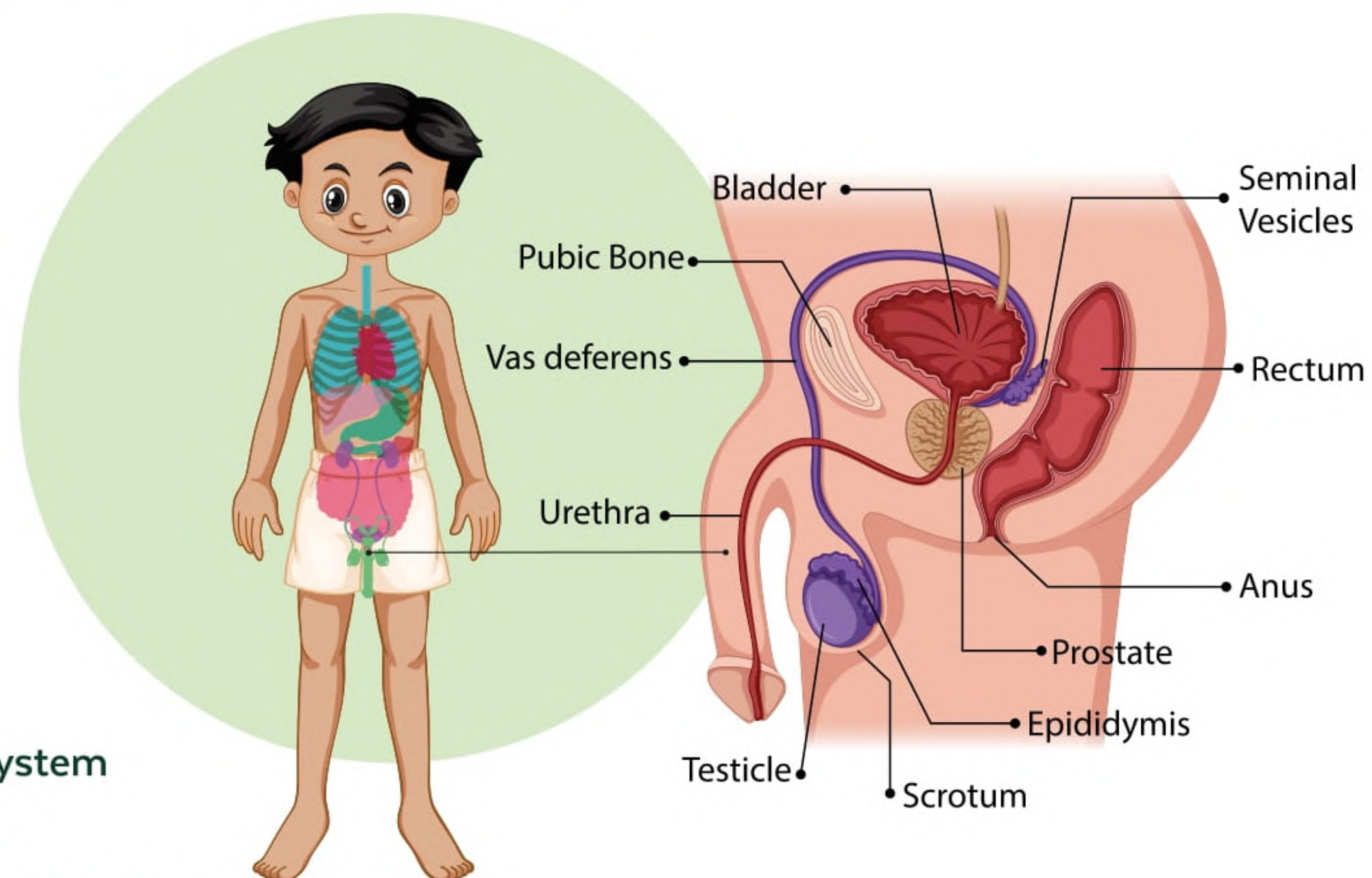


Figure 1 Male Reproductive System

- **External genital organs**

i. Penis: It is the male organ, it has a long shaft and an enlarged bulbous-shaped tip called the glans penis. When the male becomes sexually aroused, the penis becomes erect and ready for sexual activity. Erection occurs because sinuses within the erectile tissue of the penis become filled with blood.

ii. Scrotum: The scrotum is a pouch-like structure that hangs behind the penis. It holds and protects the testicles. It also contains numerous nerves and blood vessels.

- **Internal genital organs**

1. Testis: Testis has two major functions: To produce sperm by meiotic division of germ cells within the seminiferous tubules, and to synthesize and secrete androgens that regulate the male reproductive functions

2. Epididymis: The epididymis is a long whitish mass of tightly coiled tube. The sperm that are produced in the seminiferous tubules flow into the epididymis.

3. The vas deferens: A tube that carries spermatozoa from epididymis to ejaculatory duct.

4. Three accessory glands: Provide fluids to lubricate the duct system and nourish sperm cells.

1.4 Female Reproductive System

The female reproductive system is made up of the internal and external sex organs that function in reproduction (Figure 2 below) . In humans, the female reproductive system is immature at birth and develops to maturity at puberty to be able to produce gametes, and to carry a foetus to full term.

► Internal organs •

1. **Vagina:** A fibromuscular (made up of fibrous and muscular tissue) canal leading from the outside of the body to the cervix of the uterus or womb.
2. **Cervix:** It is the neck of the uterus, the lower, narrow portion where it joins with the upper part of the vagina
3. **Uterus:** The uterus or womb is the major female reproductive organ, it provides mechanical protection, nutritional support, and waste removal for the developing embryo.
4. **Fallopian tubes:** Two tubes leading from the ovaries into the uterus. On maturity of an ovum, the follicle and the ovary's wall rupture, allowing the ovum to escape and enter the Fallopian tube.
5. **Ovaries:** Small, paired organs located near the lateral walls of the pelvic cavity. These organs are responsible for the production of the egg cells (ova) and the secretion of hormones

► External Organs •

1. **The vulva:** It consists of all of the external parts and tissues.

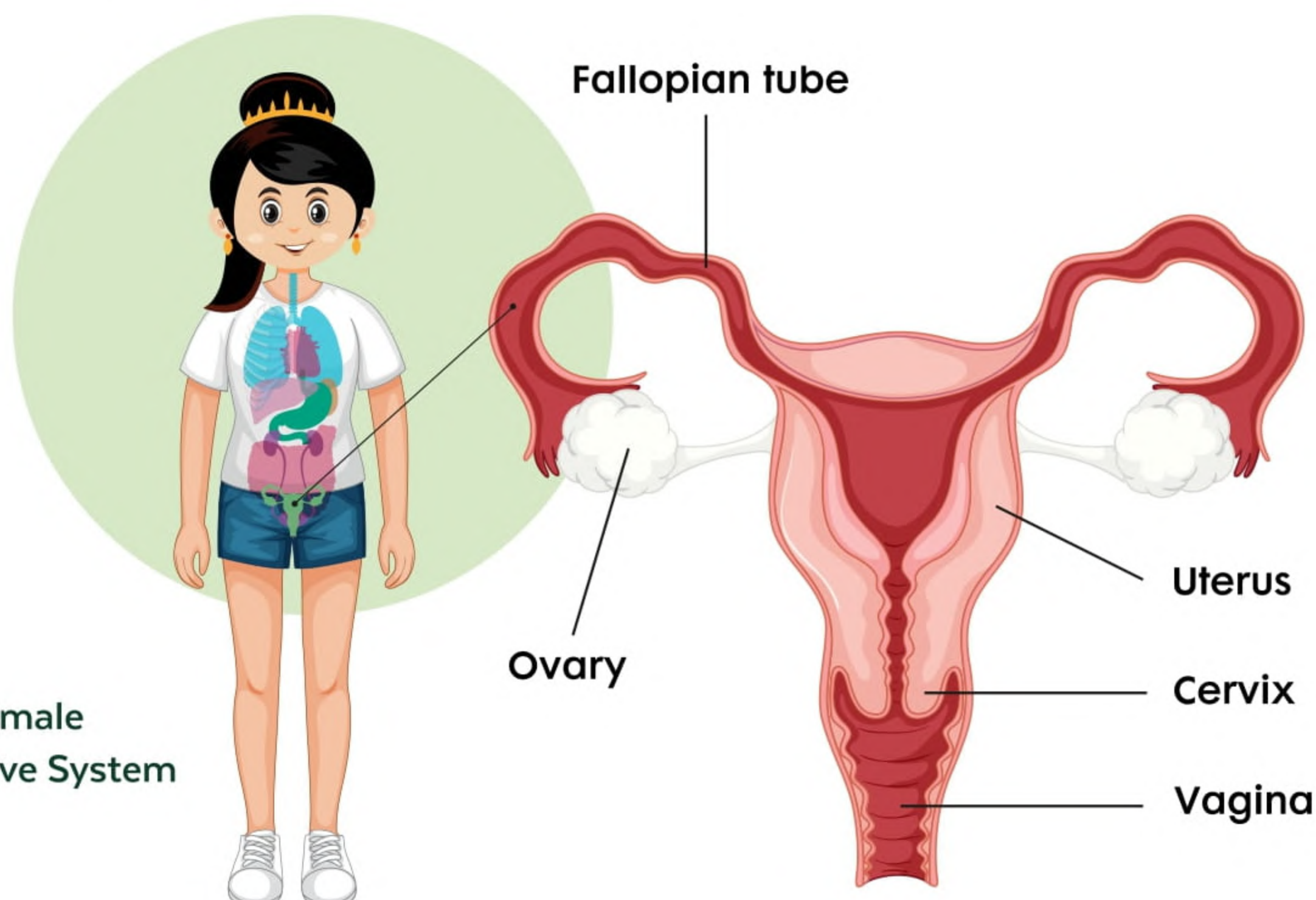


Figure 2 Female Reproductive System

1.5 Menstruation and Ovulation

Menstruation (also known as a period) is the regular discharge of blood and mucosal tissue from the inner lining of the uterus through the vagina. The first period usually begins between the ages of 12 and 15, menstruation happens for most women about once a month, and that is why it is commonly called the “monthly period.” It usually lasts between three and seven days, and it is a sign that a woman can become pregnant if she has sexual intercourse.

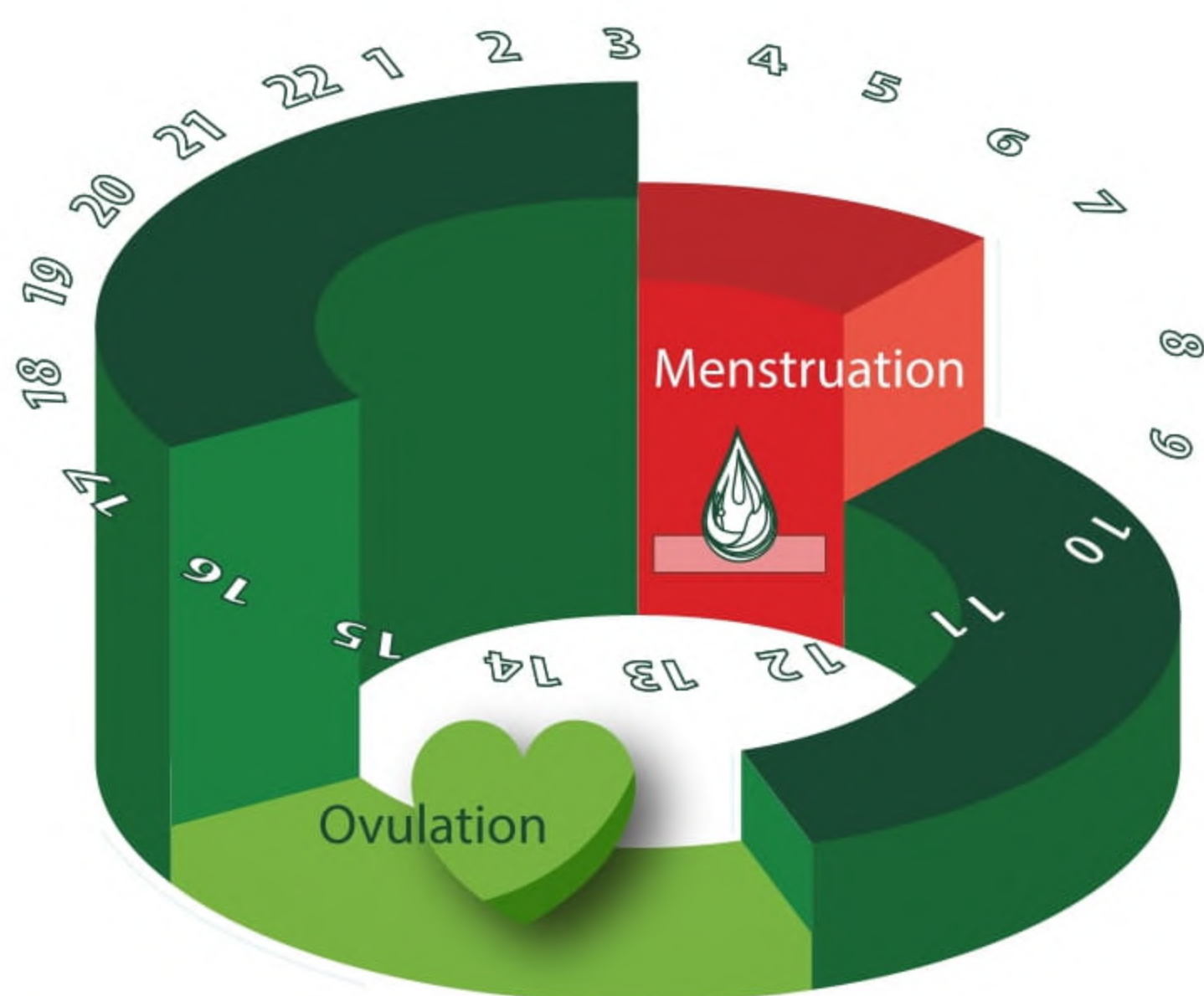


Figure 3
Menstruation Cycle

A woman knows that she has started her period when a little blood comes out of her vagina. The blood does not pour like water from a tap, it comes out slowly, like a dribble. Usually by the time she has noticed a feeling of unusual wetness, her panties have absorbed any blood that has come out. This is why it is important to anticipate approximately when each month she will start bleeding, so she can wear a sanitary pad or other protection to prevent the blood from staining her clothing. The amount of blood that comes out of the vagina can vary widely from one person to another; usually, an entire period consists of little to moderate amounts of blood. The blood often starts off as a rusty or deep brown color and then gets redder. It lightens to a rust color again until it stops, the amount of blood can also vary from day to day.

The menstrual cycle is the period of time beginning on the first day of a woman’s period until the day before she begins her next period (Figure 3). Since this happens regularly, it is called a “cycle.” The length of the menstrual cycle (the time between one period and the next) varies for each woman; for some, the cycle is as short as 21 (or even fewer) days, and for others, it is as long as 35 days or more. Ovulation is the periodic release of a mature egg from the ovary. The time from ovulation to the next period is a very consistent length of 12 to 16 days and is controlled by hormones. The two weeks or so before ovulation and the two weeks after make a menstrual cycle about four weeks or a month in length.

1.6 General Hygiene

Hygiene generally refers to the set of practices associated with the preservation of health and healthy living. The focus is mainly on personal hygiene that looks at cleanliness of the hair, body, hands, fingers, feet clothing, and menstrual hygiene. Improvements in personal knowledge, skills and practices that modify an individual's behavior towards healthy practice are the focus of hygiene promotion. Safe hygiene practice includes a broad range of healthy behaviors, such as handwashing before eating and after cleaning a child's bottom, and safe feces disposal (Figure 4 below). When you carry out hygiene education and promotion the aim is to transfer knowledge and understanding of hygiene and associated health risks in order to help people change their behavior to use better hygiene practices.



Figure 4
Washing Hands

Sanitation means the prevention of human contact with wastes, for hygienic purposes and promoting health through the prevention of human contact with the hazards associated with the lack of healthy food, clean water and healthful housing, the control of vectors (living organisms that transmit diseases), and a clean environment.

Germs are invisible living organisms that can be found everywhere, including our own body. While many germs are not harmful, some germs can be very harmful if they get into our foods, our water or our bodies. Keeping our bodies clean and protecting ourselves from harmful germs is an important part of keeping well and healthy. Frequent and proper hand washing, bathing, teeth cleaning and other personal hygiene practices can help protect us from some diseases caused by germs and can help prevent spreading germs to others.

1.7 Personal Hygiene

Personal hygiene refers to the practices performed by an individual to care for one's bodily health and well-being through cleanliness. Many people equate hygiene with 'cleanliness' but hygiene is a broad term that includes personal habits as how frequently to bathe, wash hands, trim fingernails and change clothing.

Components of Personal Hygiene

Personal hygiene has many components (Figure 5 below), following are some:

- Face hygiene
- Fingernail & Toenail hygiene
- Ear and Hair hygiene
- Sex Organs hygiene.
- Foot hygiene
- Arm pits and under breast
- Drying all areas after washing with water

