



MODULE 3

CHAMPIONS OF CHANGE

BEING RESPONSIBLE REGARDING SEXUALITY

CHAMPIONS
OF CHANGE



Global Girls
Innovation
Programme

Because
**I am a
Girl**



PLAN INTERNATIONAL

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The project Champions of Change is part of Plan's Because I am Girl Global Girls Innovation Programme and aims to build the capacity of male youth as peer educators for gender equality and girls' rights. During its first phase 130 male youth from El Salvador, Guatemala, Honduras, Dominican Republic and Germany were trained and supported to become Champions of Change. Together with other male and female youth they challenged harmful gender norms at their schools and communities.

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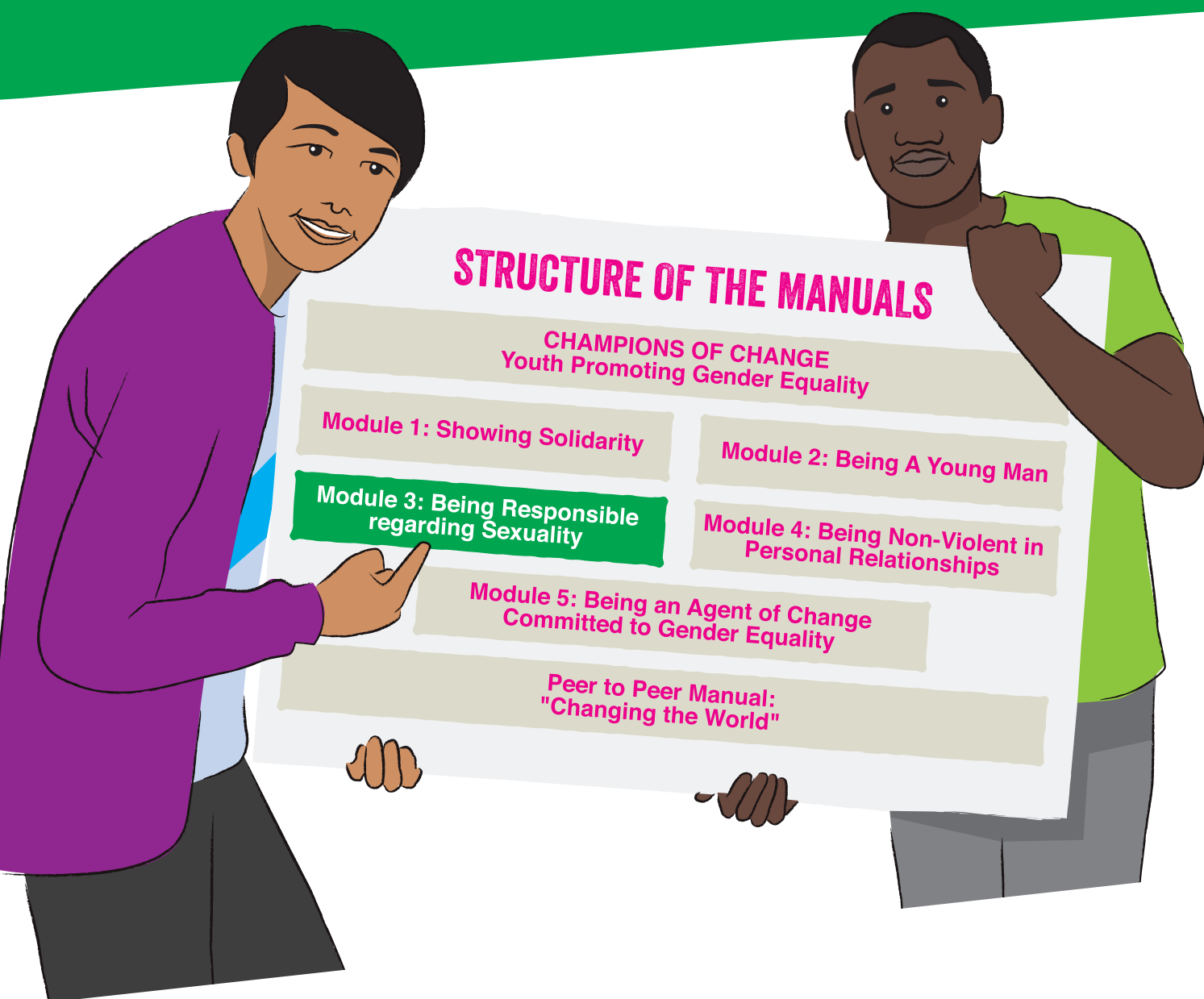
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CHAMPIONS OF **CHANGE** BEING RESPONSIBLE REGARDING SEXUALITY



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BEING RESPONSIBLE REGARDING SEXUALITY

3.1. BRIEF CONCEPTUAL REVIEW

3.1.1. LET'S TALK ABOUT SEXUALITY¹

Sexuality is one of the main areas where gender norms are established and reproduced. It is a space where men and women learn about power, caring, and about the sort of relationships they want to have. At the same time, the promotion of sexual and reproductive rights of young people is a fundamental part of human rights protection work worldwide. For this reason, being responsible when exercising sexuality is an essential component in building the Champions of Change' commitment to gender equality.²

Questions and challenges on the theme of sexuality will always come up when working on gender issues in workshops or reflection spaces. These questions must be tackled, as gender, sex and sexuality are strongly interlinked. Nonetheless, a first step is to establish clearly that in the same way as sex and gender are not the same thing, neither are sex and sexuality.

As was seen in the previous module, a person's sex is genetically determined. Conversely, sexuality is part of our nature, in our way of

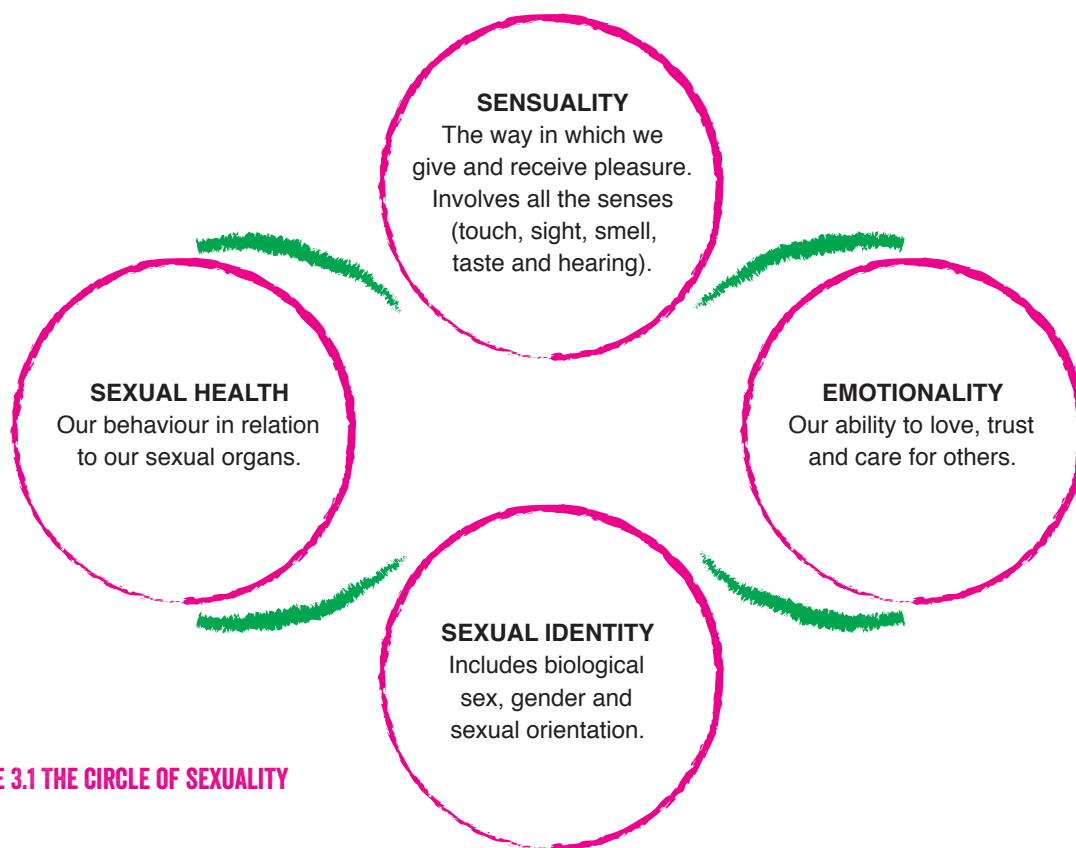


FIGURE 3.1 THE CIRCLE OF SEXUALITY

1. Part of the contents of section 3.1.1. are based on the Ministerio de Educación, Ciencia y Tecnología (2007). Educación integral de la sexualidad: aportes para su abordaje en la escuela secundaria [Integrated education on sexuality: contributions to tackling it in secondary school]. Buenos Aires.

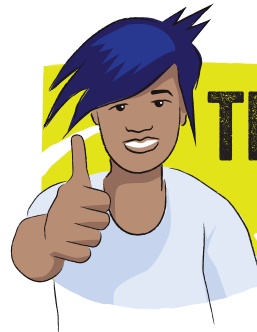
2. Although this section touches on aspects of sexual health education, the major emphasis is on the interrelation and the consequences of sexual health and the exercise of sexuality in the development of masculine identities.

feeling and expressing ourselves that is always being shaped on the basis of our experiences. Sexuality encompasses much more than sexual relations and reproduction and is much more than our sex. Sexuality is about the way we experience our bodies, and how we relate to other people. Through sexuality affection can be shown, pleasure and sensuality can be experienced, and it can contribute to intimacy between partners.

In order to broaden the vision of what is implied by sexuality, it may be useful to think of the four elements that comprise it³: **sensuality**, which is the way in which we give and receive pleasure and that involves all our senses (touch, sight, smell, taste and hearing), **sexual health**, which is our behaviour related to our sexual organs, **emotionality**, which is our ability to love, trust and look after others, and **our sexual identity**, which includes our biological sex, our identity and the gender norms, as well as our sexual orientation. Figure 3.1 summarises these elements.

AS WITH GENDER, SEXUALITY IS NOT BIOLOGICALLY DEFINED, BUT IS CONSTRUCTED THROUGHOUT A PERSON'S LIFETIME.

The culture in which we live influences our sexuality because, as with gender roles, there are hegemonic ways of exercising sexuality. These hegemonic or dominant ways imply privileges for whoever complies with them and punishment for whoever challenges or transgresses.



TIP!

Activity C1: 'Images linked to sexuality' encourages the **Champions of Change** to reflect on what they understand by 'sexuality'.

In sexist societies, there are a number of obstacles to a responsible and respectful sexuality. Young people receive contradictory messages about sexuality. Many of these messages are loaded with myths and disinformation. On the one hand sexuality is linked to promiscuity or moral perversion and young people are bombarded with sexualised images of women and girls. On the other hand, sexual abstinence is promoted as a symbol of spiritual purity, and as the only acceptable behaviour for women. Socialising agents such as the communications media fulfil their role of control and reproduction of hegemonic gender norms by condemning campaigns that promote respect for sexual rights, while advertising sexual dysfunction drugs as if they were candy.

It is not uncommon for many young people to develop a dysfunctional relationship with their own sexuality. As they don't have trustworthy spaces where they can go to obtain support or information, young people have very few positive examples of healthy and pleasurable sexuality. It is in this context of disinformation and manipulation that the relationship between sexuality and gender norms described below develops.

3. Adapted from UNFPA, Promundo, MenEngage (2010). Engaging Men in Gender Equality and Health: A Global Toolkit for Action. <http://www.unfpa.org/sites/default/files/pub-pdf/Engaging%20Men%20and%20Boys%20in%20Gender%20Equality.pdf>

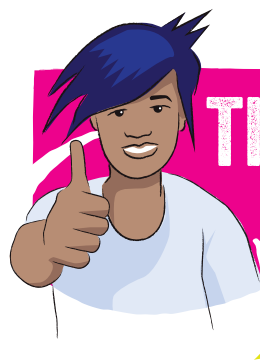
3.1.2. SEXUALITY AND GENDER NORMS

Sexuality is a fundamental component in gender roles. Culture sets out “the rules” about how men and women should experience their sexuality, and on what people should understand by sexuality.

Sexist societies teach that sexuality is the same as sexual relationships. They also teach that male sexuality is impulsive and uncontrollable. Central aspects of young men’s conversation are to be seen as virile, with the ability to conquer and have penetrative sexual relations. The vision of female sexuality is totally different. Female sexuality is seen as controlled and limited. Girls are taught to be viewed as reserved, with no experience or capacity to feel pleasure. We grow up believing in these notions as immutable truths that are naturally determined. But in fact, they are socially constructed sexual stereotypes.

Unfortunately, the norm is to teach people to value men as well as women based on their adherence to the rules and stereotypes imposed by hegemonic masculinity. Thus, it is preached that the more sexual conquests a man has, the more of a man he is. As a consequence, it is taught that to be male means to have a lot of sex, which is the same as controlling lots of women.

What is taught about women is much more complex. Young men learn that there are two types of women – the good ones (girls who ‘behave well’, who do not let themselves be taken in by the young men’s pressure, who feel no sexual desire and who are only interested in caring for other people) and the bad ones (girls who express sexual interest and are only concerned with their own interests). Evidently, these stereotyped images do not describe any young women’s true identity.



TIP!

Activity C2: ‘Erotic body’ invites the young men to enhance their knowledge about the male and female erotic body.

These descriptions of what it means to be a man and to be a woman takes the issue of gender inequality to their bodies, dictating how sexuality ought to be experienced. Instead of growing up with healthy messages about the experience of pleasure, they grow up with myths and stereotypes that repress women’s sexuality and manipulate men’s sexuality, leading to a situation where both believe that there is only one correct way of experiencing sexuality.

THE FACT IS THAT THERE IS NO SINGLE WAY OF ENJOYING THE BODY AND SEXUALITY, AND ONLY KNOWLEDGE ABOUT OUR PHYSICAL BEING CAN ENABLE US TO EXPERIENCE IT WITH THE PLEASURE TO WHICH WE HAVE THE RIGHT.

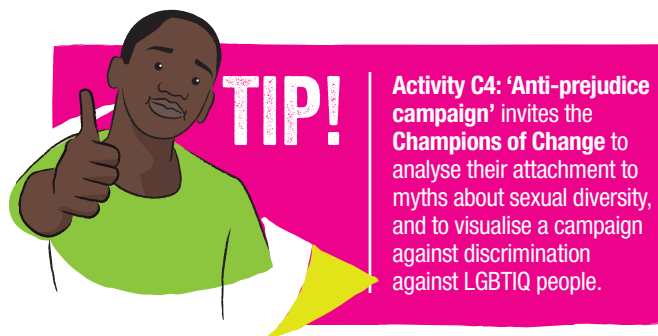
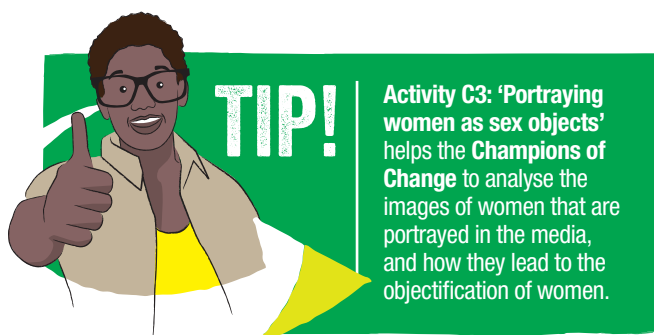
In order to live a freer and more autonomous sexuality everyone must be able to get to know themselves and explore whatever they want, what they like or what they need, as well as what does not please them.

