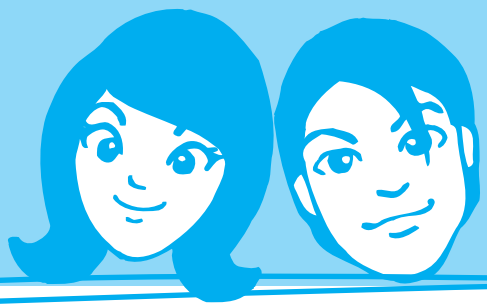

Rights
Responsibilities
Representation

3-R Trainers' Kit

EMPOWERMENT FOR
CHILDREN, YOUTH AND FAMILIES

Book 5

Module 7 Keeping Healthy
Module 8 Protection from Violence and Drugs

Busakorn Suriyasarn, Rosalinda Terhorst and Nelien Haspels

International Labour Office
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Rights, Responsibilities and Representation

By

Busakorn Suriyasarn, Rosalinda Terhorst and Nelien Haspels

International Labour Office
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Busakorn Suriyasarn, Rosalinda Terhorst and Nelien Haspels

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Contents

Book 5
Contents

PART 2 TRAINING MODULES

MODULE 7 KEEPING HEALTHY

Introduction

This module deals with reproductive health issues. The main focus is on family planning, reproductive rights and protection against sexually transmitted diseases (STDs) and Aids. Basic information on pre- and post-natal care is also given. Exercises are provided to raise awareness on the dangers of unsafe sex. The main aim of the exercises in this module is to emphasize the responsibilities of both men and women in reproductive health and the importance of informed decision making.

The module includes 4 units:

Unit 7.1 Where Do Babies Come From?
Unit 7.2 How Many Babies Are Enough?
Unit 7.3 How to Have a Healthy Baby
Unit 7.4 What Are STDs and HIV/Aids?

Unit 7.1 Where Do Babies Come From?

Content

This unit discusses the main issues related to reproductive health. Through a game, participants become familiar with the sexual organs, conception, or the process of 'making babies' and the prevention of conception. Various social and cultural issues relating to reproductive rights are also covered, including the rights to receive information and to plan a family.

Key Messages

- Reproductive health rights are a basic right of men and women.
- Each individual has the right to determine the number and spacing of children.
- Each individual is entitled to know about family planning and methods to prevent pregnancies.
- Each woman has the right to choose to bear children or not, on her own free will.

Exercise

7.1.1 Reproductive Health Quartet Game

Related Units

6.1 Changes and Sexuality
6.4 Safe Sex
6.5 Teenage Pregnancy
7.2 How Many Babies Are Enough?
7.3 How to Have a Healthy Baby
10.2 Rights at Work
10.3 Health at Work

Exercise 7.1.1 Reproductive Health Quartet Game

Objective
To become familiar with the basic reproductive health rights

Target Group
Youth and adults

Duration
60 minutes

Seating Arrangements
Group seating for groups of 4-5 persons, either on chairs or on the floor

Materials
Photocopies of the Quartet Game "Planning Your Family" (Training Aid 7.1.1 B), 1 complete set for each group

Training Aids
7.1.1 A: Reproductive Health Quartet Game Rules
7.1.1 B: Quartet "Planning Your Family"
Briefing Note: Reproductive Health

Session Plan

Preparation
Photocopy the 8 pages of Training Aid 7.1.1 B and cut them into separate cards. Make a full set (8 x 4 = 32 cards) for each group (of 4-5 persons). Make sure that you do not mix up the sets.

Step 1 – 10 minutes
Ask participants what they think when they hear the term reproductive health. After a couple of answers, briefly explain what reproductive health means, without going into great details, for example: Reproductive health is about caring for your body, knowing how your sexual organs work, preventing pregnancies if you are not ready for it and deciding in freedom how you want to plan your family.

Explain that they will learn about reproductive rights through playing a quartet game.

Step 2 – 20 minutes
Divide participants into small groups of 4-5 persons. Explain the Reproductive Health Quartet Game Rules (Training Aid 7.1.1 A). Hand out a full set of the cards to each group and ask them to play the game for maximum 3 rounds or about 20 minutes.

Step 3 – 25 minutes
Ask whether they enjoyed the game and invite a few volunteers to share their feelings and experiences with the game. Discuss all sets one by one in the following order:

1. *Reproductive organs*
   - Ask whether they are familiar with the four sexual organs mentioned in the quartet.
   - Explain that these are the reproductive organs of men and women: without these we would not be able to have children (for more details, see Unit 6.1 Changes and Sexuality).

2. *Safe sex*
   - Ask the participants to give examples of other methods to prevent pregnancy and briefly discuss these (for more details, see Unit 6.4 Safe Sex).
   - Ask what the advantages of using a condom are.

3. *Becoming pregnant*
   - Ask a volunteer to explain the process of making a baby (for more details, see Unit 6.1 Changes and Sexuality).
   - Explain that a sperm and an egg are needed for conception—to make a baby. This can happen when a man and a woman have unprotected sex.

4. *Right to receive information*
   - Ask what the people on this set of cards are doing.
   - Discuss whether the participants have access to birth control.
   - Explain that every individual has the right to receive information about reproductive health issues, regardless of their sex, race, marital status or age.

5. *Right to family planning*
   - Ask the participants to explain what the issues are on this set of cards.
   - Tell them that everybody has the right to family planning: to use birth control methods, to choose whether or not to have children, and to choose how many children to have and the spacing between them.

6. *How to get information*
   - Ask where the participants get information about family planning and whether they are satisfied with the services provided.
   - Ask whether they would like things changed regarding getting information about family planning.
   - Give them tips on where they can go if they want or need more information or services.

7. *Right to have a private life*
   - Ask them to explain in more detail what is meant by the four situations drawn on these cards.
   - Ask whether they feel different pressures sometimes and what they feel/think about these pressures.
   - Explain that everyone has the right to act according to his or her wishes, not according to the wishes of others, even parents. In other words, everyone is entitled to make choices on how to lead their own life (without harming others).

8. *Problems related to work*
   - Ask if they are familiar with the problems mentioned in the set and whether they can think of other problems.

– Discuss discrimination of women at work because of reproductive health issues. Ask whether these situations are common in their country/workplace/community.
– Explain that labour laws in many countries prohibit discrimination of women because of their reproductive functions, such as not hiring women because they can become pregnant or are already mothers, or firing a woman employee when she becomes pregnant. However, such discriminatory practices are rather common in situations where women workers are not protected by the law or the law is not enforced.

Tip for Trainers

Make sure that you discuss the sets on the right level with the participants. Stay close to their interests. With younger people you should go into more detail about prevention and the right to make their own choices. With people already married you can pay more attention to sharing information about reproductive health issues between the partners. For instance, fathers also have the right to know what happens with their partner when she is pregnant; and giving birth and family planning is a matter of both partners. For more information see Unit 7.3 How to Have a Healthy Baby.

Step 4 – 5 minutes

Conclude with the following points:

- Reproductive rights are a basic right of both men and women.
- Each person has the right to determine the number and spacing of children.
- Each person is entitled to know family planning and the methods to prevent pregnancies.
- Each woman has the right to choose to bear children or not, on her own free will.

Tip for Trainers

For adult audiences conclude with listing the main reproductive health rights and common problems related to these rights at work.

Training Aid 7.1.1 A: Reproductive Health Quartet Game Rules

Aim
The aim of the game is to collect as many sets of 4 cards (quartet) as possible. The player with the most sets wins the game.

The game
The game has 8 sets of 4 cards, so the total number of cards is 32. Each set can be recognized by its title. In the squares you find a drawing of the 4 subjects of the set with the subject of that specific card drawn in the large square. The three others that you have to collect are drawn in the small squares. Under the squares the subjects of the 4 cards are described with the subject of that specific card in **bold**.

How to collect sets
You collect cards by asking a person: "Do you have, of the set 'Becoming Pregnant', the 'Embryo' for me?" If the person has the card, s/he should give it to you. When the person does not have the card it is his or her turn to ask other cards from the players until somebody does not have the card which is asked for, and so on. The whole game is about remembering who asks what and who collects what. When a complete set is collected the player should keep it, put it on the table and show the full set to the other players.

Important rules
- You are not allowed to lie: when you have the card a person asks for, you have to give it.
- You can only ask for cards from a set of which you already have one card.
- When a player is out of cards s/he is out of the game and has to wait until the others are also ready.

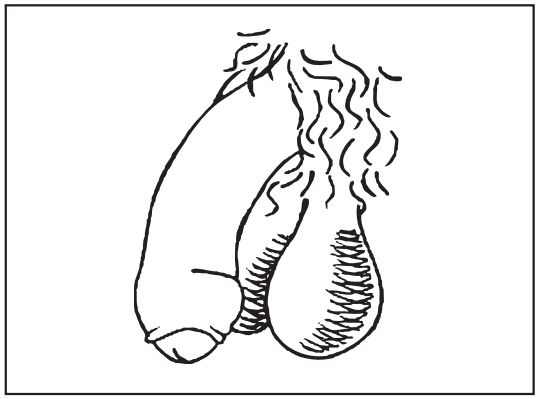
Starting the game
One player shuffles the cards well and divides them under the players. In the case you play with 4 persons, each person gets 8 cards. When you play with 5 persons, three persons get 6 cards and two persons 7 cards. The person sitting left to the person who shuffled starts asking. When the person who is asked for a certain card does not have the card, the turn goes to that person, and so on.

Training Aid 7.1.1 B: Quartet "Planning Your Family"

Guidelines: Photocopy the following 8 pages and cut them into separate cards. Make a full set (8 x 4 = 32 cards) for each group. Make sure to keep the sets separate for each group.

Reproductive Organs – (1)

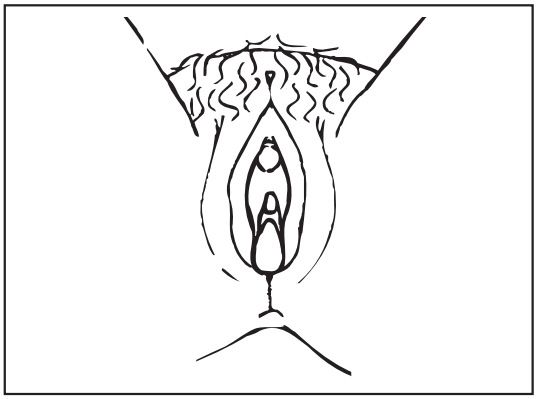
Get 2 | Get 3 | Get 4



1. Outside visible men: penis
2. Outside visible women: vagina
3. Inside reproductive organs men
4. Inside reproductive organs women

Reproductive Organs – (2)

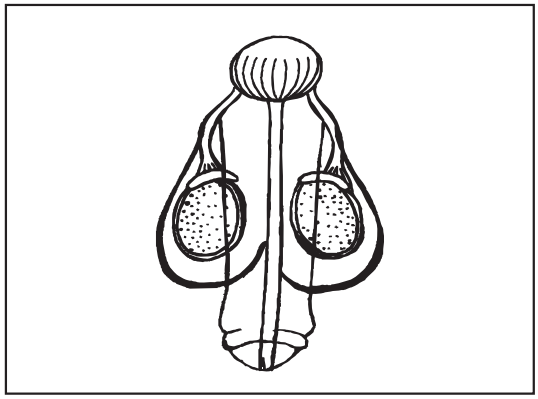
Get 1 | Get 3 | Get 4



1. Outside visible men: penis
2. Outside visible women: vagina
3. Inside reproductive organs men
4. Inside reproductive organs women

Reproductive Organs – (3)

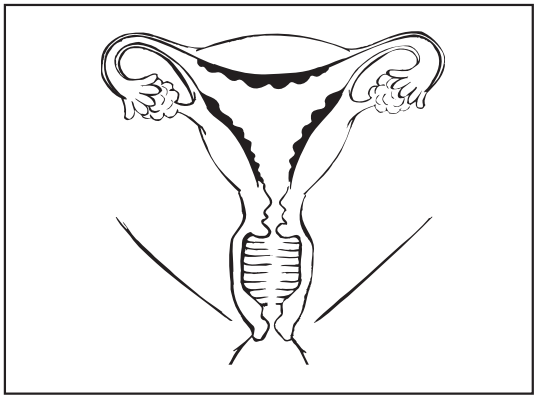
Get 1 | Get 2 | Get 4



1. Outside visible men: penis
2. Outside visible women: vagina
3. Inside reproductive organs men
4. Inside reproductive organs women

Reproductive Organs – (4)

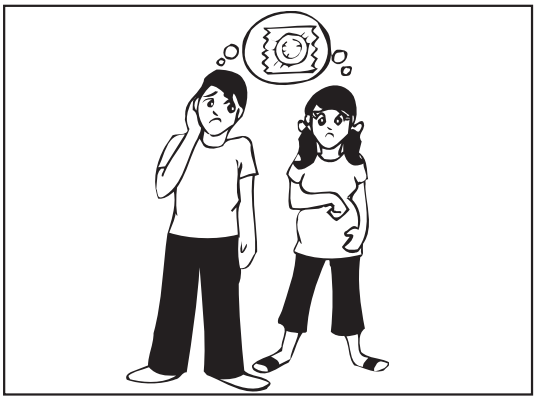
Get 1 | Get 2 | Get 3



1. Outside visible men: penis
2. Outside visible women: vagina
3. Inside reproductive organs men
4. Inside reproductive organs women

Safe Sex – (1)

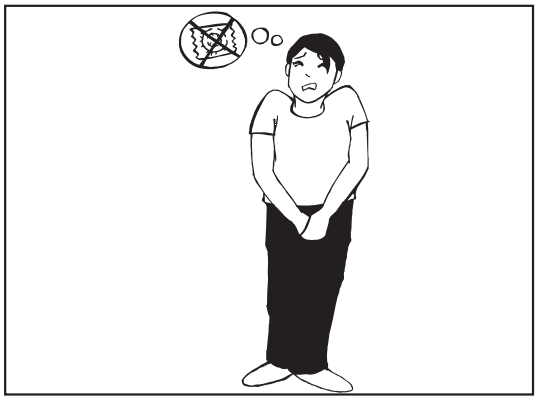
Get 2	Get 3	Get 4



1. No condom used = pregnancy
2. No condom used = STD, HIV/Aids
3. Using condom = happy young man
4. Using condom = happy young woman

Safe Sex – (2)

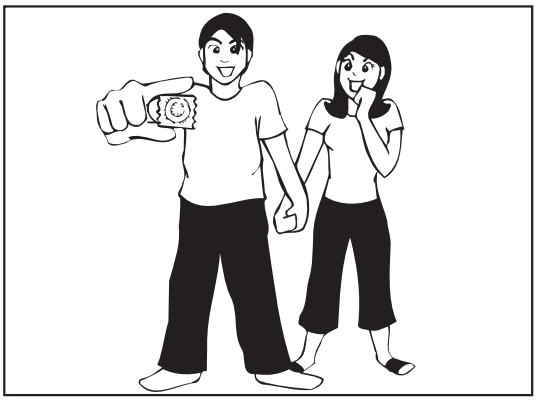
Get 1	Get 3	Get 4



1. No condom used = pregnancy
2. No condom used = STD, HIV/Aids
3. Using condom = happy young man
4. Using condom = happy young woman

Safe Sex – (3)

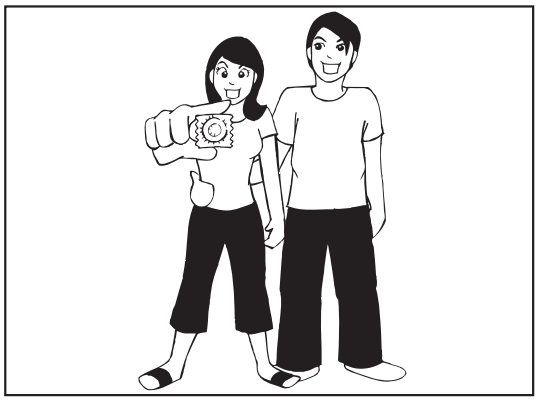
Get 1	Get 2	Get 4



1. No condom used = pregnancy
2. No condom used = STD, HIV/Aids
3. Using condom = happy young man
4. Using condom = happy young woman

Safe Sex – (4)

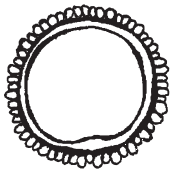
Get 1	Get 2	Get 3



1. No condom used = pregnancy
2. No condom used = STD, HIV/Aids
3. Using condom = happy young man
4. Using condom = happy young woman

Becoming Pregnant – (1)

Get 2 | Get 3 | Get 4



1. Egg
2. Sperm
3. Egg meets Sperm
4. Embryo

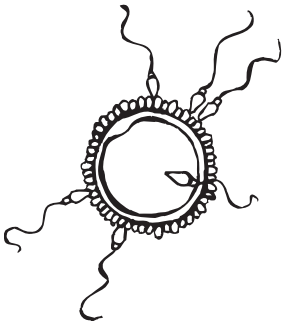
Becoming Pregnant – (2)

Get 1 | Get 3 | Get 4

1. Egg
2. Sperm
3. Egg meets Sperm
4. Embryo

Becoming Pregnant – (3)

Get 1 | Get 2 | Get 4



1. Egg
2. Sperm
3. Egg meets Sperm
4. Embryo

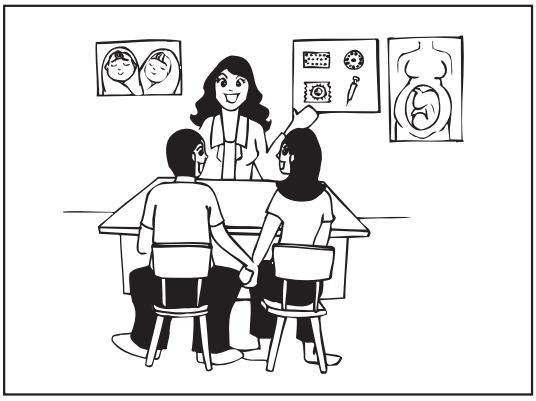
Becoming Pregnant – (4)

Get 1 | Get 2 | Get 3

1. Egg
2. Sperm
3. Egg meets Sperm
4. Embryo

Right to Receive Information – (1)

Get 2 | Get 3 | Get 4



1. **Young girl and boy asking for birth control information**
2. Couple together on pregnancy control
3. Single man asks for information about STDs
4. Health workers giving information to a mixed group of people

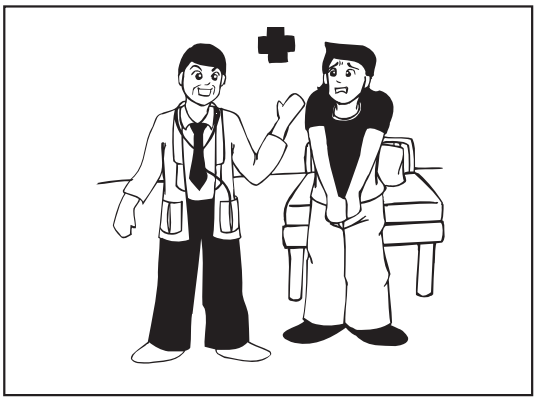
Right to Receive Information – (2)

Get 1 | Get 3 | Get 4

1. Young girl and boy asking for birth control information
2. **Couple together on pregnancy control**
3. Single man asks for information about STDs
4. Health workers giving information to a mixed group of people

Right to Receive Information – (3)

Get 1 | Get 2 | Get 4



1. Young girl and boy asking for birth control information
2. Couple together on pregnancy control
3. **Single man asks for information about STDs**
4. Health workers giving information to a mixed group of people

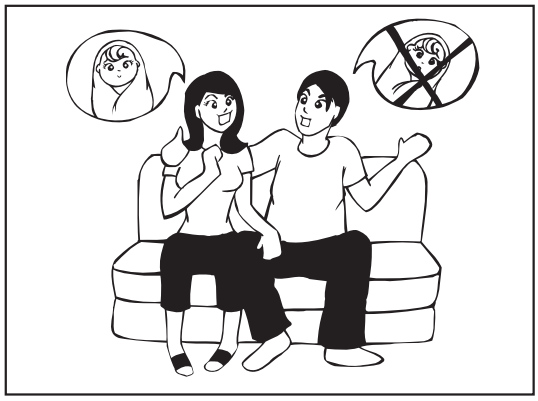
Right to Receive Information – (4)

Get 1 | Get 2 | Get 3

1. Young girl and boy asking for birth control information
2. Couple together on pregnancy control
3. Single man asks for information about STDs
4. **Health workers giving information to a mixed group of people**

Right to Family Planning – (1)

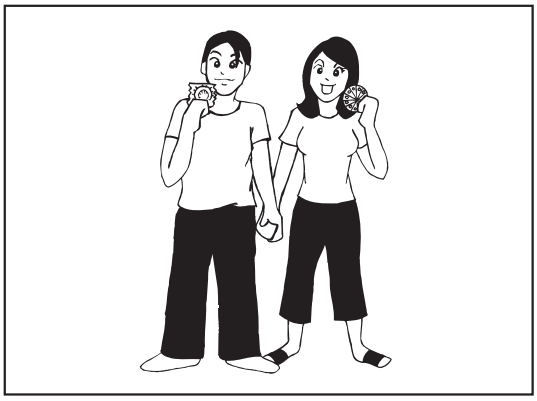
Get 2 | Get 3 | Get 4



1. Discussion about having children
2. Using birth control methods
3. Number of children
4. Spacing of children

Right to Family Planning – (2)

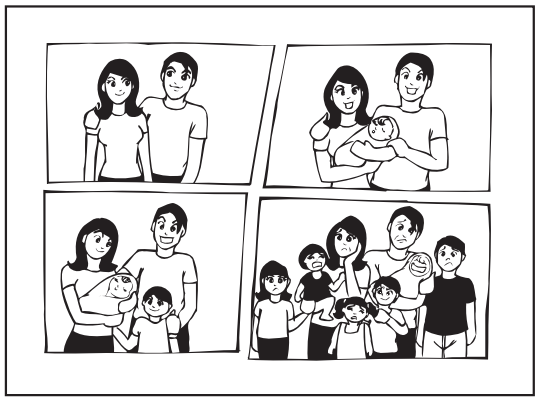
Get 1 | Get 3 | Get 4



1. Discussion about having children
2. Using birth control methods
3. Number of children
4. Spacing of children

Right to Family Planning – (3)

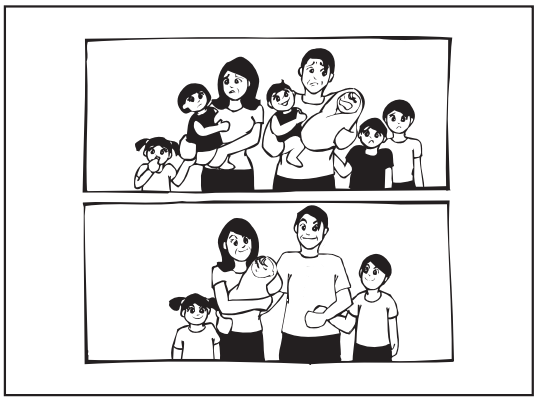
Get 1 | Get 2 | Get 4



1. Discussion about having children
2. Using birth control methods
3. Number of children
4. Spacing of children

Right to Family Planning – (4)