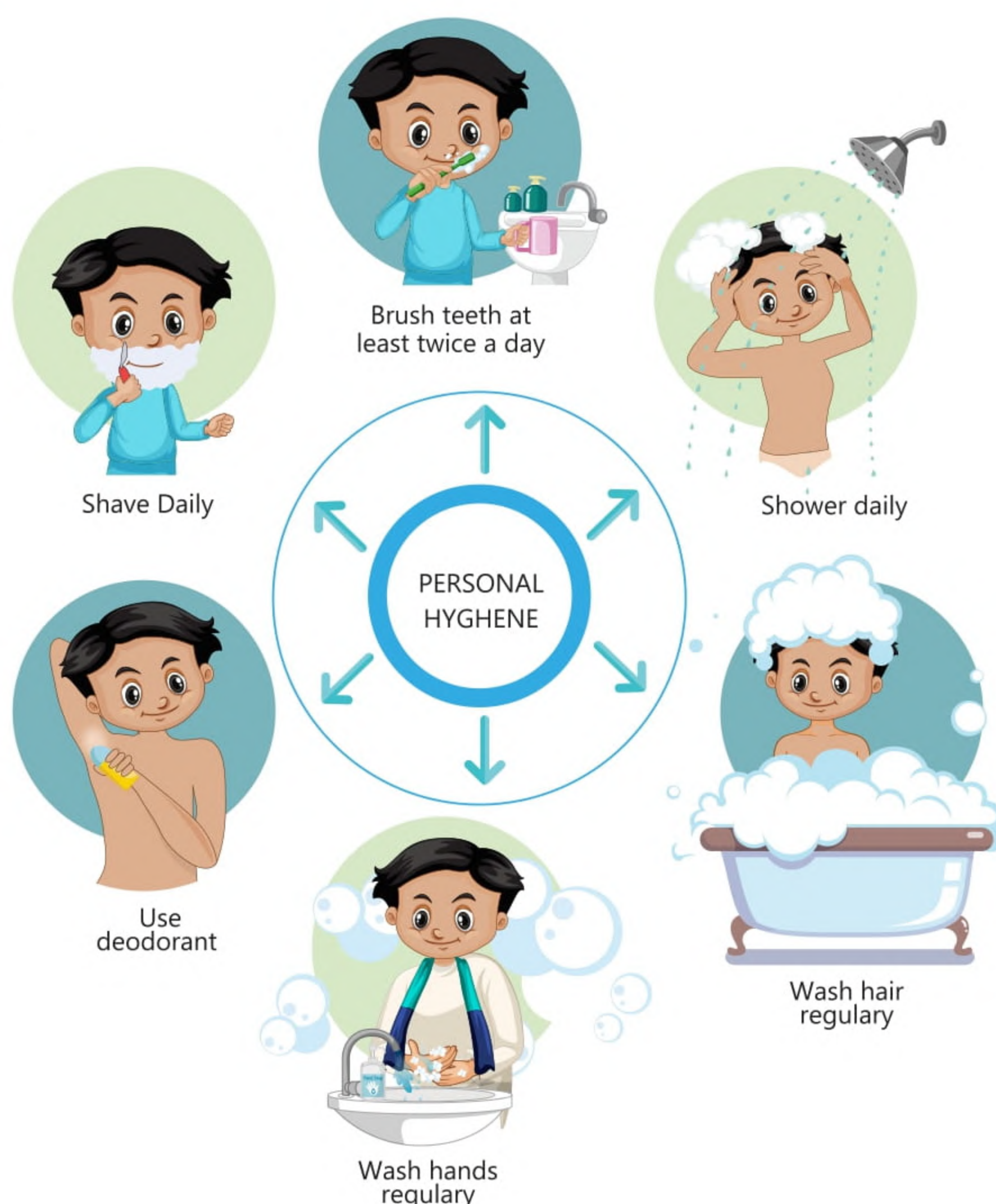


Figure 5
Components of Personal Hygiene



How to Keep External Reproductive Organs Clean



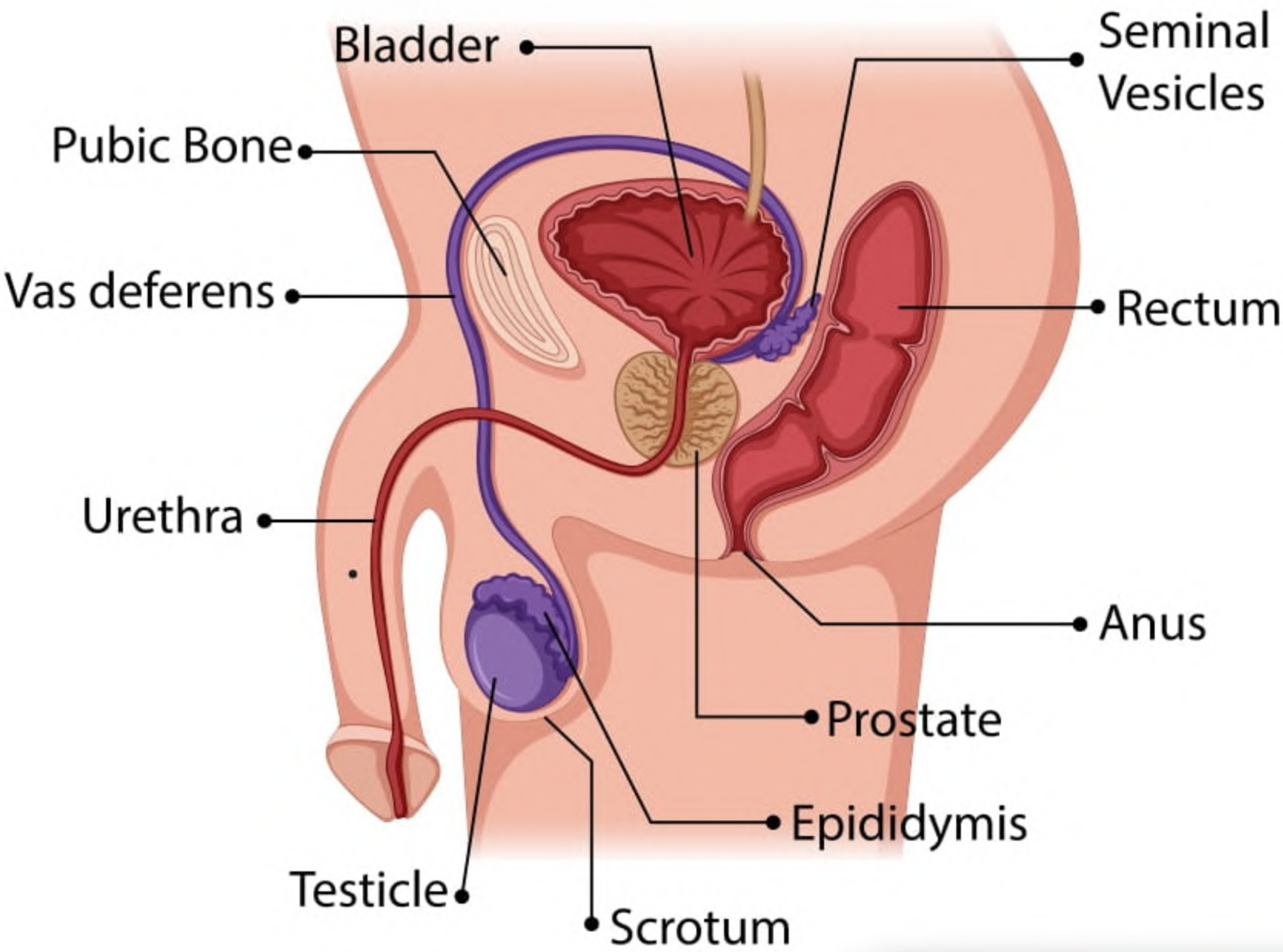
- Use soap and water to wash the external genitalia and under your arms every day, especially during menstruation, and after using the toilet each time.
- Make sure to dry the areas you wash with a clean towel, to avoid fungal infections.
- Use either a disposable pad made of cotton, which has a nylon base, or a clean piece of cotton cloth to absorb blood during menstruation.
- Properly dispose of the pad after each use.
- Wash only the external genitalia. Do not try to clean the inside part of the vagina.
- While washing, wash starting from the vagina towards the anus. Do not wash from the anus towards the vagina, this will allow germs to enter the inner genitalia easily and cause infections.
- Be aware of any abnormal fluids from your vagina. Do not confuse this with normal vaginal fluids.
- If you see any changes in the vaginal fluid – a change in color or odor, please visit a health professional as this could be a symptom of a sexually transmitted infections.

- Wash the external genitalia at least daily with soap and water, and after using the toilet each time.
- Make sure to dry the areas you wash with a clean towel, to avoid fungal infections.
- Be aware of any abnormal fluids coming from your penis, and if you see any abnormal fluid or wound, please visit a health professional as this could be a symptom of a sexually transmitted infections.

1.8 Exercises and Activities

Male Organs

Card Game: Male reproductive organs corresponding description/function	
Penis	Male organ for sex used for placing sperms into the vagina and also for passing urine.
Prepuce Foreskin	Protects the head of the penis.
Urethra	Long narrow tube inside the penis through which both sperms and urine pass.
Testes	Two sex glands that produce sperm and male hormones. They are responsible for the development of secondary sexual characteristics in a man.
Seminal vesicles	Are like pockets or glands where the white fluid (semen) is produced and the sperms stored.
Prostate	Produces fluid, which helps create a good environment for the sperms in the vagina.
Vas deferens	Tubes through which the man's sperms pass from the testicles to the penis.
Scrotum	It is a sack, which holds the testes, and protects them against extreme temperature.
Epididymis	Coiled tubes leading from the testes to the vas deferens where sperm mature.
Cowper's gland	Produces fluid, which helps create a good environment for the sperm in the penile urethra



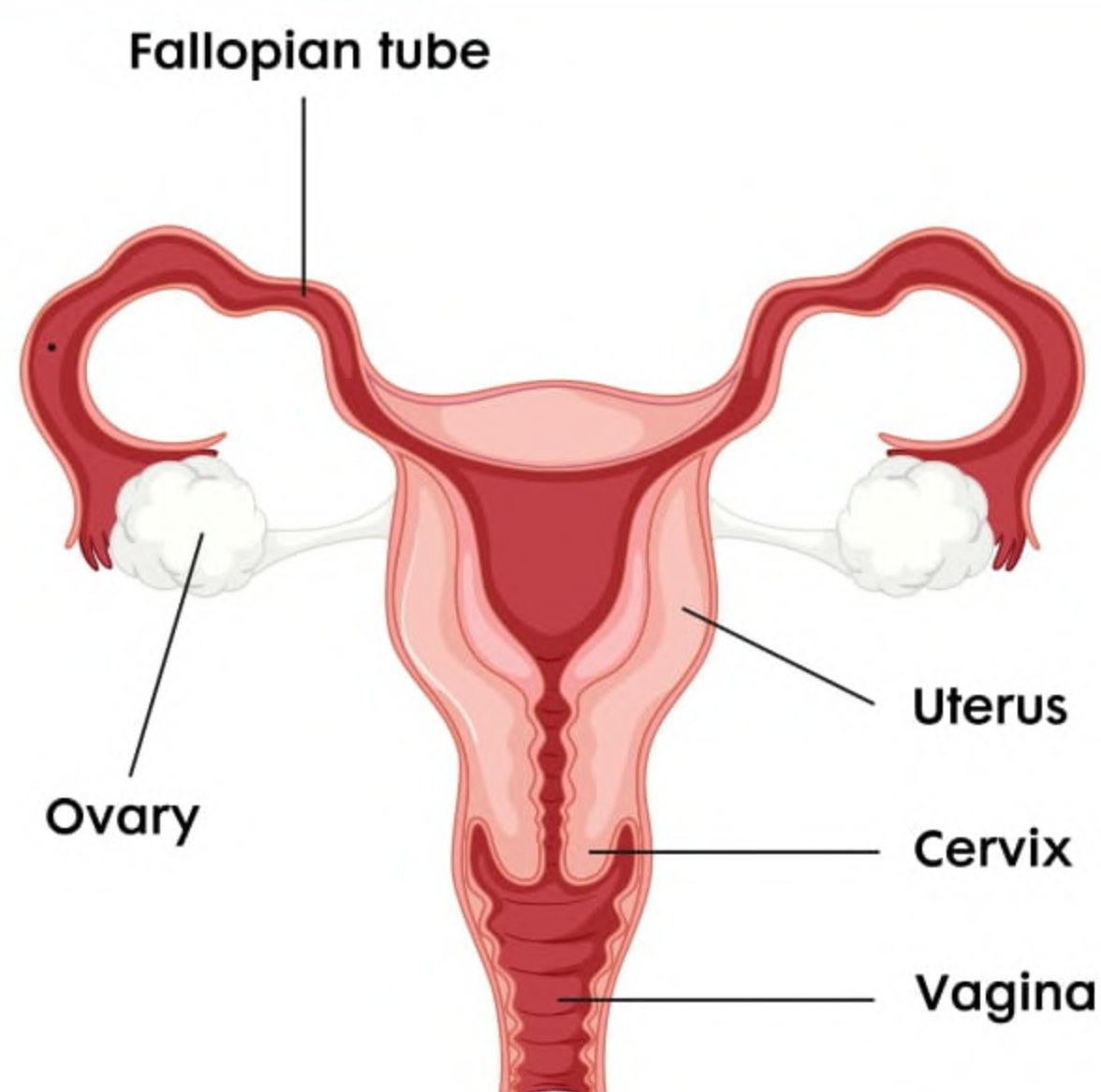
Male Organs

Table 2

Female Organs

Card Game: Female Reproductive Organs- Corresponding description/function

Uterus	Implantation takes place and holds a growing baby. The inner lining of it sheds blood once every month during menstruation and comes out as blood.
Fallopian tubes	Are two hollow like structures that connect the ovaries to the uterus on either side.
Cervix	The neck or opening of the uterus. The lower end of the womb connecting with the upper part of the vagina.
Vagina	Is the passage from the outside of the body to the mouth of the uterus.
Vulva	The external parts of the female genital organ.
Vaginal fluid	Fluid produced by a pair of glands in the vagina to moisten the vagina.
Labia majora	The outer lips of vulva covered with hair that protects labia minora and internal structures.
Labia minora	The two inner lips covering and protecting the vaginal opening.
Pelvis	The bones containing and protecting the internal genital organs.
Ovaries	Produce eggs and two major hormones, estrogen and progesterone.
Urethra	Narrow tube for passage of urine to the outside.
Hymen	Thin membrane covering the opening of the vagina.



Female Organs

Table 3



Suggested Pre/ Post- Evaluation Forms

Following are 2 forms you can distribute to the trainees to assess their knowledge in the topics addressed during the first day of the training, the first one should be given before you start and the other upon completion.

Name:

Factory:.....

Gender: ☐ Male ☐ Female

1) Supporting the sexual and reproductive health of garment factory workers has positive results in:

- a) Health outcomes
- b) Mental health
- c) Economic empowerment
- d) All of the above
- e) None of the above

2) The average menstrual cycle is:

- a) 14 days
- b) 18 days
- c) 24 days
- d) 28 days

3) Which one of the following is an unhealthy habit?

- a) Sharing food
- b) Bathing twice a day
- c) Drinking boiled water
- d) Eating without washing one's hand

4) Which of the following factors is necessary for a healthy person?

- a) Vaccination
- b) Balanced diet
- c) Personal hygiene
- d) All of the above
- e) None of the above

5) From Your opinion, what is sexual and reproductive health? and why is it important?

Name:

Factory:.....

Gender: ☐ Male ☐ Female

1) Supporting the sexual and reproductive health of garment factory workers has positive results in:

- a. Health outcomes
- b. Mental health
- c. Economic empowerment
- d. All of the above
- e. None of the above

2) The average menstrual cycle is:

- a. 14 days
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4) Which of the following factors is necessary for a healthy person?

- a. Vaccination
- b. Balanced diet
- c. Personal hygiene
- d. All of the above
- e. None of the above

5) From Your opinion, what is sexual and reproductive health? and why is it important?

Day 2

TIME	Minutes	Session	Topic
09:00-10:00	60	2.1	Recap of Day 1
10:00-12:00	120	2.2	Contraceptive Methods
12:00-12:30	30	Break	
12:30-1:30	60	2.3	Safe Use of Social Media
1:30-2:00	30	2.4	Reflection and Evaluation
2:00-2:15	15	2.5	Homework and Closure of the day
2:15-3:00	45	Lunch	

Session	2.1	Recap of Day 1
Time	60 Minutes	
Objectives		 • To remind participants of key messages after they have had time to review the previous day's content. • To help participants consolidate their learning. • To recap creatively, use pictures, drawings and games. • To start off the day on an energetic note
Activities		 1. Group Discussion • Invite four participants to lead a recap of the previous day's key messages. • Give each of them specific time to present. • After the session has been delivered, thank the presenters and remind the group who is presenting next time. • Review important messages that participants need to remember. 2. Pre-Training Assessment • Distribute the pre-training assessment forms to the participants for Day2 3 Workshop Rules • Remind the participants what the workshop rules should be. • Add extra rules on the flipchart.
Materials		 • Flip chart, Markers

Session	2.2	Contraception Methods
Time	120 Minutes	
Objectives		
- To familiarize the participants with contraceptives and prevention methods available for migrant workers - To raise awareness about emergency contraceptive methods - To discuss factors affecting the attitudes of migrant workers towards the contraceptive methods. Resources in different languages:		
Activities		
1. Exercise: Contraceptive Method Cards - Prepare a set of contraceptive method cards and description cards separately. You may take the ideas for the cards from the background information (See the handout of Methods of Contraception). - Seat the group in a circle. Ask participants to form a buzz group of 2 or 3 with their neighbors. - Mix up the two sets of cards and distribute them to each buzz group equally. - Ask every buzz group to take a turn to read aloud what is on their card. - Ask for the one who has a matching card to read it out (method card or description card). - Show illustrations. - Ask buzz groups analysis questions (if necessary allow the buzz groups to discuss briefly). - Describe what the method is? - How is it used? Be brief. - Note: Most of your time should be used for methods which are available to migrant workers in the factories. These are probably condoms, pills, injectables: Norplant and abstinence. - Write the important points on a flip chart. - Add major facts missed. Use the background information. - Summarize the main methods learned and ask for feedback. - Ask: Can participants use this exercise with peer learning groups? 2. Interactive lecture using PowerPoint slides - Give a presentation on contraceptive methods - Discuss migrant workers and contraceptive methods: Challenges and opportunities.		
Materials		
Flip chart, Markers, Tape, Pens, Cards, Lap top, speakers, Handouts		

Session	2.3	Safe Use of Social Media
Time	90 Minutes	
Objectives		 • To raise awareness and prevention of cyber stalking/ cyber bullying/ sexual harassment. • To discuss the participants' experiences in using social media. • To increase knowledge on safety and best practices to social media.
Activities		 1. Video and Group Discussion: Cyberstalking/ Cyberbullying • Present a short video • Divide participants into 4-3 small groups (by counting 1,2,3,4, to change participants' seats). • Then every group will work on different assignments: a. Defining what is cyberbullying. b. Signs of cyberbullying and if you are bullied c. The effect of Cyberbullying d. What to do in Cyberbullying cases • Ask them to discuss and write in the flip chart. • Display the flip charts on a wall and discuss them together. • Group discussion. 2. Interactive Lecture Using PowerPoint Slides- Safe Use of Social Media • Give a presentation on the safe use of social media Discuss "Migrant Workers and social media" in a group discussion or in small groups: - What is social media & types of social media - Benefits and risks of social media - Common mistakes - Available resources - Cases in factories - Safe sue of Social Media
Materials		 • Flip chart, Markers, Tape, Pens, Lap top, speakers, Handouts

Session	2.4	Reflection and Evaluation
Time	30 Minutes	
Objectives		
- To evaluate the quality and style of the training, and the day's key learning points; - To introduce the daily recap sessions.		
Activities		
- Refer back to Day 1, explain the purpose of reflection and ask the group to think about what was good about the day (structure, speed, the pitch of information, logistics, etc.). Then ask them what could be improved. - Make a note of their answers and decide what can be changed on the remaining days. Some things might be easier to change than others. Distribute the post-training evaluation of Day2. Refer back to Day 1, explain the purpose of reflection and ask the group to think about what was good about the day (structure, speed, the pitch of information, logistics, etc.). Then ask them what could be improved. - Make a note of their answers and decide what can be changed on the remaining days. Some things might be easier to change than others. Distribute the post-training evaluation of Day2.		
Materials		
Flip chart, Markers, Post evaluation forms		



Session	2.5	Homework and Closure of the Day
Time	15 Minutes	
Objectives		
• To introduce the daily recap sessions; • To exercise the training skills		
Activities		
• Give participants Handouts of Day2 • Ask for volunteers to present the recaps on Day 3, and note their names. • Explain that they can present in any way they like – the more fun, imaginative and energetic the better! • Thank everyone for their participation and engagement throughout the day.		
Materials		
• Handouts		



2.1 Contraception Methods

A contraceptive is a drug or device used to prevent pregnancy. Most contraceptive methods are reversible; that is a woman will be able to become pregnant again after she has stopped using the method. Some methods, such as surgical sterilization, are permanent, meaning a woman cannot become pregnant ever again or a man cannot make a woman pregnant again. Even though not all methods may be available where you are (or recommended for young people), it is important that you know about them and how they work. Contraceptive methods are frequently referred to by the way in which they prevent pregnancy, Figure 6 below illustrates the different methods, and table 4 is a summary.



Figure 6
Contraception Methods

Short- term Methods

1. Progestin- Only Pills (POPs):

An effective short term method, its effect starts on the third day after a woman starts, and continues until she stops. The return to fertility is immediate after the pills are stopped, and the effectiveness increases when one pill is taken daily and at the same time.

Advantages: Nearly all women can use POPs safely and at all ages, including those who have or have not had children, breastfeeding women, and those who are unable to take compound pills.

Possible Side Effects: Some women can have headaches, nausea, breast tenderness, mood swings, particularly during the first months of usage, however, these symptoms are likely to go with time. When POPs are used with non-breast feeding women, irregular bleeding can occur, such as having unexpected droppings, an increase in the menstruation days, menstruation delays. These are all simple, and non-harmful symptoms.

Effectiveness: 99% for breastfeeding women, and 93% for non-breast feeding women.

2. Compound Pills:

An effective short term method, its effect starts on the eighth day after a woman starts, and continues until she stops. The return to fertility is immediate after the pills are stopped, and the effectiveness increases when one pill is taken daily and at the same time.

Advantages: Nearly all women can use POPs safely and at all ages, including those who have or have not had children, it helps in reducing menstrual cramps and bleeding, regulating menstruation periods, reducing the risk of anemia, and protecting women against ovarian and endometrial cancers.

Possible Side Effects: Some women can have headaches, weight changes, and nausea, particularly during the first months of usage, however, these symptoms are likely to go with time. Irregular bleeding can occur after the end of the menstruation days, but these are all simple, and non-harmful symptoms.

Effectiveness: 93%

3. Condoms:

A short term method used by men, the effectiveness increases after each proper use.

Advantages: Easy to use after knowing the right steps, can help in preventing sexually transmitted infections, and gives men the chance to positively participate.

Possible Side Effects: In rare cases, it may cause allergy or skin irritation.

Effectiveness: 87%

Long- term Methods

1. Implants:

An effective long term method, its effectiveness starts on the 8th day after being implanted and continues for 3 years. Return to fertility is immediate after removal.

Advantages: Safe for breastfeeding women, it is a small rod placed by a trained health provider just under the skin of the upper arm, women can use it at all ages, including those who have or have not had children.

Possible Side Effects: Some women can have headaches, breast tenderness, and mood swings, particularly during the first months of usage, however, these symptoms are likely to go with time. Irregular bleeding, and menstruation delays can occur but these are all simple, and non-harmful symptoms.

Effectiveness: 99.9%

2. Hormonal IUDs:

An effective, safe long term method, its effectiveness starts on the 8th day after being placed and continues for 5 years. Return to fertility is immediate after removal.

Advantages: All women can use it at all ages, safe for breastfeeding women, it is a small T-Shaped plastic device placed by a trained health provider in the uterus that steadily releases hormones each day.

Possible Side Effects: Can reduce the amount and/ or the days of menstruation bleeding, and irregular bleeding may happen, but these are all simple, and non-harmful symptoms.

Effectiveness: 99%

3. Copper Bearing IUDs:

An effective, safe long term method, its effectiveness starts on the first day after being placed and continues for 12 years. Return to fertility is immediate after removal.