This vision of the existence of two types of women (good girls/bad girls) leads young men to show very little interest in finding out about women’s real needs and interests – it is much easier to classify them according to these types, and relate to them based on what they (the young men) need.

One of the most worrying indicators of young men's inability to genuinely relate to women is the consumption of media images that degrade women, portraying them as sexual objects at the service of men. These images include what is commonly classified as pornography, but they are also present across the mass communications media. In fact, the communications media are full of these images of both types of women, in advertisements, music, films and video games.

In order to counteract the ubiquity of these images and their effects, young men must make a conscious decision to relate to their female peers on the basis of reality. This entails taking time to talk, to get to know each other and accompany each other in the process of discovering the effects of these myths on both men and women.

In relationships, this is achieved by speaking openly about each other's wishes, and by being able to analyse the beliefs that distance them from a healthy sexuality. In particular, this comes about by understanding that in contrast to what we are sold in the communications media, in music videos and video games, women are not sexual objects. On the contrary, women are subjects with the same right as men to decide and act on their decisions, tastes and interests.



Gender and sexual rules do not only create barriers in relationships between young men and women, they also prevent young men from interacting with any other man who does not constantly demonstrate his heterosexuality. The reproduction of this rule starts when people are taught that the only normal sexual orientation is heterosexual – in fact it is taught that it is the 'natural' way to be. Then, young men are forced to prove they are not homosexual.

As we have shown, a person's sexual orientation is not categorical. Nobody is 100% heterosexual, bisexual or homosexual because sexuality is a continuum. It will also vary at different points in life. Nonetheless, as with sex and gender categories, and the 'types' of women, a very 'black and white' version of sexuality is taught – you are either heterosexual or homosexual. This leads young men to reject any trace of not being heterosexual, both in themselves as well as in other people.

In fact, any young man who associates with non-heterosexual people is questioned. This is the way the bases are established for rejecting people who are lesbian, gay, bisexual, trans(gender), intersex, queer (LGBTIQ). This rejection is reflected in behaviours and conducts ranging from jokes to the most violent forms of harassment. All this is part of the control mechanisms of hegemonic masculinity.⁴

4. For a more detailed examination of the connection between homophobia and gender norms and additional activities on the issue of gender and sexuality, please refer to: Action Aid International/ Alice Welbourne (1999). Stepping Stones: A training package in HIV/AIDS, Communication and Relationships Skills. Available from: http://www.stratshope.org/resources/stepping_stones

3.1.3. MYTHS AND REALITIES ABOUT GENDER AND SEXUALITY

The consequence of the relationship between gender norms and sexual rules is that young people enter into relationships loaded with myths and disinformation. This poor information affects their capacity to build genuinely intimate, respectful and loving relationships. Therefore, tackling the most common myths among young people is essential in their journey towards making a commitment to gender equality.

Some examples of these myths are listed below, and the idea is that the facilitators will expand the list with the myths that are most relevant to the context of the young men with whom they work.

1. MYTH: Sexuality begins at puberty.

Reality: The development of sexuality starts in infancy through physical contact. Sexuality is one of the ways in which boys and girls develop their personality and their relationship with affection and feelings of safety. Sexuality is an integral part of every person, just like eating, sleeping, studying, etc.

Consequences of this myth: Signs of sexuality in boys and girls are viewed with suspicion and are repressed. Instead of getting to know themselves naturally and with information, children learn to repress their physical desires or express them in not very healthy ways. They also adopt myths and wrong information about male and female sexuality.

2. MYTH: Masturbation leads to madness, makes hair grow on your hands, and shrinks the penis.

Reality: Masturbation is a natural and common activity, for women as well as for men. Masturbation is beneficial for mental and physical health. It helps relieve sexual tension, relaxation, and to get to know one's own body. People who

feel at ease with their bodies are more likely to protect themselves from sexually transmitted infections (STIs) and unplanned pregnancies.

Consequences of this myth: Signs of sexuality in boys and girls are viewed with suspicion and are repressed. Instead of getting to know themselves naturally and with information, children learn to repress their physical desires or express them in not very healthy ways. They also adopt myths and wrong information about male and female sexuality.

3. MYTH: Speaking to young people about using condoms is the same as encouraging them to be promiscuous.

Reality: When young people have more information about healthy and pleasurable sexuality, they will make better decisions about their own sexuality.

Consequences of this myth: Young men and women are denied access to comprehensive sexual education, which violates their right to healthy and pleasurable sexuality. It also increases the risk of unwanted pregnancies or contracting sexually transmitted infections (STIs) including HIV.

4. MYTH: Sexual desire in men is determined by their hormones and is much stronger than in women whose sexual desire is determined by their emotions.

Reality: Sexual desire depends less on nature and more on society, less on the hormones that appear in puberty and more on what males expect from themselves, on what they expect from others, and on group pressure.

Consequences of this myth: Men are under pressure to have as many sexual experiences as possible because they think that their hormones lead to this behaviour, which they believe is natural. Sexist societies justify men having many sexual partners, while condemning women who do the same thing.



In Activity C5: 'Myth busters' the young men will analyse several myths about gender and sexuality.

5. MYTH: If a woman is a lesbian it is because she has never had a real man.

Reality: Sexual orientation is an expression of identity that is built throughout life. It isn't something that one person can teach another.

Consequences of this myth: This myth is used to justify rejection of and violence against homosexual people, justifying it by saying they can be 'taught' to be heterosexual. It is also used to teach that there is a 'normal' sexuality and that everything else is abnormal. Thus, non-heterosexual women are discriminated against and have to repress their feelings or at best don't have the same opportunities to express them freely for fear of social rejection.

6. MYTH: A man's sexual prowess is determined by the size of his penis.

Reality: Men's capacity for sensuality is much broader and richer. Men, just like women, have different parts of the body that give them a feeling of pleasure.

Consequences of this myth: The penis as a symbol of virility is an age-old social construct. This myth causes constant preoccupation with penis size from an early age, leading boys to compare themselves anxiously with their friends. This myth also means that they equate sexuality with penetration, ignoring all the other elements that it is composed of. This myth has generated huge profits for pharmaceutical companies that exploit male insecurity and their eagerness to wield power in sexual relationships with their 'sexual enhancement' campaigns, which is what the companies call the drugs that are used to stimulate penile erections.

7. MYTH: Preventing pregnancy is the woman's responsibility.

Reality: Preventing pregnancy is a shared responsibility between men and women.

Consequences of this myth: In sexist societies people are taught that women have the main responsibility for preventing pregnancies, as they are more careful and responsible than men. It is claimed that as men are more impulsive, they cannot be trusted to play their part in preventing pregnancy. Also, it is claimed that as women are the ones who get pregnant and have to look after the babies, they are the ones who should take charge of preventing pregnancies. Men are completely absolved from responsibility for pregnancy and childrearing.

8. MYTH: When a girl says 'no', she really means 'yes'.

Reality: No means No! Nobody has the right to assume that a woman does not know what she wants or what suits her, or that she is refusing to have sexual contact as a way of flirting.

Consequences of this myth: Young men don't take 'no' for an answer from women, and pressure them to have sexual relations. In sexist societies this myth has been used to justify rape, claiming that boys never know what girls want, or that they say 'no' as a way of flirting.

9. MYTH: If a girl is not a virgin, she is not a good catch.

Reality: Young women have the same right to have relations and experiment with their sexuality as men.

Consequences of this myth: This myth reduces women's sexuality to men's property. It also limits young women's chances of enjoying a healthy sexuality that includes the right to experiment. This myth also leads young men to devalue and stigmatise single adolescent mothers.



3.1.4. THE RIGHT TO A HEALTHY AND PLEASURABLE SEXUALITY

Human rights are universal – they belong to us all by virtue of our humanity. For this reason, when we work from a human rights perspective, we view people, in this case young men, as **rights holders**.

The **main duty bearers** are the States that have signed the relevant human rights conventions. Responsibility for respecting, fulfilling and protecting human rights falls on the State and its institutions, and includes all the state actors, from schools and clinics to local and national State institutions.

Other people and institutions who have duties when it comes to the human rights of young men and women, but who don't sign these conventions are known as **secondary or moral duty bearers**. They include: mothers, fathers, carers, families, communities and service providers; local and national civil society organisations, multilateral organisations like the United Nations and international non-governmental organisations like Plan.

All duty bearers have the obligation to respect and protect rights holders. Nonetheless, they do not always recognise that their obligation is TOWARDS the holders and FOR the results of rights fulfilment. This applies to the State as the principal duty bearer as well as to the secondary duty bearers.

Attention to sexual and reproductive rights from national and international legislative systems is a relatively recent phenomenon. The duty bearers' awareness of their obligation to protect and promote these rights is also recent. In 1994, pressure and contributions from women and youth organisations led to the adoption of the International Conference on Population and Development (ICPD) Programme of Action by 179 countries (see more information below).

Little by little, societies have begun to recognise that the State and civil society organisation's commitment towards the fulfilment of young people's sexual and reproductive rights is fundamental.

WHEN THIS COMMITMENT IS STRONG, BETTER QUALITY MEASURES ARE TAKEN IN SUPPORT OF YOUNG MEN AND WOMEN MAINTAINING A HEALTHY AND RESPONSIBLE EMOTIONAL AND SEXUAL LIFE.

Sexual rights are an inseparable part of human rights, and they include⁵:

- The right to recognise oneself as a sexual being.
- The right to strengthen one's self-esteem and autonomy in order to make decisions about one's own sexuality.
- The right to explore and enjoy a pleasurable sexual life, without shame, fears, concerns, prejudices, restrictions, guilt, groundless beliefs and other factors that prevent the free expression of sexual rights and the fullness of sexual pleasure.
- The right to experience sexuality without violence, coercion, abuse, exploitation or harassment.
- The right to choose one's sexual partners.
- The right to full respect for the physical integrity of the body and its sexual expressions.
- The right to decide when one wants to start sexual life, or whether one wants to be sexually active or not.
- The right to have consensual sexual relations.
- The right to decide freely whether to get married, live with a partner, or stay single.
- The right to express one's sexual orientation freely and autonomously.
- The right to protect oneself from pregnancy and from sexually transmitted infections and diseases.
- The right to access to quality sexual health services.
- The right to have information about all aspects related to sexuality, knowledge of how the female and male reproduction systems work and about the infections and diseases that can be acquired through sexual relations.

5. Taken from Profamilia, Defensoría del Pueblo, OIM (2007). Módulo de la A a la Z en derechos sexuales y reproductivos [A to Z of Sexual and Reproductive Rights Module]. <http://www.profamilia.com/images/stories/afiches/libros/libros/modulo-de-la-a-a-la-z.pdf>

The ICPD Plan of Action was the first international agreement to recognise **reproductive rights**, which include:

- The right to decide freely and responsibly how many children to have and the time between pregnancies; the right to have the information, education and means to achieve this.
- Men and women's right to decide freely and responsibly whether to be parents.
- The right to decide freely what sort of family one wants to form.
- The right to access safe, acceptable and effective methods of contraception (including emergency contraception).
- Women's right to not suffer discrimination or unequal treatment due to pregnancy or motherhood in education, workplace and within the family.
- The right to access health services and medical care that guarantees safe motherhood, risk-free pregnancy, childhood and breastfeeding, offering the greatest chances of having healthy children.
- The right to have education and information services to guarantee reproductive autonomy.

IT IS WORTH HIGHLIGHTING THAT DEFINING YOUNG MEN AND WOMEN'S SEXUAL AND REPRODUCTIVE RIGHTS HAS BEEN A CONTROVERSIAL PROCESS.

The international human rights system recognises that there are limitations on the rights of people under the age of 18, especially in terms of parental rights to take decisions for the benefit of the people they are responsible for. Nonetheless, the ICPD Programme of Action indicates that, while parents are responsible for guiding adolescents' decisions, they do not have the absolute right to make decisions about their lives or their health. The emphasis is that parental rights should be balanced with adolescents' rights at the highest possible level of health, privacy, confidentiality, education and informed consent. The Programme of Action also calls on the elimination of the social and legal obstacles to adolescents' access to reproductive health services.



TIP!

Activity C6: 'Sexual and reproductive rights' invites the **Champions of Change** to discuss sexuality from the point of view of their identity as rights holders in relation to primary and secondary duty bearers.

Sexuality is very closely linked to health. If we consider all the physical changes experienced by adolescents, this relationship is even more evident after puberty. Sexual health is not just the absence of a disease, or a dysfunction. **Sexual health** is a state of physical, emotional, mental and social wellbeing in relation to sexuality during all the stages of life. Sexual health requires the possibility of having pleasurable and safe sexual experiences that are free of coercion, discrimination and violence.

Reproductive health is a state of physical, emotional, mental and social wellbeing related to the processes, functions and to the reproductive system. Therefore, reproductive health means that people are capable of having a responsible, satisfying and safe sexual life. That they are able to have children – being able to decide if, when and with whom.

Nonetheless, the right to sexual and reproductive health faces strong obstacles. Many young men and women have experienced sexual violence in their immediate environment. Many of them are under pressure from their peers or their partners to have sexual relations, even though they may not feel ready or willing to do so.

There are also social, cultural and legal barriers, because several sectors have created obstacles to the exercise of the right to healthy and pleasurable sexuality. Examples are preventing schools from teaching integrated sexual education, or young men and women from freely accessing contraceptive methods. This is also reflected in legislations that ban or criminalise the voluntary termination of a pregnancy.

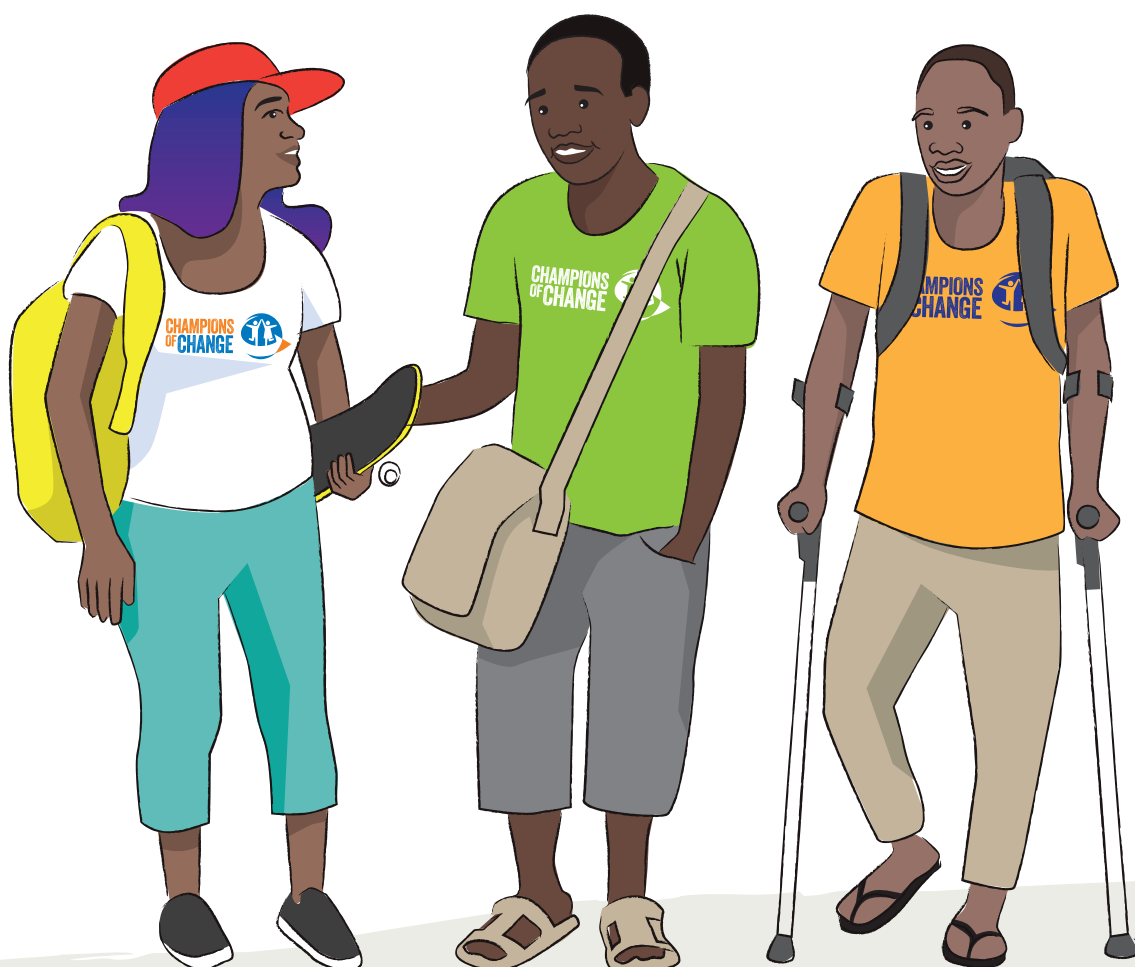
We also have to acknowledge and analyse the role played by religious institutions. Many have a vision that is inconsistent with sexual and reproductive rights. Their positions may be influencing the lives of the young people with whom we work. For this reason, when discussing this situation it is important to do so constructively and taking into account the risks that young people may face if they decide to question gender sexual rules.

