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3-R
Trainers'
Kit

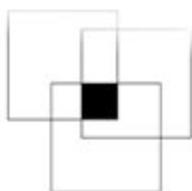


International
Labour
Organization

EMPOWERMENT FOR CHILDREN, YOUTH AND FAMILIES

Supporting Life Skills in Myanmar

Module 6: Teenage Relationships



3-R Trainers' Kit

EMPOWERMENT FOR CHILDREN, YOUTH AND FAMILIES

Rights, Responsibilities and Representation

Supporting Life Skills in Myanmar

Module 6: Teenage Relationships

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■ MODULE 6- TEENAGE RELATIONSHIPS

OVERVIEW

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



Tip for Trainers

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

This module includes 4 units:

- Unit 6.1 Changes and Sexuality
- Unit 6.2 Love and Marriage
- Unit 6.3 Safe Sex
- Unit 6.4 Teenage Pregnancy

UNIT 6.1 CHANGES AND SEXUALITIES	OBJECTIVES	TIME
Exercise 6.1.1 Our Body	<ul style="list-style-type: none"> • To understand the physical differences between boys (men) and girls (women) 	60 mins
Exercise 6.1.2 Oops, I Am Changing	<ul style="list-style-type: none"> • To understand what happens in teenage bodies and feelings during puberty • To identify physical and emotional changes of both girls and boys during their teenage years 	75 mins
Exercise 6.1.3 Am I Normal or Strange?	<ul style="list-style-type: none"> • To understand that the changes happening during puberty are normal • To address concerns of teenagers about their changing bodies 	90 mins
Exercise 6.1.4 Reproductive Processes	<ul style="list-style-type: none"> • To learn more about the male and female reproductive organs 	45- 75 mins
Exercise 6.1.5 Born This Way	<ul style="list-style-type: none"> • To learn to distinguish facts from myths on different sexual orientations, gender identities and expressions (SOGIE) • To promote tolerance towards lesbian, gay, bisexual and transgender (LGBT) people and understand that they are accorded dignity, equal treatment and justice, just like other people 	90-120 mins

UNIT 6.2 LOVE AND MARRIAGE	OBJECTIVES	TIME
Exercise 6.2.1 Roundabout Talk	<ul style="list-style-type: none"> To learn how to talk about relationships and sexuality To find out with whom to talk about relationships and sexuality 	90 mins
Exercise 6.2.2 The Perfect Match	<ul style="list-style-type: none"> To find out what are the characteristics and responsibilities of an 'ideal partner' To identify what men and women consider important when they select their partner 	75 mins
Exercise 6.2.3 Relationship Management	<ul style="list-style-type: none"> To become aware that there can be many ups and downs in the relationship of a couple To learn how to handle conflicts in a relationship 	60-90 mins
UNIT 6.2 SAFE SEX	OBJECTIVES	TIME
Exercise 6.3.1 Risky Business	<ul style="list-style-type: none"> To become aware of the risks of engaging in sexual activities To learn that risks can be reduced significantly by changing behaviour 	60 mins
Exercise 6.3.2 Birth Control Methods	<ul style="list-style-type: none"> To learn about different methods of birth control, their advantages and disadvantages, and levels of effectiveness To understand that the prevention of pregnancy is a joint responsibility of boys/men and girls/women To respect and follow the choice of girls/women who want to play it safe and prevent a pregnancy 	90 mins
UNIT 6.4 TEENAGE PREGNANCY	OBJECTIVES	TIME
Exercise 6.4.1 My Life and a Baby	<ul style="list-style-type: none"> To realize that having a baby changes life enormously for those who take care of the baby 	45 mins
	<ul style="list-style-type: none"> To realize that becoming pregnant and having a baby will change one's life To become aware of the responsibilities men and women have as a parent To become aware of the difficulties one will face when becoming a parent at a young age 	60 mins
TOTAL TIME IN MODULE 6: 14 HOURS – 15 HOURS 30 MINUTES		

■ UNIT 6.1 CHANGES AND SEXUALITY



CONTENTS

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



KEY MESSAGES

- Work within the family is often done according to traditional gender roles in society with women combining work with family responsibilities, and men earning income outside the home. In many situations, women also work in paid jobs outside the home or in family farms and businesses along with men or engage in other livelihood activities to produce income for the family. This often results in women of all ages working more hours than men as they combine work with family responsibilities. Girls are expected to help their mothers, while boys are given more time to play.
- All family members need to consider whether the division of labour in their family is fair and just or whether changes are needed to ensure that all members do a fair share of family duties. In most families, this means that men and boys need to share more household work.
- All members in the family need fair and equal access to resources and benefits. It is equally important for both boys and girls to have access to education and training because as adults they will need to become productive members in their family and the society.
- All members in the family, including women and children, are entitled to participate in deciding how the family resources and benefits are used and distributed.
- Even with limited resources, family welfare and happiness can be sustained if family members distribute resources and benefits fairly and share workload and responsibilities.
- A happy family is one that gives every member an equal and fair share of resources and benefits, and a chance to have a say in matters that affect their life. Helping each other in the family by doing your fair share is very important to make your family a happy family.



EXERCISES

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



RELATED UNITS

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

■ EXERCISE 6.1.1 OUR BODY

OBJECTIVES

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

TARGET GROUP

Children, youth and adults

DURATION

60 minutes

SEATING ARRANGEMENTS

Large circle seating with enough space to do the exercise

MATERIALS

For each group:

- 1 set of picture cards of male and female internal and reproductive organs (Training Aids 6.1.1 B, C and D)
- 4 pieces of flipchart paper
- 1 roll of masking tape and a marker

TRAINING AIDS

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

6.1.1 B: Main Internal Organs

6.1.1 C: Reproductive Organs of Women

6.1.1 D: Reproductive Organs of Men

6.1.1 E: The Correct Positions of All Organs

Briefing Note: Physical Differences between Men and Women

SESSION PLAN STEPS¹

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

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

STEP 1 INTRODUCTION – 5 MINUTES

Introduce the subject by explaining that when a baby is born one of the first questions is: “Is it a boy or a girl?” Also when a new child is coming to school or people get a new colleague one of the first things people like to know about the person is: is it a boy or a girl or a man or a woman? But what are the main physical differences between the sexes? Actually, we can only see these differences when people are nude. During this exercise we are going to look into the physical differences of the bodies of boys and girls to find the answer.

STEP 2 GROUP WORK: DRAW A PLAIN NUDE BOY AND NUDE GIRL – 15 MINUTES

Divide participants into 4 groups of around 6 people from both sexes of the same age. Ask each group to draw a real-life-size picture of a plain nude boy (man) and a plain nude girl (woman), in other words, pictures of a boy and girl showing no details of organs. They can tape two pieces of the flipchart paper for drawing each nude body. You can give each group a photocopy of example drawings of a plain nude boy and a plain nude girl provided in Training Aid 6.1.1 A.

Give each group two complete sets of the picture cards of the main internal organs (Training Aid 6.1.1 B) and one set each of the picture cards of the female and male reproductive organs (Training Aids 6.1.1 C and D). Ask each group to place each organ at the correct position on the picture, using masking tape.

STEP 3 DISCUSSION: PLACE INTERNAL ORGANS IN PLAIN NUDE BODIES – 20 MINUTES

Compare the results in plenary using the following questions:

- Did you know all the organs? If not, which ones were difficult?
- Are the organs at the right place?
- Which organs were left over in each group?
- What are the differences between the boy and the girl?

After answering the questions, mention all organs one by one. Start with the internal organs that are the same for both sexes: heart, lungs, liver, kidneys and stomach, and end with the reproductive organs for both the boy and the girl. Place all organs at the right place if they are not yet there. For the correct placing of all organs, see the example drawings in Training Aid 6.1.1 E.

STEP 4 DISCUSSION: DIFFERENCES BETWEEN MALE AND FEMALE BODIES – 10 MINUTES

Ask the participants if they can think of more physical differences between boys and girls. When they do not come up with answers right away, give them one example and ask for more (leg or breast hairs, moustache, breasts

or menstruation). Ask them if they know what causes these differences between boys and girls and introduce the concept of hormones (See Briefing Note: Physical Differences between Men and Women). Ask participants if they know what the hormones do, then explain and give examples of physical bodily and sexual changes as a result of the hormones.

STEP 5 SUMMARY – 10MINUTES

Conclude the exercise with a summary of the findings. Emphasize that:

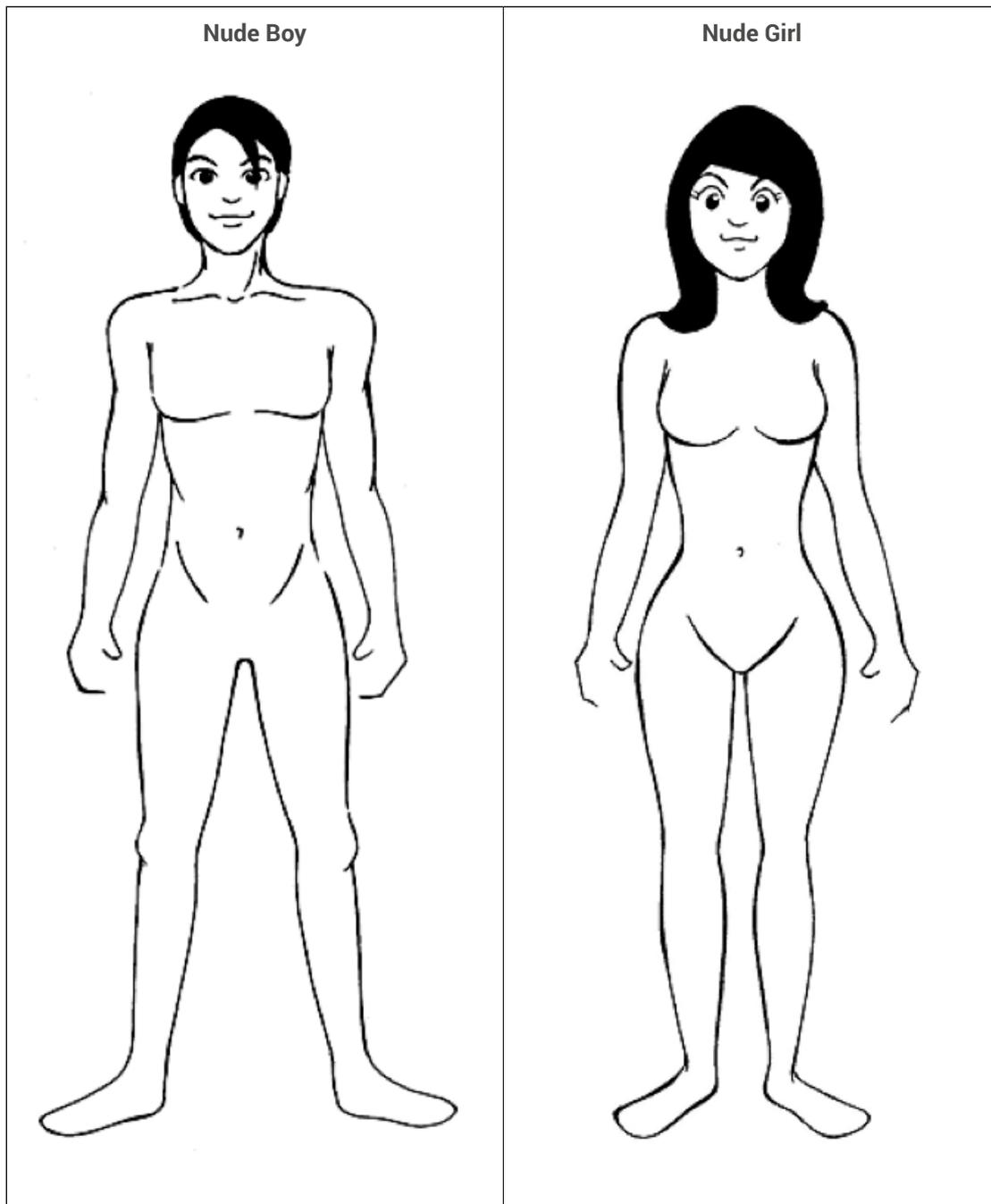
- Most internal organs in girls' and boys' bodies are the same.
- The physical differences between the female and male bodies are mainly in the reproductive organs.
- Boys and girls (men and women) have a different mix of hormones that are needed for making babies, i.e. the reproductive process.



TRAINING AID 6.1.1 A: EXAMPLE DRAWINGS OF PLAIN NUDE BOY AND NUDE GIRL

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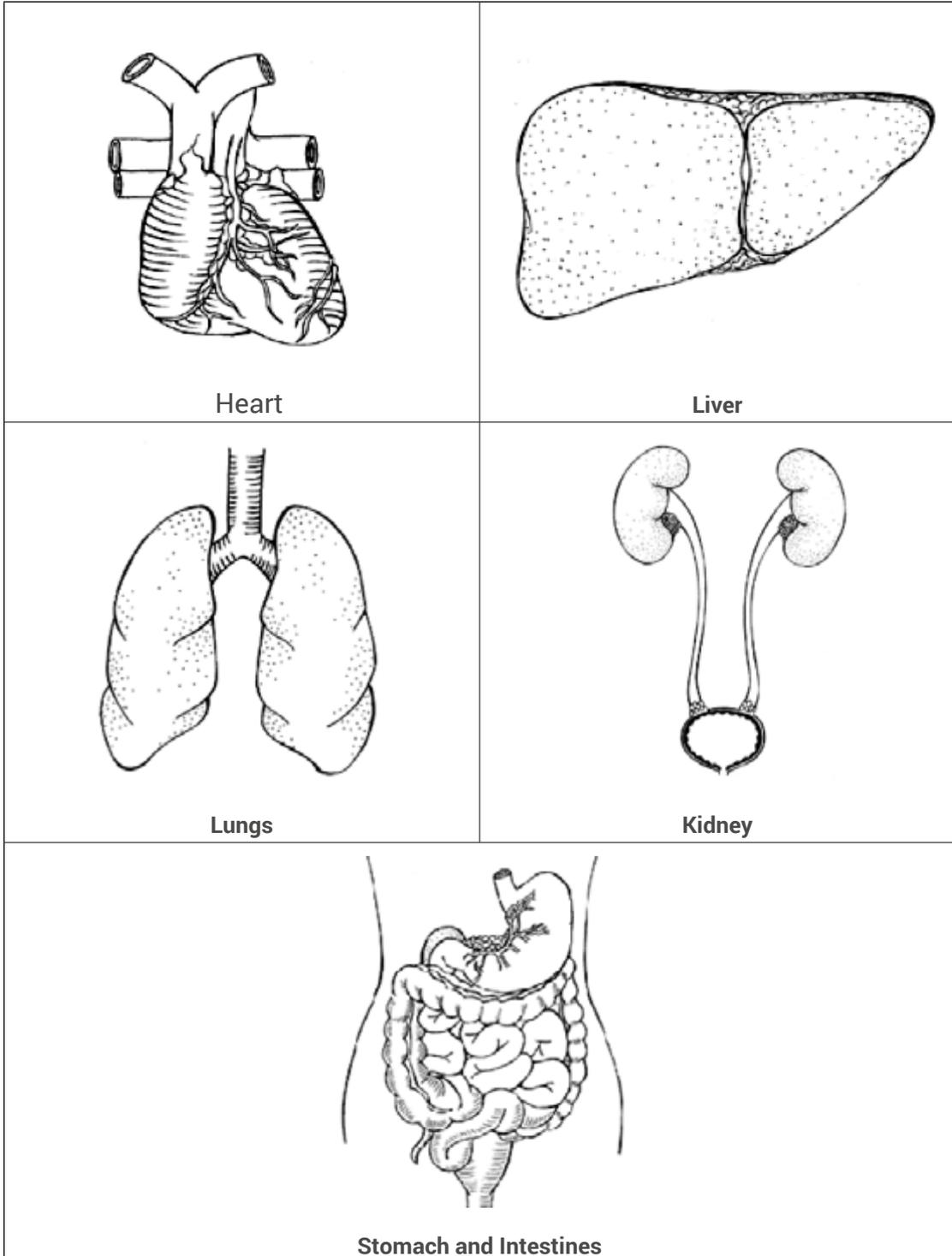
Guidelines: These are example drawings of a plain (i.e. without organs) nude boy (man) and nude girl (woman). Give one photocopy of this training aid to each group as an example to draw a nude boy and nude girl.





