inter**SEX**ionality:

A FACILITATOR'S GUIDE

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inter**SEX**ionality:
A FACILITATOR'S GUIDE

ASIAN-PACIFIC RESOURCE & RESEARCH CENTRE FOR WOMEN (ARROW)

1 & 2 Jalan Scott, Brickfields, Kuala Lumpur, Malaysia 50470
Telephone: (603) 2273 9913/9914
Fax: (603) 2273 9916
Email: arrow@arrow.org.my
Website: www.arrow.org.my
Facebook: http://www.facebook.com/ARROW.Women
Twitter: @ARROW_Women
YouTube: youtube.com/user/ARROWWomen
Pinterest: arrowomen

PRODUCTION TEAM

Author: Maria Melinda Ando
Overall Supervision: Biplabi Shrestha
Reviewers: Sivananthi Thanenthiran, Sai Jyothir Mai Racherla, Biplabi Shrestha, and Nisha Santhar
Publications Coordinator: Nisha Santhar
Copy Editor: Charity Yang
Graphic Design: Nicolette Mallari

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INTER**SEX**IONALITY:
A FACILITATOR'S GUIDE

People have one thing in common:
They are all different.

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contents

about
the capacity strengthening workshop

WORKSHOP OBJECTIVES

The capacity strengthening workshop aims to:

- Build the participants' understanding of sexuality as a multi-dimensional and intersectional concept and from an affirmative/sex-positive lens and build their capacity to use this as a frame of analysis in their work.
- Begin exploring the intersections between sexuality and other issues such as education, health, employment, law, and citizenship, towards promoting holistic youth sexual and reproductive health and rights (SRHR) policymaking and programming.
- Enable participants to understand intersectionality as an analytic framework and strengthen their capacities to advocate for young people's SRHR in a holistic manner, including comprehensive sexuality education (CSE) and youth-responsive SRHR services, keeping in mind the intersecting factors as listed above.
- Allow participants to make action plans in order to make changes within their own settings, utilising intersectionality as a framework.

WHY A CAPACITY STRENGTHENING WORKSHOP ON SEXUALITY AND INTERSECTIONALITY

Sexuality is a central aspect of young people's[1] lives, and yet it largely remains taboo. At the same time, sexuality is very much political and beyond the personal, and sexuality intersects with various aspects of our lives, whether at school, at work, and at the policy level. Multiple intersecting factors are influenced by and influence our sexuality and our experiences of it, yet, there is a gap in resources that teach ways to analyse issues of oppression through the sexuality and intersectional lens and take young people through steps to think through solutions in these various arenas. This workshop aims to provide interested individuals, students and professionals the resources to understand and address these issues from an affirmative, rights-based, and intersectional perspectives.

WHAT THE WORKSHOP ENTAILS

The three-and-a-half-day workshop provides an introduction to sexuality from a rights-based and affirmative perspective, and to intersectionality framework as a means for analysis and framing responses. It also provides an opportunity to learn how sexuality intersects with issues like education, health, employment, law, and citizenship, and how policy and programmes can address discriminations, and be made more inclusive and youth-responsive.

The length of the workshop can be adapted depending on facilitators' needs. It can be shortened by selecting only some of the activities, as some activities offered in a session are meant to expand the participants' understanding of the topic. In some instances, optional activities are also provided. Conversely, it can be extended to four days by giving more time for discussions or participants to expand the action plan on the last day.

WHO THIS WORKSHOP IS FOR

This workshop is primarily recommended for youth leaders, and youth SRHR/sexuality advocates and activists, whether leading youth organisations and networks, or part of adult-led organisations. It could also be a resource for practitioners, service providers, trainers as well as students and teachers of social work and social sciences, and any concerned adult interested in these topics.

sessions

part

1

session 1
setting the scene

OVERALL SESSION OBJECTIVES
- To allow the group to feel at ease with each other, setting the tone for the rest of the capacity strengthening workshop.
- To provide participants an avenue to discuss their expectations from the workshop, as well as what they can contribute to make it a success.
- To discuss the overall aims of the workshop, and the workshop agenda.

TIME
1 hour 30 minutes

MATERIAL
Session 1 PowerPoint presentation

ACTIVITY 1 (INTRODUCTION EXERCISE): TWO TRUTHS AND A WISH

Objectives
- To allow the group to know each other better and to increase the group's comfort level and build trust amongst each other.
- For the variation, to allow the facilitator to gauge participants' initial understanding of sexuality.

Time
45 minutes

Room Arrangement
U-shape or participants can stand up to form a circle

Materials Needed
None

Process
1. Ask participants to stand-up and form a circle, or alternatively, if the room arrangement is U-shaped, they can stay in their seats.
2. Tell participants that they will be introducing themselves by sharing the name they would like others to call them,

the country they are from, and three statements about themselves. Two statements need to be true and one statement they wish to be true. For example, someone who has never done paragliding before but wish he or she would be able to do so could say, "I enjoy adventure sports, and have gone paragliding in Thailand before." The statements could be about their hobbies and/or past experiences, and need not be intimate secrets, but as much as possible, should be interesting and would reveal something new about themselves to the rest of the group. Give them two minutes to think of their statements.
3. Ask participants to introduce themselves one at a time, and to share their three statements with the rest of the group. The other participants should try to guess which is the wish. After the group has guessed, the person will reveal the wish. Everyone in the circle takes turn sharing statements.

Variation
The statements can be focused on gender and sexuality. For example, one could say, "*I am Lala. I had my first crush when I was in middle school, my ideal date is watching the sunset together, and I'm currently in a long-distance relationship.*" However, this variation involves a high level of trust and would work better if the participants already have a certain comfort level with each other and the facilitators.

ACTIVITY 2: EXPECTATIONS AND GROUND RULES

Objectives
- To allow participants to discuss their expectations of and anxieties about the workshop.
- To provide an opportunity to set ground rules that everyone agrees to.

Time
30 minutes

Materials Needed
- Sets of Meta cards (3 different coloured cards per set)
- Pens/Markers
- Flip charts or sticky walls
- Sticky tape

Process
1. Set up four flip charts on the wall, with three labels: Expectations, Anxieties, Ground Rules, and Parking Lot.
2. Give each participant a set of meta cards and a marker.
3. Select the first colour from the set of meta cards (e.g., blue), then ask the participants to write down two expectations they have from the workshop.

4. Seclect the second colour (e.g., green), then ask the participants to write down two things they do not want to happen in the workshop.
5. Select the third colour (e.g., yellow), then ask the participants write down two things that they commit to do while attending the workshop.
6. Give the participants 10 minutes to write on the meta cards and to stick the cards onto the respective flip charts.
7. Consolidate responses, and inform which expectations and anxieties will be addressed by the workshop. Those which cannot be addressed should be placed in the Parking Lot sheet.
8. Based on the commitments written down by the participants, the group jointly sets up ground rules for the workshop. Once these have been agreed upon, these will stay up on the wall for the entire duration of the workshop.

   Some examples of commitments are as follows:
   • Be on time and come prepared.
   • Participate fully.
   • One person talks at a time.
   • Be aware of our biases, prejudices, and stereotypes!
   • Be open to new ideas and ways of doing things/ thinking.
   • Respect each other, even if you disagree on a subject. No put downs.
   • What is said in here, stays in here (confidentiality).
   • Mobile phones and laptop notifications on silent mode! (or turned off.). No texting or emailing during the workshop sessions!
   • Step up/down as needed.
   • Keep the discussion relevant. Be additive, not repetitive.

9. Ask everyone if taking photographs and recording for documentation purposes is allowed. Note down if there are participants who do not wish to be photographed. It is also important to agree on what can be shared on social media. For example, the inputs may be shared on social media, but personal sharing or opinions should never be shared.

Notes
• When setting up the ground rules for the workshop, at the outset of the workshop, it is important to note that there are many biases and prejudices against adolescents and young people, and many of these have been internalised. It is important to acknowledge these and how it impacts our own lives and the constituencies (adolescents and youth) that we work with. One of these stereotypes is the idea that adolescents/young people are all the same—we need to recognise, at the outset, the diversity of adolescents and young people, including the diversity in their gender identities and sexual orientation.

• Acknowledge that sexuality largely remains a taboo in many societies, and more so, adolescent and young people's sexuality. Throughout the workshop, we will go about discovering how important sexuality is, both in our personal lives and in our work, and how to ensure that we consider it in youth programming and policymaking. These ideas will be reinforced throughout the training.

ACTIVITY 3:
ABOUT THE WORKSHOP

Objectives
• To learn about the aims for doing this workshop and the agenda.
• To provide an overview of the various evaluation methodologies for the workshop.

Time
10-15 minutes

Materials Needed
Handout 1.3: Workshop Agenda

Process
1. Give the participants an overview of the capacity strengthening workshop by sharing the workshop objectives and rationale for the training as provided in the section: "About the Workshop", in the beginning of this manual. Ask the participants to look at Handout 1.3 and go over the workshop agenda.
2. Connect the information provided with the expectations shared by the participants as needed. Allow for questions.
3. Tell participants that this module is currently in development, and hence ARROW will be capturing participants' feedback through various evaluation and feedback methodologies, including the emoji chart, daily feedback: reporters' recap, and the final evaluation. Request for volunteers for the reporters' recap. Refer to the evaluation section for the processes.
4. Make announcements regarding logistical issues before the end of this session.

session 2
understanding basic sexuality concepts

OVERALL SESSION OBJECTIVES
- To break the silence around issues related to sexuality and develop comfort around discussing it.
- To develop a common understanding of sexuality, which is based on an affirmative and sex-positive framework;
- To understand that sexuality is beyond sex, and that multiple intersecting factors are influenced by and influence our sexuality and our experiences of it.
- To understand why it is crucial to study and to consider/incorporate it in our work.