For all of these reasons, it is essential for the Champions of Change to have a safe and trustworthy space to discuss and reflect critically on their rights, understanding that women and men have the same right to experience their sexuality responsibly and free of coercion and violence, and that they need the same spaces and opportunities

to express their doubts and frustrations, look after their health or report situations of violence to which they are exposed.

Without these spaces, it is common for men as well as women to adopt behaviours based on myths and prejudices and which affect their health. In the case of young men, many male behaviours that they are expected to adopt expose them to high-risk situations. For example, excessive consumption of alcoholic drinks – which is seen as something that will help them enhance their sexual conquests – exposes them to engaging in violent acts or not protecting their body or that of their partners.

In contrast, when young men and women do have these spaces for discussion and reflection, they can learn to recognise themselves as rights holders, respecting their own rights and those of their partner as an important way of demonstrating their commitment to gender equality. It is about sharing the task of protecting sexual and reproductive health together with their partner, which includes preventing sexually transmitted infections, preventing unplanned pregnancies, prenatal, maternal and infant health, contributing to the family income, care, education, health and nutrition of girls and boys.

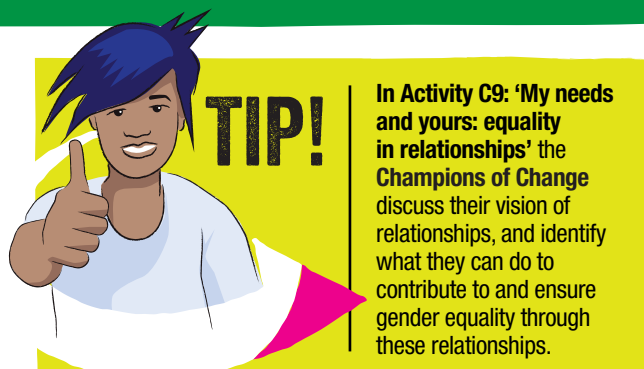


3.1.5. I LOOK AFTER MYSELF AND MY PARTNER

A fundamental part of being a Champion of Change committed to a responsible sexual life is to value risk prevention and protecting himself and other people.

Nonetheless, this feature is not common in boys and young men. They are encouraged to defend themselves and attack, to react quickly when they fall off their bicycles (ideally without crying), to climb up the tree they fell out of, to demonstrate courage at all times. Most men are socialised to face risks, not to avoid or prevent them.

Young men accept this teaching about risk in their sexual conduct, with serious consequences for their health and that of their partner. For example, instead of seeing condom use as a healthy and responsible practice, they learn that men who use them are cowards or 'not man enough' and that the women who demand it are promiscuous or irresponsible.



There are many barriers and cultural myths about condom use, for example, women are discouraged from suggesting their use and when they do they are considered "easy". Another myth is that a condom reduces sexual pleasure. There are also barriers to access: condom availability and cost tend to be a problem for young people, and prejudices about young women's sexuality can prevent them from buying them or asking for them at health centres. Health centre staff may also have prejudices about young people's sexuality, leading them to refuse to give them condoms.

On the other hand, as men are not socialised to care or to protect themselves, it is not unusual for them to fail to understand their mutual care role in relationships between couples. Young men tend to enter into relationships having become accustomed to the women in their families taking care of them. This is why they expect the same thing from their partners without thinking that they too should show the same care for them. Instead of seeing caring as a symbol of affection or solidarity, it is seen as a demonstration of self-denial and surrender – qualities reserved for women. This prejudice inhibits them when they should look after themselves or others, and leads them to demand that their partners should 'look after' them.

Thus, stereotyped gender roles are evident in relationships when young men expect young women to watch out for their every need and always be willing to satisfy them. Conversations about health and both partners' needs are not part of this type of relationship, with serious consequences for both parties and for the relationship itself. Instead of being a space for growth and for constructing an equal peer relationship, such relations become an incubator for reproducing gender inequality.

However, tackling the issue of caring – for oneself and for each other – in the context of a relationship is a fundamental step towards building the **Champions of Change** commitment to gender equality.

3.1.6. ADOLESCENT FATHERHOOD

An important step in building gender equality is tackling the issue of responsible mother- and fatherhood. The idea is to succeed in getting young women and men to reflect on the gender aspects of these roles, and for them to be prepared to take them on in a responsible and informed manner if and when they decide to be mothers and fathers.

To start with, it must be recognised that most messages received by young men and women on this issue are laden with prejudices and threats. Most of these messages are aimed at preventing pregnancies, but in reality they have achieved little in terms of reducing teenage pregnancy rates. They have actually contributed to disinformation about sexuality among young men and women by creating prejudices against pregnant adolescent girls and contributing to the lack of responsibility on the part of adolescent fathers.

For this reason, when building commitment to gender equality, pregnancy, motherhood and fatherhood cannot just be seen as social problems, or as dangers or diseases.

There is no single reason behind adolescent pregnancies, just as there is no single reason for pregnancies in general. Sometimes a young woman may have decided to become pregnant and in agreement with the father. At other times a pregnancy may be the result of the absence of information about how to prevent a pregnancy due to lack of access to contraceptive methods. A pregnancy can also be the result of high-risk sexual behaviour even when the necessary information is available. In cases of rape or sexual abuse, a pregnancy can be the result of violence against the young women. The situations and reasons behind adolescent pregnancy vary greatly and should be listened to and respectfully discussed with the adult responsible for helping the young father or mother to grow, without promoting repressive and prejudicial attitudes, by encouraging dialogue and mutual learning.

In addition to this, even though teenage pregnancy can create obstacles to life plans, and can entail negative consequences for women's health, some pregnancies are wanted by young people, who do not see them as problems. However, it is important to balance the way we tackle the issue between the importance of preventing teenage pregnancy and listening to the visions, experiences and needs of the young people themselves.

IN THE CASE OF A PREGNANCY, IT IS WORTH REMEMBERING THAT EACH CASE IS UNIQUE AND THE OUTCOME DEPENDS ON EACH PERSON'S CAPACITY TO TACKLE THE SITUATION, THE WAY THEY WERE BROUGHT UP, THEIR SOCIAL VALUES, AND ESPECIALLY, THE SUPPORT THEY RECEIVE FROM FAMILY AND/OR PROFESSIONALS.

Supporting pregnant teenage girls and their partner does not mean encouraging adolescent pregnancies, it means helping to ensure that this process does not lead to physical, emotional and psycho-social problems for the couple.

It is important for adolescent boys to understand that they have the same responsibility for pregnancy as women. This tends to contradict the message that teenage pregnancy is only the young women's problem, which never affects her partner. In our work with the young men it must be made absolutely clear that part of being committed to gender equality is sharing all the stages of a pregnancy and the children's upbringing with your partner.

A first step for the Champions of Change may be to try to become more involved in looking after the children in their immediate environment. It is very common for young men to feel unprepared for looking after children, as this has never been expected of them or encouraged. For this reason, raising their awareness that they too can play and care for the children in their families or their friends' children is an important step in their commitment to gender equality.

Another fundamental step is to encourage the Champions of Change to reflect in more detail about responsible fatherhood and how this is linked to gender equality. The idea is to be able to go beyond the conversation about fatherhood during adolescence, and to visualise the type of fathers that they want to be in their adult lives. This involves examining what their own fathers and other father figures were like, building on what they have learned about hegemonic masculinity in order to identify positive and negative behaviours in this relationship.



In Activity C10: 'Adolescent fatherhood' the Champions of Change reflect on their beliefs about fatherhood during adolescence, and discuss their own experiences as fathers or friends of adolescent fathers.



3.2. KNOWLEDGE, ATTITUDES AND PRACTICES

	KNOWLEDGE	ATTITUDES	PRACTICES
Individual	<ol style="list-style-type: none"> Understands that sexuality is part of our way of being, feeling and expressing ourselves, which develops according to our experiences. (*C1) Knows how to answer questions about the link between gender and sexuality. (*C3, C4) Understands that sexual desire in men is not stronger or more natural than in women. (*C2, C5) Recognises the personal risks of harmful practices in his sexual life. (*C7) Analyses his beliefs, habits and opinions on issues related to sexuality and reproductive health. (*C2, C4, C5, C7, C8) Understands that everyone is vulnerable to sexually transmitted infections (STIs), including HIV/AIDS. (*C7) 	<ol style="list-style-type: none"> Rejects media images and content that portray women as sex objects. (*C3) Respects people with sexual orientations that differ from his own. (*C4) Appreciates that men and women have equal rights to healthy and pleasurable sexuality. (*C6) Values the use of condoms as a sign of responsibility and maturity. (*C8) Recognises the importance of self-care and mutual care in a relationship. (*C8, C9) Is convinced that preventing unplanned pregnancies is the responsibility of both parties. (*C9, C10) Recognises the importance of fathers taking on shared responsibility for raising their children, whether or not they are with the mother. (*C10) 	<ol style="list-style-type: none"> Respects the integrity of all young women, whether or not they are sexually active. (*C5) Discusses with his partner both their wishes, desires and expectations in their sexual relationship. (*C8, C9) Respects women's wishes – understands that No means No. (*C5, C9) Uses protection in all his sexual relationships. (*C8) Takes on shared responsibility in healthy and pleasurable sexual relationships for both parties. (*C8, C9) Speaks to other young men and women respectfully about sexuality and relationships with partners. (*C1, C4) Exercises his sexuality respecting his own life and that of other people. (*C7, C8, C9) Takes an active part in caring for the children around him. (*C10)
Community/ Family	<ol style="list-style-type: none"> Is aware of the role played by family and friends in repressing or promoting the free exercise of sexuality with gender equality. (*C6) Identifies myths that sustain gender inequality in the exercise of sexuality, and knows how to explain why they are false. (*C5) 		<ol style="list-style-type: none"> Challenges disinformation about sexuality in his family and in his community. (*C5)
Institutional	<ol style="list-style-type: none"> Is familiar with the national laws and international instruments related to sexual and reproductive rights. (*C6) Knows who the primary and secondary duty bearers for his sexual and reproductive rights are. (*C6) 		<ol style="list-style-type: none"> Makes use of sexual and reproductive health services. (*C6)

3.3. RECOMMENDATIONS FOR FACILITATION

- Before you start, explain to the Champions of Change that all the exercises in this module are based on very personal life experiences, perceptions and feelings so they must have the confidence to express themselves freely, and everyone else must respect them. Start by giving the example of respect at all times, and do not allow the participants to show any trace of violence, mockery or discrimination.
- When starting the topic, it is very likely that the participants will have many concerns about the issue of sexuality or sexual health that they will want to clarify in this space. Although this module does not concentrate on specific sexual health issues, it is important to set the scene for the young men to be able to speak openly about these issues, and from a gender equality perspective. Therefore, as a facilitator you could decide to set aside a session just for tackling all their concerns. You could call this session: "Everything you have ever wanted to know about sex and sexuality but were not able to ask".⁶
- In any of the activities in this module questions may come up to which you do not know the answer. For example, on specifics of diseases related to the reproductive system, or a sexually transmitted infection. In these cases, it is important to explain that you do not have all the answers, while offering that some of the participants could find out about them for the next session. Also, in the case of any participant who has a health problem or a personal situation that requires specialist attention it is important to advise him to consult a health specialist.
- Another strategy to consider is to identify specialists on the issue who could come to speak to the young men about their concerns. When you invite other people to visit the young men's space, you should try to ensure that they comply at the very least with the following criteria:
 - To share the gender equality commitment that the Champions of Change are building.
 - To have experience in sexual education with young people, or the ability to work with them.
 - To be familiar with the project objectives and methodology.
- Encourage the Champions of Change to participate in each activity. Make the most of each input to strengthen and validate adequate concepts or practices, clarify doubts and demystify false beliefs that they may have regarding the issues covered in this exercise.
- Facilitate open discussion and debate in each exercise, without censorship. Allow the comments and doubts that the participants may have about their sexuality to be expressed. Take into account that this could be the only space where they can discuss these issues openly. We have to avoid saying "you shouldn't" and ensure that we listen to them. We must build a positive discourse that is not moralistic.
- At all times, remember that this is a manual that is seeking the Champions of Change' commitment to gender equality and therefore you must use every exercise to analyse all the situations, debates and reflections from a gender perspective. This means you should support the young men in visualising how every situation affects women and men in a different way.
- In each exercise, show the advantages of knowing one's own body and that reproductive health is not just women's business. Highlight that sexual rights are for everyone regardless of their sexual choices. Guide them on sexual and reproductive rights, by relating these specific rights to all human rights.
- Take into account that supporting pregnant teenage girls and their partners does not mean you are encouraging adolescent pregnancies; it is about creating the conditions for this process not to cause physical, emotional and psychosocial problems for the couple. Adolescent boys must realise that they have the same responsibilities as women when it comes to pregnancy.
- The fatherhood issue depends on reflection about pregnancy before it occurs and support once a pregnancy has been confirmed, as well as promoting reflection among men about the importance of closer care based on affection, information and responsibility. Some of the activities contained in this module are aimed at demystifying the idea that men are incapable of caring for themselves and for their children with the aim of them deciding to get involved and commit themselves to all the stages of pregnancy and raising their children.

6. There are many materials that can help with the preparation of this session, including:

- It takes 2 – partnering with men in reproductive & sexual health: http://www.unfpa.org/sites/default/files/pub-pdf/ItTakes2_eng.pdf
- Engaging Men and Boys: A Brief Summary of UNFPA Experience and Lessons Learned: <http://www.unfpa.org/engaging-men-boys> and http://www.who.int/gender/documents/Engaging_men_boys.pdf
- Engaging Men and Boys in Gender Equality and Health: A Global Toolkit for Action: <http://www.unfpa.org/publications/engaging-men-and-boys-gender-equality-and-health>
- Program P - A Manual for Engaging Men in Fatherhood, Caregiving, and Maternal and Child Health: <http://www.men-care.org/Programs/Program-P.aspx>
- Gender, sexual behavior and vulnerability among young people: <http://promundoglobal.org/resources/gender-sexual-behaviour-and-vulnerability-among-young-people>

2.4. SUGGESTED ACTIVITIES⁷

ACTIVITY C1: IMAGES LINKED TO SEXUALITY⁸

In this exercise the Champions of Change will reflect on what they understand by 'sexuality' and learn about the different elements that gradually shape their own sexuality.