Get 1 | Get 2 | Get 3

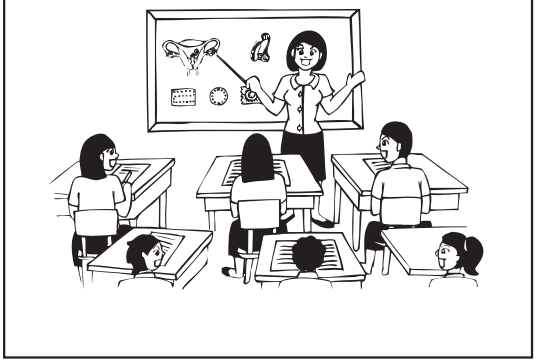


1. Discussion about having children
2. Using birth control methods
3. Number of children
4. Spacing of children

✂

How to Get Information – (1)

Get 2 | Get 3 | Get 4



1. School
2. Family planning centre
3. Asking parents or friends
4. Doctor

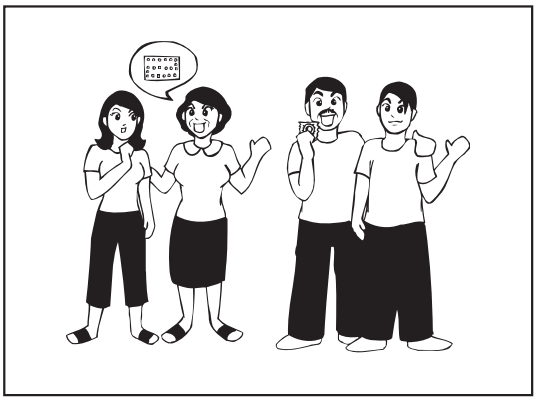
How to Get Information – (2)

Get 1 | Get 3 | Get 4

1. School
2. Family planning centre
3. Asking parents or friends
4. Doctor

How to get Information – (3)

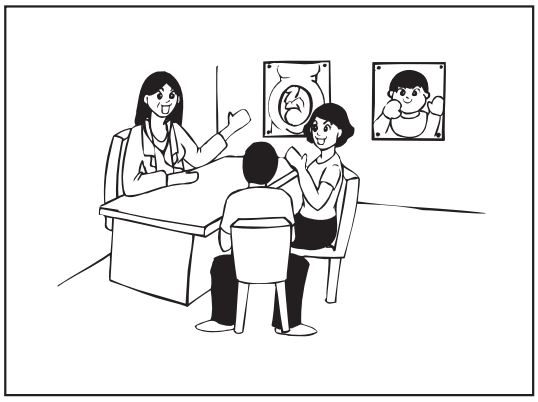
Get 1 | Get 2 | Get 4



1. School
2. Family planning centre
3. Asking parents or friends
4. Doctor

How to get Information – (4)

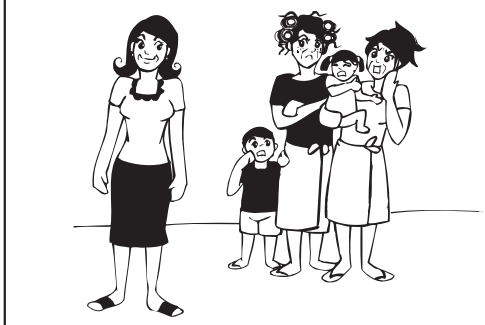
Get 1 | Get 2 | Get 3



1. School
2. Family planning centre
3. Asking parents or friends
4. Doctor

The Right to Have a Private Life – (1)

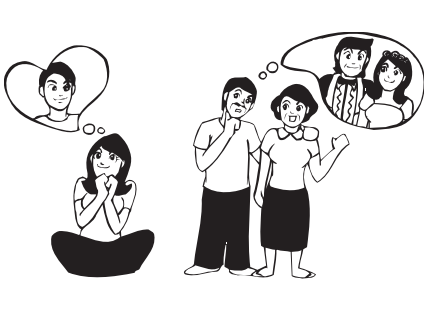
Get 2 | Get 3 | Get 4



1. Decide to stay single
2. Free choice of partner
3. Being a single parent
4. Choose to stay childless

The Right to Have a Private Life – (2)

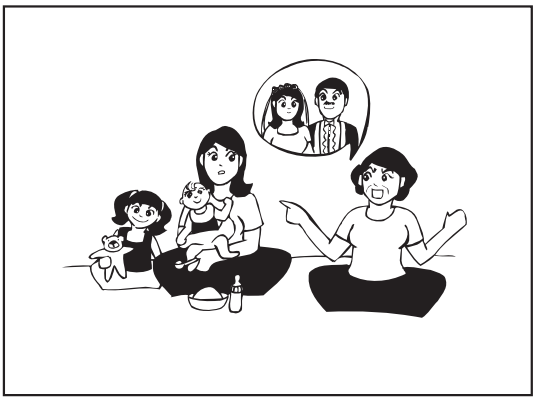
Get 1 | Get 3 | Get 4



1. Decide to stay single
2. Free choice of partner
3. Being a single parent
4. Choose to stay childless

The Right to Have a Private Life – (3)

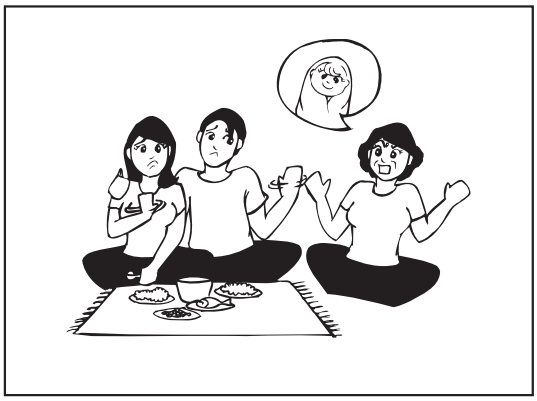
Get 1 | Get 2 | Get 4



1. Decide to stay single
2. Free choice of partner
3. Being a single parent
4. Choose to stay childless

The Right to Have a Private Life – (4)

Get 1 | Get 2 | Get 3



1. Decide to stay single
2. Free choice of partner
3. Being a single parent
4. Choose to stay childless

✂

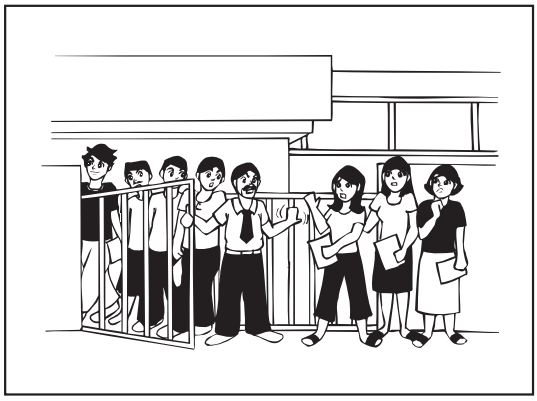
Reproductive Rights at Work – (1)

Get 2 | Get 3 | Get 4

1. Fired when pregnant
2. Only men hired
3. Working with chemicals
4. Appropriate work during last months of pregnancy

Reproductive Rights at Work – (2)

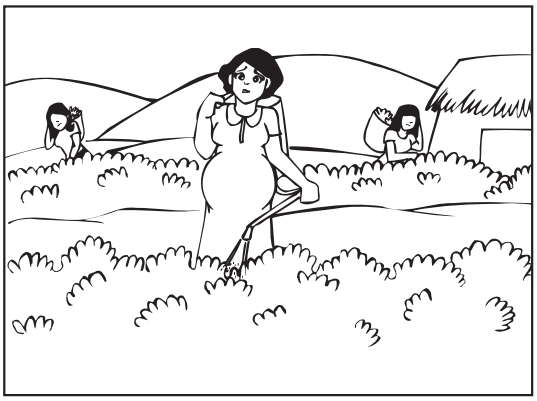
Get 1 | Get 3 | Get 4



1. Fired when pregnant
2. Only men hired
3. Working with chemicals
4. Appropriate work during last months of pregnancy

Reproductive Rights at Work – (3)

Get 1 | Get 2 | Get 4



1. Fired when pregnant
2. Only men hired
3. Working with chemicals
4. Appropriate work during last months of pregnancy

Reproductive Rights at Work – (4)

Get 1 | Get 2 | Get 3

1. Fired when pregnant
2. Only men hired
3. Working with chemicals
4. Appropriate work during last months of pregnancy

Briefing Note: Reproductive Health

In the Platform for Action adopted at the Fourth World Conference on Women, 1995 in Beijing the following definition of reproductive health was given:

> "Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or 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."[1]

Reproductive health rights are human rights:

- They are a basic right of men and women.
- Each individual has the right to determine the number and spacing for bearing children.
- Each individual is entitled to know the methods and information related to family planning.
- Each woman has the right to choose to bear children or not, on her own free will.

The most important reproductive health rights are:

- **Right to maintain freedom and body safety:** each individual is entitled to control his or her sex life and reproduction, which includes the right to give consent for medical intervention only when being clearly informed.
- **Right to have the highest possible health standard:** the right to receive medical treatment of the highest possible quality, which includes the right to be protected from dangerous practices, and the right to receive unbiased information leading to decision making after being fully informed.
- **Right to have family planning:** each individual is entitled to decide freely and responsibly about the number and spacing for bearing children.
- **Right to get married and to build a family:** each individual is entitled to decide freely if s/he wants to marry and with whom s/he wants to marry.
- **Right to have a private life:** each individual has the right to choose freely and confidentially whether to have children or not and when.
- **Right to receive information:** everybody, including teenagers and single persons, are entitled to receive information about family planning and related issues. This includes information about birth control methods but also information for (young) men about women-specific reproductive health issues, especially when their girlfriend or wife is pregnant or giving birth soon. These issues are not women-only issues. Often the father is not well informed while it is of equal importance for both.

[1] FWCW Platform for Action, paragraph 94.

A number of common problems related to reproductive health and work are:

- Heavy workload for women: the 'double burden'. Besides their job women are often responsible for all household activities as well. It is important to educate boys and men to share household activities so that there is a fair distribution of workload between all members in a family.
- Some enterprises refuse to recruit or keep married women, pregnant women or women with children.
- Some enterprises fire women who marry or become pregnant.
- Some enterprises do not provide facilities to pregnant women.
- For pregnant women appropriate work should be found in the last months of pregnancy, but this is often not done.
- Occupational safety and health issues are especially important to pregnant women to decrease the chance of miscarriage or premature birth.
- Many countries have laws on maternity protection. Find out what the rules for maternity protection are and whether they apply to your workplace. If they do, make sure that they are applied.
- The rules of maternity protection are often violated, like threatening that a woman worker will lose her job if she does not start working soon after delivery.
- If there are such problems at your workplace, discuss these with your co-workers, get help from a trade union or NGO, if available, and try to organize with other workers to prevent abuses. For more information, see Exercise 10.3.1 Maternity Protection.

Unit 7.2 How Many Babies Are Enough?

Content

This unit addresses and explains the right people have to plan their own family. The main focus is on exchanging information to form an opinion and take an informed decision. Attention is given to the reasons and consequences of sex-preference that sometimes result in sex-selective abortion.

Key Messages

- Many emotional, social, medical and economic considerations play a role when planning a family.
- Everyone has the right to: information, access to services, privacy, and confidentiality.
- All human beings are equal and have the right to be treated equally in all aspects of life.
- Each woman has the right to choose to bear children or not, on her own free will.
- Sex-selective abortion will create a shortage of women with many consequences for society.

Exercises

7.2.1 I Plan My Family
7.2.2 Is It a Boy or a Girl?

Related Units

3.2 Values and Attitudes about Gender Roles
6.3 Love and Marriage
6.4 Safe Sex
7.1 Where Do Babies Come From?

Exercise 7.2.1 I Plan My Family

Objectives
- To become aware of the advantages of family planning
- To learn that every person has a right to family planning
- To become aware of different sources of information about family planning

Target Group
Youth and adults

Duration
90 minutes

Seating Arrangements
A large circle of chairs and space to move around during group work

Materials
Photocopy of the Family Planning Role Assignments (Training Aid 7.2.1 A)

Training Aids
7.2.1 A: Family Planning Role Assignments
7.2.1 B: Discussion Guide on Family Planning
Briefing Note: Reproductive Health (in Exercise 7.1.1)

Session Plan

Step 1 – 20 minutes
Start the session by explaining it is about "Family Planning" without giving any explanation or details. Ask for 12 volunteers to play the following roles in two role plays:

Role play 1: Family Planning before Marriage
- Unmarried couple: 2 persons
- Parents of the unmarried couple: 2 groups of 2 persons

Role play 2: Family Planning during Marriage
- Married couple: 2 persons
- Parents of the married couple: 2 groups of 2 persons

Give the 6 members of each group a copy of their role assignment as given in Training Aid 7.2.1 A. Explain that the questions concern different aspects of family planning. They will discuss the questions with other people who are in the same group and prepare a short role play. Give them 10 minutes to prepare.

Explain to the remaining participants that they will be observers. When the role plays are shown they have to pay attention to the arguments that are used regarding family planning. Ask them to write down the arguments and who expressed them.

Step 2 – 30 minutes
Invite the volunteers to start each role play and act out the following scenes:

Role play 1: Family Planning before Marriage
Scene 1 Unmarried couple discussing family planning (3-5 minutes)
Scene 2 Unmarried couple visiting parents of the woman (3-5 minutes)
Scene 3 Unmarried couple visiting parents of the man (3-5 minutes)

Role play 2: Family Planning during Marriage
Scene 1 Married couple discussing family planning (3-5 minutes)
Scene 2 Parents of the husband visiting the married couple (3-5 minutes)
Scene 3 Parents of the wife visiting the married couple (3-5 minutes)

Step 3 – 30 minutes
Discuss the following questions using Training Aid 7.2.1 B as a discussion guide:

- What do you think of the plans related to family planning of the couple that is going to be married?
- Which of their arguments are often used in real life? Do you agree with these arguments? If yes, why? If no, why not?
- What do you think of the plans of the married couple?
- Which of their arguments are often used in real life? Do you agree with these arguments? If yes, why? If no, why not?
- What do you think of the role of the parents? Do parents play a role in family planning issues? If yes, how? If no, why not?
- What are important considerations in family planning?
- What are the advantages of family planning?
- What kind of difficulties can you face that are related to family planning?
- What are important organizations or persons that can play a role in family planning?
- Do you know your rights concerning family planning?
- Do you know where to go if you want to know more about family planning?

Step 4 – 10 minutes
Give a summary of the discussion and emphasize that:

- There are many emotional, social, medical and economic considerations that play a role when planning a family.
- Everyone has the right to: information, access to services, privacy and confidentiality.
- Each woman has the right to choose to bear children or not, on her own free will.
- Each individual has the right to determine the number and spacing for bearing children.

Training Aid 7.2.1 A: Family Planning Role Assignments

Guidelines: Photocopy the 3 pages of this training aid and cut along the dotted lines to have 6 separate role play assignments, 3 scenes each for Role Plays 1 and 2. For each role play, give scene 1 to the couple in each role play, scene 2 to the parents of the man and scene 3 to the parents of the woman. Let each couple prepare separately. Change the names in the stories to suit the target group.

Role Play 1: Family Planning before Marriage – Scene 1

Roles of unmarried couple (2 persons)
You are Lee (male), 22 years old and Sonam (female) 19 years old. Lee has 9 years of schooling and is working as a mechanic and Sonam just finished high school and is looking for a job. The two of you met 6 months ago and fell in love immediately. You love each other so much that you want to live together, marry and start a family. You discuss with each other about how to get permission from your parents to marry and set an auspicious date for your wedding. You are not sure if your parents will agree.

During the role play you think and talk about your future together. Make sure the following things are included in your plans:
- How to ask your parents for permission to marry?
- What arguments can you use to convince them?
- Family planning: what do you want, when and why?
- Where do you get information on family planning?

Role Play 1: Family Planning before Marriage – Scene 2

Roles of parents of Lee (2 persons)
You are the parents of Lee, a 22 year old mechanic. He has fallen in love with Sonam, a 19 year old woman. He already brought her home sometimes and talks a lot about her but you do not know yet that it is really serious. They like to get married and will come to you to ask your permission. You think Sonam is a very nice and serious girl, you like her but do not know much about her. You know her parents vaguely. They are well-to-do and they are very strict people. They know exactly what they want. You are afraid that they think your son is not good enough for their daughter.

Think of things to say to your son and Sonam when they come to you:
- What can you say to help them to realize their plans?
- You also want to know about their plans for the future and whether they have thought about family planning. Do they know about safe sex? Do they want children? If yes, when and how many? If no, why not? How are they going to make sure that they only get children when they want?
- What information and advice can you give them?

Role Play 1: Family Planning before Marriage – Scene 3

Roles of parents of Sonam (2 persons)
You are the parents of Sonam, a 19-year-old girl. She just completed high school and is looking for a job. You are not sure but you think that she is seeing a boy. You already have a husband for her in mind and are talking to his parents. He is from a rich family, has an office job and is 29 years old. You like your daughter to get married soon because otherwise people will start gossiping. However, you did not tell anything about this to Sonam so she is not aware of your plans for her future.

Think of things to say to Sonam and her boyfriend when they come and tell you that they want to get married.

- Do you agree? If yes, why? If no, why not?
- What do you find important for the future of Sonam?

Role Play 2: Family Planning during Marriage – Scene 1

Roles of married couple (2 persons)
You are Rithy, (male) 26 years old and Sokha, (female) 24 years old. You are married for about 3 years. Both of you are working, Rithy as a bus driver and Sokha as a teacher. You are very happy with your life together. Sometimes you talk about the future, about starting a family but you have not made up your mind about that. You want to wait with having children. Earn money first and find a good house before having children. The only problem is that people start gossiping: already three years married and still no children, what can be wrong? The mother of Rithy is also putting pressure on you by making remarks that she is still waiting for grandchildren.

Think about your future together. Make sure the following things are included in your plans:

- What kind of birth control method do you use at the moment and why?
- Do you want children in the future? If yes, when and why? If no, why not?
- What do you say to people that are gossiping about you having no children?
- What do you say to the mother of Rithy?

Role Play 2: Family Planning during Marriage – Scene 2

Roles of the parents of Rithy (2 persons)
You are the parents of Rithy, who is 26 years old and has been married to Sokha for 3 years. They are happy together and both are hard working. People are gossiping about them: already married for three years and no children, there must be something wrong. As a mother-in-law you already asked the couple many times when the grandchildren are coming but they do not react or avoid the subject. Next weekend you are going to visit them and you want to talk to them about this matter.

Think of things to say to your son and Sokha when you visit them.
- What kind of future do you as Rithi's parents have in mind for them? Why do you want that specific future?
- You know little about family planning and think that it is better to have as many children as possible.

Role Play 2: Family Planning during Marriage – Scene 3

Roles of the parents of Sokha (2 persons)
You are the parents of Sokha, who is 24 years old and has been married to Rithy for 3 years. They are happy together and both are hard working. People are gossiping about them: already married for three years and no children, there must be something wrong. Sokha also complains sometimes about her mother-in-law who makes remarks like: when are my grandchildren coming. Sokha feels a lot of pressure because of these remarks.

Think of things to say to your daughter and Rithy when you visit them.
- What kind of future do you have in mind for them?
- What do you want to know from them about their plans?
- What kind of advice can you give them about the reaction of the mother of Rithy and the people that are gossiping?

Training Aid 7.2.1 B: Discussion Guide on Family Planning

Everyone has the right and the responsibility to plan their family. Important things to think about are:

- Personal feelings: What does each partner want? Do you agree as a couple?
- Economic considerations: Can you give the child a good life?
- Health
- Family pressure
- Social control
- Traditional and modern values.

Difficulties you can face regarding family planning:

- Social and cultural values: traditional roles of men and women, difficult for men and women of different generations to discuss the issue.
- No access to services due to lack of availability, high costs, no knowledge about where to go.
- Problems at work: fired when pregnant, not hired because you are a woman/mother.

There are many reasons for promoting family planning[2] :

- **Too many deaths**
  - Maternal and child deaths in many developing countries are unacceptably high.
  - You should see a doctor as soon as you find out that you are pregnant.
- **Healthy mothers = healthy children**
  - A mother's health affects the health of her children.
  - The death of a mother is devastating for her family.
- **Birth spacing improves the child's survival**
  - The timing of births has a powerful impact on a child's chances of survival.
  - Close spacing of births can harm the health of mother and baby during pregnancy and forces other children to compete for nourishment and maternal care.
- **Teenage pregnancies are high-risk pregnancies**
  - Pregnancies to very young mothers carry increased health risks for both mother and baby.
  - Pregnant young women need to stop their education in many instances.
  - Young mothers (and fathers if they take the responsibility) need income to look after the baby and often will need to start working.
  - Women, who get a baby outside of marriage, are often punished or even disowned by their family and community and face discrimination wherever they go.
  - Adolescent girls are more likely to undergo unsafe abortions.
- **Saving children's lives**
  - Healthier patterns of childbearing could save the lives of several million children each year.
- **Saving mothers' lives**
  - Family planning can prevent at least one-quarter of maternal deaths by reducing the incidence of high-risk pregnancies.
  - Family planning can prevent many, if not most deaths, from unsafe abortion.
  - Family planning helps prevent the growing epidemic of HIV/Aids and other sexually transmitted diseases (STDs) among women and men.
- **A better future**
  - A planned family is the best environment for a child's overall development.

[2] Adapted from: Population Action International, URL: http://www.populationaction.org/issues.

Persons and organizations that provide information and services in family planning:

- Healthcare worker for information about birth control methods
- Physician for information, advice, pills or other medical products
- Family planning information centre for information, advice, pills or other birth control methods
- Hospital for treatment, consultation during pregnancy, delivery, birth control methods, or abortion
- Midwife for consultation during pregnancy, delivery or birth control methods
- Drugstore for condoms and other birth control products
- Parents, other family members and friends who can give social and emotional support and pressure. For instance, parents can have a strong desire for grandchildren for different reasons.

Exercise 7.2.2 Is It a Boy or a Girl?

Objectives
- To identify if there is a preference for boys or girls in the community of the participants
- To identify the reasons for a possible sex preference for children
- To become aware that sex-selective abortion or infanticide is not a solution and harmful to families, communities and society as a whole

Target Group
Youth and adults

Duration
60 minutes

Seating Arrangements
Circle seating and enough space to move around

Materials
- Two pieces of flipchart paper, one with a woman's face or the symbol for woman (♀) and the other with a man's face or the symbol for man (♂)
- Flipchart paper, markers, and masking tape

Training Aid
Briefing Note: Female Infanticide and Sex-Selective Abortion

Session Plan

Preparation
Put the flipchart with the face or symbol of woman on the floor on one side of the room and the flipchart with the face or symbol of man sign on the other side. Hang two or three empty flipchart papers on the walls on the sides of the room or on a board where everyone can see them during the exercise. The sheets of empty flipchart paper are for writing the answers of the interviews in Step 1.

Step 1 – 20 minutes
Explain that this session will deal with the preferences that some people have for boys or girls and what this means for the family and society. Explain the symbols ♂ and ♀, if you use these.