Advantages: All women can use it at all ages, safe for breastfeeding women, it is a small plastic device placed by a trained health provider in the uterus that includes copper.

Possible Side Effects: Can increase the amount and/ or the days of menstruation bleeding, but these are all simple, and non-harmful symptoms.

Effectiveness: 99%

4. Progestin- only Injectables:

An effective, safe long term method, its effectiveness starts on the 8th day of start and continues for 3 months. Return to fertility is after they are stopped and this may take 7- 12 months.

Advantages: All women can use it at all ages, including those who have or have not had children, safe for breastfeeding women and can be started 6 weeks after delivery. The injectable is taken every 3 months, and when one is missed the delay should not exceed 4 weeks

Possible Side Effects: Simple irregular bleeding during the first months, then menstruation stops in most cases. Weight increase, and mild headaches may also occur, but these are all simple, and non-harmful symptoms.

Effectiveness: 96%

Summary of Contraception Methods
Table 4

Methods	Description
Progestin only pills	Its effect starts on the third day after a woman starts, and continues until she stops. The effectiveness increases when one pill is taken daily and at the same time.
Compound pills	Its effect starts on the eighth day after a woman starts, and continues until she stops. The effectiveness increases when one pill is taken daily and at the same time.
Condoms	Helps in preventing sexually transmitted infections, and gives men the chance to positively participate.
Implants	A small rod placed by a trained health provider just under the skin of the upper arm.
Hormonal IUDs	A small T-Shaped plastic device placed by a trained health provider in the uterus that steadily releases hormones each day.
Copper bearing IUDs	A small plastic device that includes copper, placed by a trained health provider in the uterus.
Progestin only injectables	An injection, taken every 3 months



Figure7
below, lists the different contraception methods discussed above with the effectiveness in preventing pregnancy.



Implants	99%
Hormonal IUDs	99%
Copper IUDs	99%
Progestin Only Pills	99%
Progestin only injectables	96%
combined pills	93%
condoms	87%

Effectiveness

Figure 7
Effectiveness of Contraception Methods



2.2 Emergency Contraceptives

► What is Emergency Contraception?

Emergency contraception refers to methods of contraception that can be used to prevent pregnancy after sexual intercourse. These are recommended for use within 5 days but are more effective the sooner they are used.

- **Mode of action**

Emergency contraceptive pills prevent pregnancy by preventing or delaying ovulation and they do not induce an abortion. Safe for all women, including those who cannot use hormonal methods regularly. Progestin only and compound pills can be used.

- **Who can use emergency contraception**

Any woman or girl of reproductive age may need emergency contraception to avoid an unwanted pregnancy. There are no absolute medical contraindications to the use of emergency contraception and no age limit. Eligibility criteria for general use of a copper IUD also apply for use of a copper IUD for emergency purposes. Emergency contraception can be used in the following situations following sexual intercourse:

- When no contraceptive has been used.
- Sexual assault when the woman was not protected by an effective contraceptive method.
- When there is concern of possible contraceptive failure, from improper or incorrect use.

- **Effectiveness:**

- If 100 women have intercourse during the second or third week of the menstrual cycle without using a contraceptive method, it is likely that 8 women will become pregnant.
- If the 100 women use the progestin only pill, one woman is likely to become pregnant.
- If all 100 women use the compound pill, two women are likely to become pregnant.

- **Advantages:**

Highly effective in preventing pregnancy.

- **Possible Side Effects:**

After one weeks of taking the emergency contraception pill, the following may occur:

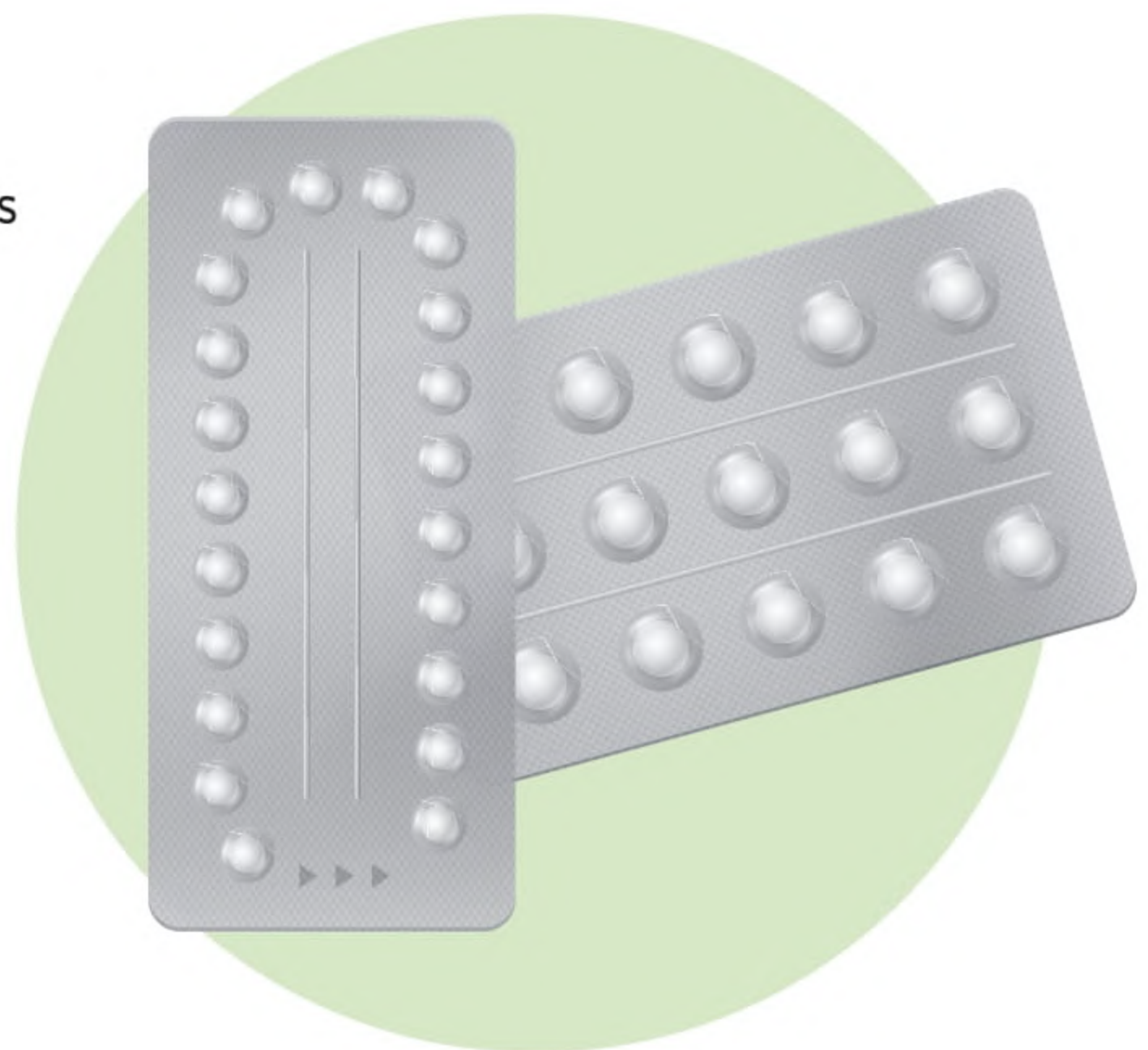
- Nausea
- Abdominal pain
- Headache
- Breast tenderness
- Dizziness
- Vomiting

Some women may also have irregular bleeding for one to two days after taking the pill, and may early/ delayed menstruation period.

- **Correcting some misconceptions about emergency contraceptive pills**

Emergency contraceptive pills:

- Do not cause a miscarriage
- Do not cause fetal malformations if pregnancy occurs
- Do not pose a threat to women's health
- Do not cause infertility for women
- Do not encourage risky sex



2.3 Cyber stalking / Cyber bullying

➤ What is Cyber stalking/ Cyber Harassment and Abuse?

Cyber harassment and abuse refer to a range of harmful behaviors experienced via the Internet, as well as mobile phone and other electronic communication devices (including tablets and online gaming consoles). While much existing research has focused on the experiences of children and young people (including 'cyberbullying', sexual exploitation and 'sexting'), there have been few international studies on adult experiences of cyber harassment and abuse. As such, little is currently known about the extent, nature and impacts of cyber harassment and abuse on adult victims.

Cyber harassment and abuse can range from behaviors such as naming- calling, social embarrassment and offensive language, through to sexual harassment, unwanted sexual behaviors, exploitation or abuse (such as by taking or distributing intimate or sexually explicit images without permission), as well as threats and cyberstalking. Some international studies have sought to measure the extent of cyber harassment and abuse among adult populations. In the United States, for example, a survey of 2,849 adult internet users found that overall 40% had experienced some kind of cyber harassment or abuse. The rates were similar for men and women, but much higher for young adults, with 70% of those aged 18 to 24 years reporting experiencing at least one form of cyber harassment. The same study found that men and women differed in the types of abuse they experienced online, with women reporting higher rates of sexual harassment in particular.

Women were more likely than men to report experiencing Cyber harassment: 1 in 5 women (21.8%) reported that someone had sexually harassed them online, via mobile phone or other electronic devices, compared with 17.7% of men. Women (29.1%) and men (28.8%) also reported similar rates of 'receiving unwanted sexually explicit images, comments, emails or text messages'.

When describing these experiences, more men reported receiving pornographic material (including advertising and 'spam' emails), while women were more likely to report receiving unsolicited sexually explicit images and personal sexual requests. This suggests that exposure to sexual content in online and digital communications is likely to differ for men and women, despite the finding that they both experience similar proportions of unwanted messages of a sexual nature.

2.4 Safe Use of Social Media

➤ What Is Social Media

It is where people create, share or exchange information, ideas, pictures/videos using websites. Social media is different from traditional media in many ways, including quality, number of people who can see it, it's often updated, easy to use, get content online right away, and once on the internet it is permanently there once "published". Even if you delete it!

Facebook, YouTube, Tumblr, WordPress, Blogger, Twitter, Pin interest, LinkedIn, Flickr, Google+ and Instagram are the best known and most popular Social Media sites, used worldwide by millions of people for personal use, business and illegal activity.

Types of Social Media

- **Snapchat:** A photo messaging application that enables the user to take pictures, record videos, add texts and drawings, and send them to a list of recipients.

<http://www.snapchat.com/>

- **Facebook:** A popular free social networking website that allows registered users to create profiles, upload photos and video, send messages and keep in touch with friends, family and colleagues.

<https://www.facebook.com/>

- **Twitter:** A free social networking microblogging service that allows registered members to broadcast short posts called tweets. Twitter members can broadcast tweets and follow other users' tweets by using multiple platforms and devices.

<https://twitter.com/>

- **Instagram:** A free online photo sharing and social network platform that allows members users to upload, edit and share photos with other members through the Instagram website, email, and social media sites such as Twitter, Facebook, Tumblr, Foursquare and Flickr.

<http://instagram.com/>

- **Other Types:** Blog; You Tube; WhatsApp;

Today, more than 79% is active on social networks, but many of those people have no idea how to stay safe on social media. Users openly share data, often use poorly protected passwords, and each year millions of people are the victim of social media accounts hacks, had personal information stolen or fell prey to online scams.

➤ Dangers of Social Media

- Cyber bullying
- Geolocation
- Inappropriate Content
- Sexting
- Online Predators
- Breaking Laws



Learning how to stay safe on social media is especially important with the increasing prevalence of integrated payment systems and apps, phone verification, and touch technology. When someone steals an account, they likely have access to bank or credit card information, home or work addresses, and other very personal information that could be used to steal the victim's identity.

➤ Tips to help you protect yourself on social media

1. Use Privacy and Security Settings to Protect Your Information from Social Media Phishing and Scams Social media accounts offer a few forms of security and privacy settings to help users two-factor authenticate their accounts and secure who can see information to tighten social media safety measures. Facebook has some of the most sophisticated safety measures, with controls that allow users to update how different groups of friends see their profile and information. Rather than sharing information to everyone, limiting your account to a select few very close friends, or not sharing personal information like baby photos at all is vital to combat social media phishing and social media scams. So, what information should users keep private to close-friends-only?

- Information regarding location
- Home or work addresses
- Phone numbers and emails
- Birth date and other private information

Even information about a user's home-town, maiden name, and birth-date can be used to answer privacy questions on bank financial platforms and other websites. If the information isn't kept private, users are unprotected from social media scams.

2. Stay Safe on Social Media with Strong Passwords and Secure Accounts

Strong passwords will protect online accounts from being hacked, which help a great deal in terms of identity theft, social media scams, and account takeovers by hackers. Tips for a good password:

- Use a unique mix of letters, numbers, and signs
- Have at least 10 characters
- Change your password every 6 months

Most people can benefit from using a password manager which will automatically handle this type of security for you, so you don't have to remember passwords. It's also important to use a different password on each of your accounts to ensure that if someone gets into one, they don't have access to all of them. This will maximize the ability to be safe on social media across any applications.

3. Manage Your Friends and Followers

Everyone receives friend and follower requests, but users should be careful of who they accept. For example, if strangers add you, they could be attempting to scam you, and others might be bots. If a user is able to trust the people on their friends' list, it is one less thing to worry about.

What should users stay away from?

- 1) Accounts with no information
- 2) Accounts with only a few friends
- 3) Accounts that immediately start sending you messages with no real purpose, especially in broken English
- 4) Accounts that start sending you links, promising things, asking for investment, or promising love.

Most social media platforms, like Instagram and Facebook, are now spending quite a bit of time and money in ensuring that their users are protected from bots and social media scams. However, users should always exercise a certain amount of caution when accepting friend requests and interacting with others to stay safe on social media.



4. Watch out for Social Media Scams and Phishing

Social media scams and social media phishing are two of the most common problems on social media platforms today. The links used for these types of attacks normally attempt to steal either your identity, steal money, or work to spread a bot or virus to your network of colleagues, friends, and family. Scams and phishing tactics include:

- Chain letters
- Quick requests for money, sometimes from friends who have just added you from a new account
- Links to quizzes and games that require your phone number or bank details first
- Links to photos and click-bait article titles that take you off the network (likely phishing scams)
- Shortened URLs, which can be used to hide malware and viruses on a link
- Pay an upfront fee to work from home/make money
- Sweepstakes and lottery winnings (these are never distributed through social media, even if you play)
- Sudden romantic interests asking for money

Some of these social media scams are harmless, but others can be used to actively steal a great deal of information and money. It's important to be careful, to double check anything before you click on it, and to be careful when and how users give information to a third-party site.

5. Research Everything Before You Click and Share Data

To really stay safe on social media, users should do their homework before accepting, clicking, or sharing digital content. This means paying attention to what's being sent and shared, evaluating sources, and taking a close look into anything that seems off or slightly suspicious. For example, if a friend asks for money under suspicious circumstances, you could follow through on this by calling them to ask about their request. Another example is, if a friend you thought was already a Facebook connection adds you, you could call them to ask about it. This might feel awkward, but it will prevent potential hacking, spamming or phishing issues.



Similarly, if you see an astounding bit of news from a website you don't know, it's almost always better to look it up through your own Google search instead of clicking on a link. If you're being prompted to fill in data for a quiz, you could look up the quiz and see if it's reliable (or better yet, never give information to a quiz app). Taking the time to look into things that are suspicious or even slightly questionable will help users and their friends and family stay safe on social media, even as scam tactics change and become more sophisticated.

6.The Bottom Line

The internet can be a dangerous place and social media is no exception. Taking the time to protect your data and to use the security tools provided to you by the app to control how and where you share data is the best way to protect yourself online. You should also take the time to periodically review your social media accounts, change passwords, and to review any apps or plugins that have access to your account, so you can maintain long-term security. The internet can be relatively safe so long as you're cognizant of risks and take steps to mitigate them.



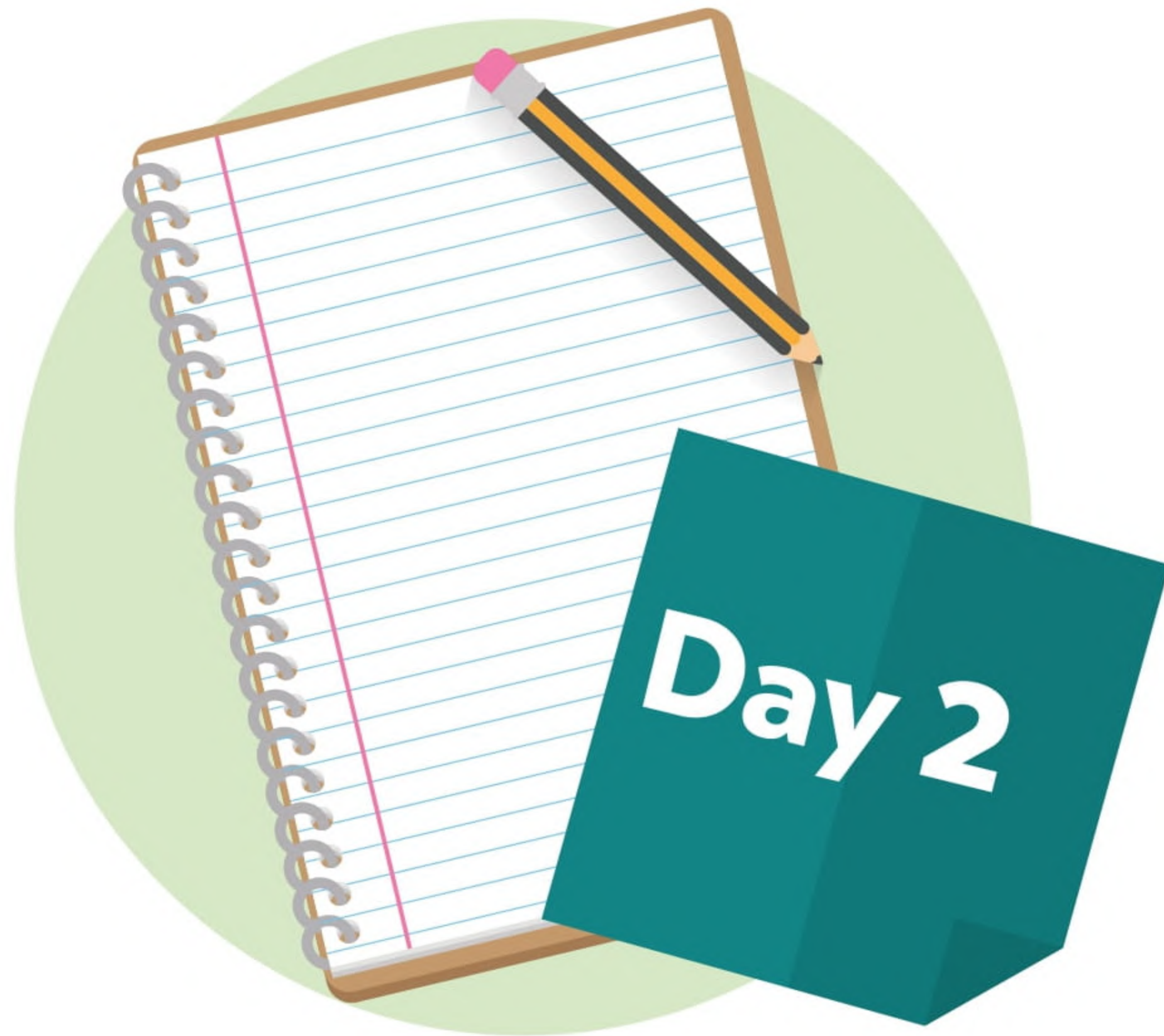
2.5 Migrant Workers and Safe Use of Social Media

Given that most migrant workers are using social media, there is potential for high uptake and sharing of apps, platforms and other information for migrants if promoted through social media. Awareness raising through social media should target migrant workers, as well as friends and family as key influencers and established peer networks.



What can be done?

- Creating a forum where migrant workers can help each other to be aware of the risks and provide advice or help each other;
- Regular training on digital literacy and educating women and men migrant workers on available ICT-based solutions, cyber security, and how to access reliable information. Capacity-building efforts could include cost-effective ways to connect with family and friends; how to set up an email account; how to contact service providers; and how to report violence and abuse;
- Promoting the use of mobile technology in networking and organizing migrant workers as well as a way to prevent and respond to violence and abuses in the workplace. This can be harnessed further by trade unions, and migrant worker associations;
- Promoting online (and offline) migrant support services, including in response to violence and abuses, and awareness raising through social media.
- Taking care not to consider apps and other digital solutions as a panacea to the challenges that women migrant workers face. Systemic change as well as traditional outreach, is still required, not least to ensure inclusion of those with lower levels of education and income who, as a result, find it challenging to gain access to smart technology or online spaces;
- Being able to safely allow users to report violence, abuse or exploitation. The information reported should be made private, confidential and direct to those service providers that can provide immediate help and advice.