TIME
3 hours 40 minutes

ACTIVITY 1:
PASS THE SEXUALITY BALL

Objectives
- To brainstorm on what words or concepts participants associate with the term "sexuality" in a fun and non-threatening manner.
- To build a common understanding of sexuality amongst the participants.
- To develop comfort around discussions of sexuality.
- To begin to understand how gender norms and social constructs influence how we understand and experience sexuality.

Time
1 hour (25 minutes for the game, 35 minutes for processing and input)

Room Arrangement
Large room; participants are able to stand up to form a circle

Materials Needed
- Ball (this can be a real ball or a ball formed from scrunched up paper)
- 3 Flip chart sheets, one labelled "Sexuality," the second labelled "Youth Sexuality," and the third with three columns labelled "Women's Sexuality," "Men's Sexuality" and "LGBTIQ Sexuality"
- Markers
- Tape
- Session 2 PowerPoint presentation
- Projector

Process
1. Ask all participants to form a circle. They should be able to move around comfortably but there should not be large gaps in between people.
2. Explain that they will play a game of passing the ball in two rounds. In the first round, whoever receives the ball should say one word that comes to their mind when they hear the word "sexuality." The person who has the ball then passes it to another person in the circle. Once a word has been said, no one else can use it again. Do not give the instruction for the second round yet.
3. Start the exercise by giving the ball to a participant, and then passing it to someone else. Repeat the process until everyone in the group has responded.
4. On the second round, whoever holds the ball would say one word that comes to their mind when they hear the words "youth sexuality." The same process is repeated until everyone has had a chance to give a word.
5. Take note of the answers on two flip chart sheets. If you choose to be part of the circle, assign a co-facilitator or the documenter to note the responses. Try to group and consolidate responses. Replies can be categorised around themes such as the following:
   - Body Parts
   - Sexual acts/behaviours
   - Affirmative/Sex-positive aspects
   - Identities/Orientations
   - Reproduction
   - Diseases
   - Violence
   - Emotions/feelings
   - Fantasies/imagination
   - Perspectives/attitudes
   - Power
   - Culture (e.g., child marriage)
6. Ask the participants to gather near the flip charts where the words were written down. Participants are to process those words using the suggested guiding questions.

Suggested Guiding Questions
> Round 1: Sexuality
  a. Were there any words in this list that surprised you, and you did not think would be associated with sexuality?
  b. Are any words missing from the list? What are they and why do you think they were left out? [The facilitator should add new responses to the list.]
  c. From the list, how would you define sexuality? How would you explain it to someone who has never heard of it before?
  d. Where do the concepts/words in the list come from? Are these coming from local or external contexts? If one source is predominant, why do you think so? If the words come mainly from external contexts, what words would you add that come from your local cultures and contexts? How does adding this dimension change the meaning of the term for you?
> Round 2: Adolescent/Youth Sexuality
  a. What do you observe from the two lists? How do the words associated with "youth sexuality" differ from just "sexuality?" Why do you think there is a difference?
  b. What about if "youth sexuality" was replaced with "adolescent sexuality," would there be a difference in the word associations? What and why?
  c. What if you add marriage to the mix? What are the differences? Is there a difference between a married young woman and an unmarried young woman, for example? Or a married girl and an unmarried girl? Are there gender differences when it comes to child marriage?
  d. What do these words reveal about sociocultural norms about sexuality and age?
  e. Do sociocultural norms for young people change when
  f. How would you like these word associations to evolve? What could be done so these would evolve?
> Additional: Men's, Women's, and LGBTIQ Sexuality
  a. If we were to do the exercise again with the words, "men's sexuality" and "women's sexuality," and "LGBTIQ sexuality", what kind of words would appear? [The facilitator should note down responses.]
  b. What do the words reveal about gender norms and sociocultural norms for men and women?
  c. How would you like these word associations to evolve? What could be done so these would evolve?
  d. Do you have additional insights from the exercise?

7. Share with participants that the definition of sexuality is evolving, and that at present there is no single accepted or official definition of sexuality. However, a widely used, comprehensive definition is the working definition of sexuality by the World Health Organisation. Show this definition on a PowerPoint slide (refer to page 84).
8. Ask participants what they think of this definition and compare it with the ones that were elicited from the group exercise.

Notes
• Using a game to elicit word associations is meant to alleviate discomfort felt by participants in talking about sexuality. If during the discussion, however, some participants exhibit behaviour that may hinder learning (e.g., inappropriate humour), remind the group the ground rules established at the beginning include keeping an open mind and showing respect.
• Pay attention to the words shared by the group, and prompt to ensure that rights-based, affirmative, and sex-positive terms (such as pleasure) are included. While safety is important, the definition of sexuality should not be limited to negative aspects such as violence (such as sexual harassment or rape) or disease (such as sexually transmitted infections).
• Emphasise that gender (how societies view men and women, the differences between them, and the roles assigned to them) and sexuality are different but interrelated concepts. Both are socially constructed, and are influenced by the interaction of biological, psychological, social, and historical factors.

ACTIVITY 2:
BUZZ PAIRS – WHY SEXUALITY?

Objective
To elicit from participants their understanding of why it is crucial to study sexuality, particularly, adolescent and youth sexuality, and to consider/incorporate it in work.

Time
20 minutes

Room Arrangement
Participants are able to form buzz pairs

Materials Needed
• PowerPoint
• Projector

Process

1. Ask participants to form buzz pairs by partnering with their seatmates.
2. Give them 5 minutes to discuss what their motivation is for learning about sexuality, particularly adolescent and youth sexuality. Prompt with questions such as: Why is it important at the personal level? As youth activists/advocates?
3. Ask for volunteers to share why they want to learn about sexuality. Prompt for responses that talk about its relevance at the personal level, but at the same time, its importance for activists and advocates promoting young people's sexual and reproductive health and rights.

   Some responses could be:
   - Sexuality is a crucial part of our lives, starting from very early on.
   - Sexuality is a source of pleasure and meaning in life.
   - Information about sexuality is important to dispel myths.
   - Information about sexuality will improve one's wellbeing.
   - Because it is part of our rights to learn about sexuality. Everyone has a right to sexual health and wellbeing, including adolescents and young people in all our diversity.
   - While it is seen as personal and private, it has wide-ranging political implications.

4. End by saying that throughout the three days we will keep affirming that sexuality is intrinsically part of our lives and intersects with various facets, and why we need to consider this in our work.

ACTIVITY 3:
EROTICA WRITERS

Objectives
- To be able to write and discuss the affirmative aspects of sexuality like eroticism and pleasure in a creative and non-threatening matter.
- To discuss the concepts of respect, mutuality, enjoyment, consent, and abuse.

Time
1 hour (25 minutes for writing the stories, 10 minutes for reading the stories aloud, 25 minutes for discussion)

Room Arrangement
No particular arrangement needed.

Materials Needed
- 2 notebooks
- Pens

Process

1. Tell the participants that today they will be erotica writers, and will be jointly creating stories on sexual pleasure, fantasies, and eroticism.
2. Divide the participants into two groups, with participants of each group being joint story writers. Each group will be given a notebook and a pen. One person from the group will be responsible for starting the story by writing one sentence in the notebook. Examples of sentences to begin the stories include:
   - Finally, I hear a faint knock, and I could barely contain my excitement.
   - Across the dance floor, my eyes met hers.
   - He looks cute, the guy leaning on a Harley.
   - She looked at those hands, delicate and fair.
   - An androgynous youth, walks briskly down the school hallway, with an air of solitude.
3. The notebook will be passed to the next person, who will write the second sentence, and so on. If time is not up (20 minutes), the group could choose to go for a second round of contributing to the same story.
4. Once the stories have been written, ask for a volunteer from each group to read aloud the stories.
5. Reflection of the exercise.

Suggested Guiding Questions:

a. How did you feel writing down your sentence? (Ask for responses from those who started/ended the stories, and from those who were in the middle.)
b. How easy/difficult was it to write the story? Would it have been easier/more difficult if you were writing the story on your own?
c. How did you feel about hearing the story you contributed on? How about the other one? How about those who read the story, how did you feel? Why do you think you felt that way?
d. What are your observations about the stories created? From the choice of the main character/s, including his/her/their sexual orientations and gender identities? From their behaviours? From their looks? From the plot/story lines? Were there particular gender norms and notions about sexuality that were exhibited in the stories? What does this reveal about our socialisation?
e. If the exercise were just to write about a sexual story, and not specifically about pleasure and eroticism, do you think it would have made a difference? What storylines could have emerged? Why?
f. Is talking about sex and pleasure and eroticism acceptable in your context? When is it acceptable/taboo? In what situations, for whom, and at what age? Why?
g. Why is talking about pleasure important? Prompt for both at the personal level, as well at the professional level as youth/SRHR activists/advocates.