Ask all participants to stand up. Explain that you are going to ask them questions on which the answer can be: boy or girl. They have to move to the symbols corresponding with the answer they want to give. Speed them up to decide which side they choose to prevent that they follow others. After each question, except the first one, you will interview a few persons, asking why they chose a boy or a girl. Ask a co-trainer to write the main discussion points on the flipchart papers on the wall.

Questions:
- I am a ….
- Being a nurse is a typical job for a ….
- Being a mechanic is a typical job for a ….
- If it was possible to choose my sex I would like to be a ….
- Suppose you plan to have a child and you hope the baby will be a ….
- Who do you think will have an easier life, a boy or a girl?
- Who do you think has more opportunities in life, a boy or a girl?
- Who do you think will look after you when you are old, your son or your daughter?

Step 2 – 30 minutes
Ask everybody to sit down. Discuss the answers written down during the interviews, using the following questions:
  – Are boys important? If so, why?
  – Are girls important? If so, why?
  – Would you be disappointed if you had a boy? Why or why not?
  – Would you be disappointed if you had a girl? Why or why not?
  – Can you think of situations when parents are disappointed with a girl?
  – Do you know what you can do about this?
  – Can you think of the consequences of aborting female babies for the family?
  – Can you think of the consequences for the community and society if all families think the same way and abort female babies?

Make sure the following key points are addressed during the discussion:
- Son preference can lead to female infanticide or sex-selective abortion.
- Son preference is the result of the low value and the second class status given to women in some societies or groups.
- There are different traditional, socio-economic and cultural reasons for son preference (see the Briefing Note for details).
- Female infanticide and sex-selective abortion result in a shortage of women.

Step 3 – 10 minutes
Summarize the discussion and highlight the following messages once more:
- All humans are equal and have the right to be treated equally in all aspects of live.
- Girls are also no less valuable children than boys. When they are given proper education and opportunities in life they are an important resource for the family and community.
- Sex-selective abortion and female infanticide will create a shortage of women with many negative consequences for society.

Briefing Note: Female Infanticide and Sex-Selective Abortion[3]

How many girls and boys are born?

In most societies slightly more boys than girls are born but the number of boys and girls are almost equal. The proportion of males to females in a given population, usually expressed as the number of males per 100 females is called sex ratio. The average sex ratio at birth worldwide is 105 boys for 100 girls.

In some societies families can have a strong preference for sons. In the past and still nowadays this can mean that families in poverty do away with baby girls after they are born, either by killing them right away after delivery or by neglecting and not taking good care of girls, especially if there is not enough food to feed the family or health care for the sick is not available or too expensive. Killing female babies is known as female infanticide.

In modern times due to the introduction of modern technology, other alarming practices such as sex-selective abortion are occurring in many countries. This leads to skewed sex ratios in a number of countries.

Sex-selective abortion

Sex-selective abortion is the practice of aborting a fetus after determining the fetus has the undesired sex, usually female. Sex-selective abortion was rare before the late 20th century because of the difficulty of determining the sex of the fetus before birth. Since the invention of ultrasound, however, this has become possible. This development is believed to be responsible for at least part of the skewed birth statistics in favour of men in mainland China, India, Pakistan, South Korea, and certain Arab states such as Egypt and Saudi Arabia. Although the practice is often illegal, laws against it are extremely difficult to enforce because there is no practical way to determine the parents' true motivation for seeking an abortion.

Preference for male children

The preference for male children is the result of the low value and the second class status given to women in some societies. This is largely based on traditional, socio-economic and cultural reasons such as:

- Family continuity depends on sons.
- Girls cannot hold property in some societies so a male child is essential for a family to retain its wealth.
- Girls are transitory members of a family; they marry and leave home.
- Even while girls remain in the family they generally earn less than boys.
- The family may have to produce a dowry when a daughter marries.
- Boys bring in a dowry when they marry, adding to the family wealth.
- A wife's status (and thus her economic security) is not consolidated until she produces a son.
- The worldwide trend to having small families means that parents do not want to have several girl children before having a son.

Son preference is common in many countries in Asia. For example, Chinese tradition says that most parents want their first child to be born a male. Son preference is also due to deeply rooted Confucian traditions, and Chinese parents desire sons in order to continue the family along the male line, security for the elderly, labour provision, and performance of ancestral rites. Many of them retain the ancient Chinese belief: "Many sons bring much happiness."

[3] Adapted from the Internet 'open source' encyclopaedia Wikipedia, URL: http://www.wikipedia.com.

China calls the son preference situation the 'missing girl' problem. In response to sex-selective abortions, mainland China has made it illegal for a physician to reveal the sex of a fetus.

Consequences

Sex-selective abortion may make it more difficult for the new generations to seek heterosexual romantic relationships. This happens years from the times of abortion after the children have grown up. Men in rural areas for example may likely find it difficult to find themselves wives. It is estimated that by 2020 there could be more than 35 million young 'surplus males' in China, 25 million in India, and 4 million in Pakistan, all of whom will be unable to find girlfriends and wives. Trafficking of young women to rural areas where men cannot find a wife and forced marriages are becoming increasingly common. Increases in violent crimes and sexual exploitation can be the result, as well as instabilities in these countries as a whole.

Unit 7.3 How to Have a Healthy Baby

Content

What do you do when you are pregnant? This unit deals with the health of both mother and child. Participants learn that they already have to take care of a baby before it is born. They will become aware of things that are healthy and unhealthy to do during pregnancy.

The exercises are not only for people who are already parents or becoming parents soon, but also for young men and women in general so that they realize what responsibilities come with having children. The information on pregnancy and mother and child health is important and necessary for both sexes because having a baby is the responsibility of both parents. The exercises are useful for (child) domestic workers who will frequently look after pregnant women or young babies and their mothers. Victims of trafficking, labour or sexual exploitation, migrants or many single young women workers can also end up pregnant and become single mothers.

Key Messages

- To have a healthy baby, pregnant women need continuous attention and pre-natal care.
- There are certain things that are dangerous during pregnancy such as smoking, drinking alcohol and using medicines and drugs.
- Pregnant women with medical conditions such as infection with Hepatitis-B, syphilis, HIV/Aids or a high blood pressure need extra medical attention.
- It is important for pregnant women to eat healthy: many green vegetables, nuts, some meat and dairy products.
- Pregnant women should exercise, have enough rest and relax.

Exercises

7.3.1 Taking Care of the Unborn
7.3.2 The Baby Game

Related Units

6.5 Teenage Pregnancy
7.1 Where Do Babies Come From?
7.2 How Many Babies Are Enough?

Exercise 7.3.1 Taking Care of the Unborn

Objectives
- To become aware that a baby needs attention and care even before it is born
- To become aware of what affects the health of the unborn child
- To learn what is healthy and unhealthy to do during pregnancy

Target Group
Youth and adults

Duration
60 minutes

Seating Arrangements
Group seating for 5 small groups

Materials
- 25 pieces of balloons (5 sets of 5 balloons, one set for each group), inflated and with texts according to Training Aid 7.3.1 A
- 5-10 spare balloons
- Pins, one for each group
- Flipchart paper, markers and masking tape
- 4 icons of healthy and unhealthy behaviour and practices (Training Aid 7.3.1 B)

Training Aids
7.3.1 A: Texts for Balloons
7.3.1 B: Icons for Healthy and Unhealthy Behaviour and Practices
Briefing Note: Taking Care of the Unborn Child

Session Plan

Preparation
Write the texts on the balloons according to the instructions given in Training Aid 7.3.1 A, and put a set of 5 balloons at each of the workplaces of the 5 small groups. Prepare the 4 icons for healthy and unhealthy behaviour and practices (Training Aid 7.3.1 B)

Step 1 – 10 minutes
Explain that this session will be about learning what pregnant women and future fathers need to do to reduce the risk for damages to the unborn baby. Divide the participants into 5 groups. Give each group 5 inflated balloons with text, a pin, a marker and a piece of flipchart paper. Explain that each balloon represents the womb of a pregnant woman. On each balloon one word or sentence is written. They have to study the balloons and have to decide which behaviours can put the health of the unborn baby at risk. If the group considers that the item written on the balloon puts the health of an unborn baby at risk, they pierce the balloon, write the text of the balloon on the flipchart paper and the reason why they pierced that specific balloon.

Step 2 – 40 minutes
All groups have to stick the balloons that are left over with their flipchart paper on the wall, at a place where everyone can easily see them. Ask everyone to sit down and make a quick round along all the groups to see which balloons they pierced and why.

Start a discussion using the Briefing Note on Taking Care of the Unborn Child. The guide questions are:

- Was it easy to decide which balloons to pierce?
- Did you also want to pierce other balloons? If yes, which ones and why?
- What is very dangerous for an unborn child?
- Do you know what is dangerous but can be low risk under a doctor's supervision?
- What is also unhealthy but not so dangerous?
- What is healthy?
- Can you think of other healthy and unhealthy things to do during pregnancy?

After the discussion explain the 4 icons for healthy and unhealthy behaviour and practices:

- Dangerous
- Needs doctor's advice
- Better to avoid
- Healthy and no problem.

Tape the icons to the wall with at least 3 feet space between each icon. Ask the participants to put the pierced balloons and the remaining ones in each category. There will most likely still be some differences. Discuss these with the information of the Briefing Note.

Step 3 – 10 minutes
Summarize the session with the following messages:

- When you find out that you are pregnant you should contact a doctor. S/he will ask you some questions about your health and give you advice. Most probably you are asked to come for regular control.
- To have a healthy baby, pregnant women need continuous attention and pre-natal care.
- There are certain things that are dangerous during pregnancy such as smoking, drinking alcohol and using medicine and drugs.
- Pregnant women with medical conditions such as infection with Hepatitis-B, syphilis, HIV/Aids or a high blood pressure need extra medical attention.
- It is important for pregnant women to eat healthy: many green vegetables, nuts, some meat and dairy products.
- Pregnant women should exercise, have enough rest and relax.

Training Aid 7.3.1 A: Texts for Balloons

Guidelines:

Inflate all balloons and prepare 5 balloons per group. Write the following texts with a waterproof marker on the balloons for each group. Make sure to keep the balloons in each group together according to the following table. Keep a few extra balloons ready to replace the ones that burst before the exercise starts.

Ask participants to divide the balloons into 4 main groups, using the 4 icons (see Training Aid 7.3.1 B). By doing this the participants will become aware of activities and things that are:

- **Dangerous (Balloons 1)**
- **Needs doctor's advice (Balloons 2)**
- **Avoid or pay attention (Balloons 3 and 4)**
- **Healthy and no problem (Balloons 5)**

See the Briefing Note: Taking Care of the Unborn Child for more information.

	Balloon 1 	**Balloon 2** 	**Balloon 3** 	**Balloon 4** 	**Balloon 5** 
Group 1	Smokes	Hepatitis-B	Likes raw meat	Eats packaged noodles/food	Works in shop
Group 2	Uses drugs	High blood pressure	Likes liver	Drinks unboiled water	Has sex
Group 3	Drinks alcohol	Syphilis	Uses medicines	Fights with husband	Likes fruits
Group 4	Husband smokes	HIV-positive	Likes fresh vegetables	Worries about work a lot	Plays sports
Group 5	Works with chemicals	Negative blood type	Uses body cream	Paints her nails	Likes green vegetables

Training Aid 7.3.1 B: Icons for Healthy and Unhealthy Behaviour and Practices

Guidelines: Use the following Icons to identify the four main categories of the balloons in Step 3. Photocopy the icons in A-4 or A-3 size for use. These 4 icons are also provided separately in A-4 size in Book 7.

1. Dangerous

2. Needs Doctor's Advice

3. Avoid or Pay Attention

4. Healthy and No Problem

Briefing Note: Taking Care of the Unborn Child

A baby needs care even before it is born. The behaviour of a pregnant woman and her surroundings can have an impact on the health of the unborn baby. When a woman finds out that she is pregnant she should contact a doctor. The doctor will ask her some questions about her health, advise her to visit the doctor regularly for pre-natal care until the baby is born.

Activities by the mother or parents and the health of the unborn child

Dangerous (balloons 1)

- ***Smoking by both parents.*** Smoking is bad for your own health but also has a high risk for the unborn child. Cigarettes contain many harmful chemicals. Inhalation of the smoke, both by smoking yourself and by being in a smoky environment, causes less blood to flow to the placenta or womb. This means that the unborn child cannot get enough oxygen. As a result, the baby does not grow optimally. Children of smoking mothers or parents are often born underweight and born prematurely. During their first years children of smoking parents often have respiratory problems.
  ***Advice to both parents*:** Stop smoking and avoid smoky environments during pregnancy and also when the baby is born.
- ***Alcohol***. Alcohol is also dangerous for the unborn child. There is a high risk of miscarriage, as well as having a baby with defects in the central nerve system, heart, kidneys and face. Children born from a mother who used alcohol during her pregnancy can have a lower intelligence and are often smaller.
  Advice: Do not drink at all during pregnancy and the breastfeeding period.
- ***Drugs.*** Drug use is very dangerous. Drugs such as heroine and amphetamines can make the baby an addict even before it is born. After birth the baby will need special care and the risk of dying within a year is very high.
  Advice: Do not use any type of drugs and if you do, inform your doctor to see what kind of solutions can be found.
- ***Dangerous and heavy work.*** Generally, working during pregnancy is not dangerous as long as you take good care of yourself and make sure you have enough rest, especially when you are working in nightshifts. Types of work to avoid: Heavy work such as carrying, pushing or pulling heavy loads and working with chemicals (hairdresser, agriculture, photo lab) or radiation.
  Advice: When you are involved in this type of activities, ask your employer for other work during pregnancy and the first months after the delivery.

Needs Doctor's Advice (balloons 2)

- ***Pregnancy.*** It is wise to see a doctor as soon as you find out that you are pregnant. S/he will ask you questions about your health and often take a blood sample to check a few things, such as your blood pressure.
- ***Some diseases*.** In some cases you will need extra medical care because without medical attention your specific situation can be dangerous for the child during pregnancy or after birth. This is the case when your have Hepatitis-B or syphilis or if you are HIV-positive.
- ***Certain blood values.*** A high blood pressure or a negative blood type is also a reason to get extra medical attention.

It is very important that you are honest and open with your doctor. When you are infected with one of the above-mentioned diseases or are in doubt, discuss it to make sure that the right action can be taken to make the risk for the unborn child as small as possible.

Avoid or Pay Attention (balloons 3 and 4)
There are a number of things that can be risky during pregnancy which are easy to avoid:

- ***Taking a lot of vitamin A.*** This is not a smart thing to do. Too much vitamin A can damage the unborn child. Avoid eating a lot of liver or food made of liver because they contain a lot of vitamin A. Vitamin A is also an ingredient of some body creams, so if you use such creams check the contents to make sure it is not included.
- ***Eating raw meat and unwashed vegetables and fruits.*** Raw meat and unwashed vegetables and fruit can have parasites that cause toxoplasmosis infection, which can lead to damages to the unborn child. To be on the safe side, do not eat raw meat or unwashed vegetables and fruits.
- ***Eating unhealthy.*** Eating healthy is always a smart thing to do but especially during pregnancy it is important to eat varied healthy food. Try to avoid eating only instant or ready-made food. Choose fresh and home made food if you can.
- ***Drinking unclean water.*** Boil water before drinking because un-boiled water can contain bacteria that can damage the development of the unborn child.
- ***Taking medicines.*** You should also be very careful with the use of medicines. Tell the doctor or pharmacist that you are pregnant before you take any medicine. Aspirins are dangerous for instance, but paracetamol is safe if you do not use it often.
- ***Stress***. Being worried about something like your work or fights with your husband or family can lead to stress. Your blood pressure will increase when you have stress, so it is wise to avoid stressful situations because a high blood pressure is dangerous.

Healthy and No Problem (balloons 5)
Luckily there are many things you can continue to do as long as you keep the following in mind.

- ***Taking iron, calcium and proteins.*** During your pregnancy your body needs to make a lot of extra blood so you will need a lot of iron. By eating green vegetables, beans or meat in combination with vitamin C, your body will be well prepared for this task. Calcium is important for your and the baby's bones and the baby will need a lot of proteins to develop healthily. So eat a lot of milk products, eggs, chicken and fish. Make sure that everything is well washed and cooked.
- ***Exercising.*** It is very healthy to keep on moving during pregnancy: walking, swimming, or even dancing. Sport is no problem as long as you do not overdo it.
- ***Having sex.*** Do not be afraid to make love. It is definitely not true that having sex is dangerous for the baby. The baby is well protected in your womb so if you feel like making love you can do so. However, if you do not want it you should say this to your partner. This is nothing to be ashamed of because many women have changed feelings about sexuality during pregnancy.

Exercise 7.3.2 The Baby Game

Objective

To share experience and exchange tips on what is happening during pregnancy and birth and taking care of a baby for its healthy development

Target Group

Youth and adults (at least one literate person in each group)

Duration

90 minutes

Seating Arrangements

Group seating on the floor or with tables for groups of 5 players maximum with enough space to play a board game

Materials

- Photocopy of the Baby Game Board for each group (Training Aid 7.3.2 B)
- Photocopy of the small cards with questions and answers for 4 categories, one complete set for each group (Training Aid 7.3.2 C)
- One dice and 5 play fiches (packaged sweets, beads, or buttons in different colours) for each group

Training Aids

7.3.2 A: Baby Game Rules
7.3.2 B: Baby Game Board
7.3.2 C: Four Categories of Small Cards

Session Plan

Preparation

Prepare a game board with a set of small cards as instructed in Training Aids 7.3.2 B and C for each group.

Step 1 – 70 minutes

Explain that a game will be played to share experiences and exchange tips on what happens during pregnancy and birth, and how to take care of a baby during the first year.

Divide the participants into small groups of no more than 5 players. Each group should have at least one participant who can read or assign a co-trainer to do this in each group. Give each group a game board, a complete set of small cards with questions and answers, one dice and enough play fiches, one for each participant. Explain the rules of the game and give them 1 hour to play.

Step 3 – 20 minutes
End the session with a discussion in plenary, using the following questions:

- Did you enjoy the game?
- Did you learn new things? If yes, what did you learn?
- Are there issues on which you need to seek more information? If yes, which issues?

Summarize the discussion and tell the participants that:

- When you think you are pregnant: contact a doctor.
- S/he will ask some questions about your health and can give advice on the pregnancy, the birth and after giving birth.
- Prepare yourself for the delivery and ask for information from your midwife or doctor.
- For all situations: when in doubt: be smart, ask and do not hesitate!

Training Aid 7.3.2 A: Baby Game Rules

Aim:
To reach the end of the game by answering questions and exchanging tips about:

- Pregnancy
- The birth
- Taking care of the newborn
- Child development.

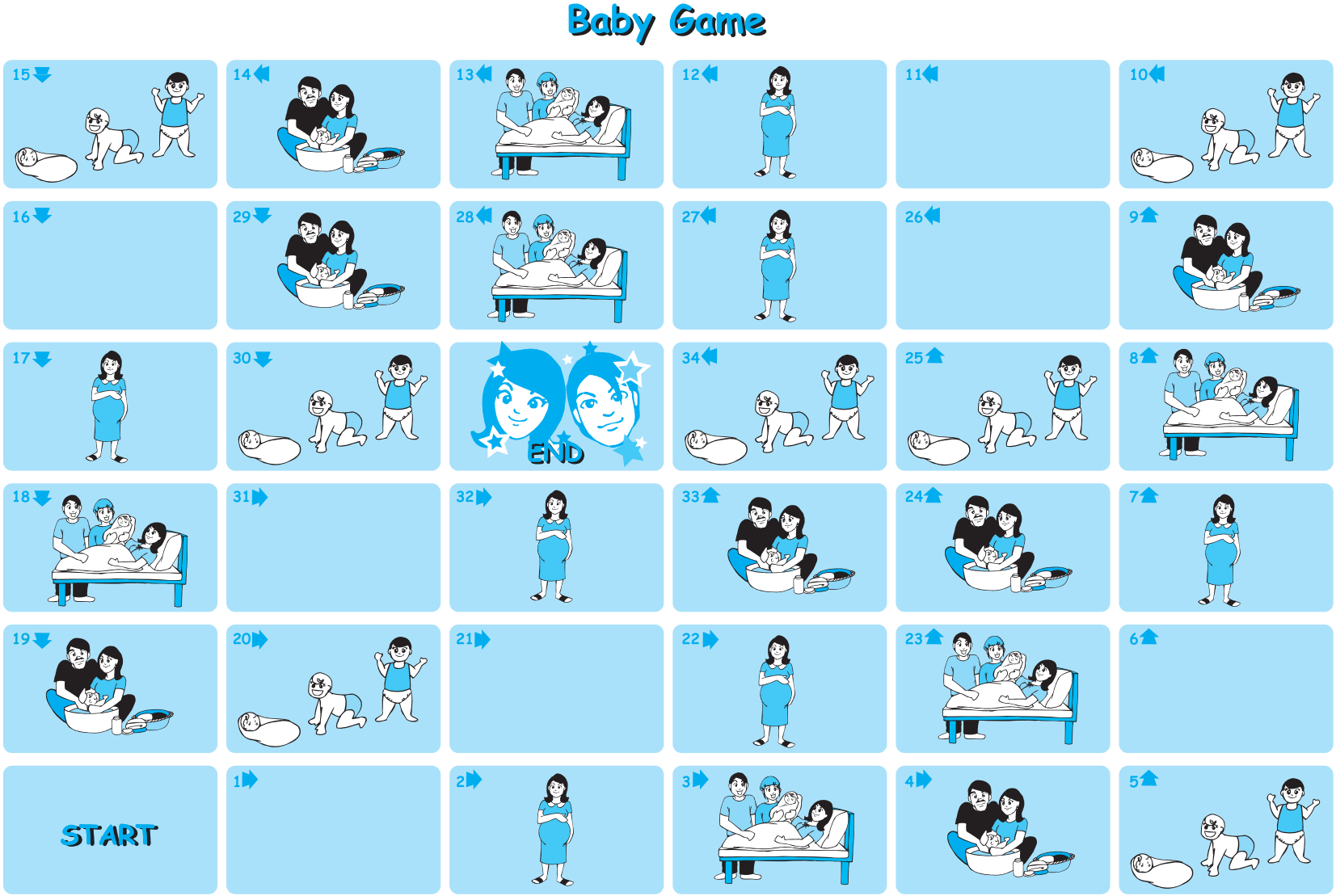
Materials:
Each group gets a game board and 4 sets of cards with questions and answers in 4 categories: pregnancy, birth, care and development. Each category is easy to recognize by the picture on the back. Put the cards on 4 separate piles next to the game board with the texts faced down and the pictures faced up.

How to play:

- Everyone puts his or her play fiche at the START. The youngest player in the group will start the game.
- Throw the dice to see how many squares you need to move during your turn.
  - When you arrive at an empty square, stay there, allow the next players to play and wait for your next turn.
  - When you come to a square with a picture you have to answer a question. Take the card on top of the pile with the corresponding picture, read the question to the group and try to answer it. Discuss your answer and the answer on the card with the group. Does everybody agree? Are there more tips to share?
- When everyone is satisfied with the answer the card should be put back under the pile and the next person throws the dice, etc.
- When someone arrives at the last square (END) the game is over.