Suggested Pre/ Post- Evaluation Forms

Following are 2 forms you can distribute to the trainees to assess their knowledge in the topics addressed during the second day of the training, the first one should be given before you start and the other upon completion.

Name:

Factory:.....

Gender: ☐ Male ☐ Female**1. Emergency contraceptives are effective if used within:**

- a) 72 hrs of sexual intercourse
- b) 72 hrs of ovulation
- c) 72 hrs of menstruation
- d) 72 hrs of implantation

2. Choose the right one among the statements given below:

- a) IUDs are generally inserted by the user herself
- b) IUDs increase phagocytosis reaction in the uterus
- c) IUDs suppress gametogenesis
- d) IUDs once inserted need not be replaced

3. Condoms are one of the most popular contraceptives because of the following reasons:

- a) These are effective barriers for insemination
- b) They do not interfere with coital act
- c) These help in reducing the risk of STDs
- d) All of the above

4. What are the risks of using social media? How can you protect yourself?

.....

Name:

Factory:.....

Gender: ☐ Male ☐ Female

1. Emergency contraceptives are effective if used within:

- A. 72 hrs of sexual intercourse
- B. 72 hrs of ovulation
- C. 72 hrs of menstruation
- D. 72 hrs of implantation

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- C. These help in reducing the risk of STDs
- D. All of the above

4. What are the risks of using social media? How can you protect yourself?

.....

Day 3

TIME	Minutes	Session	Topic
09:00-10:00	60	3.1	Recap of Day 2
10:00-12:00	120	3.2	Sexual Harassment
12:00-12:30	30	Break	
12:30-1:30	60	3.3	Abortion
1:30-2:00	30	3.4	Reflection and Evaluation
2:00-2:15	15	3.5	Homework and Closure of the day
2:15-3:00	45	Lunch	

Session	3.1	Recap of Day 2
Time	60 Minutes	
Objectives		
• To remind participants of key messages after they have had time to review the previous day's content. • To help participants consolidate their learning. • To Recap creatively, use pictures, drawings and games. • To start off the day on an energetic note. • To discuss principles on SRH issues		
Activities		
1. Group Discussion • Invite four participants to lead a recap of the previous day's key messages. • Give each of them specific time to present. • After the session has been delivered, thank the presenters and remind the group who is presenting next time. • Review important messages that participants need to remember. 2. Pre-Training Assessment • Distribute the pre-training assessment forms to the participants for Day3 3. Workshop Rules • Remind the participants what the workshop rules should be, highlight extra Principles: a. Sharing their experiences and contribution is highly important. b. Adopting a sex-positive approach to the workshop. A sex-positive approach accepts that sex and sexuality are part of life, and that open expression of sexuality, free from taboo, shame and judgment, is important to an individual's wellbeing. c. No question is a silly one! d. Confidentiality and privacy are understood throughout the sessions. e. It is acceptable if individuals need to take some time out or talk privately.		
Materials		
• Flip chart, Markers		

Session	3.2	Sexual Harassment
Time	120 Minutes	
Objectives		
- To familiarize the participants with concepts of Sexual harassment, types, consequences, prevention and response. - To raise awareness about rape, clinical management of rape, laws and regulations. - To discuss factors, myths and facts affecting the attitudes of migrant workers towards the sexual harassment and rape issues. Note: Most of your time should stress that the victims should not be blamed. Resources in different languages: sexual harassment at work: https://www.youtube.com/watch?v=YVkBbgqYlgc, https://www.youtube.com/watch?v=G82r7QIR-KI		
Activities		
1. Exercise: Sexual Harassment definition - Prepare a set of definition cards and description cards separately. You may take the ideas for the cards from the handout of day3. - Have the group seated in a circle, and ask participants to form a buzz group of 5 or 6 with their neighbors. - Mix up the two sets of cards and distribute them to each buzz group equally. - Ask every buzz group to read and match the definitions, then post them on the flip chart. - When all the groups have finished, one of them will present the group work. - Show illustrations. - Ask buzz groups analytical questions (If necessary allow the buzz groups to discuss briefly). 2. Interactive lecture using PowerPoint slides and a short video - Present a short video - Give a presentation on sexual harassment and rape cases - Discuss migrant workers and sexual harassment: Prevention and response. 3. Exercise: The Judge: Myth and Fact about Rape - Prepare two cards one is Myth other is Fact post them one at the right side of the room, the other at the left side of the room. You may take the ideas for the Myth and Fact cards from the handout of day3. - Ask participants to stand in the middle of the room. - The facilitator will say first statement and the participant will move to the right or the left. - Ask participant if this statement is myth or fact. - Continue with the other statements. - Guide a group discussion about attitudes and services.		
Materials		
Flip chart, Markers, Pens, Myth and fact statements, Laptop, Speakers, Handouts		

Session	3.3	Abortion
Time	60 Minutes	
Objectives		
- To increase the knowledge of Participants about the nature, causes and potential dangers of abortion; - To raise awareness of sexual health and reduce risky behaviors		
Activities		
1. Exercise: Exploring Experiences of Abortion - Ask participants to form small groups of 5 ,4 or 6; - Ask them to explore their knowledge about abortion (10 minutes); - Remind the groups not to spend time discussing prevention at this stage but concentrate on the incidences, causes and consequences. The following are examples of questions they could work on: - What is the abortion rate among our peers? - What is the level of awareness among the peers? - What do we know about the causes of abortion? - What do we know about the consequences of abortion? - Ask them to identify 3 potential causes and 3 potential consequences. - Ask them to prioritize them in order of their frequency and severity. When the allotted time is up, bring the groups together for experience sharing. - Ask presenters of each group to brainstorm, the first two causes and effects from the prioritized list. - Record findings of each group on a flip chart in separate columns. First, the causes in one column and then the consequences in another. - After presentations, screen and merge repeats and overlaps along with participants. 2. Interactive lecture using PowerPoint slides: Abortion Give a presentation on definition of abortion, understand the complications of abortion, explain the general management of women with abortion.		
Materials		
Flip chart, Markers, Tape, Pens, Handouts		

Session	3.4	Reflection and Evaluation
Time	30 Minutes	
Objectives		
- To evaluate the quality and style of the training, and the day's key learning points; - To introduce the daily recap sessions.		
Activities		
- Ask the group to think about what was good about the day (structure, speed, the pitch of information, logistics, etc.). Then ask them what could be improved. - Make a note of their answers and decide what can be changed on the remaining days. Distribute the post-training evaluation of Day3.		
Materials		
Flip chart, Markers, Post evaluation forms		



Session	3.5	Homework and Closure of the Day
Time	15 Minutes	
Objectives		
• To introduce the daily recap sessions. • To exercise the training skills.		
Activities		
• Give participants Handouts of Day3 • Ask 4 participants to be prepared to present the recaps on Day 4, and note their names. • Explain that they can present in any way they like – but using the training skills. • Thank everyone for their participation and engagement throughout the day		
Materials		
• Handouts		



3.1 Violence and Harassment

In order to eliminate violence and harassment in the world of work, The ILO has established new global standards aimed at ending violence and harassment in the world of work.

ILO Convention No. 190 (or C190 for short) is the first international treaty to recognize the right of everyone to a world of work free from violence and harassment, including gender-based violence and harassment.

As per the C190 - Violence and Harassment Convention, 2019 (No. 190)

Article 1

For the purpose of this Convention:

- a. The term “violence and harassment” in the world of work refers to a range of unacceptable behaviors and practices, or threats thereof, whether a single occurrence or repeated, that aim at, result in, or are likely to result in physical, psychological, sexual or economic harm, and includes gender-based violence and harassment;
- b. The term “gender-based violence and harassment” means violence and harassment directed at persons because of their sex or gender, or affecting persons of a particular sex or gender disproportionately, and includes sexual harassment.

2. Without prejudice to subparagraphs (a) and (b) of paragraph 1 of this Article, definitions in national laws and regulations may provide for a single concept or separate concepts.

Article 3

This Convention applies to violence and harassment in the world of work occurring in the course of, linked with or arising out of work:

- (a) in the workplace, including public and private spaces where they are a place of work;
- (b) in places where the worker is paid, takes a rest break or a meal, or uses sanitary, washing and changing facilities;
- (c) during work-related trips, travel, training, events or social activities;
- (d) through work-related communications, including those enabled by information and communication technologies;
- (e) in employer-provided accommodation; and
- (f) when commuting to and from work.

Violence and harassment is a very broad term under which many details should be discussed. For instance, it is essential to differentiate between the two terms Rape and Abuse/ Harassment.

➤ Main Definitions

• Sexual Harassment and Violence

It is internationally defined as a form of sexual contact that does not include or lead to penetration, without the consent of the other party. Examples include: Attempted rape, unwanted kissing, foreplay or touching of the genitals and buttocks.

Nationally, sexual harassment and violence is defined as any sexual activity or conduct that includes:

- Sexual harassment and comments
- Sexual seduction and coercion
- Sexual abuse of a male/ female child, such as forcing or tempting to participate in sexual activities, or encouraging to watch pornographic materials or to participate in its production, marketing and dissemination, etc.

• Psychological Violence

It is Internationally defined as the infliction of pain and psychological or emotional injury. Examples include threats to inflict physical or sexual violence, intimidation, humiliation, enforced isolation, stalking, harassment, unwanted attention, remarks, gestures, or written words of a sexual nature, or the destruction of cherished things.

Nationally, it is defined as violence that results in a disturbance in mental behavior or causes psychological or emotional pain, such as: Insult, cursing, and humiliation, isolation from family and friends, mockery, intimidation, impossible demands, or arbitrary deprivation of rights and freedoms.



- **Rape:**

Forced intercourse, legally defined in the Jordanian Penal Code as:

“Having forced sexual intercourse with a female- other than his wife- against her will by the use of force or threats or trick or deception, or having sexual intercourse with a woman -other than his wife - who could not resist because of a physical or emotional or mental limitation.”

The penalty increases according the age of the victim and the type of the relation with the rapist in terms of guardianship and custody.

According to this law, rape only happens to females.



- **Indecent Acts**

Every act that harms any part of the victim's body, which, by convention is considered a private part of the body, this includes having sexual intercourse with a woman against nature, as well as sodomy with a male, and any assault to the private parts of the body.

Indecent acts fall on a male against a female, a male against a male, a female against a female, and a female against a male.

3.2 Types of Sexual Harassment at Work

Quid pro quo: This phrase basically means “something for something.” For instance, a manager or supervisor promises to give you a pay raise, promotion, transfer, etc. in exchange for some sexual favor or possibly you are passed over for promotion, not given a pay increase, transferred, etc. because you did not agree to the sexual favor.

- **Hostile Work Environment**

Comments or conduct based on sex, sexually orientated material, or other offensive material is considered harassment when they unreasonably interfere with an employee's work, this may include:

- Staring or leering in a suggestive manner;
- Making offensive remarks about someone's looks, clothing and/or body;
- Touching, pinching, patting and brushing against someone in a manner that creates an uncomfortable feeling;
- Telling sexual or offensive jokes or making sexual gestures;
- Displaying sexually related material such as posters or calendars;
- Sending sexually related material via email, letters or notes.

- **Victims or Harassers and Sources of Harassment**

Sexual harassment victims can be males or females. Harassment can occur between members of the opposite sex (male to female or female to male) as well as members of the same sex (male to male or female to female). It can come from many sources and even from outside the workplace; managers, supervisors, coworkers, customers, vendors, suppliers, delivery drivers, contractors and sales representatives can all be capable of engaging in a harassing conduct.



• **The Management Role in Preventing Sexual Harassment**

Sexual harassment can be prevented and eliminated following the points below:

- Company standards for dress code, workplace behavior, and allowable personal belongings.
- Forming a committee and a focal point from the appropriate personnel and departments to which employees can report possible sexual harassment.
- Statements assuring confidentiality of complaints.
- Statements assuring no retaliation will be allowed.
- Grievance procedures.
- Possible remedies.
- Corrective/disciplinary procedures.

What to Do When Harassed (Depending on the policies of each company)

1. Procedures vary depending the type, level, and effect of harassment.
2. First, the victim may confront and inform the person that he/ she is offended by their actions and would like them to stop immediately.
3. If the harasser does not stop, or if the victim cannot confront him/ her, the victim may either inform the company focal point, or submit a complaint through applications dedicated to receiving complaints of sexual harassment in the company.
4. The company focal point or inspection committee shall begin the task of investigating the incident immediately after being notified. You should write down all information concerning the incident, maintaining privacy and confidentiality. This includes:
 - Date and time of the incident.
 - The location where the incident took place.
 - Person(s) involved including any possible witnesses.
 - A detailed description of what happened.
 - Any other pertinent information that will help in the investigation.
5. If sexual harassment is found to have occurred, measures will be taken to implement the penalty of the harasser, which may extent to termination from work and deportation to his country – for migrant workers.

6. If sexual harassment that includes an indecent act or rape is proven to have occurred, the company shall immediately notify the Family Protection Department, or the Family Protection Committees in hospitals and health centers to begin their procedures in applying the protocol in force for case management, of referral, notification and provision of emergency services to prevent/reduce the consequences of rape or sexual assault, such as:

- Emergency contraceptives
- Preventing the transmission of sexually transmitted infections.
- Preventing the transmission of HIV.

Effects of Sexual Harassment

- Life-threatening physical health effects from murder and suicide.
- Physical health effects such as physical injuries and wounds, exposure to diseases and infections, chronic infections, unwanted pregnancies, sexual disorders, and others.
- Social effects: Victims may experience a great deal of false feelings of guilt and shame, rejection by society and isolation.
- Long-term negative psychological effects; Tension, anger, frustration, helplessness, depression and despair are other emotions that victims may experience.
- Other negative experiences are possible such as financial difficulties, physical ailments and relationship problems.
- Sexual harassment can also be harmful to the company; employee morale generally declines, productivity can suffer, the reputation of the company can be compromised and financial burdens can be incurred due to lawsuits and settlements.



3.3 Rape and Sexual Assault

Rape is the unlawful use of physical force or pressure to have sexual intercourse, any act of sexual intercourse that is forced upon a person against their will. A sexual act is legally defined as oral sex, anal sex, or the insertion of hands, fingers, other body parts or inanimate objects into another's anal or genital opening. The offender is said to have used force when the victim feels he/she has no control over the situation, this includes verbal or physical threats. The law defines rape as any kind of penetration of another person, regardless of gender, without the victim's consent.

- **Exercises and Activities**

Rape Myth and Fact
Table 5

Myth	Fact
Rape is caused by the victim. If a woman flirts or wears sexy clothing, she is "asking for it".	Rape is a violation of body, mind, and spirit. It takes away a person's control over her/his own body choices. Both men and women may want to look attractive, but no one "asks for" or enjoys a violent physical attack, which puts them at risk of injury, disease, pregnancy, or death. Rape is not an act of sexual passion; it is a violent crime in which sex is the weapon.
No woman can be raped against her will, any woman could prevent a rape if she really wanted to.	Women are often physically weaker than their attackers and many times do not know how to effectively defend themselves. Additionally, many women are not willing to hurt their attacker, especially if it is someone they know.
Rape is a woman's problem.	Both men and women are victimized by rape and sexual assault. Most people know someone who has been raped or assaulted and these victims are the wives, mothers, sisters, and daughters of men.
Most rapes occur when people are out alone at night. If people stay home, they will be safe.	1 in 4 sexual assaults take place in the victim's home, making it the most common place for this crime to occur.

Rapists are strangers.	More than 52% of the forcible rapes reported were acquaintance rapes. Unfortunately, we know that assaults by known assailants often go unreported, so this statistic does not reflect the actual numbers of acquaintance rapes taking place.
If the attacker, the victim, or both are drunk or high, the attacker cannot be charged with rape.	Forcing sex on someone too drunk or high to give consent is considered second-degree rape. Rape is a crime. People who commit crimes under the influence are not exempt from responsibility.

What to say and do/ Not to say and do
Table 6

To Say	Not to Say
- It is not your fault (the victim is not the one to blame). - You are not responsible for the rape (the rapist is) I believe you - Have you received medical attention and/or information about emergency contraception? I care about you, what can I do to help you through this? - I support your right to feel whatever you are feeling - I'm here to listen, even if you're not ready to share all the details	- Be thankful, you're lucky to be alive, it could have been worse. - What did you do to encourage him? - How could you let this happen? - You must forgive and forget. - Just quit thinking about it; don't let it ruin your life. - You should have... known better, fought harder, yelled louder, etc. - Why were you... drinking, dressed that way, out at that time, in that place, with those people, etc.
Encourage the Victim to	Don't Encourage the Victim to
- Get to a safe place as soon as possible. - Tell someone about the assault (friend, police, Family Protection Department, etc.). Keeping the secret will only protect their attacker and may be emotionally harmful to the victim. - Notify the Family Protection Department, or the Family Protection Committees in hospitals and health centers to begin their procedures in applying the protocol in force for case management, of referral, notification and provision of emergency services to prevent/reduce the consequences of rape or sexual assault, such as: Emergency contraceptives, preventing the transmission of sexually transmitted infections, and preventing the transmission of HIV. - Ask an legal unit in the company for options regarding safety, prosecution, financial compensation, medical treatment, counseling, and deportation.	- Bathe, douche, urinate, change clothes, eat, drink, or apply medication to yourself prior to seeking medical treatment. These things destroy evidence that your attacker may have left behind. - Disturb or clean up anything in the area where the assault occurred. There may be evidence that can be collected. - Skip seeking medical treatment because there are no visible injuries. It is important to be tested for STIs and pregnancy as well as to be treated for possible internal injuries. - Act like the assault did not occur. It is important for victims to recognize that any non-consensual violation of their body is not okay and they have a right to pursue action against their attacker.

3.4 Abortion

Abortion is the termination of pregnancy by any means, resulting in expulsion of an immature nonviable foetus of less than 24 weeks. Abortion can be early or late depending on gestation, early up to 12-week gestation and late between 13-24-week gestation.

Abortion can happen spontaneously without any deliberate or external manipulation to terminate the pregnancy, or can be induced, which means the deliberate termination of the pregnancy by mechanical or chemical means. Such acts of deliberately terminating a pregnancy are illegal. However, abortion can be therapeutic when a pregnancy, is a serious threat to the life of the mother. It can be only performed after a medical legal statement.

- **Unsafe Abortion**

Any abortion (legal or illegal) performed under conditions that represent a threat to the health of the pregnant woman. Generally, an abortion is considered unsafe when it is performed by an untrained (or poorly trained) person or using dirty instruments in unclean surroundings. An unsafe abortion carries with it a number of risks.

Unsafe methods of abortion might include: Chemical abortions, overdose of medicines, herbal medications, mechanical methods including piercing the uterus using sharp objects.

- **Health, Psychological, Social, Economic Complications**

The consequences and complications arising from unsafe abortion are multiple and may occur immediately or later. They can be categorized as medical, psychological, social and economic.

