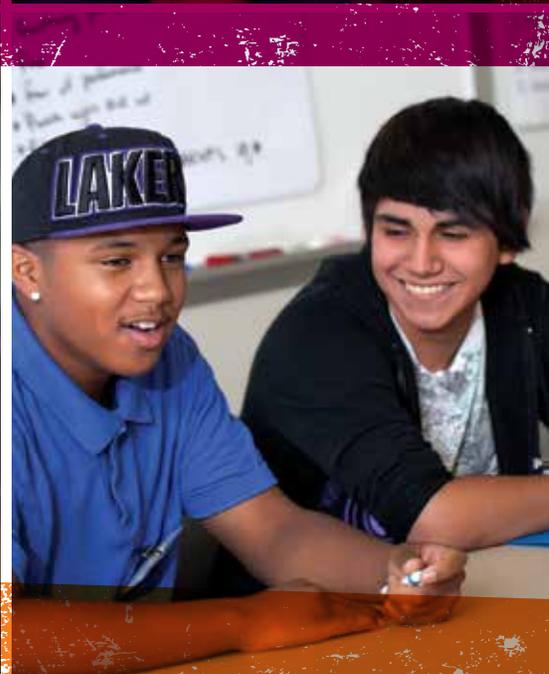


GEN.M

GENDER MATTERS

A GENDER-TRANSFORMATIVE
SEXUAL HEALTH CURRICULUM,
2ND EDITION



EngenderHealth
for a better life



A GENDER-TRANSFORMATIVE
SEXUAL HEALTH CURRICULUM
2ND EDITION

By Jenifer DeAtley, Andrew Levack, and Lori A. Rolleri



EngenderHealth
for a better life

EngenderHealth is a leading global women’s health organization committed to the belief that reproductive health is a human right and that access to reproductive health services is vital for women and girls to reach their full potential. We train health care professionals and partner with governments and communities to make high-quality sexual and reproductive health services available—today and for generations to come. To learn more about EngenderHealth, visit www.engenderhealth.org.

This document may not be reproduced, in whole or in part, without written permission. EngenderHealth also requires that parties obtain written permission to adapt this curriculum for use in settings other than the Austin/Travis County Summer Youth Employment Program or to create derivative works based on this curriculum. Please send all inquiries to Jenifer DeAtley at jdeatley@engenderhealth.org or info@engenderhealth.org.

This publication was made possible by Grant Number TP2AH000001 from the Office of Adolescent Health, U.S. Department of Health and Human Services (DHHS). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Office of Adolescent Health or DHHS.

© 2016 EngenderHealth. All rights reserved.

EngenderHealth
440 Ninth Avenue
New York, NY, 10001 U.S.A.
Telephone: 212-561-8000
Fax: 212-561-8067
e-mail: info@engenderhealth.org
www.engenderhealth.org

ISBN: 978-1-937410-27-8

Suggested citation: DeAtley, J., Levack, A., and Rolleri, L. A. 2016. *Gender Matters: A gender-transformative sexual health curriculum. 2nd ed.* New York: EngenderHealth.

In Memory of Douglas Kirby, Ph.D. (1943–2012)

An inspiration, a mentor, a leader in the field.

“Isn’t life great?”

CONTENTS

ACKNOWLEDGMENTS	vi
ABOUT THE AUTHORS	viii
INTRODUCTION	1
FACILITATOR RESOURCES	17
REFERENCES	27
SESSION 1: UNDERSTANDING GENDER	31
Activity 1.1: Welcome and Overview	33
Activity 1.2: Values Clarification	41
Activity 1.3: Gender Messages	45
Activity 1.4: Gender in the Media	57
Activity 1.5: Video Review—It’s about Me	63
SESSION 2: HEALTHY RELATIONSHIPS	67
Activity 2.1: Session 2 Check-In	69
Activity 2.2: Healthy Relationships and Deal-Breakers	75
Activity 2.3: Assertive Communication	83
Activity 2.4: What Is Consent?	97
Activity 2.5: Video Review—Creative Expressions	105
SESSION 3: BIG DECISIONS	109
Activity 3.1: Session 3 Check-In	111
Activity 3.2: Life Changes	115
Activity 3.3: Sexual Decision Making	121
Activity 3.4: Ways to Show You Care	133
Activity 3.5: Video Review—Gender Fishbowl	137

SESSION 4: SKILLS FOR PREVENTING PREGNANCY 143

Activity 4.1: Session 4 Check-In 145

Activity 4.2: Keeping the Egg and Sperm Apart 151

Activity 4.3: The Facts about STIs 157

Activity 4.4: How to Use Condoms..... 163

Activity 4.5: Condom Obstacles 171

Activity 4.6: Negotiating Condom Use 175

Activity 4.7: Video Review—Condom Slogans 185

SESSION 5: TAKING ACTION TO PREVENT TEEN PREGNANCY 189

Activity 5.1: Session 5 Check-In 191

Activity 5.2: Birth Control Report 195

Activity 5.3: The Clinic 201

Activity 5.4: Game Show Review 211

Activity 5.5: Video Review—Making a Commitment 217

Activity 5.6: Closing Activity—Spider Web 221

APPENDIX 1:

A THEORY-OF-CHANGE LOGIC MODEL FOR THE GEN.M CURRICULUM 225

APPENDIX 2:

QUICK ENERGIZER ACTIVITIES FOR GROUP FACILITATION 229

ACKNOWLEDGMENTS

The authors wish to express their sincere appreciation to a large team of people who supported the development of this curriculum. First and foremost, we would like to thank the members of SafePlace and its Expect Respect Team for their extensive and invaluable contributions in conceptualizing activities, field-testing the curriculum, providing critical feedback, and implementing the Gender Matters workshops with skill and care. This exceptional team included Jennifer Alley, Agnes Aoki, Mykey Arthrell, Phil Barton, Juliet Baylor, Nick Cruz, Zana Gardner, Susie Gidseg, Linda Gutierrez, Zell Miller, Nate Morgan, Randy Randolph, Benne Rockett, Barri Rosenbluth, Breez Smith, and Vincent Tovar. We want to extend a special note of appreciation to Zell Miller, Randy Randolph, and Barri Rosenbluth for their thoughtful additional reviews of this curriculum. We are also grateful to Barri Rosenbluth for her leadership in helping bring the fields of violence prevention and sexual health together.

We also thank Kristin McDuffie-Howe and Ivan Veda from Planned Parenthood of Greater Texas for serving as program facilitators and being exceptional community partners.

Columbia University's Mailman School of Public Health has been a vital partner in the Gender Matters project. We thank Debra Kalmuss for her ongoing role as our principal investigator and for serving as a trusted advisor. We also thank Columbia University staff members Jane Kato and Maya Scherer for their roles in carrying out and analyzing formative research with youth that informed the writing of this curriculum.

This project would not be possible without the leadership of Linda Espy and her team from the Travis County Work-Based Learning Program, which includes Manuel Villanueva, Shirley Peoples, and LaToya Ray.

We are grateful for the key contributions from many EngenderHealth staff members. In our Austin office, we appreciate Page Burdick, Margie Colter, and Audrey Gabe for their hard work and willingness to do whatever it takes to keep our project moving ahead. In our New York office, we appreciate Michael Klitsch for his editorial and publication support, Tor de Vries and Carolin Beine for their expertise in graphic design, and Theresa Kim for her role in branding and external communications.

Nicole Lezin provided excellent copyediting and formatting for several early drafts of this document. Doug Kirby and Julie Taylor provided invaluable external reviews of the curriculum and the training methodologies used. Will Gallagher shot and edited all photographs used in this curriculum.

We thank the U.S. Department of Health and Human Services Office of Adolescent Health for funding this project. We especially thank Evelyn Kappeler for her leadership of the Teen Pregnancy Prevention Initiative and Tara Rice for her ongoing support.

This second edition of the curriculum was made possible by a team of writers, reviewers, and supporters:

- EngenderHealth’s U.S. Programs team, who contributed to the writing and reviewing and who provided excellent feedback: Nicole Trevino, Amanda Ackerman, Madison Freeman, and Corey Jones
- A talented team of consultants: Maranda Ward, Jana Harker, and Haile Eshe Cole
- Our youth reviewer: Juan Benitez
- Our partners at the City of Austin Department of Health and Human Services, who piloted the revision and provided critical feedback, including Tim Eubanks, Omar Lopez, and Zana Muscove.
- This edition of the curriculum was edited by Michael Klitsch and formatted by Robin Kintz.

ABOUT THE AUTHORS

JENIFER M. DEATLEY, LMSW

Jenifer DeAtley is an experienced community leader and innovator with 20 years of experience in public health and social development programs. With a focus on youth development strategies, sexual and reproductive health and teen pregnancy prevention efforts, and nonprofit leadership, she has developed and implemented several innovative and strategic programs that address health disparities among youth populations and has authored and coauthored several curricula and adaptations to sexual health education curricula. She began her career in direct service as a social worker in schools and health centers and has applied her field knowledge to program and curriculum development, including authoring and developing two award-winning youth development teen pregnancy and intimate partner violence prevention interventions. Jenifer is currently Director of U.S. Programs and Adolescent Sexual and Reproductive Health Advisor for EngenderHealth, where she currently serves as the Principal Investigator of a randomized controlled trial of the innovative teen pregnancy prevention program Re:MIX and provides capacity building and technical assistance to organizations seeking change. She is the cofounder and inaugural chair of the Healthy Youth Partnership, a coalition aimed at reducing adolescent health disparities in Austin, Texas, and Jenifer currently serves on the board of the Healthy Teen Network, a national organization aimed at promoting healthy outcomes for youth through social change and innovation. She is also a professor at the graduate school of social work at the University of Texas at Austin and consults with local small and start-up nonprofits and organizations. Her specialties include leadership and growth, visioning and strategy, program and curriculum development, and building community coalitions. She holds a sociology degree from the University of Texas at Austin and a master's degree in social work from the University of Illinois at Chicago.

ANDREW LEVACK, MPH

Andrew is a leading expert on prevention efforts that address gender inequality. Andrew is the former director of EngenderHealth's U.S. Program. Andrew also previously served as the director of EngenderHealth's global Men As Partners® (MAP) Program. He currently serves as a Senior Program Officer for St. David's Foundation. Andrew has worked in more than 20 countries in Africa, Asia, and Latin America. He developed the first MAP® intervention in South Africa in 1998, which was later selected as a winner of the prestigious United Nations Red Ribbon Award.

Andrew is a founding member of MenEngage—a global alliance of more than 300 organizations that seeks to engage boys and men to achieve gender equality. He sits on the United Nations Secretary General's Network of Men Leaders and holds a clinical faculty appointment at the University of Washington's School of Public Health. Andrew lives in his hometown of Austin, Texas, with his wife and two daughters.

LORI A. ROLLERI, MSW, MPH

Lori has over 20 years of experience in developing, implementing, and evaluating sexual and reproductive health programs for youth and adults in the United States, Latin America, and Africa. At the time this curriculum was developed, Lori served as the Senior Technical Advisor and Team Lead for the Gender and Men As Partners® program at EngenderHealth in New York. In this position, she provided leadership and technical guidance to EngenderHealth's headquarter and field staff on how to identify harmful gender norms that hinder healthy sexual and reproductive health behavior and develop interventions that will transform them into healthier and equitable ones. Before joining EngenderHealth, Lori served as Director for the Center for Sexual and Reproductive Health Promotion at ETR Associates in California. While at ETR, Lori and her colleagues developed multiple capacity-building activities to support adolescent reproductive health practitioners in implementing effective evidence-based sex and HIV education curricula. Lori has coauthored several publications on the subject of adolescent sex and HIV education, including *A Tool to Assess the Characteristics of Effective Sex and HIV Education Programs* (2007), *Reducing Adolescent Sexual Risk: A Theoretical Guide for Developing and Adapting Curriculum-based Programs* (2011), *Becoming a Responsible Teen Adaptation Kit* (2011), *Reducing the Risk Adaptation Kit* (2011), and *Safer Choices Adaptation Kit* (2011). In addition, she has coauthored more than two dozen behavior change curricula. Lori currently works as a consultant to both domestic and international organizations. She is based in Queens, New York.



one to...
spectful
ng, orga
ach, balan
Sport

VOL/COM

Jeremy

INTRODUCTION

The Gender Matters project (also known as Gen.M¹) is an innovative, science-based intervention that incorporates cutting-edge research on gender-based attitudes and behaviors to prevent teenage pregnancy. From 2010 to 2015, Gender Matters underwent a rigorous study funded by the U.S. Department of Health and Human Services Office of Adolescent Health. Led by EngenderHealth and supported by SafePlace, a local domestic violence prevention organization, the study intervention targeted youth ages 14 to 16 who participated in the Travis County Summer Youth Employment Program. The majority of these youth resided in the 12 zip codes with the highest rates of teen pregnancy in Travis County, Texas (TDSHS, 2010), placing them at high risk of becoming teenage parents themselves. Since the initial study period, Gen.M has been field tested with a variety of populations in a range of settings, to understand its effectiveness with groups outside the initial study. Gen.M has been positively received by providers and youth who have participated in the program and continues to be a highly sought after curriculum.

¹ Gen.M is an abbreviation for Gender Matters.

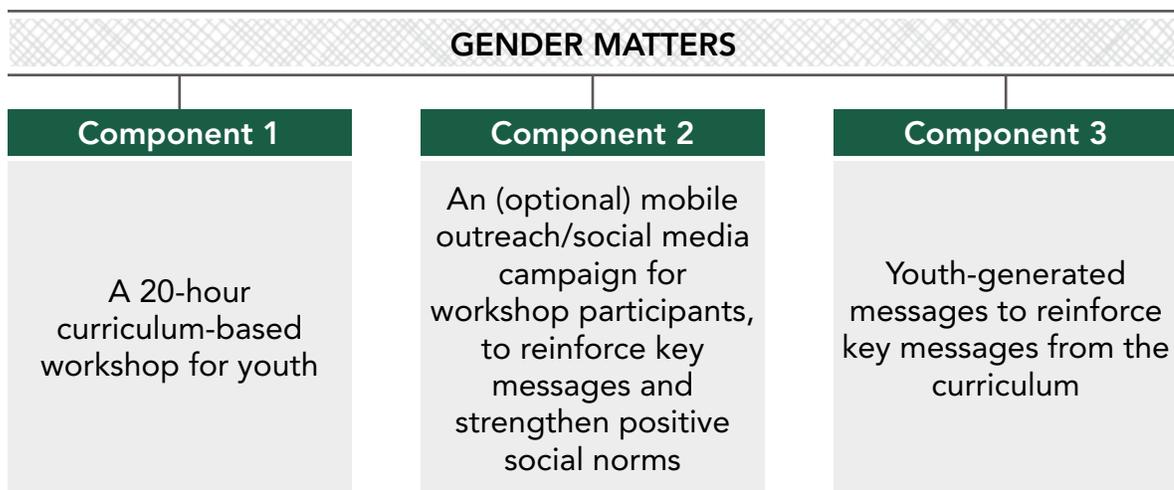
PROJECT GOALS AND OUTCOMES

The goal of Gender Matters (Gen.M) is to reduce rates of pregnancy and sexually transmitted infections (STIs) among youth aged 14–18. To achieve this, the project seeks to influence three behavioral outcomes:

1. Youth delay the onset of sexual intercourse.
2. Youth increase their use of the most effective contraceptive methods, including hormonal contraception and the intrauterine device (IUD).
3. Youth increase their consistent and correct use of condoms.

PROGRAM COMPONENTS

The Gender Matters program takes a three-pronged approach to reinforcing the key messages about sexual behavior, progressive gender norms, and building community and peer support.



Component 1

Curriculum-Based Workshop

During the study period, Gender Matters was implemented with small mixed-sex groups of 15 young men and women for five consecutive days as part of their employment with the Travis County Summer Youth Employment Program. The workshops were originally

implemented in 20 hours over the course of five days; however, the program may be and has been adapted under the guidance of EngenderHealth to better fit the implementation plans and populations served by organizations conducting Gen.M in their communities.

Each of the five workshop sessions is devoted to a particular theme. The overview below provides an outline of the themes and issues covered during each session.

Session 1: Understanding Gender

This session helps youth become aware of, question, and redefine gender norms in ways that support the development of equitable relationships and promote health and well-being.

Session 2: Healthy Relationships

This session helps youth understand the characteristics of healthy and unhealthy relationships while building skills to ensure that their own relationships are fulfilling, enjoyable, and healthy.

Session 3: Big Decisions

This session helps youth understand the challenges of being a teen parent and build skills in making healthy decisions about sexual activity.

Session 4: Skills for Preventing Pregnancy

This session teaches youth about pregnancy and STIs and builds their skills in preventing both through the consistent and correct use of condoms.

Session 5: Taking Action to Prevent Teen Pregnancy

This session teaches youth about the most widely accessible hormonal and long-acting contraceptives and where to obtain them. It also asks youth to identify personal behaviors that they intend to sustain or change so as to prevent pregnancy.

Component 2

Social Media Campaign—Mobile Outreach and Social Media

The social media component of Gen.M is an opportunity to engage youth following the workshop in a dialogue that will meet the following goals:

- Reinforce key messages about healthy sexual behavior and positive gender norms
- Develop a sense of connectedness and community among project participants, which will help reinforce positive peer norms
- Allow participants to publicly identify with key project messages and therefore internalize and act on those messages
- Enhance the impact of the curriculum
- Promote future Gen.M gatherings and events
- Provide additional health-related information to participants

During the initial implementation of Gender Matters, Facebook was used as the social media platform. It is important to note that social media preferences shift and change over time. Organizations should assess which social media platforms are used by the youth they serve and aim to engage youth in the places they are already interacting.

The mobile outreach element serves to:

- Provide information to participants, such as where they can go to get an STI test
- Drive youth directly to social media platforms, where they can discuss material shared via mobile outreach

During the initial implementation of Gender Matters, text messages were pushed out to program participants' cell phones and were then automatically posted to social media. This process allowed for information to be shared with participants while driving them to interact with their peers on social media.

The Gen.M social media activities are where substantial interactions take place.

Gen.M participants elect to sign up for the social media platform chosen and are then able to freely communicate about, comment on, or create user-generated content, such as propose questions, post pictures and videos, or share news and other health-related information

Mobile outreach, such as text messaging, and social media posts are made by both Gen.M project staff and a group of youth advisors to the project. Core message posts are structured to engage youth through polls, contests, discussion questions, and surveys

The social media campaign begins immediately following the end of the workshops and continues for four to six months, based on the following method. Each month focuses on an independent theme, and four messages pertaining to that theme are sent out each month. The chart on page 5 outlines the optional message themes by month. Additional relevant information will be posted randomly on social media throughout the campaign.

EXAMPLE GEN.M MESSAGE THEMES, BY MONTH

MONTH 1	Gender Norms <ul style="list-style-type: none"> • Acknowledging, questioning, redefining
MONTH 2	Sense of Independent Self <ul style="list-style-type: none"> • Being independent from your relationships • Being able to make your own decisions
MONTH 3	Prevention of Pregnancy <ul style="list-style-type: none"> • Delaying sex • Using birth control, including condoms • Using clinic services • Understanding the realities of teen parenthood
MONTH 4	Healthy Relationships <ul style="list-style-type: none"> • Communicating • Preventing violence • Promoting healthy behaviors—honesty, equality, respect, and responsibility

Component 3

Youth-Generated Video Messages

Gender Matters incorporates a review component at the close of each workshop day, which may be video recorded. During this review, youth participants create performances, participate in discussion circles, and express intentions for themselves and their futures, all on camera. The footage is used in a variety of ways to reinforce key learning messages from the curriculum and to highlight what youth have learned, in their own words and through their own personal interpretations. While capturing video of the activities is optional, the activities themselves, which make up the final activity of each session, are required. Capturing video via smart phone or digital camera does support the additional uses listed below, which can serve to reinforce key messages with Gen.M participants.

Posting on Social Media

Clips from the video footage can be posted to your social media group (i.e. Facebook, Snapchat, Instagram) throughout the social media campaign, as a way to generate interest in the social media group page, but also to remind youth of their experience and inspire conversations surrounding the key theme issue areas.

Video Showcase Event

Video footage from the workshop can be edited into a short film that utilizes the youth-generated messages to showcase their experiences in the workshop. The film may then be premiered at a celebration event following the conclusion of the workshop.

However the youth-generated messages are implemented, their most important aspect is to allow youth to restate the key messages and their personal commitments in their own words, to personalize what they have learned and how they intend to use the information to plan for the future.

WHY DOES GENDER MATTER?

In most settings within the United States, societal norms about being a man include being tough, brave, and aggressive and engaging in risk-taking behaviors. These rigid views of masculinity have serious implications for preventing sexual risk-taking behavior and teenage pregnancy. Extensive research within the United States shows clear associations between traditional norms of masculinity and key determinants of teenage pregnancy. For example, adolescent males who hold traditional attitudes toward masculinity report less consistent use of condoms, specific attitudes about condoms associated with low condom use, less belief in male responsibility to prevent pregnancy, and greater belief that pregnancy validates masculinity (Pleck et al., 1993). Social constructions of masculinity also deter men from accessing health care (Courtenay, 2000), which helps explain why men make substantially fewer health care visits than women (Kandrack et al., 1991). Young and adult men in low-income settings may suffer even more from a sense of helplessness and fatalism that contributes to lower rates of safer sex and health-seeking behavior (Barker, 2005). This is supported by the fact that young men who live in poor neighborhoods are more likely to view impregnating a woman as enhancing their masculinity (Marsiglio, 1993). Young men whose parents hold traditional attitudes toward gender roles are also more likely to view fathering a child as enhancing their masculinity (Marsiglio, 1993).

Gender constructions for young women also influence risk for teenage pregnancy. For women, traditional constructions of femininity are characterized by accommodating the interests and desires of men (Connell, 1987). This concept, which has been termed acquiescent femininity, is complicit with harmful constructions of masculinity and encourages resonance, rather than dissonance, with these male norms (Jewkes & Morrell, 2010). Acquiescent femininity has often led women to be passive and uninformed about sexuality—simply waiting for men to propose sex, and then acquiescing. Research in the United States has shown that young women whose gender ideology is relatively traditional have a lower age at first motherhood than those whose gender ideology is less traditional (Stewart, 2003). Studies also have found that power imbalances experienced by women in heterosexual relationships reduce consistent condom use and increase their risk for HIV

infection (Ickovics & Rodin, 1992). When power imbalances between men and women are starker, violence against women is more likely to occur. Research has shown that women who experience gender-based violence are more likely to experience unintended pregnancy (Heise, Ellsberg, & Gottemoeller, 1999).

GENDER-TRANSFORMATIVE PROGRAMS AND THE EVIDENCE BASE

Despite the compelling evidence that young men and women are made vulnerable by gendered attitudes and behaviors, teen pregnancy prevention programs in the United States have largely failed to address this key determinant. However, over the past 15 years, EngenderHealth has developed numerous programs that provide strong examples of how reproductive health interventions can make explicit connections between societal constructions of gender and reproductive health. This approach provides a lens through which we can begin to understand why young men and women behave in the ways that they do. It provides a way of reflecting on the emotional and societal context within which sexual behaviors are enacted, in particular the broader struggles, aspirations, desires, and needs that motivate men's and women's behaviors. These types of interventions have been defined as "gender transformative" (Rao Gupta, 2001) because they bring groups of young men and women together to explore rigid societal messages about masculinity and femininity; examine the costs that these norms have for men, women, and communities; and redefine social norms regarding gender roles.

A growing field of evidence has demonstrated the effectiveness of gender-transformative interventions with youth. Promundo, a nonprofit organization based in Brazil (and one of EngenderHealth's previous project partners) demonstrated significant shifts in gender norms, condom use, STI symptoms, and use of violence against a partner after participation in an 18-hour group educational curriculum (Pulerwitz, Barker, & Segundo, 2004). Similar findings were demonstrated in a Promundo project in India (Verma et al., 2006) and a joint EngenderHealth-Promundo project in Ethiopia (Pulerwitz, 2009). These and other studies led to the release of a World Health Organization (WHO) report in 2007 endorsing the efficacy of gender-transformative interventions, stating that they are more likely to be effective than public health prevention interventions that do not address the underlying constructions of gender (WHO, 2007).

BEHAVIOR CHANGE THEORIES THAT GUIDED THE DEVELOPMENT OF GENDER MATTERS

Social Cognitive Theory²

Social cognitive theory, first described by Albert Bandura, explains human behavior in terms of a continuous reciprocal interaction among cognitive, behavioral, and environmental determinants. Specifically, social cognitive theory focuses on addressing six key determinants of behavior:

1. Expectations (people's beliefs about the likely results of their actions)
2. Observational learning (people's beliefs based on observing others like themselves and/or the visible physical results of desired behavior)
3. Behavioral capability (the knowledge and skills needed to influence behavior)
4. Self-efficacy (people's confidence in their ability to take action and persist in action)
5. Reciprocal determinism (bi-directional behavior changes resulting from interaction between people and environment)
6. Reinforcement (responses to people's behavior that increase or decrease the chances of recurrence)

Theory of Reasoned Action³

The Theory of Reasoned Action (TRA), first developed by Martin Fishbein and later revised by Fishbein and Icek Azjen, is a behavior change theory that focuses on people's intention to behave in a certain way. An intention is a plan or a likelihood that people will behave in a particular way in specific situations (whether or not they actually do so). The TRA aims to influence people's attitudes toward that behavior, as well as the subjective norms of people and groups who could influence those attitudes. According to the TRA, attitudes and norms are the main influences on intention, which, in turn, is the main motivator of behavior.

Fuzzy-Trace Theory

Fuzzy-trace theory is a theory of cognition that helps explain how individuals process information and then use that processed information to reason and make decisions (Reyna & Brainerd, 1995). The Gender Matters curriculum places a strong emphasis on reinforcing

² This description of social cognitive theory is adapted from: Social Learning Theories—Resource Center for Adolescent Pregnancy Prevention, accessed at: <http://recapp.etr.org/recapp/index.cfm?fuseaction=pages.TheoriesDetail&PageID=380>.

³ This description of the Theory of Reasoned Action is adapted from: Theory of Reasoned Action (TRA)—Resource Center for Adolescent Pregnancy Prevention, accessed at: <http://recapp.etr.org/recapp/index.cfm?fuseaction=pages.TheoriesDetail&PageID=517>.

key messages about healthy sexual behavior and attitudes. It does this by repeating six core messages in the Gender Matters Code and by having facilitators make two or three statements at the end of every curriculum activity that synthesize the key messages from the learning that just occurred. By doing so, the curriculum aims to leave youth with gist traces (i.e., memories of bottom-line meanings) of desirable choices they can access cognitively when making important decisions about relationships and sex.

GEN.M'S THEORY-OF-CHANGE LOGIC MODEL

A logic model based on the Behavior-Determinant-Intervention (BDI) Logic Model (Kirby, 2004) that demonstrates the links among Gender Matters' goals, behavioral outcomes, and determinants is found in Appendix 1 (page 225). Specific analysis of behavioral determinants that are addressed in each curriculum activity is provided on pages 10–14. The charts also provide an overview of the pedagogic methods used to effectively address these determinants.

THE GENDER MATTERS CODE

The Gender Matters Code (Gen.M Code) was created by the developers as a way to simplify and consolidate the key messages throughout the curriculum into quick and memorable statements that the participants could memorize and recite back as a group. Taken from the Fuzzy-Trace Theory, the use of the Gen.M Code helps participants to process what they have learned and reinforces that information for reasoning and decision making. The Gen.M Code is designed to address important concepts related to the prevention of unplanned pregnancy and the idea that all young people have the right to mutually satisfying and respectful relationships, good health, and the skills to make independent choices that will help them to fulfill their goals and dreams.

PEDAGOGICAL METHODS AND DETERMINANTS, BY ACTIVITY

SESSION 1: UNDERSTANDING GENDER

This session helps youth become aware of, question, and redefine gender norms in ways that build equitable relationships and promote health and well-being.

ACTIVITY		METHODS	DETERMINANTS
1.1	Welcome and Overview	<ul style="list-style-type: none"> • Minilecture • Large Group Discussion • Icebreaker • Game 	<ul style="list-style-type: none"> • Positive peer norms about pregnancy prevention
1.2	Values Clarification	<ul style="list-style-type: none"> • Forced Choices • Large Group Discussion 	<ul style="list-style-type: none"> • Healthy and equitable values and attitudes about gender • Healthy and equitable peer norms about gender
1.3	Gender Messages	<ul style="list-style-type: none"> • Minilecture • Brainstorming • Large Group Discussion 	<ul style="list-style-type: none"> • Knowledge about gender norms and how they affect health • Healthy and equitable values and attitudes about gender • Healthy and equitable peer norms about gender
1.4	Gender in the Media	<ul style="list-style-type: none"> • Minilecture • Small Group Work • Large Group Discussion 	<ul style="list-style-type: none"> • Knowledge about how mass media affect development of gender norms • Knowledge about gender norms and how they affect health • Healthy and equitable values and attitudes about gender • Healthy and equitable peer norms about gender
1.5	Video Review— It's about Me	<ul style="list-style-type: none"> • Video Review 	<ul style="list-style-type: none"> • Knowledge about gender norms and how they affect health • Healthy and equitable peer norms about gender

SESSION 2: HEALTHY RELATIONSHIPS

This session helps youth understand the characteristics of healthy and unhealthy relationships while building skills to ensure that their own relationships are fulfilling, enjoyable, and healthy.

ACTIVITY		METHODS	DETERMINANTS
2.1	Session 2 Check-In	<ul style="list-style-type: none"> • Minilecture • Icebreaker 	<ul style="list-style-type: none"> • Positive peer norms supporting healthy relationships
2.2	Healthy Relationships and Deal-Breakers	<ul style="list-style-type: none"> • Brainstorming • Large Group Sort • Large Group Discussion • Individual Work 	<ul style="list-style-type: none"> • Knowledge about characteristics of healthy and unhealthy relationships • Positive peer norms supporting healthy relationships • Positive attitude about knowing and acting against deal-breakers • Skills for confronting deal-breakers in relationships
2.3	Assertive Communication	<ul style="list-style-type: none"> • Minilecture • Demonstration of Refusal Skills • Role Plays of Refusal Skills • Large Group Discussion 	<ul style="list-style-type: none"> • Knowledge of three communication styles • Skills and self-efficacy to refuse unwanted sex • Positive peer norms to refuse unwanted sex
2.4	What Is Consent?	<ul style="list-style-type: none"> • Minilecture • Individual Analysis • Large Group Brainstorm and Discussion 	<ul style="list-style-type: none"> • Knowledge about consent and its importance • Skills for obtaining consent • Skills for accepting refusal of sex
2.5	Video Review—Creative Expressions	<ul style="list-style-type: none"> • Individual Work • Video 	<ul style="list-style-type: none"> • Healthy and equitable peer norms about gender • Positive peer norms supporting healthy relationships

SESSION 3: BIG DECISIONS

This session helps youth understand the challenges of being a teen parent and build skills in making healthy decisions about sexual activity.