Notes

Emphasise that this is a fun, no-pressure, no-judgement exercise, and it is important to bring in their creativity, and let go of their inhibitions, both about writing and about sexuality. No grammar Nazis allowed!

Further Readings

Chandrimani, Radhika. "Why Affirm Sexuality?" ARROWS for Change 13, no.2 (2007): 1-2. https://arrow.org.my/wp-content/uploads/2015/04/AFC-No.13-No.2-2007_Affirmative-Sexuality.pdf.

Talking About Reproductive and Sexual Health Issues (TARSHI). "Sexuality Weblinks." Accessed 30 May 2017. http://www.tarshi.net/index.asp?pid=30.

The Swedish Association for Sexuality Education (RFSU). *Sex Your Own Way: A Booklet about Sex for Teens*. Stockholm: RFSU, 2012. https://www.rfsu.se/globalassets/pdf/sex-your-ow-way.pdf.

ACTIVITY 4: THE GENDERBREAD PERSON

Objectives

- To expand the participants' understanding of the differences between gender and sexuality.
- To allow participants to differentiate amongst terms like gender identity, sexual orientation, gender expression, and attraction.

Time

30 minutes

Room Arrangement

No particular arrangement needed.

Materials Needed

- Handout 2.4.1: Genderbread Person
- Pens/pencils
- Computer
- Projector

Steps

1. Give each person a copy of the Genderbread Person Participants' Handout.
2. Provide the input. You may use the following spiel as the basis for the exercise:

   The Genderbread person is a diagram that helps us understand gender and sexuality, and the parts that make up both. This model is meant to accurately depict the complexity of how these concepts show up in our society; it is not a depiction of what an ideal society could be.

   We're going to start with the top half of the sheet, so we encourage you to fold the paper in half.

   To begin, let's fill in the blanks and name the different parts of the Genderbread person.

   On the first line, pointing to the brain, we can write "Identity." Gender identity is who we, in our heads, know ourselves to be, based on what we understand to be the options for gender, and how much we align (or don't align) with one of those options. Gender identity is our psychological sense of gender.

   On the line below that, pointing to the heart, we can write "Attraction." Attraction is the different ways we feel pulled towards other people, often categorised based on our gender and the gender of those we feel drawn to. This categorisation is referred to as sexual orientation.

On the bottom line on the right, we'll write "Sex." Sex, here, denoting anatomical sex, refers to the physical makeup of our bodies, and specifically, all the body parts we've named as sex characteristics—both the primary traits we're born with, and the secondary that we might develop later in life.

On the left we have a line pointing to the entire diagram. On this line we can write "Expression." Gender expression is all the different ways we present ourselves through our actions, our clothing, and our demeanour, and the gendered ways those presentations are socially interpreted.

Does anyone have any questions about those terms, or their definitions?

Let's now unfold our paper and move on to the bottom half.

Here, we see a lot of arrows pointing to the right. You can imagine each of these as one-way continuums, or scales, depicting how the different components above may show up for us. For some people, it's helpful to imagine a 0% on the left, and a 100% on the right.

Again, we're going to start by filling in the blanks.

With gender identity, people often think of social roles, gender norms, and personality traits, and the expectations baked into these things. In the top blank, we can write "Woman" and in the bottom blank we can write "Man," and we're going to add a "-ness" to both of these, because these lines indicate all the varying degrees of potential

"Woman-ness" and/or "Man-ness" with which someone might identify.

With gender expression, people often think of hair styles, grooming, make-up, clothing, nonverbal mannerisms, and other things we see on the outside. We'll write "Femininity" in the top line and "Masculinity" in the bottom line, as these are the two words that people generally use to describe the different ways our expressions show up.

And with anatomical sex, the first things that people think of are genitals and reproductive organs, but lots of things make up what we call sex, including body hair, hip to shoulder ratio, chromosomes, pitch of voice, and more. On the top line, we'll write "Female-ness," and on the bottom line we'll write "Male-ness," because here we are depicting the varying degrees someone might embody these traits, as opposed to the sex a person is assigned

at birth (which is generally solely determined by external genitalia at birth).

Does anyone have any questions about these scales, or the words we're using to label them?

Now we're going to fill in the blanks in the attraction section. People experience attraction (or don't) in a lot of different ways. Two common ways people describe the attraction they may or may not be experiencing as "sexual" and "romantic." You can think of sexual attraction as the drive to engage in physically intimate behaviours like touching, kissing, or intercourse, and romantic attraction as the drive to engage in socially intimate behaviours like flirting, dating, and marriage.

Some people experience both (bisexuality), some only one (heterosexuality, homosexuality), and some neither (asexuality). And within those experiences of attraction, we often focus on the gender of others that we are attracted to.

In the top blanks on the right, you can write "Women" and in the bottom, write "Men." But we can also write all the words from above. That is, in the top line we might write "woman-ness, femininity, and/or female-ness," and in the bottom line "man-ness, masculinity, and/or male-ness," because our sexual or romantic attraction might be to a particular part of gender. For example, someone might be attracted to people who identify with a lot of woman-ness but express a lot of masculinity.

Does anyone have any questions about these scales, or the words we're using to label them?

What we'd like to do now is take a moment to consider where we land on these scales. How much woman-ness do you identify with? How much man-ness? Maybe neither? How much femininity and/or masculinity do you express? A lot of both? A lot of one and not a lot of the other? How much female-ness or male-ness do you see yourself embodying? You can draw a dot on each continuum, several dots to indicate a range, or leave it blank—be as creative as you'd like.

We won't be collecting these or asking you to share your answers. We're going to give you 2 minutes.

We are socialised to oversimplify all of this, and to think that once we know one thing about someone, we can fill in the rest of their blanks. For example, if we learn someone is a woman, we have a picture in our mind of what that person looks like and who she's attracted to. We might assume she expresses gender in feminine ways,

was assigned female at birth and embodies female-ness and is exclusively attracted to men. This image is simple, however, it is not true or complicated enough for many, if not most, of us. Many of us exist in different degrees on the scales above and may zig-zag through them in ways that break assumptions and norms.

To highlight this, we want to use the blank space between the gender and sexuality scales to write two things: "Identity ≠ Expression ≠ Sex," and "Gender ≠ Sexual Orientation."

As we said at the beginning, the Genderbread is a model that shows us how complex gender and sexuality are in our current society, not the ideal world we would want to live in. Our hope is that understanding might lead to a healthier world, and we hope that this intro was a helpful step for you towards a better understanding of yourself and others.

3. Wrap up the activity.

Further Reading

Killerman, Sam. "Breaking Through the Binary: Gender Explained Using Continuums." It's Pronounced Metrosexual, March 27, 2015. https://www.genderbread. org/wp-content/uploads/2017/02/Breaking-through-the-Binary-by-Sam-Killermann.pdf.

ACTIVITY 5:
BREAKING THE GENDER BINARY

Objectives
- To understand that there is a variety of gender identities, sexual orientations, and gender expressions, and that adolescents and young people also fall in various categories.
- To understand that sexual diversity is rooted in our cultures.
- To build on the Sexual Diversity Vocabulary by tapping on participants' own knowledge.

Time
40 minutes

Room Arrangement
Participants need to be able to work in small groups

Materials Needed
- Handout 2.5.1: Sexual Diversity Vocabulary Definitions
- Handout 2.5.2: Gender-Inclusive and Non-Sexist Language Dos and Don'ts
- Computers per group
- Projector

Steps
1. Ask participants to work in groups based on geographical distribution (country, sub-regions, or regions as applicable).
2. Each group should use a computer to produce their outputs. They have 10 minutes to do this.

   Group Work Instructions:
   a. Aside from man and woman, what other gender identities and expressions, and sexual orientations exist in your country/sub-region/regions? List these down, and try to give a brief definition for each.
   b. Are any of these terms derogatory? Circle or box them with a red marker/font.
   c. Have you known any of these terms from history books? Underline these terms.

3. Each group will share their vocabulary lists in the plenary.
4. Reflect on the exercise.

   Suggested Guiding Questions:
   a. How did you feel about the exercise?
   b. How easy/difficult was it to list the different identities and expressions?
   c. How are these different identities represented in media and in the internet? How about in textbooks? In books/literature?
   d. Are there any insights as a result of this activity?

5. Give the participants the handout on Sexual Diversity Vocabulary Definitions and ask them to scan it, particularly noting down which terms are new to them. Ask them to go through it in detail on their own, but that if they have questions, they can approach the facilitator later. Also note that some of their responses would be added to the list later on.
6. Share the handout on Gender-Inclusive and Non-Sexist Language Dos and Don'ts as a reading assignment, noting that the language is not neutral. It displays personal assumptions, social norms, and cultural ideologies. We need to ensure they do not reflect bias and reinforce stereotypes, but rather be used as a socio-political tool for change.

Note
- The purpose of this exercise is not to overwhelm participants with the vocabulary list in the handout. It is not expected that they would learn about these within the classroom, but that they will study these on their own.
- What is crucial to emphasise is that while our socialisation insists that there is only a gender binary, in reality there is a plethora of diverse sexual orientations, gender identities and expressions. Moreover, these are deeply rooted in our cultures and are not Western impositions.

session 3
understanding intersectionality

OVERALL SESSION OBJECTIVES
- To introduce intersectionality as a framework.
- To explore the need for using an intersectionality framework in youth, sexuality, and SRHR work.