TRAINING AID 6.1.1 B: MAIN INTERNAL ORGANS

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

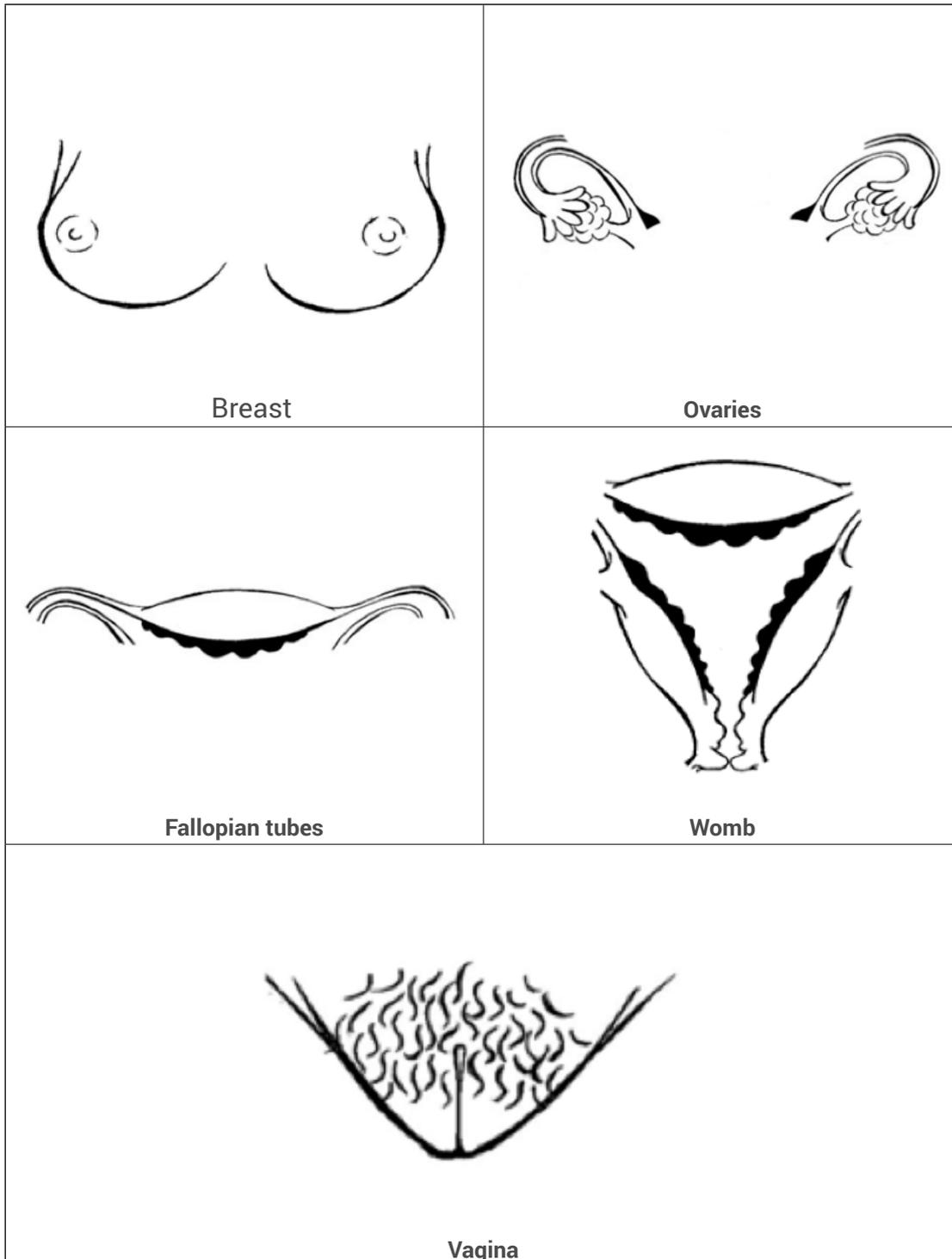




TRAINING AID 6.1.1 C: REPRODUCTIVE ORGANS OF WOMEN

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

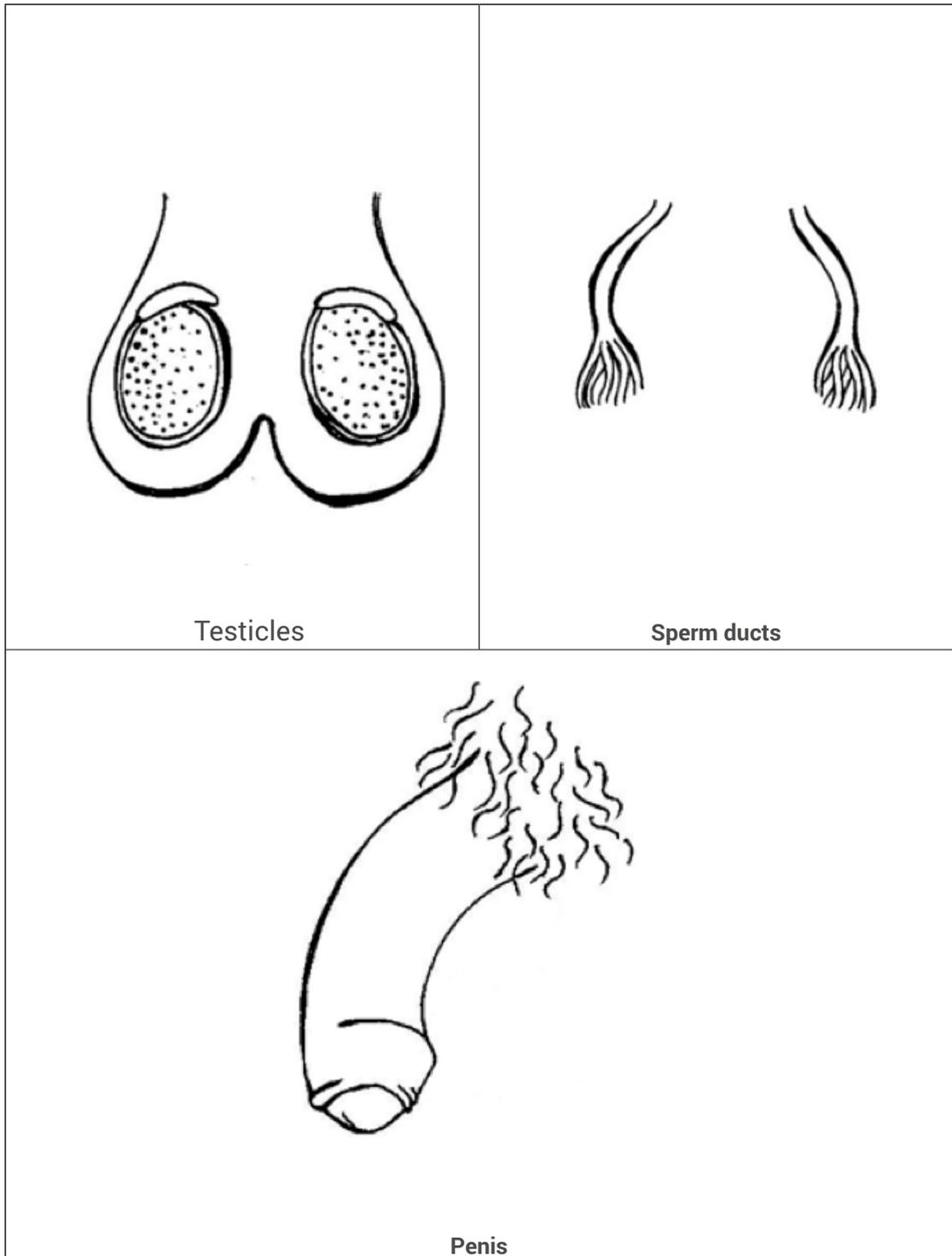
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TRAINING AID 6.1.1 D: REPRODUCTIVE ORGANS OF MEN

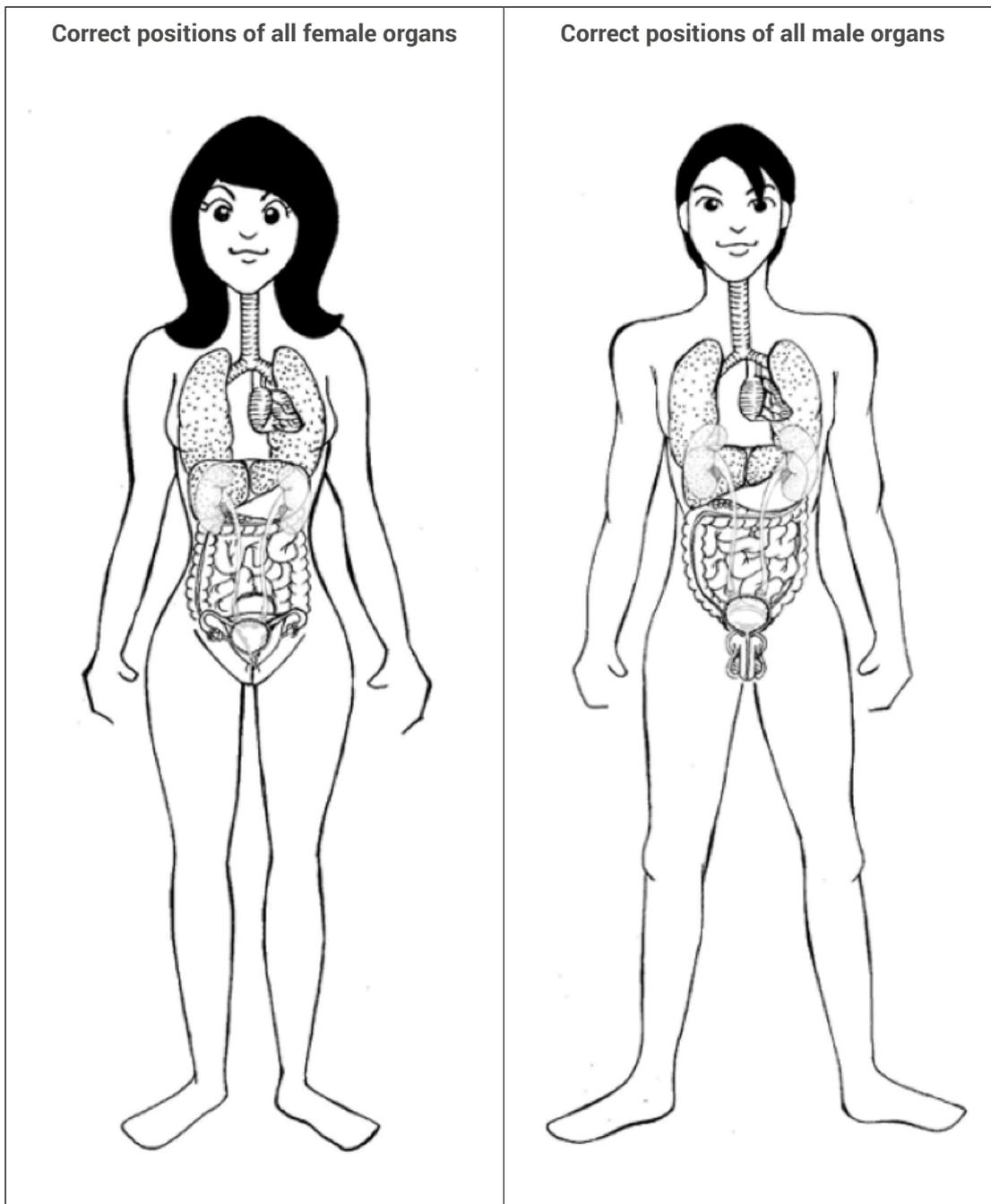
Guidelines: Make one photocopy of the following male reproductive organs in real-life size. Cut them according to their shape. Give each group a complete set of the organs in Step 2.



**TRAINING AID 6.1.1 E: THE CORRECT POSITIONS OF ALL ORGANS**

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

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UNIT 6.1





BRIEFING NOTE: PHYSICAL DIFFERENCES BETWEEN MEN AND WOMEN

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

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

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

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

■ EXERCISE 6.1.2 OOPS, I AM CHANGING



OBJECTIVES

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



TARGET GROUP

Children and youth (from around 9 years onwards)



DURATION

75 minutes



SEATING ARRANGEMENTS

Group seating around tables in 3 groups



MATERIALS

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



TRAINING AIDS

Briefing Note: Changes during Adolescence



SESSION PLAN STEPS

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

STEP 1 INTRODUCTION – 5 MINUTES

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

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

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

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

**Tip for Trainers**

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

STEP 2 BRAINSTORM IN GROUPS ABOUT CHANGING BODIES AND FEELINGS – 10 MINUTES

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

STEP 3 IDENTIFY PHYSICAL CHANGES AND EMOTIONAL CHANGES – 5 MINUTES

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

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

STEP 4 WHAT I LIKE, WHAT I DON'T LIKE – 5 MINUTES

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

STEP 5 DISCUSSION: CHANGES IN TEENAGERS DURING PUBERTY – 40 MINUTES

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

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

STEP 6 ROUND UP – 10 MINUTES

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

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

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

**Tip for Trainers**

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



BRIEFING NOTE: CHANGES DURING ADOLESCENCE

Our body changes from the moment we are born until the moment we die, but between about 10 and 15 years of age there are many physical and emotional changes happening to boys and girls. These can be disturbing and confusing. This period is called puberty or adolescence and it means that you are becoming an adult. The fast changes in the body take a couple of years. In general, girls reach puberty a little earlier than boys. During puberty, girls and boys experience many changes that are both physical and emotional. Physically it means that you are able to make babies. Emotionally it means changes in feelings and relationships, such as being sexually attracted to others.

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

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

Menstruation

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

When an egg meets a sperm they can unite. This is called insemination. This only happens

when you had sex with a boy or man. The womb has made a nice warm place to take care of the inseminated cell so it can become a baby. This warm place is made of blood vessels and tissues.

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

Menstruation lasts for a couple of days (3 to 8) and some girls and women have headaches or pain in their belly or back during this period, often the first 2 days. If the pain gets too much, you may take pain killers during this period. Generally, menstruation is annoying but does not influence your daily activities very much: you can go to school, eat, work, and socialize with others as normal. You can take a shower, continue sporting and do all other things you normally do. It is also not harmful to swim or to have sex during the menstrual period, although some girls and women do not like to do so. For a minority of girls and women, menstruation can be (very) painful. If this is the case, rest and keep your belly warm. Go see a doctor for a check-up, if the problem persists.

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

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

Whatever you use you should change it regularly and keep yourself clean. This means changing at least 3 times a day or every 2 to 3 hours. It depends on how much blood comes out. Change often, especially on "heavy days" when there is a lot of blood flowing. During menstruation use clean and warm water without soap to wash your vagina. It is not necessary to buy any special cleaning product. Only clean water is sufficient to keep your vagina clean.

Ejaculation

For many boys the first ejaculation is the most important change that signals the arrival of puberty. The testicles (or the balls) start making sperms, about 100 to 300 million per day! The testicles keep the sperms on the right temperature. When it becomes cold the testicles

will shrink closer to your body and when it becomes warm they will hang down for cooling. The sperms travel from the testicles to the sperm duct, where they are mixed with liquid. This mixture is called sperms. It is sticky and cloudy. Sperms come through the penis when a boy ejaculates. When this happens the penis is stiff and points straightforward. The ejaculation gives a nice feeling that is called orgasm.