ACTIVITY		METHODS	DETERMINANTS
3.1	Session 3 Check-In	<ul style="list-style-type: none"> • Minilecture • Icebreaker 	<ul style="list-style-type: none"> • Positive peer norms about pregnancy prevention
3.2	Life Changes	<ul style="list-style-type: none"> • Brainstorming • Small Group Work • Large Group Discussion • Individual Work 	<ul style="list-style-type: none"> • Positive peer norms about desirability of preventing pregnancy during adolescence (resolving ambivalence) • Increased perception of severity of pregnancy during adolescence
3.3	Sexual Decision Making	<ul style="list-style-type: none"> • Brainstorming • Small Group Work • Large Group Discussion 	<ul style="list-style-type: none"> • Knowledge about unfavorable reasons to have sex • Positive peer norms about choosing not to have sex • Positive peer norms to resist pressure to have sex • Positive peer norms to avoid pressuring others to have sex • Knowledge about how gender norms affect sexual decision making
3.4	Ways to Show You Care	<ul style="list-style-type: none"> • Brainstorming • Large Group Discussion 	<ul style="list-style-type: none"> • Positive attitude about alternatives to sex • Positive peer norms about alternatives to sex
3.5	Video Review— Gender Fishbowl	<ul style="list-style-type: none"> • Gender Fishbowl • Video 	<ul style="list-style-type: none"> • Empathy for others' gendered experience (attitude) • Knowledge about gender norms and how they affect health • Healthy and equitable peer norms about gender

SESSION 4: SKILLS FOR PREVENTING PREGNANCY

This session teaches youth about pregnancy and STIs and builds their skills in preventing both through the consistent and correct use of condoms.

ACTIVITY		METHODS	DETERMINANTS
4.1	Session 4 Check-In	<ul style="list-style-type: none"> • Minilecture • Icebreaker 	<ul style="list-style-type: none"> • Positive peer norms about communicating about sex • Positive attitude about communicating about sex
4.2	Keeping the Egg and Sperm Apart	<ul style="list-style-type: none"> • Minilecture 	<ul style="list-style-type: none"> • Knowledge about male and female reproductive systems and how pregnancy occurs
4.3	The Truth about STIs	<ul style="list-style-type: none"> • Large Group Discussion 	<ul style="list-style-type: none"> • Knowledge about STI transmission, symptoms, testing, treatment, and prevention
4.4	How to Use Condoms	<ul style="list-style-type: none"> • Condom Line-Up • Demonstration of Condom Use • Skills Practice • Large Group Discussion 	<ul style="list-style-type: none"> • Knowledge about benefits of condoms • Skill and self-efficacy to use condoms • Positive attitude about using condoms • Positive peer norms about using condoms
4.5	Condom Obstacles	<ul style="list-style-type: none"> • Brainstorming • Small Group Work • Gallery Walk • Large Group Discussion 	<ul style="list-style-type: none"> • Positive attitude about using condoms • Positive peer norms about using condoms • Skill to negotiate condom use with partner
4.6	Negotiating Condom Use	<ul style="list-style-type: none"> • Minilecture • Demonstration • Role Play • Large Group Discussion 	<ul style="list-style-type: none"> • Skill and self-efficacy to negotiate condom use with partner • Positive peer norms about using condoms
4.7	Video Review—Condom Slogans	<ul style="list-style-type: none"> • Small Group Work • Video 	<ul style="list-style-type: none"> • Positive attitude about using condoms • Positive peer norms about using condoms

SESSION 5: TAKING ACTION TO PREVENT TEEN PREGNANCY

This session teaches youth about the most widely accessible hormonal and long-acting contraceptives and where to obtain them. It also asks youth to identify personal behaviors that they intend to sustain or change so as to prevent pregnancy.

ACTIVITY		METHODS	DETERMINANTS
5.1	Session 5 Check-In	<ul style="list-style-type: none"> • Minilecture • Icebreaker 	<ul style="list-style-type: none"> • Positive peer norms about communicating about sex
5.2	Birth Control Report	<ul style="list-style-type: none"> • Brainstorming • Small Group Work • Large Group Discussion 	<ul style="list-style-type: none"> • Knowledge about contraceptive methods • Positive attitude about using contraception
5.3	The Clinic	<ul style="list-style-type: none"> • Minilecture • Brainstorming • Role Plays • Large Group Discussion 	<ul style="list-style-type: none"> • Skill to call a sexual and reproductive health clinic • Knowledge about sexual and reproductive health clinic services • Positive attitude about visiting a sexual and reproductive health clinic • Positive peer norms about visiting sexual and reproductive health clinic
5.4	Game Show Review	<ul style="list-style-type: none"> • Game 	<ul style="list-style-type: none"> • Various determinants
5.5	Video Review— Making a Commitment	<ul style="list-style-type: none"> • Individual Work • Commitment Worksheet • Large Group Discussion • Video 	<ul style="list-style-type: none"> • Intention to prevent pregnancy • Positive peer norms about pregnancy prevention
5.6	Closing Activity— Spider Web	<ul style="list-style-type: none"> • Group Reflection 	N/A

AGREEMENTS

it down
harmful or harmful to
to pass if you feel
of others to have
- own your opinions
making
safety - keep it in the
out people - talk about



in relationships
* Distinction between STDs + STIs
* If a... result is requested,
by a... get in
to...
* If...
+
* If...
do



GEN M
GENDER MATTERS

FACILITATOR RESOURCES

FACILITATOR TIPS

Workshop Facilitation

Gender Matters facilitators are one of the most important variables in determining the success of the project. Therefore, it is very important for them to be highly skilled in the pedagogical methods used in the curriculum and to communicate a genuine sense of caring to the participants. Facilitators must have good communication and facilitation skills, be skilled in managing the learning process so that activities are truly aimed at accomplishing objectives, and be capable of using a variety of interactive group techniques. Facilitators must value and support gender equality and demonstrate respect between each other.

Moreso, facilitators need to have positive, realistic, and nonstereotypical attitudes about the participants with whom they will be working. They should strive to challenge cultural and racial stereotypes they may hold, to see the potential in each person, and to assume the best of each participant. Further, it is important that facilitators understand the similarities and differences they have with participants and appreciate that these differences may affect the way they implement programming. Steps should be taken to engage participants and communities in open dialogue, program planning, and program evaluation/quality improvement efforts to ensure that cultural relevance is incorporated throughout the implementation of the program. Above all, facilitators must have a heartfelt and genuine concern for individuals and communities.

Specific Facilitation Tips

- **Use engaging body language (verbal and nonverbal).** Speak in an interesting voice and project your voice, avoid speaking in a monotone, and maintain eye contact with the whole group (or scan the room). Be engaging by moving around the room and utilizing the space available to promote engagement in discussion and manage classroom participants' behavior.
- **Ask open-ended instead of closed-ended questions.** Ask questions that begin with “who,” “what,” “where,” “when,” or “how.” Mostly avoid asking questions that can be answered with “yes” or “no.” Gen.M features many such processing questions as part of the curriculum workshops; select the questions that best apply or will have the most impact for the group you are working with.
- **Be a good role model.** The facilitators set an important example through their own attitudes and behaviors. In short, they must practice what they preach. Participants learn as much from watching the facilitators as from listening to them. Whenever possible, the facilitators should model the skills they are teaching in the program: sharing power with the cofacilitator, showing empathy, listening actively, showing support, respecting youth's ability to make their own decisions, and so on.
- **Encourage participants to share their experiences.** For example, “Would somebody in the group be willing to share their experiences in resisting peer pressure?” “What gender norms are reinforced in your community or family?” “How can you challenge gender norms with your friends and peers?”
- **Rephrase participants' vague or difficult questions in one's own words.** This does two things. First, it helps facilitators make sure that they understood the question and clarifies it for other students; and second, it buys them some time to think about how to answer the question. Once you have rephrased, check in with the participant who made the statement to ensure that you adequately captured their thought or idea.
- **Help the group apply skills that they practice in the program to real life.** When conducting a role play on active listening skills, ask the group, “When could you imagine using active listening skills with a romantic or sexual partner?”
- **Do not be afraid of silence.** Silence may mean that the group is thinking about what was asked. Try waiting at least 10 seconds before breaking the silence after asking a question.
- **Invite diverse viewpoints.** If someone says, “I think men should always make the final decisions,” ask the group, “What do the rest of you think about that?” More likely than not, someone will offer a different opinion, and the participants can have their own dialogue. Do not feel that a personal response is needed for every strongly held opinion. Create an environment that promotes young people's developing their own opinions and values while respecting the opinions and values of other youth.

- **Use stories to illustrate points.** Use a personal story or a story from the community or another workshop to make a point. People relate well to stories. Remember to respect the confidentiality of the person about whom a story is shared. However, facilitators should only offer stories from their personal lives that are relevant and that represent teachable examples and that do not imply values conflicting with the program's values.
- **Use humor.** A sense of humor can go a long way in maintaining participants' interest in the group. It is great to laugh at oneself or at situations or to just have some fun in whatever way is natural. Do not force humor, and never make a joke at a group member's expense.
- **Be oneself.** Facilitators should allow their own personalities to emerge as the group is led. The more one comes across as an authentic human being with real emotions, a sense of humor, strengths, and weaknesses, the more the participants will relate to the facilitator. Also, be open to being influenced by participants, and demonstrate comfort with their being their authentic selves.
- **Know one's limitations.** Be aware of knowledge gaps, and know when to refer the participants to other resources. If a facilitator is not completely sure of an answer to a question, they might say, "Let me recheck that information and tell you at the next session."
- **Listen and show empathy.** If individual participants or couples bring up an issue that warrants counseling, empathize, but do not attempt to provide therapy. Instead, make a referral, and follow up later

RESPONDING TO DISCLOSURES OF ABUSE AND ADDRESSING CONCERNS FOR YOUTH SAFETY

Mandated Reporting

During the program, a young person may tell you in private or in the group setting that they have experienced some form of abuse or victimization. This may include current or past physical, sexual, or emotional abuse from a parent, sibling, dating partner, or other person. Under laws in many states, every adult is mandated to report suspected abuse or neglect of a child to a specific agency, such as Child Protective Services, Law Enforcement, or another organization that investigates abuse of minors. Be sure to review applicable laws in your state, including mandatory reporting requirements, age at which youth can consent to sexual activity, statutory rape laws, same-sex sexual activity laws, and any other legislation that may impact your requirement to report sexual or physical abuse and crimes. Keep in mind that laws are often updated, changed, or clarified over time, so ongoing updates may be needed to stay up to date on changing legislation.

If a youth discloses child abuse or if you are concerned about their safety, ask the youth to talk with you privately during a break or after the session. Before discussing your concern, review the confidentiality policy with the youth. Make sure that they understand your responsibility to report child abuse under your state's law. Then proceed by expressing your concern for their safety. You can say something like, "Today in group you said that you feel uncomfortable around your mother's boyfriend. Would you like to tell me more about that?" Give the youth the opportunity to provide more information if they wish. Let the youth know that you are concerned for their safety and that you want to help.

Ask if there is anything that they want or need from you at that moment. Try to be helpful and supportive, but do not make promises you cannot keep, such as that you will keep information about abuse confidential or make sure that something never happens again.

If the youth negates the previous comment or does not want to talk about it further, then discuss your concerns with your supervisor. Determine whether you have enough information to make a report, to whom it should be made, and what additional steps are needed to increase the youth's safety. If you determine that a report should be made, invite the youth to make the report in your presence, or explain that you can make the report independently. Regardless of whether incidents are reported, help youth identify immediate actions that they can take to increase their personal safety. For example, ask youth if they can tell another trusted adult or if they can identify ways to avoid their abuser. Link youth to local support services and provide local and national helpline information. Thank them for trusting you and encourage them to speak with you again. Leave the door open for them to share more information about past or future experiences. Follow up with such youth and continue to provide emotional support and assistance with referral to needed services.

Sample Confidentiality Statement

The following statement is provided as an example of how the mandated child abuse reporting requirement may be explained to youth.

The information you give me about yourself is confidential. That means that I will not share it or repeat what you say to others, including other youth, your parents, or other adults. There is some information that I cannot keep confidential. If you tell me that [insert language based on your own state laws] you or another minor have been abused or assaulted, I am required by law to report this information to [insert information specific to the state you are based in and the required agencies to which reporting is made], if the person is a parent or adult caretaker, or to [law enforcement], when the person is not a parent or adult caretaker. If you tell me or if I suspect that you are in serious danger of hurting yourself or someone else, I will contact professionals in the community who can help you. In each of the above cases, I will also discuss the situation with you, so that we can work together to increase your safety and the safety of others.

Information is not confidential (customize based on state-specific requirements):

- If you have been abused or assaulted by an adult in the past and never reported it to an authority
- If you are in serious danger because someone is hurting you or you are hurting yourself (This includes violence and sexual assault from one youth toward another, including a dating partner.)
- If you are going to hurt someone else, or if you believe that another person is in serious danger

Dating Abuse and Sexual Coercion

While some young people may identify abuse and coercion in their dating relationships, many consider these behaviors as a normal part of a relationship. Hurtful name-calling, extreme jealousy, and even physical violence are often tolerated by teens and may even be seen as signs of love and commitment. Therefore, facilitators should be on the lookout for comments and behaviors that signal dating abuse, including sexual coercion. Signs of victimization may include fearing a partner's reactions, making excuses for a partner's behavior, and having difficulty setting boundaries or making decisions. Signs of perpetration may include making efforts to control a partner's friends or activities, threatening to hurt oneself or one's partner, and engaging in forceful or aggressive sexual behavior. Throughout this curriculum, there are many opportunities for facilitators to highlight the distinctions between healthy and abusive relationships, to help youth identify these behaviors in themselves and their partners, and to learn how to make their relationships safer and healthier.

Keep in mind that many youth may experience unhealthy relationships in their own family lives. This requires sensitivity when discussing healthy/unhealthy relationships. It may be

necessary for you to acknowledge that often relationships may have a mix of healthy and unhealthy characteristics. However, it is important to reinforce that healthy relationship characteristics are ideal, promote respect and equality for all partners in a relationship, and are something to be strived for. Avoid vilifying behaviors of parents or caregivers that are unhealthy, and look for opportunities to connect youth and families to community resources that may support their getting help for abusive and unhealthy relationship behaviors.

If you are concerned that young people are in an unhealthy or abusive relationship, ask them to meet with you privately during a break or after the session. Review the confidentiality policy with them. Tell them that you are concerned about their safety. Ask if they would like to speak with someone about the problem and make a referral, as appropriate.

DIVIDING A LARGE GROUP INTO SMALLER GROUPS

Throughout the Gen.M curriculum, facilitators will need to divide the group of youth into smaller working groups. This Facilitator Resource provides some creative suggestions on how to do so.

Bacon, Lettuce, Tomato

Go around the room and assign “bacon,” “lettuce,” and “tomato” to everyone in the group. Ask the group to stand and for everyone to form a BLT sandwich. They cannot pair with the person standing next to them. This works if you need to form groups of three.

Birthdays

Ask youth to line up in order of their birth date (month and day only). Once they are in a long line, the facilitator can go down the line and divide it into smaller groups. For a twist, ask youth to line up in birthday order without talking.

In another version, the facilitator asks youth born anytime between January 1 and June 30 to form a line on one side of the room. On the other side of the room, ask youth born between July 1 and December 31 to form a line. Ask youth in both lines to walk toward each other. The person they line up with is their partner.

Candy

Put different kinds of candy in a bag. The different kinds of candy should represent the number of groups you need. Youth who select like candies become a group. This can also be done with small toys, different-colored paper clips, different kinds of beans, etc.

Cards

Count out matching playing card numbers into groups of two, three, four, etc. Shuffle them and ask youth to draw a card and locate others with matching card numbers.

Clothes

Ask youth to gather in groups based on the kind of shoes they are wearing, the colors they are wearing, the type of shirt they are wearing, etc.

Count Off

Count off by the number of groups you want, and have all the “1s” form a group, all the “2s” form a group, etc.

Favorites

Ask youth to form small groups based on their favorite color, fast food restaurant, soft drink, song, subject in school, etc.

Pop Culture Pairs or Triads

Have students draw names for popular culture pairs or triads—for example, Sponge Bob, Patrick, and Sandy, or Beyonce and Jay-Z

Puzzle

Find a few pictures from a magazine, a few postcards, or some graphics that you download from the Web. Cut each picture into the number of pieces you want in a group. For example, if you want to form groups of four people, cut each picture into four pieces. Throw all of the pieces into a bag. To form a group, have youth pick a piece and find the others who complete their picture.

Siblings

Ask youth to form a group based on the number of siblings they have—none, one, two, etc.

Stickers

Place different stickers on the participant handouts (or on manuals, desks, chairs, etc.). When you are ready to form groups, ask the participants to form groups by finding other individuals with the same stickers.



Tabitha

REFERENCES

- Barker, G. 2005. *Dying to be men: Youth, masculinity and social exclusion*. New York: Routledge.
- Connell, R. 1987. *Gender and power: Society, the person, and sexual politics*. Palo Alto, CA: University of California Press.
- Courtenay, W. H. 2000. Constructions of masculinity and their influence on men's well-being: A theory of gender and health. *Social Science and Medicine* 50(10):1385–1401.
- Heise, L., Ellsberg, M. and Gottemoeller, M. 1999. Ending violence against women. *Population Reports*, series L, no. 11. Baltimore: Johns Hopkins University School of Public Health, Population Information Program.
- Ickovics, J. R., and Rodin, R. 1992. Women and AIDS in the United States: Epidemiology natural history and mediation mechanisms. *Health Psychology* 11(1):1–16.
- Jewkes, R., and Morrell, R. 2010. Gender and sexuality: Emerging perspectives from the heterosexual epidemic in South Africa and implications for HIV risk and prevention. *Journal of the International AIDS Society* 13:6.
- Kandrack, M. A., Grant, K. R., and Segall, A. 1991. Gender differences in health related behaviour: Some unanswered questions. *Social Science and Medicine* 32(5):579–590.
- Kirby, D. 2004. *BDI logic models: A useful tool for designing, strengthening and evaluating programs to reduce adolescent sexual risk-taking, pregnancy, HIV and other STDs*. Santa Cruz: ETR Associates.
- Marsiglio, W. 1993. Adolescent males' orientation toward paternity and contraception. *Family Planning Perspectives* 25(1):22–31.
- Pleck, J., et al. 1993. Masculinity ideology: Its impact on adolescent males heterosexual relationships. *Journal of Social Issues* 49(3):11–29.
- Pulerwitz, J. 2009. *Promoting gender equity for HIV and violence prevention in Ethiopia: Emerging results from the male norms initiative evaluation*. Washington DC: PATH.
- Pulerwitz, J., Barker, G., and Segundo, M. 2004. Promoting healthy relationships and HIV/STI prevention for young men: Positive findings from an intervention study in Brazil. *Horizons Research Update*. Washington, DC: Population Council.
- Rao Gupta, G. 2001. Gender, sexuality, and HIV/AIDS: The what, the why, and the how. *SIECUS Report* 29(5):6–12.

Reyna, V. F., and Brainerd, C. J. 1995. Fuzzy-trace theory: An interim synthesis. *Learning and Individual Differences* 7(1):1–75.

Stewart, J. 2003. The mommy track: The consequences of gender ideology and aspirations on age at first motherhood. *Journal of Sociology and Social Welfare* 30(2):3–30.

Texas Department of State Health Services (TDSHS). 2010. Personal communication with A. Levack, May 14, 2010.

Verma, R. K., Pulerwitz, J., Mahendra, V., et al. 2006. Challenging and changing gender attitudes among young men in Mumbai, India. *Reproductive Health Matters* 14(28):135–143.

World Health Organization (WHO). 2007. *Engaging men and boys in changing gender-based inequity in health: Evidence from programme interventions*. Geneva.





SESSION 1

UNDERSTANDING GENDER

This session helps youth become aware of, question, and redefine gender norms in ways that build equitable relationships and promote health and well-being.

ACTIVITIES		TIME
1.1	Welcome and Overview	1 hour
1.2	Values Clarification	25 minutes
1.3	Gender Messages	1 hour, 10 minutes
1.4	Gender in the Media	50 minutes
1.5	Video Review — It's about Me	20 minutes

ACTIVITY 1.1 WELCOME AND OVERVIEW

ACTIVITY AT A GLANCE

A. Welcome and Introductions	The facilitators and the participants introduce themselves.	5 minutes
B. Gen.M Program Overview	The facilitators provide an overview of the five-day workshop and explain the two phases of the Gender Matters intervention. The facilitators explain the video component of the workshop and give a preview of the first video assignment.	5 minutes
C. Group Norms	The group agrees to a list of shared norms for working together during the week.	5 minutes
D. Gender Matters Code	The facilitators review the Gender Matters Code.	5 minutes
E. Question Box	The facilitators show the Question Box and explain the process.	1 minute
F. Group Juggle	Everyone engages in an icebreaker to learn each other's names.	9 minutes
G. Interview Activity	The participants interview each other and introduce their partner to the group.	30 minutes

Total Time: 1 hour

LEARNING OBJECTIVES

After completing this session, the participants will be able to:

1. Identify the names of the other participants in the group.
2. Explain the goals of the Gender Matters program.
3. Agree upon shared norms for participating in the group.

MATERIALS

- Attendance form
- Markers
- Flipchart paper
- Question Box
- Pens or pencils
- Masking tape
- Pocket folders for participant materials
- Participant Handout 1.1A: *The Gender Matters Code*
- Three soft, medium-sized balls
- Name tags

ADVANCE PREPARATION

1. Review the activity and be sure that you understand the content, teaching methodology, and timing.
2. Display the Daily Sessions Poster. Have this poster printed and laminated before class or write the content on flipchart paper or on a whiteboard.

Daily Sessions for Gender Matters

Session 1 — Understanding Gender

Session 2 — Healthy Relationships

Session 3 — Big Decisions

Session 4 — Skills for Preventing Teen Pregnancy

Session 5 — Taking Action to Prevent Teen
Pregnancy

3. Display the Session 1 Agenda poster. Have the poster printed and laminated, or write the content on flipchart paper or a whiteboard.

Session 1 Agenda

- Welcome and Overview
- Values Clarification
- Gender Messages
- Break
- Gender in the Media
- Video Review—It's about Me

4. Display the Gender Matters Code poster. Have the poster printed and laminated, or write the content on flipchart paper or a whiteboard.
5. Write on a sheet of flipchart paper the words “Group Norms” and post the flipchart on the wall.

PROCEDURE

A. Welcome and Introductions / 5 minutes

1. As the participants enter the room, ask them to sign the attendance sheet.
2. Introduce yourselves as the cofacilitators.
3. Welcome everyone to the program. Ask the participants to share their names, ages, grades, and what school they attend.

B. Gender Matters Program Overview / 5 minutes

4. Explain to the group that the purpose of Gender Matters is to help them acquire the knowledge, skills, and support from their friends (and family) that will help them stay healthy and avoid having an unplanned pregnancy or causing an unplanned pregnancy. Explain that teenage pregnancy happens often with teenagers across the country and that this can delay or challenge young people in achieving their dreams and goals.
5. Explain that this workshop will focus on five different yet related themes. Refer to the poster with the themes for each day/session and review these with the participants.
6. Explain that during and after the workshops, there will be (optional) social media opportunities for participants to communicate with one another and share successes and challenges with key curriculum messages.
 - They will be invited to sign up to receive text messages on some of the things they will learn about in the workshops.
 - The text messages will encourage them to share their thoughts and ideas through social media (i.e., Facebook, Snapchat, Instagram).
7. Post the agenda for this session and review it.
8. Explain that a video recording made at the end of each day will give the participants a chance to say in their own words what they think about topics from a particular session. Today, the recording will be a simple opportunity for participants to introduce themselves on camera and share a few reflections on their first day.

C. Establish Group Norms / 5 minutes

9. Explain that the Gender Matters program is going to involve discussing a lot of topics that are personal and potentially sensitive, such as relationships, sex, condoms, contraception, gender, and violence. It is extremely important that this be a safe, respectful, and comfortable space in which members of the group can talk freely about such personal and sensitive subjects.
10. Explain that to make this program a safe, respectful, and comfortable space, the group needs a set of norms that everyone will follow. Explain that a “norm” is an expected behavior of participants within a group in order to reach desired outcomes. For example, a group norm might be for all participants to keep anything said during the workshop confidential. Direct the participants’ attention to the flipchart and ask them to think about norms for their group, to keep things running smoothly.
11. Ask for suggestions for group norms and write them down. Lead the group to make sure that issues of respect, participation, and confidentiality are addressed. Keep norms to no more than five or six. Thoroughly explain all norms so that expectations are clear.
12. Once the norms are established, ask participants if they have any clarifying questions; then, ask if they agree to follow the group norms.
13. Ask the participants to sign their names on the flipchart to signify their agreement to the group norms. Explain that the group norms poster will remain on the wall throughout the workshop and that if participants stray from agreed-upon norms during the workshop, any group member can remind the group to stay on track by simply saying “norm check.”
14. Thank the participants for their help in making the group safe, respectful, and comfortable. Explain that everyone was asked to sign the agreements because it is up to everyone in the group to maintain them.

D. Gender Matters Code / 5 minutes

15. Explain that the key issues in the workshop can be summarized by a set of messages that we call “The Gender Matters Code” or the “Gen.M Code.” Share Participant Handout 1.1A: The Gender Matters Code and refer the participants to the poster version on the wall.
16. Explain that the Gender Matters Code is a set of statements or messages designed to help young people make healthy choices. As the opening says, all people have the right to mutually satisfying and respectful relationships, good health, and the skills to make their own choices that will help them to reach their goals and dreams, and to delay an unplanned pregnancy until they are ready.
17. Read each statement of The Code and ask the participants to describe what they think about each statement. What does it mean to them? Why is it important?

18. Explain that the poster will remain on the wall throughout the workshop and that every day we will review the parts of The Code that are related to that day's activities.

E. Question Box / 1 minute

19. Show the participants the Question Box. Explain that if they have a question and want it to be anonymous, they can write it on a note card and place it in the Question Box at any time during the workshop. Explain that we may also place questions that come up during sessions that are off-topic into the Question Box. Explain that the facilitators will answer any questions in the box periodically and will cover questions that have not already been addressed during the last session.

F. Icebreaker: Group Juggle / 9 minutes

20. Tell the participants that we are going to do a quick icebreaker before getting started.
21. Ask them to form a circle with a foot or so of space between each person. Ask if anyone knows how to juggle. Tell them that we are going to learn how to juggle—but as a group!
22. Tell the participants that you are going to start the juggle by gently throwing one ball to another person in the group and stating their name. When that person catches the ball, have them toss it to another person in the circle and state that person's name, until everyone in the circle has had a chance to catch and toss the ball. It is important that the person throwing the ball state the name of the person to whom they are throwing the ball before throwing it. This will help the catcher be alert for the incoming ball. The repetition will also help everyone learn each other's names. Invite the group to practice a round. Make sure everyone is included. The ball should end up in the facilitator's hands.
23. Conduct another round by throwing the ball to the same person as before. This time, after the third or fourth toss, introduce a second ball—again stating the person's name and keeping the sequence of the tossers and catchers.
24. When the two balls get back to the facilitator, ask the group what they think they can do to make the juggling go more smoothly (e.g., state the person's name loudly and clearly, pay attention, keep eye contact, move a little closer together, etc.).
25. Conduct a third round. This time, after the seventh or eighth toss, introduce a third ball. Tell the group they are now juggling!
26. When all three balls come back to the facilitator, congratulate the group for their good work and ask them to go back to their seats.

G. Pair Interviews / 30 minutes

27. Organize the participants into pairs or triads. Consider using a creative way of grouping them from the Facilitator Resources section.
28. Ask the group to identify three “interview” questions that they would like to ask their partner(s). For example, these may include their favorite food, their favorite band or movie, or what they like to do in their spare time.
29. Give the students five minutes to interview each other and ask their three questions. Have pairs take turns standing up to introduce their partner to the larger group, sharing the information they learned about them in the interview process. Continue until all students have been introduced.

NOTE TO FACILITATOR

- You can choose to be involved or just observe.
- Make sure that the three questions chosen are appropriate for a group that is just getting to know each other.

TRANSITION

SAY: Now that we have learned each other’s names and have our group norms, we are ready to start. Our next activity will give you all a chance to think about and express your opinions and values related to being male or female.

PARTICIPANT HANDOUT 1.1A

Gender Matters Code

I declare that all people are created equal and that we have the right to mutually satisfying and respectful relationships, good health, and the skills to make our own choices that will help us to reach our goals and dreams while preventing an unplanned pregnancy.

I declare that:

- ▶ I am the boss of me.
- ▶ I decide what gender means to me.
- ▶ I treat others in the way I want to be treated.
- ▶ I make my own decision about if and when to have sex.
- ▶ I use protection every time I have sex.
- ▶ I go to the clinic to get tested and protected.

ACTIVITY 1.2 VALUES CLARIFICATION

ACTIVITY AT A GLANCE

A. Forced Choices Group Exercise	The participants express whether they agree or disagree with value statements.	20 minutes
B. Group Discussion	The participants reflect on the issues that were discussed.	5 minutes

Total Time: 25 minutes

LEARNING OBJECTIVES

After completing this session, the participants will be able to:

1. Examine individual attitudes about gender differences, roles, double standards, and inequalities.
2. Question how individual attitudes about gender affect behaviors.

KEY MESSAGES

1. Your values and attitudes influence decisions you make about your health and well-being.
2. It is important to respect other people’s attitudes about gender, but also to challenge them if their attitudes and values are harmful to them and to others.
3. You get to decide what gender means to you.

MATERIALS

- Two letter-size sheets of paper
- Tape
- Markers

ADVANCE PREPARATION

1. Review the activity and be sure that you understand the content, teaching methodology, and timing.
2. Write “AGREE” on one sheet of paper and “DISAGREE” on another, and tape the signs on the wall at opposite ends of the room.
3. Make adequate space for the participants to move between the two signs.
4. Be prepared to read off the following statements one at a time (repeat statements if necessary):

- It is easier to be a man than a woman.
- The woman should be responsible for birth control.
- It is OK for a boy or man to cry.
- All men want to have sex with a lot of partners.
- Women and men basically want the same things in a relationship.
- It is fine for a girl to ask a boy out.
- People should be allowed to date whomever they want to.

PROCEDURE

A. Forced Choices Group Exercise / 20 minutes

1. Clarify that a person's **values** are what is important to them and will often inform a person's decisions and behaviors. Explain to the participants that this activity is designed to give them a general understanding of their own and each other's values and attitudes about gender. It is designed to challenge some of their current thinking and help them to clarify how they feel about certain issues. Remind them that everyone has a right to their own opinion and that everyone's opinions should be respected and heard.
2. Tell the participants that you will read a statement and that they should get up and stand by the "Agree" sign if they agree with the statement or the "Disagree" sign if they disagree with it. At any time, if they change their minds about the statement, they may move to the other side of the room, but they cannot stand in the middle.
3. Read the first statement aloud. Ask the participants to stand near the sign that matches what they think about the statement. After they have moved to their respective signs, ask for one or two participants standing beside each sign to explain why they are standing there and why they feel this way about the statement.
4. After a few participants have talked about their attitudes toward the statement, invite anyone who wants to change their mind to move to the other sign.
5. Go through the process with each of the statements until they have all been read and discussed, as time allows. Add any statements that you feel would be relevant to the activity.
6. Remind participants of the norms, as needed.