TIME
1 hour 30 minutes – 2 hours

ACTIVITY 1 (OPTION1):
PRIVILEGE WALK

Objectives
- To allow participants to personally reflect on the areas in their lives where they have privileges and others where they do not.
- To discuss the complicated intersections of privileges and marginalisation/oppressions in a less confrontational and more reflective way.

Time
45 minutes - 1 hour (15-20 minutes for the walk, 30-40 minutes for the debrief)

Room Arrangement
Large open space; tables and chairs need to be pushed back; the space should be large enough to allow all participants to form a single line in the starting line

Materials Needed
- Masking Tape to create lines indicating where to step back and forth
- List of statements related to privileges and obstacles.

Steps
1. Prepare the space by using masking tape to create equally spaced lines where participants will be able to step back and forward. Demarcate a line about two thirds (2/3)in the space as a starting line (The starting line cannot be at the very beginning because some people may be stepping back.)

2. Ask all participants to form a straight line in the starting line, hips length apart. If participants are comfortable touching others, ask them to hold hands. If not, tell them it is fine.
3. Tell participants that you will be doing the Privilege Walk activity, which is meant to give them an initial understanding of intersectionality. Tell them you will be reading a series of statements, and they have to either step back or forward, depending on their response to the statement. If the statement does not correspond to them, they should not move.
4. Begin reading statements aloud in a clear voice, pausing slightly after each one. The pause can be as long or as short as desired and/or as appropriate. Depending on the time you have, you can choose to lessen the number of statements.
5. When you have finished the statements, ask participants to take note of where they are in the room in relation to others.
6. Have everyone gather into a circle for debriefing and discussion. Ask them to sit on the floor if there are no chairs.
7. Reflect on the exercise using the following questions:
   - What is your "gut reaction" to where you find yourself at the end of this list of privileges?
   - Are you surprised at where you are? How does it feel to be in front? In the middle? At the back?
   - If you broke contact with the person beside you, how did you feel at that moment?
   - What question you thought of the most during the activity?If you could add a question, what would it be?
   - What do you wish people knew about one of the identities, situations, or disadvantages that caused you to take a step back?
   - Did you come to other new realisations? If so, which one had the most impact?
   - How can your understanding of your privileges or marginalisation improve your existing relationships with yourself and others?
   - How can this understanding help improve your work?
8. Wrap up by summarising the major points brought up in the debrief. Emphasise that understanding and acknowledging privileges is key to understanding why and how we react and perceive our surroundings. Many people with certain privileges never notice them because they are so woven into the mainstream that those who have them cannot see them. Moreover, having one privilege does not make up for another marginalisation, and every privilege or marginalisation exists on a different but intersecting plane from another. Privileges and marginalisation are integral to our being, and it is important to utilise this better understanding of oneself to improve relationships with others, and to apply this to our work as activists/advocates. As a facilitator, it is also important to show your appreciation for people's honesty and vulnerability in sharing with the group.

PRIVILEGE WALK STATEMENTS

1. If you are right-handed, take one step forward.
2. If you have ever been made to feel that touching yourself is bad, take a step back.
3. If English is your first language, take one step forward.
4. If you rely primarily on public transportation, take one step back.
5. If you are able to move through the world without fear of sexual assault, take one step forward.
6. If one or both of your parents have a college degree, take one step forward.
7. If you have attended previous schools with people you felt were like yourself, step forward.
8. If you were ever made fun of or bullied for something you could not change or was beyond your control, take one step back.
9. If you have been made fun of because of your body size, take one step back.
10. If you have internet access at home, take one step forward.
11. If you can show affection for your romantic partner in public without fear of ridicule or violence, take one step forward.
12. If you ever had to skip a meal or were hungry because there was not enough money to buy food, take one step back.
13. If you feel respected for your academic performance, take one step forward.
14. If you or a family member has a physical, mental, or psychosocial disability, take one step back.
15. If you were ever discouraged from an activity because of race, class, ethnicity, gender, disability, sexual orientation, or health status, take one step back.
16. If you ever tried to change your appearance, mannerisms, or behaviour to fit in more, step back.
17. If you can get contraception without parental/guardian/spouse approval, step forward.
18. If you have ever been stopped by immigration officials at the airport, step back.
19. If you come from a single-parent or youth-headed household, take one step back.
20. If you live in an area with crime activity, take one step back.
21. If you can negotiate safe sex with your partner, take a step forward.
22. If you feel good about how your identities are portrayed by the media, take one step forward.
23. If you were ever accepted for something you applied to because of your association with a friend or family member, take one step forward.
24. If you or your family has health insurance, take one step forward.
25. If you have ever been spoken over because you could not articulate your thoughts fast enough, take one step back.
26. If you have savings, step forward.
27. If you or a member of your family have been forced to migrate out of your country, take one step back.
28. If your parents wanted a child of a different anatomical sex when you were born, step back.
29. If you were ever uncomfortable about a joke related to your age, race, religion, ethnicity, gender, learning/physical/mental/psychosocial disability, or sexual orientation but felt unsafe to confront the situation, take one step back.
30. If you can make mistakes and not have people attribute your behaviour to flaws in your racial or gender group, take one step forward.
31. If you have always assumed you'll go to university, take one step forward.
32. If you learnt how to prevent pregnancy and sexually transmitted infections in school, take a step forward.
33. If you have ever been limited from doing something because it is supposed to be your gender-ascribed role, take a step back.
34. If you have more than fifty books in your household, take one step forward.
35. If your parents have told you that you can be anything you want to be, take one step forward.
36. If you do not have to worry about the police harassing you when you're on the streets, take one step forward.
37. If you are single and have been teased or pressured to get married, take a step back.
38. If you are married and do not have children, and you have been teased or pressured to have children, take a step back.
39. If you have ever been on holiday or vacation, take a step forward.
40. If you had role models that you can identify with growing up, take one step forward.
41. If you can get legally married to the one you love, regardless of where you live and what your sexual orientation is or of your partner, take a step forward.
42. If you have felt anxious going to the toilet or people looked at you as if you do not belong there, take a step back.
43. If you can reach a hospital in 30 minutes from where you live, take a step forward.
44. If you live in a disaster-prone area, take a step back.
45. If you or your partner want to have an abortion and you can get it safely, take a step forward.

46. If you never had to worry about having access to clean water, take a step forward.
47. If you constantly feel unsafe walking alone at night, take one step back.
48. If you have been told you are too young to do something, take a step back.
49. If you studied the culture or history of your ancestors in primary school, take one step forward.
50. If you have ever been stereotyped because of your age, take a step back.
51. If you get time-off for your religious holidays, take one step forward.
52. If you can decide how many children you will have, if at all, and have the means to fulfil this, take one step forward.
53. If you had to work while studying, take a step back.
54. If people find out that you have had sex and you will not be judged, take a step forward.
55. If you can give your child citizenship, take a step forward.
56. If you have ever felt ashamed or been made to feel ashamed of masturbating, finding information about sex, or watching porn, take a step back.
57. If you are reasonably sure you would be hired for a job based on your ability and qualifications, take one step forward.
58. If you become HIV positive, and you can access anti-retroviral treatment when you need it, take a step forward.
59. If you have ever been the only person of your race/ethnicity/gender/socio-economic status/ sexual orientation in a classroom or workplace setting, please take one step back.
60. If your family, community, culture, or religion thinks child marriage is acceptable, take a step back.

Note for the Facilitator

- This exercise requires a higher level of trust, so ensure that the group dynamics is such that everyone is comfortable with each other. Debriefing is very important for this exercise as participants might experience an array of intense feelings related to their position, and it would be detrimental to have the exercise end with potentially traumatic or destructive emotions.

Variation

- Gauge the background of the participants. If you feel that the group is not ready for a high-trust exercise, or if the participants are all coming from a homogenous background, you can assign fixed identities to various people. You can then allow them to respond to the same statements according to how they imagine the experiences of their assumed identities to be. Examples of identities are: transwoman/lesbian/gay/bisexual student, young female/male sex worker, adolescent single mother/father, female/male yuppie, young female/male migrant worker, 18-year old woman with hearing disability, and others. Allow other participants to challenge the steps taken.
- If time is more limited, or if you'd like a more focused discussion, you can focus only on SRHR and sexuality-related statements.

ACTIVITY 1 (OPTION2): IDENTITY SIGNS

Objectives

1. To allow participants to reflect about their experiences and share about themselves with the rest of the group.
2. To build participants' understanding of how various identities intersect, interact, and affect our daily lives, and how these impact various people differently.
   - To introduce participants to the concept of intersectionality.

Time

45 minutes

Room Arrangement

The room should allow participants to be able to move freely and reach the signs.

Materials Needed

- Signs with the following labels: Age, Gender Identity, Sexual Orientation, Race/Ethnicity, Class/Socioeconomic status, Ability/Disability Status, Religious Affiliation/Spirituality, Citizenship/Migration Status, Health Status, Body Size, Marital/Relationship Status, Education
- Sticky tapes

Steps

1. Prior to the exercise, hang up the signs with the different identities on the perimeter of the room, or you may also paste these on the floor at the centre of the room.
2. Ask everyone to stand up and tell them that you will be reading statements. After each statement, they will then reflect in silence on which sign best fills in the blanks and move to that sign. If they feel that more than one identity is true for that statement, encourage them to choose only one. After this, they share in small groups why they selected that part of their identity for that statement.