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

Taking care of your changing body

Because of all changes during puberty you have to take care of your body in a different way. Due to hair growth on their face, for instance, many boys will start shaving. Some girls also shave or pluck hair under their armpits. Teenagers also sweat more so you have to wash yourself better and you may need deodorants for your armpits. Some adolescents may have greasy hair or a greasy skin with pimples. If you find it a problem you can buy cream for your skin and special shampoo for your hair. Also, you should keep your sexual organs clean. The best way of doing this is using warm, not hot, water without soap.

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

Changes in feelings and moods

The ups and downs in your feelings are also part of growing up. You may or may not like the changes in your body. Some teenagers are excited about the changes during puberty and like them, while others hate them or do not know what or how to feel about them. Often, it can all be confusing, embarrassing and frustrating. For instance, you may feel insecure about the size of certain parts of your body. It is important to realize that these changes are normal. There are also differences in the types and sizes of bodies among different people: small, medium and large. All bodies develop in their own way and at their own pace and the size of your penis or breasts has nothing to do with how these organs function.

It also does not make a difference if you are having an early or late puberty. Of course it can be uncomfortable to be the first or the last one to reach puberty among your friends, especially if they tease you, but remember it will happen to everybody anyhow sooner or later.

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

the person, who is special to you. You may also become sad, if you think or find out that the other person is not especially interested in you.

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

Both boys and girls need to know the difference between romance, also known as falling in love, sexual attraction and love. Romance is about being attracted to the body, heart and mind of another person to whom you like to be very nice, with whom you want to spend a lot of time, and with whom you like to be physically close, kiss, hug and eventually have sex. Romance can change in real love when developing a deep relationship with somebody with whom you would like to live your life and have a family. Sexual attraction means that you are attracted to the body of another person but are not so interested in their well-being or having a longer relationship. For some people, often girls but also boys, romance or love and sexual attraction always go together. For others, often but not only boys and men, sexual attraction can be a separate feeling: being interested in having physical contact and sex but no interest in a longer relationship and the well-being of another person.

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

■ EXERCISE 6.1.3 AM I NORMAL OR STRANGE?



OBJECTIVES

- To understand that the changes happening during puberty are normal
- To address the sexual concerns of teenagers about their changing bodies



TARGET GROUP

Youth and children in puberty



DURATION

90 minutes



SEATING ARRANGEMENTS

Group seating with some space between the groups



MATERIALS

- 27 sheets of plain A-4 paper and a marker for each group
- A photocopy of the questions in Training Aid 6.1.3 A
- A jar, hat, can or small container
- Photocopy of Briefing Note: Changes during Adolescence (optional)



TRAINING AIDS

6.1.3 A: Frequently Asked Questions and Answers on Changes during Adolescence
Briefing Note: Changes during Adolescence (in Exercise 6.1.2)



SESSION PLAN STEPS

1. Introduction and game set up – 10 minutes
2. Play question and answer game – 70 minutes
3. Round up and key messages – 10 minutes

PREPARATION

Make a photocopy of Training Aid 6.1.3 A. Cut up all questions without the answers, roll them up and put them in a jar, hat or other small container.



Tip for Trainers

This exercise has been designed for use in a mixed group of girls and boys. However, if the target group is highly conservative and the topic is considered too sensitive to be discussed in a mixed group, trainers may conduct it in separate male-only and female-only groups. Bear in mind, though, that participants will learn more from a mixed group as both sexes need to learn about the perspectives and feelings from the opposite sex. It is especially important for boys to learn about and respect the perspectives and feelings of girls, so if this session is done for boys only, it should be conducted by a female/male training team and girls' and women's perspectives should be discussed.

STEP 1 INTRODUCTION AND GAME SET UP – 10 MINUTES

Explain that this exercise deals with the changes happening to boys and girls during puberty or adolescence. Common questions about these changes and sex will be discussed. This will be done in a questions and answers game. Divide the group into teams of 5 persons of both sexes. Give each group 27 sheets of plain A-4 paper and a marker and put the container with the questions in the middle of the groups.

Explain the rules of the game as follows:

- A volunteer will pick a question from the container and read it out loud to everybody.
- After each question the groups get maximum one minute to discuss and write down the answer in big letters on a piece of paper.
- All teams have to show their answer at the same time.

STEP 2 PLAY QUESTION AND ANSWER GAME – 70 MINUTES

Start the game by asking for a volunteer to pick and read the first question and then ask all teams to discuss, write down and show their answers. Scan the answers quickly and ask a few volunteers to share their answers (select a few wrong answers and the correct one(s)). Briefly discuss these and agree with participants on the right answer, before moving to the next question until all 27 questions are answered.

STEP 3 ROUND UP AND KEY MESSAGES – 10 MINUTES

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

Conclude with the following points:

- During adolescence both boys and girls change a lot, not only physical but also emotional.
- Hormones cause these changes and this is a part of becoming an adult.
- The changes in your body can be exciting but also confusing, embarrassing or frustrating. They happen to everybody, so try to talk about it with somebody you trust, like your parents, relatives or friends. The issue you find difficult happened/happens also to them and exchanging information will help you a lot.

**Tip for Trainers**

Distribute the Briefing Note: Changes during Adolescence from Exercise 6.1.2 Oops, I Am Changing if participants can read and are interested.



TRAINING AID 6.1.3 A: FREQUENTLY ASKED QUESTIONS AND ANSWERS ON CHANGES DURING ADOLESCENCE

Guidelines: Photocopy the following pages and cut up all questions without the answers, roll or fold them up and put them in a jar, hat or other container. More detailed information on these subjects is given in Briefing Note: Changes during Adolescence in Exercise 6.1.2 Oops, I Am Changing.

<p>✂</p> <p>1. At what age do people start having sex?</p>	<p><i>There is no specific age for starting to have sex. Different people have different reasons for deciding when to have sex for the first time. Some do it when they feel comfortable and feel committed to the person. Some do it just to try the experience. Some do it only after marriage. What is important about having sex for the first time is that you do it out of your own free will—not because you feel pressured or forced to do it, regardless whether you are a girl or a boy. It is important to think about the possible consequences of having sex too, especially when you are young: will you become pregnant or make your girlfriend pregnant? Is there a chance that you will get a sexually transmitted disease from it?</i></p>
<p>2. What is a wet dream and is it normal to have them?</p>	<p><i>When a boy/man is dreaming a very exciting thing and has an ejaculation, it is called a 'wet dream'. Sperms will come out of your penis so when you wake up your night clothes or sheets are wet and sticky. Wet dreams happen during your sleep and are completely normal. Often a boy has his first ejaculation during his sleep.</i></p>
<p>3. My breasts are much smaller than my friend's breasts, is this normal?</p>	<p><i>This is completely normal. During adolescence a girl's breasts start growing. Some girls grow large breasts while those of others will not become so large. The size of the breasts does not make any difference in their functioning.</i></p>
<p>4. Why do girls and women have a monthly period or bleeding?</p>	<p><i>Once a month an egg will leave your ovary. This is called ovulation. It travels to your womb. When a woman has sex during this period and the sperm meets this egg she can get pregnant. However, most of the times, the small egg does not meet a sperm. When a girl or woman does not have sex or the egg does not meet the sperm, the egg leaves the body together with the blood vessels and tissues through your vagina. This is called menstruation, menstrual or monthly period or bleeding.</i></p>

5. What is masturbation? Is it dangerous? Will it make me weak?	<i>Masturbation is pleasuring yourself by touching or playing with your sexual organs. It does not harm you at all and does not make you weak.</i>
6. Do girls also touch themselves?	<i>Yes. It is a myth that masturbation is only done by boys. Girls can make themselves feel good too by touching their sexual organs (clitoris and vagina).</i>
7. Is it okay to fantasize about girls or movie stars and then my 'little brother' becomes hard?	<i>Yes, why not. It feels good so it makes you happy.</i>
8. My parents say good girls should not talk about sex, look at sexy pictures or read sexy novels. If I do this, am I a bad girl?	<i>No. There is nothing wrong with girls and women talking about sex but people often feel shy. Looking at sexy pictures or read sexy novels does not make a person bad. Talking, looking at pictures or reading novels does not harm anyone. But sexy pictures and romantic novels do not necessarily give useful information. What is important is that all girls and boys should know about 'safe sex.'</i>
9. Why do boys and men sometimes wake up with an erection, does it mean they are sex-crazed?	<i>No. This has nothing to do with sexual feelings but is caused by the bladder. The bladder is so full that it puts pressure on the beginning of a penis so that it stands up.</i>
10. What is this sticky stuff that comes out of my penis after I feel good?	<i>The sticky and cloudy fluid that comes from your penis is called sperms. Ejaculating sperms in or close to a girl's vagina can make a girl pregnant.</i>
11. Now that I have monthly periods, does it mean I can get pregnant?	<i>Yes, there is a short period each month when you can become pregnant. It is the period when the egg is travelling through the ovary to the womb. When it meets a sperm they will unite. This is called insemination. It can only happen when you had sex with a boy and have sperms in your vagina.</i>
12. I am already 13, why don't I have menstruation yet?	<i>Some girls are early. Some are late. There is nothing to worry about.</i>
13. My friends always nag me to go to prostitutes to celebrate our manhood. If I say no, will that make me less manly?	<i>Nonsense. There are many sound reasons why you do not want to go to a prostitute. This does not make you less manly. Being a real man has nothing to do with having sex often.</i>
14. People say girls or women are 'unclean' or 'dirty' when they have a monthly period. Is this true?	<i>Girls and women should not feel bad or feel 'dirty' when having menstruation because it is natural. The monthly period or menstruation is part of the normal reproductive function that prepares the body of a woman to host a baby. When women are not pregnant, and not carrying a baby, they have monthly periods until their late forties or early fifties.</i>

<p>✂</p> <p>15. I just want to touch and kiss with my boyfriend, but he wants more, what do I do?</p>	<p><i>Explain to him that you do not want more. Be clear in saying "no" to what you do not want. He should respect your feelings. If not, stop going out with him.</i></p>
<p>16. What is 'safe sex'?</p>	<p><i>'Safe sex' means minimizing the risks of getting sexually transmitted diseases and having unwanted pregnancy by using appropriate protection when having sex. Touching, hugging or kissing without having sexual intercourse are also considered safe sexual activities. However, be careful: if sperms come out of a man's penis near to a woman's vagina, they can travel all the way up to the uterus, and cause a pregnancy if the woman is in her fertile period.</i></p>
<p>17. Why do I have my menstruation for so many days and have so much pain. My friends have it so easy, just 2-3 days. Is there something wrong with me?</p>	<p><i>There is nothing wrong. The length and experience of the menstruation differ from one girl to the next. Some do not feel anything while others have pain in their stomach or headache. Some girls have menstruation every 20 days, and some every two months. It depends. For most girls, however, the menstruation lasts between 3 days to a week. But go to a doctor if you bleed more heavily or for longer periods or have a menstruation every 2 weeks or feel more pain than usual.</i></p>
<p>18. When I don't have the menstruation sometimes, white discharge is coming out, is this normal?</p>	<p><i>This is normal. It protects you against vaginal infections. If it does not hurt or itch and goes away after a few days, it is fine. If it causes pain or itches, or starts to smell 'fishy' or changes colour (yellow, green, pink), go to a health care centre.</i></p>
<p>19. I am a young man and still a virgin. My friends say I am not manly, am I gay?</p>	<p><i>No, being a virgin has no relation at all with being gay. The changes in puberty come at different ages for different people and there is no need to rush into sexual experience, if you do not feel like it.</i></p>
<p>20. I think I like persons of the same sex more than people of the other sex. Am I abnormal?</p>	<p><i>No, some people feel attracted to persons of the same sex. There are also some people who feel attracted to persons of the same sex as well as the opposite sex. Although most people feel attracted to the opposite sex and many societies have difficulties with people loving people of the same sex, there is nothing to be ashamed of. It just happens to be so for some people. Follow your feelings.</i></p>
<p>21. I am ready to have sex, but my girlfriend will not do it with me. What do I do?</p>	<p><i>Wait. Respect her point of view. She can get pregnant, not you. There is no fun in having sex with someone who does not want it. There is the danger of making a baby when both of you are not ready for it, and this will be very difficult, especially for your girlfriend. Talk about it and respect each other's feelings and wishes. The two of you can do other nice things like hugging and kissing.</i></p>

22. What product is best to use for menstruation?	<i>You should use what feels most comfortable for you and what is available. You can buy sanitary towels or tampons or make something yourself if these are too expensive or not available. Keep clean, wash and change regularly whatever you use!</i>
23. Somebody told me that men have a greater sex-drive than women. Therefore, men need to have sex with many women but women always need to be faithful.	<i>Both men and women have a sex-drive, and there are many individual differences on how often both men and women want to have sex. In many societies the sex-drive of men is encouraged and the sex-drive of women is discouraged. This leads to many problems. Men need to control their sex-drive and respect women's choices. Being faithful is a personal choice of both women and men.</i>
24. My friends tell me that girls need encouragement to have sex. If girls say "no", they mean "yes".	<i>This idea is wrong. Girls often want to wait with having sex because they are afraid of getting pregnant. They are right, because their life will become very difficult if they become pregnant outside marriage. If girls say "no", you need to respect their choice.</i>
25. I feel like I am in the wrong body. I don't want to be the sex that I was born with. What is wrong with me? Am I bad?	<i>There is nothing wrong with you. Some people have a 'gender identity' (sense of being male or female, or something other) that is different from the sex that they were born with. That is to say, some people's sense of being a boy or a girl, a man or a woman, does not match their body. This has nothing to do with being wrong or bad. Some people are just born this way.</i>
26. If I want to change my body and my sex to reflect who I really feel I should be. Am I wrong or sinful?	<i>Some people who feel they were born 'in the wrong body' change their body with surgeries to match their 'gender identity'. These are 'transgender' people. However, many transgender people cannot afford surgeries or do not want to change their bodies. Transgender people are not wrong or sinful.</i>
27. I think my sexual organs may be different and not what they are supposed to be. What should I do?	<i>Some people (less than 2 per cent) are born with sex characteristics that do not fit the typical male or female bodies. They are 'intersex' people who may have both male and female sexual organs or neither. In some cases intersex traits are visible at birth but in other cases they are not apparent until puberty. Discuss it with a person whom you trust, and seek out a doctor to find out what is your situation and seek a solution with you.</i>

■ EXERCISE 6.1.4 REPRODUCTIVE PROCESSES

OBJECTIVES

To learn more about the male and female reproductive organs

TARGET GROUP

Youth and adults

DURATION

45 minutes excluding Step 3
75 minutes including Step 3

SEATING ARRANGEMENTS

U-shape or circle

MATERIALS

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

TRAINING AIDS

6.1.4 A: Transparencies of Female Reproductive Organs
6.1.4 B: Transparencies of Male Reproductive Organs
6.1.4 C: Illustration of Penis with and without Circumcision
6.1.4 D: Memory Cards
6.1.4 E: Memory Cards: Answers
Briefing Note: Reproductive Organs

SESSION PLAN STEPS

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

PREPARATION

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

Option 1:

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

Page 1: Transparency No. 1

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

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

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

Option 2:

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

STEP 1 GET TO KNOW FEMALE AND MALE REPRODUCTIVE ORGANS – 30 MINUTES

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

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

Do the same with the male reproductive organs.