NOTE TO FACILITATOR

- If all of the participants share the same view about a statement, play the role of "devil's advocate" by walking over to the opposite side of the room and asking, "Why would someone be standing on this side of the room? What would someone say if they were standing here?" If others cannot offer an alternative viewpoint, provide one for the group.
- Some participants may say that they do not know whether they agree or disagree and do not want to stand beside either sign. If this happens, ask them to say more about their reactions to the statement. Usually, it comes down to how they interpret a statement. Help them interpret it in a particular way and then encourage them to choose a side.

B. Group Discussion / 5 minutes

7. Thinking about the key messages of this activity (below), lead a group discussion by using the following questions (provided as a guide) or by developing your own questions.

- * What negative stereotypes did you hear?
- * How do you think people's attitudes about how we should act or behave affect the way they interact with each other?
- * How might these attitudes be harmful in relationships?
- * How can you confront negative gender stereotypes that you experience in your life?

REVIEW OF KEY MESSAGES

Conclude the activity by stating the following key messages:

- Your values and attitudes influence decisions you make about your health and well-being.
- It is important to respect others' attitudes about gender, but also to challenge them if their attitudes and values are harmful to them and to others.
- You get to decide what kind of person you want to be and what gender means to you.

TRANSITION

SAY: The statements used in this exercise addressed expectations about being male and female. In the next activity, we will explore these kinds of expectations for gender in more detail.

ACTIVITY 1.3 GENDER MESSAGES

ACTIVITY AT A GLANCE

A. The Differences between Sex Assigned at Birth, Gender, and Sexual Orientation	The facilitator introduces the activity with a brief minilecture on the difference between sex assigned at birth, gender, and sexual orientation.	10 minutes
B. Brainstorming Gender Messages	Small mixed-gender groups brainstorm societal messages about behavioral expectations based on sex.	10 minutes
C. Sharing and Examining Gender Messages to Men	The group shares its list of messages to males and reflects on how some of these messages can be harmful and can increase risk for teen pregnancy.	15 minutes
D. Sharing and Examining Gender Messages to Women	The group shares its list of messages to females and reflects on how some of these messages can be harmful and can increase risk for teen pregnancy.	15 minutes
E. Exploring Alternative Definitions of Gender	Participants are asked to complete a worksheet asking how they view themselves in various family and social roles. The participants then share some of their responses with the larger group. The group compares these responses with earlier messages about gender.	15 minutes
F. Group Discussion	The participants reflect on the issues that were discussed.	5 minutes

Total Time: 1 hour, 10 minutes

LEARNING OBJECTIVES

After completing this session, the participants will be able to:

1. Describe the difference between sex, gender, and sexual orientation.
2. Identify at least two messages for men, women, or gender-nonconforming people* that are harmful.
3. Identify at least one way in which harmful gender messages contribute to increasing risk for unintended teen pregnancy.
4. Identify at least one way in which promoting positive and equitable gender messages can reduce teen pregnancy.

KEY MESSAGES

1. Throughout our lives, we receive messages about how we should act as women and men. Some of these messages and expectations are completely fine. However, some messages may be unhealthy and harmful, especially for people who do not fit within traditional masculine and feminine expressions.
2. Harmful gender messages contribute to social problems like unintended pregnancy, STIs, and violence.
3. You get to decide what gender means to you.

MATERIALS

- Markers
- Flipchart paper
- Pens or pencils
- Masking tape
- 5x7 index cards
- Participant Handout 1.3A: *Gender Messages to Men*
- Participant Handout 1.3B: *Gender Messages to Women*
- Participant Handout 1.3C: *How I Choose to Be Me*

* This manual occasionally refers to people who are “gender-nonconforming.” In this manual, the term refers to people who do not identify as cisgender male or female. “Nonconforming” people may be lesbian/gay/bisexual/transgender/questioning (LGBTQ), intersex, agender, fluid, or some other identity. Facilitators should be aware of these differences and must be open to and nonjudgmental toward participants. For more detailed information on gender identities and labels, see <http://www.transstudent.org/definitions>.

ADVANCE PREPARATION

1. Review the activity and be sure that you understand the content, teaching methodology, and timing.
2. Place two large sheets of flipchart paper in the front of the classroom. Title one “Gender Messages to Men” and the other “Gender Messages to Women.”
3. Title another large sheet of flipchart paper “New Gender Messages” and place it in the back of the classroom.
4. Write the following terms on a sheet of flipchart paper:
 - * Sex Assigned at Birth
 - * Gender
 - * Gender Expression
 - * Gender Identity
 - * Cisgender
 - * Transgender
 - * Sexual Orientation

PROCEDURE

A. The Differences between Sex Assigned at Birth, Gender, and Sexual Orientation / 10 minutes

1. Refer to the prepared terminology flipchart as you make the following points:
 - * A person’s “sex” is assigned at birth as either male or female and is based on their external sex organs (i.e., penis or vagina), as well as on hormones and chromosomes. Though some people may have a mix of sexual characteristics (also called intersex), babies are typically assigned to be either male or female.
 - * “Gender” is the state of being a man (or masculine) or a woman (or feminine). “Gender expression” is how we show the world what we may feel inside, by the way that we present ourselves to the world.
 - * “Gender identity” specifies which gender we identify ourselves as, or how we present ourselves to the world.
 - * One way to think about the difference between sex and gender is that you are assigned a sex at birth, whereas gender expression and identity are things that you have more control over, can be fluid and can change over time, or may look different from society to society.

- * A person who identifies with the same gender as the sex they were assigned at birth is called cisgender. A person who identifies with a gender that differs from the sex they were assigned at birth is called transgender.
 - * A person's "sexual orientation" is determined by who a person is romantically attracted to. A term for people who are attracted to another sex is heterosexual. A term for people who are attracted to the same sex is homosexual (commonly called lesbian or gay). And the term bisexual refers to people who are attracted to more than one sex.
 - * People often get "gender" and "sexual orientation" confused. Just remember that gender has to do with how you express yourself, while sexual orientation has to do with whom you are attracted to. We often make false assumptions that a guy who is considered tough must be straight, or that a guy who is considered sensitive must be gay. However, the exact opposite could be true, because gender roles and sexual orientation are two totally different things.
2. Explain that we are now going to look at the issue of gender more closely, by brainstorming a list of messages that people have heard about being male or female.

B. Brainstorming Gender Messages / 10 minutes

3. Explain that the participants will brainstorm a list of gender messages in two small groups: One group will brainstorm gender messages to men and the other group will brainstorm gender messages to women.
4. Pass out copies of Participant Handout 1.3A to one group and Participant Handout 1.3B to the other group.
5. Ask each group to read the handout and then as a group brainstorm both positive and negative gender messages that people receive (men for one group, women for the other group). Pair up with participants and guide them through using the right-hand column to help formulate their responses. Ask them to come up with at least two or three per small group to share, and record these on the prepared flipcharts.
6. When the groups have completed their lists, display the flipcharts in the front of the room and ask each group to assign someone to review the messages with the larger group.

NOTE TO FACILITATOR

- It is important to emphasize that most of us receive mixed messages about gender. Families in the same culture or community may have different ideas about gender, just as individuals within the same family may have different ideas about how men and women should behave. Despite this diversity, some common gender messages persist. The purpose of this activity is to identify these common gender messages and decide whether we want to adhere to them.

C. Sharing and Examining Gender Messages to Men / 15 minutes

7. Reconvene as a large group. Ask for a participant from this group to come up to the front of the room and review their list with the group. During the review, ensure that each of the messages is understood by the group. If it is not, try to rephrase it so that it makes sense to everyone.

Sample Stereotypical Gender Messages to Men

- Do not cry.
- Be tough.
- Violence is OK.
- Have sex with a lot of people.
- Brag about sex to your friends.
- It is OK for you to cheat on your partner.
- Demand sex, and pressure others to have sex.
- Be strong.
- Take advantage of/"play" women.
- Be in control, control others.
- Be the head of the family.
- Do not take care of children.
- Do not do housework.
- Do not ask for help/do not seek health care.
- Drink alcohol/do drugs.

8. Ask the participants to look at all of the messages on the flipchart, and ask: What are your thoughts about this list? Is this the kind of person you aspire to be, or is this a person you want to spend your time with?
9. Next, ask the participants to identify which of these messages can be particularly harmful, and why. Circle the harmful messages. (Important issues to highlight for men include not showing emotion, having sex with many partners, not asking for help, using violence, and using drugs or alcohol.) Ask them to explain how some of these messages may put a teen at risk for unintended pregnancy. While discussing this with the youth, be sure to address the risk of pregnancy associated with the harmful gender messages.
10. Explain that we will keep these messages up on the wall throughout the week and refer back to them as we continue to examine how ideas about masculinity can affect our health.

D. Sharing and Examining Gender Messages to Women / 15 minutes

11. Repeat the previous step for gender messages to women. Do not forget to ensure that each one of the messages is understood by the group, and if it is not, try to rephrase it so that it makes sense to everyone.
12. Ask the participants to look at all of the messages on the flipchart, and ask: What are your thoughts about this list? Is this the kind of person you aspire to be, or is this a person you want to spend your time with?

Sample Stereotypical Gender Messages to Women

- Do not get angry.
- Have a boyfriend. Do not be single.
- Be responsible for making a relationship work, even if it is unworkable.
- Be quiet; be seen, not heard.
- Put other people's needs before yours.
- Go along with your partner's decisions about sex.
- Stay in a relationship, even if your partner cheats on you.
- Do not talk about sex.
- Be sexy.
- Be a virgin until marriage.
- Be thin, have a perfect body, perfect skin.
- Control men by giving and withholding sex.
- Make the goal of sex to please your partner.
- Believe that looks are what matters most.
- Defer to men.

13. Examine the list and ask the participants to identify which of these messages may be particularly harmful and why. Circle the harmful messages. (Important issues to highlight for women include being pretty/thin, being passive, letting men decide things, and not discussing sex.) Ask them to explain how some of these messages may put a teen at risk for unintended pregnancy. While discussing this with the youth, be sure to address the risk of pregnancy associated with the harmful gender messages.
14. Next, ask if there are groups who might not fall into either of these two groups, and who may receive a different set of gender messages (e.g., transgender youth, gay youth,

gender-nonconforming youth)? Ask what kinds of messages some of these youth might face, and add those to one or both of the lists. (Some examples include: stop pretending to be a man/woman, just be gay, etc.) Ask how these messages might be particularly harmful for these youth.

15. Explain that we will keep these messages up on the wall throughout the week and will refer back to them as we continue to examine how ideas about femininity can affect our health.

E. Exploring Alternative Definitions of Gender / 15 minutes

16. State the following:

There are limitless ways in which young people can define what it means for them to be male or female. One statement in the Gender Matters Code is “I decide what gender means to me.” This means that you do not have to buy into some or any of the harmful messages that we just explored. We want to give you the chance to come up with some new and possibly different messages about what kind of person you want to be. This can be as a man, as a woman, or just as a person.

17. Pass out Participant Handout 1.3C to all participants and ask them to take five minutes to complete the worksheet on their own.
18. After the handouts have been completed, ask the participants to share some of their responses to the statements from the handout and record them on the prepared flipchart titled “New Gender Messages.”
19. Once all of the messages are up on the flipchart, ask the participants to take a look at the lists and identify any differences between this list and the first two lists about gender messages for men and women. Ask the participants why they think there was only one new list for new gender messages? Stress that we do not have to subscribe to limited notions of how to be a man or a woman. We can decide what kind of person we want to be and what gender means to us.
20. Explain that we will also keep these lists of messages up on the wall throughout the workshop and will refer back to them often.

F. Group Discussion / 5 minutes

21. Thinking about the key messages of this activity (see following page), lead a group discussion by using the following questions (provided as a guide) or by developing your own questions.

- Optional: Pair/Share—Pair off the students and have them record answers on index cards, then share with their partner for 1–2 minutes. Once the participants have shared in their pair groups, ask for a few volunteers to present their answers to the large group.
- Optional: Chalk Talk—Choose one or two questions to write on the board or a sheet of flipchart paper and have students silently respond to the question by writing responses on the board or on paper, one or two at a time.

- * Will it be hard to live by these new messages that we created?
- * Do you have role models in your life who live by these messages? What do they do to demonstrate these messages? Does it seem hard for them?
- * Do you think it is harder for guys or for girls to overcome the harmful messages? Why?
- * How do the messages to men and women also affect transgender or gender-nonconforming people?
- * How can we create more safety for people to be the person they want to be?

Conclude the activity by stating the following key messages:

- Throughout our lives, we receive messages about how we should act as women and men. Some of these messages and expectations are completely fine. However, some messages may be unhealthy and harmful.
- Harmful gender messages can put us at risk for unintended pregnancy, STIs, and violence.
- Everyone gets to decide what kind of person they want to be.

TRANSITION

SAY: We just looked at messages about gender that we often hear from family, friends, peers, and society at large. In the next activity, we are going to look specifically at how various media, such as music and television, send these messages.

PARTICIPANT HANDOUT 1.3A

Gender Messages to Men

As a group, think about the messages and expectations that men receive from society, media, peers, and family about what it means to be a man. Read the following categories to help brainstorm your list. Write each message that you receive on an index card.

How are men expected to behave regarding:

Emotions?	<ul style="list-style-type: none"> • Which emotions are men not allowed to express? • Which emotions are acceptable for men to express?
Sex, Sexual Activity, and Risk Taking?	<ul style="list-style-type: none"> • What messages do men receive about sex? • How are men expected to treat a partner when it comes to sex? • What other messages do men receive about risk-taking behaviors (e.g., alcohol, drugs, driving)?
Physical Appearance?	<ul style="list-style-type: none"> • What pressures and expectations are put on men regarding their physical appearance and how their bodies should look?
Relationships with Women?	<ul style="list-style-type: none"> • What messages do men receive about how they should interact with women? • How is men's treatment of women portrayed in music videos, movies, and television?
Role in the Family?	<ul style="list-style-type: none"> • What are the main roles that men are expected to play in the family? • What roles are men discouraged from playing in the family?

PARTICIPANT HANDOUT 1.3B

Gender Messages to Women

As a group, think about the messages and expectations that women receive from society, media, peers, and family about what it means to be a woman. Read the following categories to help brainstorm your list. Write each message you receive on an index card.

How are women expected to behave regarding:

Emotions?	<ul style="list-style-type: none">• Which emotions are women not allowed to express?• Which emotions are acceptable for women to express?
Sex and Sexual Activity?	<ul style="list-style-type: none">• What messages do women receive about sex?• How are women expected to interact with a partner when it comes to sex?• How are women expected to treat a partner when it comes to sex?
Physical Appearance?	<ul style="list-style-type: none">• What pressures and expectations are put on women regarding their physical appearance and how their bodies should look?
Relationships with Men?	<ul style="list-style-type: none">• What messages do women receive about how they should interact with men?• How is women's treatment of men portrayed in music videos, movies, and television?
Role in the Family?	<ul style="list-style-type: none">• What are the main roles that women are expected to play in the family?• What roles are women discouraged from playing in the family?

PARTICIPANT HANDOUT 1.3C

How I Choose to Be

Take a moment and think about how you want to define yourself in the following roles:

As a person,

... the type of son/daughter I want to be is

... the type of sibling I want to be is

... the type of parent/caretaker I want to be is

... the type of friend I want to be is

... the type of romantic partner I want to be is

... the type of student I want to be is



ACTIVITY 1.4 GENDER IN THE MEDIA

ACTIVITY AT A GLANCE

A. Music Lyric Activity	The participants are divided into groups and examine positive and negative messages in popular music.	15 minutes
B. Lyric Rewrite	Youth rewrite messages in music lyrics to change media messages.	15 minutes
C. Television and Film Activity	Participants explore gender messages depicted in relationships on television and in film.	15 minutes
D. Group Discussion	The participants reflect on the issues that were discussed.	5 minutes

Total Time: 50 minutes

LEARNING OBJECTIVES

After completing this session, the participants will be able to:

1. Analyze messages about gender that are perpetuated in popular American culture.
2. Explain how harmful gender messages portrayed in the media can negatively affect young people.

KEY MESSAGES

1. You have the power to question media messages about what it means to be male or female.
2. The entertainment industry is a big business that often targets young people and has extreme messages about gender.
3. You have the right to form your own opinions about media messages.

MATERIALS

- Participant Handout 1.4: Gender in Television/Film
- Flipchart paper
- Markers
- Pens
- Gender Matters Code poster

ADVANCE PREPARATION

1. Review the activity and be sure that you understand the content, teaching methodology, and timing.
2. Make copies of Participant Handout 1.4 so that each participant can have one.

PROCEDURE

A. Music Lyric Activity / 15 minutes

1. Explain the following: We are going to be looking at how men and women are portrayed in the media and popular culture, to get a better sense of some of the messages that exist in society about gender. To do this, you will be divided into small groups (of 3–5 participants) and will examine lyrics in music.
2. Refer back to the “Gender Messages to Men” and “Gender Messages to Women” flipcharts, and ask participants to reflect on some of the negative messages discussed in the last activity and to start thinking about some songs that might reinforce the negative gender messages.
3. Ask each group to assign someone who will be in charge of making a list. Tell the groups they will be given three minutes to make a list of songs with negative messages about gender. They may use their cell phones (or other technology) to help them find songs for their list.
4. Walk around the room as the participants are working and offer assistance, if needed.
5. Repeat Step 3 above, asking the groups to make a list of songs with positive messages about gender.
6. Once the lists have been made, have each group first share their negative gender messages songs list with the whole group and discuss the songs that were chosen (or allow the participants to discuss them). Are these negative gender message songs? What makes them so?
7. Next, have each group share their positive gender messages songs list with the whole group, and discuss the results in the same way as above.
8. Conduct a brief discussion: Ask the participants which list was easier to make—the list of songs with positive messages or the list of songs with negative messages? Did they see any patterns with artists or genres? What were common themes that they noticed about relationships?

B. Lyric Rewrite / 15 minutes

9. Keeping the participants in the same groups, ask them to choose one song from their negative message list (make sure they do not all choose the same song) and rewrite the chorus or one verse to change the message from a negative one to a positive or a neutral one. Encourage them to be creative, funny, and thoughtful, and to have fun with the activity.
10. Ask a member of each group to share the new verse or chorus by reading it, singing it, or rapping it aloud to the group.

11. Stress that the goal of this activity is to help the participants to be aware of the messages around them and to question them.
12. Lead the participants in discussing the following questions:
 - What did the original message (of the rewritten verse or chorus) say about how men and women view or treat each other?
 - In what ways could the original message be harmful to men? To women? To all youth?
 - Do you think music videos contribute to harmful negative messages? Why or why not?

C. Television and Film / 15 minutes

13. Keep the participants in their small groups. Ask them to review the flipchart list “New Messages About Gender” and brainstorm about characters on television and/or in film who exhibit these characteristics.
14. Pass out Participant Handout 1.4 and have the small groups work together to complete the worksheet.
15. When the groups are finished, ask each group to take turns sharing their responses to the worksheet questions.

D. Group Discussion / 5 minutes

16. Thinking about the key messages of these activities (see below), lead a group discussion by using the following questions (provided as a guide) or by developing your own questions.
 - * How do the negative examples of the media we looked at impact how people make decisions about sex? How might they influence people to make risky decisions about sex?
 - * Does this exercise change the way you might look at media in the future? How?
17. Ask the participants what messages from the Gender Matters Code were addressed earlier, and then review these with the participants.
 - I am the boss of me.
 - I decide what gender means to me.
 - I treat others in the way I want to be treated.

REVIEW OF KEY MESSAGES

Conclude the activity by stating the following key messages:

- You have the power to analyze and question media messages about what it means to be a man or a woman, or to just be yourself.
- The entertainment industry is a big business that often targets young people and has extreme messages about gender.
- You get to form your own opinions about media messages.

TRANSITION

SAY: Today we participated in several activities that explored messages about gender and how they affect our lives. We will look back on what we learned today throughout the remaining sessions, as these ideas about gender and how they affect health are central themes in this program. That is why we call it Gender Matters, or Gen.M for short. We are now going to conclude the day by sharing some basic information about ourselves on camera for our daily Video Review activity.

PARTICIPANT HANDOUT 1.4

Gender in Television and Film

Directions

In your small groups, take 10 minutes to answer the questions below about gender and messages in television and films:

1. Can you name a television show or film that sends positive gender messages? (Name the show/film and describe the positive message.)
2. Is there a character on a television show or from a film who is a good role model for positive gender messages? (Name the character and the show/film.)
3. In what ways does this character exhibit these positive messages? Is the show popular? Is the character popular?
4. Have you seen relationships on television or in film that you admire? Why do you admire them?
5. Are there certain television shows or films that you think are marketed to females? To males? What are common gender messages in these shows and films?
6. How are teens typically shown in television and films? Do you think this depiction is accurate?
7. Could gender messages on television or in films have an impact on decisions that teens make about their own relationships?

ACTIVITY 1.5 VIDEO REVIEW—IT'S ABOUT ME

ACTIVITY AT A GLANCE

A. Explanation of Video Process	The facilitator introduces the group to the rules of the video process.	5 minutes
B. Video Interviews	The facilitator gives instructions for the activity. Participants take turns introducing themselves on camera.	15 minutes

Total Time: 20 minutes

LEARNING OBJECTIVES

After completing this session, the participants will be able to:

1. Learn at least one new piece of information about each participant.

MATERIALS

- Flipchart paper
- Markers
- Recording devices (phones, tablets, etc.)

ADVANCE PREPARATION

1. Review the activity and be sure that you understand the content, teaching methodology, and timing.
2. Make sure that there are enough recording devices (i.e., smart phones, tablets, etc.) for the video component.
3. Place one chair in the front of the room for the interviews.

PROCEDURE

A. Explanation of the Video Process / 5 minutes

1. Explain that every Gen.M workshop session will end with an activity that uses video recording. There are several reasons for this:
 - The video recording process gives the participants a fun and interesting way to publicly share their personal viewpoints.
 - Optional: The videos will be edited for use at various Gen.M workshops and will be shared.
 - Optional: Clips from the videos will be posted on social media outlets for youth to watch and discuss later (if the group is conducting a social media campaign).
2. Explain that there are a few rules for the video component:
 - Participants will always be allowed to decline to participate in the video recordings.
 - Participants may always request that their video recordings not be used, either immediately after a taping or after the video has been posted on social media sites.
3. Explain that the video assignment will be slightly different every day. The participants will be asked different questions, and the style of taping will vary. For example, on some days we will video-record a large group discussion, on some days we will record individual testimonials, and on other days students will record short skits in groups.
4. Ask the participants to share any questions, concerns, or comments.

B. Video Interviews / 15 minutes

5. Explain that the group is going to do a very simple activity on our first day of video recording that will help us all get comfortable in front of the camera. Explain that each participant is going to be interviewed on camera. This is a chance for us to get to know you better and for you to introduce yourself to the audience for the film we are making.

6. Ask for a volunteer to be the first person interviewed and invite them to come to the front of the room and sit down on a chair.
7. Ask any of the following questions, or make up your own questions to get to know each participant better:
 - a. What is your name and age?
 - b. What do you like to do in your spare time?
 - c. What is your favorite type of music?
 - d. What is your favorite movie? Why did you like it?
 - e. What did you think of the first session of Gen.M? What did you like?
 - f. Tell me one of new messages that you liked seeing on the flipchart today and why.
 - g. After today's discussion about gender, what message would you like to pass on to your friends about what gender means to you?
8. Once finished, thank the interviewee and invite the next volunteer. Continue to interview the other participants until everyone has participated.
9. Thank the group for their participation and explain that they have completed their first session of the Gen.M workshop. Remind the participants of the location and starting time for Session 2 and adjourn.



Nicholas

Janecia

Most challenging thing
becoming a parent

me A stere

No Talking Back
FO

SESSION 2

HEALTHY RELATIONSHIPS

This session helps youth understand the characteristics of healthy and unhealthy relationships while building skills to ensure that their own relationships are fulfilling, enjoyable, and healthy.

ACTIVITIES		TIME
2.1	Session 2 Check-In	20 minutes
2.2	Healthy Relationships and Deal-Breakers	50 minutes
2.3	Assertive Communication	1 hour, 5 minutes
2.4	What Is Consent?	50 minutes
2.5	Video Review — Creative Expressions	40 minutes

ACTIVITY 2.1 SESSION 2 CHECK-IN

ACTIVITY AT A GLANCE

A. Welcome	The facilitators greet the participants, ask if they have any questions from yesterday’s session, and review the agenda for today’s session. They also invite youth to sign up for any social media campaigns or other program-related activities.	15 minutes
B. Icebreaker	The facilitators lead an icebreaker game called “I’m Cool Because...”	5 minutes

Total Time: 20 minutes

LEARNING OBJECTIVES

After completing this activity, the participants will be able to:

1. List the agenda items for today’s session.
2. Describe how to sign up for any social media campaigns.

MATERIALS

- Flipchart paper
- Tape
- Markers
- Laptop or tablet computer with Internet access
- Incentives for youth to join social media campaigns
- Attendance form

- Gen.M Code poster
- Gen.M Group Norms poster
- Gender Messages flipcharts (from Activity 1.3)
- Question Box
- Statements for “I’m Cool Because...” icebreaker (Facilitator Resource 2.1)

ADVANCE PREPARATION

1. Review the activity and be sure that you understand the content, training methodology, and timing.
2. Write up the following agenda for the session on the whiteboard or on a sheet of flipchart paper and post it on the wall in the front of the room. (Option: Have it printed and laminated in advance.)

Agenda for Session 2

- Check-In
- Healthy Relationships and Deal-Breakers
- Assertive Communication
- BREAK
- What Is Consent?
- Video Review—Creative Expressions

3. Post the Gen.M Code poster on the wall.
4. Post the Gen.M Group Norms poster on the wall.
5. Place the Gender Messages flipcharts on the wall.
6. Prepare statements on slips of paper for the “I’m Cool Because...” activity from Facilitator Resource 2.1.

PROCEDURE

A. Welcome / 15 minutes

1. As youth enter the room, ask them to sign the attendance sheet.
2. Welcome youth to Session 2 of Gender Matters. Thank the group for their participation yesterday and share a highlight about yesterday's work that you, as the facilitator, really enjoyed.
3. Ask the youth if they have any questions from yesterday's session. Remind the participants about the Question Box and that any questions that are in the box will be answered in Session 5.
4. Tell the participants that today's session is going to focus on establishing and maintaining healthy relationships. Briefly review the agenda for Session 2 written on the flipchart and posted in the front of the room.
5. Draw the participants' attention to the Gen.M Code poster and review all six messages. Explain that the main two messages from the Code that we will focus on today are:
 - I am the boss of me.
 - I treat others in the way I want to be treated.
6. Tell the group that we will end today's session with another video review by participating in an activity called "Creative Expressions." During the activity, small groups will create performances based on something they learned during the day. We will talk more about how this activity will work later.
7. *Option:* Remind the participants of any social media campaign, whether it is joining a Facebook group or exchanging Snapchat or Instagram information.
8. Tell them that you will have a laptop or computer tablet available during breaks and before and after each day's session, to give them a chance to sign up for any social media campaigns.
9. Remind the participants that they can always come and talk to a facilitator at any time about something that comes up in the workshop—for example, if something that was said made you feel uncomfortable or made you want to talk with someone in private. Remind them that both facilitators are also available after each day to talk about anything.

B. Icebreaker: I'm Cool Because... / 5 minutes

10. Tell the participants that before getting into the activities for the day, we are going to do a quick icebreaker called “I’m Cool Because...”
11. Explain the rules of the game as follows:
 - There is always one person standing in the middle of the circle. Everyone else should be sitting in a chair (and there are no extra chairs).
 - The person standing in the middle is asked to read a statement on a sheet of paper.
 - If the statement applies to you, then you must stand up and move to another seat in the circle; it cannot be the seat directly next to you. The person standing in the middle will also be trying to sit down, and one person will be left without a place, because there are not enough places for everyone.
 - The person left is now in the middle. They must then read a new statement on a sheet of paper and repeat the process.
12. You should stand in the middle of the circle and begin the game by modeling how it is done. Do this by stating, “I’m cool because...I’m wearing white shoes [or another example].”
13. Make sure that all of the people who fit that description have changed seats, including the person standing in the middle.
14. The person left in the middle should then make the next statement. To make the content relevant to Gen.M, provide the person standing in the middle with a slip of paper that has the next statement. A list of statements is provided in Facilitator Resource 2.1.
15. Continue the game for several minutes, until you have completed all of the statements.
16. When the game is over, congratulate the group for their good work and ask them to return to their seats. Comment that all of the statements from the game are relevant to Gen.M and are issues that we are going to discuss today in our session on healthy relationships.

TRANSITION

SAY: Next, we are going to begin our session on relationships by looking at both healthy and unhealthy aspects of relationships.

FACILITATOR RESOURCE 2.1a

I'm Cool Because...

I'm cool because... I use Snapchat.

I'm cool because... I have a younger brother or sister.

I'm cool because... I know a teen parent.

I'm cool because... I plan to go to college or a trade school.

I'm cool because... I have a role model for a healthy relationship.

I'm cool because... I have had a relationship break-up.

I'm cool because... I want to get married someday.

I'm cool because ... I don't want to get married someday.

I'm cool because... I have been in love.

I'm cool because... I believe I deserve respect.

I'm cool because... I have felt jealous before.

I'm cool because... I've got cool friends.



ACTIVITY 2.2 HEALTHY RELATIONSHIPS AND DEAL-BREAKERS

ACTIVITY AT A GLANCE

A. Introduction to the Activity	The participants brainstorm characteristics of healthy and unhealthy relationships.	5 minutes
B. Relationship Behavior Cards	The participants are given cards with behaviors and asked to determine whether the behavior is healthy or unhealthy.	15 minutes
C. Personal Reflection	Using a worksheet, the participants write down the three most important healthy behaviors they would want in their relationships. They then write down any behaviors that are unhealthy or deal-breakers. A few participants share their responses with the larger group.	15 minutes
D. Actions for Unhealthy Behaviors	The participants review a set of four steps to use when experiencing an unhealthy behavior. The group then reflects on how some unhealthy behaviors increase risk for pregnancy.	15 minutes

Total Time: 50 minutes

LEARNING OBJECTIVES

After completing this session, the participants will be able to:

1. Name healthy and unhealthy behaviors that exist within relationships.
2. State important characteristics of a healthy relationship for themselves.
3. Decide what deal-breaker behaviors would cause them to end a relationship.
4. Describe steps to guide a person when faced with ending an unhealthy relationship

KEY MESSAGES

1. Healthy relationships are based on communication, honesty, equality, respect, and responsibility.
2. Unhealthy relationships often lead to poor health outcomes, like unintended pregnancy and STIs.
3. Be the boss of you. Practice healthy relationship behaviors and expect these behaviors from your partner. Do not stay in an unhealthy relationship.
4. Some relationships have to end for you to remain safe.