LINKS TO KAP

Understands that sexuality is part of our way of being, feeling and expressing ourselves, which develops according to our experiences.

Speaks to other young men and women respectfully about sexuality and relationships with partners.

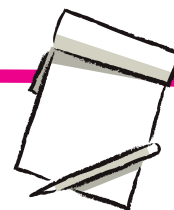


TIME
2-3
HOURS



MATERIALS AND EQUIPMENT

- Flipchart
- Packs of crayons
- Cards – 10 per each 3 participants
- Thick marker pens
- Pens (1 per participant)
- Adhesive tape
- Scissors



KEY MESSAGES

- Sexuality is part of our nature, of the way we think and express ourselves, and is constantly being shaped based on our experiences. Sexuality spans much more than sexual relations, and is much more than our sex. Sexuality is about experiencing our body, and about the way we relate to other people. Sexuality is influenced by cultural aspects.
- Sexuality is made up of at least four elements: **sensuality**, which is the way in which we give and receive pleasure and which involves all our senses (feel, sight, smell, taste and hearing); **sexual health**, which is our behaviour linked to our sexual organs; **emotionality**, which is our ability to love, trust and look after others, and **sexual identity**, which includes our biological sex, our identity and gender norms, as well as our sexual orientation.
- It is important for young people to have healthy spaces where they can share and discuss issues and questions related to sex, sexuality and reproduction, and where they can also receive support and information that promotes a healthy, responsible and fulfilling sexuality.



FACILITATION ADVICE

- Prepare for this exercise by rereading the conceptual summary on sexuality in section 3.1.1. Also review the recommendations for facilitating this topic, which includes suggestions for some materials that may be needed for answering the Champions of Change' concerns.
- Find a spacious and enclosed area where the participants feel comfortable and safe.
- In this activity it is essential to discuss the ideas and concepts that the participants have about sexuality, using every contribution to help the group to critically reflect on the social construct of sexuality.
- Copy **Figure 3.1** from the conceptual summary onto a flipchart.
- This could be a good chance for the participants to receive information about sexual health. If the young men prefer not to talk about themselves, encourage them to discuss issues that they have heard others discussing. In this way, people often speak about themselves but in a less personal way.

7. Exercises have been selected because of their proven effectiveness in the areas we are working. They form part of a common pool of resources which has been developed over the years with no clear authorship.

8. Adapted from: Action Aid International/ Alice Welbourne (1999). Stepping Stones: A training package in HIV/AIDS, Communication and Relationships Skills. Available from: http://www.stratshope.org/resources/stepping_stones

STEPS TO FOLLOW:

1. Start by explaining that we are going to start talking about our images of sexuality in our lives.

Explain that sexuality and sex are topics that concern us all. As young men we have grown up with one way of relating to others, we have felt attraction towards other people, and we have seen our bodies change. People experience sex with pleasure, satisfaction and fulfilment, but these feelings are not the same for everyone. Few succeed in discussing these issues without difficulty, mistrust, shame or discomfort. This exercise will help us share our perceptions, whether positive or negative, the ones that cause us to feel mistrust or not, shame or not, concern or not.
2. Ask the group – **What do you think is meant by sexuality, or imagine what sexuality is?** After listening to a few opinions, ask – **What does sex mean for you?** Don't respond for the participants; help them build a clear concept about these two terms with the help of the conceptual summary.
3. Give a brief introduction to the diagram of the elements that comprise sexuality with the help of the flipchart you prepared, and clear up any doubts, answering questions that may come up in response to your presentation.
4. Ask the participants to split up into groups of three or four. Hand out 10 cards and a packet of crayons to each group. Ask them to draw or write an aspect of sex or sexuality on each card. They can use as many cards as they wish. Make it clear that they can be aspects that they consider positive or negative, that make them feel e.g. ashamed or not, funny or sad. Make it clear that the quality of the drawing does not matter. The only thing that matters is that each group should understand the meaning of the drawings. Allow the groups to work until the participants no longer want to draw or write.
5. If necessary, to start the group work, suggest some topics such as the ones listed below:

Peer pressure about multiple sexual partners, macho images, bravery, the authoritarian role, discos-bars, virility, feeling pleasure in sexual foreplay.

Personal dilemmas such as wanting to have children, the cost of condoms, lack of self- confidence for using condoms, how to mention using a condom to a girlfriend or sexual partner? Feeling pleasure during orgasm, absence of sexual education, feeling attractive, STIs – how to get rid of them and how to prevent them, where to find condoms and how to use them, how to express love and affection.
6. While the groups are busy, display four flipcharts in places that are visible to the participants. Divide the flipcharts in two: one where the participants will place their cards with words or pictures that refer to sexuality or sex in a positive way. The other for cards with drawings or words that refer to sexuality or sex in a negative, shameful, distrusting, or sad way. If a card does not fall under either of these two categories, place them in between as a neutral area.
7. Once all the cards have been placed, start a conversation on the issue represented by each card, encouraging the participants to take part and express their ideas and questions in such a way that everyone has a chance to share and learn about the topics that are tackled.
8. Explain that only an introduction is possible for many issues, but if more time is needed to explore in more detail they can decide and find the best way to achieve this.

ACTIVITY C2: EROTIC BODY⁹

In this activity the young men will prepare collages of what they understand as an “erotic body”. They will then analyse the sexist cultural norms about how men and women should experience their sexuality.

LINKS TO KAP

Understands that sexual desire in men is not stronger or more natural than in women.

Analyses his beliefs, habits and opinions on issues related to sexuality and reproductive health.



TIME
90
MINUTES



MATERIALS AND EQUIPMENT

- Card-sized paper sheets
- Old magazines with colour photos
- Scissors (at least 10)
- Coloured pens (at least 5 sets)
- Varied decoration materials
- Cardboard
- Stick adhesive or white glue
- Adhesive tape
- **Facilitation sheet C2: Erotic body**



KEY MESSAGES

- There is no single way of enjoying one’s body and sexuality. The parts of the body that are more sensitive vary from person to person. Only knowledge of our physical being can take us to experience it with the pleasure that we are entitled to. In order to exercise our sexuality more freely and autonomously we must all get to know ourselves and explore what we want, what we like or what we need, as well as what displeases us.
- Sexist culture represses women’s right to pleasure. Nonetheless, women as well as men have the right to pleasure, to truthful information on sexual matters, access to contraception and a violence-free sex life.
- In sexist societies, sexuality is equated with sexual intercourse, and male sexuality with controlling women. Sexist societies classify women into two types: good (girls who ‘behave well’, who don’t feel sexual desire) and bad (girls who show sexual interest). This ‘black and white’ vision of women prevents young men from getting to know women’s real desires and interests.



FACILITATION ADVICE

- Prepare for this exercise by rereading sections 3.1.1. and 3.1.2. of the conceptual summary, and **Facilitation sheet C2: Erotic body**. If it seems relevant, you can read part of the Facilitation sheet to the group.
- Talking about sexual desire allows us to tackle the prevention of risks associated with sexuality, such as unplanned pregnancy, sexually transmitted infections, HIV-AIDS, sexual harassment and violence.
- Try and help the young men to understand that an active sexual life does not necessarily mean having sexual penetration, and that there are many other forms of contact, intimacy and pleasure. Try and moderate this discussion as openly and uninhibitedly as possible, even when the participants laugh or make jokes about the subject.

9. Adapted from the activity “Erotic Body” in the Program H manual from Promundo (undated). Sexuality and Reproductive Health. <http://promundoglobal.org/resources>

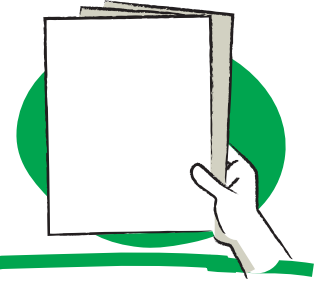
STEPS TO FOLLOW:

1. Open with a brainstorming session to “break the ice” and to create an atmosphere of trust.
Ask – **What words do people use to refer to the penis?** (Encourage them to find words that are used in their own environments: their neighbourhoods, among their peers, in chat, in their social networks). Then ask – **What other words are there for vulva or vagina?**
To finish, reflect on – **Why are these two body parts given so many names?**
2. Tell the participants that this exercise is about the ‘erotic body’. Ensure that all understand what we are talking about by asking – **What do you understand by erotic body?** According to their replies reinforce and help them clarify the concepts.
3. Ask them to form groups of three to four young men and hand out some magazines, a set of coloured pens, three pairs of scissors, glue, and sheets of paper to each group.
4. Explain that initially each group should make a collage about what they understand by a male erotic body, using the magazines, markers and glue. When they have finished, ask them to do the same thing for the female erotic body.
5. Ask each participant to display his collage on a part of the wall so that all the male bodies are together and the female bodies are separated from them.
6. Declare the collage exhibition open and ask the group to take some time to visit it and find what the works have in common and what aspects are different.
7. Moderate a group conversation around these questions:
 - a. **What is desire?**
 - b. **How do men get aroused? How do women get aroused?**
Are these differences biological or learned?
 - c. **What is masturbation?**
 - d. **What is an orgasm? What happens when a man has an orgasm?**
What is the female orgasm like?
 - e. **What do you think is the advantage of speaking openly about sexuality with your partner with whom you are having sexual relations to know what she likes, what gives her pleasure?**



FACILITATION SHEET C2:

EROTIC BODY



Every part of the human body feels pleasure when touched. People usually have specific parts of their bodies that are more sensitive to touch than others. These parts are known as erogenous zones (mouth, ears, neck, vulva, penis, clitoris, breasts, anus, etc.) These zones vary from person to person, and this is why there is no point in an instruction manual. One has to discover, through practice or dialogue, which are the points that, when touched, give greater pleasure for yourself and for your partner.

From childhood, people start to discover that the body has areas what, when touched, give a feeling of pleasure. Based on observation, handling and perception of bodily sensations, children gradually get to know their own bodies. Nonetheless, at this stage in life, handling their genital organs does not have the same connotations as in adulthood. In childhood it is simply the pursuit of a pleasurable sensation, not an orgasm.

Upon reaching adolescence, sexual hormone production and new interests lead to intense sexual desire. This tension needs to be relieved, and thus, the act of stroking ones' genitals in pursuit of pleasure, i.e. masturbation, takes on an erotic character with the aim of sexual satisfaction. In general, this initial satisfaction is laden with guilt and fear due to the rigid education and myths that persist to this day.

At present, specialists believe that masturbation in adolescence is fundamental for sexual satisfaction in adult life, it is the way that a young person learns to feel pleasure and get to know his/her body and emotions better, and in contrast with what used to be said, masturbation does not e.g. maim anyone, does not make hair grow on your hands, does not lead to insanity or reduce strength.

In order to be ready for a sexual relationship, all aspects of the body must be considered, not just the sexual organs. Male arousal depends on social and psychological factors that are strongly interrelated, which are influenced and dependent on each other. The same applies to women for whom sexual desire is not linked to whether or not she is in her fertile period.

We can say that there are four important phases in people's sexual response: desire, arousal, orgasm and relaxation. Sexual desire is when one feels like having sex. This sensation occurs when the brain is activated by a sexually arousing stimulant. It is worth remembering that a specific stimulant may be arousing in certain cultures and not in others. For example: a specific beauty pattern may arouse sexual excitement in one place but not in another.

Anxiety, depression, the feeling of danger and fear of being rejected may affect people's sexual desire. In contrast, when a person feels relaxed and secure and has intimacy with their partner, this greatly enables the desire to have a sexual relationship.

Orgasm is the major phase in sexual pleasure and is very difficult to describe objectively. The feeling of pleasure is individual, which means that descriptions of orgasm will vary according to the person. Every orgasm is different. As the orgasm depends on the degree or sexual arousal, a person can have orgasms with different degrees of intensity at different times.

Relaxation is the phase during which women and men relax after orgasm. Men need some time before becoming aroused again. In young men, this is a short period (around 20 or 30 minutes), it can take longer in adults. Women do not need this recovery period, so they can have more than one orgasm during one sexual encounter.

ACTIVITY C3: PORTRAYING WOMEN AS SEX OBJECTS

In this activity the Champions of Change will analyse advertisements that portray women as sex objects. They will then set up 'advertising teams' to work on new advertising proposals where women, like men, are presented as subjects.

LINKS TO KAP

Knows how to answer questions about the link between gender and sexuality.

Rejects media images and content that portray women as sex objects.



TIME
90
MINUTES



MATERIALS AND EQUIPMENT

- 4 flipcharts with paper (1 per group)
- Card-sized sheets of paper
- Magazines and newspapers
- Adhesive tape
- Scissors
- A range of decoration materials
- **Facilitation sheet C3-A: Women as sex objects**
- **Facilitation sheet C3-B: Women from objects to subjects**
- Laptop
- Projector and screen



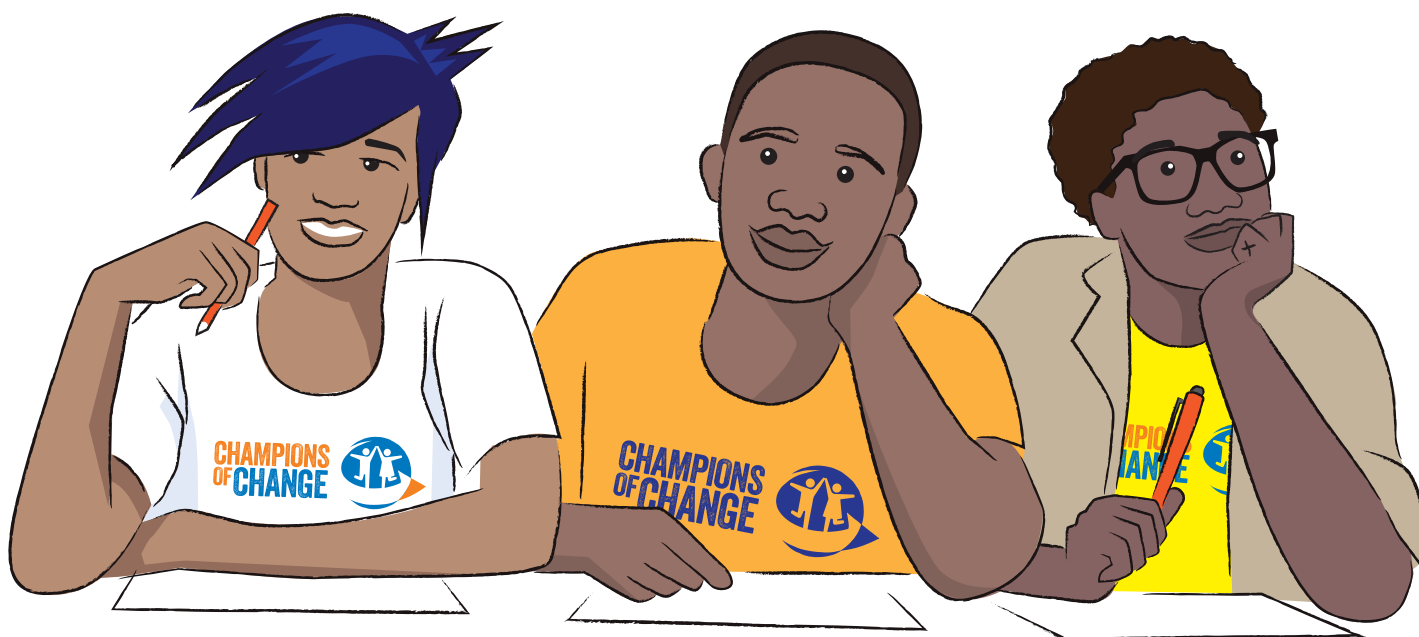
KEY MESSAGES

- Our society teaches us to value men and women according to their adherence to the differentiated norms about sexuality for men and women. We are taught that virtuous women do not show any sexual desire, and that women who are interested in sex have no value and can be 'used' by men.
- The belief that there are two types of women (good girls/bad girls) leads young men to show very little interest in finding out women's real desires and interests – it is much easier to classify them according to these types, and relate to them based on what they (the young men) need.
- An indicator of men's incapacity to relate to real women is the consumption of media images that degrade women, by presenting them as sex objects at the service of men.