**Tip for Trainers**

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

STEP 2 EXPLAIN CIRCUMCISION – 10 MINUTES

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

STEP 3 REVIEW REPRODUCTIVE FUNCTIONS WITH MEMORY CARDS (OPTIONAL) – 30 MINUTES

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

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

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

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

FEMALE ORGANS:	MALE ORGANS:	FORM A SET BECAUSE BOTH:
Lips	Scrotum	Have a protective function
Vagina	Penis	Are the 'basics' / Make intercourse possible
Clitoris	Glands	Are very sensitive parts
Ovaries	Testicles	Produce cells for reproduction
Fallopian tubes	Sperm ducts	Are transport channels (for the eggs and the sperms)
Womb	Prostate	Are home or 'storage' (for the baby and the sperms)

STEP 4 SUMMARY – 5 MINUTES

Summarize:

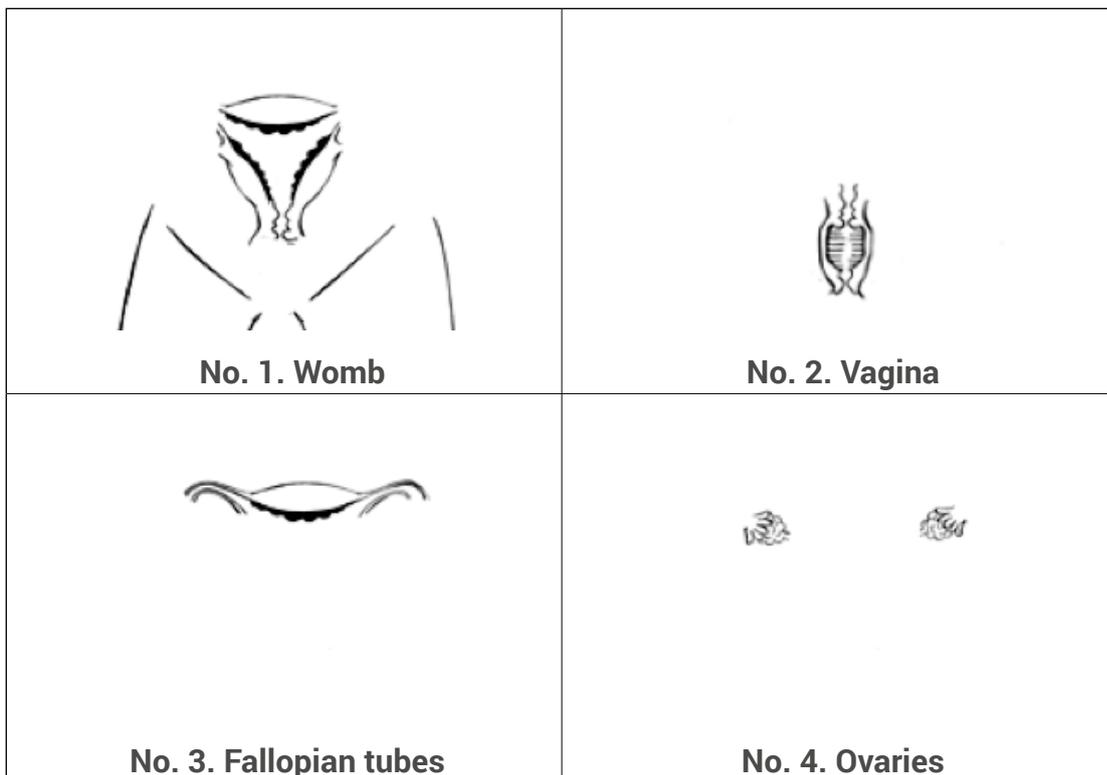
- Girls (women) have the following outside reproductive organs: breasts, vagina, lips and clitoris.
- Girls (women) have the following inside reproductive organs: ovary, fallopian tubes and womb.
- Boys (men) have the following outside reproductive organs: penis and scrotum.
- Boys (men) have the following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



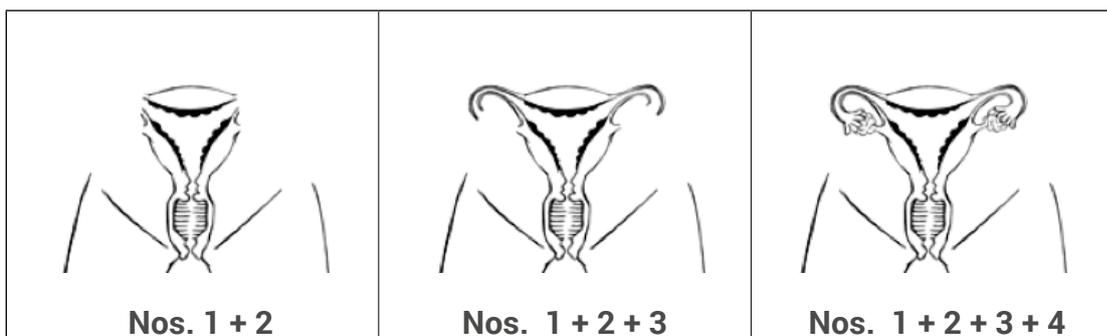
TRAINING AID 6.1.4 A: TRANSPARENCIES OF FEMALE REPRODUCTIVE ORGANS

3-R
MODULE 6
UNIT 6.1

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



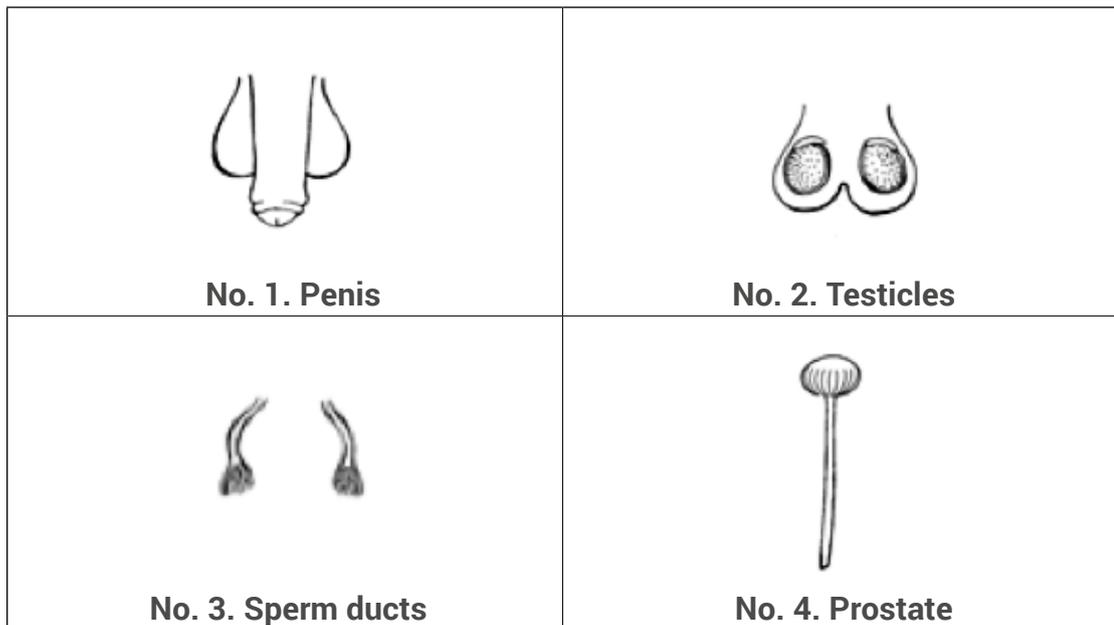
How to show the transparencies: Start with Transparency No. 1. After a brief explanation put No. 2 on top of No. 1, then place No. 3 on top of Nos. 1 and 2. Finally, put No. 4 on top of the three transparencies, which will end the show of the reproductive organs of a woman. The following pictures show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



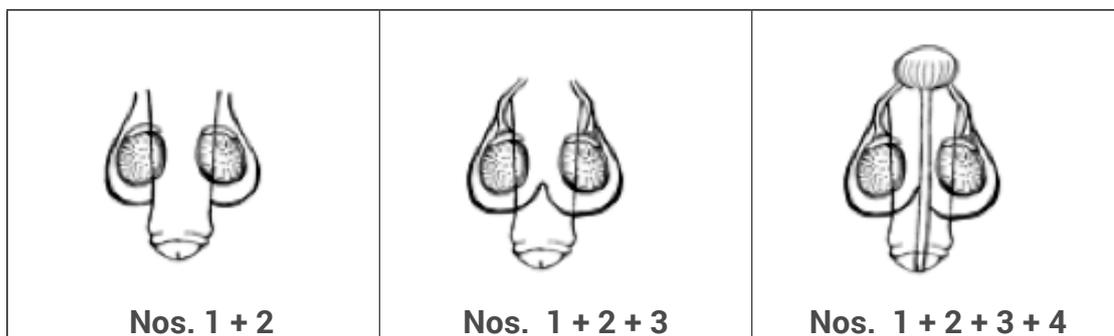


TRAINING AID 6.1.4 B: TRANSPARENCIES OF MALE REPRODUCTIVE ORGANS

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



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

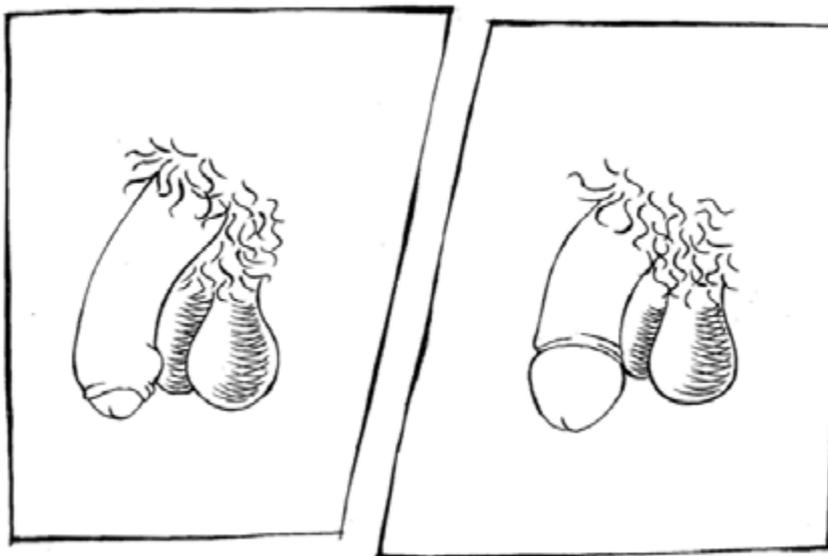




TRAINING AID 6.1.4 C: ILLUSTRATION OF PENIS WITH AND WITHOUT CIRCUMCISION

3-R
MODULE 6
UNIT 6.1

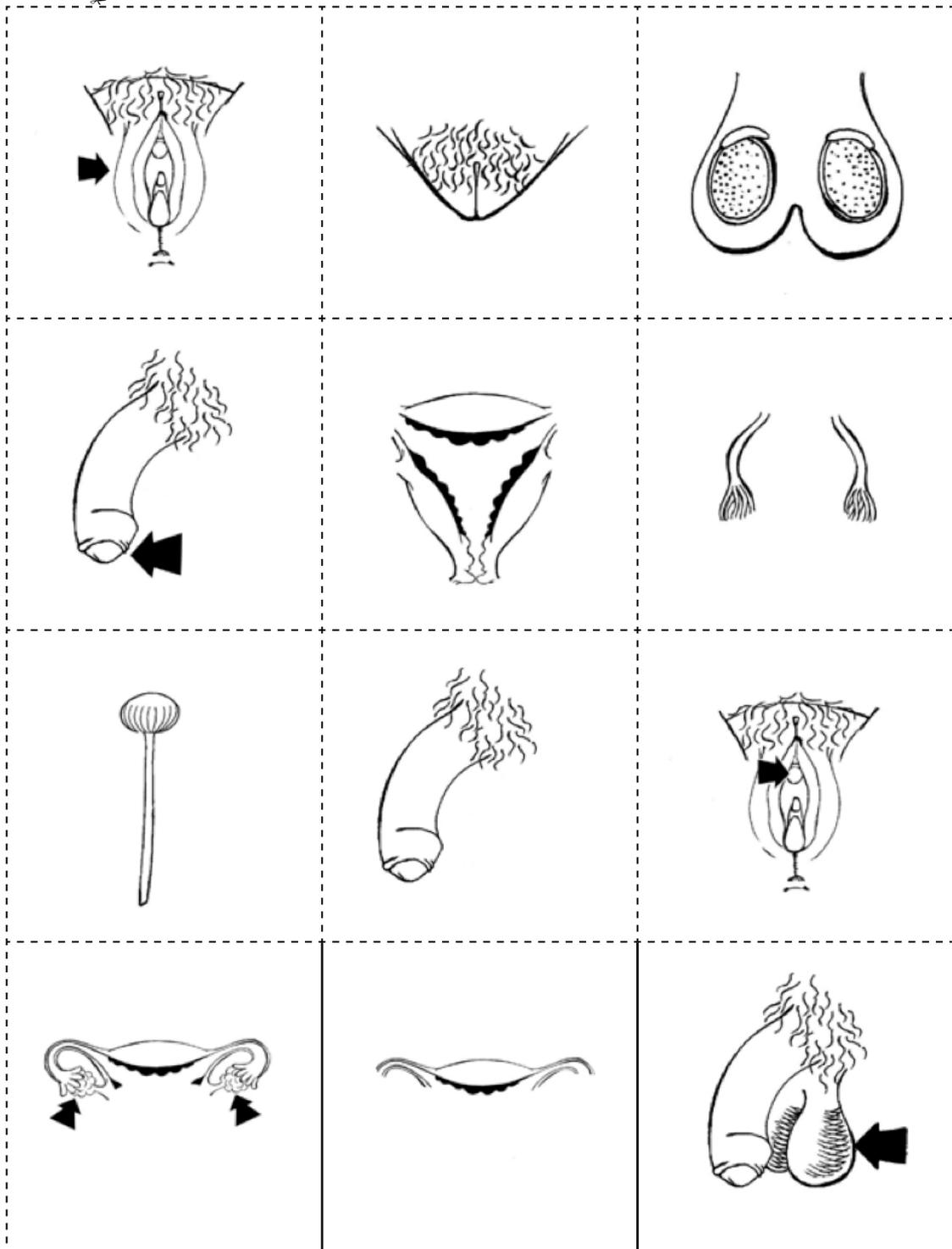
Guidelines: Enlarge this page by photocopying and use it in Step 3 to explain the difference between a penis without circumcision and with circumcision.





TRAINING AID 6.1.4 D: MEMORY CARDS

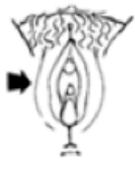
Guidelines: Photocopy the page and cut it up in small cards. Hand out one set to each group.





TRAINING AID 6.1.4 E: MEMORY CARDS: ANSWERS

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

FEMALE ORGANS:	MALE ORGANS:	
 <p>Lips</p>	 <p>Scrotum</p>	<p>Have a protective function</p>
 <p>Vagina</p>	 <p>Penis</p>	<p>Are the 'basics' Make intercourse possible</p>
 <p>Clitoris</p>	 <p>Glands</p>	<p>Are very sensitive parts</p>
 <p>Ovaries</p>	 <p>Testicles</p>	<p>Produce cells for reproduction</p>
 <p>Fallopian tubes</p>	 <p>Sperm ducts</p>	<p>Are transport channels (for the eggs and the sperms)</p>
 <p>Womb</p>	 <p>Prostate</p>	<p>Are home or 'storage' (for the baby and the sperms)</p>



BRIEFING NOTE: REPRODUCTIVE ORGANS

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

DETAILS OF FEMALE REPRODUCTIVE ORGANS:

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

- **Lips**
These are two pairs of soft folds of the skin around the vagina. They are called the outside lips and inside lips or large lips and small lips. They protect the clitoris, the urinary opening and the vagina.
- **Clitoris**
This is a small bump in front of the urinary opening. It is a very sensitive spot between the lips. When you touch or rub this softly it feels nice.
- **Urinary opening**
Between the lips you find a very small opening. It is so small that you can hardly see it. This is the opening from the urethra (the channel through which urine passes), and through this small hole you pee. It is not a reproductive organ.
- **Vagina**
You will also find a larger hole. This is the opening to the vagina. Inside, the vagina is about 20 centimetres long and it is very flexible and soft. It connects to the womb. A baby that is ready to be born comes through the vagina to the outside world. The monthly period or menstruation that starts when girls reach puberty goes through the vagina. When people have sex the vagina is the place where the penis fits in.
- **Anus**
A little further to the back you will find a third opening. This is not a reproductive organ but the anus. Through this hole the faeces leaves your body.