Medical Complications

- Infection (like sepsis)
- Hemorrhage (heavy bleeding)
- Injuries to tissues and organs
- Generalized infection in the blood stream (septicemia)
- Anaemia (due to loss of blood)
- Bacteraemia shock with rigors, nausea, vomiting, diarrhoea, hypotension, confusion, delirium and coma
- Renal failure
- Some women suffer from long-term problems including not being able to get pregnant again or living in constant pain.
- Death

Psychological Consequences

- Depression
- Withdrawal
- Sexual dysfunction
- Feeling of Guilt
- Suicidal tendencies
- Loss of confidence
- Anger/ Rage
- Self- destructive behavior
- Loss of interest in sex
- Nightmares and frustration
- Mourning



• Social Consequences

- Dropping out of work
- Stigmatization (disgrace and dishonor)
- Rejection by the community
- Poverty
- End of the relationship by the Employer

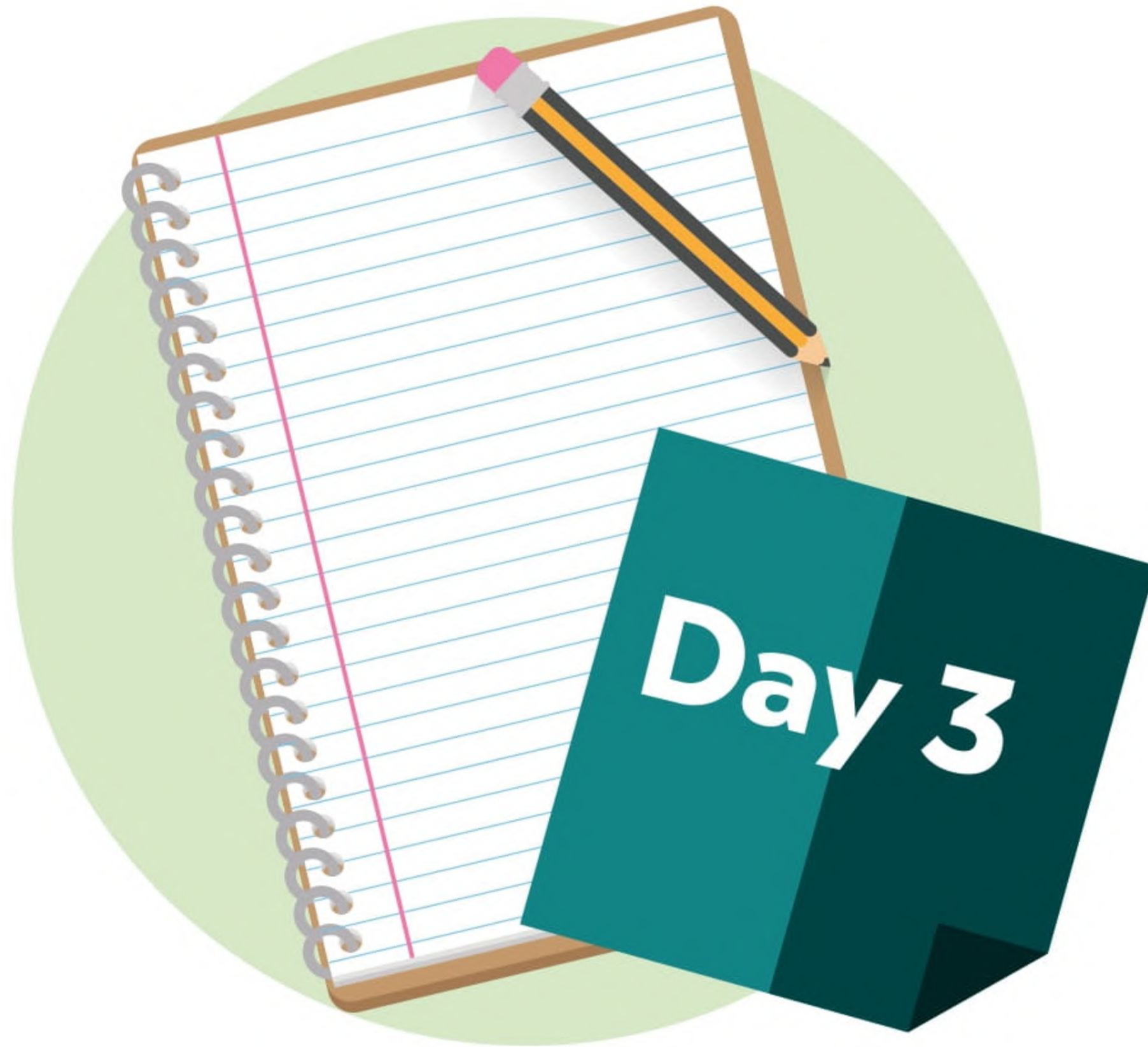
• Economic Consequences

- Hospital costs (which may be enormous)
- Impact of not being able to work
- By law the garment worker will lose their jobs and income-earning opportunities, and go back to their countries.

Medical and Legal Management of Abortion in Jordan



- A woman who has miscarried should be admitted to the gynecological department of the hospital immediately for observation and treatment, regardless of the circumstances and causes of the abortion.
- The hospital or the medical center takes the necessary measures in the event that the abortion was intentional and illegal.
- Forensic medicine may be resorted to in abortion cases, in order to prove the event of the abortion, whether it was illegal that happened by the women herself, or by another person.
- The Jordanian law punishes women who abort themselves, with imprisonment from 6 months to three years. Also, the law punishes anyone who causes an abortion, such as a doctor, pharmacist, or midwife involved in an abortion.



Suggested Pre/ Post- Evaluation Forms

Following are 2 forms you can distribute to the trainees to assess their knowledge in the topics addressed during the third day of the training, the first one should be given before you start and the other upon completion.

Name:

Factory:

Gender: ☐ Male ☐ Female

1) Which among the following is a “harassment” at Workplace?

- a) physical contact and advances
- b) a demand or request for sexual favours
- c) showing pornography
- d) All the above

2) Are there any after-effects from abortion?

- a) No, it's a woman's choice to manage her own body and she has no ill effects.
- b) Yes, women are vulnerable to effects ranging from depression and difficulty with personal relationships to suicide.
- c) It depends on women to women, on how their body structure is
- d) None of the above

3) Some safe methods of abortion might include:

- a) Overdose medicines
- b) Herbal medications,
- c) Mechanical methods including piercing the uterus using sharp objects,
- d) Taking concentrated solutions
- e) None of the above

4) Fear of speaking out of sexual harassment in the work environment due to:

- a) Cultural and social attitudes
- b) Lack of knowledge
- c) Fears of losing job.
- d) All of the above

Name:

Factory:

Gender: ☐ Male ☐ Female

1) Which among the following is a “harassment” at Workplace?

- a. Physical contact and advances
- b. a demand or request for sexual favours
- c. showing pornography
- d. All the above

2) Are there any after-effects from abortion?

- a. No, it's a woman's choice to manage her own body and she has no ill effects.
- b. Yes, women are vulnerable to effects ranging from depression and difficulty with personal relationships to suicide.
- c. It depends on women to women, on how their body structure is
- d. None of the above

3) Some safe methods of abortion might include:

- a. Overdose of medicines
- b. Herbal medications,
- c. Mechanical methods including piercing the uterus using sharp objects,
- d Taking concentrated solutions.
- e. None of the above

4) Fear of speaking out of sexual harassment in the work environment due to:

- a. Cultural and social attitudes;
- b. Lack of knowledge
- c. Fears of losing job.
- d. All of the above

5) What did you like about the training?

6)What did you dislike about the training?

Day 4

TIME	Minutes	Session	Topic
09:00-10:00	60	4.1	Recap of Day 3
10:00-12:00	120	4.2	Preventing Sexually Transmitted Infections (STIs)
12:00-12:30	30	Break	
12:30-1:30	60	4.3	Breast Cancer
1:30-2:00	30	4.4	Reflection and Evaluation
2:00-2:15	15	4.5	Homework and Closure of the day
2:15-3:00	45	Lunch	

Session	4.1	Recap of Day 3
Time	60 Minutes	
Objectives		 • To remind participants of key messages after they have had time to review the previous day's content. • To help participants consolidate their learning. • To Recap creatively, using pictures, drawings, and training skills. • To start off the day on an energetic note.
Activities		 1. Group Discussion • Invite four participants to lead a recap of the previous day's key messages. • Give each of them specific time to present. • After the session has been delivered, thank the presenters and remind the group who is presenting next time. • Review important messages that participants need to remember (content and training skills). 2. Pre-Training Assessment Distribute the pre-training assessment forms to the participants for Day4. 3. Workshop Rules • Remind the participants what the workshop rules should be. • Add extra rules on the flipchart.
Materials		 • Flip chart, Markers

Session	4.2	Sexually Transmitted Infections STIs
Time	120 Minutes	
Objectives		
- To enable participants to understand what sexually transmitted infections are and how to prevent infection. - To enable participants to explore their level of awareness of HIV/AIDS.		
Activities		
1. Brainstorming: STIs & HIV AIDS - Divide participants into 4 groups. Give each group a flip chart. - Ask participants to write down or draw to discuss the following questions: - Ways of knowing that you have got a STI, ways in which you see the infection on your body and ways in which you feel it. - How do these differ for men and women? Do they know any names for these diseases? They can suggest commonly-used names or medical names? - How do we get STIs? - What do the abbreviations HIV and AIDS mean? What is the difference between the two? - Where in the body of the infected person do we exactly find the virus? - Why HIV rates are not going down? - STI and HIV – what is the Link? - Give three main diseases developed by AIDS. - Call everyone back into the main group and ask someone from each group to present their discussions. - Ask the group to brainstorm: Why don't people often go for treatment?		
2. Interactive lecture using PowerPoint slides Give a presentation on STIs & HIV/AIDS		
3. Energizer: HIV Transmission Game- A physical exercise - Ask everyone to stand up. Then explain that you will call out different ways in which HIV may be transmitted and you want everyone to go to the left of the room if they think HIV can be caught that way, go to the right if they think HIV can't be transmitted that way and stay in the middle if they are not sure. - Read from the list (See: the handout of the day) and look carefully for those who seem uncertain where to go or go to the wrong side. When you see that ask them what they are thinking, why they are uncertain – or why they think HIV could be transmitted/ acquired that way (or not – depending on what is wrong about their view) and discuss it with the group. Note: Discuss available protocols, services, culture in the factories.		
Materials		
Flip chart, Markers, Tape, Pens, Cards , Handouts		

Session	4.3	Breast Cancer
Time	90 Minutes	
Objectives		
- To identify Breast cancer prevalence, risk factors, symptoms, early detection - To demonstrate the breast self-examination Videos: https://www.komen.org/support-resources/tools/translations/ https://www.breastcancerhub.org/educational-cards/bse		
Activities		
Interactive lecture using PowerPoint slides:		
An Overview on breast cancer - Present a short video - Give a presentation on breast cancer - Discuss the available resources in different languages		
Materials		
Tape, Pens, Lap top, speakers, Handouts		



Session	4.4	Reflection and Evaluation
Time	30 Minutes	
Objectives		
- To evaluate the quality and style of the training, and the day's key learning points; - To introduce the daily recap sessions.		
Activities		
- Ask the group to think about what was good about the day (structure, speed, the pitch of information, logistics, etc.). Then ask them what could be improved. - Distribute the post-training evaluation of Day4		
Materials		
Flip chart, Markers, Post evaluation forms		

Session	4.5	Homework and Closure of the Day
Time	15 Minutes	
Objectives		
- To introduce the daily recap sessions. - To exercise the training skills.		
Activities		
- Give participants Handouts of Day4. - Ask participants for volunteers to present the recaps on Day 5, and note their names. - Explain that they can present in any way they like – the more fun, imaginative and energetic the better! - Thank everyone for their participation and engagement throughout the day.		
Materials		
Handouts		



4.1 Sexually Transmitted Infections STIs

Sexually transmitted infections (STIs) occur when bacteria, viruses or other disease-causing organisms pass from one person to another through sexual activity. STIs can have devastating health consequences, including infertility, chronic abdominal pain, cervical cancer and in some cases, death. In addition, some STIs can be transmitted to infants during pregnancy or birth.

HIV is the STI that leads to AIDS, which is fatal. In addition to HIV, there are more than 20 other diseases that can be sexually transmitted, including chancroid, chlamydia, gonorrhea, genital herpes, the human papilloma virus, syphilis and trichomonas's, and many others. It is possible to become infected with an STI even after only one act of sexual intercourse with an infected person. Some STIs can no longer be treated successfully with the medicines that were used in the past, because the germs that cause the disease are now resistant to the medicines. For these reasons, STIs are becoming more common in many areas.

- **Women Are More at Risk!**

Women are at higher risk for becoming infected with STIs than men for several reasons. Differences in their bodies make detection more difficult in women, infection has more serious consequences for women than for men, the risk of transmission is greater from man to woman, and many women have little power to protect themselves in sexual situations. Additionally, because a man's sexual fluids stay inside a woman's body after sex, she is more likely to get an infection.

- **STIs Prevention**

The only completely effective preventive measure is to abstain from vaginal, anal or oral sexual intercourse. Maintaining a mutually faithful relationship or using condoms to protect their partner and themselves can reduce the risk of STI infections. Maintaining a mutually faithful relationship requires the commitment of both partners. Condoms can help prevent many, but not all, STIs.

• **Proper Use of Condoms**

- Check the condom package, do not use of torn or damaged.
- Put the condom on before the penis makes any genital contact.
- Place the condom on the tip of the erect penis with the rolled side out
- Immediately after ejaculation, hold the rim of the condom in place and withdraw the penis while it is still erect
- Dispose the used condom safely

• **Risk Factors of STIs**

- Having a sexual partner who has an STI
- Having more than one sexual partner
- Having a sexual partner who has other sexual partners

• **Signs and Symptoms of STIs**

Most men can tell when they have an STI because there are usually clear signs. Women, however, often have an STI without knowing it, because there are frequently no signs that they have the disease. Sometimes only an experienced and trained health care provider can find signs of an STI in a woman. This is especially true during pregnancy, when many STI symptoms (for example, an increase in the amount of fluid produced in the vagina) are mistaken for side effects of pregnancy itself. Sometimes it is necessary to examine samples of a woman's blood or vaginal discharge to find out if she has an STI, and which type of STI she has. For this reason, it is important to recognize the signs of an STI and to visit a doctor as soon as possible if you see any of the signs or suspect that you have been exposed to an STI. Many STIs can be cured or treated. A health provider will give medicine to a person who has been diagnosed with an STI. It is essential that a person with an STI finish all the medicines that the health worker gives and not engage in sex until the health worker says they are cured. If a person finds out that they have an STI, they should also make sure that their partner (or partners) goes for treatment as well.

Any of the following can indicate to a person who has had sexual intercourse that she or he may have an STI and should consult a doctor or clinic:

- Redness or soreness of the genitals
- Pain at urination or cloudy or strong-smelling urine
- A sore or blisters on or around the genitals, near the anus, or inside the mouth, excessive itching or a rash
- Abdominal cramping/pain
- A slight fever and an overall sick feeling
- A sexual partner with symptoms
- Having colored vaginal discharges with a bad smell, or in large amounts.

Note: Both men and women can have an STI without physical symptoms. However, women are more likely to be symptom free. The complications from STIs are more severe in women than in men.

Someone with an STI should follow the measures below:

- Seek medical treatment immediately and complete their treatment and not share their medicine with a partner or anyone else.
- Inform their sexual partner(s).
- Strongly encourage their partner(s) to get treatment.
- Abstain from sexual contact while infectious.



4.2 HIV and AIDS

HIV stands for Human Immunodeficiency Virus. HIV is a virus that is passed between people through contact with infected blood, semen, vaginal fluids and breastmilk. HIV weakens the immune system, making it easier for people to become sick. When a person with HIV becomes sick with many illnesses that do not respond to treatment, he or she is said to have AIDS. This depends on the person's health conditions, lifestyle, and the amount of viruses that entered the blood.

AIDS stands for Acquired Immunodeficiency Syndrome. Acquired refers to the fact that you get the disease from somewhere else; it does not develop on its own. Immunodeficiency means the immune system is weak and unable to fight off infections and illnesses. Syndrome means a specific collection of symptoms and diseases, such as weight loss combined with skin cancer and pneumonia. AIDS is a term used to indicate the most serious stage of a person's infection with HIV. It means that they have a particular collection of symptoms and diseases defined medically as AIDS. After years of living normally with HIV, a person will start developing AIDS, as the immune system begins to weaken. At this stage, the person will be vulnerable to various opportunistic infections, which can attack any part of the body. Opportunistic infections are infections that take attack the body when the immune system is weak. These infections could range from simple medical conditions like fungal infections and colds to more serious diseases like tuberculosis or cancer. Though the person is HIV positive, these conditions can be treated and the amount of virus in the blood may come down to 0 level when the patient has a regular follow up and commitment to taking all required medications.

How is HIV Transmitted?

HIV is passed between people in three ways:

- Sex. Penetrative sex with an HIV-infected person where the penis enters the vagina, anus, or mouth of another person.
- Blood to blood. From an HIV infected person's blood to another person's blood through an opening in the body such as a cut, from a transfusion or by sharing something that cuts or pierces the skin (knife, razor, needle).
- Mother to child. HIV can be passed from a mother who is HIV infected to her baby during pregnancy, at the time of birth, or through breastfeeding.

The majority of people are infected with HIV by having sex with someone who is HIV infected. It is important to note that a person suffering from other STIs is eight to ten times more likely to get HIV.

You cannot get HIV infection from:

- Touching, hugging, talking to, or sharing a home with a person who is HIV infected.
- Sharing plates, utensils, glasses or towels used by someone with HIV or AIDS.
- Using swimming pools, toilet seats, doorknobs, telephones or other items used by people with HIV or AIDS.
- Having someone with HIV or AIDS spit, sweat or cry on you.
- Being bitten by mosquitoes.
- Donating blood.
- Being sneezed at or coughed on by a person with HIV or AIDS.

Anti-retroviral Therapy

ART (anti-retroviral therapy) is the use of a combination of medicines that slow HIV from spreading in the body. ART helps the immune system get stronger so it can fight infection and illness. ART is not a cure for HIV; it

reduces the numbers of HIV in the blood, but cannot eliminate it. ART does not prevent re-infection from HIV. Although anti-retroviral therapy can prevent some of the serious illnesses that often come with AIDS, there are some negative aspects that HIV-positive individuals must be prepared for: ART is expensive, has side effects and is a lifetime commitment. If someone misses his or her tablets, it can cause the development of new strains of HIV that are immune to these drugs.

Abstinence

This means avoiding all types of intimate genital contact. Someone practicing complete abstinence does not have any type of intimate sexual contact, including oral sex.



Assertiveness

Assertiveness skills can help people say no to sex. Being assertive means standing up for yourself. To be assertive is to be straightforward and honest with yourself and with other people about what you need and want. Being assertive can help you protect yourself from dangerous situations and can help you deal with peer pressure to do things that you are uncomfortable doing.

HIV TRANSMISSION GAME- A Physical Exercise
Table 7

Circumstances of possible transmission to call out	Transmission Risks- Very Low or No Risk
• Vaginal sex without a condom • Oral Sex • Anal sex • Traditional scarring with a shared blade • A blade used to do a no. 1 hair cut that isn't cleaned • Childbirth if a woman who has HIV • Breast feeding if a mother has HIV • Sharing a toothbrush • Sharing a razor • Sharing an injection needle • Getting splashed with blood or cut in a car crash	• Sex with a condom • Masturbation alone • Masturbation by a partner • Kissing • Kissing with tongues • Sharing a tea cup • Sharing a plate or cutlery • Sharing a toilet • Cleaning bed linen of someone with AIDS • Bites from mosquitos • Hugging and holding someone with HIV

4.3 An Overview on Breast Cancer

Breast diseases represent a group of disorders that clinicians encounter as palpable lumps on physical examination or abnormal observational deviations during diagnostic examinations, or having a lump under the breast, under the armpit, or near the lymph nodes, or redness in the nipple with discharges.

- Certain benign breast diseases, such as enlargements/atypical cellular changes, indicate an increased risk of developing breast cancer in the future and should lead to advice on early detection recommendations and strategies to reduce risk factors
- Breast cancer is the most common malignancy among women worldwide
- Breast cancer is the leading cause of death among all malignancies (Figure 8 below)
- Mortality is higher in poor and developing countries, mainly due to delays in diagnosis
- Diagnosis and survival rates are related to the stages of the disease
- The most important factor in survival is early detection
- Breast cancer is a malignant tumor that arises from the cells of the breast.
- Although breast cancer occurs mostly in women, it can also affect men, too.
- The most common form of breast cancer is invasive ductal carcinoma (80% of all invasive cancers). It is followed by invasive lobular carcinoma (10% of all invasive carcinomas).

It is very vital to know the importance of early detection, as the earlier the tumor is detected, the higher the possibility of treatment and the cure rate.

Who is Affected?

One in ten women will be diagnosed with breast cancer in their lifetime.



Although breast cancer in men is rare, an estimated men will be diagnosed with breast cancer with 138 female patients.

Figure 8
Breast Cancer



Figure 9
Cancer Cells

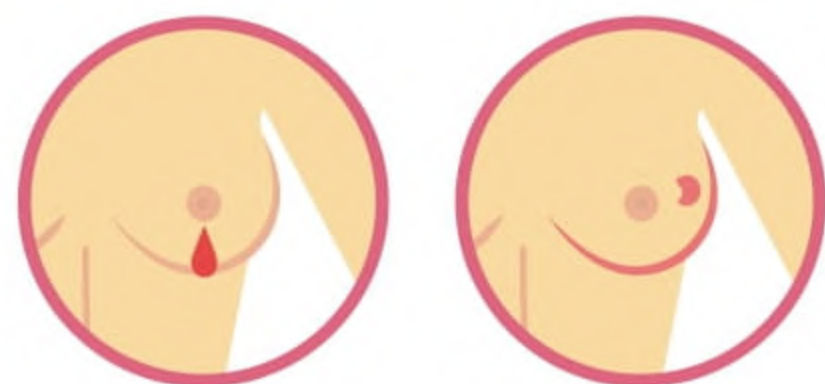
Risk Factors

- Age
- Family (illness) history.
- Personal (illness) history.
- Women diagnosed with benign breast symptoms have an increased risk of breast cancer. These include atypical inflations.
- Menstruation: Early puberty and late menopause.
- Breast tissue: Women who have dense breast tissue (documented by mammogram).
- Previous chest radiation or the use of diethylstilbestrol increases the risk of breast cancer.
- Breastfeeding for 1.5 to 2 years may slightly reduce the risk of breast cancer.
- Overweight or obesity.
- The use of hormone replacement therapy after menopause increases the risk of breast cancer.
- Alcohol use increases the risk of breast cancer, and this appears to be proportional to the amount of alcohol used.