FACILITATION ADVICE

- Prepare for this exercise by rereading the conceptual summary in section 3.1.2.
- Select five of the suggested photos in the **Facilitation sheet C3-A**. Try to choose images of a range of products to give the exercise greater diversity. You may also find examples from your own country so that the participants identify with the images. Add the first image featured in **Facilitation sheet C3-B** (WTA sport image) to your selection, as it will also be used in the second part of the exercise.
- Prepare a list with five names of companies that sponsor the advertisements that you selected from the list (like "Brahma", "BMW", "Durex"). The second part of the exercise will be conducted in five groups. To set up the groups, prepare a slip of paper for each participant with the name of the five companies selected, mix them up and put them in a bag. Confirm that the groups have equal numbers of participants.

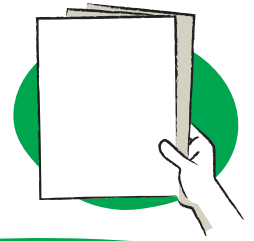


STEPS TO FOLLOW:

1. Ask for a volunteer to hand out a sheet of paper to each companion, while you explain that a series of images will be projected and they have to write down their reaction to each image on their sheets of paper.
2. Project the six images you selected for the exercise. You should project each image for about 20 seconds, before moving on to the next one. This is the average time that they will spend looking at a billboard on the street or a TV advertisement.
3. When finished, moderate a reflection session about the set of images. Use the opportunity to introduce the key concepts and messages linked to this exercise. Help the discussion with some of these questions:
 - **What were the six products that were being promoted? What slogans were used in each one? What elements have all these images got in common?**
 - **Do you remember the women who appeared in each advert? Ask them to describe them in as much detail as possible. And what about the men?**
 - **Who are these adverts targeted at? Why?**
 - **What messages and female and male attributes do these adverts present?**
 - **Does using women to promote these products work? Why?**
4. Ask the participants to pick a piece of paper out of the bag with the company names, while displaying the images on screen automatically. Tell them that this is a recruitment process in which they have been selected to join the new advertising teams for the companies that appear on their slips. Ask them to find their teammates from the same company and find a space in the room and a flipchart for working.
5. Ask each group to make a new advertising proposal for the product they were given to promote, they must work on the image as well as the advertising slogan, to change the role being played by the woman from that of object to subject. As an example, show the images presented in **Facilitation sheet C3-B**, about women's participation in sport, where the value of being strong is restored as a female quality. Make it clear that the exercise is not about reversing roles and using men as an object, but about finding a proposal that is consistent with gender equality.

FACILITATION SHEET C3-A: WOMEN AS SEX OBJECTS

Choose (5) of the following sexist advertising proposals.



devadiprivo.com/2012/12/18/publicidad-sexista-i-de-verdad-vale-mas-una-imagen-que-1000-palabras/brhma-cerveza-para-hombres



algodiferenteplasticaydiversidad.blogspot.fi/2013/05/la-retorica-visual-el-sexismo-en-la.html



vos.lavoz.com.ar/content/pamela-anderson-censurada-0



silhouettedecorstudios.files.wordpress.com/2010/07/presidente-ad-22.jpg



www.adwomen.org/wp-content/uploads/2011/06/Reborn-to-be-alive.jpg



farm6.staticflickr.com/5324/7227685130_95945d514a.jpg



i209.photobucket.com/albums/bb5/teagan_booh/Dolce-Gabbana-Ad-Sexist.jpg



[www.vicevi.com.hr/gallery/7/Powerofdiamonds\(3\)_57_800_500.jpg](http://www.vicevi.com.hr/gallery/7/Powerofdiamonds(3)_57_800_500.jpg)



1.bp.blogspot.com/-1BQlbYn59EI/TJEzn4nLJEI/AAAAAAAAANQ/dPLsMxgUgDk/s400/Post-it.jpg



i1.wp.com/masetv.com/wp-content/uploads/2013/07/new-tom-ford-for-men-fashion-wallpaper.jpg

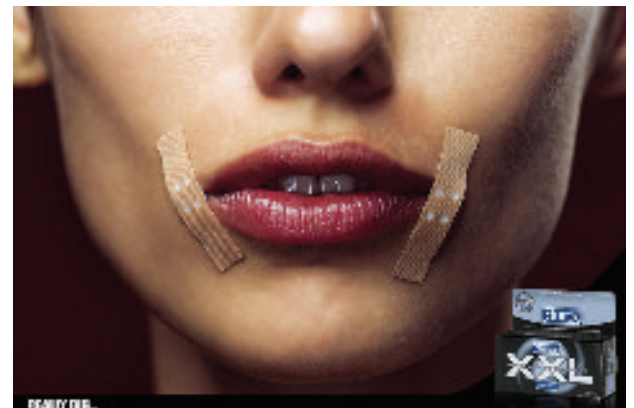
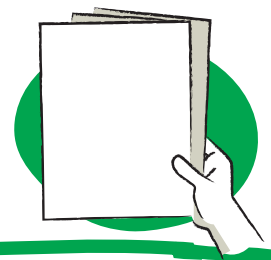


image.spreadshirt.net/image-server/v1/compositions/5432208/views/1,width=280,height=280,appearanceId=70.png/really-big-durex-xxl_design.png

FACILITATION SHEET C3-B: WOMEN FROM OBJECTS TO SUBJECTS



In this second part of the activity you should ask each group to make a new advertising proposal for the product they were given to promote. They should tackle the image as well as the advertising slogan, by trying to change the role played by the women in the adverts from object to subject. In the discussion, try and get the participants to see that it is possible for women to play a different role in advertising, reiterating the value of being strong, as a notable female quality. Make it clear that the exercise is not about reversing roles and using men as objects, but about finding a proposal that is consistent with gender equality.

First, place the object advert and then the other proposals. Allow them to react and criticise each one. For example, the first one (WTA) has a good message “strong is beautiful” yet the images, although not naked only show perfect women, unlikely to be sportswomen. The last images portray sportswomen.



<http://images5.fanpop.com/image/photos/30700000/WTA-wta-30744467-1920-1280.jpg>



http://1.bp.blogspot.com/-u_k9nxiRHqc/T5Xm9iPiKEI/AAAAAAAAATQ/T4-W0Rxpj7E/s640/20101025-095630-450x600.jpg



http://4.bp.blogspot.com/-8EVI44FSTY8/TfoXtpRe74I/AAAAAAAAABQQ/hQd9Y773D0U/s1600/250472_10150218181089683_6261664682_6972190_977164_n.jpg



<http://topdrawerlingerie.com.au/wp-content/uploads/2014/08/dove11.jpg>

☐ wrinkled?
☐ wonderful?

WOMEN ARE BEAUTIFUL AT EVERY AGE. YOUR BEAUTY IS NOT BASED ON YOUR AGE. IT'S BASED ON HOW YOU FEEL.

campaignforrealbeauty.co.uk Dove

ACTIVITY C4: ANTI-PREJUDICE CAMPAIGN¹⁰

The Champions of Change will take part in the preparation of an advertising campaign about respect for sexual diversity and through this they will learn that people with different sexual orientations deserve respect and have the right not to be discriminated against or suffer violence.

LINKS TO KAP

Knows how to answer questions about the link between gender and sexuality.

Analyses his beliefs, habits and opinions on issues related to sexuality and reproductive health.

Respects people with sexual orientations that differ from his own.

Speaks to other young men and women respectfully about sexuality and relationships with partners.

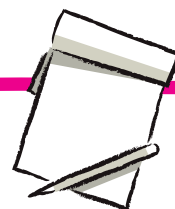


TIME
2
HOURS



MATERIALS AND EQUIPMENT

- Flipcharts (1 per group)
- Coloured pencils (1 box per group)
- Felt pens
- Video: Be The One Who Helps - Out in Schools' 2013 Rise Against Homophobia Contest <https://www.youtube.com/watch?v=d8N-432idLM> or go to: <http://www.itgetsbetter.org/content/international> for other videos
- Laptop, projector and screen



KEY MESSAGES

- Sexual gender norms do not just create barriers in relationships between young men and women; they also prevent young men from interacting with any other man who does not demonstrate his heterosexuality, which according to society is the 'natural' way to be.
- Heterosexual sexual orientation is not the only valid sexual orientation. People with other sexual orientations deserve respect and have the right to not be discriminated against or suffer violence.
- Hegemonic masculinity dictates that any person who isn't heterosexual deserves rejection. This rejection is expressed through conducts and behaviours that range from jokes to the most violent forms of harassment.



FACILITATION ADVICE

- Prepare for this exercise by rereading the conceptual summary on the issue of sexuality and gender norms in section 3.1.2.
- **Warning: this activity contains two moments that need to be very well differentiated.** Step 2 deals with diversity in general and Step 4 focuses on sexual diversity. Ensure that the participants work on the general issue of diversity first.
- At the end of the exercise, questions are set out to guide reflection, ensure that you know the answers in order to facilitate this discussion, supported by the conceptual summary or additional resources suggested in section 3.1.2.

¹⁰. Based on an activity developed by Promundo: <http://promundoglobal.org/>

Improving coexistence by respecting diversity



STEPS TO FOLLOW:

1. Facilitate a group formation exercise to set up groups of between three and four people. Give each group a flipchart, markers and coloured pencils.
2. Explain to the young men that each group will be an advertising agency, and that they will compete by preparing an advertising campaign. Suggest the campaign theme as: **'Improving coexistence by respecting diversity'**. The central sentence (or slogan) of their advertising campaign should be written on the flipchart, with a drawing to illustrate it. Allow enough time (30 minutes) for the groups to invent, discuss, and creatively prepare their campaign.
3. Ask each group to present their campaign in no longer than five minutes. Limit to some extent the reactions and comments from other groups, explaining that the exercise has not yet finished.
4. After all the presentations are over, explain that they will have 20 minutes to modify their campaigns, adding the theme of respect for sexual diversity and the need to end prejudice in this area. The idea is for them to reformulate their original proposal by adding something to the slogan and drawing in the initial proposal. The groups may use the same flipchart or a new one.
5. As an example, introduce the video Be The One Who Helps - Out in Schools' 2013 Rise Against Homophobia Contest: <https://www.youtube.com/watch?v=d8N-432idLM> or go to <http://www.itgetsbetter.org/content/international> for other videos.
6. When the groups have finished, ask them to display their flipcharts in a visible part of the room and make a new presentation. Ask each group to explain at the end of their presentation: **How did working on the first and second theme differ? How comfortable did they feel? Why?**
7. Allow the other groups to ask question or make comments on each advertising proposal. Once the presentations are over, organise a vote to choose the work/s that the participants liked the most.
8. After the voting, open a brief discussion related to the concepts that the participants need to learn. Ensure that you complete the ideas that may emerge based on the following questions:
 - **How many sexual orientations are you aware of?**
 - **What prejudices exist against people who are not heterosexual? Why?**
 - **Do you know what homophobia is?**
 - **What attitudes do you recognise in your own behaviour that might be classified as homophobic? Are these attitudes based on myths or prejudices?**
 - **What are the effects of discrimination on the people who suffer it?**
 - **What effects does homophobic bullying have in schools?**
 - **Why is the right to diversity important?**

ACTIVITY C5: MYTH BUSTERS

In this activity the Champions of Change will demystify false beliefs about gender, youth and sexuality, and will be encouraged to analyse the cultural, gender and power reasons that these myths are reproduced from generation to generation.

LINKS TO KAP

Analyses his beliefs, habits and opinions on issues related to sexuality and reproductive health.

Understands that sexual desire in men is not stronger or more natural than in women.

Identifies myths that sustain gender inequality in the exercise of sexuality, and knows how to explain why they are false.

Respects the integrity of all young women, whether or not they are sexually active.

Respects women's wishes – understands that No means No.

Challenges disinformation about sexuality in his family and in his community.

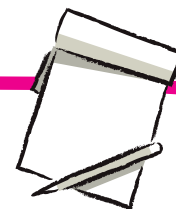


TIME
3
HOURS



MATERIALS AND EQUIPMENT

- 6 flipcharts with paper
- Coloured marker pens
- 6 medium-sized balloons
- Letter-sized or equivalent paper
- Laptop with internet access
- **Handout C5: Myths and realities about gender and sexuality**



KEY MESSAGES

- The control mechanisms for gender norms and sexual norms mean that young men enter into relationships laden with myths and disinformation that affect their capacity to build relationships based on intimacy, respect and love. Rejecting these myths is fundamental in the young men's journey towards a commitment to gender equality.
- The Champions of Change who are committed to gender equality look after their own sexual health and that of their partner, they are committed to prevention practices, they discuss the use of contraception with their partners, as well as whether or not to have sexual relations. They also respect their partner's right to pleasure and never pressure or force them to do anything sexually that they do not want.

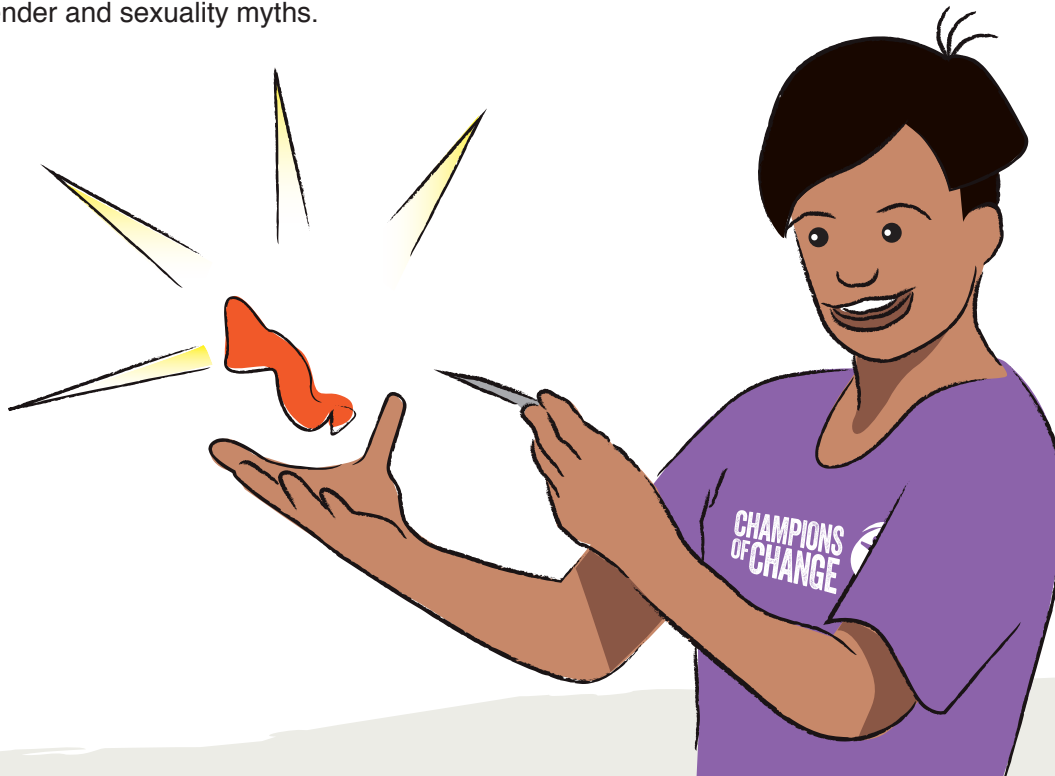


FACILITATION ADVICE

- Prepare for this activity by rereading sections 3.1.2. and 3.1.3. of the conceptual summary.
- In this activity it is key to debate around the ideas and concepts that the Champions of Change have of sexuality, make the most of each contribution to help the group to reflect critically on the social construct of sexuality.
- Write each of the nine myths in the **Handout C5** on a strip of paper.
- Fold the papers and insert each myth into a different balloon and inflate and knot each balloon.
- Print the **Handout C5** and cut out each myth and stick it at the top of a sheet of paper.