MATERIALS

- Flipchart paper
- Participant Handout 2.2A: *Healthy Relationship Behaviors and Deal-Breakers*
- Letter-size paper and/or index cards
- Pens
- Paper
- Tape
- Markers

ADVANCE PREPARATION

1. Review the activity and be sure that you understand the content, teaching methodology, and timing.
2. Write out two signs on letter-size paper reading “Healthy” and “Unhealthy” and place them apart from each other on the wall.
3. Print each of the following Relationship Behaviors on a separate piece of letter-size paper or a large index card:
 1. *You stay in the relationship because, although you are unhappy, it is better than being alone.*
 2. *You talk about sex with your partner.*
 3. *You make all of the decisions for the couple.*
 4. *You listen to your partner’s opinions.*
 5. *You have a friend spy on your partner in real life or on social media.*
 6. *You feel in control of yourself and that you can make your own decisions.*
 7. *You talk about problems when they arise in the relationship.*
 8. *You argue and fight almost every day.*
 9. *Your partner pressures you to have sex when you don’t want to.*
 10. *You are afraid to tell your partner when you make plans with friends.*
 11. *Your partner hits you.*
 12. *You talk about avoiding pregnancy and STIs.*
 13. *You ask your partner to break rules made by their parents.*
 14. *You only compliment your partner on the way they look.*
 15. *You read your partner’s text messages or break into their phone without their permission.*
 16. *You consider your partner’s feelings when making decisions.*

4. Write out on a sheet of flipchart paper the four steps of action for unhealthy behaviors and deal-breakers.

Step 1: Look out for the unhealthy behavior.

Step 2: If it is safe to do so, discuss the behavior with your partner.

Step 3: Get support from trusted friends or family if you are experiencing an unhealthy behavior.

Step 4: Consider ending the relationship if the unhealthy behavior continues. If the behavior included any form of violence or threats, talk with a trusted adult, so they can help you stay safe during and after the break-up.

NOTE TO FACILITATOR:

- If a participant needs help, there may be local resources to which they can be referred. Also, a good national resource is Love Is Respect, which can be reached by telephone at 1-866-331-9474 or by text at LOVEIS TO22522.

PROCEDURE

A. Introduction to the Activity / 5 minutes

1. On a flipchart in front of the group, write “Healthy” on the left side and “Unhealthy” on the right. Explain that we are going to examine aspects and behaviors of healthy and unhealthy relationships, and that while many relationships fall easily into these two categories, some will have elements of both. Later, we will consider for ourselves what “deal-breakers” would move us toward ending a relationship that is not healthy.
2. Ask the group to define healthy and unhealthy romantic or sexual relationships by brainstorming words under each of the two categories that help describe them. Your flipchart may look like this:

ACTIVITY 2.2 HEALTHY RELATIONSHIPS AND DEAL-BREAKERS

Healthy	Unhealthy
Honesty	Lying
Communication	Poor communication
Equality	Cheating
Respect	Violence
Trust	Bossy

3. Review the list of words under the “Healthy” column. Point out that everyone has a right to enjoy relationships with these characteristics, even though we may not always see this in the relationships around us.
4. Place the list of healthy and unhealthy characteristics aside and be prepared to revisit it later in the activity.

B. Relationship Behavior Cards / 15 minutes

5. Refer to the “Healthy” and “Unhealthy” signs placed on the wall.
6. Hand out one “Relationship Behavior” card to each participant. Ask participants to read their card and determine whether they think the behavior is healthy or unhealthy. Take turns asking each participant to stand up, come to the front of the room, read aloud what is on their card, and tape the card in the appropriate column: “Healthy” or “Unhealthy.”
(*Option:* Have participants read the cards out loud and then state verbally if they think it is healthy or unhealthy.)
7. Once all of the cards are placed on the wall, review each one. Ask the group what they think about each placement. Allow time for discussion, and move any cards that the group feels are misplaced. If the group cannot agree on a placement, remind them of the qualities of a healthy relationship they brainstormed and ask them whether the behavior shows these qualities.

NOTE TO FACILITATOR

- If a behavior has been placed under the wrong sign, or if the group cannot agree, go ahead and place it under the correct sign. Clarify why the behavior is placed where it is. If using the verbal option, have the discussion when each participant reads a card.

C. Personal Reflection / 15 minutes

8. Post the flipchart paper with brainstormed characteristics of healthy and unhealthy relationships. Ask the participants to add any more characteristics.
9. Pass out Participant Handout 2.2A and ask the participants to complete it on their own by writing down the three most important healthy behaviors they would want from a romantic partner and the three behaviors that they would not want to tolerate in a relationship. In addition, ask the participants to identify what the most important behavior in a relationship is to them and another behavior that they would immediately walk away from to remain safe. Explain that we call such a behavior a “deal-breaker,” because it is unacceptable and nonnegotiable. For example, a common deal-breaker is violence. Some people say they will not tolerate being pushed, shoved, hit, or kicked by a romantic partner. Give the participants ample time to complete their handouts.
10. After everyone has completed their handout, ask participants to share their view on the most important characteristic of a healthy relationship and explain why. Then ask them to share their deal-breakers, explaining why.
Option: Pair/share one or two questions that they feel most comfortable sharing with a partner. Then share out as a group, taking a few volunteers.

D. Actions for Unhealthy Behaviors / 15 minutes

11. Explain that while deal-breakers may create an immediate need to end a relationship, other unhealthy behaviors may require some time to discuss and assess. Post, read, and discuss the prepared flipchart with the four steps of action for unhealthy behaviors.
12. Begin a group discussion about unhealthy behaviors in relationships by discussing the following three issues:
 1. **Violence**
 - Why do you think some people hurt or control their partners?
 - How can violence affect a relationship?
 - How can violence increase the risk for pregnancy?
 2. **Communication**
 - Why is communication during an intimate relationship important?
 - How does communicating well help a couple prevent pregnancy?
 - What needs to happen for a couple to determine if they both want to have sex or if they don't want to have sex? Why?

3. Getting help

- Do you think it might be hard for someone in an unhealthy relationship to end it? Why?
- What might be reasons that people stay in unhealthy relationships?
- Who could you talk to if you were in an unhealthy relationship?

REVIEW OF KEY MESSAGES

Conclude the activity by stating the following key messages:

- Healthy relationships are based on communication, honesty, equality, respect, and responsibility.
- Unhealthy relationship behaviors can lead to poor health outcomes, like unintended pregnancy and STIs.
- Be the boss of you. Practice healthy relationship behaviors and expect these behaviors from your partner. Some relationships have to end for you to remain safe.

TRANSITION

SAY: The next activity is going to look into one specific aspect of healthy relationships — assertive communication.

Healthy Relationship Behaviors and Deal-Breakers

Directions

Complete the following sentences based on your own opinion and views.

1. For me, **three important behaviors** in or **aspects** of a **healthy relationship** are ...

2. For me, the **most important behavior** or **aspect** of a **healthy relationship** is ...

because _____

3. **Three unhealthy behaviors** I would **not tolerate** from a partner in a relationship are:

4. **Deal-breakers** are negative behaviors in a relationship that a person should immediately walk away from to be safe. We call this behavior a “deal-breaker” because it is unacceptable and nonnegotiable. For me, **a deal-breaker** is:

because _____

5. I will know I am in a healthy relationship when:

ACTIVITY 2.3 ASSERTIVE COMMUNICATION

ACTIVITY AT A GLANCE

A. Introduction to Assertive Communication	The facilitators define and demonstrate passive, aggressive, and assertive communication.	15 minutes
B. Ways to Say NO	The facilitators present six strategies for assertively saying NO and demonstrate their use in a scripted role play.	10 minutes
C. Refusal Role Plays	The participants practice using refusal skills through scripted and unscripted role plays.	40 minutes

Total Time: 1 hour, 5 minutes

LEARNING OBJECTIVES

After completing this activity, the participants will be able to:

1. Describe the difference between passive, aggressive, and assertive communication styles.
2. List the six steps that can be used in an effective refusal.
3. Demonstrate an effective refusal to unwanted sex in a role play.

KEY MESSAGES

1. No matter what your sex or gender, you should never engage in sex if you do not want to — even if you have had sex before.
2. You can choose not to have sex and maintain a satisfying relationship.

MATERIALS

- Flipchart paper
- Markers
- Tape
- Facilitator Resource 2.3a: *Sample Scripts for Communication Styles*
- Facilitator Resource 2.3b: *Scripted Role Play with Chris and Jess*
- Facilitator Resource 2.3c: *Scripted Role Play with Eric and Jasmine*
- Participant Handout 2.3A: *Ways to Say NO*
- Participant Handout 2.3B: *Scripted Role Play: Persons 1 and 2*
- Participant Handout 2.3C: *Unscripted Role Play: Persons 1 and 2*

ADVANCE PREPARATION

1. Review the activity and be sure that you understand the content, teaching methodology, and timing.
2. Make copies of the handouts needed for this activity.
3. Write the following definitions for Passive, Aggressive, and Assertive Communication on a sheet of flipchart paper, post it on the wall, and cover it. *Option:* Have the poster printed and laminated ahead of time for display.

- **Passive:** Not expressing what you really feel
- **Aggressive:** Expressing what you feel in a hostile manner without respecting the other person's feelings
- **Assertive:** Expressing what you feel in an honest, confident, and respectful way

4. Practice the three communication styles skit (John and Nina) with your cofacilitator.

PROCEDURE

A. Introduction to Assertive Communication / 15 minutes

1. Tell the participants that this activity is going to focus on communicating assertively in a relationship. Assertive communication is an effective communication style that can be used in any relationship, including parents, siblings, friends, and romantic partners. In particular, we are going to focus on how to use assertive communication to refuse unwanted sexual activity.
2. Ask whether anyone has ever heard of assertive communication and ask them to share what they have heard about what it means. Ask the same of passive and aggressive communication. Uncover the prepared flipchart and review the definitions for each of the communication styles. (*Option:* Have this printed and laminated for display in advance.)

SAY: A *passive communication style* is one where the communicator does not express what they really feel or want. A passive communicator is often indirect, gives an unclear message, or says nothing at all. Passive communicators may say “yes” when they really mean “no,” in order to avoid conflict, avoid hurting the other person’s feelings, or out of fear that they may upset the other person.

SAY: An *aggressive communication style* is one that is hostile or forceful. Aggressive communicators often express their feelings in a manner that is confrontational. They may threaten, pressure, or force another person to get their way, without taking the other person’s feelings or rights into consideration. An aggressive communicator can also be manipulative—saying or doing something to control or coerce the other person into doing something that the aggressive communicator wants.

SAY: An *assertive communication style* is one that is clear and direct with no intention to hurt or offend the other person. Assertive communicators express their feelings in an honest and respectful way and are considerate of the other person’s feelings. Assertive communicators use “I” statements to express how they feel and to own what they say.

3. To summarize, use the following examples to help explain each communication style.

If a waiter at a restaurant brings the wrong dish to the table, here are three different responses based on the three communication styles:

Passive: Thanks, that’s not what I ordered, but that’s okay. I guess I can still eat the vegetables. I wasn’t that hungry anyway.

Aggressive: I can’t believe this! I ordered the chicken. Does this look like chicken to you? Some idiot messed up my order!

Assertive: Excuse me, I ordered the chicken. Would you mind taking this back and bringing me the chicken? Thank you.

4. Explain that of these three communication styles, assertive communication is seen as the most effective, because you are saying what you mean in a clear manner without offending the other person.
5. Tell the youth that in order to get a better sense of each communication style, you are going to model each style. John (Facilitator X) is going to arrive late for a date at the movies. Nina (Facilitator Y) is going to model each communication style in response to John's actions.
6. Using the sample scripts in Facilitator Resource 2.3a, model the passive, aggressive, and assertive communication styles using the scripts below. Cue the role play in by having the participants call out: "Action!" End the skit by saying "Scene."
7. After demonstrating the three communication styles, lead a large group discussion using the questions below as a guide.
 - * Which one of the three communication styles do you think was most effective? Why?
 - * What makes it difficult for people to communicate assertively? Are there gender messages from the list that make it difficult?
 - * What does Nina stand to lose in using a passive communication style?
 - * When Nina used an aggressive communication style, what could have happened?
 - * How can using the assertive style to communicate affect future dates with John?

B. Ways to Say NO / 10 minutes

8. Tell the participants that you are going to present an assertive communication model that can be used for saying NO to something you do not want to do. The model has six ways in which to say NO and reinforce your point, but you may only have to say NO once—depending on the situation. It is important to remember that we should all respect one another's first "NO" in every situation. This is part of being a good friend or partner.
9. Pass out Participant Handout 2.3A and review the Ways to Say NO:
 - Say NO with your voice, firmly.
 - Reinforce the message with your body language: eyes and body.
 - Explain why.
 - If you need to, say NO again and create some space.
 - Offer an alternative.
 - If the above steps don't work, walk away.

10. Provide the participants with the following example to illustrate these strategies:

Let's say you are at a party and someone at the party offers you some type of drug. The person says that the drug is totally safe and will make you feel great. You don't want to take the drug.

11. Walk through the Six Ways to Say NO and ask the participants what each way would look like, using the situation of someone offering you the drug. As you go through each example, make sure the following points are shared:

Say NO with your voice, firmly.

- NO, I don't want to try that. NO, I'm not interested.

Reinforce the message with your body language: eyes and body.

- Make eye contact.
- Stand up.

Say NO and explain why, if you choose.

- NO, I don't want to try that. I don't do drugs.
- NO, I don't want to try that. I feel good without using drugs.

Using these three ways may be enough. The person offering the drugs may back off and understand that you are not going to take drugs. However, the person could keep offering or insisting that you try them. In that case, consider the next three steps.

If you need to, say NO again and move or use body language to reinforce the point.

- NO, I don't want to try that.
 - » *Get up.*
 - » *Move away.*
 - » *Go to the bathroom.*
 - » *Start talking to another friend.*
 - » *Pretend that you just got a phone call and walk to the side.*

Offer an alternative, if you choose.

- NO, I don't want to try that. Let's:
 - » *Dance.*
 - » *Get something to eat.*
 - » *Go talk to (name of friend).*
 - » *Play (video game, etc.).*

Walk away.

- Just that—walk away, leave. Even if this creates an awkward situation, it is better than being forced to do something you don't want to do. Good friends who really care about you should never insist you do something that you do not want to do. Period. If the person becomes aggressive, leave the situation, call 911, or talk to a trusted adult. If you feel that it is unsafe to do so, try to move closer to more people or go to a more public place, or try to get to a safe space where you can lock a door behind you, such as a bathroom. Then call for help.

C. Refusal Role Plays / 40 minutes

12. Ask the youth if they have any questions about the assertive communication model.
13. Ask for two volunteers to demonstrate the model using the scripted role play about Chris and Jess (Facilitator Resource 2.3b). Invite the volunteers to the front of the room, and ask the other participants to refer to the “Ways to Say NO” handout, to assess which strategies were used in the role play.
14. Read the background in Facilitator Resource 2.3b and then invite the volunteers to act out the role play. Call out “Action” and “Scene” to signify the start and end to the skit.
15. After the role play, lead a short discussion using the questions below.
 - * How realistic was this role play?
 - * How effective did you think Jess was at refusing sex?
 - * Which of the “Ways to Say NO” did Jess use?
 - * How well did Chris accept Jess's saying no? What could Chris have said to make it easier for Jess?
 - * Why do you think Chris kept pushing for sex, even after Jess said no? What gender messages could be driving that behavior?
 - * How do you think Jess felt as Chris continued to exert pressure for sex?
 - * What gender messages might make this situation difficult to say no to sex?

16. Tell the group that we will now practice these refusal strategies with more role plays. Ask for two volunteers. Read the background in Facilitator Resource 2.3c and then invite the volunteers to act out the role play as Eric and Jasmine. Call out “Action” and “Scene” to begin and end the skit.
17. After the volunteers act out the role play, lead a brief discussion using the questions below:
 - * How realistic was this role play?
 - * How effective did you think Eric was at refusing sex?
 - * Which of the “Ways to Say NO” did Eric use?
 - * Did Eric use “I” statements to be assertive about his feelings and needs? If so, what did Jasmine say?
 - * Is it OK for a guy to say no to sex? Why or why not?
 - * Do you think it is harder for boys to say no to sex compared to girls? Why or why not?
 - * What negative messages about being a man make it difficult for guys to say no to sex?
18. Tell the participants that in the next role play, they will work in pairs. Explain that participants will read a scripted role play first. Later, they will be asked to create all of the responses themselves for the same scenario.
(*Option:* Some participants may be ready to go directly to the unscripted role play. If so, skip Steps 19 and 20 and go directly to Step 21 below.)
19. Divide the participants into pairs and pass out Participant Handout 2.3B. Ask each pair to decide who will play Person 1 and Person 2. Ask the pairs to pay attention to how Person 2 assertively says NO in the script. Read the background in Participant Handout 2.3B and then provide the pairs with time to act out the role play.
20. Thank the pairs for completing the role play. Explain that the next role play will be the exact same scenario, only this time the lines for Person 2 are left blank. This means that Person 2 must come up with their own response. Remind the participants that they should refer to the Ways to Say No poster to help them create their responses.
21. Pass out Participant Handout 2.3C. Explain that both participants in the pairs will be given a chance to play Person 2 and create their own responses. Ask each pair to decide who will play Person 2 the first time. Remind the pairs that their assignment is to verbally respond during the role play, as opposed to simply writing the responses on the handout. Provide the pairs with time to act out the role play one time.

22. Once the role play has been completed, ask the participants to switch roles and carry out the role play a second time.
23. When they are finished practicing, ask for a few pairs to come to the front of the room and model their unscripted role plays for the group.
24. Lead a large group discussion using the questions below as a guide.
 - * What was it like to be in Person 2's role? How did it feel?
 - * Was it easy or difficult to use the Ways to Say NO? Did it get more difficult the more ways that you used? Explain.
 - * Is it helpful to have the Ways to Say No to use in real-life situations?

REVIEW OF KEY MESSAGES

Conclude the activity by stating the following key messages:

- No matter what your sex or gender, you should never engage in sex if you do not want to—even if you have had sex before.
- You can choose not to have sex and maintain a satisfying relationship.

TRANSITION

SAY: In the next activity, we are going to talk more about couples communicating about sex. A key aspect of this is establishing whether there is consent (or agreement) to have sex. Therefore, we will practice some ways to establish consent for sexual activity.

FACILITATOR RESOURCE 2.3a

Sample Scripts for Communication Styles

PASSIVE

John: Hey, Nina, are you ready to go in?

Nina: Yeah, well the movie started 30 minutes ago but, well, OK. I guess.

AGGRESSIVE

John: Hey, Nina, are you ready to go in?

Nina: You are unbelievable. You are the most inconsiderate person I know. You are 30 minutes late, again! You don't care about anyone. It's all you, you, you! You go watch your movie by yourself!

ASSERTIVE

John: Hey, Nina, are you ready to go in?

Nina: John, what happened? You are 30 minutes late.

John: I'm sorry, my ride was late.

Nina: Well I'm really frustrated. This is the third time in a row that you have been late for something. I really don't like it when I try really hard to be on time and then you don't show me the same respect. I'd really like to see this stop in the future. Could you do that for me?

John: Yes, I can do that. I'm sorry. I promise I'll find a way to arrive on time in the future.

Nina: OK, but also, at least call me if you are going to be late. OK?

John: I hear you and respect that. Can I make it up to you by buying the popcorn?

Nina: Sure, I'd appreciate that.

Scripted Role Play with Chris and Jess

Background

Chris and Jess have been dating for four months. They like each other and have a good time when they are together. One Saturday night, Chris and Jess are hanging out at a friend's house. They are alone together and start fooling around. Chris asks Jess for oral sex, but Jess does not want to give oral sex to Chris

Chris: Come on, just this once.

Jess: No, Chris. You know I really like you, I'm just not into that yet.

Chris: Don't be scared, I'll show you what to do. Please...

Jess: No. I'm not scared. I just don't want to. I just want to keep making out.

Chris: I don't understand why you won't do it. What's the big deal?

Jess: [*Turning away from Chris*] I'm fine with kissing, but not the other stuff.

Chris: I don't want to just kiss you. That's lame.

Jess: If that's how you feel, I don't even want to kiss you. Later.
[*Jess walks away.*]

FACILITATOR RESOURCE 2.3c

Scripted Role Play with Eric and Jasmine

Background

Eric and Jasmine have been dating for a few months. They haven't had sex yet, but their relationship has been getting more serious. Jasmine and Eric are hanging out in Eric's car one night after he has finished work. They have been kissing for a while and Jasmine wants to have sex, but Eric is not sure.

Jasmine: Eric, I think we should take this to the next level.

Eric: Jasmine, I don't want to have sex.

Jasmine: What? Why not? What's wrong?

Eric: Nothing is wrong. I just don't think we should have sex. I don't want us to risk getting pregnant. It's not worth it to me.

Jasmine: I can't believe this. You're the guy, and you're the one who is putting on the brakes?

Eric: It's not about being a guy. It's about what I choose to do. Let's go back to my house. Netflix and chill?

Jasmine: Well, OK... as long as nothing is wrong.

Eric: Nothing is wrong. We're good.

Ways to Say NO

Saying NO once should always be enough. Typically, if someone really cares, you shouldn't have to tell them twice. Unfortunately, some people do not always respect your right to say NO right away. Here are some ways to help you say NO and keep saying NO.

Say NO with your voice, firmly.

Reinforce the message with your body language: eyes and body.

Explain why.

If you need to, say NO again and move away or use body language to create space.

Offer an alternative.

Walk away.

PARTICIPANT HANDOUT 2.3B

Scripted Role Play—Persons 1 and 2

Background

Person 1 and Person 2 have been dating for a while. Person 1 really wants to have sex with Person 2. In this role play, Person 1 will put a lot of pressure on Person 2 to have sex, even though Person 2 repeatedly says no.

Person 1: I think we should take the next step and have sex.

Person 2: It's nice that we're closer, but I don't want to have sex.

Person 1: But we can be even closer if we have sex.

Person 2: No, I just don't want to do that right now. I'm not comfortable with it.

Person 1: Come on, please, we've been together long enough.

Person 2: No, I already told you I don't want to. Stop pressuring me. Let's get out of here, I'm hungry.

Person 1: OK, I'm sorry. I don't want to make you uncomfortable.

Person 2: Thanks for listening to me. Let's go.

Unscripted Role Play—Persons 1 and 2

Background

Person 1 and Person 2 have been dating for a while. Person 1 really wants to have sex with Person 2. In this role play, Person 1 will put a lot of pressure on Person 2 to have sex, even though Person 2 repeatedly says no.

Person 1: I think we should take the next step and have sex.

Person 2:

Person 1: But we can get even closer if we have sex.

Person 2:

Person 1: Come on, please, we've been together long enough.

Person 2:

Person 1: OK, I'm sorry. I don't want to make you uncomfortable.

Person 2:

ACTIVITY 2.4 WHAT IS CONSENT?

ACTIVITY AT A GLANCE

A. Introduction	The facilitators introduce the activity by defining sexual consent.	10 minutes
B. Asking for Consent	The participants brainstorm ways to ask for and confirm consent.	10 minutes
C. Is This Consent?	The participants read through several situations and determine whether consent has been given for sexual activity.	15 minutes
D. Defining Sexual Choices and Limits	The participants brainstorm ways to respond when their partner does not consent to sexual activity.	5 minutes
E. Discussion	The participants discuss what they have learned.	10 minutes

Total Time: 50 minutes

LEARNING OBJECTIVES

After completing this activity, the participants will be able to:

1. Define the concept of sexual consent.
2. Apply the definition of consent to practical, real-life situations.
3. Identify strategies to establish consent for sexual activity.
4. Identify strategies for respecting a partner's sexual limit.
5. Identify how gender norms influence people's ability to ask for consent and to respect a partner's sexual limits.

KEY MESSAGES

1. Be the boss of you. Do not let people pressure you into doing things you do not want to do. Communicate your choices and limits to others.
2. Do not be the boss of other people. Respect every person's right to say no to sex, and do not pressure people into doing things they do not want to do.
3. Consent is not possible if one or both people are under the influence of drugs or alcohol or is pressured or coerced.
4. Only "yes" means YES. The absence of "no" does not mean YES. Also, "no" means NO, resistant body language means NO, and being unsure means NO.

MATERIALS

- A green card (or sheet of paper) and a red card (or sheet of paper) for each participant
- Flipchart paper
- Markers
- Pens or pencils
- Facilitator Resource 2.4a: *Is This Consent?*

ADVANCE PREPARATION

1. On a sheet of flipchart paper, write down each of the situations listed in Facilitator Resource 2.4.
2. Prepare a flipchart (or create a printed, laminated poster) with the definition of sexual consent.

Sexual Consent: affirmative, conscious, and voluntary agreement to engage in sexual activity.

3. Prepare the following flipchart (or create a printed, laminated poster):

Setting Sexual Limits:

- a. Choosing not to have sex
- b. Choosing not to have sex with a particular person
- c. Doing certain sexual activities but not others
- d. Agreeing to have sex and then changing your mind

4. Prepare a flipchart with the title: Things That Show You Respect Sexual Limits.

PROCEDURE

A. Introduction / 10 minutes

1. Explain to the participants that we just focused on defining what it means to have a healthy relationship. Two words that often come up when describing healthy relationships are “responsibility” and “respect.” Explain that both individuals in a relationship have a responsibility not only to set their own sexual limits, but also to respect the sexual limits of others.
2. Ask the group to put into their own words what they think “sexual consent” means.
3. Reveal the flipchart/poster with the definition of sexual consent. Clarify that sexual consent means that both people agree to participate in a particular sexual behavior. The agreement must be:

- **Affirmative**—The absence of NO does not necessarily mean YES. Only YES means YES.
- **Conscious**—People cannot give consent if they are drunk, high, or passed out.
- **Voluntary**—It is not consent if a person is pressured or coerced in any way.

Any sexual contact without agreement is considered sexual assault and is against the law.

4. Ask the group to explain what “sexual limits” means.
5. Reveal the flipchart with the definition of sexual limits. Clarify that sexual limits can mean choosing not to have sex, not to have sex with a particular person, doing certain sexual activities but not others, or agreeing to have sex and then changing your mind. Each person has the right to decide their own sexual limits and to change their mind at any time. That is why it is important to know your sexual limits and to communicate them clearly to others. It is equally important to understand your partners’ sexual limits by asking them what they do and do not want to do regarding sexual activity.

B. Asking for Consent / 10 minutes

6. Explain that two very important skills are needed before someone initiates sexual activity. The first is that a person needs to be able to ask whether their partner wants to have sex. Remember, agreeing to have sex is called consent, and it must be affirmative, conscious, and voluntary, as stated above. Explain that **we cannot ASSUME that the other person consents; we need to confirm this by asking our partner.**
7. Ask the group to explain how to know whether a partner consents to sex. What words can someone use to ask whether their partner consents to have sex? Is this usually talked about in a relationship? If not, why not? Discuss this with the group.
8. Next, explain that even after someone consents, it is important to “check in” and make sure this is something that the partner wants to continue. Sometimes there may be signals that a person is unsure about sexual activity. On a sheet of flipchart paper, write “Unsure” at the top of the left-hand column. Ask the youth to provide examples of signs that a person may be unsure about having sex and list them on the left-hand side.
9. On the same flipchart, write “Checking In” on the right-hand side. Now ask the participants to list things a person could say or do to check in with a partner and determine whether this is something that the partner still wants to do. After creating both lists, the flipchart should look something like this:

Unsure	Checking In
Unresponsive body language	"Are you good? Does this feel OK?"
Tears	"What's wrong? Do you want to talk about this?"
Being withdrawn	"How are you feeling? Do you still want to do this?"
Nervousness	"Are you nervous? Do you want to do something else?"
Dozing off or passed out	STOP!

C. Is This Consent? / 15 minutes

10. Pass out a green card and a red card to each participant. Explain that you will read a statement and they will vote on whether the statement implies that the person consents to have sexual intercourse with you. If participants think that the statement communicates consent, they should hold up the green card. If the participants think that the statement does not communicate consent, they should hold up the red card.
11. Post the flipchart prepared from Facilitator Resource 2.4a (or have a printed, laminated poster made, or just read the statements without posting them) and read the first statement aloud. Ask the participants to vote. After the statement, clarify whether the participants have any comments or thoughts to share. If the participants voted that consent was communicated when it was not, ask them to explain their answer and clarify that consent was not communicated. Revisit the definition of consent, if needed, asking participants if all three parts of the definition (affirmative, conscious, and voluntary) are true.
12. Continue this process until you have read all of the questions.

D. Defining Sexual Choices and Limits / 5 minutes

13. Deciding to become sexually active is an important decision and will be discussed more fully in Session 3: Big Decisions. Part of making this decision is about deciding for yourself what you are physically and emotionally ready for and communicating that to your partner. We must respect each others' sexual boundaries and limits. This can mean:
- Choosing not to have sex
 - Choosing not to have sex with a particular person
 - Agreeing to certain sexual activities but not others
 - Agreeing to have sex and then changing your mind
14. Remind the group of the concept of “deal-breakers” when we discussed healthy relationships. Ask them to consider: If you were in a relationship with someone who pressured you to cross your sexual limits, would that be a deal-breaker? How would you handle it?
15. In addition to setting and communicating your own sexual limits, it is important to respect your partner's sexual limits as well. This means accepting without argument when someone says “No” to a sexual behavior or recognizing when they are uncomfortable and stopping. Ask the youth to provide some examples of things you can say to show respect for another person's sexual limits and list them on a fresh sheet of flipchart paper. The responses should look something like this.

Things to say that show you respect someone's sexual limits:

“That's OK.”

“That's fine.”

“We're good.”

“OK, let's do something else.”

“It's cool.”

E. Discussion / 10 minutes

16. Thinking about the key messages of this activity, lead a group discussion using the questions below (provided as a guide) or by developing your own questions.
- * Is there anything about the definition of consent being affirmative, conscious, and voluntary that you had not considered before or that you still do not understand?
 - * (Refer to the *Gender Messages to Men flipchart from Activity 1.3.*) What does this chart say about being a man that might make it difficult for him to ask his partner for consent before having sex?
 - * How might some of these messages influence a man to not respect his partner's sexual limits? To listen to his own sexual limits and be very clear with his partner?
 - * (Refer to the *Gender Messages to Women flipchart from Activity 1.3.*) How might some of these messages make it difficult for a woman to respect her partner's sexual limits or to be very clear with her partner about her own sexual limits? How might some of the messages make it difficult for her to ask her partner for consent to have sex?
 - * Are there also messages that might make it difficult for someone who is gender nonconforming to respect their partner's limits or communicate about their own sexual limits?

REVIEW OF KEY MESSAGES

Conclude the activity by stating the following key messages:

- Be the boss of you. Do not let people pressure you into doing things you do not want to do. Communicate your choices and limits to others.
- Do not be the boss of other people. Respect every person's right to say no to sex, and do not pressure people into doing things they do not want to do.
- Consent is not possible if one or both people are under the influence of drugs or alcohol.
- Consent is not possible if one or both people are pressured or coerced into giving consent.
- Only "Yes" means YES. The absence of "No" does not mean YES. "No" means NO, resistant body language means NO, and being unsure means NO.

TRANSITION

SAY: Our last activity of the session is the video review: We are going to give you a chance to come up with creative ways to revisit some of the key things you have learned.

Is This Consent?

Is this consent to have sex? Is someone consenting to have sex with you if they:

(Note: You can define “have sex” as any sexual activity between two people, including vaginal intercourse, anal sex, oral sex, or manual [using hands] sex.)