Training Aid 7.3.2 B: Baby Game Board

Guidelines: This game board is available separately in A-3 size in Book 7. Make one copy for each group of maximum 5 players



Training Aid 7.3.2 C: Four Categories of Small Cards[4]

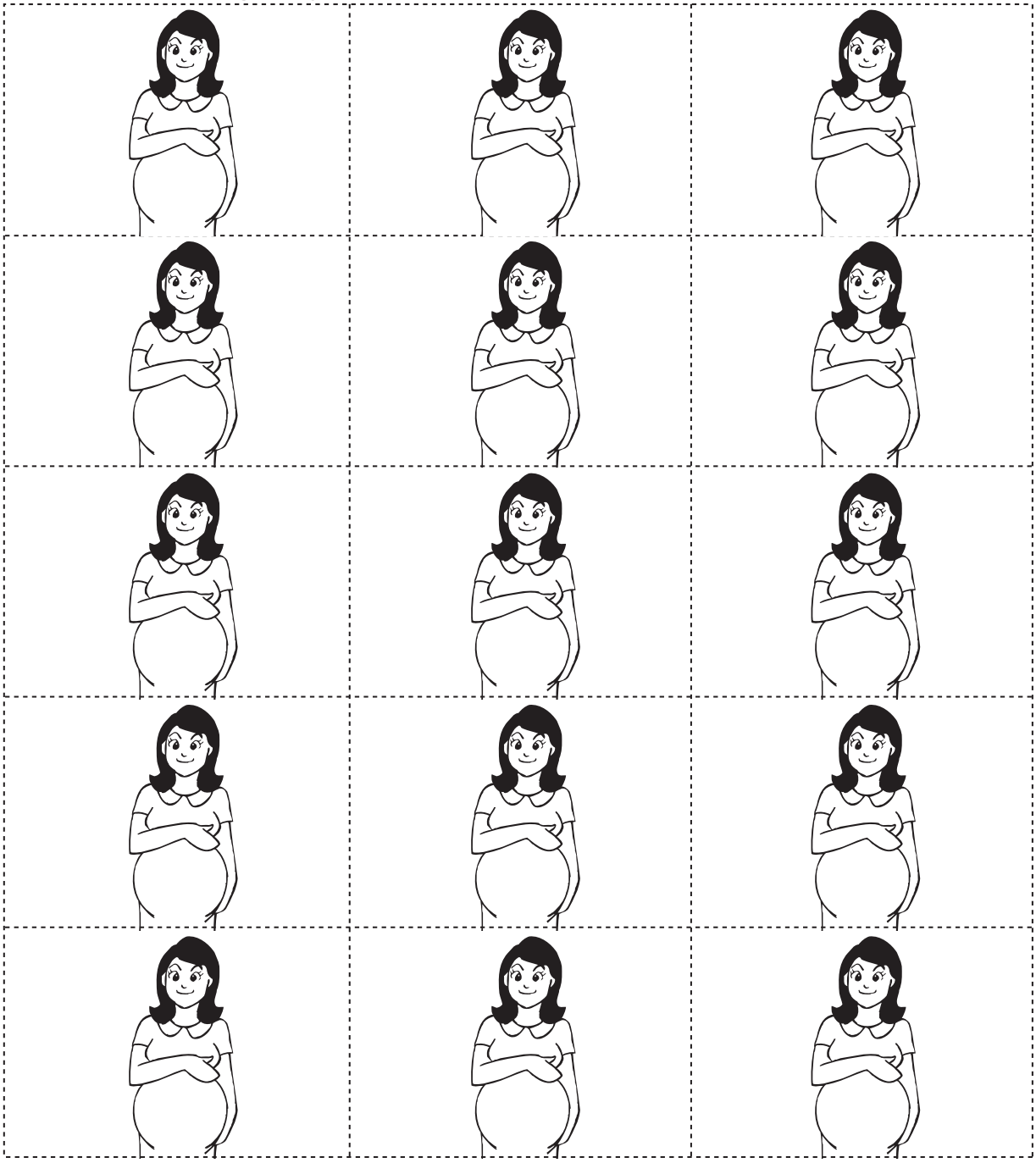
Guidelines: Photocopy double sided the FRONT SIDE and BACK SIDE of the small cards. The FRONT SIDE of each card has the Question (Q) and the Answer (A), and the BACK SIDE has the icon. Cut along the dotted lines and give each group one complete set. In total each group gets 4 complete sets on: pregnancy, birth, care and development.

FRONT SIDE 'Pregnancy'

Q: You are 7 months pregnant and it hurts a lot when you do heavy work in the house, what to do? A: Watch out, this can be dangerous. Ask someone (husband, family member) to lift heavy things and do the physically demanding work for you.	Q: You are very worried about your baby. You are wondering if it is developing ok. What can you do? A: Each pregnant woman worries about her baby. Talk about your worries with your husband, family or friends. If you still have doubts and worries, ask your doctor, nurse or midwife.	Q: Is losing blood during pregnancy always a miscarriage and what to do? A: During the first weeks you can lose little spots of blood. This does not have to be a miscarriage. When it looks like a menstruation it can be a miscarriage. When you lose blood, always contact a doctor or nurse.
Q: You don't feel your baby moving anymore so you are very worried. What to do? A: Go to a doctor for a check-up.	Q: Your breasts are growing and hurt a bit. Is this normal? A: Yes, it is one of the first signs that you are pregnant and it can hurt a little. They will produce milk to feed the baby once it is born.	Q: You are not even 2 months pregnant but you feel so tired. Is this normal? A. Yes, especially during the first months of your pregnancy. Take enough rest. Explain to others why you need more rest than usual.
Q: Since you are pregnant you have to cry often, even for the smallest thing. Your husband often becomes angry. Is this fair and why do you cry so easily? A: Your emotions are influenced by hormones. This is normal during pregnancy. Your husband needs to understand this.	Q: You like to make love but your husband thinks that it is dangerous to the baby. Is this true? A: Having sex is not dangerous to the unborn child. However, many women do not feel like making love when they are pregnant, especially during the last months.	Q: You have to vomit every morning, the rest of the day you feel ok. What can this be? A: 'Morning sickness' is very normal during the first months of pregnancy. It can also happen at other times of the day. To prevent it, eat small amounts of food often.
Q: You are pregnant and the neighbour asks you to take care of her daughter who has measles. Can you? A: No. During pregnancy you should stay away from children with measles. It can affect the health of your unborn child.	Q: Your feet are so swollen. Is this normal during pregnancy? A: Yes, swollen feet are common, especially during the last months. It happens more often to women who do not eat healthy. So eat nutritious food and put your feet higher up than your body when you sleep.	Q: You have many headaches and feel dizzy. You also have trouble seeing and your hands become a little swollen. What do you do? A: Contact a doctor for check-up. This means your organs are not properly functioning and this is dangerous for you and your baby.
Q: Mention three important things you should do when you are pregnant. A: Eat healthy, drink a lot of water (boiled), contact a doctor or midwife, take enough rest, take good care of yourself.	Q: Mention two things you should avoid during pregnancy. A: Smoking, alcohol, medicines (unless the doctor says so), contact with children that have measles, using drugs.	Q: Mention three first signs of pregnancy. A: Missing your period (monthly bleeding), feeling tired, morning sickness, urinating often, swollen and tender breasts, belly gets bigger, getting pregnancy masks: dark areas on the face, breasts and belly.

[4] Information from various websites and the book: *WhereThere Is No Doctor: A Village Health Care Handbook* by David Werner (adapted for India by the Voluntary Health Association of India under the supervision of S. Sathyamala: New Delhi, 1980).

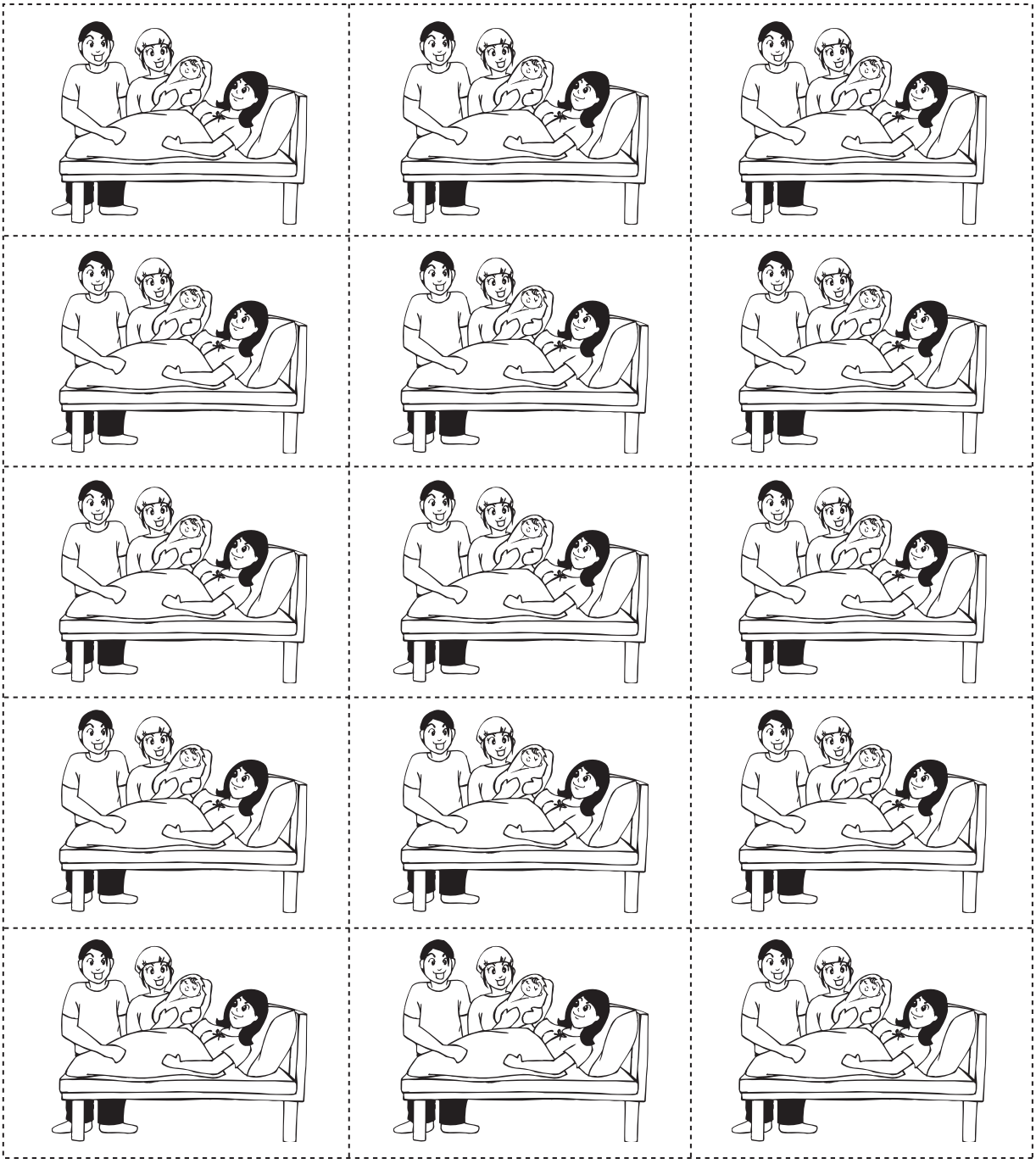
✂ BACK SIDE 'Pregnancy'



✂ FRONT SIDE 'Birth'

Q: Can you just ask your neighbour to assist during delivery? A: No. Many things can go wrong during delivery so a skilled person should assist you during delivery.	Q: Screaming during delivery is very stupid, is this true? A: No, it is even the other way around, it can be very functional. It helps you to give the extra power needed during labour.	Q: Is there something wrong with the baby if it does not start screaming right after birth? A: When the baby does not scream automatically its nose and mouth need to be cleaned and it will start screaming. In this way the lungs can start functioning.
Q: What can you do to decrease the labour pains? A: Try to relax, breath calmly. A massage can help and keeping warm with a warm water bottle.	Q: How do you know delivery really starts? A: You have regular labour pains.	Q: What is labour pain? A: A contraction of the womb. It comes regularly and has a clear start and end. It is like a wave: it starts slowly, reaches a peak and goes away again. After a few minutes the same thing happens again.
Q: Can you check the baby's position in your womb? A: No, it is difficult for a pregnant woman to do so, but a midwife or doctor can feel the position of your baby.	Q: Can you deliver at home? A: Yes, but the baby has to be in a good position for a save delivery: head down. If the baby is in a different position it is better to go to a hospital.	Q: What is a normal and good position of the baby in the womb? A: Head down.
Q: What should a mother have ready before giving birth? A: Many very clean cloths, soap, sterile gauze, alcohol, clean cottons, clothes for the baby.	Q: Who needs to be there during delivery? A: Depends on you and your husband. A midwife or a doctor need to be there and the father. He can support by holding hands or giving mental support. You can also ask someone else. Do not ask too many people.	Q: What normally comes out first during delivery? A: The head.
Q: The baby is completely covered with a kind of white waxy substance right after birth. Is this normal? A: Yes, this is called vermix. Do not remove it. It is antiseptic and protects your baby. It will go away after 2 or 3 days. Gently clean away any blood or fluid with a warm, soft, damp cloth.	Q: During giving birth there is always a lot of blood. Is this true? A: No, often there will be some blood but this is not much.	Q: The mother has to deliver something else after the baby is born. Do you know what that is? A: The placenta (afterbirth). Usually the placenta comes out within 5 minutes to one hour after the baby. The mother will have some more contractions. The midwife or doctor needs to check if it has come out completely.

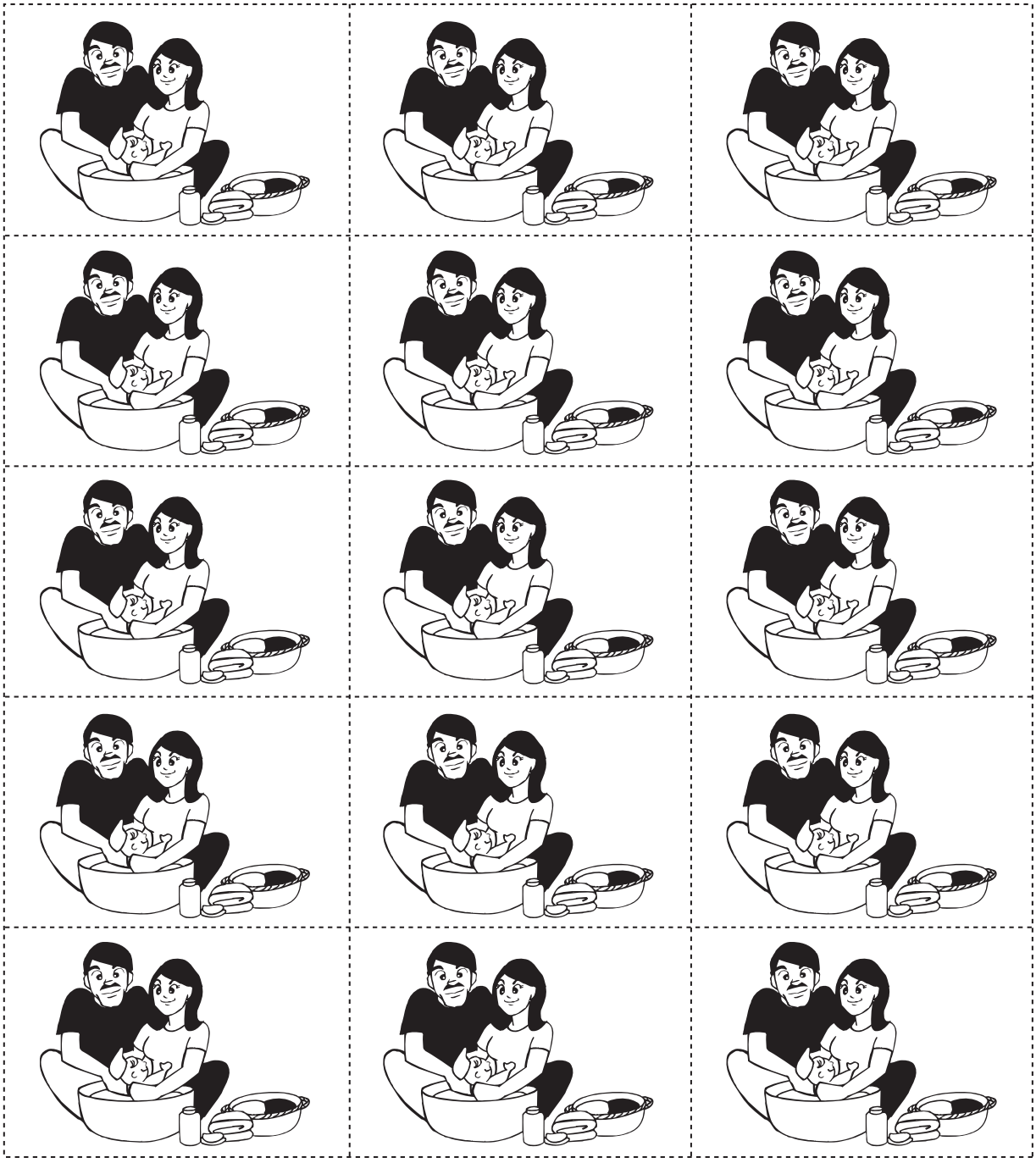
✂ BACK SIDE 'Birth'



✂ FRONT SIDE 'Care'

Q: Do you have to be very silent when your baby is sleeping? A: No, the baby should get used to the sounds of the new place in which s/he will grow up. Unless the sounds are unusually loud, continue with your activities as normal.	Q: When my baby burps a little milk comes out. Do I need to be worried? A: No. Always let your baby burp after feeding and when a little milk comes up do not worry. This is normal. If a baby vomits when you lay it down after feeding, keep the baby upright for a while after each feeding.	Q: Your baby has diarrhoea, what do you do? A: Contact a doctor and in the meanwhile make sure the baby drinks enough. Give ORS (salted water) to avoid dehydration, you can buy this in medical stores. Make sure you use boiled water to prepare it.
Q: How can you check if your baby is not too cold or too warm? A: After about 10 days your baby should be able to control its temperature. The best place to feel is in its neck. If that has the same temperature as your hand it is ok. Cold feet or hands do not say anything about its body temperature.	Q: Your baby does not gain weight, but loses weight in the first week. Do you need to worry? A: Most babies lose some weight during the first days but after a week the baby should be growing. Go to see a doctor if the baby does not grow after a week.	Q: When can you start to give something else other than milk alone? A: After 4 to 6 months you can start with other food. Give mashed and well cooked food like mashed bananas or other ripe fruits or well cooked green leafy vegetables.
Q: Every time the baby has had its milk it starts crying and pulls up its legs. What is wrong? A: Most probably the baby has stomach problems. There is not much you can do about it. Keep the baby right up for a burp. Make small circles over its stomach or 'cycle' with its legs for a while.	Q: When does your baby get its first vaccination? A: At birth.	Q: What do you have to do to make sure your baby gets the necessary vaccinations? A: Get registered in the national immunization programme. Ask your midwife or doctor about it.
Q: Immediately after delivery you have to wash the baby. Is this true? A: No. It is better not to wash the baby the first days. Clean the baby with a soft, warm damp cloth but leave the white waxy substance. It is antiseptic. After a few days you can put the baby in hand warm water without soap.	Q: What is the best food you can give a newborn baby? A: Breastfeeding. Breast-fed babies are healthier than bottle-fed babies.	Q: When can you start with breastfeeding? A: As soon as the baby is born the mother should try.
Q: How long can you breastfeed? A: As long as you wish. If you have enough milk it is wise to do it at least 6 months. Thereafter you can continue but the baby will also need other foods.	Q: How can a mother produce more milk? A: Drink plenty of liquids, eat well (beans, green leave vegetables and fruits), get enough sleep and nurse the baby more often to stimulate milk production.	Q: Your baby is vomiting a lot, more than twice a day. What do you do? A: Contact a doctor. A baby that vomits a lot can become dehydrated and die.

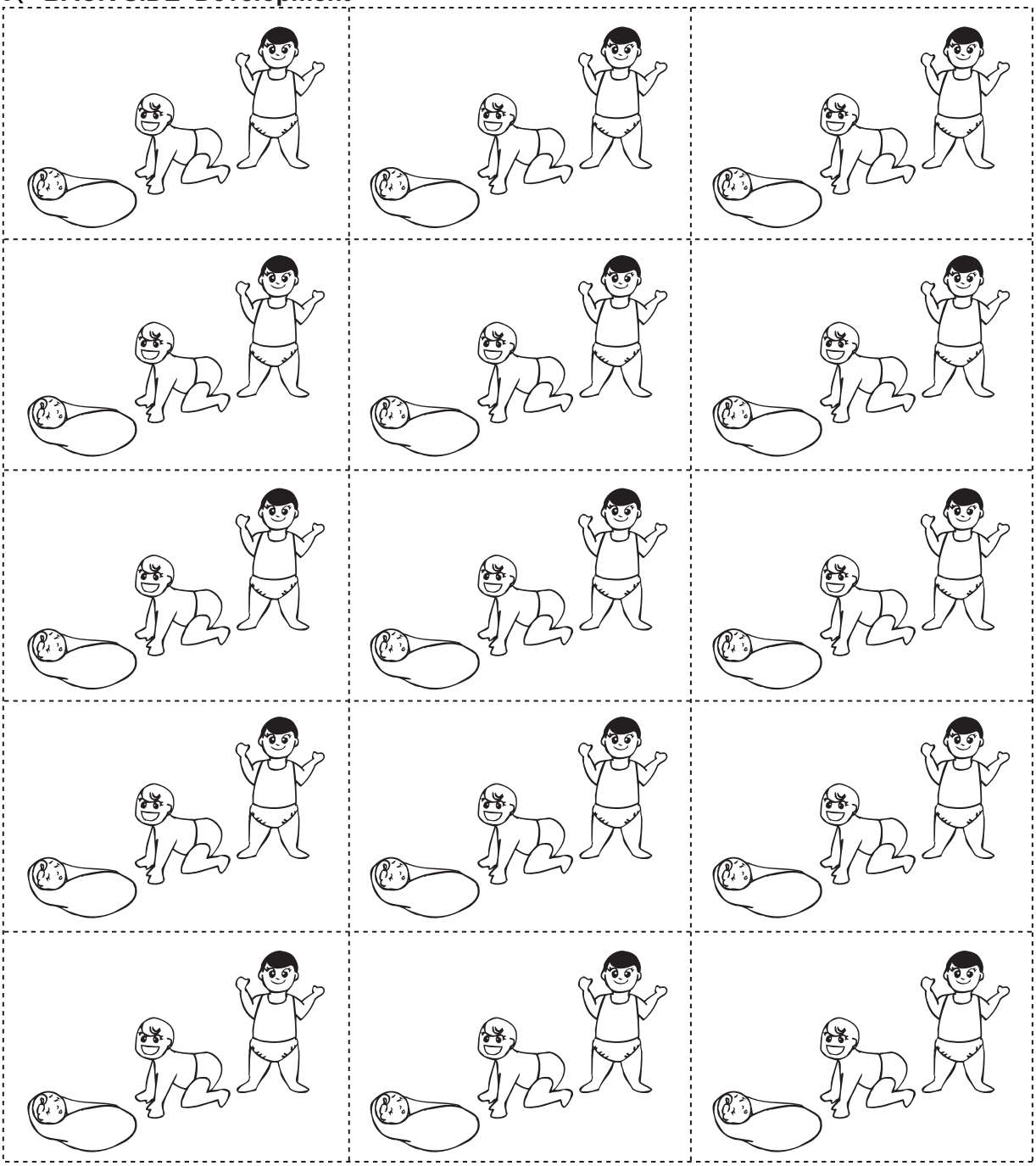
✂ **BACK SIDE 'Care'**



✂ FRONT SIDE 'Development'

Q: Your child is almost 8 months but cannot walk on its own. Do you need to worry? A: No, on average children start walking when they are around 12 months old. Even when your child is later you do not have to worry immediately because some are fast and some are slow.	Q: Your 3 months old baby is very quiet and never makes a noise. Is this normal? A: No, it is quite normal that babies of this age cry when they want something. They also start practicing their voice. Contact a doctor to be sure nothing is wrong.	Q: Around what age will a baby start to smile to people? A: Around 6 to 8 weeks the first real smile will be there.
Q: When do babies start to talk a little, like mum or dad? A: Between 9 and 12 months.	Q: Do you know when the first teeth appear? A: Around the 6th month.	Q: At what age will your baby be able to really hold something in its hands? A: It varies a lot, usually between 3 and 6 months.
Q: When can you tell that a small child really has a fever? A: Feel its neck. If it is hot you can be sure that s/he has fever. Normally children with fever are restless. Give the child plenty to drink. Contact a doctor if the fever does not go away.	Q: Give three common child diseases. A: Flu, cold, chicken-pox, diarrhoea.	Q: Your child has red spots on its body. What can that be and what to do? A: Always contact a doctor. It can be an allergy, measles or chicken-pox.
Q: Your child has a fever, what can you do? A: Take its clothes off to cool down, soak with cool water, give lots of liquids and give aspirin in the right dosage. If the fever stays, go and see a doctor.	Q: Mention two things you can do to prevent worms and other parasites. A: Clean and hygienic living circumstances, use latrines, never go barefoot, never eat raw or partly raw meat, drink boiled or pure water.	Q: What things can only be learned to a child by setting a good example? A: Things like sharing, kindness and responsibility can only be learned by imitating other people, so the parents have to give the good example.
Q: Why is a little child always exploring, even doing dangerous things? A: A child learns through adventure. It sees no dangers so you have to protect the little ones from dangers.	Q: Around what age does a baby start to turn from back to belly? A: Between 6 and 9 months.	Q: What is the best position for your baby to sleep? A: On the back. When you put a baby in bed on their belly the risk of suffocation is high.