If they do not want to share, this is perfectly alright. Emphasise confidentiality for this exercise.

3. After a few minutes, ask them to return silently to the centre of the room again. Repeat this process until all questions have been answered.

   Questions List
   1. The part of my identity that I am most aware of on a daily basis is _____.
   2. The part of my identity that I am the least aware of on a daily basis is _____.
   3. The part of my identity that was most emphasised or important in my family growing up was _____.
   4. The part of my identity that garners me the most privilege is _____.
   5. The part of my identity that I believe is the most misunderstood by others is _____.
   6. The part of my identity that I feel is difficult to discuss with others who identify differently _____.
   7. The part of my identity that makes me feel discriminated against is _____.
   8. The part of my identity that I wish I knew more about is _____.

4. After all questions are finished, debrief by noting that in the exercise, we had the chance to highlight various social identities and how we experience them on a daily basis. Reflect with suggested questions.

   Suggested Guiding Questions:
   a. Did anything surprise you in this activity?
   b. What reflections do you have after this activity? Did you learn anything about yourself? Others?
   c. What did you notice about the way that people were distributed around the room that struck you?
   d. Were there identity categories that you wish had existed but were not presented as options?
   e. Why do you think we facilitated this activity for you?
   f. What can you take from this? How will you use it?

5. Wrap up by summarising the major points brought up in the debrief. Note that in the discussion, participants would have highlighted the concept of INTERSECTIONALITY— that is, while we may share one identity, there are multiple ways in which our other individual identities intersect and interact with one another that can make our experiences, and our perspectives, very different. Emphasise as well that the purpose of the exercise is to look at experiences of different identities, not to compare individuals' experiences. A person's experiences are not more important or less severe than others. End by showing your appreciation for people's honesty and vulnerability in sharing with the group. Acknowledge that this takes a lot of courage.

Variation

You may also conduct this as an entirely silent activity, and then reserve discussion during the debriefing. Alternatively, if the group is ready, instead of asking them to share in small groups, they can also share in the plenary.

ACTIVITY 2:
INPUT—INTERSECTIONALITY

Objective
To provide an overview of intersectionality as a framework and why it is an important tool for analysis and advocacy on young people, sexuality, and SRHR.

Time
30 minutes

Materials/Preparation Needed
- Session 3 PowerPoint presentation
- Handout 3.2.2: Glossary of Terms on Privilege and Oppression
- Laptop
- Projector

Process
1. Provide input using the PowerPoint presentation, define what intersectionality is, providing its short history, and explaining its value to youth activism and advocacy.
2. Share the story of Bob the Stripey Blue Triangle on a PowerPoint presentation.
3. End by allowing questions and sharing the handout based on the PowerPoint presentation, and the handout on glossary of terms related to oppression and privilege.

Further Reading
Symington, Alison. "Intersectionality: A Tool for Intersectionality: A Tool for Intersectionality: A Tool for Gender and Economic Justice Gender and Economic Justice." *Women's Rights and Economic Change*, no.9 (August 2004):1-8. https://lgbtq.unc.edu/sites/lgbtq.unc.edu/files/documents/intersectionality_en.pdf.

Collins, Patricia Hill. *Black Feminist Thought: Knowledge, Consciousness, and the Politics of Empowerment*. New York: Routledge, 1990.

Crenshaw, Kimberly. "Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory and Antiracist Politics." *The University of Chicago Legal Forum*, (1989): 139-167. https://philpapers.org/archive/CREDTI.pdf.

The Icarus Project. *Madness & Oppression: Paths to Personal Transformation & Collective Liberation; A Mad Maps Guide*. 2015. https://www.pdf-archive.com/2015/11/06/madnessandoppressionguide/madnessandoppressionguide.pdf.

ACTIVITY 3:
COMMON DREAM MURAL

Objective
• To be able to creatively express a vision for a world without marginalisation and oppressions.
• To end the day positively.

Time
40 minutes

Room Arrangement
Large space with sufficient space cleared; tables and chairs at the back or on the sides

Materials
• 4-5 Flipchart sheets taped together
• Art and colouring materials
• Handout 3.3 Core Guiding Values and Principles

Steps
1. Sit in a circle on the floor. Tell the participants to close their eyes and to envision a world with no marginalisation or oppressions, including gender and sexuality. Everyone's sexual rights are respected, protected, and affirmed. What do they see? What kinds of principles and values would be needed to create such a world?
2. After five minutes, ask them to open their eyes. Tell them that they will be creating a mural together, which would illustrate what they envisioned. Everyone can either contribute a drawing and/or slogans/words, illustrating specific values or principles that they would like exhibited in such a world. There is no need for an overall plan, or to tell others what they wish to draw. Participants have 20 minutes to accomplish this task.
3. Once done, ask participants to sit again in a circle and reflect on the activity for 10 minutes.

   Suggested Guiding Questions:
   a. What did you envision/draw and why?
   b. How did you feel about this exercise?
   c. What are some of the core values and basic principles that are needed to create such a world? Why?

   In discussing the common values, prompt so that core values such as choice, dignity, diversity, equality, and respect are brought up in the discussion. Give participants Handout 3.3 Core Guiding Values and Principles.

4. Wrap up by asking participants to hold on to this vision, and to remember the values and principles needed for creating an equal and just world as these would serve as the core values for analysing and proposing changes in the various arenas of our lives.

ACTIVITY 4 (OPTIONAL):
MAPPING MY OCEAN OF CHOICE

Objective
To reflect on their own choices with respect to sexuality, and on the meaning of agency and choice as concepts.

Time
1 hour

Room Arrangement
No particular arrangement needed; however, a wall needs to be available to serve as the gallery for artworks

Materials
• Copies of Handout 3.4, "Why Saying 'It's My Choice' Doesn't Necessarily Make You a Feminist," enough for participants to share
• A4 sheets of paper
• Art, colouring materials, and tape

Steps
1. Let the participants read the comics, "Why Saying 'It's My Choice' Doesn't Necessarily Make You a Feminist."
2. Discuss briefly what they think of the comics, and what does it tell them about the meaning of agency and choice.
3. Give them art materials and sheets of paper and give them the following instructions:

   Create your own sailing "map" of the ocean of choice. Remember/recall a choice you have made about your sexuality, sexual identity, sexual behaviours, gender identity, gender expression, "coming out" process or other issues related to this capacity building workshop. What social forces or institutions acted as "currents" or "good winds," pushing you along certain paths? What social forces or institutions acted as "rough waters," "storms," or even "Bermuda Triangles," making certain paths more difficult to travel? Do not forget to give a title to your artwork.

4. Give participants 20 minutes to complete their maps. After they are done, ask them to display their artwork in a gallery—one of the walls of the room you are in.
5. Ask everyone to stand up and walk around the art gallery.
6. Ask a few people to voluntarily share about their maps.
7. Reflect on the exercise.

   Suggested Guiding Questions:
   a. What were your reflections as you were doing this exercise?
   b. How does mapping your choice in this way help you to understand and analyse "agency" and "choice" as feminist theoretical concepts?

session 4
sexuality and education

OVERALL SESSION OBJECTIVES
- To build a better understanding of the intersections between sexuality and education.
- To propose ways to address marginalisation and oppressions, including due to ageism, sexism, cissexism, and heterosexism, in order to build inclusive learning spaces.
- To build skills to advocate for comprehensive sexuality education.

TIME
5 hours

ACTIVITY 1:
CREATING INCLUSIVE LEARNING SPACES

Objectives
- To discuss ways people of different identities can be marginalised in educational systems.
- To discuss proposals addressing marginalisation in the educational system and building inclusive learning spaces.
- To discuss ways in which sexuality issues can be addressed and incorporated in the educational system.

Time
1 hour and 30 minutes (30 minutes for discussion, 30 minutes for presentation, 30 minutes for plenary)

Room Arrangement
Any that will allow for group work and plenary

Materials
- 5 meta cards with the following labels: Disabilities (physical, mental, learning, psychosocial etc.), Gender Identities, Marital/Pregnancy/Health Statuses, Sexual Orientation, Socioeconomic Status
- Handout 4.1: Small Group Discussion Questions
- Flip charts
- Markers

Process
1. Divide participants into five groups.
2. Ask them to do a blind pick of one of the meta cards to select a particular identity.
3. Tell them that they are running for elections for university student council or local youth governance council and their main electoral platform is on creating inclusive learning environment/spaces which also considers sexuality. They may select to focus on a university setting or on informal/non-formal learning systems. Participants have 30 minutes to do this exercise, after which they will be presenting it to their electorates (i.e., the plenary).
4. After 30 minutes, ask the groups to conduct their presentations. Allow each group four minutes per presentation and another two minutes for commenting and discussion per presentation.
5. If the following aspects do not arise from the presentations, you as a facilitator should ensure that these are included in the discussion, taking note of how some groups of people might be discriminated/privileged in particular ways:
   - Introduction and integration of comprehensive sexuality education in the curricula.
   - Develop and implement anti-discrimination policies.
   - Develop and implement anti-bullying and anti-harassment policies.
   - Ensure that teaching methodologies and learning materials are accessible to people with learning, visual, or hearing disabilities.
   - Ensure that spaces are accessible to people with physical disabilities.
   - Provide toilets that are trans-friendly.
6. Reflect in the plenary for another 30 minutes by discussing these questions:
   - Did you have any realisations/reflections about this exercise?
   - What elements could you have forgotten if you were not asked to specifically focus on the identity card that you received?
   - Is intersectionality currently being considered in the educational systems in your countries?
   - Are any of your proposals currently being implemented in your countries? If yes, is this nation/system-wide, or for pilot/special schools?
   - How would you go about advocating for these proposals to be incorporated into national educational systems? Who would be your allies and opponents?