1. Agree to go on a date with you?
2. Let you buy dinner?
3. Go into your bedroom when your parents are not home?
4. Make out with you with their clothes on?
5. Make out with you naked?
6. Are very drunk and passive?
7. Send flirty and sexual text messages and pictures?
8. Are very drunk and pass out just as you are about to have sex?
9. Have sex with you after you threaten to break up with them?
10. Have sex with you when you ask them to prove that they love you?
11. Have had sex with you before, but do not want to at this time?
12. Have oral sex with you?
13. Told your friend they want to have sex with you?
14. Do not say anything when you start to have sex?
15. Say No, but keep responding to you in a sexual way?
16. Say Yes and seem comfortable?
17. Say Yes, and confirm yes with their body language?

ACTIVITY 2.5 VIDEO REVIEW — CREATIVE EXPRESSIONS

ACTIVITY AT A GLANCE

A. Review of Video Process	The facilitator reminds the participants about the rules of the video process, gives instructions, and breaks them into four small groups.	5 minutes
B. Small Group Creativity	Groups are asked to creatively demonstrate their understanding of one of the four different concepts that they learned from Session 2.	20 minutes
C. Presentations	The participants take turns sharing their creative expressions.	15 minutes

Total Time: 40 minutes

LEARNING OBJECTIVES

1. Describe the meaning of assertive communication, healthy relationships, deal-breakers, and sexual consent.

MATERIALS

- Recording devices (cell phones, tablets, etc.)
- Two paper bags for picking assignments
- Eight small pieces of paper

ADVANCE PREPARATION

1. Review the activity and be sure that you understand the content, teaching methodology, and timing.
2. Make sure that there are enough recording devices per small group.
3. On the small pieces of paper, write out four categories for content (assertive communication, healthy relationships, deal-breakers, and asking for consent) and place them in a paper bag. Then write out four categories for creative methodology (advertisement, role play/skit, talk show, and poem/song) and place them into the second paper bag.

PROCEDURE

A. Review of Video Process / 5 minutes

1. Explain that today's video assignment will ask the participants to demonstrate their understanding of today's activities through creative expression.
2. Explain that each team will be asked to pick from two different boxes or bags. The first box will include four content areas.
 - a. Assertive Communication
 - b. Asking for Consent and Respecting Sexual Limits
 - c. Deal-Breakers
 - d. Healthy Relationships
3. The second box or bag will include four options for how to present the information.
 - e. Advertisement (print, radio, or television)
 - f. Talk show
 - g. Role play/skit/performance
 - h. Poem/song
4. Divide the participants into four groups and have each group choose one piece of paper from each box or bag to determine their assignment.
5. Remind the participants that they are allowed to decline to participate in the video recordings (though not the actual activities) and that they may request that their video recordings not be used.

B. Small Group Creativity / 20 minutes

6. Allow the groups 20 minutes to prepare their presentations.

C. Presentations / 15 minutes

7. Turn on the video camera and invite one small group at a time to demonstrate their presentation for everyone.

CLOSING

Thank the group members for their participation and explain that they have completed the second session of the Gender Matters workshop. Remind the participants of the location and starting time for Session 3 and adjourn.



• No time to go +
have to watch

• People will just
have a baby

• Honor

SESSION 3

BIG DECISIONS

This session helps youth understand the challenges of being a teen parent and build skills in making healthy decisions about sexual activity.

ACTIVITIES		TIME
3.1	Session 3 Check-In	20 minutes
3.2	Life Changes	1 hour, 5 minutes
3.3	Sexual Decision Making	1 hour, 15 minutes
3.4	Ways to Show You Care	20 minutes
3.5	Video Review — Gender Fishbowl	45 minutes

ACTIVITY 3.1 SESSION 3 CHECK-IN

ACTIVITY AT A GLANCE

A. Welcome	The facilitators greet the participants, ask the youth whether they have any questions from yesterday, and review the agenda for today, including a description of the video review at the end of the day.	10 minutes
B. Icebreaker: Categories	The facilitators lead an icebreaker called “Categories” to get the youth to think about future goals.	10 minutes

Total Time: 20 minutes

LEARNING OBJECTIVES

After completing this activity, the participants will be able to:

1. List the agenda items for today’s session.

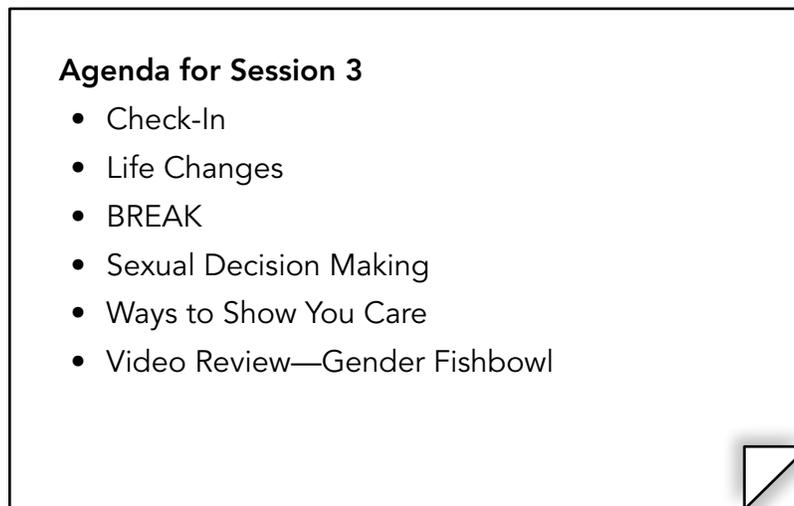
MATERIALS

- Flipchart paper
- Tape
- Markers
- Incentives for youth who have joined social media campaigns
- Attendance sheet
- Question Box
- Gender Matters Code poster

- Gender Matters Group Norms poster
- Gender Messages flipcharts (from Activity 1.3)

ADVANCE PREPARATION

1. Review the activity and be sure that you understand the content, teaching methodology, and timing.
2. Write up the agenda for the session on a sheet of flipchart paper and post it in the front of the room. (*Option:* Print and laminate the poster.)



3. Post the Gender Matters Code poster on the wall
4. Post the Gender Matters Group Norms poster on the wall.
5. Post the Gender Messages flipcharts on the wall.

PROCEDURE

A. Welcome / 10 minutes

1. As the participants enter the room, ask them to sign the attendance sheet.
2. Welcome the participants to Session 3 of Gen.M. Thank the group for their participation in the preceding session and share a highlight about that work that you, as the facilitator, enjoyed.

3. Ask the participants if they have any questions from the preceding session. Remind the participants about the Question Box and that any questions that are there will be answered in Session 5.
4. Tell the participants that this session is going to focus on how pregnancy and parenting changes a person's life and how to make decisions about sexual activity to prevent this from happening before a person is ready. Briefly review the agenda for Session 3 written on the flipchart and posted in the front of the room.
5. Refer to the poster of the Gender Matters Code and review all six messages. Explain that the main message from the Code that we will focus on today is:
 - I make my own decision about if and when to have sex.
6. Tell the group that we will end today's session with another video review called "Gender Fishbowl," in which guys can listen to girls while they talk to each other in a small group, and then the roles are reversed and girls can listen to the guys talk. We will talk more about how this activity will work later.

(*Option:* Remind the youth to sign up to participate in any social media campaigns. Incentives will be distributed to those who signed up since the previous session.)

B. Icebreaker: Categories / 15 minutes

7. Tell the youth that we are going to do an icebreaker called "Categories." Ask all of the participants to stand. Tell them that you are going to read a question or statement to the group and that they are to divide into groups according to the similarity in their answers.
8. Read each of the questions/statements below and allow the youth time to divide into category groups. After they divide into groups, ask each group to share the category they formed. After going through all of the category questions, ask youth to return to their seats.

(*Option:* If participants struggle with getting into "groups," make the categories "either/or," with just two categories. See suggestions for categories below. The facilitator should stand in the middle of the room with an imaginary line in the middle and indicate with their hand which side to stand on as they read the statements.

Suggested Category Questions/Statements (or add your own):

- * What season were you born in?
- * Would you rather have a sweet snack or a salty snack?
- * Do you believe in "love at first sight"? (yes/no)
- * Do you think it's harder to be a girl or a boy?

- * What number of children, if any, do you think you would like to have one day?
- * You definitely want to be a parent someday.
- * You have at least one goal for after you graduate from high school (e.g., college, trade school, a specific job).
- * Who is the person you trust the most?
- * You have a role model in your life whom you look up to.
- * It is important to you to avoid pregnancy as a teenager.
- * You have thought about ways to avoid pregnancy (e.g., abstinence, birth control).

TRANSITION

SAY: During the “Categories” icebreaker, we talked about some of your goals after high school. Today, we are going to talk about the realities of teen pregnancy and how being a parent at a young age can make life much more challenging and those goals harder to achieve. The next activity is going to explore this reality in detail.

ACTIVITY 3.2 LIFE CHANGES

ACTIVITY AT A GLANCE

A. Life Changes Brainstorm	The facilitators introduce five categories about how a teen's life would change as a parent. The participants brainstorm a detailed list of changes for each category.	20 minutes
B. Life Changes Discussion	The participants review their lists of life changes. The facilitators lead a large-group discussion to reflect on these changes.	15 minutes
C. Simulated Letter	The participants write a simulated letter to their parent(s) or guardian telling them that they are pregnant or have gotten their partner pregnant.	10 minutes
D. Simulated Letter Discussion	The facilitators process the simulated letter assignment by prompting the participants to share their thoughts about the letter-writing experience.	20 minutes

Total Time: 1 hour, 5 minutes

LEARNING OBJECTIVES

After completing this activity, the participants will be able to:

1. List the ways in which their lives would be affected by pregnancy.
2. Identify how boys and girls might experience parenthood similarly and differently.
3. Describe how they would feel about becoming pregnant and how they would tell their parents or guardian.

KEY MESSAGES

1. Being a parent is challenging and will change your life in many ways.
2. Parenting is a big responsibility. You have to make decisions and take action to prevent a pregnancy until you and your partner are ready to become parents.

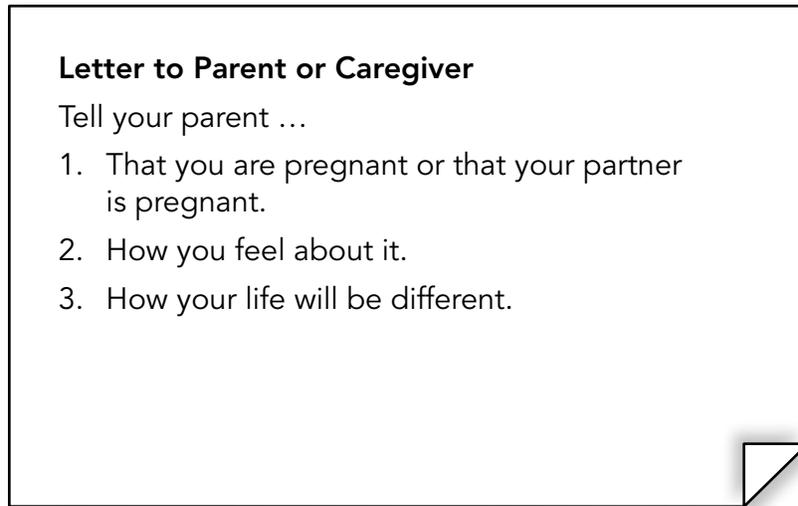
MATERIALS

- Flipchart paper
- Markers (five different colors)
- Sheets of letter-size paper

ADVANCE PREPARATION

1. Write the title of each of the following life changes categories at the top of a separate sheet of flipchart paper. Post the five sheets of flipchart paper around the room.
 - Relationships
 - School and Education
 - Finances and Legal Responsibilities
 - Social Life
 - Physical and Emotional
2. Tape one marker of a different color next to each flipchart.

3. Create the following flipchart for the simulated letter activity and post it on the wall. Fold it over so the participants cannot see what is written on the flipchart paper. (Option: Print and laminate it ahead of time.)



PROCEDURE

A. Life Changes Brainstorm / 20 minutes

1. State that, as we all know, becoming a parent changes a person's life in many ways. In this activity, you want to explore some of those specific changes that a young person might experience.
2. Point to the five pieces of flipchart paper around the room. Review each of the five categories, clarifying what each category means. (Option: For more mature participants, this step may not be necessary. You may just ask for clarifying questions, then skip to Step 3.)
 - **Relationships:** Can include your family, friends, and your love relationships. For example, your relationship with your parents may change.
 - **School and Education:** School may be different, or your education may be affected. For example, caring for your child and possibly adding extra work hours will not leave the same amount of time to study.
 - **Finances and Legal Responsibilities:** When you become a parent, you have new legal and financial obligations to your child. For example, you may start paying child support.

- **Social Life:** The time you spend with your friends and the way you spend your free time will definitely change. For example, you probably will not be able to go out on Friday nights.
 - **Physical and Emotional:** Physical changes may seem obvious, but you may also go through some emotional changes. For example, you will likely have new sources of stress.
3. Divide the participants into five small groups and ask each group to choose one of the flipcharts posted around the room and stand next to it. There should only be one group per flipchart.
 4. Explain that you would like the participants to come up with a list of ways in which they think a teen parent's life would change for each category, and write them all down, using the marker provided. They can explore both positive and negative changes. They will have two minutes to come up with as many changes as they can before moving on to the next category.
 5. Provide an example to help them understand the assignment. For example, under the category of "social life," a group may write that "a teen parent may miss the Prom." Confirm that everyone understands the assignment and ask the participants to begin.
 6. After two minutes are up, tell the groups to move to the next flipchart to their right and to take their marker along with them. Ask them to review what is already written under this category and then add as many changes as they can think of to this list. Allow them up to two minutes to do so.
 7. Continue this process until each group has visited each of the five categories and they have returned to their original one.

B. Life Changes Discussion / 15 minutes

8. Ask the participants to take a few minutes and walk around to look at all five charts on the wall. Explain that we will discuss them in a moment.
9. Explain that we will now talk a little about each of the five categories. For each chart, ask a few volunteers to share which examples on the flipchart are most important to them and why. Be sure to discuss positive changes as well as negative ones. In the cases where the participants discuss positive aspects of parenting, be sure to explore these issues. The point is not to deny any positive reasons for having a baby, but to look at these reasons in more depth.

10. Invite the participants to sit down. Lead a large-group discussion using the questions provided below as a guide:
 - * Which changes seem more likely to affect young mothers? Why do you think that is?
 - * Which changes seem more likely to affect young fathers? Why do you think that is?
 - * How are these changes linked to the gender messages explored earlier? (*Refer to the Gender Messages charts.*)
 - * Do you think that young mothers or young fathers typically carry more of the responsibility of parenting?
 - * What new messages might change this to create more equal responsibility for both parents?

C. Simulated Letter / 10 minutes

11. In this portion of the activity, participants will work individually to write a simulated letter to their parents or guardians, telling them that they are pregnant or that their partner is pregnant. In the letter, they will describe their feelings about this news.
12. Explain that most teen parents will say that one of the most difficult things they had to do was tell a parent about the pregnancy. Ask a few participants to share their thoughts about breaking this kind of news to a parent or caregiver.
13. Tell the participants that they are going to explore their feelings by writing a simulated letter to a parent telling them that they (or their partner) are pregnant.
14. Circulate pieces of paper to the participants and reveal the flipchart with the simulated letter assignment. Read through the three questions.
15. Instruct the participants to begin writing their letters. They will have 10 minutes. Encourage them to use the entire 10 minutes to really explore those feelings and think through how they would tell a parent. Explain that the assignment is not necessarily about writing a letter, as you probably would not tell your parents about this in a letter. The exercise is to explore their feelings and the difficulty of talking to your parents about pregnancy.

D. Simulated Letter Discussion / 20 minutes

16. Ask for a few volunteers to read their letters to the group.

17. Lead a large-group discussion using the questions provided below as a guide:

- * How did it feel to write the letter?
- * Do you think this letter would be more difficult to write as *the person who is pregnant* or as *the person who got someone else pregnant*? Why?
- * From a parent's perspective, do you think it would be more difficult to hear coming from a son or a daughter? Do you think parents might respond differently? Why?
- * What gender messages exist that might make it harder to hear from a daughter?
- * Does this activity change your perspective on becoming a young parent?

REVIEW OF KEY MESSAGES

Conclude the activity by stating the following key messages:

- Being a parent is hard and will change your life in many ways.
- Parenting is a big responsibility. You have to make decisions and take action to prevent an unplanned pregnancy until you and your partner are ready to become parents.

TRANSITION

SAY: We have had an opportunity to brainstorm different ways in which a person's life changes when they become a parent. Next, we want you to think more about the decision to become sexually active.

ACTIVITY 3.3 SEXUAL DECISION MAKING

ACTIVITY AT A GLANCE

A. Reasons to Have or Not to Have Sex—Brainstorm	Youth brainstorm reasons why some teens choose to have sex and why some teens choose not to have sex.	20 minutes
B. Questions for Myself and My Partner	Youth will explore questions they should ask themselves and their partners before having sex.	15 minutes
C. Sexual Decision Making Case Studies	Youth examine three case studies and discuss whether they think the couples described in the case studies are ready to have sex.	20 minutes
D. Giving Advice	Small groups develop responses to letters from young people asking for advice on dealing with pressure to have sex.	20 minutes

Total Time: 1 hour, 15 minutes

LEARNING OBJECTIVES

After completing this activity, the participants will be able to:

1. Identify reasons why some teens choose to have sex and some choose not to have sex.
2. Use specific questions for themselves and their partners to guide the decision about becoming sexually active
3. Set personal limits around sexual activity.

KEY MESSAGES

1. You have the right to decide if and when to have sex.
2. Respect others' choice to not have sex. Do not pressure them to have sex. There must be consent.
3. Do not let others pressure you into having sex if you do not choose to.
4. The decision to have sex is a big decision and should be made with thought and planning.

MATERIALS

- Flipchart paper
- Markers
- Tape
- Participant Handout 3.3A: *Sexual Decision Making Case Studies*
- Participant Handout 3.3B: *No-Go Situations for Sex*
- Participant Handout 3.3C: *Asking for Advice*

ADVANCE PREPARATION

1. Review the activity and be sure that you understand the content, teaching methodology, and timing.
2. Make copies of the three handouts.
3. Prepare two flipcharts with the following titles:
 - Reasons People Choose to Have Sex
 - Reasons People Choose Not to Have Sex

PROCEDURE

A. Reasons to Have or Not to Have Sex—Brainstorm / 20 minutes

1. Explain that this activity will look at sexual decision making and at dealing with pressure to have sex. Begin the session by making the following points:

- People make decisions about sexual activity throughout their lives. Our decisions are based on a variety of factors, including our sex, values, information, experiences, attraction, age, religion, etc.
 - All individuals have a right to make their own decisions about sex.
 - Under no circumstances should your rights to make your own decision be denied.
 - Even if you have said “yes” or have been pressured or forced to have sex in the past, you always have the right to say “no” to sex today and in the future.
2. Explain to the participants that they will be brainstorming a list of reasons why young people may choose to have sex and a list of reasons why they may choose not to have sex.
 3. Divide the participants into two randomly assigned groups and place them at opposite sides of the room.
 4. Explain that one group will identify reasons why some people their age choose to have sex, and the other group will identify reasons why some people their age choose NOT to have sex. Give each group its prepared flipchart paper and allow them five minutes to brainstorm and write down their responses.
 5. When they are finished, have the two groups switch sides and review the lists made by the other group and add anything they think is missing from the lists. Come together and post the two lists on the wall. Ask a person from each original group to read their list.
 6. Ask the group if there are reasons on the list “TO have sex” that might be more common for males? For females? How do these reasons apply to people who are LGBTQ? Refer to the Gender Messages flipcharts from Session 1 and ask, are there any messages that might influence decisions to choose to have sex?
 7. Ask the group if there are reasons on the list “NOT to have sex” that might be more common for males? For females? How do these reasons apply to people who are transgender or to people who are gay? Refer to the Gender Messages flipcharts from Session 1 and ask if there are any messages that might influence decisions to choose NOT to have sex?
 8. Ask the participants: “Are any of these reasons for saying no to sex not acceptable?” Some of the participants might feel that some reasons are not acceptable, but it is important to stress that any reason to say “no” to sex is acceptable. In fact, a person does not even need a reason to say “no.”

B. Questions for Myself and My Partner / 15 minutes

9. Explain that sometimes young people may say that they did not make a decision to have sex, but that it was something that “just happened.” This is a problem for at least two reasons. First, if it “just happened,” then there may not have been consent. Second, the decision to have sex is a big decision and one that should come with thought and planning. State that we are now going to think about questions one should ask oneself and questions one should ask one’s partner before making the big decision to have sex.
10. On a sheet of flipchart paper, create two columns with the headings “Questions for Myself” and “Questions for My Partner,” and have a brainstorm session with the group to make two lists. Guide them through the list along the way to make sure that the major points are made. You will most likely need to add a couple to the list to make sure it is complete. It should look something like this:

Questions for Myself	Questions for My Partner
Why do I want to have sex now?	Why do you want to have sex now?
Is this decision in line with my goals? Values?	Is this decision in line with your goals? Values?
Am I ready for ways it may change the relationship?	How often will you expect us to have sex?
Am I free of STIs? Have I been tested?	Are you free of STIs? Have you been tested?
What form(s) of birth control will I use?	What form(s) of birth control will you use?
What are my sexual boundaries and limits?	What are your sexual boundaries and limits?
Am I prepared for any emotional changes?	Are you prepared for any emotional changes?

11. When adding the question about emotional changes, ask the group what they think those emotional changes might be. Responses may include: become closer, become more attached, might have more stress from worrying about pregnancy, STIs etc. The point of this statement is to get participants to consider that the decision to have sex is a big one and more than just a physical one—it is an emotional one too. If they rush into the decision without thought, they could regret it, especially if the relationship does not last.
12. Ask the youth if they think answering these questions will help them to better prepare for the decision. Ask them to keep these questions in mind during the next activity on giving advice about decisions to have or not have sex with a partner.

C. Sexual Decision Making Case Studies / 20 minutes

13. Divide the participants into three small groups. Pass out Participant Handout 3.3A and assign one case study to each small group.
14. Ask the members of each group to read their case study together and discuss which factors in the story may be influencing the characters' decisions about sex.
15. Give the youth about 10 minutes to complete this assignment. Make sure each group understands the assignment by walking around the room and checking on their progress.
16. After 10 minutes, ask a member from the first group to read the case study out loud and share the answers to their questions. Ask the participants if they all agree and allow for discussion.
17. Continue by having the other two groups read their case studies and share their answers. Ask the participants if they all agree and allow for discussion.

D. Giving Advice / 20 minutes

18. Explain that making decisions about sex can be difficult. Some youth feel pressured, and others fear they may be having sex for the wrong reasons. The next exercise is going to help us think about how to make sure that sexual decisions are made freely and are based on one's personal choice.
19. Distribute Participant Handout 3.3B. Explain that while there is no formula for sexual decision making, we can identify certain situations when a person should definitely NOT have sex. Review each situation and discuss why sex should not occur in these circumstances. Conclude by explaining that this handout will help guide the participants for when they are asked to give advice in this exercise.
20. Divide the participants into four small groups and assign each group a number from 1 to 4.

21. Explain that each group is going to receive a letter from a young person who is asking for advice on how to deal with a decision about sex. The group's job is to write a letter back to the person with advice on how to deal with the situation.
22. Pass out Participant Handout 3.3C. Have each group find its question and get started. Allow 10 minutes for each group to read its question and write a response on the back of the handout.
23. When the groups are ready, take turns having the groups read the questions and responses. After each response, ask the following questions:
 - * What did you think of the advice that was given?
 - * What might you have said differently? What would you add?
 - * What might make it hard for someone to follow through with the advice?

REVIEW OF KEY MESSAGES

Conclude the activity by stating the following key messages:

- You have the right to decide if and when to have sex.
- Do not let others pressure you into having sex when you do not want to. There must be consent.
- To have sex or not have sex is a big decision and should be made with thought and planning.

TRANSITION

SAY: We have been talking quite a bit about the decision to have sex, but sex is not the only way in which couples can show affection toward each other and not the only way to experience physical intimacy. In the next activity, we are going to come up with some ways, other than sex, to show affection and experience intimacy.

PARTICIPANT HANDOUT 3.3A

Sexual Decision Making Case Studies

Case Study #1: Diana and Mateo

Diana is a freshman in high school and Mateo is a senior. They have been dating a few months. Mateo is Diana's first serious boyfriend, and she loves that he is older. Mateo has a car and he also has a part-time job after school, which means they can go places and do things that some of her younger friends cannot do. Mateo just bought Diana a new iPhone for her birthday. She loves it when she hears Mateo talking to his friends and referring to Diana as his "girlfriend." The two have fooled around, but they have not had sex yet because Diana is afraid of getting pregnant. Mateo has begun to put more pressure on Diana to have sex and is becoming increasingly frustrated. Diana is afraid that because Mateo is older, he may break up with her if she does not give in to his wishes for sex soon.

What do you think Diana should do?

If Diana decides not to have sex, what would make it hard for her to follow through with her decision?

What would help her to follow through with her decision not to have sex?

Case Study #2: Michelle and Antwon

Michelle and Antwon met a few weeks ago. Antwon is 16 and has not had sex. He is tired of his friends making fun of him for not having had sex. Antwon wants to wait until he is really close to someone whom he trusts and cares about before having sex, and he feels that Michelle is not that person yet. Michelle is totally into Antwon and wants to have sex with him. Michelle is confused about why Antwon has not done much other than kiss her. Michelle's girlfriends have told her that she needs to make "the move" the next time they are together.

What do you think Antwon should do?

If Antwon decides not to have sex, what would make it hard for him to follow through with his decision?

What would help him to follow through with his decision not to have sex?

Case Study #3: Jordan and Charlie

Jordan and Charlie are both 18. Jordan just started college and wants to be a psychologist. Charlie is not sure what to do as far as a career yet. In the meantime, Charlie is working at the family's automobile repair shop and earning some money. Jordan and Charlie met in their senior year of high school and have been dating about seven months. They really like each other. The two treat each other well, always talk about any problems they are experiencing, and trust each other. They are considering having sex but are not sure if it will change their relationship.

What do you think Jordan and Charlie should do?

If Jordan and Charlie decide to have sex, what things do they need to discuss and do before that?

PARTICIPANT HANDOUT 3.3B

No-Go Situations for Sex

While there is no formula for sexual decision making, there are certain situations in which a person should definitely decide NOT to have sex. These include:

- Feeling uncomfortable, doubtful, or unsure
- Feeling pressured by your partner or pressured by others
- Not having protection from unintended pregnancy and sexually transmitted infections
- Being under the influence of drugs and/or alcohol

Asking for Advice

For each group's question, write a response with advice on how to deal with the pressure that each young person is facing.

Group 1:

Dear Gen.M,

I'm not really interested in having sex yet. It's not something I want to do with my boyfriend. However, he has told me that he can't wait around forever. He flirts a lot with other people and tells me there are plenty of people who would like to have sex with him. I'm afraid that if I don't have sex with him soon, he is going to leave me. What should I do?

Sincerely,
Afraid in Austin

Group 2:

Dear Gen.M,

My girlfriend and I have had sex just once. When we did, it was unprotected. It just happened, and neither of us even said a word about condoms or birth control. I keep on hearing from your group that I am supposed to talk about sex with my girlfriend before it happens and make sure we use protection. The problem is that I'm embarrassed, and I don't even know what to say. What should I do?

Thanks,
Speechless in San Diego

Group 3:

Dear Gen.M,

I am gay and recently came out to my friends, who have accepted me. I'm happy about exploring relationships and have my first boyfriend, who I have been dating for two months. He's older and more experienced than me. I really like him and I am flattered by his attention, but I'm not in love. He always says he loves me, but I'm not sure. I have seen him before with other guys, and he never sticks around with anyone for a long time. I'm afraid he just wants to have sex with me and move on. I don't feel I can trust him and believe what he says. What should I do?

Thanks,
Doubtful in Detroit

PARTICIPANT HANDOUT 3.3C *(continued)*

Group 4:

Dear Gen.M,

Some of my friends have sex with a lot of girls. They constantly give me a hard time because I have just one girlfriend and I haven't had sex with her. Sometimes I think I should go have sex with a few girls just to get these dudes to stop pressuring me. Maybe it will stop them from calling me gay and making fun of me. What should I do?

Sincerely,

Pressured in Pittsburgh



ACTIVITY 3.4 WAYS TO SHOW YOU CARE

ACTIVITY AT A GLANCE

A. Team Brainstorm	The participants compete in a fun and friendly competition to identify ways in which to show love, care, and affection to a partner without engaging in a sexual act.	10 minutes
B. Discussion	The facilitators lead a discussion based on the participants' lists.	10 minutes

Total Time: 20 minutes

LEARNING OBJECTIVES

After completing this activity, the participants will be able to:

1. List alternatives to engaging in sex.

KEY MESSAGES

1. There are lots of ways to show you care, and sex does not have to be one of them.

MATERIALS

- Flipchart paper
- Markers

ADVANCE PREPARATION

1. Post three blank sheets of flipchart paper around the room, and tape one marker to the wall alongside each sheet.

PROCEDURE

A. Team Brainstorm / 10 minutes

1. Explain to the participants that they will be working in teams to come up with as many ways as they can think of for showing a partner that they care other than by a sexual act. The idea is to see which team can come up with the most reasons.
2. Split the participants into three small groups. Instruct each team to gather by one of the flipcharts. They can choose to keep it posted on the wall or take it down and work on a table or the floor.
3. Once the groups are in place, tell them to begin. Keep track of the time, giving them time warnings along the way. Tell the groups to stop after eight minutes are up.

B. Discussion / 10 minutes

4. Ask one team to begin reading through its list. Pause to ask questions, and invite the other teams to ask questions too. Remember that this is a fun game, despite the competition. Ask another team to read their list, and invite the other teams to comment. Repeat this procedure with the third team. Be sure to announce a winner.
5. Lead a discussion using the questions provided below as a guide:
 - * Were there some ways to show someone you care without engaging in sex that you felt were particularly good ideas?
 - * What ideas do you think would be most popular with guys? With girls?
 - * Are there any items that you feel like only a guy or a girl can initiate? In what ways do gender messages influence this?

REVIEW OF KEY MESSAGES

Conclude the activity by stating the following key messages:

- There are lots of ways to show you care, and sex does not have to be one of them.

TRANSITION

SAY: We hope this last activity was a fun way to illustrate that there are lots of things they can do besides having sex to be intimate with a partner. Sometimes, couples choose to have sex because they do not know of other ways to express themselves. We hope that these lists are like a “toolbox” that will give you plenty of ideas about how you can enjoy yourselves while expressing your feelings. Now, it is time to move on to our video activity for today.



ACTIVITY 3.5 VIDEO REVIEW — GENDER FISHBOWL

ACTIVITY AT A GLANCE

A. Young Women’s Fishbowl	The facilitator gives instructions for the fishbowl activity. Female participants are video-recorded as they discuss four questions about being female.	20 minutes
B. Young Men’s Fishbowl	Male participants are video-recorded as they discuss four questions about being male.	20 minutes
C. Group Discussion	The participants answer questions about the exercise.	5 minutes

Total Time: 45 minutes

LEARNING OBJECTIVES

After completing this session, the participants will be able to:

1. Describe at least two significant gendered experiences that their opposite-sex peers have.
2. Describe at least two significant gendered experiences that they and their same-sex peers typically have.
3. Identify at least one thing they can do to better support their peers around resisting and/or changing harmful gender norms.