Signs and Symptoms

The most common sign of breast cancer is the appearance of a new tumor or lump in the breast. In addition, the following signs can also be indicative of breast cancer, figure 10:

- Red nipple with discharges
- Pain in the breast or nipple
- Swelling or pitting of part of the breast
- Chronic infections in the breast
- Recessed nipple
- Deviation in the shape of the breast from the normal
- The presence of pain or a lump under the armpit



Nipple Discharge

Lumping or Thickening



Visible Lump



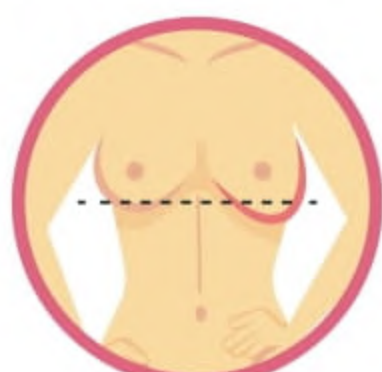
Dimpling



Skin texture change



Armpit Pain



Pooled in Nipple



Skin Irritation

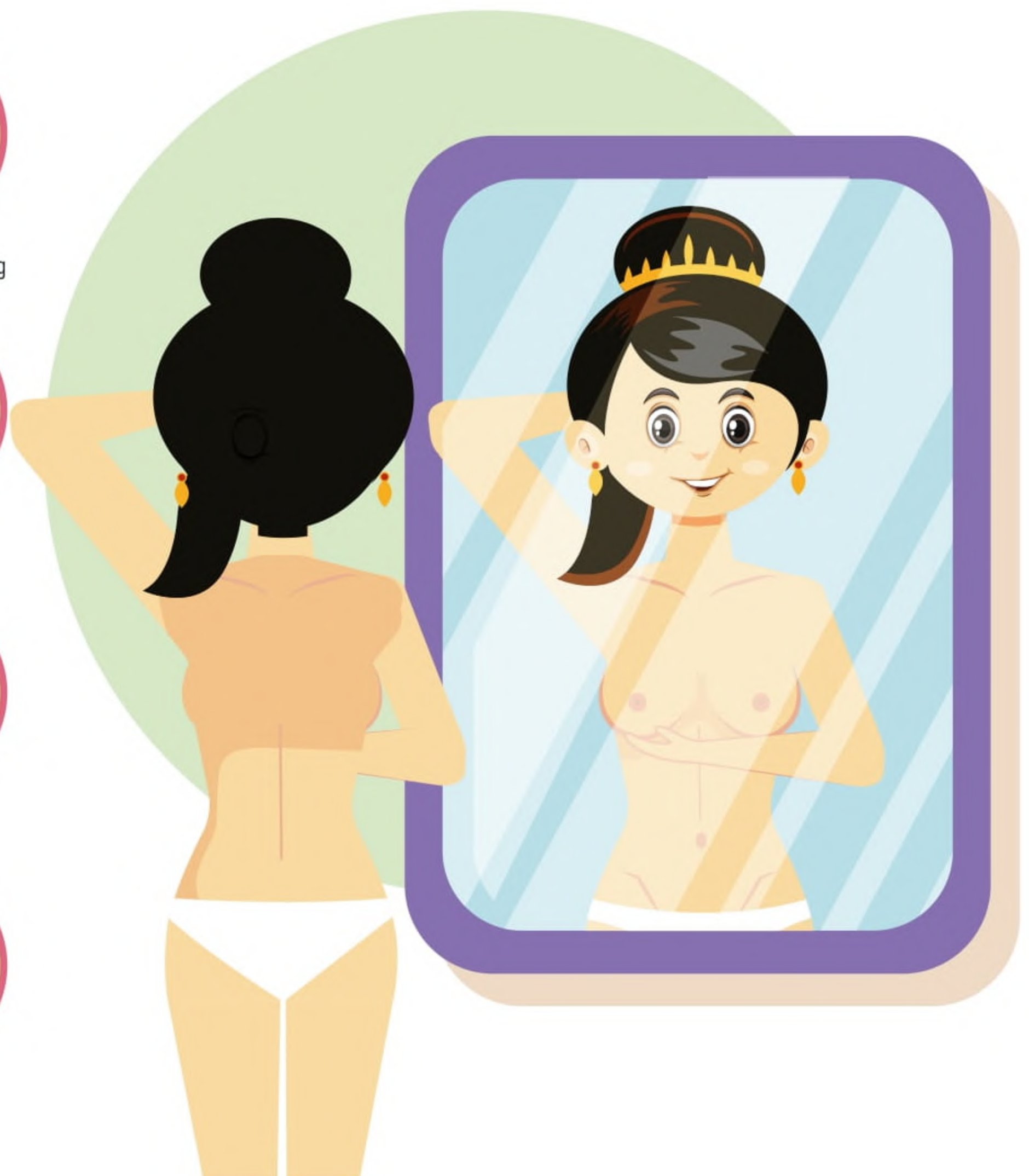


Figure 10
Breast Cancer Symptoms

Diagnostic Stages

Breast Self-Examination: Females aged 20 years and over, 7 days after menstruation ends, first day of the month (post-hopeful period), table 10 below

**Breast Cancer
Examine Yourself**

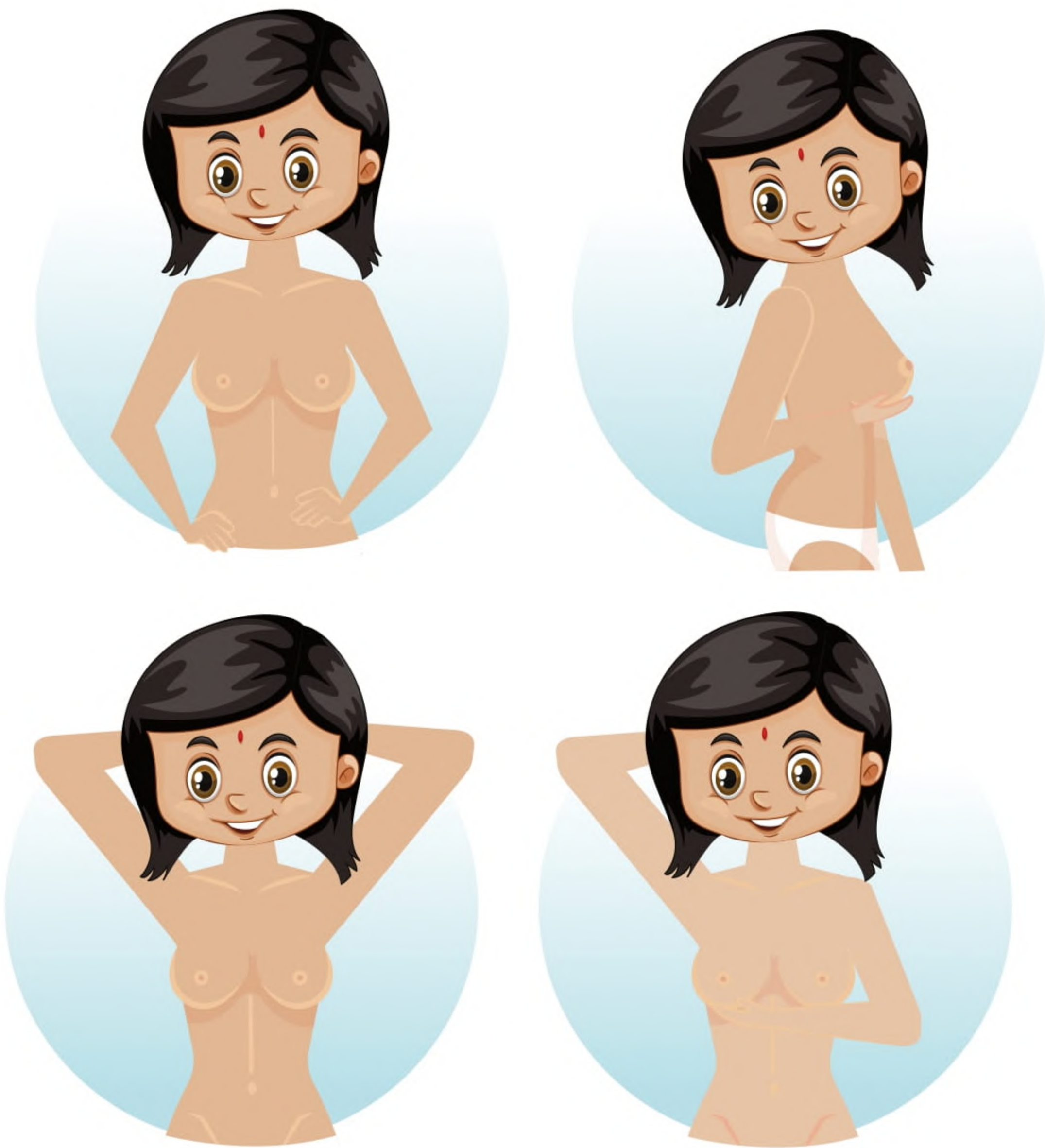
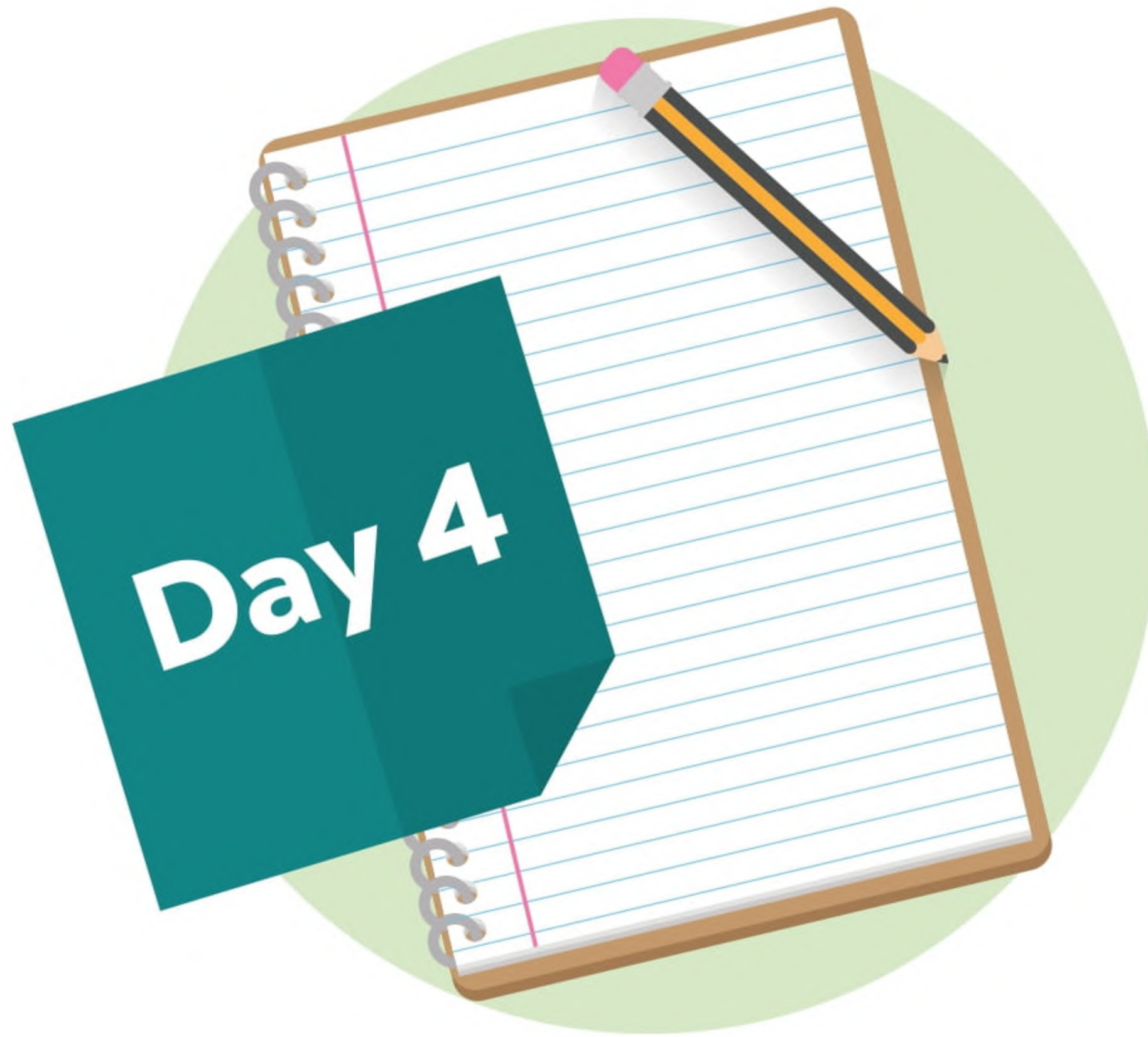


Table 8
Self Examination



Suggested Pre/ Post- Evaluation Forms

Following are 2 forms you can distribute to the trainees to assess their knowledge in the topics addressed during the fourth day of the training, the first one should be given before you start and the other upon completion.

Name:

Factory:

Gender: ☐ Male ☐ Female

1) From the sexually transmitted diseases mentioned below, identify the one which does not specifically affect the sex organs:

- a. Syphilis
- b. AIDS
- c. Gonorrhea
- d. Genital warts

2) Which one of the following is not a bacterial disease?

- a) AIDS
- b) Dengue
- c) Measles
- d) All of the above

3) Is there any connection between abortion and breast cancer?

- a) No, no evidence has been found to support this.
- b) Yes, many studies have been made and found evidence to support this.
- c) In some case, Yes, otherwise No.

4) As long as a person has no symptoms of an STI, they:

- a) Cannot pass on an STI
- b) Don't have an STI
- c) A and B
- d) None of the above

Name:

Factory:

Gender: ☐ Male ☐ Female

1) From the sexually transmitted diseases mentioned below, identify the one which does not specifically affect the sex organs:

- | | |
|--------------|------------------|
| a. Syphilis | b. AIDS |
| c. Gonorrhea | d. Genital warts |

2) Which one of the following is not a bacterial disease?

- | | |
|------------|---------------------|
| a. AIDS | b. Dengue |
| c. Measles | d. All of the above |

3) Is there any connection between abortion and breast cancer?

- a. No, no evidence has been found to support this.
- b. Yes, many studies have been made and found evidence to support this.
- c. In some case, Yes, otherwise No.

4) As long as a person has no symptoms of an STI, they:

- a. Cannot pass on an STI
- b. Don't have an STI
- c. A and B
- d. None of the above

5) What did you like about the training?

6) What did you dislike about the training?

Day 5

TIME	Minutes	Session	Topic
09:00 – 9:30	30	5.1	Recap of Day 4
9:30-12:00	150	5.2	Mental & Emotional Health
12:00 – 12:30	30	Break	
12:30-1:30	60	5.3	Narcotic and Psychotropic Substances
1:30-2:30			Lunch
2:30-3:00	30	5.4	Training Methods



Session	5.1	Recap of Day 4
Time	30 Minutes	
Objectives		
- To remind participants of key messages after they have had time to review the previous day's content. - To help participants consolidate their learning. - To Recap creatively, using pictures, drawings, and training skills. - To start off the day on an energetic note.		
Activities		
1. Group Discussion - Invite 4-2 participants to lead a recap of the previous day's key messages. - Give each of them specific time to present. - Review important messages that participants need to remember (content and training skills). 2. Pre-Training Assessment Distribute the pre-training assessment forms to the participants for Day5 3. Workshop Rules - Remind the participants what the workshop rules should be		
Materials		
Flip chart, Markers		

Session	5.2	Mental and Emotional Health
Time	120 Minutes	
Objectives		
- To develop a clear understanding of causes of mental health disorders, types of mental disorders, their symptoms and coping mechanisms for stress; - To understand the physical, emotional and social impact of abuse on the migrant workers. Resources: https://betterwork.org/wp-content/uploads/01/2020/DP33_V2.pdf		
Activities		
1. Interactive lecture using PowerPoint slides		
- Step1: Ask the participants what they think a person with good mental health looks like and begin to explore these ideas in a brief discussion with the group. - Step2: Following this, ask the participants to individually draw a picture of a person with a mental disorder (based on their current understanding of mental disorders) on an A4 piece of paper. Allow 5 minutes for drawing and once completed ask each of the participants to briefly talk about their drawings. - Step 3: Give a short presentation about mental disorders, factors, types, mental health and sexual and reproductive health		
2. Group work- Mental Health Disorder and its Symptoms		
- Ask each participant to randomly select one card from the pile of 'Symptoms of mental disorders cards'. See the handout of the day. - Write the symptom group headings (physical, feeling, thinking, behaving, imagining) on five separate sheets of paper (one heading per sheet) and place these in different parts of the room. - Ask the participants to stand next to the symptom group that best reflects the type of symptom depicted on the card they are holding. - The facilitator can demonstrate this activity by selecting a symptom card and moving to stand in the area of the room with the related heading, for example, if the card says "tiredness" stand in the physical symptom area of the room. - Focus attention on the 'physical symptom group' and discuss with all participants: What symptoms do they have in their group? Why does this symptom belong in that group? - Write the symptoms on the board.		
3. Case Studies: Mental Health Disorders & Illness.		
- Ask one participant to read aloud each case study; (See: the handout of the day). Explain the case. - Discuss together the best solutions to prevent and respond to the mental health needs in factories.		
Materials		
Flip chart, Markers, Tape, Pens, Cards , Handouts		

Session	5.3	Training Methods
Time	60 Minutes	
Objectives		
To summarize the training methods.		
Activities		
Interactive lecture using PowerPoint slides: An Overview on Training skills and methods.		
Materials		
Tape, Pens, Handouts		

Session	5.4	Planning and Monitoring Methods
Time	60 Minutes	
Objectives		
To exercise the Planning & monitoring methods		
Activities		
- Distribute the planning & monitoring forms. - Explain the forms. - Ask participants to start filling the forms (20 minutes). - Ask participants to be prepared on day6 to present their plans to provide the training sessions to their colleagues		
Materials		
Planning and Monitoring forms.		

Session	5.5	Reflection and Evaluation
Time	30 Minutes	
Objectives		
• To evaluate the quality and style of the training, and the day's key learning points. • To evaluate the TOT training.		
Activities		
• Distribute the post-training evaluation of Day5 • Distribute the post-training evaluation of TOT		
Materials		
• Flip chart, Markers, Post evaluation forms		

5.1 Mental and Emotional Health

Definition of Mental Health & Mental Health Disorders

Mental Health is an integral and essential component of health. The WHO constitution states: "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." An important implication of this definition is that mental health is more than just the absence of mental disorders or disabilities. Mental health is a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and can make a contribution to his or her community.

Mental health is fundamental to our collective and individual ability as humans to think, emote, interact with each other, earn a living and enjoy life. On this basis, the promotion, protection and restoration of mental health can be regarded as a vital concern of individuals, communities and societies throughout the world.

A Mental Disorder is any illness that affects people's emotions, thoughts or behavior, which is out of keeping with their cultural beliefs and personality, and is producing a negative effect on their lives or the lives of their families. There are many different types of mental disorders ranging from common disorders such as depression and anxiety to more severe ones such as schizophrenia. Mental disorders can affect both men and women, and people from different age groups including the young and the elderly.

Did you know that**

- Communities often have many false beliefs about mental disorders, including what they are, what causes them, and how to respond to a person experiencing a mental disorder.
- It's not always possible to tell that someone is experiencing a mental disorder just by looking at the person.
- Mental disorders are more than just the experience of stress.
- Seizures, epilepsy, and intellectual disability (mental retardation) are all conditions that affect the brain, these are not actually classified as mental disorders.
- Mental disorders are NOT the result of possession by evil spirits, curses, astrological influences, character weakness, laziness, karma or black magic.



Determinants of Mental Health

Multiple social, psychological, and biological factors determine the level of mental health of a person at any point of time. For example, violence and persistent socio-economic pressures are recognized risks to mental health. The clearest evidence is associated with sexual violence.

Poor mental health is also associated with rapid social change, stressful work conditions, gender discrimination, social exclusion, unhealthy lifestyle, physical ill-health and human rights violations.

There are specific psychological and personality factors that make people vulnerable to mental health problems. Biological risks include genetic factors. Figure (11) below illustrates these factors.