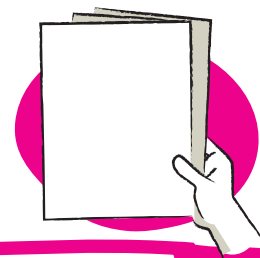
STEPS TO FOLLOW:

1. Start the activity by asking – **Do you think that masturbation can change penis size, cause your face to break out in spots and/or make hair grow on your hands?** If any of the participants suggests that myths always exist for a reason, ask: **What do you think the reason might be?** If that opportunity does not arise, find another way of explaining that myths exist because they help teach and maintain social rules on gender and sexuality.
2. Explain to the group that they will be working in teams to challenge false beliefs about gender and sexuality, by analysing the possible reasons for the emergence of myths and the consequences on the lives of young women and men.
3. Ask them to form eight groups. Appoint a spokesperson and ask him to take a balloon. If there are not many participants, you can use fewer myths so that each group is made up of at least three people.
4. Ask each group to burst their balloon and read their myth out loud. Ask for comments from the other groups on whether they have heard that myth, who they have heard it from, and what they think about it. Suggest to the group that has presented the myth to take notes of the comments, as this will give them additional elements for the group to work on its presentations.
5. When all the groups have presented their myths, give each group a sheet with the myth that they will be discussing and the corresponding reality. Give them 30 minutes to prepare a five-minute presentation with the following elements:
 - **Examples from their lives that invalidate the myth.**
 - **Why does this myth exist?**
 - **Consequences for the lives of women and men.**
 - **Concrete proposals for challenging this myth in themselves and among their peers.**Suggest using flipcharts to liven up their presentations.
6. Once all the groups have finished, ask each group to make their presentation in five minutes. After each presentation allow the other groups to react with questions or more contributions.
7. Ensure that they have touched on the reasons and consequences listed in section 3.1.3. of the conceptual summary. If they do not feature in the presentations or in the contributions from the other groups, present them yourself as facilitator.
8. End the exercise by reminding them of the importance of always being alert to what is behind gender and sexuality myths.



HANDOUT C5:

MYTHS AND REALITIES ABOUT GENDER AND SEXUALITY



MYTH # 1: SEXUALITY BEGINS AT PUBERTY.

Reality: Sexual development starts during infancy, through physical contact. Sexuality is one of the ways in which children develop their personality and their relationship with affection and feelings of security. Sexuality is an integral part of every human being, to the same degree as eating, sleeping, studying, etc.

MYTH # 2: MASTURBATION CAUSES MADNESS, MAKES YOU GROW HAIR ON YOUR HANDS, AND SHRINKS YOUR PENIS.

Reality: Masturbation is a natural and common activity, for women as well as for men. Masturbation is beneficial for mental and physical health. It helps relieve sexual tension, to relax, and to get to know one's own body. People who feel at ease with their bodies are more likely to protect themselves from sexually transmitted infections (STIs) and unplanned pregnancies.

MYTH # 3: TALKING TO YOUNG PEOPLE ABOUT CONDOM USE IS THE SAME AS ENCOURAGING THEM TO BE PROMISCUOUS.

Reality: When young people have more information about healthy and pleasurable sexuality, they make better decisions about their own sexuality.

MYTH #4: SEXUAL DESIRE IN MEN IS DETERMINED BY THEIR HORMONES AND IS MUCH STRONGER THAN IN WOMEN, WHOSE SEXUAL DESIRE IS DETERMINED BY THEIR EMOTIONS.

Reality: Sexual desire depends less on nature and more on society; less on the hormones that appear in puberty and more about what males expect of themselves, on what others expect from them, and on group pressure.

MYTH #5: IF A WOMAN IS A LESBIAN IT IS BECAUSE SHE HAS NEVER HAD A REAL MAN.

Reality: Sexual orientation is an expression of the identity that is constructed throughout a lifetime. It is not something that one person can teach another.

MYTH #6: A MAN'S SEXUAL PROWESS IS DETERMINED BY THE SIZE OF HIS PENIS.

Reality: Men's capacity for sensuality is much broader and rich. Men, just like women, have different zones in their bodies that give them a feeling of pleasure.

MYTH #7: PREVENTING PREGNANCY IS THE WOMAN'S RESPONSIBILITY.

Reality: Preventing a pregnancy is a shared responsibility between men and women.

MYTH #8: WHEN A GIRL SAYS 'NO' SHE REALLY MEANS 'YES'.

Reality: No is No! Nobody has the right to assume that a woman does not know what she wants or what suits her, or that she is refusing to have sexual contact as a way of flirting.

MYTH #9: IF A GIRL IS NOT A VIRGIN, SHE IS NOT A GOOD CATCH.

Reality: Young women have the same right to have relations and experience their sexuality as men.

ACTIVITY C6: SEXUAL AND REPRODUCTIVE RIGHTS

In this activity, the Champions of Change will start by analysing a campaign about sexual and reproductive rights in order to discuss their identity as rights holders in relation to the primary and secondary guarantors.

LINKS TO KAP

Is aware of the role played by family and friends in repressing or promoting the free exercise of sexuality with gender equality.

Is familiar with the national laws and the international instruments related to sexual and reproductive rights.

Knows who the primary and secondary duty bearers for his sexual and reproductive rights are.

Appreciates that men and women have equal rights to healthy and pleasurable sexuality.

Makes use of sexual and reproductive health services.

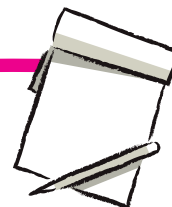


TIME
2
HOURS



MATERIALS AND EQUIPMENT

- 4 flipcharts with paper
- Thick marker pens
- Laptop, projector and screen
- **Handout C6: What are my sexual and reproductive rights?** (1 per participant)
- 4 campaign adverts (Amnesty International, My Body My Rights) (4 videos, 30 seconds each available at: <http://goo.gl/yDAqIH>)



KEY MESSAGES

- Sexual and reproductive rights are an inseparable part of human rights. Primary and secondary duty bearers have the responsibility to respect and protect rights holders.
- While parents are responsible for guiding young men and women's decisions, they do not have the absolute right to take decisions about their lives or about their health.
- **Sexual health** is a state of physical, emotional, mental and social wellbeing as it relates to sexuality throughout all the stages of life. Sexual health requires the chance to have pleasant and safe sexual experiences that are free from coercion, discrimination and violence.
- **Reproductive health** is a state of physical, emotional, mental and social wellbeing in terms of the processes, functions and the reproductive system. Therefore, reproductive health implies that people are able to have a responsible, satisfying and safe sexual life as well as the ability to reproduce freely to decide if they are going to do it, with whom, when and how frequently.
- The right to reproductive health faces many strong obstacles. Many young men and women have experienced sexual violence in their immediate environments. Many young people are pressured by their peers or their partners to have sexual relations, even when they do not feel ready or willing to do so.
- There are also social, cultural and legal barriers, as several sectors have been creating obstacles to exercising the right to a healthy and pleasurable sexuality. For example, preventing schools from teaching integrated sexual education, or for young men and women to have free access to contraception. This is also evident in legislation that bans or criminalises the voluntary termination of pregnancy.



ADVICE

FACILITATION ADVICE

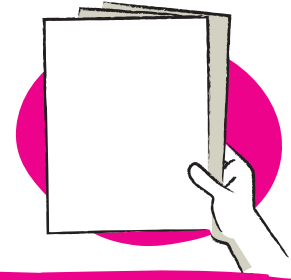
- Prepare for this exercise by rereading the conceptual summary on the right to healthy and pleasurable sexuality in section 3.1.4.
- Collect information on the national laws on sexual and reproductive rights and about the organisations that provide sexual and reproductive health in your area.
- Prepare two flipcharts, one with the main elements of national legislation, and another with information about service providers so that you can use it when explaining the topics in this exercise.
- In this exercise it is important to highlight that one of the ways in which the Champions of Change demonstrate their commitment to gender equality is to respect their rights and those of their partner and taking responsibility for their sexual and reproductive behaviour.
- It is important to confirm that the boys see themselves reflected in the videos, as the aim is for them to analyse how they relate to girls and women, as well as to their family and community.
- Analyse the three videos in advance in order to have your own perceptions, without letting them influence the group reflections. Ensure that the equipment for playing them is working, and that they can be seen and heard clearly.

STEPS TO FOLLOW:

1. Start the exercise by giving a brief introduction on what is meant by human rights; rights holders, primary and secondary duty bearers; sexual and reproductive rights, with the help of section 3.1.4. of the conceptual summary. Hand out **Handout C6** to each participant.
2. Ask each Champion of Change to read aloud one point of those listed in the Handout. Ask the group what they understand by each of the rights. Complete it if necessary.
3. When they have finished reading, tell the group that four videos will be screened from the campaign “My Body, My Rights” produced by Amnesty International.¹⁰
4. Screen the four videos and moderate a brief reflection session after each video, writing down on the flipchart the key ideas that are aired around the following questions:
 - **What message is transmitted by the video? Which sexual or reproductive right does it refer to?**
 - **Do you identify with the message in your life now?**
5. Once they have watched the videos, facilitate a reflection session with these questions:
 - **Do you think these videos might be controversial? Why?**
 - **Do you think these messages would work in your country’s context? How would they need to be adapted? Why?**
 - **What should the duty bearers (family, community, state) do in each of the featured stories?****Write down the key ideas and keep the results in order to revisit them at the end of the exercise.**
6. After a short break, ask the participants to identify the primary and secondary duty bearers, who are helping them to fulfil their sexual and reproductive rights. Keep emphasising the discussion on the videos reminding them of the role of all the different duty bearers.
7. Ensure that the participants are clear on the topic of the role that primary and secondary duty bearers of their sexual and reproductive rights should play, by facilitating a reflection session about:
 - **Do you speak to your family members about sexuality and relationships? When you don’t find support within your family, who do you approach?**
 - **Have you received satisfactory answers to your doubts or information needs on sexuality at your school?**
 - **Do you know where to go for health services or advice?**
8. Make a brief presentation about the main elements of national legislation, and about the sexual and reproductive health service providers, with the help of the flipcharts you prepared in advance.
9. Conclude the activity by highlighting that one of the ways in which the Champions of Change can show their commitment to gender equality is to respect their own rights and those of their partners. This commitment entails looking after sexual and reproductive health with their partners, which includes preventing sexually transmitted infections, preventing unplanned pregnancies, antenatal, maternal and infant health, contributing to family income, to the care, education, health and nutrition of boys and girls without any distinction.

10. To learn more about “my body, My Rights” campaign visit: <http://www.amnestyusa.org/pdfs/MBMRtoolkit.pdf#page=5>

HANDOUT C6: WHAT ARE MY SEXUAL AND REPRODUCTIVE RIGHTS?



SEXUAL RIGHTS ARE AN INSEPARABLE PART OF HUMAN RIGHTS, AND THEY INCLUDE:

- The right to recognise oneself as a sexual being.
- The right to strengthen one's self-esteem and autonomy in order to make decisions about sexuality.
- The right to explore and enjoy a pleasurable sexual life, without shame, fears, concerns, prejudices, restrictions, guilt, groundless beliefs and other factors that prevent the free expression of sexual rights and the fullness of sexual pleasure.
- The right to experience sexuality without violence, coercion, abuse, exploitation or harassment.
- The right to choose one's sexual partners.
- The right to full respect for the physical integrity of the body and its sexual expressions.
- The right to decide when one wants to start sexual life, or whether one wants to be sexually active or not.
- The right to have consensual sexual relations.
- The right to decide freely whether to get married, live with a partner, or stay single.
- The right to express one's sexual orientation freely and autonomously.
- The right to protect oneself from pregnancy and from sexually transmitted infections and diseases.
- The right to access to quality sexual health services.
- The right to have information about all aspects related to sexuality, knowledge of how the female and male reproduction systems work and about the infections and diseases that can be acquired through sexual relations.

REPRODUCTIVE RIGHTS INCLUDE:

- The right to decide freely and responsibly how many children and the space between them, and to have the information, education and means to achieve this.
- Men and women's right to decide freely and responsibility whether to be parents.
- The right to decide freely what sort of family one wants to form.
- The right to access to safe, acceptable and effective methods of contraception (including emergency contraception).
- Women's right to not suffer discrimination or unequal treatment due to pregnancy or motherhood in education, workplace and within the family.
- The right to access health services and medical care that guarantees safe maternity, risk-free during pregnancy, childhood and breastfeeding, offering the greatest chances of having healthy children.
- The right to have education and information services to guarantee reproductive autonomy.

ACTIVITY C7: UNDERSTANDING MY OWN VULNERABILITY

This activity analyses the connections of a community of sexually active people that the participant group represents in different roles. Based on the sexual partners they choose, the Champions of Change will learn or reinforce STI and HIV prevention knowledge, attitudes and practices and reflect on their and their partner's vulnerability to STIs from a sexual and reproductive health perspective.

LINKS TO KAP

Recognises the personal risks of harmful practices in his sexual life.
Analyses his beliefs, habits and opinions on issues related to sexual and reproductive health.
Understands that everyone is vulnerable to sexually transmitted infections (STIs), including HIV/AIDS.
Exercises his sexuality respecting his own life and that of other people.



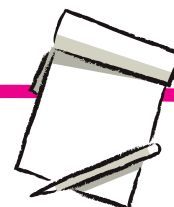
TIME

90
MINUTES



MATERIALS AND EQUIPMENT

- Cards in 2 colours (1 per participant)
- Pencils
- Sheets of paper cut into four
- Small box or container
- Thin red ribbon (can be replaced by wool or fine string)
- Scissors
- **Facilitation sheet C7**



KEY MESSAGES

- Adherence to sexual and gender norms in sexist societies exposes young men and women to situations of high vulnerability. By believing that reproduction is a woman's domain, many young men do not inform themselves about the reproductive process and are not concerned about prevention.
- Vulnerability is apparent among young men when they engage in high-risk behaviour like unprotected sex or alcohol or drug consumption.
- At a social level, vulnerability is evident in barriers to prevention and self-protection: not all young men have access to specific information and health services; women already find it very difficult to negotiate using condoms with their partner; distribution of condoms and other contraceptives is inadequate; there is still a very limited number of prevention and care programmes for adolescent victims of violence.