KEY MESSAGES

1. We all have positive experiences that come from who we are and how we identify ourselves—we should each enjoy being who we are.
2. We all have had negative experiences that come from harmful gender stereotypes.
3. The first step in changing harmful gender stereotypes is listening to others' negative experiences and giving each other the courage to be ourselves.

MATERIALS

- Recording devices

ADVANCE PREPARATION

1. Review the activity and be sure that you understand the content, teaching methodology, and timing.
2. Make sure that the recording devices (phones, tablets, etc.) are charged and ready.
3. Set up a circle of chairs in the center of the room, facing inward, then place a second circle of chairs around the first.

PROCEDURE

A. Young Women's Fishbowl / 20 minutes

1. Explain that the group is going to do an activity called a “fishbowl.” Explain that this is an exercise that focuses on listening. Listening to each other and respecting each other are critical to the success of this exercise. Remind the participants of the group norms. Additionally, remind them that they are allowed to decline to engage in the video recordings (though not the actual activities) and that they may request that their video recordings not be used.
2. Divide the participants into a men's group and a women's group. Ask the young women to sit in a circle in the middle of the room, as close to each other as is comfortable and facing each other. Instruct the young men to sit around the outside of the inside circle, facing in toward the young women.

3. Instruct the young men that their task is to observe and listen to what the young women are saying. They are not allowed to speak to the young women or to each other, make comments or noises, or say anything. Their body language needs to show that they are respectful and actively listening. Explain that you want them to imagine that they are watching the young women's group through a fishbowl.
4. Ask a cofacilitator or a participant to begin recording.
5. Begin a discussion with the women's group by asking the following questions:
(*Note: Consider identifying the first speaker and going around the circle, so that everyone participates.*)
 - * What do you like about being a woman?
 - * What do you not like? What is hard about being a woman at your age today?
 - * What is something that you never want to hear about women and girls again?
 - * What have you learned so far from being in Gen.M?
 - * What nonphysical characteristics do you want from a romantic partner? Why?
 - * What's your favorite truth of the Gender Matters Code so far? Why?
6. Once the women's group has talked for about 15 minutes, close their discussion by thanking everyone for sharing their views.
7. Ask the young women and young men to change places, allowing the young men to sit in the inner circle in the middle of the room.

B. Young Men's Fishbowl / 20 minutes

8. Remind the young women that their task is to observe and listen to what the young men are saying. They are not allowed to speak to the young men or to each other, make comments or noises, or say anything. Their body language needs to show that they are respectful and actively listening. Explain that you want them to imagine that they are watching the young men's group through a fishbowl.
9. Begin recording.

10. Begin a discussion with the men's group by asking the following questions:
 - * What do you like about being a man?
 - * What do you not like? What is hard about being a man at your age today?
 - * What is something that you never want to hear about men and boys again?
 - * What have you learned so far from being in Gen. M?
 - * What nonphysical characteristics do you want from a romantic partner? Why?
 - * What's your favorite truth of the Gender Matters Code so far? Why?
11. Once the male group has talked for about 15 minutes, close their discussion by thanking everyone for sharing their views.
12. Continue to video record during the subsequent group discussion.

C. Group Discussion / 5 minutes

13. Lead a discussion with the whole group by asking the following questions:
 - * For the young men: What did you learn today about young women? What surprised you the most?
 - * For the young women: What did you learn today about young men? What surprised you the most?
14. Explain that today we had a fishbowl for a men's group and a women's group; however, there could also be a group for young people who do not categorize in this way. What do you think other people who do not categorize themselves this way might say about the challenges they face or what they never want to hear said about them again? What about traits they look for in a romantic partner—do you think these would be the same or different? Then make the point that we all want similar things and different things, and those things are not usually based on our gender.
15. Turn off the video camera.

REVIEW OF KEY MESSAGES

Conclude the activity by stating the following key messages:

- We all have positive experiences that come from who we are and how we identify ourselves—we should each enjoy being who we are
- We all have had negative experiences that come from harmful gender norms.
- The first step in changing harmful gender stereotypes is listening to others' negative experiences and giving each other the courage to be ourselves.

CLOSING

Thank the group for their participation and explain that they have completed the third session of the Gen.M workshop. Remind participants of the location and starting time for Session 4 and adjourn.



SESSION 4

SKILLS FOR PREVENTING PREGNANCY

This session teaches youth about pregnancy and sexually transmitted infections (STIs) and builds their skills in preventing both through the consistent and correct use of condoms.

ACTIVITIES		TIME
4.1	Session 4 Check-In	25 minutes
4.2	Keeping the Egg and Sperm Apart	35 minutes
4.3	The Truth about STIs	30 minutes
4.4	How to Use Condoms	45 minutes
4.5	Condom Obstacles	25 minutes
4.6	Negotiating Condom Use	35 minutes
4.7	Video Review — Condom Slogans	30 minutes

ACTIVITY 4.1 SESSION 4 CHECK-IN

ACTIVITY AT A GLANCE

A. Welcome	The facilitators greet the participants, ask the youth whether they have any questions from yesterday, and review the agenda for today, including a description of the video review at the end of the day.	10 minutes
B. Icebreaker	The facilitators lead an icebreaker that makes comparisons between talking about sex and ordering a pizza.	15 minutes

Total Time: 25 minutes

LEARNING OBJECTIVES

After completing this activity, the participants will be able to:

1. Understand the importance of talking about what they want when it comes to issues related to abstinence and sexual activity.

KEY MESSAGES

1. Talk about it. You cannot order a pizza with someone without first talking about whether you both want pizza and what you want on it. The same is true for having sex.
2. Sex without a condom is like a pizza without cheese. It's not complete without it.

MATERIALS

- Flipchart paper
- Tape
- Markers
- Index cards
- Incentives for youth for any social media campaigns
- Attendance sheet
- Question Box
- Gender Matters Code poster
- Gender Matters Group Norms poster
- Gender Messages flipcharts (from Activity 1.3)

ADVANCE PREPARATION

1. Review the activity and be sure that you understand the content, teaching methodology, and timing.
2. Write up the agenda for the session on the whiteboard or on a sheet of flipchart paper and post it on the wall in the front of the room. (*Option:* Have it printed and laminated in advance.)

Agenda for Session 4

- Check-In
- Keeping the Egg and Sperm Apart
- The Truth about STIs
- How to Use a Condom
- BREAK
- Condom Obstacles
- Negotiating Condom Use
- Video Review—Condom Slogans

3. Post the Gender Matters Code poster on the wall.
4. Post the Gender Matters Group Norms poster on the wall.
5. Post the Gender Messages flipcharts on the wall.

PROCEDURE

A. Welcome / 10 minutes

1. As youth enter the room, ask them to sign the attendance sheet.
2. Welcome the participants to Session 4 of Gen.M. Thank the group for their participation yesterday and share a highlight about yesterday's work that you, as the facilitator, really enjoyed.
3. Ask the participants if they have any questions from the previous session. Remind them that if they want their question to be anonymous, they should use the Question Box, which will be answered during Session 5. Offer some questions to the group if it is something that has been covered and you think they may know the answer. If you have extra time, ask the group questions as a review of any topics already covered.
4. Tell the participants that today's session is going to focus on how to prevent pregnancy, how to use condoms, and how to negotiate condom use. Briefly review the agenda for Session 4 posted on the flipchart in the front of the room.
5. Display the poster of the Gender Matters Code and review all six messages. Explain that the main messages from the Code that we will be focusing on today are:
 - I make my own decision about if and when to have sex.
 - I use protection every time I have sex.
6. Make the following points about today's session:
 - Until now, we have talked about issues that affect all romantic relationships — those that may be either same-gender or mixed-gender.
 - Today, some of our focus will be on heterosexual relationships, because we will be talking about preventing pregnancy. However, much of this information is still relevant and important, regardless of your sexual orientation, because anybody can become a parent and anybody can get an STI.
 - And although we are focusing on preventing STIs and unplanned pregnancy, we want it to be clear that sex is a normal and natural part of healthy development.
 - This information is also important for anyone who is not currently sexually active. Every person has a right to know how to protect themselves for when they do decide to become sexually active.
 - Because we will be talking more specifically about our reproductive systems and sexual activity, we will require everyone to act in a mature and respectful manner and remember our group norms.

7. Tell the group that we will end this session with another video review by breaking into small groups and coming up with a slogans for using condoms. They will be able to promote the slogan through artwork and some type of performance (a skit, poem, rap, etc.). We will talk more about how this activity will work later.
8. Remind the youth to join any social media campaigns. Distribute incentives to those who have signed up since the preceding session.

B. Icebreaker: Ordering a Pizza / 15 minutes

9. Tell the participants that we are going to do an activity called “Ordering a Pizza.”
10. Explain that people often compare sexual activity to the game of baseball, but we want to begin comparing it to ordering a pizza. Explain that we will examine the comparison to pizza in a moment, but let us begin with baseball. Ask participants to explain what it means to get to first base, second base, or third base and to hit a home run.
11. After the participants have answered, ask if they can think of any problems with this comparison to baseball. Does it give any harmful messages about sex? Provide the following responses if they are not given by the participants:
 - The baseball comparison is focused on “scoring.” A home run is the best outcome possible. Getting to first or second base is not the goal and therefore is not seen as a fine option on its own.
 - You are competing against someone else in baseball, whereas in sexual activity, there should be mutual decision making.
 - What happens if you do not want to play? You lose, or you “strike out,” yet saying no to sex is not failure. However, that is how it is portrayed in the baseball comparison.
12. Divide the participants into pairs.
13. Explain that their assignment is to imagine they are ordering a pizza that they will share. Ask them to discuss what type of pizza they want to order. They have to agree with every ingredient on the pizza, and they cannot order ingredients on just one-half of the pizza. Have them write their order down on an index card.
14. After the pairs have completed their assignment, go quickly around the room and ask each small group to tell us about its pizza.
15. Ask them to think about ordering pizza as a new comparison for sexual activity. Remind youth of the activity that they just did and ask them the following questions:
 - * When ordering a pizza, you and your partner in this exercise had to agree together on what you wanted and did not want. How is that like talking about sex?
 - * What if you or your partner in the exercise did not want to eat pizza that day? How could that be similar to a discussion about sex?

- * What if you or your partner in this exercise did not want to eat the entire pizza that you ordered? How could that be like sex?
- * What if you or your partner insisted on having cheese on your pizza or else you would not eat pizza? How could that be like using condoms?
- * How does comparing sex with a game of baseball give you different rules for sex than comparing it with ordering a pizza?

REVIEW OF KEY MESSAGES

Conclude the activity by stating the following key messages:

- Talk about it. You cannot order a pizza with someone without first talking about whether you both want pizza and what you want on it. The same is true for having sex.
- Sex without a condom is like a pizza without cheese. It's not complete without it.

TRANSITION

SAY: Talking about a pizza is relevant to today's session because we are going to focus on talking with a partner about sex to prevent teen pregnancy. However, before we talk more about communication, we first want to make sure everyone knows the basics of how our reproductive systems work. It is difficult to talk about sex and pregnancy if you do not have the basic facts.



ACTIVITY 4.2 KEEPING THE EGG AND SPERM APART

ACTIVITY AT A GLANCE

A. Female Reproductive System	The facilitator provides a basic overview of the female reproductive anatomy and physiology and of how an egg is fertilized and how a pregnancy occurs.	20 minutes
B. Male Reproductive System	The facilitator provides a basic overview of the male reproductive anatomy and physiology.	15 minutes

Total Time: 35 minutes

LEARNING OBJECTIVES

After completing this activity, the participants will be able to:

1. Identify and describe basic elements of reproductive anatomy and physiology.
2. Describe how fertilization and pregnancy occur.

KEY MESSAGES

1. The best way to avoid a pregnancy is to not have sex.
2. If you choose to have sex, there are several contraceptive methods that you can use to minimize the chances of the egg and sperm meeting and therefore prevent a pregnancy.

MATERIALS

- Laminated posters or printed handouts of the male and female reproductive systems

ADVANCE PREPARATION

1. Review the activity and be sure that you understand the content, teaching methodology, and timing.
2. Print and laminate posters of the male and female reproductive systems or print handouts for each participant.

NOTE TO FACILITATOR

- One possible source for the drawings is Kids Health/Teen Health. Illustrations of the female reproductive system can be found at: <https://kidshealth.org/en/teens/female-repro.html?WT.ac=ctg#catgirls>; illustrations of the male reproductive system can be found at: <https://kidshealth.org/en/teens/male-repro.html?WY.ac=ctg#catguys>.
- *Option:* If technology permits (i.e., there is internet access and projection equipment available), you may want to utilize another online resource that is medically accurate and prepare to project images of the reproductive systems, as needed, for this activity.
- The next 30 minutes is not designed to be a comprehensive overview of reproductive systems. Gender Matters is less concerned with youth remembering the names of different parts of the reproductive anatomy and physiology and is more concerned with their understanding the importance of keeping the sperm and egg apart to avoid pregnancy. This activity is designed to provide context for those youth who never have been exposed to this information before.

PROCEDURE

A. Overview of the Female Reproductive System / 20 minutes

1. Tell the youth that you are going to go over some basic facts related to the reproductive systems, using the poster and/or handouts with diagrams. Ask the participants if they have learned about anatomy and reproductive systems in school, from their parents, or from reading a book. Find out what they know. Remind them about the Question Box.

2. Next, referring to the diagram of the female reproductive system, review key aspects of the anatomy and physiology.
3. Be sure to discuss the following points:
 - **Eggs are stored in the ovaries.** People with ovaries are born with all of the eggs they will need in a lifetime. However, it is not until one gets older (during puberty) that the eggs mature. The egg is the female reproductive cell. It contains half of the genetic material needed to create a baby. The two *ovaries*, about the size of almonds, store the eggs. Eggs are also called *ova* (plural) or the *ovum* (singular).
 - **Ovulation.** Sometime during puberty, the eggs in the ovaries start to mature, and about once a month, an egg is released from the ovary. This process is called *ovulation*. Once ovulation has begun, it becomes possible for pregnancy to occur if *vaginal intercourse happens*. Ovulation occurs about once a month, but some people may have cycles that are a little shorter or longer. Ovulation cycles can be affected by age, stress, medications, medical conditions, dieting, and travel.
 - **Fertilization of the egg.** After the egg is released from the ovary, it travels through the *fallopian tube*. It is here that the egg can become *fertilized* with a *sperm* cell, the male reproductive cell that contains the other half of the genetic material needed to create a baby. Sperm cells enter the fallopian tube after unprotected vaginal intercourse that results in semen being ejaculated into the vagina. When the egg and sperm unite, we say the egg has been fertilized.
 - **Menstruation.** The egg (whether or not it is fertilized) continues down the fallopian tube and arrives in the *uterus*. The uterus is about the size and shape of an upside-down pear. During the month, the lining of the uterus becomes thick with blood in anticipation of nourishing a fertilized egg, which implants itself in the wall of the uterus. If the egg is not fertilized, this built-up lining is not needed, sheds from the uterine wall, and leaves the body through the *vagina*. This process is called *menstruation*. People commonly call this a *period*. Menstruation happens about once a month and can last three to seven days.
 - **Pregnancy.** If an egg is fertilized, it attaches itself to the wall of the uterus and the built-up blood is not shed, so a woman would not have her period. The uterus is where the fertilized egg would eventually develop into a *fetus*. In about 40 weeks (nine months), if all goes well, a *baby* would be born.
 - **Contraception.** When an egg is fertilized, we call this conception. If we are trying to avoid pregnancy and keep the egg and sperm apart, we refer to *contraception* (also known as birth control). We will examine several types of birth control more closely in Session 5, but the two main categories are **hormonal** and **barrier**. **Hormonal** methods all work by providing the woman with hormones that prevent the release of an egg. With no egg present, there can be no meeting of the sperm and egg. **Barrier** methods of birth control physically block the sperm and egg from meeting.

4. Ask youth if they have any questions about the female reproductive system or about fertilization and answer any questions they may have. Remind them of the Question Box if they would rather write their questions down than ask them in person.

B. Overview of the Male Reproductive System / 15 minutes

5. Next, referring to the diagram of the male reproductive system, review the following information:
 - **Testicles.** Once testosterone production starts to increase during puberty, the testicles start to make *sperm* cells. Sperm cells are the male reproductive cell and provide half of the genetic material needed to create a baby. The testicles are about the size of walnuts and are protected by a sac called the *scrotum*. The scrotum helps to regulate the temperature of the testicles. Testicles need to be kept slightly cooler than the rest of the body to produce sperm.
 - **Erection.** The *penis* can become *erect* during sexual arousal, during sleep cycles, or from an urge to urinate. During puberty, erections can occur for no particular reason and without warning. The penis becomes hard or erect because of the rush of blood that fills the tissue inside the penis.
 - **Ejaculation.** A person with a penis can have an *ejaculation* only when the penis is erect. During an ejaculation, sperm travel through the *vas deferens* and collect a fluid called *semen*. This whitish-yellow fluid helps nourish the sperm and is produced by the *seminal vesicle* and *prostate gland*. The prostate is also a muscle that helps control urine flow and expels semen during ejaculation. One ejaculation may contain between 250 and 400 million sperm cells. Before an ejaculation, *pre-ejaculation* can occur, where just a little bit of fluid is released through the urethra. It is important to know that this pre-ejaculatory fluid also contains sperm cells. Therefore, withdrawal (or “pulling out”) always carries some risk for pregnancy. Semen is ejaculated through the *urethra*—the same tube that allows for *urination*. A male cannot ejaculate and urinate at the same time.
 - **Fertilization.** When the penis is inserted inside the vagina and an ejaculation occurs, there is a possibility for *pregnancy*. The sperm swim through the *vaginal canal* into the uterus and toward the *fallopian tubes*, looking for an egg. If an egg is present, the sperm will attempt to *fertilize* the egg. It takes only one sperm cell to fertilize an egg. Again, sperm can live up to five days inside a woman’s reproductive system. So, if the egg is not present at that particular moment when the couple had sex, the sperm may still be able to fertilize an egg that is released in the next couple of days.
 - **The best way to avoid pregnancy is to not have sex.** However, if you choose to have sex, you or your partner must use a contraceptive method consistently and correctly to prevent pregnancy.

- Using the diagram, show them where a condom can be worn (on the penis). Ask the youth if they have any questions about this reproductive system, answer any questions they may have, and remind them of the Question Box.

REVIEW OF KEY MESSAGES

Conclude the activity by stating the following key messages:

- The best way to avoid a pregnancy is to not have sex.
- If you choose to have sex, there are several contraceptive methods that you can use to minimize the chances of the egg and sperm meeting and therefore prevent a pregnancy.

TRANSITION

SAY: Now that you know a little more about your reproductive systems, we are going to talk about STIs and how to prevent them.



ACTIVITY 4.3 THE TRUTH ABOUT STIS

ACTIVITY AT A GLANCE

A. STIs: Myth or Fact Game	Youth will compete in teams to see who can identify the myths and facts about STIs.	30 minutes
----------------------------	---	------------

Total Time: 30 minutes

LEARNING OBJECTIVES

After completing this activity, the participants will be able to:

1. Identify basic information about STIs.
2. Identify ways to avoid contracting STIs.

KEY MESSAGES

1. A person can be infected with an STI and show no symptoms.
2. If you are sexually active, you need to get tested for STIs.

MATERIALS

- “Myth or Fact” cards for each team (4–5)
- Facilitator Resource 4.3a: STIs: Myth or Fact?
- Flipchart paper
- Markers
- Timer

ADVANCE PREPARATION

1. Review the activity and be sure that you understand the content, teaching methodology, and timing.
2. On paper or large index cards, write the words MYTH and FACT, making enough for each group to have a set to use in the game.
3. Be prepared to read statements from Facilitator Resource 4.3a: STIs: Myth or Fact? to the groups.
4. Prepare a sheet of flipchart paper to keep score for the groups.
5. Set up a timer.

PROCEDURE

A. STIs: Myth or Fact Game / 30 minutes

1. Begin the session by stating:
 - We are going to play a game that will go over some myths and facts about common sexually transmitted infections, or STIs.
 - Many people use the term STD, which stands for sexually transmitted disease.
 - While the terms STI and STD mean the same thing, the health community usually calls them “infections,” thus the acronym STI.
2. Arrange the participants in groups of three or four and encourage them to come up with a team name for their group. On a sheet of flipchart paper, draw quadrants or columns that leave space to write each group name and room for their score underneath.
3. Explain the rules of the game, as follows:
 - A facilitator will read a statement about STIs and give the groups one minute to discuss within the group whether they think the statement is a myth or a fact. (You will use a timer.)
 - After one minute, you will say “Answer” and ask the groups to hold up their “Myth” or “Fact” cards at the same time to represent their answer.
 - Remind participants that there is no advantage to holding up the cards *before* you say “Answer,” as there are no points for speed and they will only give away their answer.

- Every group will get one point for a correct answer. Points will be marked on the flipchart to keep score.

(*Option:* Extra points can be given to any group who can turn a Myth into a Fact with the correct information.)

4. Begin by reading the first statement from Facilitator Resource 4.3a. Time the groups and encourage quiet discussion among group members. After one minute, say “Answer” and ask the groups to hold up their cards all at once. Tally and record the scores. (*Option:* Ask if anyone can correct the statement, if it’s a Myth, and give them an extra point if they can.) Read the Answer section below each statement to give additional STI information. Continue until all of the statements have been read. Tally scores at the end and declare the winning group to be STI Experts!
5. Finally, ask the participants whether they have any other questions about STIs at this time. Answer as many additional questions as time allows. If there are too many questions, instruct the participants to write questions on note cards and place them in the Question Box.

REVIEW OF KEY MESSAGES

Conclude the activity by stating the following key messages:

- A person can be infected with an STI and show no symptoms.
- If you are sexually active, you need to get tested for STIs.

TRANSITION

SAY: Now that you know a little more about pregnancy and STIs, we are going to talk about condoms. When used consistently and correctly, condoms can prevent both pregnancy and STIs.

STIs: Myth or Fact?

1. STIs are a group of infections that are passed from one person to another through vaginal sexual contact only.

- Answer: MYTH. STIs are most often passed via vaginal and anal sex, but they can also be passed through oral sex and from an infected mother to a newborn during childbirth or breastfeeding.

2. Some of the most common STIs can cause infertility (the inability to reproduce) in both males and females.

- Answer: FACT. Gonorrhea and chlamydia, if left untreated, are two of the leading causes of infertility in both males and females. Many females show no symptoms from STIs, so if they go untested, they could have the infection without knowing.

3. STIs can be painful and damaging, but a person cannot die from them.

- Answer: MYTH. HIV and syphilis can both be fatal in the end stages if specific medications are not taken.

4. The human papillomavirus, or HPV, is an STI that has different strains, some producing genital warts and some leading to cervical cancer in females.

- Answer: FACT. Though this is true, vaccines are available that protect against HPV after a series of shots. The vaccine is most effective if received before a teen becomes sexually active, and therefore it is recommended for both boys and girls ages 11 and 12. But, a “catch-up” vaccine can still be taken to reduce the risk of HPV by young men up to age 21 and for young women up to age 26, if they did not get the vaccine when they were young.

5. The presence of any STI increases the risk of contracting HIV.

- Answer: FACT. Even though there may be no obvious symptoms, many STIs cause sores, skin breakage, and/or tears in soft mucus membranes (in the vagina, anus, and/or mouth), which can all be possible entry points for HIV to move from one person to another through blood, semen, or vaginal fluid.

FACILITATOR RESOURCE 4.3A (continued)

6. There are no STIs that can be completely cured.

- Answer: MYTH. Many bacterial STIs, such as chlamydia, gonorrhea, trichomoniasis, and syphilis, can be cured by taking antibiotics. However, some of these infections, like gonorrhea, may be difficult to treat and cure. Also, pubic lice, a kind of parasitic STI, can also be cured with treatment. This is one reason why it is always important to have regular testing to stay safe. If you know you are infected, you can be treated before the infection does any permanent damage or spreads to someone else.

7. Some STIs are caused by viruses and therefore cannot be cured.

- Answer: FACT. Common viral STIs are herpes and HPV. Even though these cannot be cured, medical treatment and medicine can help treat the symptoms of these infections and make them less severe. HIV and hepatitis B are also viral infections that are less common but can also be transmitted sexually.

8. If a person has an STI, it will be obvious from their symptoms.

- Answer: MYTH. Many people who have STIs have no symptoms. When symptoms appear, they may include: abnormal discharge from the vagina or penis, pain or burning with urination, itching or irritation of the genitals, sores or bumps on the genitals, and pelvic pain (pain below the belly button) in females. The only way to know for certain if you have an STI infection is to get tested regularly once you become sexually active.

NOTE TO FACILITATOR:

- In discussing this myth, be sure to remind participants that any discharge from the penis other than semen or preejaculate fluid is considered abnormal and requires medical consultation.

9. Using condoms correctly greatly reduces a person's chances of becoming infected with an STI.

- Answer: FACT. Even though the best way to avoid contracting an STI is to abstain from sex, using a condom correctly every time during vaginal, oral, and anal sex can protect you from becoming infected. In addition, you can protect yourself by having sex only with an uninfected partner who has sex only with you.

10. A person can contract HIV from an infected person's saliva while kissing.

- Answer: MYTH. HIV cannot be spread by saliva. The modes of transmission for HIV (transfer of the virus from one person to another) are blood, preejaculate fluid (also known as pre-cum), semen, vaginal fluid, rectal fluid, and breast milk. HIV cannot be transmitted through saliva, tears, sweat, urine, or any other bodily fluids.

11. Getting tested for an STI is worse than having an STI infection.

- Answer: MYTH. While getting tested for an STI may take some thought and planning, the sooner you know that you have an STI, the easier it is to treat and the less damage it could do to your body. If you think that you may have been exposed, go to a clinic, where you will be asked to urinate in a cup and you will give some blood for testing. If you have an STI, it is important to tell any sexual partners you have had, so they can get treatment as well.

ACTIVITY 4.4 HOW TO USE CONDOMS

ACTIVITY AT A GLANCE

A. Introduction	The participants analyze what makes condoms unique from other birth control methods.	5 minutes
B. Condom Steps	The participants are given a series of condom steps and are asked to place them in the correct order.	10 minutes
C. Condom Practice	The participants are given an opportunity to become familiar with condoms and practice placing them on a model.	25 minutes
D. Discussion	The facilitator leads a discussion, with questions focusing on the kinds of mistakes that can lead to incorrect condom use.	5 minutes

Total Time: 45 minutes

LEARNING OBJECTIVES

After completing this session, the participants will be able to:

1. List, in order, the eight steps to correct condom use.
2. Demonstrate the correct use of a condom on a model.
3. Identify reasons for incorrect condom use.
4. Express greater familiarity with and comfort in using a condom.

KEY MESSAGES

1. Abstaining from sex is the surest way to avoid pregnancy and STIs.
2. Once you are sexually active, you should use a condom every time you have sex.
3. Practice using condoms before you have sex. To use condoms correctly, you need to be comfortable with them.

MATERIALS

- Flipchart paper
- Markers
- Tape
- Penis models (enough for the participants to work in groups of three)
- Condoms (at least two for the facilitators and two per participant)
- Paper towels
- Hand sanitizer
- Participant Handout 4.4A: *Steps for Correctly Using a Condom*
- Sixteen cards

ADVANCE PREPARATION

1. Review the activity and be sure that you understand the content, teaching methodology, and timing.
2. Print two sets of eight cards, each with one of the following steps for correct condom use:
 - i. Make sure that the condom package is not damaged, and check the expiration date.
 - ii. Place the condoms nearby and make them easily accessible.
 - iii. Open the package carefully; do not rip the condom.
 - iv. Unroll the condom slightly to make sure that it faces the correct direction over the penis.
 - v. Pinch the air out of the tip and roll the condom onto the base of the penis.
 - vi. Insert the penis for intercourse.

- vii. After ejaculation, withdraw the penis from the partner while holding onto the base of the condom.
 - viii. Remove the condom and throw it away; never use a condom twice.
3. Make enough copies of Participant Handout 4.4A for all participants.

PROCEDURE

A. Introduction / 5 minutes

1. Introduce the activity by reviewing all of the ways to keep the egg from joining with the sperm. List “Ways to Keep Sperm and Egg Apart” at the top of a sheet of flipchart paper and record the participants’ responses. Be sure that the youth list both abstinence from sex and methods of birth control, including the pill, IUD, the shot, implants, the contraceptive patch, the contraceptive ring, sterilization, and condoms. Explain that we will be discussing many of these methods in much more detail tomorrow.
2. Circle where “condoms” are listed on the flipchart and explain that today we will be focusing on the use of the insertive condom, otherwise known as the male condom. Ask participants: Who can explain what makes condoms unique?
3. Gather answers and, if these were not included, mention that condoms:
 - Protect from STIs and pregnancy
 - Do not require an appointment at a clinic
 - Are affordable and accessible
 - Are easy to use
 - Are the only method used by a male, other than abstinence and vasectomy

NOTE TO FACILITATOR:

- Ask if participants know what vasectomy is. If they do not, explain that a vasectomy is a surgical procedure for male sterilization or permanent contraception.

4. Explain that because condoms are such an important method of birth control and STI prevention, this activity is going to be dedicated to learning how to use condoms correctly.

B. Condom Steps / 10 minutes

5. Divide the participants into two small groups.
6. Explain to the participants that before they learn about the steps to correct condom use, it is important to 1) clearly establish consent for sex, and 2) discuss with your partner the use of birth control and who will obtain a condom. Once this important information has been established, tell participants that there are eight steps to using a condom correctly and that you want to see if they can put these steps in order.
7. Distribute a set of the eight different “Condom Steps” cards in random order to each small group.
8. Instruct both groups to place the cards in the order of the correct steps within five minutes. Depending on the room, the groups can place the cards on a wall using tape, simply place the cards in order on the floor, or line up in the order of the steps. If they cannot agree on the placement of a card, encourage them to debate the order with their teammates until they reach a consensus.
9. Ask both groups to present their steps.
10. Pass out Participant Handout 4.4A and compare their placement of the steps with the order of the steps on the worksheet. (*Option:* A facilitator can read off the correct steps rather than pass out the order to all.)
11. Ask the participants to return to their seats and discuss the following questions:
 - * What was challenging about this exercise?
 - * Were you unsure of the order of any steps? Why? Could some of the steps have gone in more than one place? Could some of the steps have been switched?
 - * Do you think most people who use condoms follow these steps? Why or why not?
12. Explain that now you are going to demonstrate these eight steps on a penis model.
13. Caution the participants that sometimes condoms can break during sex. The two most common reasons for condom failure are breakage and leakage. Emphasize that using a condom correctly can eliminate some of the factors that can contribute to condom breakage and leakage.
14. Reread the eight Steps for Correctly Using a Condom. Demonstrate each step as you read it. Answer any questions that arise.
15. During the demonstration, discuss the use of lubricants. Stress to the participants that only water-based lubricants should be used with condoms, *not* lubricants that are made with oil—including Vaseline™ petroleum jelly, baby oil, or hand/skin creams. Identify any readily available water-based lubricants that participants are likely to be able to obtain, such as Astroglide™ or KY Jelly™. Explain that some men like to put

a drop or two of lubricant on the inside of the condom to increase pleasure/sensation. Also, explain that lubrication can be used on the outside of the condom. One or both partners may prefer the sensation of sex with a lubricant applied this way.