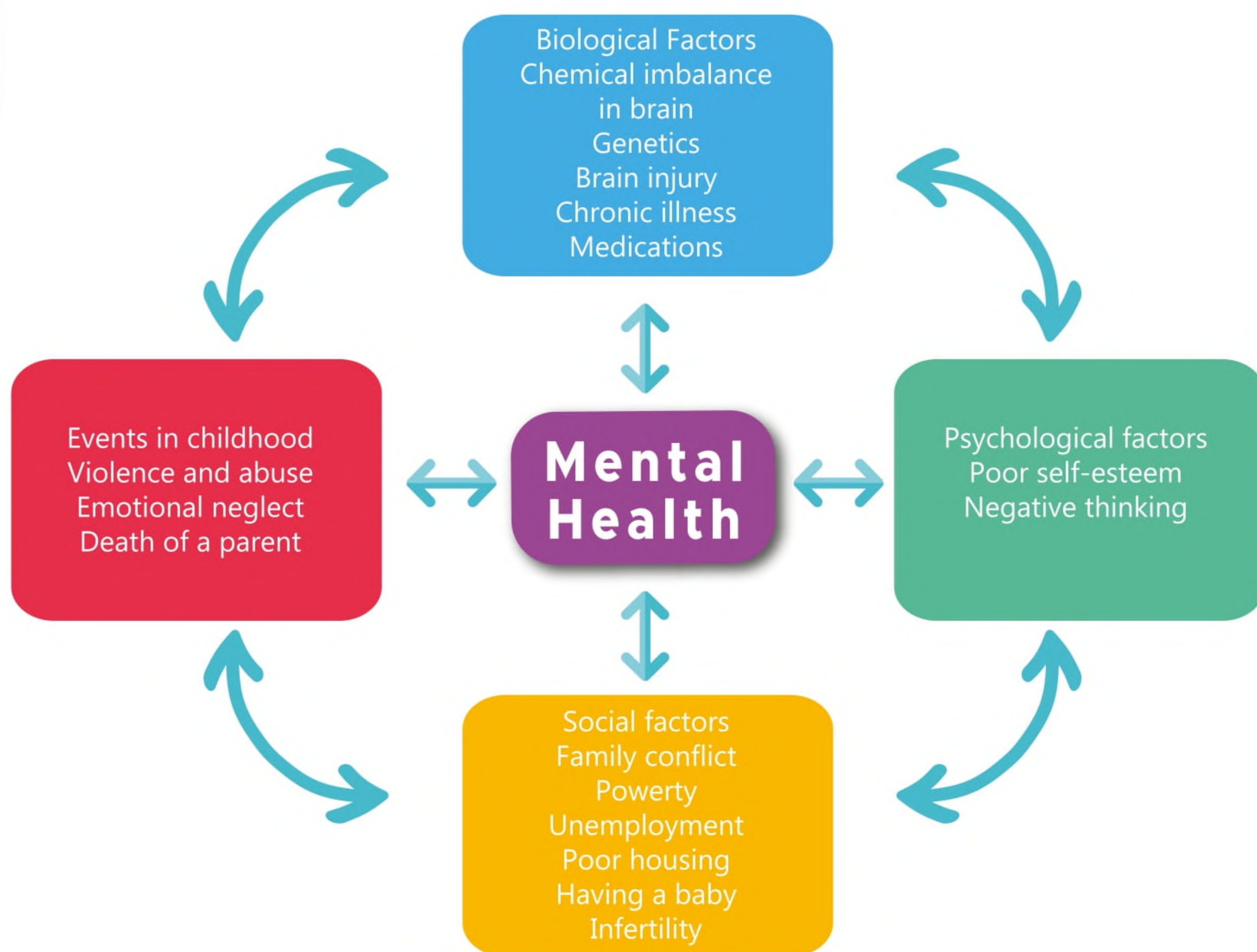


Figure 11
Mental Health Risk Factors

Mental Health Promotion and Protection

Mental health promotion involves actions that improve psychological well-being; this may involve creating an environment that supports mental health, and specific ways to promote it. For instance, this includes:

- Socio-economic empowerment of women (e.g. improving access to education and microcredit schemes).
- Programs targeted at vulnerable people, including minorities, indigenous people, migrants and people affected by conflicts and disasters (e.g. psycho-social interventions after disasters).
- Mental health interventions at work (e.g. stress prevention programs).
- Housing policies (e.g. housing improvement).
- Violence prevention programs (e.g. reducing availability of alcohol and access to weapons).
- Community development programs (e.g. integrated rural development).
- Poverty reduction and social protection for the poor.
- Anti-discrimination laws and campaigns.
- Promotion of the rights, opportunities and care of individuals with mental disorders.



5.2 Mental Health as a Component of Sexual and Reproductive Health

Mental health as a component of reproductive health is still modest and marginal. The study of women's bodies and reproductive events has generally been rigidly separated from the study of their minds, including how women might think, feel and respond to these events and experiences.

More than 150 million people experience depression each year worldwide. Depression occurs approximately twice as often in women of reproductive age as in men, and commonly presents with unexplained physical symptoms, such as tiredness, aches and pains, dizziness, palpitations and sleep problems.

Reproductive health programs need to acknowledge the importance of mental health problems for women, and incorporate activities to address them in their services.

Women's reproductive mental health includes the following aspects:

- Mental health dimensions of pregnancy, childbirth and the postpartum period.
- Psychological aspects of contraception
- Mental health consequences of miscarriage.
- Menopause and depression.
- Gynecological morbidity and its impact on mental health.
- Mental health in the context of HIV/AIDS.
- Infertility and assisted reproduction.
- Mental health and female genital mutilation.



5.3 Understanding Mental Health Determinants in The Context of Labor Migration

In recent years, there has been increasing acknowledgement of the important role mental health plays in achieving global development goals. Depression is one of the leading causes of disability. Suicide is the second leading cause of death among 15-29-year-olds. People with severe mental health conditions die prematurely – as much as two decades early – due to preventable physical conditions.

Despite progress in some countries, people with mental health conditions often experience severe human rights violations, discrimination, and stigma. Working on mental health among migrant garment workers is a new focus, a large body of literature in social and clinical psychology, psychiatry, sociology, anthropology, public policy, as well as migration and refugee studies have shed light on specific mental health challenges for mobile populations.

The migration cycle consists of three stages. The three stages of migration impact biological, social, and psychological aspects of an individual and cause specific mental health disorders.

- In the pre-migration phase, individuals decide to migrate and undertake preparations.
- The migration phase involves the physical relocation and arrival in the host country.
- In the post-migration phase, the migrant lives in the host country and is exposed to a new country's social, political, economic, and cultural circumstances. The post-migration period of adjustment can vary in length. (BWJ, 2019, p29).

Mental Health Literacy (MHL)

Knowledge and beliefs about the recognition, management and prevention of mental disorders is known as Mental Health Literacy (MHL). Studies internationally have indicated that knowledge and understanding of mental disorders is poor in many communities. Improved knowledge of mental disorders may assist affected people to access treatment and improve the quality of the care they receive.

An important component of MHL is having the knowledge and skills to support people in the community who may be developing a mental disorder or are in a mental health crisis situation. This type of assistance has been referred to as Mental Health First Aid (MHFA), which is defined as the help given to someone experiencing a mental health problem before professional help is obtained.



People with mental disorders are less able to access appropriate care due to lack of awareness regarding available treatments and services. Their ability to work is compromised, Ignorance and fear of mental disorders across the community contributes to the stigma and shame for affected people and their families, and consequent discrimination that results in social exclusion, which has a negative effect on recovery from mental disorders.

Some steps can be taken to help people suffering from a mental disorder:

1. Listen without judgement.
2. Give reassurance and information.
3. Encourage the person to get appropriate professional help.
4. Encourage self-help treatments.
5. Check for Two Other Risks
 - Has the person been using alcohol or other drugs?
 - Has he or she made a suicide attempt in the past?

Common treatments or responses that do NOT help a person with a mental disorder:

1. Ignoring or avoiding the person.
2. Believing the symptoms will just go away.
3. Locking the person away.
4. Being angry with him/her.
5. Relying exclusively on practitioners who use magic or faith healing.
6. Arranging a marriage if they are unmarried.
7. Giving sleeping tablets or appetite stimulants.
8. Believing that you can cure the person or that you have all the solutions to their problems.



Symptoms of Mental Disorders
“Figures below give an idea”

Physical	Feeling	Thinking	Behavior	Imagining
•Tiredness •Aches & pains •Weight loss •Pounding Heart •Sleep disturbance •Stomach ache •Feeling short of breath •Loss of appetite •Muscle tension •Lack of energy	•Sadness •Anxiety •Guilt •Helplessness •Loss of emotion •Mood swings •Hopelessness •Low self-esteem •Excessive fear •Loss of motivation	•Excessive worry •Self-blame& criticism •Unable to make decisions •Poor concentration •Thoughts of death & suicide •Rapid thinking •Poor judgment	•Crying •Social withdrawal •Talking to him/herself •Aggression •Poor personal hygiene •Avoidance behavior •Rapid speaking •Not making sense •to others •Attempting Suicide •Irritability	•False beliefs •Hearing voices •Seeing things not there •Smelling things not there •Tasting things not there •Feeling things not there

Table 10

Figures below gives an idea of how to help people suffering from a mental disorder.



Talking to him/herself



Heart pounding



Muscle tension



Hearing voices



Fear



Stomach pain



Feeling hopelessness



Sadness



Sleep disturbances



Mood swings



Lack of energy



increased or decreased talking



Thinking about or attempting suicide



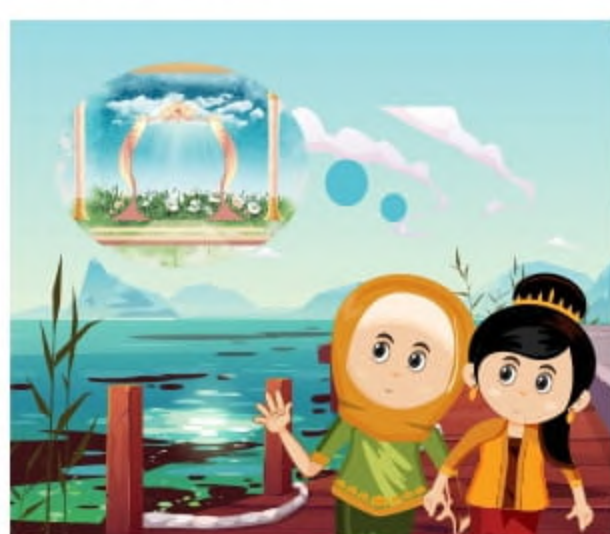
poor concentration



aggression



believing others are going to hurt you



seeing things that are not really there



withdrawing from friends and family



Figure 12
How to help people suffering from a mental disorder.

5.4 Narcotic and Psychotropic Substances

What are Narcotic and Psychotropic Substances

In pharmacology, a drug is a chemical substance of a known composition. [1] A psychotropic drug is a group of chemicals that make changes to the function of the central nervous system and alter cognition or emotional mood, this includes alcohol, stimulants and caffeine. These three groups are the most widely influential around the world [2]. It is also considered recreational drugs in many cases as it's used for pleasure rather than for therapeutic purposes. [3] Other recreational drugs include hallucinogens, opiates, and amphetamines, some of these are employed in spiritual or devotional rituals in some cultures. Some of them can be addictive, and they all have the potential to have side effects, often harmful, on their users [4].

There are many types of narcotic drugs and psychotropic substances and their classifications, otherwise the method or entity according to which the classification is made, and in line with the rapid development the world of drugs and psychotropic substances is witnessing. Annually, some new substances are added to narcotic drugs and psychotropic substances table in national laws, on the recommendation of the United Nations Commission on Narcotic Drugs, concerning Drugs and Crime.

Drugs have many classifications, either on the basis of their effect: Intoxicants, such as (alcohol, chloroform, and benzene); stimulants of euphoria, such as (opium and its derivatives); hallucinogens, such as (mescaline, amanita mushrooms, baladon, and hemp); Hypnotics, such as (chloral, barbiturate, sulfonal and potassium bromide).

Or according to psychological and organic dependence: Such as opium and its derivatives like morphine, cocaine and heroin; And substances that cause psychological dependence: such as cannabis, khat and hallucinogenic drugs.

Or color: like white drugs: such as cocaine and heroin; while the black drugs can include opium and its derivatives and hash.

Or according to a classification made by the World Health Organization that based on the **chemical composition** of the drug and not on its effect. This classification includes eight classes: opiates, hashish, coca, illusion stimulants, amphetamines.

Or according to the process of production: There are drugs produced directly from natural plants, such as hashish, khat, opium, and the cannabis plant; in addition to the manufactured drugs that are extracted from the natural drug after experiencing chemical processes that transform it into another form such as morphine, heroin, and cocaine; And mixed drugs that are made from chemical elements and other blends, same as the rest of the sedative, hypnotic, and hallucinogenic narcotics, including now the processed khat.

Health Consequences of Drug Abuse

The World Drug Report 2017, issued by the United Nations Office on Drugs and Crime (UNODC), estimates that at least a quarter of a billion people between the ages of 15 and 64 used at least one drug in 2016.

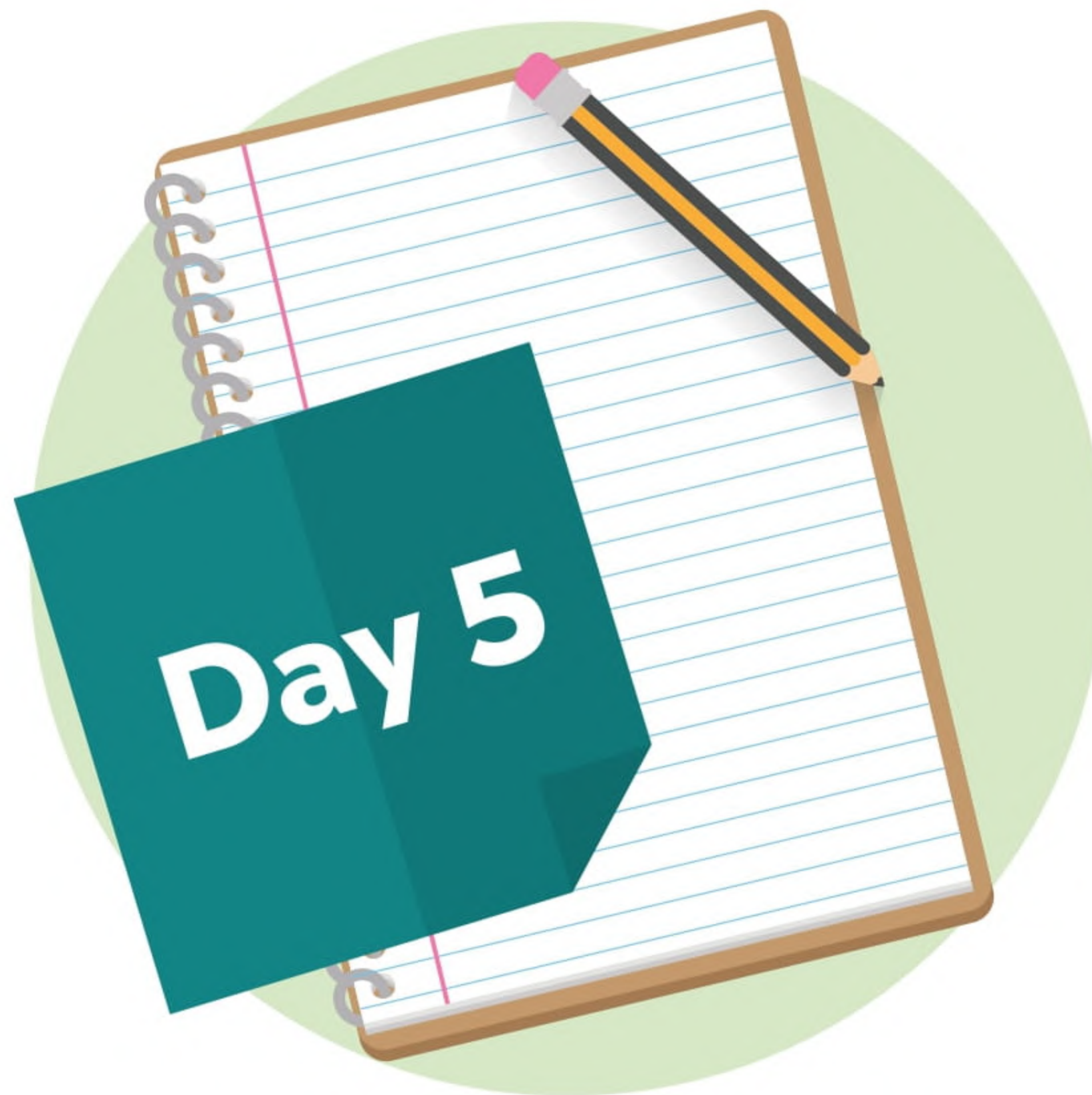
Drug abuse certainly has multiple catastrophic consequences, most notably for health. According to international data, more than 29.50 million people suffer from different health disorders resulting from or related to this abuse in some sense, and of those, 12 million were injecting drug users, of whom 14 percent (14 percent) were HIV-positive, and more than half of them had hepatitis C.

Also, the number of drug-related deaths is estimated to be approximately 207,400 per year which is equivalent to 43.5 per million people aged between 15 and 64 years. While overdose deaths account for about one-third to half of all drug-related deaths, most are due to opium abuse and its other substances. Injecting drug users suffer from severe overall health harm, as they become one of the major groups that are at risk of HIV and hepatitis. Furthermore, some studies have found that injecting drug users increasingly engage in abnormal practices that increase the level of the risk of HIV infection compared to other users.

Tuberculosis is also more widespread among drug users compared to the general population. Based on the limited data available at United Nations offices from studies conducted on the continents of Europe, Asia, and America, the majority of tuberculosis patients among injecting drug users is estimated to be about 8%, while the majority among the global population is only 0.2%. Inhalation drug users are also more exposed to respiratory infections. Although there are no generalizable categorical studies, it is possible to say that drug users are more vulnerable to get bacterial, fungal, viral, and parasitic infections.

On the other hand, concerning differences between males and females in the use of narcotic drugs and psychotropic substances, cannabis, cocaine or stimulants are more likely to be used by men than women. While women are more likely to abuse opiates and sedatives for non-medical purposes than men, international reports have also shown that women tend to increase their consumption of narcotic substances more quickly than men, while women are more likely to use opium and tranquilizers for non-medical purposes than men, international reports have shown that women tend to increase their consumption rate of these drugs more rapidly than men. Women also have less access to treatment for disorders resulting from drug abuse than men. Most international reports indicate that the majority of drug abuse is highest among young people and that the gap between males and females in drug use is less than between youth and adults.





Suggested Pre/ Post- Evaluation Forms

Following are 2 forms you can distribute to the trainees to assess their knowledge in the topics addressed during the fifth day of the training, the first one should be given before you start and the other upon completion

Name:

Factory:

Gender: ☐ Male ☐ Female

1) Supporting the sexual and reproductive health of garment factory workers has positive results in:

- a) Health outcomes
- b) Mental health
- c) Economic empowerment
- d) All of the above
- e) None of the above

2) Training methods might include:

- a)
- b)
- c)

3) As a result of fear, ignorance, language barriers, and poor communication inside and outside the factories, females in particular are exposed to several health problems, not knowing the possible consequences. Your opinion:

- a) Examples of these problems?
- b) Solutions, from your opinion?

Name: Factory:

Gender: ☐ Male ☐ Female

1) Supporting the sexual and reproductive health of garment factory workers has positive results in:

- a. Health outcomes
- b. Mental health
- c. Economic empowerment
- d. All of the above
- e. None of the above

2) Training methods might include:

- a.
- b.
- c.

3) As a result of fear, ignorance, language barriers, and poor communication inside and outside the factories, females in particular are exposed to several health problems, not knowing the possible consequences. Your opinion:

- a) Examples of these problems?
- b) Solutions, from your opinion?

4) What did you like about the training?

.....

5) What did you dislike about the training?

.....

Are You Ready for Practice?



The following section “Training Methods” will guide you through the best methods and techniques you can adopt and apply through your training journey.

Training Methods

What is Training

Training is teaching, or developing in oneself or others, any skills and knowledge or fitness that relate to specific useful competencies, it has specific goals of improving one's capability, capacity, productivity and performance. Training encompasses:

- Coaching
- Critiquing
- Mentoring
- Teaching

The trainer is the person who performs those duties. The trainer plays a very important role:

- Acts as an advocate for new tools and processes
- Prepares participants to use new tools and processes
- Helps ease concerns about the change
- Motivates participants
- Identifies and communicates any potential issues or training problems

Criteria for a Good Trainer

A good trainer possesses certain characteristics and skill; particularly:

1. Professionalism: Because trainers are role models, they should be mature, confident and enthusiastic.
2. Good Communication Skills. Trainers should foster a learning environment in which trainees feel comfortable taking risks without the fear of ridicule. Such an environment depends on the trainer's ability to create open lines of communication. Trainers should not be only able to explain tasks and procedures clearly, they should also know how to listen actively and be sensitive to the importance of body language and nonverbal communication. Good communication skills is an absolute must for effective training.

3.Rapport: Capable trainers demonstrate good interpersonal skills when they interact with participants. Qualified trainers who are also friendly and congenial exhibit the ability to handle conflict without losing their cool.