✂ BACK SIDE 'Development'



Unit 7.4 What Are STDs and HIV/Aids?

Content

This unit gives an introduction to sexually transmitted diseases (STDs) and HIV/Aids. It provides basic and more detailed information about the different types of STDs and possible treatments. It demystifies stories and beliefs that people often have about STDs and HIV/Aids by providing the facts.

The key exercise in this unit is Exercise 7.4.2 True or False? Exercise 7.4.1 Dear Editor is an introductory exercise especially suitable for youth who may be too shy to discuss their own experiences with STDs. Exercise 7.4.3 Causes, Troubles and Treatments gives precise information on each STD and is suitable for audiences that are high risk groups such as workers in the entertainment industry. If Exercise 7.4.3 is selected, the trainer can do it after Exercise 7.4.2, building up the knowledge on STDs gradually, or do 7.4.3 first and then 7.4.2, using the Exercise as a test to check whether participants know the key messages about STDs, their prevention and cure.

Key Messages

- Most sexually transmitted diseases are passed on by unprotected sex.
- Using a condom is the only effective way to prevent the spread of STDs.
- Have a regular check-up for STDs if you have multiple sex partners.
- As soon as you have a symptom or suspect you have a sexually transmitted disease, go to a doctor immediately for consultation and treatment.
- Always complete the treatment even when the symptoms have gone. Unfinished treatments make you resistant to certain drugs in the future and allow the disease to return.
- Some of the sexually transmitted diseases cannot be cured.
- If you have an STD, it is your responsibility to inform your sexual partner(s), so that everybody can be treated.

Exercises

7.4.1 Dear Editor
7.4.2 True or False?
7.4.3 Causes, Troubles and Treatments

Related Units

6.1 Changes and Sexuality
6.2 Dating
6.3 Love and Marriage
6.4 Safe Sex
6.5 Teenage Pregnancy
7.3 How to Have a Healthy Baby
10.3 Health at Work

Exercise 7.4.1 Dear Editor

Objectives
- To learn to talk about STDs
- To know what to do to prevent or treat STDs

Target Group
Youth and adults

Duration
60 minutes

Seating Arrangements
Group seating for small groups of maximum 4 persons

Materials
Two photocopies of the 4 letters to the Editor (Training Aid 7.4.1 A)

Training Aids
7.4.1 A: Letters to the Editor
7.4.1 B: Discussion and Answer Guide for the Editor

Session Plan[5]

Step 1 – 15 minutes
Explain that the aim of this session is to learn to talk about STDs and to know what to do to prevent or treat STDs. Divide the group in 8 small groups. Tell them that they are working for a popular youth magazine. This week a number of letters came in about STDs. Give each group one of the four letters to the editor. This means that two groups get letter No. 1, two groups letter No. 2, etc. Ask them to write answers to the letter. The answers should be brief, to the point and complete.

Tip for Trainers
*During answering the letters the youth will talk about the subject in small groups. Because they have to answer letters that are from anonymous persons nothing gets personal. They can talk about it without hesitation because they have to try to find solutions for others. During the group work, talking about the problems in the letters is the main aim. This exercise is an introductory exercise, especially suitable for youth who may be too shy to discuss their own experiences with STDs. Therefore, this exercise cannot be a stand-alone and has to be followed by Exercise 7.4.2 True or False? or Exercise 7.4.*3 Causes, Troubles and Treatments.

[5] Adapted from: *Voorlichten dat het een lust is…, ideeënboek voor seksuele voorlichting* by Rutgers Stichting (Den Haag, 1995), Exercise: Lieve Hannie, p. 67-68.

Step 2 – 40 minutes
The letters and answers will be presented in plenary. Ask one volunteer from each group to read the letter and their answer to the letter. Discuss the letters and answers using the following questions:

- What kind of problem does the writer of the letter have?
- Is the answer you wrote realistic?
- Are there alternatives?

Correct the answers and add things that are missing using Training Aid 7.4.1 B: Discussion and Answer Guide for the Editor.

Step 3 – 5 minutes
End the session with the following concluding remarks:

- Most sexually transmitted diseases are passed on by unprotected sex.
- Using a condom is the only effective way to prevent the spread of STDs.
- Have a regular check-up for STDs if you have multiple sex partners.
- As soon as you have a symptom or suspect you have a sexually transmitted disease, go to a doctor immediately for consultation and treatment.
- If you have an STD, it is your responsibility to inform your sexual partner(s), so that everybody can be treated.

Training Aid 7.4.1 A: Letters to the Editor

Guidelines: Photocopy the following two pages twice and cut them into 8 separate letters. Write common names as sender under the letters. Give each group one letter.

Letter No. 1

Dear editor,

Last week I went to a party and I met 'H'. It was really nice. We talked and danced the whole night and at the end we made love. Maybe a bit fast but this is how it went and it was very exiting.

However, the last couple of days it hurts when I have to pee. I heard somewhere that it can be something with STDs, is that true? Is it possible after only one time sex? I do not want to talk with H. because I feel so ashamed. Who can I talk to?

Worried,

…….. (Boy's name)

Letter No. 2

Dear editor,

Yesterday my husband told me that he is infected with an STD and that I may be infected as well because we made love the day before yesterday. I do not understand it because we are very faithful to each other. We got married more than a year ago. Dear editor, do you have any idea? And is it true that I can have it as well? I do not have any symptoms at all and I use the birth-control pill.

Thank you.

…….. (Girl's name)

Letter No. 3

Dear editor,

I had a girlfriend a couple of months ago but that relationship is finished already. About a month after we finished that relationship I became sick: I had small red spots on my body and felt not very well. It went away after a couple of days so I did not pay any attention to it. A few days back I was reading an article in your magazine about STDs and I realized that the symptoms I had were the same as described in that article.

Do you think I can have an STD? What do I have to do? I am in love again, what do I have to tell my new girlfriend?

Please help.

…….. (Boy's name)

Letter No. 4

Dear editor,

My parents are farmers, my mother has been sick for a long time. I came to the city to earn money to pay for the hospital and medicine bills. I worked in a factory but since two months I sing in a bar, because the work in the factory stopped. Sometimes I go out with customers because I earn a lot of money this way. But I heard that I can get sick, if I do this often. Is this so? What can I do? I need the money for my mother.

Please advise.

…….. (Girl's name)

Training Aid 7.4.1 B: Discussion and Answer Guide for the Editor

When the letters are discussed in plenary the answers are discussed in more detail. The task of the trainer is to see if the answers given in the answering letters are correct. When any points are missing, add them and discuss briefly.

The following points should be included in the answers to the letters:

Letter No. 1:
It is true that the writer can be infected with an STD, if 'H' was already infected and 'H' and the letter writer had sex without using a condom. This is possible after having sex one time only. The writer should talk to 'H' even if s/he feels ashamed. It is very important that they both see a doctor for treatment. They both should inform others they have had sex with recently.

Letter No. 2:
The writer should realize that if she is sure that she is not the one that was infected by another person, she cannot trust her husband. When he is sure that he is infected with an STD, he must have got it by having sex without using a condom with another infected person. If the writer made love with her husband the day before yesterday without using a condom the risk that she is infected is very high. She should go to a doctor even if she does not have any symptoms. It can happen that you are infected without having any symptoms. You can infect others and it can be harmful to your own body so you should see a doctor for treatment. She uses the birth-control pill but that protects her only against pregnancy and not against STDs.

Letter No. 3:
The writer is in doubt so he should see a doctor to check it out. If he is infected he should tell his old girlfriend because she can be infected as well, maybe she was the one who infected him. He should also inform his new girlfriend when they had sex without using a condom because he may have passed it on to her.

Letter No. 4:
The girl who wrote this letter does not know anything about STDs and how she can get them. She belongs to a high-risk group because she has multiple sex partners. She should get the advice to go to a family planning centre, NGO or other organization where they give information about STDs, the ways to prevent them and the risks that she takes.

The main messages to be included in all letters are:

- If you think you are infected with an STD you should see a doctor immediately.
- You should tell every person you had sex with in the recent past without using a condom because they can be infected as well and they can pass it on to others. Never keep quiet because you feel ashamed.
- Always use a condom when you have sex because it protects yourself against STD infections. Even a condom is not 100% effective because it can break or slip off but it is the best way to have safe sex. The birth-control pill only protects against pregnancies and not against STDs.
- If you have multiple sex partners, have a regular check-up for STDs.

Exercise 7.4.2 True or False?

Objective
To make the participants aware of common myths and facts regarding STDs and HIV/Aids

Target Group
Youth and adults

Duration
45-60 minutes

Seating Arrangements
No fixed seating. Clear the room to have enough space to move around freely

Materials
- A sign for 'True': ☺ , and a sign for 'False': ☹ on two separate sheets of flipchart paper
- Masking tape

Training Aid
7.4.2 A: List of Statements and Answers

Session Plan

Step 1 – 40-50 minutes
Place the sign for 'True': ☺ at one side of the room and the sign for 'False': ☹ at the other side of the room. Explain the meaning of the signs. Ask all participants to stand up. Tell them that you are going to read a statement and they have to decide whether it is true or false. They have to go as fast as they can to the sign of their choice: true or false. Urge the participants to make their decision fast without looking at what others are doing.

Give the correct answer when everyone has chosen a position (True or False) and ask if the explanation is clear. You read the next statement and they make up their mind again. This continues until all statements are discussed.

Step 2 – 5 minutes
Summarize this session by mentioning the following points:
- Inform yourself about sexually transmitted diseases and HIV/Aids.
- Most sexually transmitted diseases are passed on by unprotected sex.
- Using a condom is the only effective way to prevent the spread of STDs.
- As soon as you have a symptom or suspect you have a sexually transmitted disease, go to a doctor immediately for consultation and treatment.
- Always complete the treatment even when the symptoms have gone. Unfinished treatments make you resistant to certain drugs in the future and allow the disease to return.
- Some of the sexually transmitted diseases cannot be cured.
- If you have an STD, it is your responsibility to inform your sexual partner(s), so that everybody can be treated.

Training Aid 7.4.2 A: List of Statements and Answers

Guidelines: Use the following statements during the exercise. Add new statements and answers as suitable for your target group.

Statements	Answers
1. You will recognize a person who is infected with an STD.	**False** – You cannot see from a person if s/he is infected with one of the STDs.
2. You can already get infected with an STD from having sex only once without using a condom.	**True** – When the person you have sex with is infected you can get it, even if you had sex only once.
3. You can get HIV/Aids by kissing with your tongue.	**False** – You cannot get infected with HIV/Aids by kissing. However, Hepatitis-B can be spread by kissing. Oral sex (touching sexual organs with your mouth) can be dangerous as you can get infected with STDs and HIV/Aids.
4. You can cure all STDs except Aids.	**False** – STDs caused by a virus cannot be cured. Warts and Herpes, for example, can be treated but not fully cured.
5. Aids is dangerous for everyone, not only for homosexuals or drug addicts.	**True** – Everyone can get infected through unprotected sex with an infected person, through infected blood (sharing needles or blood transfusion) or from mother to child during birth or breastfeeding.
6. Condoms are the best way to prevent infection with an STD.	**True** – However, keep in mind that a condom is not always 100% safe. There is a chance that it will break or slip off during intercourse.
7. You will find out after 2 to 5 days after you had sex if you are infected with an STD.	**False** – Often people do not show any symptoms or only after a period from months or years after they got infected. For instance, a person infected with HIV may live for many years before showing any symptoms.
8. Youth can be tested for STDs without permission from an adult.	**True** – Every clinic should provide this service to youth. Some clinics or personnel may refuse due to their own opinions. Go somewhere else.
9. The germs that cause STDs can only enter the body through the vagina or penis.	**False** – Bacteria and viruses that cause STDs may enter the body through the vagina, penis, anus, mouth and in some cases through the eyes. HIV/Aids and Hepatitis-B may enter the body through sharing needles or razor blades.
10. Oral sex is one way of having safer sex if you do not want to be infected with STDs.	**False** – Oral sex is about touching the sexual organs with your mouth. A person may get infected with HIV, gonorrhoea, syphilis and herpes through oral sex.
11. You do not get infected with STDs by holding hands, dancing or masturbation.	**True** – Transmission of STDs occurs through having unprotected sex with someone who is already infected. A person may be infected by having oral, anal or vaginal sex. A person may also be infected with HIV/Aids or Hepatitis by sharing needles.

Statements	Answers
12. A pregnant woman infected with an STD can pass the infection to her baby.	**True** – Children born to infected mothers can become infected during delivery. HIV/Aids can also be passed on by breastfeeding.
13. When you are infected with an STD and you take medicines you can have sex.	**False** – You can infect others during treatment as well. Therefore, it is important not to have sex before you are completely cured.
14. Women who take the birth-control pill cannot get infected with STDs.	**False** – The birth control pills protect only against pregnancy and not against STDs.
15. Men who are infected with an STD can be cured by having sex with a virgin.	**False** – This is absolute nonsense. The only thing that can happen is that they will infect the virgin.
16. Washing genital organs after having sex will help prevent certain kinds of STDs.	**False** – Practicing good body hygiene is a good idea but it will **not** prevent STDs and **not** help against HIV/Aids or pregnancy.
17. Someone who is HIV-positive cannot work in a restaurant because of the high risk of infection.	**False** – Infection is only possible by having sex without using a condom with an infected person, blood contact or from mother to child by birth or breastfeeding.
18. Using multiple condoms is better than one.	**False** – Condoms will help to prevent the spread of STDs but they must be used correctly. Using several at the same time is not a correct way of using them. The risk will actually be higher because they can break.
19. Sharing needles is not dangerous.	**False** – Sharing needles is risky because if the person you share the needle with is infected you can also get infected. Do not needles.
20. Add other statements.	

Exercise 7.4.3 Causes, Troubles and Treatments

Objective
To inform participants about different types of sexually transmitted diseases and how to treat these

Target Group
Youth and adults

Duration
60 minutes

Seating Arrangements
Group seating for small groups of maximum 5 persons

Materials
- One set of 28 cards of Causes, Troubles and Treatments of STDs (Training Aid 7.4.3 A) for each group
- 5-6 rolls of masking tape
- One piece of blank A-4 paper for each group

Training Aid
7.4.3 A: List of Causes, Troubles and Treatments

Session Plan

Step 1 – 15 minutes
Explain to participants that they will learn more about the different types of sexually transmitted diseases and how to treat them.

Divide the group in small groups, maximum 5 persons per group. Give each group a set of 28 cards from Training Aid 7.4.3 A, a piece of A-4 paper and masking tape. Ask them to divide the A-4 paper in 4 columns and name each column as follows:
1. Name of the disease
2. Cause
3. Symptoms
4. Cure.

They need to arrange the cards and tape them in the right column.

Tip for Trainers
The main sexually transmitted diseases (STDs) are mentioned on the cards. By making sets of the cards, the participants become familiar with the names, possible ways of passing on an STD to others, the symptoms and the possible treatments. It is no problem when they do not have any information on the STDs beforehand. Let them puzzle and even if they make all wrong combinations it does not matter, as this will be sorted out during the next step.

Step 2 – 35 minutes
Ask all groups to tape their paper on the wall and give all participants 5 minutes to study the results of the other groups. Check the results in plenary. Ask the first group to present their first combination. Correct it when necessary. Continue with the second group presenting their combination of another STD. Continue with this until all STDs are discussed and correctly displayed.

Start a discussion using the following questions:
- Did you already know one or more of the STDs that are on the cards? If yes, which ones?
- Do you know how to prevent STD infections?
- Will these measures protect you against all STDs?
- Would you go to a doctor if you think you might have an STD? Why or why not?
- Would you inform the persons you had sex with in the recent past? Why or why not?

Tip for Trainers

During the discussion in plenary, pay attention to the right combinations. Explain that most STDs are passed on by unprotected sex with an infected person. It is important to consult a doctor when they think they are infected. They should not wait until they get the symptoms. Some of the diseases can be cured, others not. Explain that STDs that are caused by bacteria can be cured. However, the correct treatment must be applied for each different type of bacteria. That is why it is so important to consult a doctor when you think you are infected. Viral infections are different because they destroy living cells by having them produce more virus cells. Viral STDs cannot be treated easily. Always complete the treatment if there is any, even when the symptoms have gone. Unfinished treatments cause the disease to return. Do not have sex during the period of treatment.

Step 3 – 10 minutes
Conclude the session with a summary of the main findings:
- Most sexually transmitted diseases are passed on by unprotected sex.
- There is always a risk of getting infected when having sex, but the risks can be reduced by using a condom. This is the only way of reducing the risks. All other anti-conception methods prevent only against pregnancy and not against STDs.
- Some of the diseases can be cured, others not.
- It is important to consult a doctor when you think you are infected. Do not wait until you get the symptoms.
- Complete the treatment if there is any, even when the symptoms have gone. Unfinished treatments cause the disease to return.
- It is very important to inform all persons you had unprotected sex with. They should also see a doctor. By not telling them that you are infected, you put them in a dangerous situation.

Training Aid 7.4.3 A: List of Causes, Troubles and Treatments[6]

Guidelines: Photocopy this page for each group and cut into 28 separate cards. Provide each group with one complete set.

Syphilis	Bacteria Passed on by sex with infected person without using a condom.	1st phase: ulcers in vagina, penis or anus. 2nd phase: (after 1-6 months) eruption of the skin. 3rd phase: (after years) whole body infected.	Medicines
Hepatitis-B	Virus (in blood, spermatozoa, urine) Passed on by used needles, kissing or sex without using a condom.	Between 1-6 months after infection symptoms like: tired, yellow eyes, pain at right upper side of belly (liver) dark urine, fever.	No treatment Preventive vaccine
Aids	Virus (in blood, spermatozoa) Passed on by used needles or sex without using a condom.	No symptoms (HIV-positive) Destruction of body's defence system. All kind of infections.	Medicines No effective cure Deadly
Gonorrhoea	Bacteria Passed on by sex with infected person without using a condom.	Boy: secretion from penis, hurts while peeing. Girls: secretion from vagina, hurts when peeing, itchy. Sometimes no symptoms.	Medicines
Herpes	Virus Passed on by sex with infected person without using a condom.	Burning ulcers around penis, vagina and mouth. Disappears after couple of days/ weeks.	Medicines No effective cure Comes back regularly
Genital Warts	Virus Passed on by sex with infected person without using a condom.	Warts around vagina, penis and anus. Sometimes itchy.	Surgery Often not effective
Crab lice And Scabies	Parasites Passed on by sex with person who has them or dirty sheets, clothes.	Itchy, especially in folds of the skin. Red bloodstains in your underwear.	Wash every-thing: yourself, clothes, sheets, etc. Apply cream to entire body.

[6] Adapted from: *Voorlichten dat het een lust is..., ideeënboek voor seksuele voorlichting* by Rutgers Stichting (Den Haag, 1995), Exercise: SOA Kwartet, p. 64-65.

Sources for Further Reading

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

Doef, Sanderijn van der, *Ben jij ook op mij?*, Ploegsma: Amsterdam, 2001.

Harris, Robbie H., *Let's talk about Sex*, London, 1994.

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

Terhorst, Rosalinda, Haspels, Nelien, Gender and Development for Cambodia (GAD/C) & Expansion of Employment Opportunities for Women (EEOW), *Women Workers' Rights and Gender Equality: Easy Steps for Workers in Cambodia (WWRGE Manual-Cambodia)*, ILO: Bangkok, 2004.

United Nations, Department of Public Information, *The Beijing Declaration and the Platform for Action, Fourth World Conference on Women (FWCW)*, Beijing, China, 4-15 September 1995, New York, 1996.

Werner, David, *Where There Is No Doctor, A Village Health Care Handbook*, adapted for India by the Voluntary Health Association of India under the supervision of S. Sathyamala: New Delhi, 1980.

Useful Websites

BBC: Religion and Ethics, abortion, URL: http://www.bbc.co.uk/religion/ethics/abortion

Engenderhealth: Improving Women's Health Worldwide,
URL: http://www.engenderhealth.org

Population Action International: Population Issues, reproductive health,
URL: http://www.populationaction.org/issues

Wikipedia, the free encyclopaedia,
URL: http://en.wikipedia.org/wiki/Sex-selective_abortion_and_infanticide

World Health Organisation, Reproductive Health,
URL: http://www.who.int/reproductive-health

PART 2 TRAINING MODULES

MODULE 8 PROTECTION FROM VIOLENCE AND DRUGS

Introduction

This module explains different forms of violence, including sexual harassment and rape, and addresses drugs related issues. The main focus is on how to deal with violence within the family, with peers and at work and how to prevent drug and alcohol abuse. All exercises aim to help participants identify ways to solve problems related to violence and to learn how to say “No” to pressure to use drugs and alcohol.