C. Condom Practice / 25 minutes

16. Pass out a paper towel and one unopened condom in its packet to each participant. Ask the participants to check that the condom is not past its expiration date. Then ask them to open the packet and take out the condom.
17. Have the participants stretch the condom as much as they can without breaking it. Ask if they can pull it over their arms or blow it up. Demonstrate putting the condom over your arm and blowing it up as they try this. Ask the participants:
 - * How long did the condom get?
 - * What happened to the condom when it was stretched? Did it break?
18. Ask the participants to share what they learned from playing with the condoms. Emphasize that the condom is extremely strong and yet sensitive to touch. This makes it a good form of protection from STIs (including HIV) and pregnancy without taking away the pleasure of sex.
19. Explain that they will now be given a chance to practice putting a condom on a wooden model.
20. Divide the participants into groups of three. Distribute a penis model, condoms, and paper towels to each group.
21. Explain that each member in the group will take a turn at demonstrating how to use a condom. The other members in the group should observe and assess whether the demonstration is done correctly by referring to Participant Handout 4.4A.

D. Discussion / 5 minutes

22. When every participant has completed their turn, have them return to their original chairs and start a discussion, using the following questions as a guide.
 - * What was challenging about this exercise?
 - * What were some of the mistakes that were made?
 - * Why is it useful to practice using a condom before you have sex?

REVIEW OF KEY MESSAGES

Conclude the activity by stating the following key messages:

- Abstaining from sex is the surest way to avoid pregnancy and STIs.
- Once you are sexually active, you should use a condom every time you have sex.
- Practice using condoms before you have sex. To use condoms correctly, you need to be comfortable with them.

TRANSITION

SAY: Now that we know the steps for using a condom and we have practiced using one, we will talk about why some people choose not to use condoms. We will also look at ways to overcome these barriers to condom use.

PARTICIPANT HANDOUT 4.4A

Steps for Correctly Using a Condom

(Important note: These instructions assume that **CONSENT** to have sex has already been established.)

1. Make sure that the condom package is not damaged; check for air bubbles, and check the expiration date.
2. Place the condoms nearby and keep them easily accessible.
3. Open the package carefully, pushing the condom down to one side; do not use your teeth, and do not rip the condom.
4. Unroll the condom slightly to make sure that it faces the correct direction over the penis. It should unroll on the outside, not on the underside.
5. Pinch the air out of the tip to save room for the ejaculate (semen) and roll the condom down all the way to the base of the penis.
6. Insert the penis for intercourse.
7. After ejaculation, withdraw the penis, facing away from the partner, while holding the condom at the base.
8. Remove the condom and throw it away; never use a condom twice.



ACTIVITY 4.5 CONDOM OBSTACLES

ACTIVITY AT A GLANCE

A. Brainstorm	The participants brainstorm reasons why teens choose not to consistently use condoms.	5 minutes
B. Overcoming Barriers	Small groups are each assigned a few of the reasons for not using condoms and are asked to identify ways in which to overcome these barriers.	10 minutes
C. Gallery Walk	Small groups are invited to post their responses on the wall, and all participants are asked to walk around the room to view them.	5 minutes
D. Discussion	The participants discuss which barriers seem gender-specific and which solutions seem most realistic.	5 minutes

Total Time: 25 minutes

LEARNING OBJECTIVES

After completing this session, the participants will be able to:

1. Identify reasons why people do not consistently use condoms.
2. Generate ideas on how to overcome barriers to condom use.
3. Assess how different barriers may be influenced by factors related to gender.

KEY MESSAGES

1. Choosing not to have sex is the best way to prevent pregnancy and STIs.
2. If you do choose to have sex, you must use a condom correctly to avoid STIs and pregnancy.
3. Do not make excuses. Couples can find a way to make condoms work.

MATERIALS

- Flipchart paper
- Markers
- Tape

ADVANCE PREPARATION

1. Review the activity and be sure that you understand the content, teaching methodology, and timing.

PROCEDURE

A. Brainstorm / 5 minutes

1. Write the following title on a sheet of flipchart paper: Reasons Why Teens Don't Use Condoms.
2. Explain to the participants that you want them to identify some reasons why some may choose not to use condoms, despite condoms' important role in preventing pregnancy and STIs. Ask the participants to list as many reasons/barriers as they can. Try to think of at least six reasons to write down.
3. Review the list and clarify any reasons that are unclear.

B. Overcoming Barriers / 10 minutes

4. Divide the participants into three small groups. Assign each group up to three of the reasons for not using condoms (from the list that they came up with). Explain that each group will need to think of at least one response or solution for how to work around each of the reasons assigned to their group.

5. Ask each group to take a sheet of flipchart paper, write the reasons for not using condoms on the left side of the paper, and then write their accompanying solution or response on the right side of the paper. The resulting flipchart might look like the following:

Reason	Solution/Response
Sex doesn't feel as good.	<ul style="list-style-type: none"> • Try using lubricant. • STIs don't feel good either.
I don't want to spend the money on condoms.	<ul style="list-style-type: none"> • Obtain free condoms from particular clinics. • If you can't afford condoms, how will you afford a pregnancy?
I'm embarrassed to go to the clinic and get them.	<ul style="list-style-type: none"> • Go with a friend. • Is going to the clinic for condoms more embarrassing than going to the clinic for a pregnancy test or STI test?

6. Allow 10 minutes for the groups to complete their discussions.

C. Gallery Walk / 5 minutes

7. Ask each small group to post their flipcharts on the wall. Invite all participants to walk around the room and read the other flipcharts, adding their own solutions in the right-hand column. Once they have revisited all of the charts, invite them to sit back down.

D. Discussion / 5 minutes

8. Thinking about the key messages of this activity, lead a group discussion using the questions below (provided as a guide) or by developing your own questions.
- * Was it easier to come up with reasons for not using condoms or with solutions to the reasons? Why do you think that is?
 - * Which of the solutions presented seemed the most useful? Why?
 - * Which of the solutions presented did not seem useful? Why?
 - * Do you feel that men or women are more likely to say or feel these reasons for not using condoms? Which ones? (Refer to the Gender Messages flipcharts.)
 - * Which gender messages might have a negative influence on condom use?

REVIEW OF KEY MESSAGES

Conclude the activity by stating the following key messages:

- Choosing not to have sex is the best way to prevent pregnancy and STIs.
- If you do choose to have sex, you must use a condom correctly to avoid STIs and pregnancy.
- Do not make excuses. Couples can find a way to make condoms work.

TRANSITION

SAY: In the next activity, we will look more closely at the skills that are needed to communicate with a partner about condom use. You will have a chance to carry out role plays using some of the solutions you create.

ACTIVITY 4.6 NEGOTIATING CONDOM USE

ACTIVITY AT A GLANCE

A. Review of the Assertive Communication Model	The facilitators review the six steps of the assertive communication model presented in Activity 2.3.	5 minutes
B. Role Plays on Negotiating Condom Use	Youth volunteers model condom negotiation using scripted role plays. Afterward, small groups practice condom negotiation with unscripted role plays.	30 minutes

Total Time: 35 minutes

LEARNING OBJECTIVES

After completing this session, the participants will be able to:

1. Demonstrate effective negotiation of condom use

KEY MESSAGES

1. If you choose to have sex, you must use a condom correctly, every time.
2. People can negotiate condom use with their partners.

MATERIALS

- Flipchart paper
- Markers
- Tape
- Participant Handout 4.6A: *It's a Matter of Trust Role Play*
- Participant Handout 4.6B: *Condoms Not Available Role Play*
- Participant Handout 4.6C-1: *Don't Like the Feeling Role Play*
- Participant Handout 4.6C-2: *Don't Like the Feeling Role Play*

ADVANCE PREPARATION

1. Review the activity and be sure that you understand the content, teaching methodology, and timing.
2. Make copies of the four participant handouts listed above.
3. Write the six steps of Ways to Say NO (from Activity 2.3) on a sheet of flipchart paper, post it on the wall, and cover it up so that it cannot be seen. (*Option:* Have it printed and laminated in advance.)

PROCEDURE

A. Review of the Assertive Communication Model / 5 minutes

1. Ask the youth whether they remember the activity on assertive communication from two sessions ago and to share what they remember about it. Remind them that assertive communication is expressing what you feel in a direct, honest, confident, and respectful way.
2. Ask the participants whether they remember the six strategies for assertively saying NO. Reveal the prepared flipchart and review the steps:
 - Say NO with your voice, firmly.
 - Reinforce the message with your body language: eyes and body.
 - Explain why.
 - If you need to, say NO again and move or use body language to create space.
 - Offer an alternative.
 - If the above steps do not work, walk away.

3. Tell the participants that today we are going to practice using the Ways to Say NO again, in response to situations where one person in the couple wants to have sex without a condom. Remind them that the best way to avoid a pregnancy or an STI is not to have sex, but if they choose to have sex, they should always use a condom. This activity will build skills on how to insist that a condom be used and on how to say NO to sex if a condom is not available.

B. Role Plays on Negotiating Condom Use / 30 minutes

4. Invite two volunteers to demonstrate how to apply the Ways to Say NO when negotiating condom use, using the scripted role play in Participant Handout 4.6A. Remind the volunteers that role plays are like acting, so it does not matter who plays which part.
5. Before the role play begins, ask the other participants to refer to the Ways to Say NO flipchart during the role play, to assess which strategies are used in the role play.
6. After the role play, lead a short discussion using the questions provided below as a guide or using your own questions.
 - * Which of the Ways to Say NO did Jeremy use?
 - * What could Jeremy have done next if Briana kept pressuring him?
 - * Briana said “Trust me.” What does trust have to do with using a condom?
 - * What do you think would make it difficult for a man to insist on using a condom?
 - * What new gender messages would make it easier for a man to insist on using a condom?
7. Divide the participants into pairs and ask them to each play one of the parts while reading the role play in Participant Handout 4.6B.
8. After the role play, lead a short discussion using the questions provided below as a guide or using your own questions.
 - * Which of the Ways to Say NO did Gloria use?
 - * What might have made it hard for Gloria to insist that Antonio use a condom? What other kinds of things make it difficult for a woman to insist on condom use?
 - * What gender messages make it hard for some women to insist on issues like refusing sex without condoms?
 - * Which of the new gender messages would make it easier for a woman to insist on using a condom?

9. Tell the participants that next they are going to practice negotiating safer sex, and this time they have to make up all of the dialogue. Remind them that these role plays are like acting, so it does not matter what roles they play. Also, remind them that condom use for safer sex applies to all relationships, whether they are heterosexual or homosexual. Explain that each person will take turns being Peyton, Jordan, and an Observer. Each participant will have an opportunity to be the person who practices refusing unprotected sex. After each role play, the Observer will share which of the Ways to Say NO were used and their thoughts on how well the person playing Jordan was able to respond to pressure to have unprotected sex.
10. Divide the participants into groups of three. Pass out Participant Handouts 4.6C-1 and 4.6C-2 to each participant. Ask them to take turns playing the three roles of Peyton, Jordan, and the Observer. Circle the room and provide coaching, if needed.
11. After the role plays, lead a short discussion using the questions provided below as a guide or using your own questions.
 - * How did it feel to be in Jordan's role?
 - * How did it feel to be in Peyton's role?
 - * When using the Ways to Say No, at what point did it become difficult to continue saying no?
 - * Do you think that practicing the refusal skills learned in the Ways to Say NO role plays will help you in real life? How do you think it will help you or not help you?
12. Ask if anyone would be willing to volunteer to come to the front of the room and act out their role play again for the large group. Ask the rest of the participants to comment on what they thought was good about the role play and whether they saw anything that might be improved.

REVIEW OF KEY MESSAGES

Conclude the activity by stating the following key messages:

- If you choose to have sex, you must use a condom.
- People can negotiate condom use with their partners.

TRANSITION

SAY: The last activity attempts to combine everything you have learned in today's session into developing a slogan for condom use.

PARTICIPANT HANDOUT 4.6A

It's a Matter of Trust Role Play

Background

Jeremy and Briana started having sex a few weeks ago. Jeremy went to a teen clinic and got a supply of free condoms. Jeremy has been using condoms ever since they started having sex. Jeremy and Briana are hanging out on the couch.

Briana: Wanna have sex?

Jeremy: Sure, lemme go get a condom.

Briana: Let's not use one this time.

Jeremy: Yeah, listen, I don't want to get you pregnant.

Briana: It'll just be this one time. I promise it'll be OK, I won't get pregnant.

Jeremy: You know that's not how it works. If you don't want to use a condom, then I don't want to have sex.

Briana: But nothing will happen—trust me.

Jeremy: *[Sitting up]* Briana, I'm not going to have sex with you if we don't use a condom.

Briana: OK, OK, go get it. We'll use one.

Condoms Not Available Role Play

Background

Antonio and Gloria meet at a party. They start talking and are really connecting. After a couple of hours, they go upstairs to one of the empty bedrooms and start fooling around. They both want to have sex, but no condoms are available.

Antonio: Do you wanna have sex?

Gloria: Yeah, but I don't have a condom. Do you?

Antonio: Don't worry. Nothing will happen. I'll be careful.

Gloria: No, I'm not having sex if you don't have a condom. I have plans; there's no way I'm willing to risk getting pregnant.

Antonio: You can't get pregnant the first time you have sex with somebody.

Gloria: That's just not true. I am not going to have sex if we don't have condoms. We can go to a drugstore and get some, or we can go downstairs and hang out.

Antonio: I don't want to go to a drugstore at this time of night. I don't understand what you're worried about... Aren't you having a good time?

Gloria: Yes, I am having a good time, but I am not going to have sex without a condom.

Antonio: C'mon, I'll make you feel good.

Gloria: I really like you, but it's not going to happen tonight. Let's go back to the party. *(Gloria gets up and heads downstairs.)*

PARTICIPANT HANDOUT 4.6C-1

Don't Like the Feeling Role Play: PEYTON AND JORDAN

Background

Peyton and Jordan have been dating for a few months and have recently started having sex. Although they both agreed to use condoms, Peyton is now curious about what it would be like to have sex without a condom. Jordan is very clear that they do not want to have sex without a condom because of the risk of STIs.

Peyton: Just this once, let's not use condoms, OK? I'll be careful.

Jordan: ...

Continue acting out the role play using the six ways to say NO.

Don't Like the Feeling Role Play: OBSERVER

Background

Peyton and Jordan have been dating for a few months and started having sex recently. Although they both agreed to use condoms, Peyton is now curious about what it would be like to have sex without a condom. Jordan is very clear they do not want to have sex without a condom.

Behavior

Said NO, firmly.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Reinforced message with body language: eyes and body.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Explained why.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Said NO again and moved or used body language to create space.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Offered an alternative.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Walked away.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

How did Peyton pressure Jordan?

PARTICIPANT HANDOUT 4.6C-2 (continued)

What should Peyton have done differently?

What did Jordan do effectively in responding to pressure?

Was there any way Jordan could have improved their responses? How?

What do you think Peyton means by “being careful”? Do you think this can prevent pregnancy and STIs?



ACTIVITY 4.7 VIDEO REVIEW— CONDOM SLOGANS

ACTIVITY AT A GLANCE

A. Review of Video Process	The facilitator reminds the participants about the rules of the video process.	2 minutes
B. Instructions	The facilitator gives instructions and divides the participants into four small groups.	3 minutes
C. Small Group Work	The participants develop a slogan and create an artistic image to accompany the slogan.	20 minutes
D. Video Recording of Presentations	The small groups present their artwork while being video-recorded.	5 minutes

Total Time: 30 minutes

LEARNING OBJECTIVES

After completing this session, the participants will be able to:

1. Compose a slogan that emphasizes the importance of using condoms.
2. Describe at least two reasons for using condoms.

KEY MESSAGES

1. The video portion of this workshop lets you express your own personal viewpoint about condoms and share it with others.
2. Your views about condoms are important to us and to other youth participating in this program.

MATERIALS

- Recording devices
- Condoms
- Flipchart paper
- Markers
- Art supplies

ADVANCE PREPARATION

1. Review the activity and be sure that you understand the content, teaching methodology, and timing.
2. Make sure there are enough recording devices (i.e., phones, tablets, etc.) for the video.

PROCEDURE

A. Review of the Video Process / 2 minutes

1. Explain that today's video assignment will be for the participants to develop a slogan for using condoms, create a piece of art in which to share it, and plan a creative way to present it to the group. Remind the participants that they are allowed to decline to engage in the video recordings (though not the actual activities) and that they may request that their videos not be used.

B. Instructions / 3 minutes

2. Explain that a lot of condom campaigns have slogans that encourage people to use condoms. Remind the participants that a slogan is a catchy phrase designed to get someone to take action or change a behavior. Good slogans are usually short, clever, and easy to remember. Examples of these may include "Protect yourself or wreck yourself" or "No glove, no love." Explain that we want each group to develop a slogan about condoms that has meaning for them.
3. Explain that after teams agree on a slogan, they should create an artistic image to present it. The method of presentation is completely up to them. Ask if there are any questions.

- Count the participants off in order to form groups of three or four. Ask them to move around the room to join their groups. Pass out flipchart paper and art supplies to each group. Explain that groups will be given 20 minutes to develop their slogans and artwork and plan for presenting it on video.

C. Small Group Work / 20 minutes

- As the small groups carry out their assignments, walk around the room and offer support where needed. Notify the groups when they have five minutes left and when they have one minute left.

D. Video Recording of Presentations / 5 minutes

- Bring the group back together and have the participants sit in a large semicircle.
- Explain that we will now begin video recording.
- Ask the groups to take turns in presenting their condom slogan and artwork.

CLOSING

When all of the presentations have been completed, stop recording. Thank the groups for their participation and explain that they have completed their fourth session of the Gen.M workshop. Remind the participants of the location and starting time for Session 5 and adjourn.



SESSION 5

TAKING ACTION TO PREVENT TEEN PREGNANCY

This session teaches youth about the most widely accessible hormonal and long-acting contraceptives and where to obtain them. It also asks youth to identify personal behaviors that they intend to sustain or change so as to prevent pregnancy.

ACTIVITIES		TIME
5.1	Session 5 Check-In	25 minutes
5.2	Birth Control Report	1 hour
5.3	The Clinic	25 minutes
5.4	Game Show Review	50 minutes
5.5	Video Review — Making a Commitment	45 minutes
5.6	Closing Activity — Spider Web	20 minutes

ACTIVITY 5.1 SESSION 5 CHECK-IN

ACTIVITY AT A GLANCE

A. Welcome	The facilitators greet the participants, ask whether they have any questions from yesterday, and review the agenda for today, including a description of the video review at the end of the session.	5 minutes
B. Question Box	The facilitators answer anonymous questions from the Question Box.	20 minutes

Total Time: 25 minutes

LEARNING OBJECTIVES

After completing this activity, the participants will be able to:

1. List the agenda items for today’s session.

MATERIALS

- Flipchart paper
- Tape
- Markers
- Incentives for youth who have signed up for any social media campaigns
- Attendance sheet
- Question Box
- Gender Matters Code poster

- Gender Matters Group Norms poster
- Gender Messages flipcharts (from Activity 1.3)

ADVANCE PREPARATION

1. Review the activity and be sure that you understand the content, teaching methodology, and timing.
2. Review any questions from the Question Box and be prepared to answer them.
3. Write up the agenda for the session on a sheet of flipchart paper and post it on the wall in the front of the room. (*Option:* Have it printed and laminated in advance.)

Agenda for Session 5

- Check-In
- Birth Control Report
- The Clinic
- BREAK
- Game Show Review
- Video Review—Making a Commitment
- Closing Activity—Spider Web

4. Post the Gender Matters Code poster on the wall.
5. Post the Gender Matters Group Norms poster on the wall.
6. Post the Gender Messages flipcharts on the wall (from Session 1.3).

PROCEDURE

A. Welcome / 5 minutes

1. As youth enter the room, ask them to sign the attendance sheet.
2. Welcome the participants back to Session 5 of Gender Matters. Thank the group for their participation in the last session and share a highlight about the previous session's work that you, as the facilitator, really enjoyed.
3. Tell the participants that this session is going to focus on methods of contraception other than the condom, where to get them, and how to make a plan to prevent pregnancy. Briefly review the agenda for Session 5 written on the flipchart and posted in the front of the room.
4. Tell the group that this session's video review will involve making a commitment to prevent teenage pregnancy. We will talk more about how this activity will work later.
5. Remind the youth to sign up for social media campaigns, and distribute incentives to those who have signed up since the previous session.

B. Question Box / 20 minutes

6. Tell youth that our icebreaker today will be to answer the questions from the Question Box. If there are very few questions in the box, ask all of the participants to write down one question they would like to have answered and place it in the box.
7. Proceed to answer as many questions as time allows. Offer some questions to the group if it is something that has been covered and you think they may know the answer. If you have extra time, ask the group questions as a review of any topics already covered.

TRANSITION

Explain that this is the last workshop session, so we want to make sure everyone's questions are answered. Sometimes, youth have a lot of questions about birth control methods, so that will be the focus of our next activity.



ACTIVITY 5.2 BIRTH CONTROL REPORT

ACTIVITY AT A GLANCE

A. Introduction	The facilitators remind the participants about the unique features of condoms and brainstorm a list of other contraceptive methods.	5 minutes
B. Research and Report	Small groups will research and answer questions for one method of birth control and then will report to the whole group on what they have learned.	50 minutes
C. Large Group Discussion	The facilitators lead a discussion about what participants have learned. The discussion ends with a focus on how men can help their partners in using the seven methods.	5 minutes

Total Time: 1 hour

LEARNING OBJECTIVES

After completing this activity, the participants will be able to:

1. Describe how the pill, the shot, the implant, the patch, the IUD, the ring, and emergency contraception are used and work to prevent pregnancy.
2. Identify possible barriers to using hormonal contraception and possible solutions to overcoming these barriers.
3. Identify ways in which men can support the consistent and correct use of female-focused contraceptives.

KEY MESSAGES

1. If you choose to have sex, you must use a birth control method.
2. Sex does not equal pregnancy. Sex without protection equals pregnancy.
3. Although most contraceptive methods are used by women, men play an important role in supporting their partners in using them.
4. The only contraceptive methods that protect against STIs are condoms.

MATERIALS

- Flipchart paper
- Markers
- Tape
- Samples (as possible) of contraceptive methods: the pill, the patch, the IUD, the implant, emergency contraception, the shot, and the ring.
- Participant Handout 5.2A: *Birth Control Report*
- Anatomy diagrams from Activity 4.2.
- Seven small slips of paper

ADVANCE PREPARATION

1. Review the activity and be sure that you understand the content, teaching methodology, and timing.
2. Make enough copies of Participant Handout 5.2A for each group.
3. On the seven small slips of paper, write the names of seven methods of birth control (the pill, the shot, the patch, the IUD, the implant, the ring, and emergency contraception).
4. Have reproductive anatomy charts, printouts, or projections available for groups when they present their birth control information.

PROCEDURE

A. Introduction / 5 minutes

1. Remind the participants that in the previous session, we talked about a popular contraceptive method—condoms. Ask them whether they can remember the two reasons why condoms are a unique method of birth control. Remind youth that:
 - Condoms protect against both pregnancy and STIs
 - Men play an active role in using condoms
2. Mention that the only 100% effective form of birth control is abstinence (not having sex), but that there are many excellent forms of contraception to choose from as well.
3. Ask the youth to tell you about the other contraceptives they have heard about and write their responses on a sheet of flipchart paper. (Be sure to also underline the core seven they will be learning about today.) A list of contraceptive methods is provided below. It is not essential that all methods be listed, but make sure that the seven you will learn about in this session (underlined) are listed on the flipchart.
 - The pill
 - The shot (Depo-Provera)
 - The implant (Implanon)
 - The IUD (Copper T or Mirena)
 - The patch (Ortho Evra)
 - The ring (Nuva ring)
 - Emergency contraception
 - Condom
 - Diaphragm
 - Cervical cap
 - Sponge
 - Spermicides (gel, cream, film, foam)
 - Sterilization (vasectomy for males, tubal ligation for females)
4. Explain that there are two types of contraception: hormonal methods and barrier methods. **Hormonal** methods of birth control prevent eggs from being released from the ovaries, thicken cervical mucus to prevent sperm from entering the uterus, and thin the lining of the uterus to prevent implantation. **Barrier** methods physically prevent the sperm from entering the uterus.

5. Tell the participants that they are going to learn about seven of the hormonal contraceptive methods (the pill, the shot, the patch, the implant, the IUD, the ring, and emergency contraception) by researching them in small groups with handouts that you will provide and then by teaching the class about the method they researched.

B. Research and Report / 40 minutes

6. Divide the participants into seven small groups. Have each group draw one slip of paper from a bowl or paper bag to see which method of birth control they will be researching. Pass out the correct birth control method handout to the appropriate group (providing enough for each person in the group).
7. Pass out a copy of Participant Handout 5.2A to each group and explain that they will need to answer each of the questions provided and plan to share the information with the larger group, so that everyone will learn about their assigned contraceptive option. Explain that it is important for each person to play a role in researching and teaching about the contraceptive method, as this also needs to be discussed as a group. Encourage them to be as creative or interactive as they wish. Also, let them know that they will need to share the sample of their assigned contraceptive method by showing how to use it and passing it around for the group to see it, and that they may utilize anatomy charts as a visual aid to demonstrate how the method is used and/or where it is placed in the body. Let them know that they will have 15 minutes to do their research and answer the questions, and then get them started.
8. Call time after 15 minutes. Have each group come to the front of the room, one at a time, and teach the class about what they have learned about their contraceptive method. Facilitators should be prepared to answer questions as they come up from the larger group, if the presenters cannot. Continue until all of the groups have shared their information. As the groups present information, make sure that all important aspects of the contraceptive method they are presenting are covered in their presentation.

Important information on contraceptive methods:

- * The pill: A hormonal pill that is very effective pregnancy prevention if taken every day at the same time; prevents ovulation and pregnancy
- * The patch: A thin, stick-on square with hormones that go through the skin; worn for one full week at a time; prevents ovulation and pregnancy
- * The ring: A small flexible ring that is inserted into the vagina and releases a hormone; is kept in for a full three weeks; prevents ovulation and pregnancy
- * The shot: An injectable hormone administered by a trained health care provider; lasts up to three months; prevents ovulation and pregnancy

- * The implant: Small, flexible capsule inserted under the skin by a trained health care provider; releases hormones gradually over three years; prevents ovulation and pregnancy
- * The IUD: A small device containing copper or hormones (the copper IUD is nonhormonal); is inserted by a trained health care provider into a woman's uterus; effective from three to 12 years; prevents sperm from fertilizing the egg
- * Emergency contraception: A set of hormonal pills that can be taken by a person who is not on a form of hormonal birth control or did not use a condom during vaginal intercourse; is most effective in preventing sperm from fertilizing the egg within 24 hours of unprotected vaginal intercourse; is not intended to be used as regular contraception

C. Large-Group Discussion / 50 minutes

9. Lead a discussion using the following questions as a guide or using your own questions.
- * Which methods would you recommend to a friend who was trying to decide between them? Why?
 - * Why do you think there are so many different hormonal methods? What are some reasons for choosing one method over another?
 - * What do you think keeps teens from using hormonal methods of birth control? (Again, reiterate how and why these methods are beneficial for teens.)
 - * The seven methods that we learned about are all used by females. How can a partner be supportive in the use of these methods?
 - * Whose responsibility is it to use contraception?

REVIEW OF KEY MESSAGES

Conclude the activity by stating the following key messages:

- If you choose to have sex, you must use a birth control and/or barrier method.
- Sex does not equal pregnancy. Sex without protection equals pregnancy.
- Although most contraceptive methods are used by women, men play an important role in supporting their partners in using them.
- The only contraceptive methods that protect against STIs are condoms.

TRANSITION

SAY: Each of the seven methods we have just learned about can be obtained at a teen clinic. Next, we are going to learn about family planning clinics and how to feel comfortable accessing them.

Birth Control Research and Report

Instructions

With your small groups, answer the following questions about your assigned method of birth control, doing your own research. You will need to incorporate the demonstration of your method of contraception on the anatomy charts as well as using the sample method (as available).

Birth Control Method: _____

1. What is it? (Give a brief description.)

2. How does it work? (Include where in/on the body it is used.)

3. How often is it used? Or, how long does it last before needing to be replaced?

4. How well does it work (the success rate)? (Out of 100 couples using it, how many will have an accidental pregnancy?) ____/100

5. Does it protect against STIs? Circle one: YES or NO

6. Who might be a good fit for this birth control method? _____

7. What might be some of the challenges to using this method correctly? (Brainstorm ideas with the group.) _____

8. What are some of the unique features of this method? _____

ACTIVITY 5.3 THE CLINIC

ACTIVITY AT A GLANCE

A. Introduction to Teen Health Clinics	The facilitators briefly introduce the idea of teen health clinics.	5 minutes
B. Questions Brainstorm	The participants brainstorm a list of questions to ask when they practice calling a local family planning clinic.	5 minutes
C. Phone Call Role Plays	The participants work in pairs to role-play calling a local family planning clinic.	10 minutes
D. Debrief Discussion	The facilitators lead a debriefing discussion about clinics and the participants' experience in calling the clinic.	10 minutes

Total Time: 30 minutes

LEARNING OBJECTIVES

After completing this activity, the participants will be able to:

1. State where a teen clinic is located.
2. Describe the services provided at a family planning clinic.
3. Demonstrate how to call a family planning clinic and make an appointment.

KEY MESSAGES

1. You can obtain condoms and other types of birth control at your local clinic.
2. It is very important to get and use condoms or another method of birth control every time you have sex or engage in sexual activity.
3. Once you become sexually active, you should get tested regularly for STIs.

MATERIALS

- Flipchart paper
- Tape
- Markers
- Any brochures on local family planning clinics
- Participant Handout 5.3A: *Teen Clinic Appointment: Family Planning*
- Participant Handout 5.3B: *Teen Clinic Appointment: STI Test*

ADVANCE PREPARATION

1. Review information about the services at local teen health clinics.

PROCEDURE

A. Introduction to Teen Health Clinics / 5 minutes

1. Explain that there are local health clinics that can provide counseling and testing services for teens with and without parental approval
2. Ask the participants whether they have ever visited any of these clinics or know someone who has. If there are, ask them to share what it was like and what they know about the clinic or its services.
3. Ask if anyone else can name some additional services offered by these types of clinics. If not mentioned, be sure to share that birth control, pregnancy testing, and testing for HIV and other STIs are services often provided by these clinics. In some areas, local health clinics may partner with other local groups to provide some of these services in various locations, but often they are in the same place.

B. Questions Brainstorm / 5 minutes

4. Explain that if they have never called a clinic before, they will be practicing how to do so today. The participants will carry out role plays in which they call a teen health clinic to inquire about birth control and STI testing and to make an appointment.
5. Tell the participants that before they practice making the calls, they will need to brainstorm a list of questions for the clinic. Ask the participants what kinds of questions they will want to ask.
6. Write all of the questions generated on a sheet of flipchart paper. During the brainstorm, try to incorporate the questions below in the “Questions for the Clinic Phone Call” on the list. These are some questions that will help youth gather useful information from the clinic staff.