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

- **Womb**
This is a small organ with very strong muscles. Both fallopian tubes and the vagina are connected to the womb. The womb is the place where babies grow inside the body. Normally the womb is not that big, about the size of a small pear that lies upside down. When a baby grows inside the womb it stretches along with the growth of the baby. After the baby is born it shrinks back to the original size.
- **Ovaries**
At each side of the womb you will find an ovary, about the size of a small lychee. These ovaries contain the reproductive cells in women, the eggs. When a girl is born she already has a large number (1 to 2 million!) of eggs but these are not 'ripe' yet. They become ready for reproduction during puberty and continue to ripen during a woman's reproductive years until the menopause,

which is when women can no longer have babies and stop having menstruation. The menopause usually happens when women reach their late forties or early fifties.

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

DETAILS OF MALE REPRODUCTIVE ORGANS:

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

- **Scrotum**
This is the bag of wrinkled skin that protects the two testicles or balls.
- **Penis**
The penis is very soft and contains tissues with blood vessels. At the end you find a small hole through which urine leaves the body. Normally the penis is fluffy and hangs in front of the scrotum but sometimes it can become stiff and starts to stand up. This happens when a boy/man gets excited or thrilled by something or someone.
- **Glands (and circumcision)**
The tip of the penis is called glands. This is the most sensitive part of the penis. It feels nice when touched. Boys are born with a piece of skin around the tip of the penis. In some cultures the skin covering the tip of the penis is removed. This is called circumcision. Most Islamic or Jewish boys and boys from countries such as the United States, Indonesia and Malaysia are circumcised when they are born or when they are very young for hygienic, religious or cultural reasons. In other societies and cultures boys/men are usually not circumcised because the skin, which covers the glands is thought to protect the tip of the penis. The penises of boys who have been circumcised look different from the penises of boys who have not, but the glands and the feelings remain the same.
- **Anus**
A little further to the back you will find a second hole. This is not a reproductive organ but the anus. Through this hole the faeces leaves your body.

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

- **Testicles**
Boys have two testicles or balls. These are soft and elastic and are protected by the scrotum. Testicles are very sensitive. It hurts very much when a boy is kicked there. Most of the times one of the balls hangs a little lower than the other. This is completely normal. Before puberty the testicles have the size of a large pea, and gradually grow to the size of a walnut. In the testicles the cells are made for reproduction. A girl already has eggs when she is born but a boy only starts producing sperms from puberty.
- **Epididymis**
Both testicles are connected to an epididymis. These look like very small telephone horns. Actually the epididymides are very thin and long (4-6 meters) tubes, which are wound up. In the epididymides the cells for reproduction are collected and developed further before going through the sperm ducts.

- **Sperm ducts**
Both epididymides are connected to the urethra by the sperm ducts. These are thin, flexible tubes of about 50 centimetres and they look like boiled noodles.
- **Prostate**
This organ produces a fluid that is mixed with the cells. This mix is called sperms and comes out through the urethra. It leaves the body in short, quick spurts. It is called ejaculation. Many people call it: to come. Ejaculation or 'coming' is only possible from puberty onwards.
- **Urethra**
Sperms and urine come through the same duct, the urethra. It is a long narrow tube through the penis. The bladder is closed by muscles during ejaculation, so that urine and sperms never come out together.

■ EXERCISE 6.1.5 BORN THIS WAY²



OBJECTIVES

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



TARGET GROUP

Youth and adults



DURATION

90 minutes excluding Step 3
120 minutes including Step 3



SEATING ARRANGEMENTS

U-shape or circle, with or without tables



MATERIALS

TA 6.1.5 A: The Genderbread Person
TA 6.1.5 B: SOGIE Scale
TA 6.1.5 C: SOGIE Quiz
TA 6.1.5 D: Answers to the SOGIE Quiz
Briefing Note: Sexual Orientation, Gender Identity and Expression (SOGIE)
Briefing Note: Gender Equality Concepts and Definitions (in Exercise 3.1.1)



TRAINING AIDS

6.1.4 A: Transparencies of Female Reproductive Organs
6.1.4 B: Transparencies of Male Reproductive Organs
6.1.4 C: Illustration of Penis with and without Circumcision
6.1.4 D: Memory Cards
6.1.4 E: Memory Cards: Answers
Briefing Note: Reproductive Organs

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

**SESSION PLAN STEPS**

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

PREPARATION

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

**Tip for Trainers**

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

STEP 1**TRUE OR FALSE – 15 MINUTES**

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

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

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

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

STEP 2 THE GENDERBREAD PERSON – 15 MINUTES

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

- **How does the person know what 'sex' she or he is?**
(Many participants will likely point to the genital area. Write the word 'sex' with an arrow pointing to the genital area. Introduce the concept of 'biological sex' – see 'sex assigned at birth' in the Briefing Note. Emphasize that sex refers to biological sexual attributes and reproductive systems a person is born with.)
- **Are the genitalia and sexual biological attributes the only indication of a person's sex and gender? How or where does a person form a sense that she or he is a boy or a man, a girl or a woman?**
(Write the word 'identity' with an arrow pointing to the brain and lead the discussion to the concept of 'gender identity' – how a person and his/her social environment defines his or her identity as a boy/man, a girl/women, or some other identity.)
- **How does a person communicate to others that she or he is a male (boy, man) or a female (girl, woman), or neither?**
(Write the words 'expression' with a line circling an entire side of the body. Explain that typically people express their gender through external cues such as choices of clothing, hairstyles, ornaments, physical

expression and mannerisms, masculine or feminine form of speech, or a name that reflects their sense of gender identity. Someone (transgender) people may also express their gender identity through physical alterations of their body.)

- **Where do you have the feeling of liking or loving someone?**
(Most participants are likely to point to the heart. Write the words “attraction” with an arrow pointing to the heart. Explain that this is what it means by “sexual orientation”, feeling the attraction physically, emotionally and sexually to someone of the same sex, the opposite sex, or both, or neither.)

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

STEP 3 THE SOGIE SCALE AND DEFINITIONS – (OPTIONAL) – 30 MINUTES

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

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

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

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

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

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

- LGBT: lesbian, gay, bisexual, transgender
- transsexual
- third gender
- intersex.

**Tip for Trainers**

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

STEP 4 DISCUSSION: LGBT PEOPLE IN SOCIETY – 30 MINUTES

Once participants have some understanding about the concepts of sexual orientation, gender identity and expression and LGBT people, explain that some societies and groups accept different gender roles and identities, while others are more rigid. In many South and Southeast Asian cultures different gender identities have traditionally been accepted. For example, India, Nepal, Indonesia, Myanmar and Thailand have historically had more than two (masculine and feminine) gender identities. In Southeast Asia, 'third gender' people historically played a spiritual role, such as spiritual mediums in Myanmar (see 'third gender' in the Briefing Note). Also, in the past some parents who only had sons used to raise one of the younger sons as a girl to take care of them in their old age. There has been and also continues to be some tolerance towards boys and men who like to act in a feminine way, and they are often thought to excel in typically feminine occupations like hair dressing, beauty and make-up, flower decorations, etc.

**Tip for Trainers**

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

Stimulate a discussion with the following questions:

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

Summarize key points from the discussion and emphasize that:

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

STEP 5 MYTHS OR FACTS? – 30 MINUTES

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

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

**Tip for Trainers**

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

STEP 6 ROUND UP – 5 MINUTES

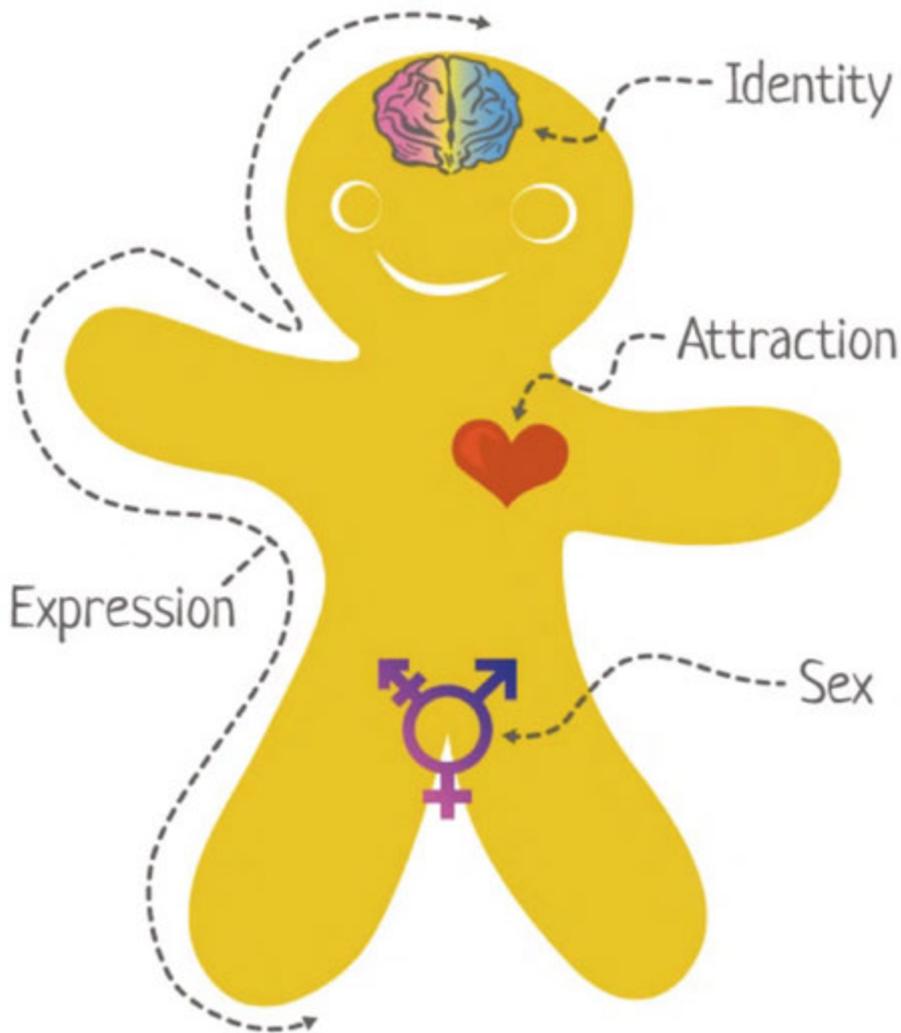
Conclude by emphasizing that being LGBT is not a disease. Heterosexuality is the most prevalent and the norm in most societies but homosexuality is also quite common. All people, irrespective of their sexual orientation or gender identity, have the same needs, feelings and aspirations. Treat LGBT family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

Emphasize the following points:

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

**TRAINING AID 6.1.5 A: THE GENDERBREAD PERSON³**3-R
MODULE 6
UNIT 6.1

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

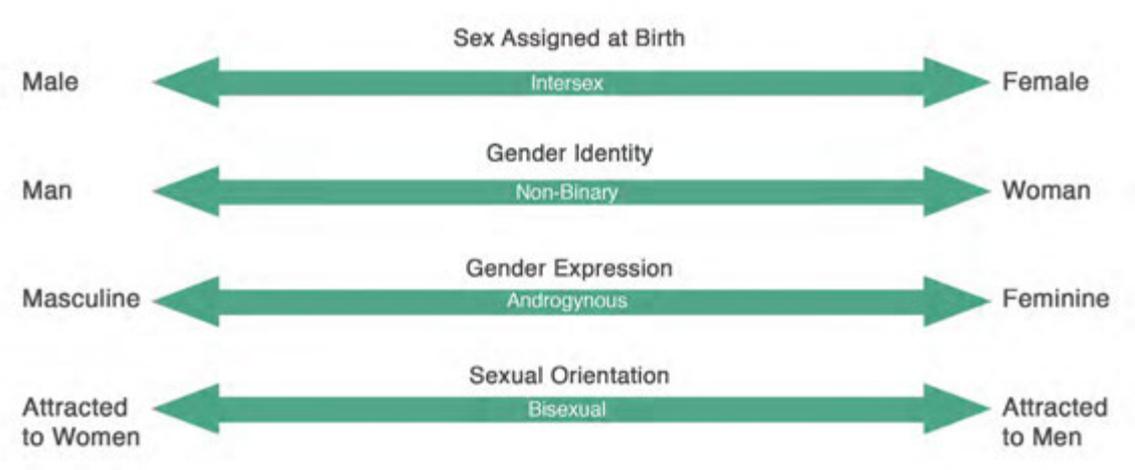


³ The Genderbread Person was introduced by Sam Killerman of *It's Pronounced Metrosexual*, a comedy show and online resources on social issues, including gender and sexuality: <http://itspronouncedmetrosexual.com> (accessed 28 January 2017).



TRAINING AID 6.1.5 B: SOGIE SCALE⁴

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



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

**TRAINING AID 6.1.5 C: TRUE OR FALSE**

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

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



TRAINING AID 6.1.5 D: TRUE OR FALSE – EXPLANATIONS⁵

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

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

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

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

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

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

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

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

True: People can become aware of their gender identity or sexual orientation at a young age. A recent study in Thailand found that 11.9 percent of 2,070 secondary school students surveyed in five provinces in all regions of the country self-identified as lesbian, gay, bisexual or transgender (LGBT).⁶ Recent studies in the United States also show that the average age at which teenagers first self-identify as lesbian and gay has decreased over the past several decades. The average age of people coming out as LGBT was 20-22 years old in the 1980s, and 16 years old in 2011.⁷ Note that these are the ages of coming out. In fact, children have an

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

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

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

understanding of their sexual orientation (whether they like boys or girls) much earlier, usually by the age of ten, and most children have an understanding of their gender identity (a sense of whether they are a boy or girl) by the age of three.⁸

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

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

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

False: Major medical associations in the world now all agree that homosexuality is not a mental illness or disorder, but a form of sexual expression. While homosexuality was considered a mental illness in the past, it is no longer considered so in most countries today. Scientific knowledge from many decades of research has shown no evidence to support that it is a mental illness or disorder. In 1990, the World Health Organization (WHO) removed homosexuality or same-sex relations from the list of mental illnesses in the International Classification of Diseases (ICD-10). Transgender identity, however, is still on the ICD-10 list as a mental disorder but there is a possibility it may be removed from the new ICD-11 list forthcoming in 2018.

While transgender persons may be diagnosed with gender dysphoria, this diagnosis is not associated with mental illness. The term 'gender dysphoria' relates to emotional distress that people may experience when their gender identity is not congruent with their sex assigned at birth. Not all transgender people experience gender dysphoria, however. Those who do may seek medical interventions (such as hormone blockers or hormone replacement therapy). For youth, hormone therapy prevents physical changes that may cause mental distress or that changes their bodies to match with the gender they identify with. Others may only express their gender identity through clothing, hairstyle, name, and gender pronoun.¹⁰

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

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

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

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

⁸ *Ibid.*

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

¹⁰ *Transgender, Gender Identity, & Gender Expression Non-Discrimination by American Psychological Association (Aug. 2008), <http://www.apa.org/about/policy/transgender.aspx>, cited in *Toward Equity Training Curriculum (The Equity Project, 2015)*, p. 17.*

can know their sexual orientation or have romantic feelings for someone without needing to have sex.