FACILITATION ADVICE

- Prepare for this activity by rereading section 3.1.4. of the conceptual summary, and consulting other materials with basic information about safe sex and STI/HIV/AIDS prevention.
- In this activity it is essential to discuss the ideas, concepts and practices that the young men may have about STI and HIV prevention. Make the most of each contribution to strengthen and validate concepts or appropriate practices, clear up doubts and demystify false beliefs that could exist in relation to the topics tackled in this exercise.¹⁰
- Use each input to analyse the situation in a gender equality framework, starting by highlighting how each situation affects women and men in different ways.
- Prepare a slip of paper for each participant following the instructions in **Facilitation sheet C7**. Fold the papers and place them in a small container.



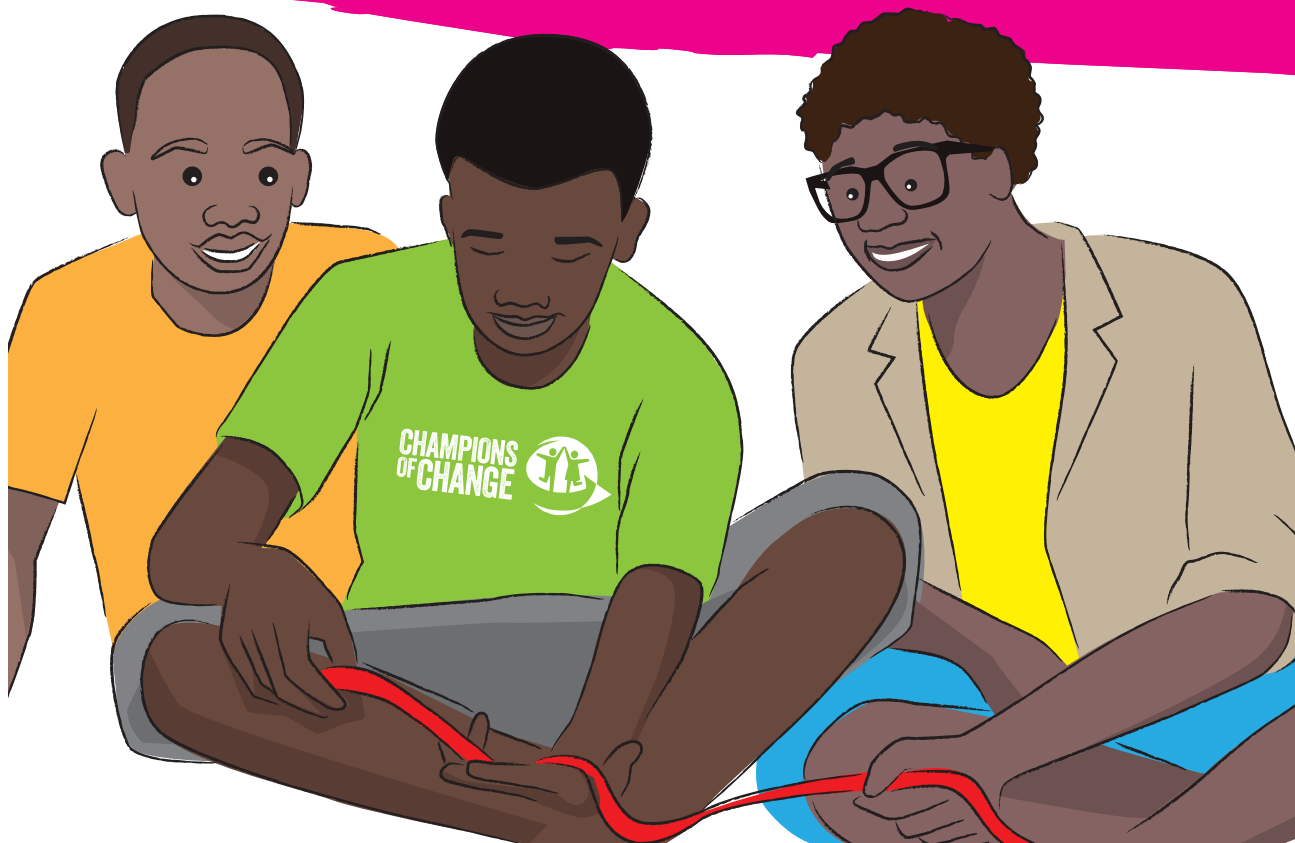
FACILITATION ADVICE

- Cut 30 pieces of red ribbon approximately one metre in length. Tie several groups of two, three and four ribbons each. Leave some individual pieces.
- Prepare a set of cards equivalent to the number of participants. Half in one colour and the other of the other colour and mix them (make sure they are not blue and pink). One colour will mean the participant is a man and the other a woman, but do not disclose this detail until indicated in the steps.
- **Warning!** Questions may arise during this activity that you are unable to answer. If this should happen, you should explain that you don't have all the answers but some of the participants can find out for the next session. In cases where a participant has a health problem that requires specialised attention it is important to advise him to consult a health specialist.

STEPS TO FOLLOW:

1. Ask the Champions of Change to sit in a circle on the floor. Place a mix of both coloured cards and pencils and the box with paper slips in the centre. Ask each participant to choose a card, a pencil and a slip of paper and not to open until told to do so.
2. Explain that for this exercise everyone will have to make contact with a specific number of companions. They will need to move around the room and engage in brief exchanges with their companions in order to achieve this.
3. Now ask each one to open their slip of paper and see the number they were assigned without telling the others. Explain that this number is the number of companions they will have to find, and as they find them they should write down their names on their card, and that they will have five minutes for this. Tell them that their letter will be used later on in the exercise.
4. Ask the participants who were assigned the numbers 0 or 1 to stay with you, while the others can begin their interaction. Explain to the participants who were assigned 0 that they do not need to write any names, or give theirs to any companion. In the case of the people who got the number 1, explain that they should only have one interaction and write the name down in their cards, and that they can also only give their name to one person. Ask them to join the group.
5. After the five minutes have passed, ask the young men to return to the circle and to memorise the letter they were assigned and the names they obtained during their interactions.
6. Tell them that the exercise is about seeing the dynamics that occur in a community of sexually active people. Explain that each person will have to adopt the role assigned by the letter on the slip of paper they picked.
7. Tell them that if they have X coloured cards they will be men, and the other coloured cards will be women. Also inform them that the names of the people they wrote down on their cards are the sexual partners they have had in the last few weeks.
8. Ask participants with the letter V to get up and leave the circle. With the help of **Facilitation sheet C7**, read aloud the sexual role they were assigned: **“V (say the young man’s name) has a sex life with multiple partners. He recently contracted HIV from an unprotected relationship. He doesn’t know this yet”**.

10. For more information refer to Promundo (2010). Engaging men and boys in HIV and AIDS prevention, care and support. <http://promundoglobal.org/resources>



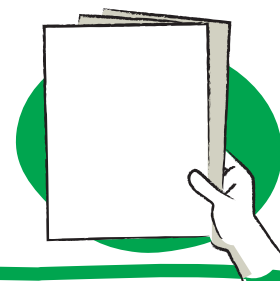
9. Ask this young man to read out the names (written on his card) of his sexual partners in recent months and give him a V, a group of four red ribbons tied at one end (which symbolise four partners). As he names his partners, ask them to get up and leave the circle too. Then give them the bad news that they probably also contracted HIV unless they protected themselves. Use this moment to introduce key messages about how the HIV virus is transmitted and prevented.
10. Then read the type of sexual life of each of V's partners who left the circle, and introduce new messages and clarify any doubts that may arise. For example, if one of these partners was (F) who was faithful to his partner, explain that being faithful is worth nothing if your partner isn't. It would be another story if as well as being faithful he had decided to have safe sex with his only partner.
11. If the partner doesn't use a condom, give him one of the ends of the V set of ribbons as a symbol of his new HIV positive condition. If he used a condom, he doesn't need to take the ribbon. Ask the infected partners not to let go of their ribbons until the end of the exercise.
12. After the ribbons have been handed out, each young man calls his respective partners and the process is repeated until only a few people are left without ribbons: the ones who don't have sex and the ones who always use protection.
13. Conduct a final reflection session about the network that was formed with the ribbons that interconnected the young men. Highlight that STI and HIV transmission works in a similar way and that is why it is so difficult to control.



TIP!

Don't forget to analyse each situation from a gender perspective, highlighting the way our relationships affect our partners.

FACILITATION SHEET C7



In this exercise, each participant receives a slip of paper informing him of his sexual orientation (symbolised by a letter) and the number of sexual partners he has had. The table below contains the types of sexual behaviours that will be assigned to the participants. Prepare as many slips of paper as necessary so there is one for each.

Decide how many paper slips you will need for sexual role. The table includes several suggestions that you should adapt to the size of your group. Nonetheless, the roles marked with an asterisk (*) may only be assigned to one person, and this role is compulsory for the exercise to work. The other roles can be varied and adapted to the size of the group. For the roles that are duplicated try adding a new element, in which this person did not use protection, as indicated in the second example.

Write a letter (first column) on each slip of paper and the corresponding number on the back (second column).

LETTER	NUMBER	SEXUAL ROLE	HOW MANY SLIPS TO PREPARE
A	0	Has chosen not to start having sex.	1*
B	3	Is bisexual and has a sexual life with multiple partners. Does not use protection because... (Add one to each of the three cases:) a. Says it doesn't feel the same (man) / some partners don't like it (woman). b. Says she or he knows the people she or he has sexual relations with well c. Cannot always find condoms.	3
C	4	Has a sexual life with multiple partners. Always uses a condom in sexual relations	2
D	3	Has a formal partner, but sometimes has sexual encounters with other people. Uses protection sometimes but not always. (Vary the reason for not using condoms for each participant, relating it to the different social barriers to using them)	4-6
F	1	Has decided to be faithful to his/her only partner as a way of preventing STIs.	3
H	2	Is homosexual (gay if male or lesbian if female)	3-5
M	2	Contracted an STI after being raped	1
S	2	Contracted an STI several months ago and still hasn't had it treated properly. Chooses not to mention it to his/her occasional partners to prevent rejection.	1*
T	1	Is heterosexual and HIV positive, contracted the virus from sharing infected needles in the past when she or he was a drug user. Has a stable partner to whom she or he is faithful and with whom she or he has safe sex in order to protect him/her.	1
V	4	Is a young man who has a sexual life with multiple partners. Recently contracted HIV from unprotected relations. Doesn't know yet.	1*

ACTIVITY C8: TO USE OR NOT TO USE?

In this activity the Champions of Change discuss the use of condoms, and the barriers faced by young men to accessing and using them.



LINKS TO KAP

Analyses his beliefs, habits and opinions on issues related to sexuality and reproductive health.

Recognises the importance of self-care and mutual care in a relationship.

Values the use of condoms as a sign of responsibility and maturity.

Discusses with his partner both their wishes, desires and expectations in their sexual relationship.

Uses protection in all his sexual relationships.

Takes on shared responsibility in healthy and pleasurable sexual relationships for both parties.

Exercises his sexuality respecting his own life and that of other people.



TIME
60
MINUTES



MATERIALS AND EQUIPMENT

- 2 flipcharts
- Marker pens
- Letter-sized or equivalent paper for each group
- Ink pens for each group



KEY MESSAGES

- Every Champion of Change who is responsible in his sexual life should strive for self-protection and protect his partner when it comes to sexual and reproductive health.
- In a sexist society women have less negotiation power than men, and men learn to control women. In order to confront these stereotyped gender roles, we can start by learning that negotiating does not mean winning at all cost, but to find the best option for both parties, i.e. for everyone (male and female) to win.
- There are many barriers and cultural myths about condom use by young women as well as by men.

FACILITATION ADVICE

- Prepare for this exercise by rereading the conceptual summary in section 3.1.5.
- Aim to analyse with the participants what the main barriers are to condom use, and how to resolve each one. It is worth making notes of all the solutions that arise throughout the activity on a flipchart.



STEPS TO FOLLOW:

1. Facilitate a dynamic group formation exercise to form four teams. Explain to the group that they have been invited to take part in an important debate.
2. Give each team a piece of paper and ask them to use the sheet to make notes of arguments in favour of the topic that they are assigned to defend in the debate. Explain that, although they may not agree with the topic they are assigned to defend, they should find arguments that are commonly used to justify this stance.
3. Give the following topics to the teams:
Team 1 The reasons why men want to use a condom.
Team 2 The reasons why men don't want to use a condom.
Team 3 The reasons why women want to use a condom.
Team 4 The reasons why women don't want to use a condom.
4. Allow 15 minutes for the teams to discuss and write down their reasons. Ask each team to appoint a captain. Explain to Teams 3 & 4 that the idea is that they should put themselves in the place of women and argue from that point of view.
5. Ask Team 1 and Team 2 to come forward to debate. Place them opposite each other and generate a debate between both teams, with yourself as moderator and the rest of the participants as observers.
6. Ask for a volunteer from the other teams to help manage time. This person will tell each participant when he can start and finish his argument (one minute per person).
7. Moderate the activity by asking the captains of each team to start the debate by defending their topics for one minute. First the first group with one of its arguments, and after one minute, a member of the opposing team should respond to this argument for another minute, arguing from the assigned position. If the young men are left without arguments, you can introduce some question that motivates discussion, for example – **aren't condoms necessary for preventing transmission of sexual infections?** To which each group must respond from their assigned position. To conclude, give each group a few minutes to organise a closing argument based on everything that has been said, and ask the team captains to present it.
8. During the debate, using a flipchart, write down the main arguments for using as well as not using a condom, which will be used for the end of the exercise.
9. Repeat the exercise with the two remaining teams that worked on the same topics but from women's point of view.
10. Once they have finished the debates, display the two flipcharts prominently with the ideas compiled from the debates, and facilitate discussion with the participants from their real opinions (not those assigned for the debate) around the following questions:
 - **How did you feel? What did you notice as a result of supporting the opinion you were assigned?**
 - **Do the young men and women you know tend to use condoms? Do you use them?**
 - **What types of social and cultural barriers to condom use have you experienced?**
 - **What are negotiations about condom use like in real life?**
 - **When is the best time to negotiate condom use?**
 - **Are the arguments featured in the debate used? Which ones?**
 - **Do you negotiate in the same way with different types of partners? (For example, occasional sexual partners, steady girlfriends, same sex partners?)**
 - **What sexual and reproductive health topics arise from these debates? (For example, pregnancy, sexually transmitted infection).**
 - **Do you know of other methods of protection? Which ones? How are they used?**
11. Close the activity with a final reflection session about the social and gender barriers which prevent or impede access to condom use, and how these barriers can have negative effects, not just on sexual and reproductive health of young men and women, but by also limiting their life plans.

ACTIVITY C9: MY NEEDS AND YOURS: EQUALITY IN RELATIONSHIPS

In this activity the Champions of Change practice having conversations with their partners about both parties' wishes and expectations in sexual relations, and identify what they can do to contribute to gender equality from their relationships with their partner.

LINKS TO KAP

Recognises the importance of self-care and mutual care in a relationship.

Is convinced that preventing unplanned pregnancies is the responsibility of both parties.

Discusses with his partner both their wishes, desires and expectations in their sexual relationship.

Respects women's wishes – understands that No means No.

Takes on shared responsibility in healthy and pleasurable sexual relationships for both parties.

Exercises his sexuality respecting his own life and that of other people.



TIME
45
MINUTES

MATERIALS AND EQUIPMENT

- Letter-sized or equivalent paper
- Pens for each participant



KEY MESSAGES

- In a sexist society women have less negotiation power than men, and men learn to control women. In order to confront these stereotyped gender roles, we can start by learning that negotiating does not mean winning at all cost, but to find the best option for both parties, i.e. for everyone (male and female) to win.
- As men are not socialised to care or look after themselves, it is not unusual for them to lack understanding of their role of mutual care in their relationships with their partner. Young men tend to enter into relationships accustomed to being looked after by the women in their families. For this reason, they expect the same thing from their partners without thinking that they too should demonstrate the same care towards them.