ACTIVITY 2:
THE ELEMENTS OF COMPREHENSIVE SEXUALITY EDUCATION

Objectives
- To understand the essential elements of comprehensive sexuality education as proposed by ARROW and partners.
- To know the set of components of a life skills-based HIV and sexuality education programme proposed by UNESCO and UNAIDS.

Time
1 hour

Room Arrangement
Any

Materials
- 7 meta cards with the following labels: gender, SRH and HIV, sexual citizenship rights, pleasure, freedom from violence, diversity, and relationships
- Copies of ARROW publication The Essences of an Innovative Programme for Young People in South East Asia
- Handout 4.2 Key Concepts, Topics and Learning Objectives that Should Form the Basis of a CSE Curricula
- Session 4 PowerPoint presentation

Assigned Reading
Singh, Arushi. "Elaboration of Key Principles and WHRAP-SEA Position: What Does Comprehensive Sexuality Education, Including Access to Youth-friendly SRH Services Mean to Us?" In *The Essences of an Innovative Programme for Young People in South East Asia*, 4-7. Kuala Lumpur: Asian-Pacific Resource & Research Centre for Women (ARROW), 2012. http://arrow.org.my/wp-content/uploads/2015/04/Programme-for-Young-People_Position-Paper_2012.pdf.

Process
1. During the session in the previous day, provide participants a copy of the reference, The Essences of an Innovative Programme for Young People in South East Asia, and ask them to read the section on "Elaboration of Key Principles and WHRAP-SEA Position: What Does Comprehensive Sexuality Education, Including Access to Youth-friendly SRH Services Mean to Us" prior to the session.
2. Open the session by asking participants what they remember from their sex/sexuality/life skills education classes when they were in school.
3. Segue into this session by stating that participants will be discussing the various critical elements of comprehensive sexuality education (CSE).

4. Ask participants to form pairs or groups of three. Ask each small group to do a blind pick of a meta card containing an essential element for CSE.
5. Ask the groups to prepare a 3-minute scenario which demonstrates their understanding of the element that they picked in the context of CSE. For example, if they picked "Diversity," they may depict a scene where a male gay student is being bullied, and then having another student stand up for him. Give them 15 minutes to prepare for this.
6. After each group acts out their role play, the other participants try to guess the word. The group then explains the concept for their scenario, and why they chose to depict it this way.
7. After each role play, discuss each element in depth. Refer to The Essences of an Innovative Programme for Young People in South East Asia for further explanation of each element.
8. Provide input on CSE, the rationale for it, and the key concepts that should be included in the curricula using the PowerPoint presentation. Also provide participants a copy of Handout 4.2 and discuss the key concepts that the 2018 International Technical Guidance on Sexuality Education proposes that should be part of a CSE curricula.
9. End by emphasising that evidence shows that CSE is most effective when complemented with community elements, such as condom distribution, and with provision of youth-responsive/inclusive SRHR services. Note that the latter will be further discussed during the session on health.

Further Reading
UNESCO, UNAIDS, UNFPA, UNICEF, UN Women and WHO. International Technical Guidance on Sexuality Education: *An Evidence-informed Approach* (Revised ed.). Paris: UNESCO, 2018. http://www.unaids.org/sites/default/files/media_asset/ITGSE_en.pdf.

ACTIVITY 3:
THE CSE ELEVATOR PITCH

Objectives
- To affirm the importance of comprehensive sexuality education (CSE).
- To hone participants' skills in creating advocacy messages for CSE, taking into consideration various actors.

Time
1 hour

Room Arrangement
Any

Materials

- 8 meta cards, with these labels: parents, religious groups, politicians/policymakers, media, officials from the Ministry of Education, community leaders, officials of the budget ministry, donors
- Stopwatch to keep track of time
- Handout 4.3 Tackling Questions and Addressing the Opposition

Process

1. Divide participants into pairs. Ask each pair to do a blind pick of a meta card.
2. Each pair will be developing 1-minute elevator pitches[2] to convince their respective target actors on why comprehensive sexuality education is necessary. Give the pairs 15 minutes to prepare this, including practising delivery.
3. Have the pairs present their elevator speeches to the rest of the group. A timer should strictly monitor that the speeches do not go beyond 60 seconds.
4. Reflect on the activity.

   Suggested Guiding Questions
   - Which arguments did you find the most convincing?
   - How and why did you select your arguments?
   - What other points would you include if you had more time?

5. Wrap up by sharing the handout on tackling questions and addressing opposition.

Further Reading

Cader, Azra Abdul; Kanagasingam, Dhivya; and Racherla, Sai Jyothir Mai. *Girls and the Sustainable Development Goals in Selected Countries in the Asia-Pacific Region: A Review of Goals 1, 2, 3, 5, and 17 for the High-Level Political Forum on Sustainable Development 2017*. Kuala Lumpur: Asian- Pacific Resource & Research Centre for Women (ARROW), 2017. https://arrow.org.my/wp-content/uploads/2017/07/ALT-SDGs-AP-WEB.pdf.

Das, Arpita. *Right to Sexuality: Intersections with Education, Employment, Law, and Citizenship*. Kuala Lumpur: Asian-Pacific Resource & Research Centre for Women (ARROW), 2016. http://arrow.org.my/wp-content/uploads/2017/03/ARROW-Brief-Right-to-Sexuality.pdf.

Gunasekara, Vagisha. *Coming of Age in the Classroom: Religious and Cultural Barriers to Comprehensive Sexuality Education*. Kuala Lumpur: Asian-Pacific Resource & Research Centre for Women (ARROW), 2017. https://arrow.org.my/wp-content/uploads/2017/08/Thematic-Paper-Religious-and-Cultural-Barriers-to-CSE.pdf.

Internation Planned Parenthood Federation (IPPF). *From Evidence to Action: Advocating for Comprehensive Sexuality Education*. London: IPPF, 2009. https://www.ippf.org/sites/default/files/from_evidence_to_action.pdf.

Regional Coordination Mechanism – United Nations Development Group Asia-Pacific Thematic Working Group on Youth. *Switched on: Youth at the Heart of Sustainable Development in Asia and the Pacific*. Bangkok: United Nations, 2015. http://www.unescap.org/sites/default/files/Switched%20On.pdf.

UNESCO, UNAIDS, UNFPA, UNICEF, UN Women and WHO. *International Technical Guidance on Sexuality Education: An Evidence-informed Approach* (Revised ed.). Paris: UNESCO, 2018. http://www.unaids.org/sites/default/files/media_asset/ITGSE_en.pdf.

ACTIVITY 4:
ASSESSING SEXUALITY EDUCATION IN OUR NATIONAL CONTEXTS

Objectives

- To assess the state of sexuality education in participants' countries vis-à-vis international standards for comprehensive sexuality education.
- To strengthen advocacy skills for comprehensive sexuality education.

Time
1 hour and 30 minutes

Room Arrangement
Any, which allows for group work

Materials

- Handout 4.4: Assessing Sexuality Education in Our National Contexts
- Copies of The Essences of an Innovative Programme for Young People in South East Asia
- Internet connection
- Laptop

Process

1. Open by reminding participants of the previous activity and noting that as much as comprehensive sexuality education is very important and international standards are set, there is still a wide gap in terms of policy and programming in the Asia-Pacific region. For this exercise, participants will be assessing the available CSE, if any, in the context of their own country.
2. Ask participants to form groups based on the countries they are from.
3. Once in their country groupings, provide the soft copy of handout 4.4, and ask them to assess their country's sexuality education based on the criteria provided. After completing the chart, they will list at least three

recommendations to policymakers to change this status. Participants have 25 minutes for the group work.

4. Once time is up, participants returns to the plenary. Then, each group is given 4 minutes to present their report. As a group, they have to produce joint recommendations

for policy change related to CSE in the region. This can be revised and finalised later as an output from this workshop.

5. In the plenary, brainstorm on various strategies to advocate for comprehensive sexuality education.

session 5
sexuality and health

OVERALL SESSION OBJECTIVES
*   To understand the intersections between sexuality and health, including underlying factors that impact sexual and reproductive health outcomes.
*   To build capacity for identifying and advocating measures towards ensuring young people's right to health and advocating inclusive and youth-responsive health systems.

TIME
2 hours 30 minutes

ACTIVITY 1:
BUBBLE EXERCISE—INTERSECTING FACTORS UNDERLYING ADOLESCENT AND YOUTH SEXUAL AND REPRODUCTIVE HEALTH

Objective
To explore sexual and reproductive health concerns and identify underlying factors using the intersectionality framework.