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

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

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

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



BRIEFING NOTE: SEXUAL ORIENTATION, GENDER IDENTITY AND EXPRESSION (SOGIE)

Being attracted to persons of the opposite sex (being heterosexual) is a norm in all societies. However, heterosexuality is not the only sexual orientation that exists. In all societies, a minority of people are not heterosexual but have other sexual orientations. There are also people who have gender identities or gender expressions that do not conform to the (heterosexual) norms of what it means to be male or female, masculine or feminine. These are people commonly referred to as lesbian, gay, bisexual, or transgender (LGBT).¹¹

LGBT people are not a new phenomenon. Nor do they only exist in Western societies. LGBT people live in all societies, all ethnic, cultural and religious groups.¹² The situation of LGBT people varies. In many countries LGBT people have freedom to express themselves, while in many others they are at risk of arrest, prosecution and imprisonment, and even the death penalty. At present, at least 35 countries (mostly in the West) allow same-sex marriage or civil union and same-sex relations are legal in at least 89 countries, although some countries may have some restrictions. However, same-sex acts or relations are still criminalized in more than 70 countries and punishable by death in at least 5 (mostly in Africa and the Middle East).¹³ Lack of legal protection, coupled with prevalent prejudices and misconceptions about sexual orientation, gender identity and expression (SOGIE), results in LGBT people, including children and youth, facing harassment and violence in many parts of the world. They encounter everyday discrimination in many areas of life, including in education, healthcare, employment, housing, and even within their own families.¹⁴

In Myanmar, Article 377 of the Penal Code prohibits 'unnatural' sexual acts which are punishable up to 10 years imprisonment. This provision has been used to punish same-sex activities. There are also other legal provisions in the Penal Code and the Police Act that do not directly criminalize homosexuality but are used to target LGBT people in Myanmar.

There are no definitive figures for the size of LGBT population. While some scientific studies put the number at 10 percent and this figure is widely cited, it has also been hotly contested. Conservative estimates put the LGBT population at 2-3 percent of the total population.¹⁵ This means that even by this conservative estimate, in a country of 50 million people like Myanmar there are at least one to 1.5 million LGBT people, whether or not they all express themselves freely.

The issue of SOGIE is a taboo or highly sensitive in many cultures, especially in religiously conservative societies where it is considered a threat to the heterosexual family. However, because it is a reality that involves many people facing discrimination but are unable to seek support due to prohibitive laws and social prejudices, it is important to understand and bring it up in the open. Negating this reality has a negative legal, social as well as psychological impact on LGBT people, not least because they have often internalized the prejudices, feel bad about themselves but know they can not change it and tend to suffer alone. Discussion about

¹¹ LGBT is the most widely used acronym to collectively refer to people who have non-conforming sexual orientations, gender identities or gender expressions. Other common acronyms are LGBTQ (with 'Q' standing for "queer" or "questioning") and LGBTI (with 'I' standing for "intersex"). See the list of terms in the briefing note for the definitions.

¹² Fact sheet – LGBT Rights: Frequently Asked Questions, Free & Equal (United Nations),

https://www.unfe.org/system/unfe-7-UN_Fact_Sheets_v6_-_FAQ.pdf (accessed 28 January 2017).

¹³ Darla Cameron and Bonnie Berkowitz, "The state of gay rights around the world," *Washington Post*, 14 June 2016, <https://www.washingtonpost.com/graphics/world/gay-rights/>; Fact sheet – Criminalization, Free & Equal (United Nations), [https://www.unfe.org/system/unfe-43-UN_Fact_Sheets_-_FINAL_-_Criminalization_\(1\).pdf](https://www.unfe.org/system/unfe-43-UN_Fact_Sheets_-_FINAL_-_Criminalization_(1).pdf) (accessed 28 January 2017).¹⁴UN

¹⁴ Human Rights Council Report: Discrimination and Violence Against Individuals Based on Their Sexual Orientation and Gender Identity, Free & Equal (United Nations), https://www.unfe.org/system/unfe-63-UN_Human_Rights_Council_Report_one-pager_GREY.pdf (accessed 28 January 2017).

SOGIE enables better understanding of the difficulties facing LGBT people that are hidden or not openly discussed. It helps the officials, social workers, community leaders and other practitioners to consider specific issues that may affect a specific segment of their target group (that thus far may have been unaddressed) in order to ensure effective intervention in education, healthcare, employment or any other aspect of work in social development and social justice.

In understanding SOGIE, there are some important terms.¹⁶

Sex assigned at birth:	Sex is a biological construct, or 'biological sex,' based primarily on physical attributes such as chromosomes, external and internal genital and reproductive anatomy, and hormones. In most countries, the legal sex of individuals is assigned at birth based on these biological attributes or characteristics, typically male or female. However, a small percentage of people (less than 2 per cent) are born with a reproductive and sexual system that is ambiguous, does not fit either the male or female category or can be both. These conditions are called 'intersex' (see 'intersex').
Gender identity:	A person's deeply felt, internal sense of being a boy or a man, a girl or a woman, some alternative gender that is neither male nor female, masculine nor feminine, a combination of genders or no gender. Everyone has a sense of gender identity. A person's gender identity may or may not be consistent with their sex assigned at birth. Gender identity is often intertwined with gender roles – how male/female, masculine/feminine individuals are expected to behave in society. Therefore, a range of gender identity can vary within and between cultures and can change over time. Some cultures in Southeast Asia such as Indonesia, Myanmar and Thailand have historically had more than two (masculine and feminine) gender identities (see 'third gender').
Gender expression:	Describes how individuals communicate their gender to others. People express and interpret gender through hairstyles, clothing, physical expression and mannerisms, masculine or feminine form of speech, physical alterations of their body, or by choosing a name that reflects their own idea of gender identity.

¹⁵ David Spiegelhalter, "Is 10% of the population really gay?", *The Guardian*, 5 April 2015, <https://www.theguardian.com/society/2015/apr/05/10-per-cent-population-gay-alfred-kinsey-statistics> (accessed 28 January 2017).

¹⁶ Sources of terminology: *Toward Equity Training Curriculum* (The Equity Project, 2015), Lesson One: Understanding Sexual Orientation, Gender Identity and Gender Expression, <http://www.equityprojects.org/training/lesson-one-understanding-sexual-orientation-gender-identity-gender-expression/> (accessed 28 January 2017); *Working as LGBTI in Asia: Study on employment discrimination based on sexual orientation, gender identity and intersex status in China, Indonesia, the Philippines and Thailand* (UNDP: Bangkok, forthcoming), Chapter 1, 1.3 Terminology.

Gender non-conforming:	Describes a person who does not subscribe to gender expression or roles according to societal expectations and/or stereotypes related to gender. For example, a girl or woman who is referred to as a 'tomboy,' or a person who looks androgynous, that is, partly male and female, or of indeterminate gender. Other similar terms with the same meaning include: 'genderfluid,' 'gender variant' and 'genderqueer,' among others. (Many gay, bisexual, lesbian, trans and intersex people are very comfortable conforming to societal expectations of what it means to be a boy/man or a girl/woman, while others express themselves in gender non-conforming ways.)
Sexual orientation:	A person's capacity for profound emotional, physical, romantic and/or sexual attraction towards other people. A person may be attracted to people of the same gender ('homosexual,' 'gay,' or 'lesbian'), to people of a different gender ('heterosexual') or more than one gender ('bisexual' or 'pansexual'). People may also be 'asexual' and not experience any sexual and/or romantic attraction to others.
Lesbian:	A woman who is emotionally, physically and romantically attracted to other women.
Gay:	A man who is emotionally, physically and romantically attracted to other men. The term 'gay' is generally used to refer to only men in Asia. However, in the West, it is now often also used to describe women who are attracted to women.
Bisexual:	A person who is emotionally, physically and romantically attracted to both men and women.
Transgender:	Also shortened to 'trans', is used to refer to all people whose internal sense of gender (their gender identity) is different from the sex they were assigned at birth. Someone assigned a female biological sex at birth who identifies as male is referred to as a transgender man or trans man. He might also use the term 'male' to describe his identity. A transgender woman is someone assigned a male sex at birth but who identifies as female. She might use the term 'female' to describe her identity.
Transsexual:	Sometimes used to describe transgender people who have undergone, or who seek to undergo, medical interventions such as hormone therapy and surgeries to match their bodies with their gender identity. Unlike transgender, transsexual is not an umbrella term. Many transgender people do not identify as transsexual and prefer the word transgender.

Third gender:	Used in some countries to refer to a culturally specific population that has a historical gender identity outside of the male-female, masculine-feminine norms, specifically people who were assigned male sex at birth, for example, hijras in Bangladesh, khwaja siras in Pakistan, metis in Nepal, and hijras and thirunangai in India, bakla in the Philippines, waria in Indonesia, katoey in Thailand, A-chauk (အချွန်) in Myanmar. In Southeast Asia, 'third gender' people historically played a spiritual role, such as spiritual mediums in Myanmar: (ဧကရာဇ်) (Nat-Kadaw). In some countries, 'third gender' is also sometimes used collectively to refer to LGBTI people as a whole (though this is less common).
LGBT:	An acronym used to describe lesbian, gay, bisexual, and transgender persons, or the LGBT community as a whole. There are many other variations or extensions of the LGBT/GLBT acronym that include additional initials such as LGBTQ (with Q represents 'questioning' or 'queer'), or LGBTI (with I representing 'intersex'), etc.
Intersex:	Intersex people are born with sex characteristics (including genitals, gonads, i.e. sex gland or an ovary or testis, and chromosome patterns) that do not fit typical male or female bodies. These are considered medical conditions. In some cases, intersex traits are visible at birth while in others, they are not apparent until puberty. Some chromosomal intersex variations may not be physically apparent at all. An intersex person may be heterosexual, gay, lesbian, bisexual or asexual, and may identify as female, male, both or neither. Some intersex people may also identify as transgender. In the past, the term 'hemaphrodite' was used to describe intersex characteristics but this is now considered offensive by intersex people.

The terminology above gives an overview of the complexities concerning sexual orientation, gender identity and expression in general, with a focus on basic scientific facts (that continues to be revised and updated). Culturally, the concepts of SOGIE vary and evolve across culture and over time. Asia has a long history of culturally specific indigenous gender identities in different countries. There are many local terms used to describe SOGIE subcultures in contemporary societies across the region, including in Myanmar. Terms typically have meanings that combine aspects of both sexual orientation and gender identity or gender expression. Alongside local identities, there are communities mainly in urban areas whose identities correspond more closely with Western subcultures of lesbians, gay men, bisexuals, and transgender people.¹⁷

¹⁷ Working as LGBTI in Asia: Study on employment discrimination based on sexual orientation, gender identity and intersex status in China, Indonesia, the Philippines and Thailand (UNDP: Bangkok, forthcoming), Chapter 1, 1.3 Terminology..

■ UNIT 6.2 LOVE AND MARRIAGE



CONTENTS

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



KEY MESSAGES

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



EXERCISES

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



RELATED UNITS

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

■ EXERCISE 6.2.1 ROUNABOUT TALK



OBJECTIVES

- To learn how to talk about relationships and sexuality
- To find out with whom to talk about relationships and sexuality



TARGET GROUP

Teenagers and youth



DURATION

90 minutes



SEATING ARRANGEMENTS

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



MATERIALS

Envelopes with 10 question cards inside, 1 envelope per 2 participants (Training Aid 6.2.1 A)



TRAINING AIDS

6.2.1 A: List of Roundabout Questions



SESSION PLAN STEPS¹⁸

1. Roundabout questions and answers – 60 minutes
2. Discussion – 20 minutes
3. Round up – 10 minutes

PREPARATION

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

¹⁸ Adapted from: *Voorlichten dat het een lust is...*, ideeënboek voor seksuele voorlichting by Rutgers Stichting (Den Haag: 1995), Exercise: *Het Carrouselspel*, pp. 48-50.

STEP 1 ▶ **ROUNDAABOUT QUESTIONS AND ANSWERS – 60 MINUTES**

Explain that this session is about learning how to share information about yourself and your inner feelings with other people, and to decide what you want to share with others and what not. Divide the group into two with people of both sexes and ask them to sit down in the inner or outer circle. Each participant in the inner cycle will face another person in the outer cycle and persons facing one another will form a pair. Give each pair an envelope with questions. The person in the inner circle takes a card from the envelope and asks the question to the person in the outer circle. After answering the question the person in the outer circle takes a card from the envelope and asks the question to the person in the inner circle. Each pair continues to take turns asking and answering the questions.

After 10 minutes ask the persons in the outer circle to move one place to the right. New pairs are now formed and a new round of questions starts. Play the game until the fifth round of questions is finished.

Before starting the game explain the rules:

- Everybody decides for him or herself what personal information to share and how many details s/he tells.
- They will learn about what they want to discuss with others and what not. If they do not know the answer to a question or do not want to discuss it, they can pass. In these cases, they take another question from the envelope.
- Every pair decides how long they talk about each question. This means that some pairs only talk about one question while others answer about 5 or 6 questions in each round.
- Pairs can ask the trainers or secret readers for help if they want to.
- Put the questions cards back in the envelope before starting the next round.

STEP 2 ▶ **DISCUSSION – 20 MINUTES**

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

- What did you think of the game and the discussions with your partners?
- Which subjects were easy to talk about? Why?
- Which subjects were difficult to talk about? Why?
- Were there any differences between having a boy or a girl as partner? Did you discuss more or less?
- Who in real life would you want to talk to about relationships and sexuality?
- Whom do you trust to tell the most secret things in your life? Why?

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

STEP 3 › ROUND UP – 10 MINUTES

Conclude with the following messages:

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



TRAINING AID 6.2.1 A: LIST OF ROUNDABOUT QUESTIONS

3-R
MODULE 6
UNIT 6.2

Guidelines: Prepare envelopes with at least 10 questions. The number of envelopes needed is equal to the number of participants divided by 2. Photocopy the questions several times and cut them up. Make sure that every envelope has 10 questions. Some envelopes will have some of the same questions. Make sure that the cards in each envelope are a mix of direct or provocative questions and easy-to-answer questions. Trainers can select, delete, change and make up new questions that are suitable for the target group.

1. When you want to know something about the feelings between boys and girls, to whom do you go?
2. Does HIV and Aids frighten you?
3. Do your parents or relatives tell you anything about sex? What to do or not to do?
4. If your friend told you that s/he made love to someone without using any birth control method, what would you tell your friend?
5. What would you like to know about the relationship between a couple?
6. Which words do you use for your own sexual organs?
7. How do you show someone that you are in love with him or her?
8. How do you solve arguments with your friends?
9. Do you think you will sleep with someone you love before marriage or not?
10. What do you like about yourself?
11. If your best friend told you that s/he is gay or lesbian, how would you react?
12. Do you think it is important to be able to talk with your parents about everything you want?
13. Did you ever look at sexy pictures of men/women in porno magazines or on the internet? What did you think of it?

- ✂ -----
14. When you think about the boy or girl from your fantasy, what does s/he look like?
- ✂ -----
15. How would you end a relationship?
- ✂ -----
16. Suppose you see domestic violence in your family, would you tell anyone?
- ✂ -----
17. What do you think is romantic?
- ✂ -----
18. What do you talk about with your best friend?
- ✂ -----
19. What type of information would you not even share with your best friend?
- ✂ -----
20. Do you have fantasies about someone?
- ✂ -----
21. What would you say to someone you are in love with?
- ✂ -----
22. How do you invite somebody you like very much for a date?
- ✂ -----
23. What do you imagine yourself to be when you are 30 years old?
- ✂ -----
24. How would you react when someone would say that s/he has fallen in love with you?
- ✂ -----
25. How would you react when someone from your own sex would say that s/he has fallen in love with you?
- ✂ -----
26. What would you do when your boyfriend or girlfriend looks at other boys or girls?
- ✂ -----
27. How would you react when your best friend tells you that s/he made love to someone?
- ✂ -----
28. Is it normal to touch yourself to feel good?
- ✂ -----
29. What do you expect when you have sex with someone for the first time?
- ✂ -----
30. What do you think are important characteristics of a friend?