There are 3 units in this module:

Unit 8.1 Violence
Unit 8.2 Sexual Harassment and Rape
Unit 8.3 How to Say “No” to Alcohol and Drugs

Unit 8.1 Violence

Content

The exercises in this unit deal with different types of violence. Domestic violence and several forms of violence at work are discussed in the exercises. The causes and consequences of the different forms of violence are identified, as well as ways to protect oneself against them. One key aim of this unit is to help the participants to become aware that it is important to address violent behaviour. Children and women often suffer in silence and this perpetuates the problem. The most important action towards solutions to violence is to tell other people and authorities and to mobilize communities and workplaces against it.

Key Messages

- All forms of violence that happen in the household are defined as domestic violence.
- Many acts of domestic violence are against the law. Physical violence that causes injuries is a crime in most countries. Extreme verbal abuse and mental torture may not be a criminal offence in many countries but can often be a ground for divorce or the removal of parental rights and custody.
- Domestic violence destroys family happiness and chance of success and hampers the development of the individuals, families and communities.
- Violence at work is any incident, from verbal abuse and threats to physical attacks that take place at the workplace.
- Action needs to be taken against violence at work and often the solutions require cooperation of both the workers and the employers.
- When it happens to you, try to find a person you trust and can talk to.
- When you report violence always take a person you trust and, if possible, the person(s) who witnessed the violence with you.
- All forms of violence are wrong and severe physical violence is a criminal offence in most countries.

Exercises

8.1.1 Violence in the Family
8.1.2 Violence at Work

Related Units

8.2 Sexual Harassment and Rape
8.3 How to Say “No” to Alcohol and Drugs

Tip for Trainers

Sessions about violence can be sensitive as some participants may have experienced (severe) violence and can be traumatized. During the exercises, keep an eye on all participants. If one or some of them become very emotional or very quiet or behave in another exceptional way, try to discuss and counsel them individually after the session and organize professional help if possible and as needed.

Exercise 8.1.1 Violence in the Family

Objectives

- To understand the concept of 'domestic violence' and to become aware of different types of domestic violence
- To identify means to protect oneself from domestic violence and ways to address the problem when it occurs
- To understand that it is the responsibility of everybody to protect the family from domestic violence

Target Group

Children, youth and adults

Duration

90-120 minutes

Seating Arrangements

Circle or U-shape

Materials

- Photocopy of the stories in Training Aid 8.1.1 A
- Markers, flipchart paper and a roll of masking tape

Training Aids

8.1.1 A: Domestic Violence Stories
Briefing Note: Domestic Violence

Session Plan

Preparation

Make sure to first collect the latest information about the laws. The best way to do this is to contact an organization (NGO dealing with children's or women's rights or a legal advice centre) dealing with this issue.

Read the whole exercise and select the guide questions in Step 1 and the stories in Step 3 carefully. Adapt them to suit the needs and level of your participants.

Tip for Trainers

Young migrants, who do not live with their family anymore, often live in a new 'family' environment with their peers at work or in a school or training institute. Two example stories deal with peer violence. Select at least one of these when your participants are young migrants.

Step 1 – 20 minutes
Explain that this exercise is about seeking ways to prevent and deal with violence in families. Start a brief discussion with the following guide questions:

- What are common conflicts between children? What happens if they fight?
- What do teenagers fight about? What do they do if they become mean?
- What do parents do when they get angry with their children?
- What do parents do if they are angry with one another?
- What happens if families fight and quarrel all the time?

Use the examples given by the participants and explain that quarrels and conflicts happen in almost all families every once in a while. Disagreements between family members happen, because they have different interests. One can see this happening to children all the time. They often fight because a child wants to have the nicest toys for him/herself, and all children need to learn how to share. If families are very poor, such conflicts can also be common, because there is not enough food or other resources around to give every family member what s/he needs.

If people cannot discuss the things they are unhappy about, they start to have quarrels and fights. If this does not happen often, it does not need to be harmful. Speaking your mind freely and openly can even clear the air and improve the relationship. Loving families will forgive each other and resume normal and positive interactions. But when such quarrels and conflicts escalate and persist and people starting becoming abusive to each other, either physically and verbally or mentally, then these families have problems that have to be dealt with.

Step 2 – 20 minutes
Explain that there is a difference between normal bickering and quarrelling and situations in which the bickering and quarrel become persistent verbal abuse or physical battery within the family (see Briefing Note: Domestic Violence for details). Go into more detail about different types of violence. Make two lists on flipchart papers: ‘Severe Forms of Violence’ and ‘Less Severe Forms of Violence’. Tape them on the wall and ask the participants the following questions:

- What types of violence can you think of?
- What do you consider to be severe types of violence?
- What do you consider to be less severe forms of violence?

Go through the lists and ask whether there are differences between violent behaviour of boys/men and girls/women and mark this on the flipcharts. Most possibly the participants will indicate that boys and men tend to use more physical violence and that girls and women will be violent in more quiet or hidden ways. Explain that there are many exceptions and girls and women can also use physical violence. However, in most societies boys are allowed or even encouraged to be more aggressive than girls and they are not encouraged to show their inner feelings. Because men are also often stronger physically, children and women are more likely to become victims of physical violence than men.

Step 3 – 30-60 minutes
Divide the participants into 4 or 5 small groups (depending on the number of stories selected). Give each group a story (selected from Training Aid 8.1.1 A) and ask them to read and discuss it for 10 minutes. Thereafter ask each group to briefly present their story specifying who was violent to whom and what types of violence took place.

Continue the analysis by asking the participants the following guide questions:

- Are all the types of violence from the stories mentioned in the lists made (in Step 2)?
- Do you want to shift a type of violence found in the story from severe to less severe or the other way around?
- What would you do, if you were the one who faces such abuses?
- How would you feel if you were the one who became so violent and hurt others?
- What can you do to help a child, a friend or a relative in such a situation?

Step 4 – 5 minutes
Explain that domestic violence is a very serious offence. People in families of domestic violence are often very ashamed and the victims will hide their injuries from others. This is the worst thing that can happen because chances are high that the violence will become more and more serious. Children who have experienced violence are more likely to use violence when they grow up.

Step 5 – 10 minutes
Give the participants relevant information about where to go in case of domestic violence: by law all severe forms of physical violence are a criminal offence. Make clear to the participants that it is important to report any violence to the authority and seek help when they are threatened or hurt. In other words, do not let matters rest. If they report the violence to the police, they should gather evidence and find witnesses to support their complaint and prove the truth. Remember: they can bring to court the person(s) who violated their rights. If they have questions concerning the laws, there are child, women and legal action NGOs that can give advice on this matter.

Emphasize that it is better not to go alone to the police or the health post/hospital. Go with a friend or even a group. It gives more strengths and power. Try to find someone whom you can trust and who witnessed the violence.

Tip for Trainers

When you do this exercise with youth or adults it is good to explain the penalties for domestic violence. Ask the participants if they think these are fair punishments. Ask them also if they can try to think of a link between domestic violence and women's position in the community. Another important issue to discuss the consequences of the violence for the individuals, the family and the community as a whole (see the Briefing Note).

Step 7 – 5 minutes
Summarize the discussion and stress that:

- All forms of violence that happen in the household are defined as domestic violence.
- Serious domestic violence often starts as a small conflict or quarrel that does not go away and builds up to become a problem.
- It is important to tell someone and seek help, when it happens to you or your family members.
- Many acts of domestic violence are against the law, such as physical violence that causes injuries and rape. Extreme verbal abuse and mental torture may not be a criminal offence in many countries but can often be a ground for divorce and removal of parental rights and custody.
- When reporting violence, always take a person you can trust and if possible the person(s) who witnessed the violence.
- Domestic violence destroys family happiness and chance of success, and hampers the development of the family members.

Training Aid 8.1.1 A: Domestic Violence Stories

Guidelines: The following stories are used in Step 3. Select 2 or 3 stories appropriate for your target group. The stories can be adapted and names in the stories can be changed to suit your audience.

For children: Select one story that involves violence against children and the one about violence between children.
For youth: Select one story about violence against children and the story about violence between adults.
For adults: Select one story about violence against children, the story about violence between children and the story about violence between adults.
For migrants: Select at least one story that involves violence between peers.

Violence Against Children – Story 1

Little Mai wants to go to school
In a small village along a river lives a family of 5 members: a father, a mother and three children. Mai is the only daughter in the family. She is 8 years old. She likes her life in the village because she has good friends. However, she does not have a lot of time to play with her friends. Her older brother is going to school but she has to stay home to help her mother with the work in the house and in the fields. She often also has to look after her baby brother. There is enough money to send her to school but her father uses a large part of the money to drink and gamble. Mai asked her father if she could go to school but he became so angry and he beat her. The last time she asked he beat her so hard that she had a twisted arm. It hurt so much that she could not move it for a week. Her mother was also very angry with her because she had no helping hand around.

Violence Against Children – Story 2

Sam is afraid of his mother
Sam is a boy of 10 years old. He lives with his father and mother and does not have any brothers or sisters. He is not a very happy boy. He likes going to school because he likes his teacher but he does not have many friends. He has to come home straight after school. If he is only a few minutes late his mother will slap him and starts shouting at him that he never listens to her. Sometimes she hits him very hard and locks him up in a small dark room. Sam thinks that this is unfair because he tries very hard to make his mother happy but she does not listen to him. Sam does not understand why his mother is so mean to him. Sometimes he thinks she really hates him. She often says that it is his fault that she cannot have any more babies after giving birth to him. When she is really angry and in a very bad mood she would even say that she wishes him not to have been born at all, so that she could have other children. Sam's father feels sorry for Sam but he is also afraid of her and usually just goes away when his wife is in her angry mood. The only person who listens to Sam is his teacher who often asks where he gets his bruises. Sam does not tell her because he does not want to make his mother even angrier.

Violence Between Children

Noi and Pong

Noi and Pong are between 4 and 5 years old and are cousins. They live in a rural area with their parents in a three-generation family. The grandfather and grandmother really love Pong their only grandson and give him everything he wants. They also have three grand daughters and Noi is the youngest of them. While the grandparents also love Noi, she is not so important to them. Every time that Noi and Pong are close to each other Pong starts hitting or pinching Noi and Noi starts crying because it often hurts. The parents and grandparents take them apart when it happens but never tell Pong to stop this behaviour.

Violence Between Peers – Story 1

Anik and Lyn

Anik and Lyn were friends at school in the village. They found work in the same shoe factory in a big city and share a very small room with 4 other girls also working in the factory. The first year was a difficult time for them. They were teased by the other girls because they spoke in a rural dialect. Their food was often stolen and they had big fights with the other girls. Especially Anik does not cope well. Last week Anik became so angry that she slapped another girl so hard that the girl could not work for a day. Since then, nobody, not even her friend Lyn, wants to talk with Anik anymore. They act as if she does not exist, and she is losing all her clothes.

Violence Between Peers – Story 2

Nom's experience at the training institute

Nom is 15 years old and just started at a vocational training institute in a town nearby. When he came to the school a big surprise waited. The boys in senior grades are very abusive to the new entrants. Those who are new to the school have to do all sort of things they do not like. They have to undress and walk naked through the dormitory, for instance. The older boys really hurt them. They threaten the young ones that they should not dare to tell either the teachers or their parents, otherwise they would be beaten up even worse. Nom is a peaceful boy. He is big and strong. However, he dreads to go to the training institute and has been sick for over 2 weeks.

Violence Between Adults

Mai and Sao are unhappy

Mai is 28 years old and married to Sao. They live in a small house in a village. They have 3 children: 2 boys and a girl. The eldest son, 10 years old, goes to school but the daughter, 8 years old, stays home to help with household work and the work in the fields, and look after her baby brother. Actually the family has enough money to send the daughter to school too but Sao uses a large share of the money for drinking and going out with other women. He often comes home very drunk and is not able to work on the fields early in the morning. When Mai complains about it he beats her. One time he beat her so hard that her arm broke, but Sao did not allow her to go to a doctor. Her arm hurts when she works in the fields. Mai is very unhappy at home and tries to go out gambling with the other village women whenever she can.

Briefing Note: Domestic Violence[1]

Violence

Violence takes many forms. It includes:

- ***Physical violence:*** battering, punching, murder, infanticide, deprivation of food or medical care, mutilation, burns, use of weapons, trafficking
- ***Sexual violence:*** all forms of sexual abuse, (marital) rape, incest, forced prostitution
- ***Emotional or psychological violence:*** confinement in all forms, humiliation, intimidation, exploitation, verbal aggression, deprivation of freedom and rights
- ***Economic abuse:*** economic blackmail, economic control, confiscation of earnings, control over decision-making power.

Some forms of violence such as quarrelling, shouting or bickering are seen as less severe compared to other forms like rape or battering. But these forms of violence can also become severe if the shouting and quarrelling escalate and persist, and people become more abusive, either physically, verbally or mentally.

Violence is often directed at the weaker groups in society, children, youth and women, workers with insecure jobs, population groups in poverty and minority groups.

Definition of Domestic Violence

The UN Special Rapporteur on Violence Against Women defines domestic violence as "violence that occurs within the private sphere, generally between individuals who are related through intimacy, blood or law."

Domestic violence includes physical, sexual, emotional or psychological and economic abuse.

Domestic violence against women interferes with women's participation in developing themselves, their family, community and society, building democracies, protecting the environment, educating children, and determining family size. Domestic violence is not a personal issue only since it affects the victim's functioning in the community and at work (see also Exercise 8.1.2 Violence at Work).

Effects of violence on individuals

Suffering and humiliation resulting from violence usually lead to lack of motivation, loss of confidence and reduced self-esteem. As with stress, if causes of violence are not eliminated or its impact contained by adequate measures, these symptoms are likely to develop into physical illness, psychological disorders, or tobacco, alcohol and drug abuse. These problems may ultimately cumulate in occupational accidents, invalidity and even suicide.

Effects of violence in the community:

The costs of violence include health care and long-term rehabilitation costs for the reintegration of victims, unemployment and retraining costs for victims who lose their jobs as a result of violence, as well as disability and invalidity costs where the working capacities of the victims are impaired by violence.

[1] Adapted from: *A Life Free of Violence, It's Our Right! A Resource Kit on Action to Eliminate Violence Against Women* by UNIFEM (UNIFEM: Bangkok, 2003), Defining VAW and Country Profiles.

Exercise 8.1.2 Violence at Work

Objectives
- To define violence at work and the causes of violence at work
- To identify situations at work with a high risk of violence
- To identify possible action measures to address violence at work

Target Group
Working youth and adults

Duration
90 minutes

Seating Arrangements
Circle with 5 places for group work

Materials
Photocopy of the Descriptions of Characters (Training Aid 8.1.2 A)

Training Aids
8.1.2 A: Descriptions of Characters
Briefing Note: Violence at Work

Session Plan

Preparation
Check the example descriptions of characters in Training Aid 8.1.2 A. Change the names and situations to what is appropriate for your participants.

Step 1 – 15 minutes
Explain that his session will be about violence at work: what is it, what causes it, what are risky situations, and how to deal with these. Start by asking the participants to define 'violence at work'. After a few answers, give the definition of 'violence at work' as given in the Briefing Note: Violence at Work. Ask the participants whether they have experienced violence at work. Ask a few volunteers to briefly share their story. Ask if the problem was solved and how.

Step 2 – 20 minutes
Divide the group in 5 small groups. Give each group a brief description of a character. Ask them to make a story/scenario of how their character may encounter violence at work and what s/he can do about it. Each group can present the story by doing a role play, telling a story, or showing it in any other way they like.

Step 3 – 45 minutes
Ask all groups to present their story within 5 minutes. Discuss the results in plenary using the following questions:

- How did you come up with the idea for the story?
- What can be the cause(s) for violence in the stories? Why do you think so?
- Is it important for workers to fight against violence at work?
- What can be the consequences of violence at work for the workers?
- What can be the consequences of violence at work for the employers?
- What can be done against violence at work?

Step 5 – 10 minutes
Conclude the session with a brief summary of the discussion and emphasize that:

- Violence at work is any incident, from verbal abuse and threats to physical attacks that take place at the workplace.
- Violence at work has an impact on workers, employers and the society as a whole.
- Action needs to be taken against violence at work, and often the solutions require the cooperation of both the workers and the employers.

Training Aid 8.1.2 A: Descriptions of Characters

Guidelines: Photocopy this page and cut along the dotted line to make separate pieces. Give each group a different character. Names and situations can be changed to suit the target group.

Character 1 Noi
Woman
18 years old
Works in a karaoke bar in a fishing town from 6 pm to 2 pm every day

---

Character 2 Jong
Girl
15 years old
Comes from a remote village, works as a domestic servant in a middle class household of 7 persons in a big city, and speaks a different dialect from the family

---

Character 3 Vong
Boy
17 years old
City boy, works as a bus fee collector

Character 4 Woo
Man
22 years old
Migrant worker, works and lives at a construction site in a big city in a foreign country

---

Character 5 Malee
Women
27 years old
Manager of a grocery store in a growing medium size town

Briefing Note: Violence at Work[2]

Definition of violence at work:
Violence is any incident in which a person is abused, threatened or assaulted or subject to other offensive behaviour in circumstances related to work.

Who is at special risk?
The more contact a worker has with people and the public, the greater risks s/he has in facing violence at work. Examples of persons in professions at risk include:

- Nurses and other healthcare professionals
- Workers in domestic and care service
- Public transport workers
- Catering and hotel workers
- Workers in entertainment and sex services
- Teachers
- Retail shop workers
- Migrant workers
- Workers from minority groups
- Security guards and police officers
- Managers and personnel officers.

Workers who face even higher risks are those who:

- Handle money
- Provide care to people who are ill, on medication, in panic, or afraid of what might happen to them
- Face friends and family of patients, clients, or students who are anxious, angry, afraid, or who feel they cannot cope with a large 'bureaucracy', such as a hospital or school, from which they are seeking help
- Enforce rules or regulations
- Provide an essential service or benefit, or have power to withdraw it.

Offenders see women and managers as 'softer' targets for abuse, especially young women and managers/supervisors who are responsible for stepping in to handle a violent situation.

Situations at work which increase risks:

- Working alone
- Working under pressure
- Working in a workplace that is too busy or public places without enough provisions for seating, refreshments, telephones, recreation areas
- Handling customers who are drunk
- Confronting a suspected shoplifter or other person(s) not following rules (paying bus fares, etc.).

What are the consequences of violence?

- **At work:**
  Violence causes immediate and often long-term disruptions to interpersonal relationships, the organization of work and the overall working environment. Employers bear the cost of lost work and more expensive security measures. They are also likely to bear the indirect cost of reduced efficiency and productivity, the deterioration of product quality, loss in company image and a reduction in the number of clients.

[2] Adapted from: *Gender Equality and Life Skills, Training Package for Young Women and Men in Viet Nam* by ILO Hanoi, MOLISA & CCPR (ILO: Hanoi and Geneva, 2004), Unit 4: Violence at Work, p. 66-70.

- **For the individuals:**
  Suffering and humiliation resulting from violence usually lead to lack of motivation, loss of confidence and reduced self-esteem. As with stress, if causes of violence are not eliminated or its impact contained by adequate interventions, these symptoms are likely to develop into physical illness, psychological disorders, or tobacco, alcohol and drug abuse. These problems may ultimately result or escalate in occupational accidents, invalidity and even suicide.

- **In the community:**
  The costs of violence include health care and long-term rehabilitation costs for the reintegration of victims, unemployment and retraining costs for victims who lose their jobs as a result of violence, and disability and invalidity costs where the working capacities of the victims are impaired by violence.

What can you do in case of violence at work?

- Talk to someone. You may blame yourself, feel 'sorry' for the client, or work in an organization where safety is not taken seriously but you should not let this stop you from talking about an incident with someone, and taking action.
- Tell your co-workers, employer and/or the trade union about the problem and ways to solve it.
- Panic buttons, personal alarms and self-defence training may help, but together may not be enough. Your employer should review all your work arrangements and take steps to prevent violence and abuse.
- If you experience a traumatic incident that comes back to you in nightmares or have problems with concentration, eating, sleeping or having sex that last longer than a week, you should seek professional help.

Unit 8.2 Sexual Harassment and Rape

Content

This unit deals with sexual harassment. Participants will learn about different forms of sexual harassment, its nature and effects, as well as what to do and how to get help when they face sexual harassment. The exercises will help participants to identify possible action measures against this type of sexual violence at work.

Key Messages

- Sexual harassment means unwanted conduct of a sexual nature, or other conduct based on sex, affecting the dignity of women and men. This can include unwelcome physical, verbal or non-verbal conduct.
- It can happen to everyone anywhere. Those at high risk are young women in a vulnerable position.
- Sexual harassment has harmful effects on the individuals, the enterprises and the society.
- Always make clear to the harasser that his/her action is not welcome and ask for help if necessary.
- Rape is having sexual intercourse with anybody against her or his will.
- Rape is not the victim's fault. Rape happens because the rapist has a problem and uses power to relieve it.
- Rape can happen to everyone and the rapist can be a stranger but also someone you know.
- It is important to report rape because it is a crime and the rapist should be punished.
- It is unfair to blame the victim of sexual harassment or rape. Take it seriously, listen and try to help the victim.

Exercises

8.2.1 Don't Touch Me!
8.2.2 Stay Away from Me!
8.2.3 Rape

Related Units

8.1 Violence
9.3 Migration for Work

Exercise 8.2.1 Don't Touch Me!

Objectives
- To understand that there are different forms of sexual harassment
- To understand the effects of sexual harassment
- To identify possible actions against sexual harassment

Target Group
Children and youth

Duration
120 minutes

Seating Arrangements
Circle seating with a large open space in the middle of the room

Materials
Flipchart paper, markers and a roll of masking tape

Training Aid
Briefing Note: Sexual Harassment

Session Plan

Preparation
Before the session starts, ask 3 volunteers to prepare a short 5 minutes role play: one will play the harasser, another will play the victim, and the third will play a bystander. The storyline is as follows:

> They are at a market doing some shopping and do not know one another. The one who plays the harasser starts to whistle and make sexual jokes towards the one who plays the victim. The harasser comes close and starts touching the victim. The victim is embarrassed and tells the harasser to stop touching her/him but the harasser continues. The bystander is witnessing what happens but does not do anything and walks away from the scene. The person who plays the victim finally gives the harasser a big push and runs away.

Tip for Trainers
The trainer can play the role of the harasser, if the playing of this role is considered to be too difficult for the participants.

Step 1 – 10 minutes
Explain to the participants that this session is about sexual harassment: what it means and what needs to be done against it. Ask the volunteers to start the role play.

When the role play is finished, thank the volunteers for playing their roles. Emphasize that all of them played a role and, of course, would not behave like this in reality.

Step 2 – 20 minutes
Start a discussion with the following questions:
- What exactly happened in the role play?
- Do you know what it is called when a person is touching you and you do not want it?
- What would you have done in this situation?
- What do you think of the behaviour of the witness?
- Suppose a friend is being sexually harassed, how would you help her/him?