4.Good Organizational Skills: The ability to balance various responsibilities and manage time is critical to successful training.

4.Other personality characteristics of a good trainer include patience, flexibility, empathy, ability to nurture others, creativity, commitment to the job and the ability to be a team player.

Training Session Plan

- Introduce the trainer and the participants
- Ask about the expectations of the participants
- Implement the pre- assessment test
- Define your objectives.
- Clarify key topics and related concepts.
- Organize material.
- Plan presentation techniques.
- Include evaluation (pre-post and need assessment).
- Focus on timing.

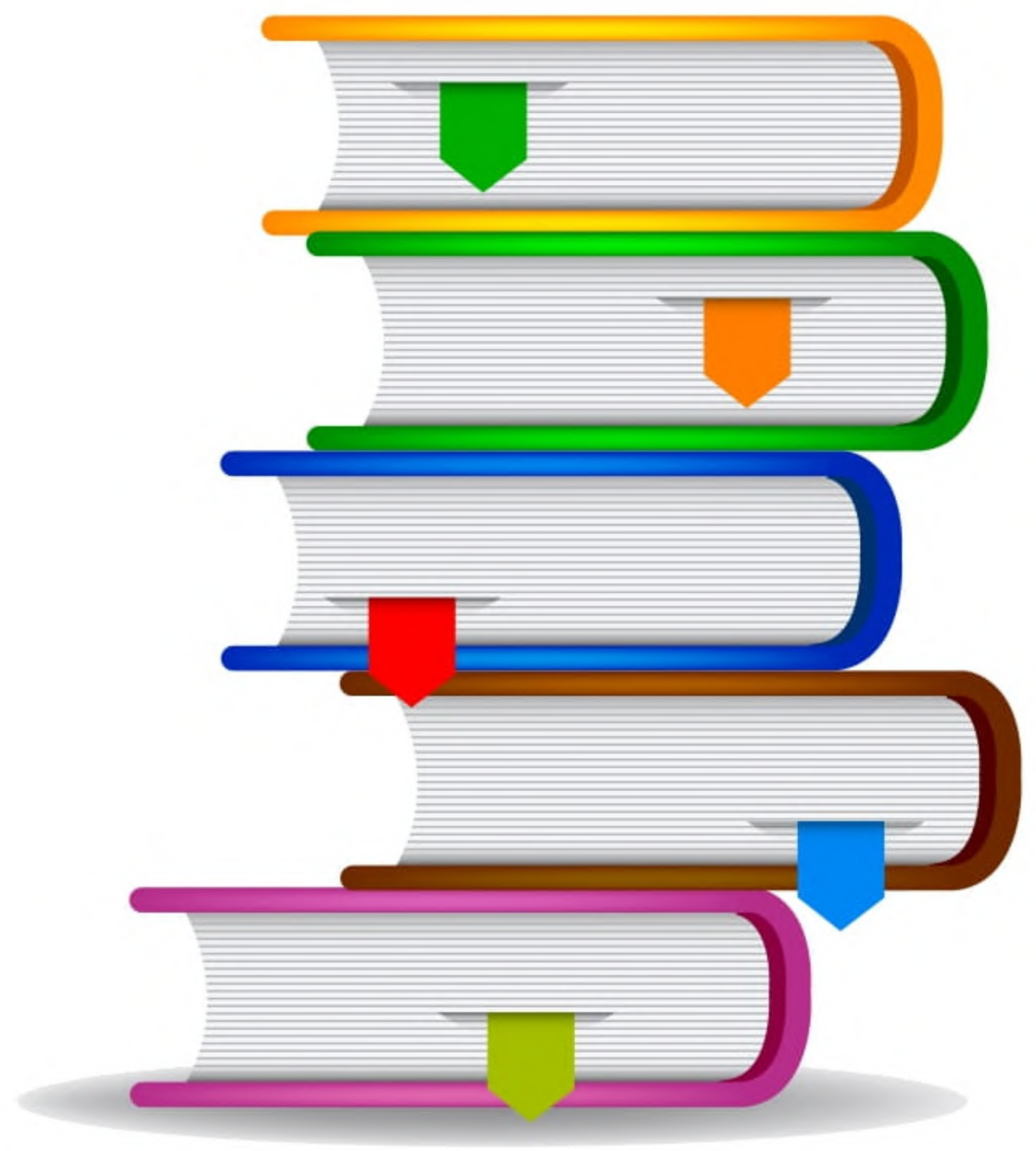
Required Materials

- Agenda
- Leader's guide
- Participant's workbooks
- Presentation (audiovisual or paper)
- Sign-in sheets
- Pre-post assessments
- Training satisfaction survey
- Flipchart, markers
- Laptop, data show, speakers
- Notebooks and pens for the participants



What makes a good training session?

- Knowing your audience
- Having good objectives - plan
- Listening to participants' needs
- Enabling interaction between participants
- Using questions - facilitate not lecture
- Stories and case studies
- Reflection
- Feedback
- Evaluation



Learning Styles

People learn, process, and absorb information in different ways; and for this reason, information needs to be presented in a variety of ways so that it appeals to people's different learning styles.

People can be categorized into three main groups according to the way they process information:

- Visual Learners: People who absorb information best if it is presented visually, such as through books, reports, handouts, diagrams, graphs, and imagery. Visual learners will tend to learn best through slide presentations, pictures, charts, videos, etc.
- Auditory Learners: People who prefer to talk out problems and listen to speeches but with plenty of variety of tone, pitch, and rate. They tend to learn best through lectures, discussions, etc.
- Kinesthetic Learners: People who prefer action, movement and like to be involved. They prefer a relaxed, non-threatening environment. They learn best by doing, i.e. role plays, activities, demonstrations, etc.

Methods and Activities in Training

1. Lectures

Lectures are ideal for introducing a topic. Lectures are often dreaded and ridiculed, but they are the most commonly used training techniques. Yes, there is often a lack of interaction, but with the right speaker and simple lectures, this can lead to optimal learning. Keep lectures to 30 minutes or less, and summarize the important points at the beginning and end.

2. Discussions

Discussions and debates are useful after a lecture, because they allow trainees to ask questions about the concepts that they have just learned. Consider handing out a list of questions or topics to prompt a discussion.

3. Case Studies

The case study is a proven method for training and is known to effectively boost learner motivation. However, when learners lack access to the resources necessary to completing a case study or if the project become a challenge, their motivation and learning will be hindered.

This method is suitable for situations when the trainees have the core knowledge but can still benefit from training. Because this method comes with lower costs, it's also one of the more popular methods in different disciplines like law, counseling, and medicine.

4. Role Plays

With role-playing, trainees can practice what they've learned in a personalized and simulated situation. They can still fail, but with good content and safe role-playing, there won't be any serious consequences.

5. Small Group Teaching

Small group teaching helps learners clarify their understanding of the new information. They can explain it to one another in their own words, and answer questions.

6. Games-Based Training

Games have been used for many educational purposes, including training. Using games for education is affordable, competitive, and motivational, especially in the digital era, in which many applicants and employees are highly involved with technology.

One of the disadvantages of this method is the inability to determine the components in a game that will contribute to the training itself. Trainers can't really make sure that every learning concept will be accepted by the trainees through game playing.

Table (11)

below summarizes the best methods according to the groups size, using more than one technique is recommended to maintain interest and to help in retention.

Type of Activity	Large Group	Small Group	Pairs/ Threes	Individual
Lecture				✓
Group discussion	✓	✓	✓	✓
Question and answer		✓	✓	✓
Case study	✓	✓	✓	✓
Brainstorm		✓	✓	✓
Quiz			✓	✓
Game		✓	✓	✓
Panel	✓	✓	✓	✓
Debate	✓	✓	✓	✓
Story	✓	✓	✓	✓
Problem solving	✓	✓	✓	✓
Role-playing	✓	✓	✓	
Demonstration	✓	✓	✓	

Communication Techniques

Here are some simple steps that can be used to better communicate with your trainees:

1. Eye Contact - Using eye contact as a form of communication varies from one country to another. In the United States, a speaker who makes appropriate eye contact with the listener(s) while speaking makes a favorable impression. In other countries, making direct eye contact, especially with a more senior person, can be perceived as rude. However, in most countries today, making some eye contact with listeners in a group presentation is perceived as appropriate and makes the speech more interesting and credible. Tip: If you know your audience and their cultural beliefs, you will be better prepared to determine if eye contact is appropriate.

- Maintain visual contact with your listeners until they feel “seen.”
- Be sure to make eye contact with everyone. If you are speaking to a large group, make eye contact with all parts of your audience.

2. Vocal Variety - Speaking clearly and projecting your voice helps the listener(s) maintain interest in your presentation and training.

Tip: Avoid giving monotone presentations by considering these four ways of varying your voice:

- Speed - from slow to fast
- Volume - from soft to loud
- Pitch - from low to high sound quality
- Enthusiasm - from low to high energy

3. Stance and Gestures - Using stances and gestures appropriately can help convey a confident image and reinforce key points in an interesting way.

Tip: Stand with your feet directly below your shoulders (not in a stiff manner) and make slow gestures to emphasize or illustrate key points.

4. Pause and Breathe - Taking time throughout a presentation to pause and breathe helps the presenter to remain calm, remember speech content, and maintain the audience's interest.

Tip: In order to pause and breathe, the speaker simply pauses for a few seconds at the end of a thought or sentence and take a deep breath from the diaphragm not the chest.

Visual Aids and Supportive Materials

Visual aids are tools used to help reinforce the main points of a presentation and cater to the different modes in which individuals learn and retain information. Table (14) below lists some supportive tools and their advantages.



Visual Aids and Supportive Materials

Table 12

Types of visual aid	Advantages	Disadvantages	Tips
Flip Chart	• Can tear off sheets and post as a record during a meeting • Almost always available • No technology needed	• Can't correct if you make a mistake • Stands are unwieldy to transport • Usually must prepare sheets for each meeting • Can't save electronically	• Cover pages that are not being used • Alternate between blank and written pages
White Board	• Inexpensive • Bigger than a flipchart • Looks nicer than a flipchart • Can be erased if you want to make a change • No technology needed	• Hard to clean if you write on it with the wrong marker • Cannot tear off and post pages as you can with a flipchart • Odor of white board markers bothers some • Cannot save electronically	• Write legibly • Use the right type of pen • Use more than one color • Turn and face the audience to speak when finish writing
Handouts	• Can distribute at appropriate time • Good for detailed information • Easy to revise • Great for showing desired behaviors	• Extra detail that is not a part of the main presentation • Can distract listeners from the presentation	• Consider the right time to give handouts
VCR or DVD and Monitor	• Adds variety to a meeting • Can let an "expert" do the talking	• Some VCRs/DVDs are expensive • VCRs/DVDs cannot be altered or customized easily • Requires electricity	• Have the VCR/DVD set up prior to the presentation
Laptop and LCD Projector (ppts.)	• PowerPoint™ slides look classy • Can prepare ahead of time • Can make changes and save easily • Can use "Notes" feature to make facilitator notes or a Leader's Guide • Can use "Handouts" feature to make handouts • Can add photos and clip art	• Projectors require electricity • Room must be somewhat dark for the screen to be visible, especially when using light-colored text • Can show just one frame at a time (as opposed to flipchart sheets pasted on walls) • Should have a spare bulb	• Keep the slides simple • Avoid placing too much text on one slide • Avoid using too many different colors and sounds • Make the text large enough so the audience can easily read • Do not use slides as giant note cards

Exercise: Hidden Treasures

Take a few minutes to seek out some of the treasures that lie within your group. Find one person who matches each description below and get that their signature. When interacting with one another, ask questions to further discover their interest, knowledge or skills in the area.

- 1. Watches movies or plays music in his/her spare time:**
- 2. Has traveled to Africa**
- 3. Loves to read books**
- 4. Volunteers at a community group or agency**
- 5. Is very organized**
- 6. Has traveled to Europe**
- 7. Has lived (not just visited) in another country**
- 8. Has children**
- 9. Has grandchildren**
- 10. Has traveled to South America**
- 11. Has traveled to Asia**
- 12. Had a bad experience presenting**
- 13. Can speak multiple languages**
- 14. Can speak in sign language**
- 15. Has taken a presentation course before**
- 16. Prefer to try and do something versus read about it first**
- 17. Loves to cook**
- 18. Can visualize words (when reading)**
- 19. Informs the public about specific issues or topics**
- 20. Has strong cultural beliefs**
- 21. Enjoys gardening**
- 22. Has visited to more than 5 countries including the United States**
- 23. Would travel in outer space if possible**
- 24. Considers himself/herself a people person**

- 25. Responsible soliciting funding for programs**
- 26. Enjoys sports**
- 27. Member of the MIPH Community Site**
- 28. Enjoys public speaking**
- 29. Manages time well**
- 30. Is creative**
- 31. Writes well**
- 32. Enjoys role-playing**
- 33. Attended at least 4 trainings this year**
- 34. Enjoys adventure.**
- 35. Loves to fish**
- 36. Enjoys trying new foods**
- 38. Wants to be a better leader**



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- https://m.youtube.com/watch?v=_5wpKGa-aOA menstruation
- <https://www.youtube.com/watch?app=desktop&v=q413k3OpSKI> menstruation
- <https://m.youtube.com/watch?v=EcqtztE4QrY> Menstrual Health & Hygiene
- <https://centerstone.org/teen/sex-and-relationships/contraception/> Methods to prevent pregnancy and STIs
- <https://ethicsunwrapped.utexas.edu/case-study/cyber-harassment> Cyber harassment
- <https://www.youtube.com/watch?v=WGJsrGmWeKE>
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Annexes



Additional forms, further knowledge and practice information are listed in annexes hereunder.

Annex A – Pre/ Post Training Evaluation Forms

Monitoring Per Session Evaluation

Date of schedule	Topics	Strategy/Activities	tools	Trainees # /sex/nationality						#of hours	location
				F.B	F.S	F.N	M.I	M.S	M.B		
Name of trainer Tel email											
Factory											
Reflection											
Feel satisfied with											
The challenge that faced me											
Suggestions for improvement											

General Training Feedback/digital form

1. Please indicate your gender?

☐ Female

☐ Male

2. What is your age?

☐ Under 20 years old

☐ 20-29 years old

☐ 30-39 years old

☐ 40-49 years old

☐ 50 years or older

3. Please specify your nationality?

4. What is your marital status?

☐ Single, never married

☐ Married

☐ Widowed

☐ Divorced

☐ Separated

5. Please specify your work title?

6. How likely is it that you would recommend the training to a friend or colleague?

Not at all likely

extremely likely

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

7. Overall, how would you rate the training?

☐ Excellent

☐ Very good

☐ Good

☐ Fair

☐ Poor



8. What did you like about the training?

9. What did you dislike about the training?

10. How organized was the training?

- | | |
|--|--|
| ☐ Extremely organized | ☐ Very organized |
| ☐ Somewhat organized | ☐ Not so organized |
| ☐ Not at all organized | |

11. How friendly was the trainer?

- | | |
|---|---------------------------------------|
| ☐ Extremely friendly | ☐ Very Friendly |
| ☐ Somewhat friendly | ☐ Not so friendly |
| ☐ Not at all friendly | |

12. How helpful was the trainer?

- | | |
|--|--------------------------------------|
| ☐ Extremely helpful | ☐ Very helpful |
| ☐ Somewhat helpful | ☐ Not so helpful |
| ☐ Not at all helpful | |

13. Prior to the training, how much of the information that you need did you get?

- | | |
|---|---|
| ☐ All the information | ☐ Most of the information |
| ☐ Some of the information | ☐ A little of the information |
| ☐ None of the information | |

14. Was the event length too long, too short, or about right?

- | | |
|--------------------------------------|---------------------------------|
| ☐ Much too long | ☐ Too long |
| ☐ About right | ☐ Too short |
| ☐ Much too short | |

15. Is there anything else you'd like to share about the training?

Pre/ Post Training Evaluation

Name:

Factory:.....

Gender: ☐ Male ☐ Female

First: Please put Yes or No

	Yes	No
1. Reproductive health refers only to healthy reproductive functions		
2. Cleanliness, physical exercise, rest and sleep are a part of personal hygiene		
3. Condoms are one of the most popular contraceptives because they help in reducing the risk of STDs		
4. Emergency contraceptives are effective if used within 72hrs of coitus/sexual intercourse		
5. HIV is passed between people through touching, hugging, talking to, or sharing a home with a person who is HIV infected or has AIDS.		
6. The most common sign of breast cancer is the appearance of a new tumor or lump in the breast		
7. To protect your data in social media and maintain security. You should be careful before accepting, clicking, or sharing digital content		
8. Negative nonverbal cues include facial expressions that show interest and concern		
9. Cases of rape should keep in secret from the management		
10. Mental health and sexual and reproductive health are two sides of a coin .		



Second: Please put a circle around the correct answer for the following questions

1) Supporting the sexual and reproductive health of garment factory workers has positive results in:

- a) Health outcomes
- b) Mental health
- c) Economic empowerment
- d) All of the above
- e) None of the above

2) From the sexually transmitted diseases mentioned below, identify the one which does not specifically affect the sex organs:

- a. Syphilis
- b. AIDS
- c. Gonorrhea
- d. Genital warts

3) The average menstrual cycle is:

- a) 14 days
- b) 18 days
- c) 24 days
- d) 28 days

4) Which one of the following is an unhealthy habit?

- a) Sharing food
- b) Bathing twice a day
- c) Drinking boiled water
- d) Eating without washing one's hand

5) Which one of the following is not a bacterial disease?

- a) AIDS
- b) Dengue
- c) Measles
- d) All of the above

6) Which of the following factors is necessary for a healthy person?

- a) Vaccination
- b) Balanced diet
- c) Personal hygiene
- d) All of the above
- e) None of the above

7) Are there any after-effects from abortion?

- a) No, it's a woman's choice to manage her own body and she has no ill effects.
- b) Yes, women are vulnerable to effects ranging from depression and difficulty with personal relationships to suicide.
- c) It depends on women to women, on how their body structure is
- d) None of the above

8) When does human life begin?

- a) At birth, or perhaps once we can determine whether the child is "normal."
- b) When the zygote becomes the fetus.
- c) At fertilization; only time and nutrition are needed for the baby to reach his/her birth-date.

9) Is there any connection between abortion and breast cancer?

a) No, no evidence has been found to support this.

b) Yes, many studies have been made and found evidence to support this.

c) In some case, Yes, otherwise No.

10) Which among the following is a “sexual harassment” as defined under Sexual Harassment of Women at Workplace:

a) physical contact and advances

b) a demand or request for sexual favours

c) showing pornography

d) All the above

11) As long as a person has no symptoms of an STI, they:

a) Cannot pass on an STI

b) Don't have an STI

c) A and B

d) None of the above

12) Some safe methods of abortion might include:

a) Overdose of quinine (malaria medication),

b) Herbal medications,

c) Mechanical methods including piercing the uterus using sharp objects,

d) Taking concentrated solutions such as quencher, millet chuff and tea leaves.

e) None of the above

13) Fear of speaking out of sexual harassment in the work environment due to:

a) Cultural and social attitudes;

b) Lack of knowledge

c) Fears of losing job.

d) All of the above

Third: Your opinion in the followings:

14) Training methods might include:

1

2

3

15) Peer education means

16) As a result of fear, ignorance, language barriers, and poor communication inside and outside the factories, females in particular are exposed to several health problems, not knowing the possible consequences. Your opinion:

Examples of these problems?

Solutions, from your opinion?

Annex B – Terms of Reference for Trainers

Terms of Reference of the Selected Trainee/Trainer

Introduction

Training of workers and factory staff is a key component of Better Work's strategy to improve working conditions for garment workers and increase business performance in factories. Training of trainers on sexual and reproductive health (SRH) in the garment sector in Jordan is a unique significant one that covers many comprehensive areas in SRH issues, sexual and cyber-harassment, hygiene and mental health, in addition to training and communication skills.

The selected trainee/trainer should be committed to the training days; then to transfer the knowledge and skills to other workers in the factories.

Training Conditions

1. Commitment to attend all training days (40 hours)
2. Commitment to present a small training session on the last day of training
3. Commitment to draft together with Hakoura a simplified training plan (topics, number of targeted workers, nationality, when and where and how)
4. Commitment to transfer knowledge to 150-120 factory workers
5. Commitment to hold the agreed on hours of awareness/training sessions during the five months following the training.
6. Commitment to communicate with Al-Hakoura Foundation through different communication platforms
7. Commitment to attend a monthly meeting through zoom application
8. Commitment to submit simplified monthly reports on training/awareness sessions, topic, number of targeted workers, their nationality and sex, and overall impression.

Benefits that the trainer will get

1. Training of trainers' certificate from Better Work Jordan and Hakoura Foundation for those who will commit until the end of the program;
2. A hygiene kit provided by Better Work Jordan
3. Other advantages



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The Hashemite Kingdom of Jordan