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

-----✂-----
32. Whom do you respect very much and why?

-----✂-----
33. To whom do you go if you want to know more about birth control?

-----✂-----
34. How do you know you are in love?

■ EXERCISE 6.2.2 THE PERFECT MATCH



OBJECTIVES

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



TARGET GROUP

Youth and adults



DURATION

75 minutes



SEATING ARRANGEMENTS

Group seating for 4 groups



MATERIALS

- Flipchart paper
- Markers and 4 rolls of masking tape



SESSION PLAN STEPS¹⁹

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

STEP 1

DRAW AN IDEAL PARTNER – 20 MINUTES

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

¹⁹ Adapted from: *Fledglings Manual*, by Nwe Nwe Aye & Aye Aye Tun (Save the Children: Myanmar, June 2000), Exercise: *Dream Lover*, p. 43.

STEP 2 TOP 3 IMPORTANT THINGS ABOUT THE IDEAL PARTNER – 5 MINUTES

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

STEP 3 DISCUSS EXPECTATIONS AND REALITY ABOUT A PARTNER – 45 MINUTES

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

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

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

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

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

- Boys and men tend to emphasize the physical appearance of their partner and/or their willingness to have sex. Girls and women often give priority to the personality and earning capacity or status of their partner. Both women and men often mention characteristics, such as loving, caring, honesty, etc. Responsibilities often reflect the existing gender norms, values and roles of men and women in society. Explain that differences between women and men are fine and can lead to a good relationship, if there is:
 - a 'give and take' between the two partners
 - respect for each other's opinions
 - a fair distribution of workload, decision making and income between the couple.
- Some people have unrealistic expectations when looking for a partner, for example, many girls/women search for the 'Prince on a White Horse'. This dream will never become true, because all men and women have strong and weak points.
- Boys and men like to gain sexual experience with girls and women but when it comes to marriage with an 'ideal' partner, they often want their new wife to be a virgin. This 'double standard' is a problem in many societies.
- Different expectations in a relationship can lead to misunderstandings and disappointments.
- Good communication between partners is needed to identify each other's expectations.

STEP 4 KEY TAKEAWAYS – 5 MINUTES

Summarize the discussion and emphasize that:

- A perfect partner is difficult to find because every person has good characteristics and some shortcomings.
- It is smart to think about what characteristics are very important for you and whether your (future) partner has these characteristics.
- In a good relationship both men and women need to give and take.
- Both partners need to take responsibilities in a relationship. In a good relationship both partners talk about their expectations of the other person, and never force their partner to do something s/he does not want to do.

■ EXERCISE 6.2.3 RELATIONSHIP MANAGEMENT

OBJECTIVES

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

TARGET GROUP

Youth and adults

DURATION

60 minutes excluding Step 3

90 minutes including Step 3

SEATING ARRANGEMENTS

Group seating for 4 groups

MATERIALS

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

TRAINING AID

6.2.3 A: A Couple's Events

SESSION PLAN STEPS

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

PREPARATION

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

STEP 1 GROUP TALK: COUPLE EVENTS – 15 MINUTES

Explain that this exercise is about learning about the ups and downs in relationships of couples and how to deal with these, so that the relationship can be a happy one. Divide the group into 4 smaller groups and give each group a piece of flipchart paper and some markers. Explain that they have to

imagine a couple that has been together for about 3 years. They are having happy and sad moments in the relationship as there are in all relationships.

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

STEP 2 › BIG DISCUSSION ON COUPLE EVENTS – 40 MINUTES

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

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

STEP 3 › REPEAT STEPS 1 AND 2 – (OPTIONAL) – 30 MINUTES

Repeat Steps 1 and 2 with another set of statements.

STEP 4 › KEY TAKEAWAYS – 5 MINUTES

Summarize the discussion and emphasize that:

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



TRAINING AID 6.2.3 A: A COUPLE'S EVENTS

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

- ✂ -----
- Event 1:** Birth of a daughter.
Husband's reaction: Sad and disappointed.
- ✂ -----
- Event 2:** Husband: "I am seeing someone else (have another girlfriend) but we will stay married."
Wife's reaction: Wants a divorce and is very angry.
- ✂ -----
- Event 3:** Wife from a poor family has won a price in a lottery.
Husband's reaction: Wants to buy a big screen TV.
- ✂ -----
- Event 4:** A child is sick but husband does not help with taking care of the child.
Wife's reaction: Refuses to do things for her husband because he does not help her.
- ✂ -----
- Event 5:** Husband is losing his job.
Husband's reaction: Feeling depressed, very worried for the future.
- ✂ -----
- Event 6:** Mother-in-law is interfering in all family matters. She keeps on telling what the wife has to do everyday.
Wife's reaction: Asks her husband to talk to his mother.
- ✂ -----
- Event 7:** Wife is always short of money.
Husband's reaction: Refuses to give her money.
- ✂ -----
- Event 8:** Wife is pregnant again.
Wife's reaction: Is depressed, it is her 5th pregnancy and the last two did not go well.
- ✂ -----
- Event 9:** Wife wants to start working again to earn her own income.
Husband's reaction: He does not agree because he thinks it is not necessary.
- ✂ -----
- Event 10:** The couple find out that the wife's younger sister has been raped by a neighbour. The wife wants to help her sister report the rape to the police.
Husband's reaction: He forbids the report of the rape to the police because the neighbour is his drinking buddy. He says he will deal with his friend, maybe make him marry her but does not want him punished.

■ UNIT 6.3 SAFE SEX



CONTENTS

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



KEY MESSAGES

- Safe sex minimizes the risks of getting sexually transmitted infections and having an unwanted pregnancy.
- Certain risks in sexual activities are unavoidable and can only be prevented by playing safe. Risks can be reduced significantly by changing behaviour.
- Condoms are the safest way, if used correctly, because they protect against sexually transmitted infections (STIs) and pregnancy.
- Birth control is not just a responsibility of women but the responsibility of both a man and a woman every time they have sex. Both are responsible that it happens in a safe way.
- Safe sex is not only about having sexual intercourse. Touching, hugging or kissing, for example, are safe activities.
- It is important for children and youth to have sexual education and understand what is responsible sexual behaviour, not only to protect themselves from STIs and unwanted pregnancy but also from potential sexual violence.



EXERCISES

- 6.3.1 Risky Business
- 6.3.2 Birth Control Methods



RELATED UNITS

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

EXERCISE 6.3.1 RISKY BUSINESS

OBJECTIVES

- To become aware of the risks of engaging in sexual activities
- To learn that risks can be reduced significantly by changing behaviour

TARGET GROUP

Youth and adults

DURATION

60 minutes

SEATING ARRANGEMENTS

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

MATERIALS

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

TRAINING AID

6.3.1 A: Risky Business Events

SESSION PLAN STEPS

1. Group work: Put risky events in order – 10 minutes
2. Discuss the order of risky events – 30 minutes
3. Dispel myths - 15 minutes
4. Key takeaways – 5 minutes

STEP 1 GROUP WORK: PUT RISKY EVENTS IN ORDER – 10 MINUTES

Explain that this exercise is about safe sex, the risks involved in having sex, and how to avoid risky situations. The participants will become aware that there are always risks involved when having sex. The risks depend on the situation and the partner.

Divide the participants into small groups of maximum 4 persons. Give each group a set of Risky Business Events (Training Aid 6.3.1 A) and a sheet of flipchart paper. Ask them to put the events in order from high risk to low risk and tape them on a flipchart paper with the riskiest event on top.

STEP 1 GROUP WORK: PUT RISKY EVENTS IN ORDER – 10 MINUTES

Explain that this exercise is about safe sex, the risks involved in having sex, and how to avoid risky situations. The participants will become aware that there are always risks involved when having sex. The risks depend on the situation and the partner.

Divide the participants into small groups of maximum 4 persons. Give each group a set of Risky Business Events (Training Aid 6.3.1 A) and a sheet of flipchart paper. Ask them to put the events in order from high risk to low risk and tape them on a flipchart paper with the riskiest event on top.

STEP 2 DISCUSS THE ORDER OF THE RISKY EVENTS – 30 MINUTES

Hang all flipcharts with the rankings at a place where everyone can easily see them. Compare the results of the different groups by asking the following questions:

- What did you put on top of the list: What do you think is the riskiest event? Why?
- What is the least risky event? Why?
- Which risky events would you never let yourself into?
- What can be the consequence of taking certain risks?
- Do you know other examples of other risky situations?
- What can you do to reduce the risks to a minimum?

When the groups are ready, go through the lists of all groups, discuss and make corrections as needed. Explain that it is difficult to make one ranking that is the same for all, but the distinction between 'not risky at all' and 'risky' should be the same for all groups. The ranking within these groups depends on personal feelings and attitudes. Discuss that the level of the risk can also depend on the situation. Therefore, you can expect different lists during the group work. Some groups will put sexual intercourse without using a condom at the top while others will have other events on top of their lists.

- A number of events in the list are not dangerous at all. Falling in love (7) or buying condoms (5) are not risky. Asking your friend to kiss you or touch your sexual organs because you like it so much (2) is also no problem just like touching yourself. Watching movies (9) together or smooching (6) are not risky at all. These can all be at the bottom of the list. Falling in love with someone who had a lot of relationships before (4) can, but does not have to be risky.
- The events that can be (very) risky are: making love after drinking alcohol (1) or having sexual intercourse without using a condom (3), with a sex worker without using a condom (10), with someone who will pay a lot of money (12), promising to withdraw before ejaculation (8), or after forgetting to take your birth control pill (11).

STEP 3 DISPEL MYTHS – 15 MINUTES

Ask participants if they have heard other stories in their community, at school or at work on how to have safe sex. Participants will most possibly

list common beliefs such as: the first time people have sex, the girl/woman cannot become pregnant; a virgin cannot become pregnant; young girls who had their menstruation cannot become pregnant; special herb drinks, potions or amulets protect against pregnancy; having sex with a virgin cures sexually transmitted diseases such as HIV and Aids.

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

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

STEP 4**KEY TAKEAWAYS – 5 MINUTES**

Conclude the exercise by emphasizing the following points:

- Responsible sexual behaviour starts with being informed about risks of unsafe sexual activities.
- Having sex without taking appropriate precautions always means that the girl/woman runs the risk of becoming pregnant and both partners are exposed to sexually transmitted infections (STIs).
- Certain risks when having sex are unavoidable but you can reduce the risks significantly through correct behaviour: use a condom when you have sex with someone.
- End with the definition of 'safe sex':
- Safe sex is minimizing the risks of getting sexually transmitted infections and having unwanted pregnancy by using appropriate protection.
- Safe sex is not only about having sexual intercourse. Touching, hugging or kissing, for example, are ways to explore each other and are safe activities.
- It is important for children and youth to have sexual education and understand what is responsible sexual behaviour, not only to protect themselves from STIs and unwanted pregnancy but also from potential sexual violence.



TRAINING AID 6.3.1 A: RISKY BUSINESS EVENTS

Guidelines: Photocopy this page (enlarged is better for presentation) and cut it into separate events. Make one complete set for each group.

- ✂ -----
(1) Making love and having sex after drinking a lot of alcohol
----- ✂ -----
- (2) Asking your friend to kiss you or touch your sexual organs (or to touch yourself)
----- ✂ -----
- (3) Having sexual intercourse without a condom
----- ✂ -----
- (4) Falling in love with someone who had a lot of relationships before
----- ✂ -----
- (5) Buying condoms in the drugstore around the corner
----- ✂ -----
- (6) Smooching and kissing
----- ✂ -----
- (7) Falling in love
----- ✂ -----
- (8) Having sex with a man promising to withdraw before ejaculation
----- ✂ -----
- (9) Watching movies together
----- ✂ -----
- (10) Having sex with a sex worker without using a condom
----- ✂ -----
- (11) Forgetting to take the birth control pill
----- ✂ -----
- (12) Agreeing to have sex and sleep with someone who will give you a lot of money
----- ✂ -----
- (13) Having sex during pregnancy
----- ✂ -----
- (14) Having sex during the monthly period
----- ✂ -----

■ EXERCISE 6.3.2 BIRTH CONTROL METHODS



OBJECTIVES

- To learn about different methods of birth control, their advantages and disadvantages, and levels of effectiveness
- To understand that the prevention of pregnancy is a joint responsibility of boys/men and girls/women
- To respect and follow the choice of girls/women who want to play it safe and prevent a pregnancy



TARGET GROUP

Youth and adults



DURATION

90 minutes



SEATING ARRANGEMENTS

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



MATERIALS

- Flipchart paper to make a poster for each group (see example in Training Aid 6.3.2 A)
- Markers in different colours and glue or masking tape for each group
- Leaflets about the birth control methods for every participant and for the group work
- Some samples of birth control methods: condoms, strips of pills, etc. (optional)



TRAINING AID

6.3.2 A: Lay-out for Posters
Briefing Note: Birth Control Methods



SESSION PLAN STEPS

1. Make birth control method posters – 30 minutes
2. Present birth control methods – 50 minutes
3. Round up - 10 minutes

PREPARATION

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

Prepare a poster on a flipchart paper for each group, with the headings given in Training Aid 6.3.2 A. It is up to the trainer to decide which birth control methods to include in the group work exercise. Choose one method per group. It is wise to discuss at least the most common ones used in the community of the participants: natural method (calendar), (early) withdrawal, birth control pill, condom, injections, sterilization for men and women, intrauterine device (IUD), implants, and the 'emergency pill'. Other methods can be added as appropriate and available, such as spermicidal foam and the female condom.

STEP 1 BIRTH CONTROL METHOD POSTERS – 30 MINUTES

Introduce the subject of this session: birth control methods. Explain that participants will get to know the advantages and disadvantages as well as the effectiveness of different methods. Divide the group into smaller groups. The number of groups depends on how many birth control methods were selected for discussion. Make the groups not larger than 5 persons each.

Assign each group a different birth control method, and give them the following materials:

- a prepared poster
- markers in different colours
- a colourful magazine (optional)
- a set of leaflets about the birth control methods.

Ask participants to fill in the poster for the birth control method to which they were assigned. They can use information from the leaflets and their own experience and knowledge. They are allowed to make drawings and use pictures from the magazines. Stimulate them to find the answers if they do not know, for example by looking it up on the internet. Ask them also to present the information in an attractive and creative way.

STEP 2 PRESENT BIRTH CONTROL METHODS – 50 MINUTES

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

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

- Did you know about these types of birth control methods? If not, which were new to you?
- Which methods are common in your community?
- Are safe birth control methods available and affordable for couples and for youth?
- What method would you use, and why?
- Who needs to take care of birth control measures and why?