FACILITATION ADVICE

- Prepare for this exercise by rereading the conceptual summary in section 3.1.5.
- Prepare 2 slips of paper with the following text: "They've known each other for six months. He wants to have sexual relations and thinks it is time. His partner is not as sure, has many fears and doubts about it and does not know how to express them or respond to them". Keep these slips of paper to hand out to the volunteers during the second part of this exercise.
- **Warning!** Don't forget to include gender analysis in each of the situations that the volunteers portray. Encourage this reflection with the young men reminding them that we are building our commitment to gender equality.

STEPS TO FOLLOW:

1. Ask the group of participants how many of them are currently in a steady relationship (not necessarily sexual), find out for how long.
2. Ask the Champions of Change to sit in a circle, close their eyes and think of the partner they are currently in a relationship with. Make it clear that this relationship does not necessarily have to be sexual. The young men who are not in a relationship can remember a past one or imagine a future relationship.
3. Ask them to reflect quietly on whether in their relationship they are or are not in the habit of discussing their particular needs and expectations in terms of sexual relations. Ask them to search in their memory for specific moments in which these spaces have taken place, and if they haven't, ask them to wonder why. Remind them of the theme of assertive communications tackled in Module 1 and ask whether communication in their relationship with their partner is aggressive, passive or assertive.
4. While they reflect, introduce the key messages of the exercise. Highlight that they should not feel bad about things that they have not done up to now. Tell them that men generally have not been socialised to look after other people, it is not unusual for them not to understand the mutual care role in their relationships with their partners, i.e. looking after themselves but also after their partners.
5. End the reflection session explaining how the simple fact of discussing sexual health and both parties' needs in a relationship opens a valuable space for growth and for building equitable relationships between peers.
6. Ask the participants to open their eyes and discuss the following questions with them: **Why do you think that it is so difficult to discuss our needs and desires precisely with the person we are closest to?** Let the participants establish the path of the discussion, moderating the contributions.
7. To end this part, ask: **Do you think that the relationships you were thinking of would be happier and more empowered if they opened these spaces or not?**
8. Ask for four volunteers to act out some role plays and take them out of the room to explain the exercise. Meanwhile leave the rest of the participants doing an essay recounting what they remember or imagined about their relationship with their partner and trying to take it to the ideal scenario where the partners discuss and communicate their needs. Make it clear that this is an individual exercise that will not be shared.
9. Outside the room, explain to the volunteers that in pairs, they will act out two types of relationships: one, in which the couple converse, and another, in which they don't (both situations chosen at random). Tell them that both couples will play the situation assigned to them on the slip in less than five minutes (they will not know that it is the same situation). Tell them they have 10 minutes to prepare the role plays - without exchanging with the other pair.
10. Ask both pairs of volunteers to choose the sexual orientation of the couple they want to portray (heterosexual or homosexual) and to reflect what they have learned in previous activities, including discrimination, gender stereotypes, vulnerability, mutual care, negotiation in condom use, and gender equality.
11. Go back into the room and ensure that the others are working on their essays. When they have finished ask them: **How did you feel about writing about the communication dynamic you establish with your partner? Did you learn anything from this exercise?**
12. After the 10 minutes have passed, tell the group that they will be watching two portrayals of the same situation but tackled with two different strategies: the one that does not converse and the one that does. Ask them to pay attention and try to identify points in which both performances could improve with the aim of building a better equality-based relationship.
13. Ask the four volunteers to come into the room and ask the first pair to make their presentation. Then ask the participants to write down their comments.
14. Once the role plays are over, facilitate a reflection session on the importance of mutual care, assertive communication in the context of relationships with partners.

ACTIVITY C10: ADOLESCENT FATHERHOOD

In this activity the Champions of Change will reflect on their beliefs about fatherhood during adolescence.



LINKS TO KAP

Recognises the importance of fathers taking on shared responsibility for raising their children, whether or not they are with the mother.

Takes an active part in caring for the children around him.

Is convinced that preventing unplanned pregnancies is the responsibility of both parties.



TIME
90
MINUTES



MATERIALS AND EQUIPMENT

- Flipchart
- 8 cushions (4 small + 4 large)
- 3 dolls (real baby sized)
- Letter-sized or equivalent paper
- **Handout C10-A: Michel and Johanna's story** (1 per group)
- **Handout C10-B: My commitment to responsible fatherhood and gender equality** (1 per participant)
- Pens for each participant



KEY MESSAGES

- An important step in building gender equality is tackling the issue of motherhood and fatherhood from a gender equality perspective. Thus, if and when the young men and women decide to take on this role, they are able to do so in a responsible and informed way.
- Most messages that young men and women receive about adolescent pregnancy are full of prejudice and threats. Although most messages are aimed at preventing pregnancies, they have actually done very little to reduce the rates of teenage pregnancy. Instead, they have contributed to disinformation among young men and women about sexuality, creating prejudices against pregnant teenagers, and contributing to the lack of responsibility on the part of teenage fathers.
- Situations and reasons for adolescent pregnancies vary and must be heard and discussed respectfully by the adult who is responsible for helping this young man or woman to grow up, without promoting repressive and prejudicial attitudes, by encouraging dialogue and mutual learning.
- Adolescent pregnancy can create obstacles to life plans, studies and work, and can have negative consequences on women's health. Nonetheless, some pregnancies are wanted by the young people, who do not see them as problems. However, it is important to balance the way we tackle the issue between the importance of prevention of adolescent pregnancies and to listen to young people's own views, experiences and needs.
- Adolescent males have the same responsibility for pregnancy as women. This tends to contradict the message that adolescent pregnancy is exclusively the girls' problem, in which they (the young men) never feature. In our work with the Champions of Change it must be made absolutely clear that sharing all the stages of a pregnancy and bringing up sons and daughters with their partners is part of being committed to gender equality.
- A first step for the Champions of Change could be to try and become more involved in looking after the children in their own environment. Young men often do not feel ready for looking after children, as this has never been expected of them or encouraged. For this reason, raising the Champions of Change' awareness that they may also play and look after the children in their families or friends' children is an important step in their commitment to gender equality.



ADVICE

FACILITATION ADVICE

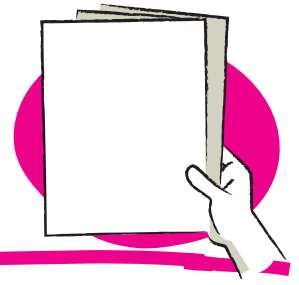
- Prepare for this exercise by rereading the conceptual summary in section 3.1.6.
- Find out the percentage of adolescent pregnancy or the birth rate among adolescents in your country and write it on a flipchart in big letters.
- Two examples:
 - In the Dominican Republic, one out of every five adolescent girls between the ages of 15 and 19 has been pregnant or has already become a mother (22.1%). The birth rate among adolescent girls between the ages of 15 and 19 is 98 per 1,000, well above the Latin American average of 74 per 1,000.
 - In the Philippines, the incidence of teenage pregnancies almost doubled from 125,270 in 2000 to 206,574 in 2010 (Source: NSO)
- Based on the percentage in your country, work out how many pregnancies there would be per five teenage girls. For example, if the percentage is 22.1, this is equivalent to two in ten, or one in every five adolescent girls. Cut out as many slips of paper as there are participants and divide them into groups of five. Write "P" on as many slips of paper as necessary in each group of five, according to the national statistic. For our example (one in five) if we have 22 participants, we prepare 22 slips of paper of which four have a "P". Fold the papers.
- In the first part of the exercise the aim is for the participants not to see adolescent pregnancy as something remote that could never happen to them. If there are no participants who are fathers, and if you as a facilitator are a father, you could bring in your own experience as an example.
- Cut **Handout C10-A** into three parts.

STEPS TO FOLLOW:

1. Ask the group if any of the members are fathers or in the process of becoming one, and find out how old their child is or how many months pregnant their partner is.
2. If there are fathers in the group, ask them if they would like to share their experiences with their companions. If not, ask if anyone has a friend (male or female) or young relative who has been through this situation. Ask them to share with the group: **How old were they when they started their relationship with their partner? How old were they when she became pregnant? What were their reactions when they found out about the pregnancy? How did their families react? What did they decide to do and how are they both now, and how is their relationship?**
3. Ask the participants to sit in a semi-circle and place the flipchart with the statistics on adolescent pregnancy where they can all read it clearly. Ask a volunteer to read it aloud and ensure that everyone understands it. If there are fathers in the group, give him one of the dolls. Then ask the rest of the participants to pick a slip of paper.
4. Ask the ones who have a "P" to step forward. Give them a small cushion and ask them to place it under their shirt, representing their pregnancy. You should be alert for the young men's reactions when the cushions are handed out.
5. Ask the participants to sit in the circle and explain that this group of companions, and based on statistical probability, XX of you will have got your partners pregnant during adolescence. Ask: **What do you feel about the probability that you might be one of these fathers?** Allow as many participants as possible to react.
6. Ask them to close their eyes and think of 10 people their own age and the ones they interact with most often (men and women) and ask them to imagine XX of them expecting babies. Ask: **What would you do? How do you think this situation will change their life plans and your relationship with this person? How do you think you can support them in this process?**

7. Lastly, ask them to think of their current partner or the imaginary partner in their previous exercise (Activity C9), and to imagine her pregnant. (If any of the boys are in the process of a pregnancy, ask them to imagine that it is a twin pregnancy). Ask: **What would you do? How do you think this situation would change your shared and individual life plans? How would this change your relationship with this person?**
8. To conclude this part of the exercise, ask if anyone would like to share part of the reflections they made. Highlight that every case of adolescent pregnancy is different and the outcome depends on each person's capacity to face the situation, the way they were brought up, their social values, and mainly, support from the family, health and education professionals.
9. Announce a short break but make it clear that the participants with babies and the ones who are pregnant have to stay that way until the end of the exercise. At this stage change the small cushion to a large one for the ones who are pregnant, to show that the pregnancy is continuing to progress.
10. Facilitate a group formation dynamic to divide the participants into groups of three or four. Assign a flipchart and markers to each group and tell them that they will be reading a story and answering the questions that appear at the end of the story.
11. Explain that the story is in three parts, and that you will start by giving them the first part. When the groups have answered the questions at the end, give them the second part, and so on.
12. Bring all the participants together in a plenary meeting and ask each group to nominate a representative who will present a summary of his group's answers.
 - **What is the usual reaction from a young man when he finds out his girlfriend is pregnant?**
 - **How does a young man feel when he finds out he is going to be a father?**
 - **What will change in his life?**
 - **What options do a young couple have when they find out they are going to have a baby?**
 - **What options does a young woman have when she finds out she is pregnant?**
 - **What will change in the young woman's life?**
 - **Will the story change if the pregnancy occurs in a young woman with whom he only went out once?**
 - **Does society demand the same things from a young mother, as a young father?**
 - **What support do young men who are going to be fathers need?**
13. Now hand out **Handout C10B: My commitment to responsible fatherhood and gender equality** to each participant, and ask each one to read one idea out loud. Ask them if they have any comments or queries about the text.
14. Now ask the pregnant participants (with the cushions) and the fathers (with the dolls): **How did you feel about your condition that differentiated you from your other companions throughout all the activity? How did you feel about being part of a statistic? Did you receive any special support from your companions?**
15. Facilitate a reflection session highlighting that an important step in building gender equality is to tackle the theme of mother- and fatherhood in a responsible and informed way. This is because almost all the messages that young women and men receive about the issue of adolescent pregnancy are full of prejudice and threats that by not responding to the adolescents' real information and support needs, they have not helped reduce the rates of adolescent pregnancy. End by saying: You and your partners - don't be (or become again) part of these statistics, you can really decide about your future.

HANDOUT C10-A: MICHEL AND JOHANNA'S STORY



PART I.

Michel is a 16-year old student. He likes going to parties with his friends and watching women. He met 15 year old Johanna at one of these parties. Michel liked Johanna immediately because he found her different from other women he had met. She was interesting, attractive and sensual. They went out during the next few days and Michel was crazy about her, Johanna made him feel things he had never felt before and she was all he could think of. Michel felt that he had met the love of his life.

Questions:

What does a young man feel when he is in love? What does he hope will happen when they see each other again? Do you think Johanna feels and hopes for the same things? What do you think will happen next?

PART II.

Michel and Johanna saw each other almost every day and when they were not together they spoke on the phone. One day, Michel's mum had to go and look after her sick aunt who lives out of town. Michel thought that this was his chance to invite Johanna to his home. Surely that will be the day that we will do it, he thought. Johanna arrived looking prettier than ever. They chatted for a while, started kissing, and their caresses became more and more passionate...

Questions:

Who should think about contraceptives? Johanna or Michel? Who is responsible for preventing AIDS or sexually transmitted infections? Do you think they protected themselves? Why? What do you think happens next?

PART III.

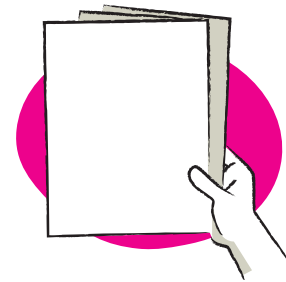
Johanna and Michel made love. It was very pleasurable for both of them and they didn't use any protection. When Johanna returned to the place where she was staying, she realised that in a few days she would have to return home and that she would miss Michel a lot. Michel was also very sad. He had never felt such strong passion. Their parting was sad, but they promised to write to each other every day and speak on the phone once a week. Two months later, Johanna called Michel to tell him that she was pregnant and didn't know what to do...

Questions:

Why do you think they had sex without using a condom, or some contraceptive method? What did Michel feel when he heard Johanna was pregnant? What could a man think or feel when he hears his girlfriend is pregnant? What choices do they have? What is the choice he should suggest to Johanna? How should he tell his parents what is happening? What do you think his parents' reaction will be? What do you think Johanna's parents' reaction will be?

HANDOUT C10-B:

MY COMMITMENT TO RESPONSIBLE FATHERHOOD AND GENDER EQUALITY



AS A CHAMPION OF CHANGE COMMITTED TO GENDER EQUALITY, MY DUTY IS TO SHARE ALL THE STAGES OF A PREGNANCY WITH MY PARTNER, AND TO HELP MY PEERS TO DO THIS TOO, BECAUSE OF:

- The importance of the father's presence in every child's life.
- Despite the fact that pregnancy occurs in the mother's body, the responsibility and the pleasure of pregnancy, birth and looking after their son or daughter is the couple's right.
- Stereotypes about adolescent boys and pregnancy in adolescence cannot be indiscriminately generalised. There are fathers who are involved and committed to their children as well as some mothers who are not.
- It has to be acknowledged that not every adolescent is absent and "irresponsible"
- there are many who are present and responsible. It is important to be aware that, as with his female partner, pregnancy for a male means a major emotional change.
- Pregnancy in adolescence can create obstacles to life plans, studies and work, and can have negative consequences on women's health.
- Situations and reasons for pregnancy in adolescence vary and must be heard and discussed respectfully by the adult who is responsible for helping the young man or woman to grow up, without promoting repressive and prejudiced attitudes, encouraging dialogue and mutual learning.
- Every case of adolescent pregnancy is different and the outcome depends of each couple's capacity to face the situation, the way they have been educated, their social values, and especially, the support they receive from their families and/or other duty bearers. Having this support is not the same as encouraging pregnancy in adolescents; it means creating the conditions for this process instead of physical, emotional and psychosocial problems for the couple.

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THE JOURNEY!



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