Time
1 hour 20 minutes (40 minutes for group work, 40 minutes for report-back and discussion)

Room Arrangement
Conducive for group work such as small round tables

Materials
*   Handout 5.1: Instructions for the Exercise
*   Flipcharts
*   Markers

Process
1. Introduce the session, outlining the objective for the session. Divide participants into small groups of four and distribute Handout 5.1.
2. Each group will get a different problem to explore, but they will respond to the same questions:
    *   Analysing the reasons underlying a negative health outcome.
    *   Identifying factors related to age, gender, and sexuality.
3. Starting with different statements written at the bottom left corner of a large sheet of paper, groups ask "But why?", and they then write the reason out on a circle beside the statement. They keep asking "But why?" until the line of argument is exhausted. Each reason has to flow directly from the one before, and clustered next to each other. Then participants begin again at the original statement and explore another reason for the negative outcome. Participants need to describe as many reasons as possible in as much detail as possible. Each circle should contain a single specific issue. For example, "culture" is not acceptable as a reason: the group must define what aspect of the culture is the reason.
4. Once they have identified several factors, the group has to identify factors related to age, gender, and sexuality, and mark these circles in red.
5. Ask the groups to put up their charts on the wall, and to present their analysis. Discuss in the larger group, as well as clarify and add as needed. Deepen discussion by discussing what needs to change to be able to improve behaviours and systems.
6. Close the discussion, noting the following:
    *   Intersectional factors, including age, gender, and sexual orientation, complicate and underlie many sexual and reproductive health problems of adolescents and young people, as how access to health services is also influenced by the same factors.

- Health service providers and programmers are often unaware of these issues.
- Understanding intersectional factors of sexual and reproductive health problems is critical for better programming and for achieving better sexual and reproductive health outcomes.

Additional Readings

Asian-Pacific Resource & Research Centre for Women (ARROW). *Young People of Asia: What Is the Status of Our SRHR?* Kuala Lumpur: ARROW, 2014. http://arrow.org.my/publication/young-people-of-asia-what-is-the-status-of-our-sexual-and-reproductive-health-and-rights-2/.

National Center for Transgender Equality. "Transgender Sexual and Reproductive Health: Unmet Needs." April 1, 2012. https://transequality.org/issues/resources/transgender-sexual-and-reproductive-health-unmet-needs-and-barriers-to-care.

ACTIVITY 2:
ADVOCATING FOR INCLUSIVE, YOUTH-RESPONSIVE HEALTH SERVICES

Objectives
- To develop analytical skills in diagnosing issues related to health problems.
- To identify and advocate for measures towards ensuring young people's right to health and designing inclusive and youth-responsive health programmes.

Time
1 hour and 10 minutes (3 minutes for instructions, 25 minutes for group work, 42 minutes for report back, discussion, and input)

Room Arrangement
Any

Materials
- Charts from the Bubble Exercise in Session 5, Activity 1.
- Flip chart sheets
- Marker Pens
- Handout 5.2.1: Instructions for Group Work
- Handout 5.2.2: Inclusive, Youth-Friendly, and Youth-Responsive Health Services
- Session 5: PowerPoint Presentation

Process
1. Ask participants to go back to the same grouping as in the previous exercise.
2. Give the handout with the instructions for the group work and tell them the instructions. Allow for clarifications, including the meaning of inclusive health care and adolescent/youth-responsive services.

3. After 28 minutes, ask the groups to report back.
4. When processing, provide input on the dimensions and characteristics of inclusive, youth-responsive health services using the PowerPoint presentation.

   Suggested Guiding Questions
   - As youth activists and advocates and as clients yourselves, what do you think about these working definitions by WHO?
   - Do you think these definitions consider intersectionality and sexuality sufficiently?
   - Are there elements that they would like to add, remove, or revise?

5. At the end of the session, provide participants with a copy of Handout 5.2.2.

Additional Readings

Advocate for Youth. *Best Practices for Youth-Friendly Clinical Services*. Accessed 18 February 2019. https://advocatesforyouth.org/wp-content/uploads/storage//advfy/documents/bp-youth-friendly-services.pdf.

Regional Coordination Mechanism – United Nations Development Group Asia-Pacific Thematic Working Group on Youth. *Switched on: Youth at the Heart of Sustainable Development in Asia and the Pacific*. Bangkok: United Nations, 2015. http://www.unescap.org/sites/default/files/Switched%20On.pdf.

World Health Organization (WHO). "Adolescent Responsive Health Systems." Accessed 23 July 2016. http://www.who.int/maternal_child_adolescent/topics/adolescence/health_services/en/.

WHO. *Global Standards for Quality Health Care Services for Adolescents*. Geneva: WHO, 2015. http://www.who.int/maternal_child_adolescent/documents/global-standards-adolescent-care/en/.

Department of Maternal, Newborn, Child and Adolescent Health, WHO. *Making Health Services Adolescent Friendly: Developing National Quality Standards for Adolescent Friendly Health Services*. Geneva: WHO, 2012. http://apps.who.int/iris/bitstream/10665/75217/1/9789241503594_eng.pdf.

WHO. *Towards Adolescent-Responsive Health Systems: Steering the Transition from Adolescent-Friendly Projects to Adolescent-Responsive Health Systems*. Accessed 3 March 2017. http://apps.who.int/adolescent/second-decade/section6/age8/sdolescent-responsiveness.html.

Youth Voices Count (YVC). *Jumping Hurdles: Access to HIV Health Services for Young Men Who Have Sex with Men and Young Transgender Persons in Asia and the Pacific* (Discussion Paper). Bangkok: YVC. http://youthvoicescount.org//application/files/2015/04/YVC-JUMPING_HURDLES-FINAL.pdf.

session 6
sexuality and employment

OVERALL SESSION OBJECTIVES
- To begin to understand the interlinkages amongst issues related to youth, gender, sexuality, and livelihood/employment.
- To develop responses at personal and policy levels.

TIME
1 hour 30 minutes

ACTIVITY 1:
MICROAGGRESSIONS AT WORK

Objectives
- To reflect on everyday discriminations, microaggressions,[3] and oppressions that women and young people face in the workplace.
- To begin thinking of ways that these can be addressed at the personal level.

Time
45 minutes

Room Arrangement
Conducive for group work such as small round tables

Materials
- Handout 6.1: Illustration—What Women Hear at Work
- Sheets of paper
- Art materials
- Tape

Process
1. Share with the participants the handout containing the illustration by Daisy Bernard on everyday sexism that women encounter at work. Ask them to read but do not process it yet.
2. Give them blank sheets of paper and art materials. Ask them to reflect quietly on the illustration, and then think of a particular young person. It could be themselves, it could be someone from the communities they serve, or it could be an imaginary person. Ensure that they keep in mind the

specific identity of that young person (e.g., young woman/man/trans youth/intersex youth/undocumented young migrant man, young lesbian with disability, etc.) in a work place setting (whether informal or formal).
3. Ask participants to draw the character they have in mind, together with how the character experiences ageism, sexism, homophobia, heteronormativity, etc.
4. After 25 minutes, ask them to put up their artworks on the wall.
5. Ask everyone to browse through the art exhibit.
6. Reflect on the activity for another 20 minutes.

Suggested Guiding Questions
- How did you feel when you looked at the illustration? Were you able to relate to it?
- How did you feel drawing your own illustration?
- What is the impact of these discriminations, microaggressions, and oppressions directed at women? At young people?

Variation
You may allow participants free rein on their creativity. Aside from drawing, they could also write a vignette/very short story or compose poems or songs. Whatever creative format chosen though, the output should reflect the issues clearly.

Examples of Participants' Outputs for Facilitators

Artwork by Pallavi Agrawal, India

Artwork by Fsahat Ul Hassan, Pakistan

Artwork by Ursula Singh, Nepal

Artwork by Danish Tariq, Pakistan

Your work is of idles

It's your age just to study

You just like to get ready and hang out

You're a kid

Throw out your argumentative approach outside

You don't have anything

A lanky boy work a garments and his boss when khow sabujis a kothi then he abuse him. Some time when he doing overtime at midnite these time supervision call him alone room and use him. when End of mouth and give salary. boss give less many and doing miss behave Sabuj for sadness he cant love this job bez he didt study more and he afrid lost o of his job. He is risk of HIV/AIDS & STI

Artwork by Sarower Jahan Rupom, Bangladesh

Why do you keep long hair
You dane
Don't you care
About the dresses you wea

You are a man
Think like man
Act like man
Be like man
As much you can

In the office Try to be formal
You're more like normal

Mostly you're seen with tranana
Realy fishy your Gender orienta
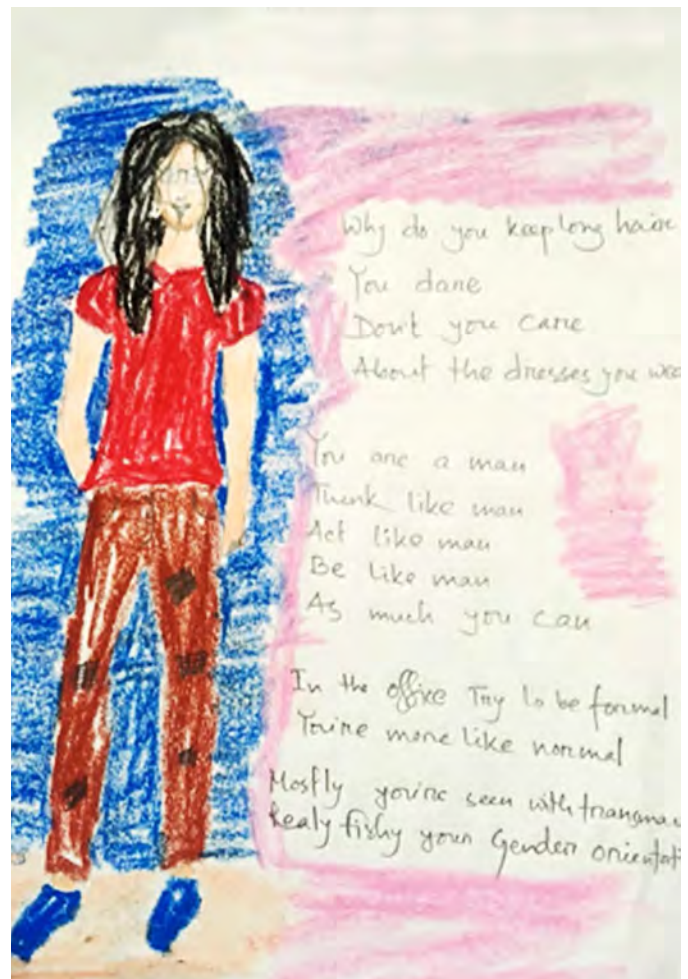
Artwork by Danish Tariq, Pakistan