Tip for Trainers

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

STEP 3 › **ROUND UP – 10 MINUTES**

Conclude by explaining that:

- Birth control is not just a responsibility of women, but the responsibility of both a man and a woman every time they have sex. Both are responsible that it happens in a safe way.
- Different birth control methods have different levels of effectiveness. Make sure to obtain information about the birth control method you decide to use, so that you can use it correctly and effectively.
- The natural method (calendar) and (early) withdrawal are not very safe. These methods were used by the older generations when the new methods were not yet available. Some young people still use these methods, because they lack knowledge or money or do not know how to obtain the more reliable birth control methods. In such cases: Do not have sexual intercourse.
- Condoms are the safest way, if used correctly, because they protect against sexually transmitted infections (STIs) and pregnancy. Some boys/men do not want to use condoms because they feel it diminishes their pleasure. This is very dangerous for their sexual partners, especially girls/women.
- Girls and women should always negotiate and insist on condom use before having sex. Do not give in, as it is you who will have to live with the consequences. Try to get the emergency pill, if you had unprotected sex, and find a way not to get in such a situation again.
- Safe sex is not only about just using a birth control method for sexual intercourse. Having sex without penetration (such as touching, hugging and kissing) can also be a good way to have safe sex, especially for young people who are not ready to start a family.



TRAINING AID 6.3.2 A: LAY-OUT FOR POSTERS

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

Type of birth control method:

Picture or drawing:

Where to buy/get it:

Costs:

How to use it:

Effectiveness:

Advantages:

Disadvantages:



BRIEFING NOTE: BIRTH CONTROL METHODS²⁰

Making love does not mean having sexual intercourse. There are many more enjoyable ways to express your affection to someone. Things like touching, hugging, stroking, kissing are clear examples that are safe to do. You can use your mouth to explore the other person's body or your fingers.

When you like each other and feel sexually attracted it is very normal to start with holding hands, hugging, touching and kissing. It is very important to pay respect to each other. When one of the two does not want more than kissing and touching keep it that way. Never force someone to do things s/he does not want or like.

However, if you decide to have sexual intercourse with someone you should be prepared. There are many birth control methods. It is wise to get a lot of information, at least about the most common ones: birth control pill, condom, injections, intrauterine device (IUD) and implants. An overview of these and a number of less common, more traditional or modern risky methods are given below.

Method:	Condom for men
Where to get it:	Drugstores, markets, local clinics, hospitals
Costs:	Check by trainer
How to use it:	For the condom to be effective, the user must carefully follow the instructions. Before placing the condom on the erect penis, the tip of the condom should be pinched closed in order to leave some empty space for the sperm. No air should be in the tip of the condom because this can contribute to tearing it. While continuing to pinch the tip of the condom, the condom should be unrolled toward the base of the penis. The penis should be removed from the vagina while it is still erect. The condom should not be removed from the penis until the penis is withdrawn. When withdrawing the man should hold the rim of the condom at the base of the penis and carefully remove the condom from the penis.
Effectiveness:	Theoretically 97% but user effectiveness may drop to 85% against pregnancy.
Advantages:	Helps to prevent the spread of STIs and HIV but does not entirely eliminate the risk.
Disadvantages:	Some men complain that the use of a condom reduces the sensitivity of the glands of the penis and thus interferes with sexual satisfaction.

Method:	The Pill (hormones)
Where to get it:	Doctor or pharmacy
Costs:	Check by trainer
How to use it:	It is important to follow the doctor's recommendation concerning the pill. Most doctors recommend starting on the first day of your menstruation. The pill should be taken at the same time each day, usually before bedtime. In most cases, you stop one week after three weeks and you will have a menstruation period. Continue after one week with a new strip for three weeks.
Effectiveness:	Around 99% effective in preventing pregnancy
Advantages:	Highly effective

²⁰ Adapted from: *Friends Tell Friends on the Streets* by Greg Carl & Nonthathorn Chaiphech (Thai Red Cross AIDS Research Centre: Bangkok, 2000), Supplemental information on birth control, p. D-4 – D-12..

Disadvantages:	<p>Predictable 28-days menstrual cycle Reduced menstrual flow, less blood loss, fewer cramps and less pain Reduced incidence of ovarian cysts Reduced incidence of iron-deficiency anaemia No protection against STIs The following can be side effects of using the pill but not everyone who takes it has these side effects:</p> <ul style="list-style-type: none"> - Weight gain - Mild headache - Mood change, depression - Fatigue.
Method:	Injection (hormones)
Where to get it:	Doctor
Costs:	Check by trainer
How to use it:	A woman gets an injection every three months after a medical examination.
Effectiveness:	Better than 99% effective in preventing pregnancy
Advantages:	It has minimal effects on blood pressure.
Disadvantages:	Does not protect against STIs. Irregular bleeding at start, thereafter no or little bleeding You can have side effects like: headache, weight gain or nervousness.
Method:	Implantable hormone system
Where to get it:	Doctor
Costs:	Check by trainer
How to use it:	A hormone system that is implanted under the skin of the upper arm of a woman by a doctor or other well-trained medical staff.
Effectiveness:	97-99% effective in preventing pregnancy, when placed properly
Advantages:	Lasts for five years or until the time of removal
Disadvantages:	No protection against STIs Irregular bleeding at start, thereafter no or little bleeding Infection may occur at the side of the implants, but this is rare.
Method:	Intrauterine device (IUD) with copper or hormones
Where to get it:	Doctor
Costs:	Check by trainer
How to use it:	An IUD should be inserted in the uterus by a doctor during the first days of menstruation. When the IUD is in place, neither partner can feel the device. A small string is left protruding for a short distance. The woman can check after menstruation: if the string is still there the IUD is still in the correct position.
Effectiveness:	95-98% effective against pregnancy for a couple of years, depending on the type of IUD
Advantages:	IUDs with hormones: Decreases menstrual blood loss and reduces menstrual cramps.
Disadvantages:	Does not protect against STIs. Some women have increased cramps and bleeding in the first months after placing an IUD with copper. When this side effect does not disappear a doctor should be contacted.
Method:	Sterilization both man and woman
Where to get it:	Hospital
Costs:	Check by trainer
How to use it:	Persons should be well informed because this is a permanent way of

preventing pregnancy. Physical examination is done before surgery. The surgery does not take a lot of time. Normally you do not have to stay overnight in the hospital. The first couple of days you have to take it easy: no heavy lifting or exercises but after that you will be as healthy as normal. During the first weeks (for women until their first menstruation and for men about the first 20 days) it is wise to use another contraceptive method because it is not immediately effective.

Effectiveness: Almost 100%
Advantages: You never have to worry that you will have (more) children
 Simple, effective and safe
Disadvantages: It is permanent, so if you change your mind about having (more) children you have a problem.

Method: Emergency pill

Where to get it: Doctor or pharmacy
Costs: Check by trainer
How to use it: A combination of oral birth control pills that must be taken within 72 hours after unprotected sexual intercourse. Pills are available on prescription. Take the first dose of pills (usually 2-4 pills) and after twelve hours take the second dose of the same amount. The pills cause a menstrual period within two weeks, which flushes out the possible fertilized egg.

Effectiveness: 95% if taken within 12 hours and 80% within 72 hours
Advantages: An effective back-up if your primary contraceptive method fails
 Good emergency option after unprotected sex or rape.
Disadvantages: Can cause some nausea, headaches, or vomiting
 It may initially cause irregular bleeding and/or heavier periods
 It does not protect against STIs
 Do not use it if you are pregnant or allergic to the pills.

Method: Abortion or overtime treatment

Where to get it: Doctor
Costs: Check by trainer
How to use it: In certified hospitals and medical centers, the womb is emptied with a medical vacuum-cleaner within 12 weeks after conception. Unsafe abortions are carried out in many places by inserting unsafe, outdated or unhygienic instruments into the womb. Some women throw themselves from stairs or beat their stomach with heavy objects. All of these methods are very risky.

Effectiveness: 100% if done by a doctor
Advantages: No pregnancy. In many countries allowed up to 12 weeks.
Disadvantages: Possible feelings of guilt may emerge
 In some societies not socially accepted, or illegal and a criminal offence. The use of unsafe abortion methods can be life-threatening due to infection. Maiming of the reproductive organs may also take place leading to inability to have a baby in the future.

Method: Calendar

Where to get it: Do it yourself
Costs: None
How to use it: For women with a regular menstruation period it is possible to count days to find out when it is 'safe' to have intercourse. A woman has a regular period when her period always starts on the 27th or 28th day

	after the last day of her previous period. Usually the 'safe' period is counted as 7 days before and 7 days after the start of the period, so if a period comes on the 7th day of the month the 'safe' period is from the 1st until the 14th day.
Effectiveness:	Not reliable at all
Advantages:	No costs You do not have to go to a doctor
Disadvantages:	Long period that is not safe Even the counted days are not 100% safe.
Method:	Early withdrawal
Where to get it:	Do it yourself
Costs:	None
How to use it:	Men should withdraw before ejaculation during intercourse.
Effectiveness:	Never 100%.
Advantages:	No costs. You do not have to go to a doctor.
Disadvantages:	It all depends on the man controlling his ejaculation. He can be 'too late' very easily.
Method:	Female condom
Where to get it:	Check by trainer
Costs:	Check by trainer
How to use it:	The female condom is a lubricated, polyurethane sheath that fits the contours of the vagina and collects the sperm. This prevents the sperm from passing through the vagina into the uterus. The inner ring fits behind the pubic bone and the outer ring remains outside of the body. Both partners must take care that the female condom does not slip inside the vagina and that the penis is inserted in the pouch, not outside it. The female condom protects the entire vagina and lips from contacts with the male's body fluids.
Effectiveness:	The female condom is more difficult to use than the male condom. Pregnancy may occur due to wrong use.
Advantages:	Women can choose to protect themselves It can be inserted before intercourse Protects also against genital warts and genital herpes Polyurethane protects better than latex against passage of viruses.
Disadvantages:	Difficult to use. Some women find it uncomfortable because of the inner ring. Some people say that they do not like the sound produced by the condom during sex.
Method:	Spermicidal foam/gel
Where to get it:	Check by trainer
Costs:	Check by trainer
How to use it:	The foam (cream or gel) is inserted into the vagina near the cervix. During intercourse the spermicidal is spread around, blocking the cervix and forming both a mechanical and chemical barrier to sperm.
Effectiveness:	There must be sufficient foam and it must be used correctly. It should be inserted at least three or four inches into the vagina. It can be used alone but is most effective in combination with a condom.
Advantages:	Spermicidal preparations that contain nonoxynol-9 may also destroy STIs and HIV, however the prevention of infection is not guaranteed. Easy to use.
Disadvantages:	Maybe one of the partners is allergic to the spermicidal.

UNIT 6.4 TEENAGE PREGNANCY



CONTENTS

In this unit the main focus is on the challenges faced by young parents, especially women, but also men when they become parents at a young age and effective prevention strategies. Some young women and men may think it is romantic to have a baby at a young age, or young women may wish to start caring for a small baby, if they lead an unhappy life. Young men may not think about the effects of unwanted pregnancies at all, as they feel it does not concern them. Participants will realize that their lives will change enormously if they get a baby to take care of and become aware of the responsibilities they have as a parent.



KEY MESSAGES

- Safe sex minimizes the risks of getting sexually transmitted infections and having an unwanted pregnancy.
- Certain risks in sexual activities are unavoidable and can only be prevented by playing safe. Risks can be reduced significantly by changing behaviour.
- Condoms are the safest way, if used correctly, because they protect against sexually transmitted infections (STIs) and pregnancy.
- Birth control is not just a responsibility of women but the responsibility of both a man and a woman every time they have sex. Both are responsible that it happens in a safe way.
- Safe sex is not only about having sexual intercourse. Touching, hugging or kissing, for example, are safe activities.
- It is important for children and youth to have sexual education and understand what is responsible sexual behaviour, not only to protect themselves from STIs and unwanted pregnancy but also from potential sexual violence.



EXERCISES

- 6.4.1 My Life and a Baby
- 6.4.2 Being a Teen Parent



RELATED UNITS

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

EXERCISE 6.4.1 MY LIFE AND A BABY**OBJECTIVES**

To realize that having a baby changes life enormously for those who take care of the baby

**TARGET GROUP**

Youth

**DURATION**

90 minutes

**SEATING ARRANGEMENTS**

Group seating for 4 groups

**MATERIALS**

Flipchart paper and markers for each group

**SESSION PLAN STEPS**

1. Make a list: What I like to do – 10 minutes
2. What I can't do (anymore), if I have a baby – 10 minutes
3. Discussion – 20 minutes
4. Round up – 5 minutes

STEP 1**MAKE A LIST: WHAT I LIKE TO DO – 10 MINUTES**

Explain that this exercise is about the effects of having a baby at an early age. Divide the group in 4 small groups. Give each group a sheet of flipchart paper and a marker. They should divide the paper in two columns. Ask them to make a list of the things that they really like to do in the first column. It is not necessary that all participants agree on each activity. Everyone can say what s/he likes to do and the list can become long. It can be leisure time activities as well as other things they like to do in life and at work.

STEP 2**WHAT I CAN'T DO (ANYMORE), IF I HAVE A BABY – 10 MINUTES**

Ask the participants to put a mark in the second column behind the activities they think they will not be able to do anymore if they would have a baby to care for right now. Or, when there are participants who are already a parent, a mark behind the things they do not do anymore because they now have children. Each person should go through the whole list. This means that they also can put a mark behind activities that are not written down by them.

STEP 3 DISCUSSION – 20 MINUTES

Ask participants to put their flipcharts in front of the group. Discuss the main findings by asking volunteers to explain 3 key findings for each group and scan the other group work outcomes quickly.

Start a discussion in plenary using the following questions:

- Would you like to have a baby? Now or later? Why or why not?
- What activities would you not do anymore if you had a baby now?
- Would you miss these things?
- Are there other things that would change in your life? Is this the same for young fathers and mothers? If not, what are the differences and consequences for women and men?
- Do you think teenagers can take care for a baby without help?
- What kind of skills and responsibilities are needed to become parents?
- Are you ready to become parents?
- What age do you think is good for becoming parents?
- What can you do to avoid becoming a parent at a young age?

STEP 4 ROUND UP – 5 MINUTES

Summarize the discussion and emphasize that:

- Unprotected sex that results in having a baby has an enormous impact on your life.
- Girls will suffer a lot as they are faced with the consequences. Often they are not allowed to continue their education or training. It is difficult to have to start earning money at a young age without proper qualifications. The father of the child and/or the teenage mother's and father's parents may not want to share responsibility for bringing up the child.
- Boys and men need to respect the choice of girls and women if they do not want to have sex, or only want to have sex with a condom, to prevent pregnancy,
- Having a baby will change your life and comes with a lot of responsibilities.
- Be well informed about birth control methods and use them when having sex if you do not want a child yet.

EXERCISE 6.4.2 BEING A TEEN PARENT**OBJECTIVES**

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

**TARGET GROUP**

Youth and adults

**DURATION**

60 minutes

**SEATING ARRANGEMENTS**

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

**MATERIALS**

- 1 copy of the Game Board for each small group (Training Aid 6.4.2. A)
- 1 dice and 6 play fishes for each group (or different coloured objects such as sweets packaged in different colours, buttons, stones or nuts or small fruits of different shapes)

**SESSION PLAN STEPS**

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

STEP 1 MAKE A LIST: WHAT I LIKE TO DO – 10 MINUTES

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

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

Distribute the game board, a dice and play fishes to all groups. If possible, a

trainer joins each group to facilitate the game. If there is only one trainer, s/he needs to walk around to follow the different discussions and answer questions in each group. Start the game.

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

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



Tip for Trainers

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

STEP 2 → ROUND UP – 10 MINUTES

Summarize by saying that:

- Making sure that a girl/woman does not get pregnant when she and the father are not ready for it, is the responsibility of both men and women.
- The wishes of girls and women to prevent a pregnancy should always be respected.
- Becoming a parent at a young age is very difficult.
- It changes your life and you will have many responsibilities that you may not be ready to take.
- Young women who become pregnant before marriage are discriminated. The community blames them, even if it takes two to make a baby
- Be well informed about birth control methods and use them to avoid becoming a parent at a young age.



TRAINING AID 6.4.2 A: TEENAGE PREGNANCY GAME BOARD

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

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

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