Questions for the Clinic Phone Call

1. What services do you provide?
2. What birth control methods do you offer?
3. Do you do STI testing?
4. How much does everything cost?
5. What happens during a visit?
6. How long does it usually take?
7. Do I need an appointment?
8. Do I need my parent’s permission?
9. Is it confidential?
10. Can I bring a friend?
11. What do I need to bring?
12. Can I have a female/male provider?
13. How do I get there?
14. What are your hours?

C. Phone Call Role Plays / 10 minutes

7. Explain that the participants will practice making phone calls to clinics by reading two different role plays. One role play will be a phone call to make a birth control appointment, and the other will be a phone call to make an appointment for an STI test.
8. Divide the participants into pairs and distribute Participant Handout 5.2A to each participant. Explain that one person will play Gloria and the other will play the clinic staff member. Allow two minutes for each pair to act out the role play by reading the script.
9. Distribute Participant Handout 5.2B to each participant. Ask the pairs to switch roles by having the person who played the role of Gloria previously now play the clinic staff member. The person who played the clinic staff member previously will now play the role of John. Allow two minutes for each pair to act out the role play by reading the script.

D. Debrief Discussion / 10 minutes

10. Explain that in their area, youth under 18 years of age may need to obtain parental permission if they want prescription methods of birth control like the pill, the shot, the implant, and the IUD. However, condoms are available to anyone at area drug stores and other locations.

NOTE TO FACILITATOR:

- Before beginning this session, research the status of any parental consent or notification requirements in the state/locality where you are conducting Gender Matters. One useful resource for this is <http://sexetc.org/action-center/sex-in-the-states/>.

11. Thinking about the key messages of this activity, lead a group discussion using the questions below (provided as a guide) or by developing your own questions.

- * How comfortable would you feel calling the clinic on your own?
- * How comfortable would you feel going to the clinic on your own? If not on your own, what about with a friend?
- * What do you think prevents some teens from visiting a clinic?
- * What advice can you give someone to help them overcome these concerns about going to a clinic?
- * How do you think the experience of going to a clinic would be different for a guy and for a girl? Explain.

- * How can guys support their partners going to the clinic to obtain birth control? (One example is that they can go together.)
- * What other fears or concerns do you have about visiting a clinic? (Help to alleviate some of their fears and remind them of the benefits for sexually active teens of visiting a clinic.)

REVIEW OF KEY MESSAGES

Conclude the activity by stating the following key messages:

- You can obtain condoms and other types of birth control at your local clinic.
- It is very important to get and use condoms or another method of birth control every time you have sex or engage in sexual activity.
- Once you become sexually active, you should get testing regularly for STIs.
- If you are younger than 18, you may need to get parental permission to use prescription birth control methods, but you can still obtain condoms.

TRANSITION

SAY: After a break, we are going to play a game to see what you remember about the last five sessions.

Clinic Appointment: Birth Control

Background

Gloria is calling a teen health clinic to make an appointment to get a birth control method.

Clinic: Teen Health Clinic, how may I help you?

Gloria: Yes, um, hi. I'm calling to make an appointment?

Clinic: Sure. What type of service do you need?

Gloria: I need birth control, but I don't know what kind.

Clinic: OK, that's fine. We can schedule an appointment for a consultation where you can learn about your options. I just need to get some information from you. First, can you tell me your name?

Gloria: Gloria Romero.

Clinic: Great. And your date of birth?

Gloria: April 6, 2002.

Clinic: Thanks. OK, since you are under 18, please also know that we'll need to get your parent's permission before providing you with a birth control method, but you won't need their permission to come in and talk with us. What day and time are good for an appointment? Our teen clinic hours are from 1:00 to 6:00 p.m., Monday to Friday.

Gloria: Later is better.

Clinic: OK, how about 3:00 pm, a week from today, on Friday, August 10?

Gloria: That's fine.

Clinic: Great. You're all set for a birth control consultation next Friday at 3:00 p.m. Do you have any other questions?

Gloria: Yes. What will happen when I get there?

PARTICIPANT HANDOUT 5.3A *(continued)*

- Clinic:* You'll come in and fill out some information for us. Then you'll wait to see a provider. When the provider meets with you, she'll discuss your birth control options. If you decide you want the pill or the shot, they can give it to you that day, provided you have parental permission. You won't need to have a physical exam.
- Gloria:* Cool. So, how much will it cost?
- Clinic:* We operate on a sliding scale fee, so we charge you based on how much money you make. For most teens, our services are free.
- Gloria:* OK. Can my friend come with me?
- Clinic:* Sure, you can bring someone with you while you sit in the waiting room. However, when you meet with the doctor, you have to be alone. Anything else?
- Gloria:* No, I think that's it.
- Clinic:* OK. We'll see you next Friday. Thanks for calling.
- Gloria:* Thanks.

Clinic Appointment: STI Test

Background

John is calling a teen health clinic to make an appointment to get screened for STIs.

Clinic: Teen Health Clinic, how may I help you?

John: Hi, I'm calling to make an appointment?

Clinic: Sure. What type of service do you need?

John: I need to get tested for STIs.

Clinic: OK, that's fine. We can schedule an appointment for you. I just need to get some information from you. First, can you tell me your name?

John: John Ramsey.

Clinic: Thanks. And your date of birth?

John: February 19, 1998.

Clinic: OK. And what day and time are good for you? Our teen clinic hours are from 1:00 p.m. to 6:00 p.m., Monday to Friday.

John: I could be there on a Monday or Wednesday, any time.

Clinic: OK. How about 1:00 p.m. on Monday, August 6?

John: That works.

Clinic: Great, you're all set for a STI screening on Monday, August 6th, at 1:00 p.m. Do you have any questions?

John: Yes, um, what will they do to me when I get there? Will it hurt?

Clinic: You'll come in and fill out some information for us. Then you'll wait to see the provider. When the provider meets with you, she'll discuss your health situation, explain the tests, and then take a urine and blood sample. Depending on your symptoms, there may also be a physical exam to observe any bumps or sores. Except for minor discomfort like giving a blood sample, it will be painless.

PARTICIPANT HANDOUT 5.3B *(continued)*

John: OK. So, how much it will cost?

Clinic: We operate on a sliding scale fee, so we charge you based on how much money you make. For most teens, our services are free, so don't worry about cost.

John: Do I need my parent's permission?

Clinic: No, you don't. At our teen clinic, you can get STI services without providing parental permission. Anything else?

John: No, I think that's it.

Clinic: OK. We'll see you on the 6th. Thanks for calling.

John: Thanks.



ACTIVITY 5.4 GAME SHOW REVIEW

ACTIVITY AT A GLANCE

A. Game Show	The participants form teams and compete with each other in answering review questions about the five sessions.	50 minutes
--------------	--	------------

Total Time: 50 minutes

LEARNING OBJECTIVES

After completing this activity, the participants will be able to:

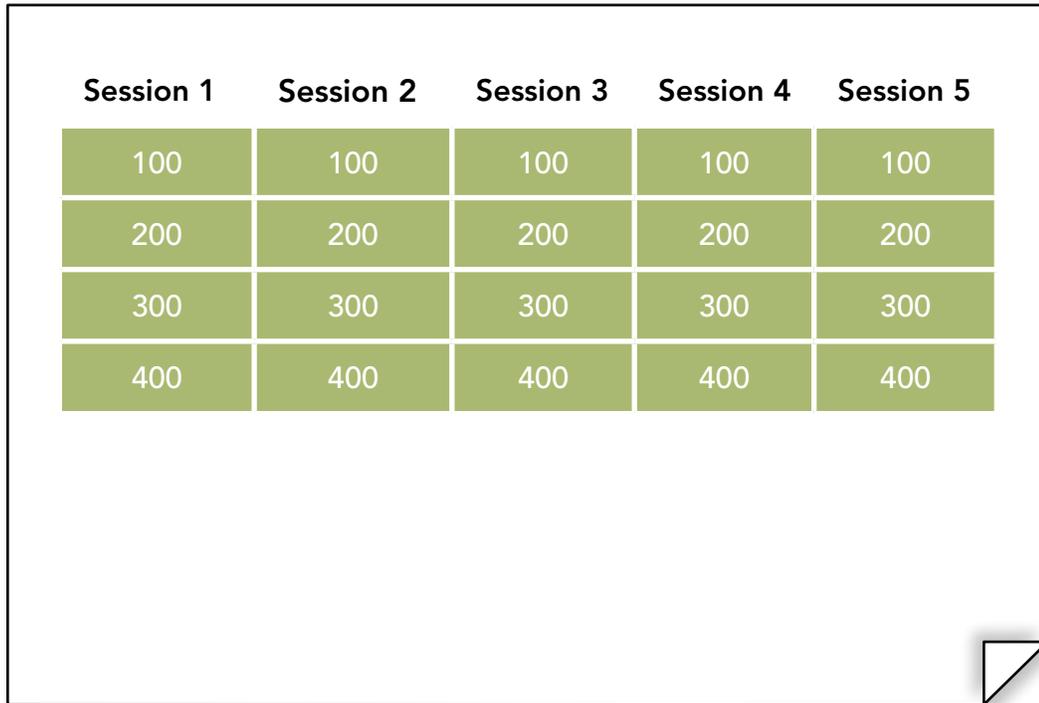
1. Recall important information from all five workshop sessions.

MATERIALS

- Pens or pencils
- Flipchart paper
- Post-It notes
- Facilitator Resource 5.4a: *Game Show Questions*
- Small prizes for winner(s) (optional)

ADVANCE PREPARATION

1. Make a game board on flipchart paper (see example below), using Post-It notes for the numbers. (Remove each Post-It note when the number is picked.)



Session 1	Session 2	Session 3	Session 4	Session 5
100	100	100	100	100
200	200	200	200	200
300	300	300	300	300
400	400	400	400	400

2. Review the questions in Facilitator Resource 5.4a and make sure that you know the correct answer to each question.

PROCEDURE

A. Game Show / 50 minutes

1. Explain to the participants that they are going to play a game that is similar to the television show “Jeopardy.” Unlike the television game show, this game discusses issues they have covered in this workshop. Explain that each of the five categories will be dedicated to a session from the Gen.M workshop.
2. Each category has a list of four questions. The easier questions are worth fewer points (the easiest is 100 points), and the more difficult ones are worth more (the hardest is worth 400 points).

3. Divide the participants into three teams. Encourage them to come up with a fun name for their group. Each team should designate a spokesperson for the team. This individual is responsible for giving the team's final answer. The team members should discuss their answer together, and then have the spokesperson present it. Any other answers that other team members shout out will not be accepted.
4. Take turns giving each team an opportunity to select from the board. Allow the team to select categories and question values from the board. For example, "I'll take Session 2 for 300, please." Ask the question as listed in Facilitator Resource 5.4A. If the team answers correctly, it is credited with the points. If the team is incorrect, it loses all of the points. For example, if a team answers a 300-point question incorrectly, it will lose 300 points. Keep score for all three teams on a separate sheet of flipchart paper.
5. Keep a tally of team points. Continue to play the game until all of the questions are answered.

NOTE TO FACILITATOR

- The participants are encouraged to play in teams to demonstrate that they can learn new information from each other and to point out that others in the group do not always have the correct information. It is important to encourage all members of each team to contribute.

6. After all of the questions have been answered, you can opt to provide a final question for the teams to answer. Present this question to all of the teams. Tell each team to develop its own answer quietly, so the other teams cannot hear it. Each team should also decide how many points they want to risk on their answer, up to the number of points they have on the scoreboard. The team can bet as little or as much as it wishes. Remind the teams that if their answer is incorrect, they will lose all of the points they bet. The winner is the team with the most points after the final question.
7. After finishing the game, provide a prize for the winners, if available, and remind the participants that everybody ends up winning because they are all having fun and learning important information at the same time.

TRANSITION

SAY: I can see that each of you has gained a considerable amount of knowledge about sexual health and that you are prepared to make healthy decisions for yourselves. Let us now go ahead and move into our final video activity.

Game Show Questions

Session 1

- 100 points: List one example of a negative gender message that many men deal with.
- 200 points: List two examples of a negative gender message that many women deal with.
- 300 points: List three kinds of media that perpetuate negative gender messages.
- 400 points: How is gender different from sex?

Session 2

- 100 points: List three healthy relationship behaviors or aspects.
- 200 points: List three unhealthy relationship behaviors or aspects.
- 300 points: Describe the differences between assertive, aggressive, and passive communication styles.
- 400 points: Describe the Six Ways to Say, and Reinforce, NO
 1. Say NO with voice, firmly.
 2. Reinforce the message with body language: eyes and body.
 3. Tell why.
 4. Say NO again if you need to.
 5. Show you care by offering an alternative.
 6. Walk away, if necessary.

Session 3

- 100 points: List three reasons why a person might choose not to have sex.
- 200 points: List three things you can do to show someone you care about them that do not involve sex.
- 300 points: List three reasons why a person might choose to have sex.
- 400 points: List three ways your life would change if you became a teen parent.

FACILITATOR RESOURCE 5.4a *(continued)***Session 4**

- 100 points: Give a response to partners who tell you that they do not want to use a condom because they “don’t like the way it feels.”
- 200 points: Name one step to correct condom use.
- 300 points: What are the two reproductive cells that you want to stop from meeting each other, to prevent a pregnancy from occurring?
- 400 points: List two things that make condoms unique from other birth control methods.

Session 5

- 100 points: What is the one birth control method that protects against pregnancy and STIs?
- 200 points: Do youth under age 18 need a parent’s permission to obtain services at the local health clinic? (Yes or No)
- 300 points: Explain how to take the pill correctly.
- 400 points: Where is a teen health clinic located?

Final Game Show Questions (choose one):

- Which of the following STIs cannot be cured? Syphilis, HIV, gonorrhea, herpes, chlamydia
- What are the fluids that can transmit HIV?



ACTIVITY 5.5 VIDEO REVIEW — MAKING A COMMITMENT

ACTIVITY AT A GLANCE

A. Introduce the Activity	The facilitator explains the assignment.	5 minutes
B. Worksheet Assignment	The participants complete Participant Handout 5.5: <i>Making a Commitment</i> .	15 minutes
C. Video Recording of Commitments	Individuals answer all three questions on Participant Handout 5.5 while being video-recorded.	20 minutes
D. Group Discussion	The participants answer discussion questions.	5 minutes

Total Time: 45 minutes

LEARNING OBJECTIVES

After completing this session, the participants will be able to:

1. Identify one value or belief that has changed as a result of the workshop.
2. Cite one behavior that they intend to change as a result of the workshop.
3. Describe one action that they intend to take to prevent teen pregnancy and STIs.

KEY MESSAGES

1. Actions speak louder than words. You can talk all you like about the right thing to do, but actions are what matter.

MATERIALS

- Participant Handout 5.5A: *Making a Commitment*
- Pens
- Recording devices (i.e., phone and tablets)

ADVANCE PREPARATION

1. Review the activity and be sure that you understand the content, teaching methodology, and timing.
2. Make enough copies of Participant Handout 5.5A for all participants.
3. Make sure that there are enough recording devices per group.

PROCEDURE

A. Introduce the Activity / 5 minutes

1. Explain to the participants that this Gender Matters workshop has been designed to help youth self-assess and identify possible changes that they intend to make to prevent pregnancy and STIs. To achieve this, we would like everyone to think about what they have learned from the workshop, what they intend to change as a result of it, and what they intend to do to prevent pregnancy.
2. Provide a brief overview of the five sessions that the workshop has covered. Remind the group of the six statements in the Gender Matters Code.

B. Worksheet Assignment / 15 minutes

3. Distribute Participant Handout 5.5A to each participant. Ask them to read each item carefully, take some time to think about each item, and write a response. Explain that the participants will be given up to 10 minutes to complete the worksheet.
4. Make sure everyone has had time to complete their handout before moving to the video portion of the activity.

C. Video Recording of Commitments / 20 minutes

5. Explain that you are going to invite the participants to share their commitments with the larger group and have them video-recorded.

6. Review the rules for the video component:
 - Participants always are allowed to decline participating in the video recordings.
 - Participants always may request that their video recordings not be used, whether immediately after a taping or after the video has been posted on social media.
7. Explain that the participants will take turns answering the questions on Participant Handout 5.5A while being video-recorded. (*Option:* Youth can choose the two or three questions they feel most comfortable answering.)
8. Turn on the video camera and ask the first volunteer to come to the front of the room and to begin answering the questions. After each participant has had a turn to answer all five questions, thank all for their cooperation and begin a group discussion

D. Group Discussion / 5 minutes

9. Lead a group discussion, using the questions provided below as a guide or by developing your own questions.
 - * Which commitments did you hear that you really liked or that you want to make yourself?
 - * What would make it hard for you to follow through with your commitments?
 - * What would help you to stick to them?
 - * What would you like to say to others to encourage them to stick with their commitments?
10. Turn off the video camera.

REVIEW OF KEY MESSAGES

Conclude the activity by stating the following key message:

- Actions speak louder than words. You can talk all you like about the right thing to do, but actions are what matter.

TRANSITION

SAY: We are ready for our final activity together—a chance for us to appreciate one another and the time we have spent together over the past five sessions.

Final Thoughts

Please complete the following sentences.

1. The most challenging thing about becoming a parent at my age would be ...

2. For me, a stereotype about **men** that I reject is ...

because _____

3. For me, a stereotype about **women** that I reject is...

because _____

4. An important behavior that I want in a **healthy relationship** is...

5. My favorite truth of the Gender Matters Code is...

because _____

Final Commitment

One action I intend to take to **prevent teenage pregnancy** is ...

ACTIVITY 5.6 CLOSING ACTIVITY—SPIDER WEB

ACTIVITY AT A GLANCE

A. Spider Web Activity	The participants create a “spider web” by passing a ball of yarn across a circle from one person to another while appreciating fellow group members.	20 minutes
------------------------	--	------------

Total Time: 20 minutes

LEARNING OBJECTIVES

After completing this activity, the participants will be able to:

1. Express appreciation for fellow group members.
2. Recognize positive characteristics of fellow participants.
3. Receive affirmation from fellow group members.

MATERIALS

- Large ball of yarn

ADVANCE PREPARATION

1. Review the activity and be sure that you understand the content, teaching methodology, and timing.

PROCEDURE

A. Spider Web Activity / 20 minutes

1. Ask the participants to stand in a circle, facing each other.
2. Explain that this group has disclosed a lot of personal experiences, information, and viewpoints to each other over the past week. As a result, the group has become closer and more connected. For our final activity, we are going to do something to demonstrate our connection to each other.
3. Show the group the ball of yarn. Explain that we are going to create a spider web together.
4. Explain that each person in the group will be asked to share something that they appreciate about another person in the group. To do this, begin by saying something that you appreciate about a participant in the group. You could say something like, “Carlos, you were always very respectful to others, even when you disagreed with them. I appreciate that.” Another example could be, “Veronica, you are always having such a good time. You are really funny and you make me laugh.”
5. After speaking, hold on to the yarn and toss it to the person that you just appreciated.
6. Ask the person with the yarn to now say something that they appreciate about someone who is not holding the yarn.
7. Continue this process until everyone has been appreciated and everyone is holding a piece of the yarn.
8. Allow for the group to examine and appreciate the web they have created.
9. Explain that the spider web we have created represents our group. We have participated in this workshop together and we are now connected as a result. (Optional) This connection will continue in the coming months. We will continue to stay in touch with each other using social media contacts.
10. Thank all of the participants for their contributions and adjourn the workshop.

ACTIVITY 5.6 FUTURE GENDER MATTERS ACTIVITIES

APPENDIX 1: A THEORY-OF-CHANGE LOGIC
MODEL FOR THE *GENDER
MATTERS* CURRICULUM



Curriculum Activities Designed to Change Determinants

- 1.3 Gender Messages
- 1.4 Gender in the Media
- 2.2 Healthy Relationships and Deal-Breakers
- 2.3 Assertive Communication
- 2.4 What Is Consent?
- 3.3 Sexual Decision Making
- 3.5 Video Review: Gender Fishbowl
- 4.1 Session 4 Check-In
- 4.2 Keeping the Egg and Sperm Apart
- 4.3 The Truth About STIs
- 4.4 How to Use Condoms
- 5.2 Birth Control Report
- 5.3 The Clinic

- 1.2 Values Clarification
- 1.3 Gender Messages
- 1.4 Gender in the Media
- 2.2 Healthy Relationships and Deal-Breakers
- 3.4 Ways to Show You Care
- 3.5 Video Review: Gender Fishbowl
- 4.4 How to Use Condoms
- 4.5 Condom Obstacles
- 4.7 Video Review—Condom Slogans
- 5.2 Birth Control Report
- 5.3 The Clinic

Determinants of Behaviors

- KNOWLEDGE**
1. Gender norms and how they affect health
 2. Gender norms and how they affect relationships
 3. Gender norms and how they affect sexual decision making
 4. How the media affect development of gender norms
 5. Characteristics of healthy and unhealthy relationships
 6. Three communication styles
 7. Consent and its importance
 8. Acceptable and unacceptable reasons to have sex
 9. Personal limits
 10. Male and female reproductive systems
 11. How a pregnancy occurs
 12. STI transmission, symptoms, testing, treatment, and prevention
 13. Benefits of condoms
 14. Contraceptive methods
 15. Sexual and reproductive health (SRH) clinic services

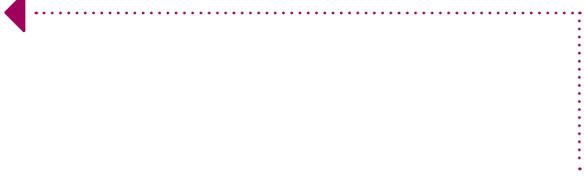
- ATTITUDES/VALUES/BELIEFS**
1. Healthy and equitable values and attitudes about gender
 2. Empathy for others' gendered experience
 3. Positive attitude about knowing and acting against deal-breakers
 4. Positive attitude about alternatives to sex
 5. Positive attitude about using condoms
 6. Positive attitude about contraception
 7. Positive attitude about visiting an SRH clinic

Teen Behaviors

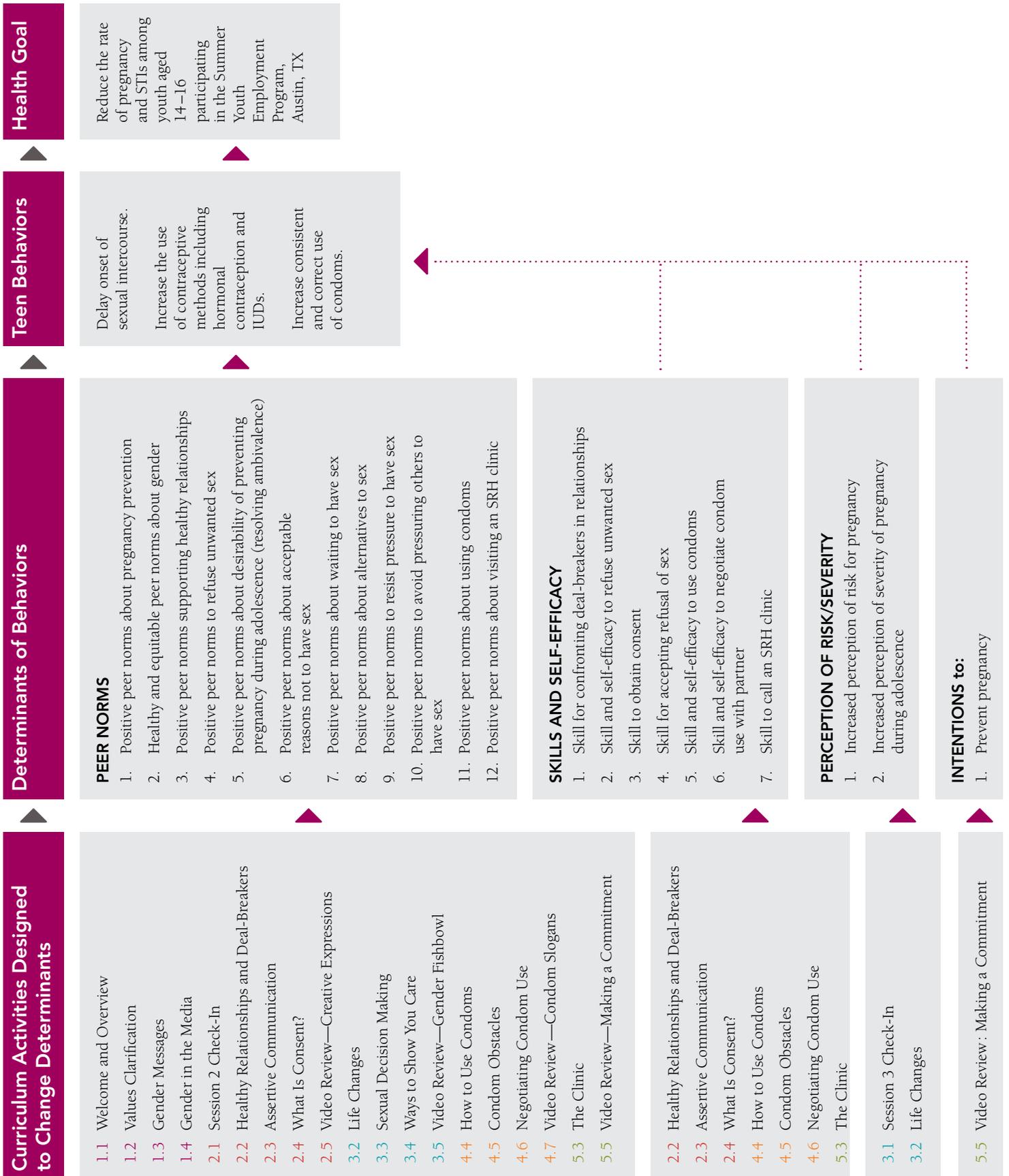
- Delay onset of sexual intercourse.
- Increase the use of contraceptive methods including hormonal contraception and IUDs.
- Increase consistent and correct use of condoms.

Health Goal

Reduce the rate of pregnancy and STIs among youth aged 14–16 participating in the Summer Youth Employment Program, Austin, TX



APPENDIX 1: GENDER MATTERS THEORY-OF-CHANGE LOGIC MODEL





66746
ATK TEE

tion of
ndence

...of me...
...ing a man or a woman
...to me...
...is in the way I want
...be treated...
...a man decision about if
...when to have sex...
...tion every time I have sex...
...the clinic to get tested and
...protected

512
PL

APPENDIX 2: QUICK ENERGIZER ACTIVITIES FOR GROUP FACILITATION

QUICK AND SIMPLE WELCOME ACTIVITIES (5 MINUTES OR LESS)

TV Land

- * Ask the participants: If you could drop into any television show and live a character's life, who would it be, on what show, and why?

What Would You Be?

- * This is a simple introduction game in which participants can choose what they would be (and why) from a variety of categories: vegetables, animals, flowers, fruit, etc. For example: "If you were a vegetable, what kind would you be?" (An answer might be: "An onion because I have layers.")

Traveling the World

- * Ask participants: If you could go anywhere in the world, where would you go, and why?

King or Queen

- * Ask participants: If you were ruler of the universe for a day, what is the first thing you would change?

Teacher-Pupil

- * Ask participants to name one thing they could teach a classmate to do and one thing they would like to learn to do. Answers can be simple or complex. For example: "I can teach someone to make an omelet, and I would like to learn to sing."

Three Words

- * Ask participants to share the three words that best describe them, and why.

Dream Job

- * Ask participants: If you could have any job in the world, what would your dream job be?

That's Hilarious

- * Ask participants to share a funny story of something that happened to them as a kid.

Two Truths and a Lie

- * Have participants share one or two truths and one lie about themselves. The group then has to guess which is the lie.

ACTIVITIES THAT MAY TAKE A LITTLE LONGER (MORE THAN 5 MINUTES), BUT ARE WORTH IT

Either-Or

- * Have participants stand and gather on either side of the room for a variety of questions with “either-or” options. Facilitators will use their hands to indicate which side is which. For example: “Are you a morning person (indicates right side of room) or a night person (indicates left side of room)?” “Do you like cats (indicates right side of room) or dogs (indicates left side of room)?” Other such questions can be: “What are your favorite snacks: salty or sweet?” “If you were taking a trip, would you prefer a place with hot weather or with cold weather?” “What kind of movie do you like best, funny or scary?” “Are you messy or neat?” “Are you an only child, or do you have siblings?”

Food and You

- * Ask each participant to say their name and a favorite food that begins with the first letter of their name. For example: “I’m Pam and I love popcorn.” As each new student takes a turn, he or she must repeat the names and foods of those who have already gone. The last person will have the greatest challenge!

Classmate Scavenger Hunt

- * Prepare a “scavenger hunt” checklist ahead of time with a variety of items on a list (for example, someone with blue shoes; someone who just moved; someone with pierced ears; someone who plays a musical instrument; someone with two cats; someone who loves to read, etc.). Tell participants they must talk to the others in the group, find a different person for each item, and write their name for each item they check off their list. Make sure most of the items are things that will require a conversation to get the answer. Give them a set time (5–7 minutes) to see how many different people they can find. (Option: Give a prize to the winner!)

Mic Check

- * Invite everyone to stand in a circle, and ask a question to begin a story. (The facilitator can come prepared with a prompt, or can elicit one from the group.) Some examples might be “How did the zebra get its stripes?” or “What happened the day Drake wrote ‘Hotline Bling?’” The story can start off with “once upon a time” or be conversational in nature. The group has creative license to start and end the story in the way they want, as long as they answer the question...one line at a time.
- * The person who started the story yells “Mic Check” and the group responds with “1, 2, 1, 2.” That person adds their opening line. Everyone will collectively develop the story by adding one line when they get “the mic”—meaning when it is their turn. It’s fun to pretend to hold a fake microphone (pencil, ruler, comb, or just imaginary). One person starts the story and the next person in succession adds to the story plot. It can take on a funny twist, or it can be extreme or practical, funny or sad. It is up to the group.

Down the Row

- * This opening activity helps to build a sense of connectedness while still expressing our individuality. The facilitator can ask if anyone knows what a “bboy” or “bgirl” stance is. (The “b” in bboy and bgirl stands for “breakdance.”) This dance is one of many hip hop art forms that both girls and boys do. At the end of their freestyle or choreographed dance, they freeze in a pose to let the crowd know to applaud. This stance comes in many forms, such as arms crossed, bent on one knee, hands up high, a Charlie’s Angels pose, etc.—it is based on personal preference. We want them to think of their bboy or bgirl stance if all eyes were on them.
- * Invite everyone to stand in a line, shoulder to shoulder, facing the facilitators. This line is not single file, because they need to be able to see each other.
- * When the facilitator gives the signal, the first person in the line will need to stomp and give a high five to the next person. Each person will receive and give high fives to the person next to them until it reaches the last person in line. The final person will need to stomp. When everyone hears this stomp, they need to freeze into their bboy or bgirl stance. This should be light-hearted and fun, to see the similarities or range of differences in poses.
- * Consider changing the hand gesture from high fives to low fives, high 10s or low 10s, alternating high and low fives or 10s, fist bumps, handshakes, etc., as time permits. Ask the youth to change their bboy and bgirl stances as you alter the hand gestures “down the row.”



ISBN: 978-1-937410-27-8



EngenderHealth
for a better life

440 Ninth Avenue • New York, NY, 10001 • www.engenderhealth.org

GM0004