Step 3 – 20 minutes
Ask the participants what is the difference between flirting and sexual harassment, and write their answers on the board or flipchart. Discuss the key difference: Flirting is behaviour that both persons like and want. Sexual harassment is behaviour of a sexual nature that is unwelcome and unwanted by one of the persons.

Sometimes sexually offensive behaviour by boys and men is covered up and girls and women are told not to be so sensitive. It is sometimes said that boys/men cannot help it because of their 'natural sex drive' or that women provoke sexual harassment by the way they look and dress. These ideas are wrong because they are not based on facts. The facts are:
- Some men harass and others do not. Becoming a victim of one's own sex drive is a weak excuse to do something unpleasant to other people. Boys and men who control their sex drive and are respectful to girls and women are much more popular than boys/men who abuse their power.
- Girls/women who are suitably covered in line with local dress codes and norms also become victims of sexual harassment.
- Sexual harassment is not about sexual pleasure but is an abuse of power.

Step 4 – 30 minutes
Ask the participants if they have experienced situations similar to the situation in the role play. Make a list of the things they mention on a board or flipchart. Use their examples to explain sexual harassment and give the definition of sexual harassment (see Briefing Note: Sexual Harassment).

Explain the different forms of sexual harassment, including:
- Sexual assault and rape
- Physical harassment
- Verbal harassment
- Gestural harassment
- Written or graphic harassment
- Emotional harassment.

Write behind the examples the participants gave at the beginning of this step the form of sexual harassment to which each example belongs. Check if the participants understand the different forms of sexual harassment by asking them to give more examples for each type (see the Briefing Note for details).

Step 5 – 30 minutes
Start a discussion in plenary, asking the following questions:
- Did you ever experience sexual harassment? If yes, which types and what did you do?
- Can you explain what you did not like about it?
- Where can sexual harassment happen?
- Why does sexual harassment happen?
- Who is at risk of becoming a victim of sexual harassment?
- What would you do if somebody does something to you that you do not like?

– What is the best reaction to sexual harassment?
– How do you think a victim of sexual harassment feels?
– What can you do if you experience sexual harassment?
– What can you do to help a victim of sexual harassment?

Explain clearly what they need to do if they experience a certain form of sexual harassment (see the Briefing Note).

Step 6 – 10 minutes
Round up as follows:

- Sexual harassment means unwanted conduct of a sexual nature, or other conduct based on sex, affecting the dignity of women and men. This can include unwelcome physical, verbal or non-verbal conduct.
- It can happen to everyone and everywhere: in public places, at school, at work or in the family and community.
- The majority of victims are girls and women, but boys and men can be subjected to harassment too.
- In most cases the victims are young and junior, have an insecure position or are otherwise vulnerable at work, in a family or on the streets.
- Be always clear that you do not want it and ask for help if needed.
- Take it seriously and try to help the victim.

Briefing Note: Sexual Harassment[3]

Understanding Sexual Harassment

The definition most commonly cited comes from the 1990 European Commission's Council Resolution on the protection of the dignity of women and men at work: "Sexual harassment means unwanted conduct of a sexual nature, or other conduct based on sex, affecting the dignity of women and men at work. This can include unwelcome physical, verbal or non-verbal conduct".

Sexual harassment can happen at work, in the family or in public places. Definitions used in laws, codes, policies, court decisions and collective agreements throughout the world may differ in details but generally contain the following key elements:

- Conduct of a sexual nature and other conduct based on sex affecting the dignity of women and men, which is unwelcome, unreasonable, and offensive to the recipient.
- A person's rejection of, or submission to, such conduct is used explicitly or implicitly as a basis for a decision which affects that person's work or prospects for work.
- Conduct that creates an intimidating, hostile or humiliating working environment for the recipient.

The most serious types of sexual violence that may take place are **sexual assault and rape**, and these are outlawed everywhere.

The two other principal types of sexual harassment in the workplace are *'quid pro quo'* harassment or **sexual blackmail** and the **creation of a hostile working environment**, both of which need to be addressed in any definition to provide adequate protection:

- *Quid pro quo* (meaning 'this for that") harassment forces a worker to choose between giving in to sexual demands, or losing a job or job benefits. Because *quid pro quo* harassment can only be committed by someone with the power to give or take away an employment benefit, this form of sexual harassment constitutes an abuse of power. This type of sexual harassment is also referred to as 'sexual blackmail'.
- Unwelcome sexual advances, requests for sexual favours or other verbal, non-verbal or physical conduct of a sexual nature can also poison the work atmosphere and limit the adequate performance of workers. Therefore, the creation of a hostile working environment is usually included in definitions of sexual harassment.

Sexual harassment often has to do with power relations in which the harasser has a higher status than the victim. This explains why the majority of victims are women and young. Women who work in low-paid and low-status jobs in traditionally 'female' jobs such as typists, secretaries, nurses, hotel maids, domestic work or jobs in factories and those aiming ot gain entry to a 'good job' or with insecure job contracts are at special risk.

Men may also be subjected to sexual harassment and it can also take place between persons of the same sex.

Sometimes sexual offensive behaviour by men is covered up and girls and women are told not to be so sensitive. It is sometimes said that boys/men cannot help it because of their 'natural sex drive' or that women provoke sexual harassment by the way they look and dress. These ideas are wrong because they are not based on facts. The facts are:

[3] Adapted from: *Action against Sexual Harassment at Work in Asia and the Pacific* by Haspels et al. (ILO: Bangkok, 2001), p.17 & 147.

- Some men harass and others do not. Becoming a victim of one's own sex drive is no excuse to do something unpleasant to other people. Boys and men who control their sex drive and are respectful to girls and women are much more popular than boys/men who abuse their power.
- Girls/women who are suitably covered in line with local dress codes and norms also become victims of sexual harassment.
- Sexual harassment is not about sexual pleasure but is an abuse of power.
- Sexual harassment is a clear form of gender discrimination based on sex which relates not so much to the biological differences between men and women but to the gender roles that are attributed to men and women in society and perceptions and expectations about male and female sexuality.
- Sexual harassment of women is more common in societies where women's status is low.

Different forms of sexual harassment:

- ***Sexual assault and rape***
- ***Physical harassment:*** including kissing, patting, pinching or touching in a sexual manner
- ***Verbal harassment:*** such as unwelcome comments about a person's appearance, private life or body, insult and put-downs based on a person's sex
- ***Gestural harassment:*** sexually suggestive gestures, such as nods, winks, gestures with the hands, fingers, legs or arms, licking of lips
- ***Written or graphic harassment:*** sending pornographic pictures through e-mail, putting up pin-ups or addressing unwanted love letters to an employee
- ***Emotional harassment:*** behaviour which isolates, is discriminatory towards, or excludes a person on the grounds of his or her sex.

Examples of effects:

For victims:

- Psychological and emotional disturbances, such as embarrassment, humiliation, disgust, low self esteem, depression
- Fear of revenge
- Negative impact on personal life, for example, problems with family, friends, society and health
- Lower productivity and performance of the employee, for example, absenteeism, medical leaves and low confidence at work.

For enterprises:

- Loss of income for the company
- Monetary fines, lawsuits
- Negative publicity and loss of company image
- Increase in the cost of labour, lower productivity, absenteeism because of decrease in productivity and high turnover
- Unhealthy and unfriendly working environment
- No sense of belonging and loyalty of employee to the company.

For society:

- Loss of capable and confident human resources
- Encourages sexual violence, rejection, fear, moral indecencies and very low respect and value of life in society
- Negative changes in social traditions, norms and values
- Creates unhappiness in families, workplaces and communities.

Factors discouraging sexual harassment:

- Say "No" to sexual harassment
- Awareness raising and education among young and old men and women workers, employers and families in society to train people to be more outspoken and assertive when such situations arise
- Penalty and punishment of harassers based on gravity and severity of the cases
- Appropriate behaviour by all actors based on respect to others
- Appropriate law and effective enforcement accompanied by regulations, policies, and the establishment of an appropriate redress mechanism with a support system of trained counsellors so that victims can seek assistance at the national and enterprise levels.

What to do if you experience sexual harassment:

- Say "No". Make clear that you are not happy with it. If you do not say "No", the problem is likely to become worse.
- Do not think that it is a humiliating or personal problem and do not blame yourself.
- Consult with friends, family members or trustworthy supervisors to find a solution.
- Examine if there are others who are also sexually harassed.
- Make a written complaint.
- Take legal actions.

What to do if we witness sexual harassment at the workplace:

- Be aware that the problem is a violation of rights at work which affects workers, enterprises and society as a whole.
- Do not ignore the problem, but get together, mobilize other workers and managers and undertake action.
- Support an investigation to be performed with justice and sensitivity to stop the sexual violation and to penalize the perpetrator.
- Provide moral support to the victim.
- Stimulate the company or organization to take the issue serious and formulate procedures in terms of policies and practices.

Discussing this problem with colleagues is very important. Sharing feelings can help you feel relieved. It is important that persons who listen take the problem seriously. Let the person who harasses know that what he or she is doing is not good and that action will be undertaken if s/he does not stop. Sexual harassment often stops if the perpetrator knows that 'everybody' knows what s/he is doing and that it is not accepted.

Exercise 8.2.2 Stay Away from Me!

Objectives
- To understand that there are different types of sexual harassment
- To understand the effects of sexual harassment
- To identify possible actions against sexual harassment

Target Group
Youth and adults

Duration
90-105 minutes

Seating Arrangements
Circle seating with a large open space in the middle of the room

Materials
Flipchart paper, markers, a roll of masking tape

Training Aid
Briefing Note: Sexual Harassment (in Exercise 8.2.1 Don't Touch Me!)

Session Plan[4]

Step 1 – 15 minutes
Explain that this session is about sexual harassment at work: what it means and what needs to be done against it. Ask the participants to listen carefully to the following story:

> Thida is 17 years old. She came from a small rural village to look for work in a city. She found a job in a garment factory in a city. She likes her work and her co-workers. Working 6 days a week is hard but she earns enough money to send to her parents and that makes her happy. A couple of weeks ago the supervisor of her group was replaced with a man she really does not like. Every time when he comes to check her work he comes really close and touches her body. This makes her feel embarrassed and insulted. The first time he did this, she thought it was unintentional, but the second day he came and did the same thing again. Thida now believes it was not an accident. She became angry and told him to stop. After that the new supervisor started giving her negative comments about her work, saying that her work was not good and that he would deduct an amount from her salary. The supervisor continues to make advances at her, but now she is afraid of losing her job, so she keeps quiet. Thida does not like her work anymore but she needs the money, so what can she do?

Discuss the following issues:
- What kind of problem does Thida have?
- Do you agree with Thida's reaction?
- What would you do in this case?

[4] Adapted from: *WWRGE Manual-Cambodia* by Rosalinda Terhorst et al. (ILO: Bangkok, 2004), Exercise: 4.14 Sexual Harassment at Work, p. 107-111.

Step 2 – 15 minutes
Ask the participants how they would describe the action by the supervisor towards Thida: flirting or sexual harassment: can they explain the difference? Write their answers on the board or flipchart. Discuss the key difference and summarize that:

- Flirting is behaviour that both persons like and want.
- Sexual harassment is behaviour of a sexual nature that is unwelcome and unwanted by one of the persons.

Explain that sometimes sexually offensive behaviour by boys and men is covered up and girls and women are told not to be so sensitive. It is sometimes said that boys/men cannot help it because of their 'natural sex drive' or that women provoke sexual harassment by the way they look and dress. These ideas are wrong because they are not based on facts. The facts are:

- Some men harass and others do not. Becoming a victim of one's own sex drive is a weak excuse to do something unpleasant to other people. Boys and men who control their sex drive and are respectful to girls and women are much more popular than boys/men who abuse their power.
- Girls/women who are suitably covered in line with local dress codes and norms also become victims of sexual harassment.
- Sexual harassment is not about sexual pleasure but is an abuse of power.

Continue with Step 3, choosing only one option.

Step 3 – 30-45 minutes
Option 1 (30 minutes):
Ask the participants if they have experienced or observed situations similar to the situation in Thida's story. Make a list of the things they mention on a board or flipchart.

Explain that there are different forms of sexual harassment, including:

- Sexual assault and rape
- Physical harassment
- Verbal harassment
- Gestural harassment
- Written or graphic harassment
- Emotional harassment (see Briefing Note: Sexual Harassment in Exercise 8.2.1 for details).

Help the participants to match their examples with each form of sexual harassment.

Conclude the step by giving the definition of sexual harassment as provided in the Briefing Note. Explain the 3 main types of sexual harassment briefly:

- Sexual assault and rape
- Sexual blackmail
- Creating a hostile working environment.

Option 2 (45 minutes):
Divide the participants in groups of about 5-6 persons and give them about 10 minutes to prepare a brief role play about what they think is a sexual harassment situation.

Invite each group to perform their role play and ask the following question after each role play:

- Why is this situation sexual harassment?
- Does this happen often?
- What can you do about it?
- Can a man be sexually harassed?

- Do you think children can also be sexually harassed? If so, does it happen to both boys and girls, and in what situations?
- What can you do to protect girls and boys from sexual harassment?
- Can you come up with more examples of sexual harassment?

Discuss the role plays and summarize with the forms and definition of sexual harassment as explained in Option 1.

Step 4 – 25 minutes
Start a discussion about the effects of and the actions that can be taken against sexual harassment in plenary, using the following questions:

- How do you think a victim of sexual harassment feels?
- Who is at risk of becoming a victim of sexual harassment?
- What would you do if somebody does something to you that you do not like?
- What is the best reaction to sexual harassment?
- What can you do if you experience sexual harassment?
- What can you do to help a victim of sexual harassment?

Give examples of the effects for victims, for the enterprises and for society and explain clearly what they need to do if they experience a certain form of sexual harassment (see the Briefing Note).

Step 5 – 5 minutes
Summarize the discussion and conclude with the following messages:

- Sexual harassment means unwanted conduct of a sexual nature, or other conduct based on sex, affecting the dignity of women and men. This can include unwelcome physical, verbal or non-verbal conduct.
- It can happen to everyone and everywhere: in public areas, at school, at work or in the family and community.
- The majority of victims are girls and women, but boys and men can be subjected to harassment too.
- In most cases the victims are young and junior, have an insecure position or are otherwise vulnerable at work, in a family or on the streets.
- Sexual harassment has harmful effects on the individuals, the enterprises and the society.
- Be always clear that you do not want it and ask for help if needed.
- Take it seriously and try to support the victims.

Exercise 8.2.3 Rape

Objectives

- To understand what rape is
- To identify steps to avoid rape
- To understand the effects of rape
- To identify appropriate actions to report rape

Target Group

Children, youth and adults

Duration

90 minutes

Seating Arrangements

Group seating in 4 small groups

Materials

- Flipchart paper, markers, and 2 rolls of masking tape
- 4 large hearts (♥) cut out from flipchart paper, one for each group

Training Aids

8.2.3 A: Guidelines on How to Avoid and Deal with Rape
Briefing Note: Rape

Session Plan[5]

Step 1 – 15 minutes
Explain that this session deals with rape, the worst form of sexual violence. Divide participants into 4 groups. Give each group a piece of flipchart paper and a marker. Spend 3 minutes to brainstorm about a definition of rape. The participants can write their definition on the flipchart paper. Ask for the results in plenary and tape the flipcharts on the wall. Explain what rape is and that the attacker can be a stranger or someone you know.

Step 2 – 10 minutes
Ask the participants to stay in the same 4 groups. Ask two groups to think about what to do to avoid being raped by a stranger. Ask the other two groups to think about what to do to avoid rape by someone they know. Give them 10 minutes.

Make two flipcharts, one with the title: 'Guidelines to avoid rape by a stranger' and the other 'Guidelines to avoid rape by someone you know'. Ask the groups to give their results and make a list of suggestions on the corresponding flipchart papers. Add things if necessary (see Training Aid 8.1.3 A for examples of guidelines and suggestions).

[5] Adapted from: *Friends Tell Friends on the Streets* by Greg Carl & Nonthathorn Chaiphech (Thai Red Cross AIDS Research Centre: Bangkok, 2000), Exercises: Hello… Help me and Heart Asunder, p. F-4 & F-10.

Step 3 – 15 minutes
Discuss the results in plenary using the following questions:

- What are factors that may place a person at risk of rape?
- Do you think that in rape cases a person 'asks' to be raped? Why or why not?
- Do you think that you are at risk? Why or why not?
- What can you do to prevent rape?
- What would you do if it happened to you?
- What would you do if it happened to one of your loved ones?

Make a third flipchart: "What to do in case of rape?" Ask the participants for ideas. Write all points down and give a brief explanation.

Step 4 – 25 minutes
Show the participants the heart shaped paper. Ask them if they know what a broken heart is. Explain that in this case it symbolises the heart of a person who has been raped. Give each group a heart. They have to tear it in parts and on each part they write an effect that rape can have on the life of the victim. Give them some hints to help them think in the right direction as needed:

- Self-esteem
- Health
- Relationships with others
- Goals in life.

Give them 10 minutes to prepare their broken heart. In the meantime the trainer prepares 4 flipcharts with the titles: 'self-esteem', 'health', 'relationships with others' and 'goals in life'. Put them in a place where everybody can see them. When the groups are ready, ask them to stick the parts of the heart relating to the subject on the corresponding flipcharts. Ask each group to present the outcome of one flipchart. Add relevant issues to the results of the group work (see Briefing Note: Rape).

Examples of possible answers are:

- Self-esteem: ashamed, guilty, insecure and feeling dirty
- Health: risk of HIV or other STD infections, risk of pregnancy, mental problems
- Relationships with others: people blame the victim, afraid to tell, problems with dating
- Goals in life: stop education (due to pregnancy for example), cannot concentrate on work or education, changes in lifestyle due to depression and lack of self-esteem and trust in others.

Step 5 – 20 minutes
Discuss the results in plenary using the following questions:

- How do people react when they find out that a person has been raped?
- Do you agree with this reaction? Why or why not?
- How would you feel if you were raped?
- What can friends and family do to help a victim?
- What can the community do?

Step 6 – 5 minutes
Conclude the session by summarizing the following points:

- Rape means having sexual intercourse with other(s) against her or his will.
- Rape is not the victim's fault. Rape happens because the rapist has a problem and uses power to relieve it.
- Rape is not about sexual pleasure but about power.
- Rape can happen to everyone and the rapist can be a stranger but also someone you know.
- It is important to report rape because it is a crime and the rapist should be punished.
- It is unfair to blame the victim.
- Try to support victims of rape.

Training Aid 8.2.3 A: Guidelines on How to Avoid and Deal with Rape

These guidelines provide advice on how to prevent rape by stranger or people you know and what to do if it happens.

Flipchart 1: Guidelines to avoid rape by a stranger

- Do not tell people that you are alone at home.
- Do not give strangers or persons with whom you feel uncomfortable your name, address or telephone number.
- Make sure that the entrance to the place you live can be seen well.
- Learn self-defence techniques to gain confidence and to defend yourself.
- Carry a device that can make a loud noise such as a whistle.
- Do not walk alone in a deserted area after dark.

Flipchart 2: Guidelines to avoid rape by someone you know

- Set clear limits to sexual behaviour.
- Communicate these limits to the persons.
- Avoid mixed messages, like saying “No” but encouraging sexual advances.
- If the person does not stop, resist firmly and make noise, or shout.
- Avoid dating or being in the company of someone who is very demanding and controlling.
- Avoid spending time with people who drink a lot or use drugs.
- Avoid drinking alcohol and using drugs that may interfere with your judgement and ability to respond.
- Avoid places where no one will hear you if call for help.

Flipchart 3: What to do in case of rape

During the rape:

- Whenever possible try to escape.
- If you are overpowered, as in cases of gang rape, play ‘dead’ and relax your muscles. Fighting may make you a more exciting victim and may harm your body at this stage.
- You will most possibly be in shock. Try to remember who does what (faces of the rapists) and try to decrease their feelings of sexual excitement and power abuse. This is very difficult, but it may help you later.
- Get away to safety after the rape to people you can trust.

After the rape:

- Discuss it with someone who can help.
- Take someone with you to the police station and hospital.
- Get a medical check-up immediately.
- Do not wash yourself or your clothes before getting medical attention.
- Always ask for a copy of the police report and medical report.

Briefing Note: Rape[6]

A severe form of sexual violence is rape. Rape is defined as having sexual intercourse with somebody against her or his will in most of the national laws. Unfortunately it happens often, also within families between husband and wives, between (grand)parents and (grand) children, and brothers and sisters. It is difficult to talk about the subject but important to do so. The woman (man) or girl (boy) who is raped is in a difficult position. Often the family and the community think it is the victim's own fault. This is very unfair. The result is that the victim cannot go anywhere to share her/his feelings about what has happened. The psychological impact on the victim is very big. Therefore, it is important that the family, friends and community help instead of blame the victim.

If it happens
When an attempt of rape takes place in public places it often happens that a man or several men grab a woman and quickly move her to a second location where they do not have to worry about getting caught.

If this happens it is always wise to show clear resistance. The aggressors get discouraged because it only takes a minute or two for them to realize that going after you will not be worth it because it will be time- and energy-consuming. You might think that you will make them angry and make them want to hurt you more, but mostly they want a woman who will not cause a lot of trouble.

Often these men will not pick on women with umbrellas in their hands, or other similar objects that can be used from a distance as a weapon. If someone is coming towards you, yell out loudly at him "Stop!" or "Stay back!" If you carry an object able to use as a weapon, hold it out. Show that you are not afraid to fight back and that you are not an EASY target.

As a self-defense mechanism, if someone is following you on the street or in a garage or is with you in an elevator or stairwell look him in the face and ask him a question. Now you have seen his face and could identify him in a line-up. You also lose appeal as a target.

Of course, resistance is not recommended if you are threatened with a knife or other weapon or are clearly outnumbered by a gang. In such cases you do not have much choice. Resistance, especially in group situations can lead to more violence. Try to be a docile and thereby 'boring' victim. Try to get away, quietly and quickly as soon as you can.

What to do after a rape
Women who have been raped suffer further pain of having people look down on them as though they were responsible for the crime. Therefore, many women who are raped do not report the crime to the police or authorities. They think people will blame them. Their families are ashamed. Sometimes their families agree to accept money in compensation for the suffering and do not report the crime. This is a terrible consequence for the victim for the rest of her life. If women who are raped do not report the crime, the rapist may continue to rape other women without fear of punishment. If women do not report the crime, it is like saying that the crime itself is not very important. The society should support the victim and demand that the rapist face punishment.

[6] Adapted from: *WWRGE Manual-Cambodia* by Rosalinda Terhorst et al. (ILO: Bangkok, 2004), Exercise: 4.17 Rape, p. 118-121.

It is very important that you can prove the rape
You have to go to a hospital where a doctor will examine you and complete a medical report. Ask for a copy. You **should not wash yourself or the clothes** you were wearing before going to the hospital and the police. If you do so, you will wash away the evidence. Go immediately to the police. All evidence like torn clothes should be kept.

After a rape, go to the hospital and the police station. Take a friend with you, to make a report. You have to ask specifically to press charges. This step is often forgotten so most rape cases cannot be criminally charged. Always ask for a copy of the police report.

It is better not to go alone to the hospital and police. Go with a friend or even a group. It is safer and you have moral support from your friends and it gives you more strength and power. The best thing to do is to go immediately because of the proof that is needed.

Problems
Offenders often take advantage of their higher position and power to rape their subordinates. Women who are young, junior or in an insecure employment situation are at high risk and sometimes unable to protect their own rights, as is the case for most women employees who are raped by their employers or managers; students raped by their teachers; and women or girls from the countryside raped by the owners of employment agencies or their assistants when they seek work; or beer girls who return home for work. The attackers often count on their victims' lack of education, life experience, and/or social power, and know they can attack them with impunity.

There are a number of problems related to the application of the law:
- Officials often do not treat sexual violations seriously
- Officials try to compromise in order to end sexual assault cases quickly
- Medical evidence is important in fighting the case but the medical authorities are not always cooperative and sometimes do not want to be a witness in court.

However, in every country and situation, there are people and organizations willing to help. Find out who or which organization can help you. This is important for you and very important to future victims as rape has to be stopped.

Facts and myths about rape
Myth: Rape only happens in slums and places that are a source of crime.
Fact: Rape happens in any public or private place and in poor as well as rich communities.

Myth: Rape only happens to young and beautiful people.
Fact: Rape victims can be anyone, even babies, the elderly and disabled.

Myth: Rape happens because women dress revealingly and provocatively.
Fact: Women who dress modestly also get raped all the time.

Myth: If a woman resists she cannot be raped.
Fact: Often the rapist can overpower the victim and uses a dangerous weapon to force the victim to comply. If you are threatened with a knife or gun, you do not have much choice because you do not want to die.

Unit 8.3 How to Say "No" to Alcohol and Drugs

Content

In this unit attention is given to the effects of using drugs, alcohol and cigarettes. The participants learn that it is useful to have accurate information about drugs, alcohol and cigarettes. This will enable them to make a distinction between myths and facts and to refuse drugs by using arguments. They will learn that refusal to excessive drug use is not a sign of weakness but, on the contrary, a sign of strength.

Key Messages

- The use of alcohol and drugs has great negative impact on the functioning and thinking of persons and it can result in very dangerous situations.
- The effects of alcohol and drug use can be different for different people.
- There are many myths about alcohol, drugs and cigarettes. Make sure you get accurate information so you can make your own decisions based on correct facts.
- When you are well informed, it is easier to refuse things you do not want because you can use arguments.
- Refusing drugs does not make you a loser. Actually, you are strong because you can resist something that is bad for you.

Exercises

8.3.1 Spinning Around: Effects of Alcohol and Drugs
8.3.2 Myths and Facts about Alcohol, Drugs and Cigarettes
8.3.3 "No" to Alcohol and Drugs
8.3.4 Campaign against Alcohol and Drugs

Related Unit

7.4 What Are STDs and Aids?

Exercise 8.3.1 Spinning Around: Effects of Alcohol and Drugs

Objective
To find out what effects the use of alcohol and drugs can have on someone's ability to function

Target Group
Youth and adults

Duration
45 minutes

Seating Arrangements
Empty room with enough space for the game

Materials
For Game 1:
- Two cords or ropes of about 3 meters long

Or, for Game 2:
- Two pieces of flipchart paper with a small dot in the middle
- Two pins or markers

Training Aid
8.3.1 A: Effects of Alcohol and Drugs

Session Plan

Introduction
This exercise is a starter to talk about the effects of drugs and alcohol. It is up to the trainer to decide how much detail to get into, depending on the level and interest of the participants. The more the participants are already familiar with alcohol and drugs, the more details about the effects are discussed.

Step 1 – 20 minutes
Explain that this session will be about experiencing the effects of drugs and alcohol. Choose one of the following games to start with.

Game 1:
Lay the two ropes/cords in a straight line on the floor, about 3 meters apart. Divide participants into two groups and ask them to line up before the two ropes. Make sure that each team has the same number of people in the game. When there is an uneven number of participants (one of) the trainer(s) can join. Give each person a number. The first person of each group is the team captain.

Explain the rules of the game:
- The members of each of the two teams will have to walk, one by one, over the rope to the end.
- Person 1 starts by simply walking towards the end of the rope. Person 2 must spin around 1 time before walking, Person 3 must spin around two times, Person 4 three times, Person 5 four times and so on.

- The team captain will check that each person spins around the correct number of times before s/he starts to walk.
- After spinning around the correct number of times, the person must start walking immediately.
- As soon as s/he arrives at the end of the rope, the next person starts with spinning. This means no spinning before the previous person has reached the end of the rope.
- The first team with all members finished is the winner.

Game 2:
Hang two pieces of flipchart paper on the wall about 3 meters apart from each other. Place a dot with a marker in the middle of both flipchart papers. The dot needs to be clearly visible but should not be too big. Divide the participants into two groups and ask them to line up before the two flipcharts. Make sure that each team has the same number of people in the game. When there is an uneven number of participants (one of) the trainer(s) can join. Each team assigns a team captain who stands first in line. Give each other person a number.

Explain that they are going to play a game.
- In this game participants will put another dot with a marker on top of the dot that is already on the paper. (You can also ask them to put a pin on top of the dot).
- The team captain starts by just putting a dot and hands over the marker to Person 1.
- Person 1 is spinned around 1 time before putting the dot and will hand over the marker to Person 2. Person 2 will be spinned around two times, puts a dot and will hand over the marker to Person 3. Person 3 is spinned around three times before putting a dot, and so on.
- The persons that are spinned around have to place the dot immediately after the spinning stops. They are not allowed to wait until they are less dizzy.
- The spinning around is done and checked by the team captain.
- As soon as the marker is handed over to the next person, the turning of that person starts.
- The team of which all team members have put their dot first wins the game.

Step 2 – 20 minutes
Start a discussion in plenary. Use the following questions (for possible answers see Training Aid 8.3.1 A):
  - What happened during the game?
  - How did you feel having to spin around in the game?
  - Was the effect of spinning around the same for everybody?
  - Do you know what happens after drinking many alcoholic drinks or using drugs?
  - Have you experienced this kind of feeling yourselves? How did you feel?
  - Is the effect of using alcohol or drugs the same for everyone?
  - In what situations is it dangerous to be under influence of alcohol or drugs? Why?

Step 3 – 5 minutes
Conclude the session with the following messages:
- Drinking alcohol or using drugs can be dangerous for health.
- The effects of alcohol and drug use can be different for different people, for example, little alcohol can make children or people who do not often drink become drunk more easily and has less impact on people who are used to drinking a lot.
- In some communities young baby boys are given alcohol to drink and are encouraged to start smoking even when only a few years old. This is a very harmful practice: a baby boy can get drunk from 1 to 2 sips of beer and the process of addiction starts already. It also has negative impact on the mental development of children.
- Most people lose their ability to coordinate their bodies and maintain their mental judgement when they become drunk or 'get high' on drugs. This often leads to accidents, violence, social disorder and abuses.

Training Aid 8.3.1 A: Effects of Alcohol and Drugs

Examples of possible effects of using alcohol and drugs are as follows[7]:

Mental and emotional health:
- Decreases learning and performance, in school or on the job
- Intensifies feelings and moods
- Interferes with decision making
- Intensifies stress
- Is linked to most violent crimes
- Is linked to suicides (attempts).

Physical health:
- Destroys brain cells
- Decreases athletic performance
- Interferes with coordination, and thereby increasing risk of accidents
- Causes forgetfulness
- Dulls the body senses
- Increases heart beat rate and blood pressure in rest situations
- Interferes with healthful appetite
- Interferes with vitamin absorption
- Causes heart disease
- Causes cirrhosis of the liver
- Increases risk of kidney failure
- Linked to HIV infection.

Life and work in general:
- Interferes with effective communication
- Increases likelihood of violence
- Linked with missed days at school or work
- Costly because of increased costs for health care
- Costly to the community.

[7] Adapted from: *Friends Tell Friends on the Streets* by Greg Carl Nonthathorn Chaiphech (Thai Red Cross AIDS Research Centre: Bangkok, 2000), Exercise High-Low, p. B-7.

Exercise 8.3.2 Myths and Facts about Alcohol, Drugs and Cigarettes

Objective
To get accurate information about the use of alcohol, drugs and cigarettes

Target Group
Youth and adults

Duration
60 minutes

Seating Arrangements
Group seating for small groups of 4-5 persons

Materials
- 1 photocopy of Training Aid 8.3.2 for each group
- Flipchart paper, markers and a roll masking tape for each group
- Scissors

Training Aids
8.3.2 A: Statements about Alcohol, Drugs and Cigarettes
8.3.2 B: Answer Sheet: Alcohol, Drugs and Cigarettes

Session Plan

Step 1 – 15 minutes
Divide participants in small groups of about 4-5 persons. Give each group a piece of flipchart paper, a marker, a roll of masking tape and a set of the Statements about Alcohol, Drugs and Cigarettes (Training Aid 8.3.2 A). Ask each group to do the following tasks:
- Divide the flipchart into two columns: left column for FALSE and the right column for TRUE.
- Arrange the statements by putting them on the flipchart in the right column.

Step 2 – 40 minutes
Hang the flipcharts from each group where everyone can see them. Together with the participants, check all statements one by one and provide the correct information (see Training Aid 8.3.2 B). Ask them the following questions after providing the correct information for each statement:
  – Are you surprised to know this?
  – What did you think or what did you hear about this before knowing this fact?

End the discussion by asking which myths are very dangerous and why it is so important to have correct information.

Step 3 – 5 minutes
Summarize the discussion and explain once more that it is important to know the facts and to have correct information on drinking, smoking and drug use so that everybody can decide for themselves whether it is a good and healthy thing for them to do or not. For example: advertisements for alcohol and cigarettes show drinking and smoking as a 'cool' thing to do but often they neglect to mention that these are harmful to health. Also, when people are pressured by friends or others, they can say with confidence why they do not want to drink alcohol, smoke cigarettes or use drugs.

Training Aid 8.3.2 A: Statements about Alcohol, Drugs and Cigarettes

Guidelines: Photocopy this page, one copy for each group. Cut along the dotted lines for the separate statements and give each group one complete set of statements.

---

1. Alcohol is only a problem when you use it for a long period.

---

2. The only problem with alcohol and drugs is that they are addictive.

---

3. Heroin is addictive.

---

4. Smoking a cigarette now and then is not harmful.

---

5. Drinking beer is not a problem.

---

6. Even if you have smoked for years it is not too late to quit.

---

7. If you drink alcohol or speed drinks or take drugs in the form of pills there is no risk of HIV/Aids infection.

---

8. With alcohol you have better sex.

---

9. Alcohol affects some people more than others.

---

10. A cup of coffee and a cold shower will sober someone who is drunk.

---

11. It is rare for a teenager to become an alcoholic.

---

12. Smoking cigarettes is addictive.

---

13. Driving after smoking marijuana is safer than after drinking alcohol.

---

14. Coffee, tea and many soft drinks contain drugs.

---

15. You can control yourself not to become addicted to alcohol.

Training Aid 8.3.2 B: Answer Sheet: Alcohol, Drugs and Cigarettes[8]

These are the correct answers to the statements. Give the explanation during the discussion.

1. Alcohol is only a problem when you use it for a long period.
   False: the use of alcohol immediately slows reaction time and affects coordination.

2. The only problem with alcohol and drugs is that they are addictive.
   False: They also cause health problems and problems in relations, at work, etc.

3. Heroin is addictive.
   True: A person can easily become addictive to heroin. It creates a physical and physiological dependence.

4. Smoking a cigarette now and then is not harmful.
   False: One cigarette often leads to more, as nicotine is an addictive substance. Smoking for any period is dangerous to health. You have a higher risk of lung cancer and other lung and heart diseases.

5. Drinking beer is not a problem.
   False: Beer contains, just like all other alcoholic drinks, ethyl alcohol and that affects drinkers. Drinking beer is just as harmful as drinking wine for instance.

6. Even if you have smoked for years it is not too late to quit.
   True: If there is no permanent damage to your heart or lungs your body will start to recover from the non-permanent damage. Even with permanent damage it is wise to stop because the process will slow down.

7. If you drink or take drugs only in the form of pills there is no risk to HIV/Aids infection.
   False: Alcohol and drugs influence your thinking so you have a higher risk of using a condom not correctly or not using it at all.

8. With alcohol you have better sex.
   False: Alcohol can cause problems such as lack of erection, loss of sexual feeling or inability of orgasm.

9. Alcohol affects some people more than others.
   True: Factors that influence how alcohol affects the individual include body weight, amount of alcohol consumed, presence of other drugs, and general health of the individual.

10. A cup of coffee and a cold shower will sober someone who is drunk.
    False: Only time will cause a person to become sober.

11. It is rare for a teenager to become an alcoholic.
    False: Worldwide teenagers start drinking at a younger and younger age.

12. Smoking cigarettes is addictive.
    True: Most people become addicted to nicotine. People cannot quit easily.

[8] Adapted from: *Friends Tell Friends on the Streets* by Greg Carl & Nonthathorn Chaiphech (Thai Red Cross AIDS Research Centre: Bangkok, 2000), Exercise: Myths and Facts about Drugs, p. B-28.

13. Driving after smoking marijuana is safer than after drinking alcohol.
    False: Both affect coordination. Your reaction will be slower so you have a high risk of accidents.

14. Coffee, tea and many soft drinks contain drugs.
    True: Coffee, tea, and many soft drinks contain caffeine, which is a stimulant. Caffeine is addictive. Headaches are a common sign of withdrawal.

15. You can control yourself not to become addicted to alcohol.
    False: Alcohol is a drug, as is any substance that affects the mind or body.

Exercise 8.3.3 "No" to Alcohol and Drugs

Objectives
- To practice refusal skills by formulating arguments
- To understand that refusal of alcohol, cigarettes and drugs is not a sign of weakness but a sign of strength

Target Group
Youth and adults

Duration
90 minutes

Seating Arrangements
Circle seating

Materials
- 6 red cards and 6 green cards
- Markers

Session Plan

Preparation
Write one of the following lines on each red card and do the same with the green cards.
- Drinking some alcohol
- Having sex
- Using drugs
- Smoking a cigarette
- Going out for gambling
- Going to a movie.

Step 1 – 15 minutes
Pair up participants into 12 couples. If there are more than 24 persons, make a few groups of 3 persons. If there are fewer than 24 persons, remove some of the cards. Make sure that the cards with alcohol, drugs and cigarettes stay in the game. Give each pair a card. Ask them to read the text.

Ask the pairs with a **green** card to think about arguments they can use to **convince** people to join them in the activity that is stated on the card. Ask the pairs with the **red** cards to think about arguments to **refuse** to do the activity stated on the card.

Step 2 – 60 minutes
Invite the persons who have the red and green card with drinking some alcohol to come to the middle of the circle. They have to act out their scenarios. Those with the green card start first and try their best to convince those with the red card to do the activity. Those with the red card must come up with arguments to refuse. Make sure the role play does not take longer than 5 minutes. Start a brief discussion in plenary using the following questions:
- What arguments were used to convince?
- What arguments were used to refuse?
- Which arguments do you think were the smart ones?

Ask the role players how they came up with arguments to convince and refuse and what they felt about them, especially those who had to make arguments to refuse: did they feel comfortable to refuse the offer? Then ask other participants to comment on the arguments and discuss their experiences. Together with the group, try to come up with a list of good arguments to refuse the offer to do the activity.

Continue doing the role plays and the discussion in plenary for the remaining cards. Be careful not to spend too much time on one topic and manage the time to cover all topics. Each topic should not be discussed for more than 10 minutes.

Step 3 – 15 minutes
Round up using the following questions:

- Many youth find it difficult to refuse doing things with friends. Do you have any idea why?
- In your experience: how do you deal with refusing an offer from your friends?
- What do you think are the best things to do when do you do not want to do things that your friends ask you to do?

Conclude the exercise by emphasizing these points:

- Refusing things you do not want is not a sign of weakness. Actually you are stronger because you can resist something despite the pressure that is put on you by the other(s).
- It is very important that you know the risks attached to the activities which your friends ask you to do and that you make a decision based on accurate information instead of giving in to the pressure you may feel from your friends.
- When you are not sure or feel insecure about doing something, do not give in to pressure even if others tell you that you are a loser. Getting into troubles and risking your health and your life is never cool.

Exercise 8.3.4 Campaign against Alcohol and Drugs

Objective
To become an advocate against alcohol, drugs and cigarettes

Target Group
Youth and adults

Duration
45 minutes

Materials
- Flipchart paper
- 5-6 pairs of scissors
- Markers in different colours
- Glue or tape
- A few old issues of magazines for each group

Session Plan

Introduction
This exercise can be done after Exercises 8.3.1 Spinning Around: Effects of Drugs and Alcohol and 8.3.2 Myths and Facts about Alcohol, Drugs and Cigarettes in which participants received accurate information about the effects of alcohol, drugs and cigarettes. This exercise can be used as a check to make sure that participants understand the information. It is also a way to allow them to develop arguments against peer pressure and express themselves in a creative way to disseminate information they find important. There is no need to discuss things further in detail. Only correct wrong messages if there are any.

Step 1 – 30 minutes
Divide participants in small groups of 4 persons. Give each group a piece of flipchart paper, a couple of markers in different colours, a pair of scissors, glue and some old magazines.

Each group will think about a message to warn people about the use of alcohol, drugs or cigarettes. They can choose just one topic, a few or all topics. They will make a poster for use in their community or workplace. They are free to do the posters in any style they want. For example, they can write a slogan(s) on the flipchart and illustrate the message(s) with pictures, texts, or drawings, etc. They can use pictures or materials from the magazines or draw the illustrations themselves.

Step 2 – 15 minutes
Display the posters in the room and make a brief round, asking the makers of each poster for a brief explanation. A long detailed discussion is not necessary. End the session with a summary of the dangers of using alcohol, drugs and cigarettes (see the previous exercises).

Sources for Further Reading

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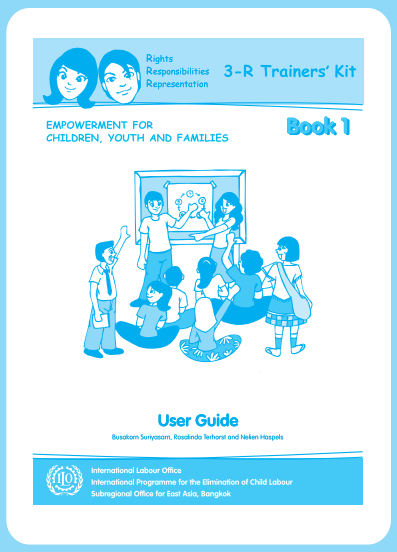

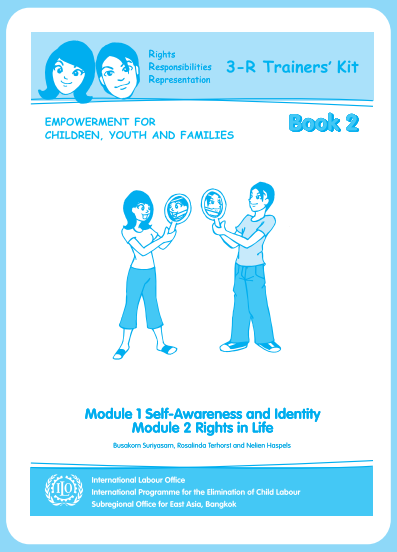

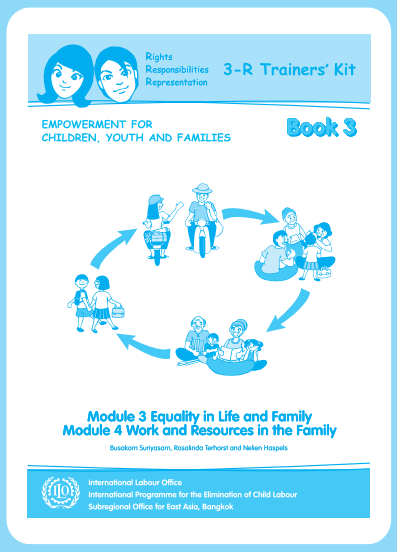

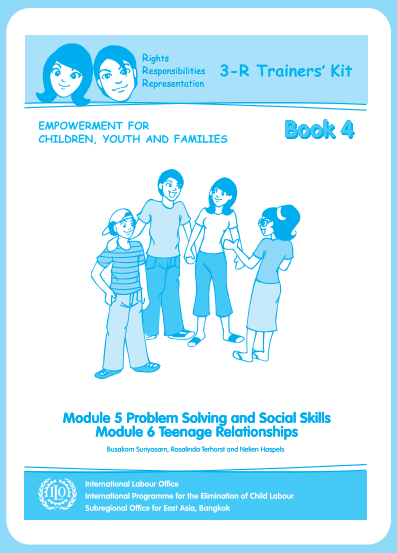

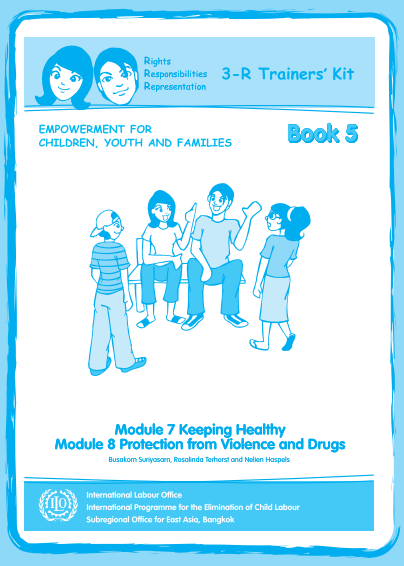

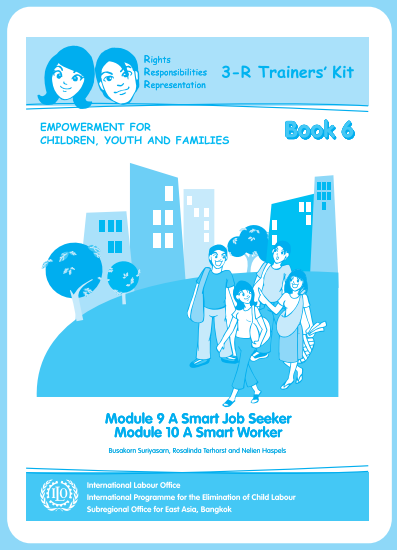

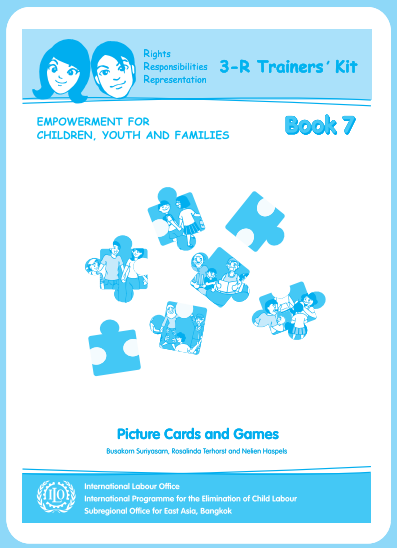

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