ACTIVITY 2:
MAKING CHANGES IN THE WORKPLACE

Objective
To begin thinking of ways that everyday discriminations, microaggressions, and oppressions based on age, ability, gender identity, and sexual orientation, amongst others, can be addressed at personal and policy levels.

Time
45 minutes

Materials
- Previous Outputs
- Flipchart sheets and markers
- Laptop and projector

Process
1. Work in groups of three (people sitting near each other).
2. Share with your groupmates your experiences on the following:
   - How do you usually respond to these microaggressions when these are directed at you? What do you usually do/say?
   - Have you spoken up for others? How do you become an ally?
   - What workplace issues are reflected from these microaggressions? Are there others you can think of that are not.
   - What can be concretely done to address these? What policies and programmes need to be in place at the work place? How about in non-formal/informal settings? List these down in a table.

3. Reflect on the activity. Ensure that these areas are covered:
   - Non-discrimination policies, including against sexism/ageism/homophobia/ableism in the workplace
   - Fair and safe work conditions
   - Non-discrimination policies during recruitment and termination
   - Policies for equal pay provided for equal work/equal benefits
   - Policies against sexual harassment
   - Grievance redress mechanisms
   - SRHR-related policies like maternity/paternity leaves for both childbirth and adoption including for LGBTIQ parents; bereavement leaves for those who have had miscarriages or lost a child during childbirth, policies for parents travelling with infants and small children, provision for childcare
4. During the discussion, bring up informal work and note that due to the precarious nature of the work and that most of those who engage in these are from marginalised groups, the impact is often exacerbated.

Further Reading
Das, Arpita. *Right to Sexuality: Intersections with Education, Employment, Law and Citizenship*. Kuala Lumpur: Asian-Pacific Resource & Research Centre for Women (ARROW), 2016. http://arrow.org.my/wp-content/uploads/2017/03/ARROW-Brief-Right-to-Sexuality.pdf.

Regional Coordination Mechanism – United Nations Development Group Asia-Pacific Thematic Working Group on Youth. *Switched on: Youth at the Heart of Sustainable Development in Asia and the Pacific*. Bangkok: United Nations, 2015. http://www.unescap.org/sites/default/files/Switched%20On.pdf.

ISSUES	RESPONSES

session 7
sexuality and citizenship

ACTIVITY 1:
WORLD CAFÉ METHODOLOGY

Objectives
- To begin to understand the intersections between sexuality and citizenship.
- To build an understanding of the concept of citizenship and sexual citizenship.
- To share ideas for strategies on promoting sexual and reproductive rights, and for overcoming barriers to achieving sexual and reproductive health outcomes for migrants, refugees, displaced, and stateless people.

Time
1 ½ hours (1 hour for 3 rounds of the world café sessions, 30 minutes for report-back/discussion)

Room Arrangement
Needs to be large enough to allow participants to move; at least 3 tables

Materials/Preparation Needed
- Handout: Instructions for World Café Methodology
- Handout: Sexual Citizenship and Rights
- 3-4 flip chart sheets per table
- Markers
- Session 7 PowerPoint Presentation

Process
1. Advance preparation. Set up four tables, each with 4-5 chairs. If possible, make it such that it mimics a café environment (i.e., put flowers, etc.). Assign a question per table. Put 3-4 flip carts per table, and markers.
2. Pre-assign a host per table; either a participant or co-facilitators/organiser. Hosts are responsible for remaining at the table and explaining the gist of the discussion to the newcomers to the table. Hosts will also be responsible for reporting to the plenary.
3. Conduct the exercise in three rounds of 20 minutes each, after explaining the methodology to the participants. (See Handout for detailed instructions.)
4. At the end of the final round, call to gather all participants in order to return to the plenary.

5. For the report-back, begin by asking participants to silently reflect on their conversations for 3 minutes.
6. Following this reflection period, invite each table host to share a few ideas/insights in response to their question. Other participants may contribute as appropriate.
7. Record the responses to the guiding questions using a PowerPoint slide, or flipcharts. Try to group replies as appropriate, emphasising patterns, key topics, and insights.
8. Share with the participants the handout on sexual citizenship and sexual rights and discuss these concepts to build on the participant's responses.

Further Reading
Das, Arpita. *Right to Sexuality: Intersections with Education, Employment, Law, and Citizenship*. Kuala Lumpur: Asian-Pacific Resource & Research Centre for Women (ARROW), 2016. http://arrow.org.my/wp-content/uploads/2017/03/ARROW-Brief-Right-to-Sexuality.pdf.

Hekma, Gert. "Sexual Citizenship." glbtq Archives, 2015. http://www.glbtqarchive.com/ssh/sexual_citizenship_S.pdf.

Mackie, Vera C. "Rethinking Sexual Citizenship: Asia-Pacific Perspectives." *Sexualities: Studies in Culture and Society* 20, no.1-2 (2017): 143-158. http://ro.uow.edu.au/cgi/viewcontent.cgi?article=3694&context=lhapapers.

Richardson, Diane. "Rethinking Sexual Citizenship." *Sociology* 51, no.2 (2017): 208–224. DOI: 10.1177/0038038515609024.

session 8
sexuality and the law

OVERALL SESSION OBJECTIVES
- To begin to understand the intersections between sexuality and the law.
- To build a comprehensive picture of the status of laws and policies related to young people and sexuality in the countries that participants come from.

TIME
2 hours

ACTIVITY 1:
FILM SHOWING

Objective
To understand the impact of homophobia and why anti-discrimination laws are critical to ensuring sexual rights.

Time
45 minutes (30 minutes for film showing, 15 minutes for discussion)

Room Arrangement
Any

Materials Needed
- Film—If These Walls Could Talk Part 2 (1961 segment)
- Laptop
- Projector
- Speaker

Process
1. Show the 1961 segment of the film If These Walls Could Talk Part 2.
2. Lead the discussion on the film.

   Film Segment Synopsis
   If These Walls Part 2 (year 2000) showcases a lesbian who lives in three different eras over a 40-year period in the United States of America, framed within a single house. The 1961 segment focuses on an older lesbian couple, long-time companions and lovers Edith (Vanessa Redgrave) and Abby (Marian Seldes). At a time when there is no legal recognition for the rights of people of diverse sexual orientation and gender identities and expressions, as well as their relationships, what happens when tragedy strikes, and Abby is injured and dies?

   Suggested Discussion Guiding Questions:
   - What were you thinking or feeling as you finished watching the film segment?
   - What is the message of this movie? Do you agree or disagree with it?
   - Describe one thing that was universal that you learned from the film.
   - What part of the story told by the movie was the most powerful? Why?
   - If Abby and Edith were heterosexual couples, how would the story have progressed?
   - This segment of the film happened in 1961 in the United States of America. How would you compare the situation of non-conforming couples in your country at the present day? What are the similarities and differences?
   - How would you have liked the film to end?
   - For the film to have a "happy' ending, what kind of structural/societal changes would be needed? In particular, what kinds of laws would need to be in place and implemented for the happy ending to happen?
   - The film showcases an older lesbian couple. If the protagonists were adolescent gay men or young transgender persons, what kind of issues would they face (including issues related to laws and legal/criminal systems)?
   - Do you have recommendations of short films to watch covering the topic of adolescent/youth sexuality?

3. Wrap up emphasising that even though other measures are needed (such as for addressing stigma and discrimination), having and implementing anti-discrimination and equal protection laws are very critical. Encourage the participants to watch the rest of the film.

ACTIVITY 2:
YOUTH AND SEXUALITY LAWS AND POLICIES SCORECARD

Objectives
- To understand how laws and policies can discriminate or privilege certain groups of young people based on various factors.
- To build a comprehensive picture of the status of laws and policies related to young people and sexuality in the countries that participants come from.

Time
- Evening assignment for the group work
- 1 hour and 15 minutes for in-class report-back and discussion

Room Arrangement
Any arrangement that would facilitate doing group work such as round tables

Materials
- Handout 8.2: Youth Sexuality Laws and Policies Scorecard
- Internet access
- Computer for each group
- Projector

Preparation Needed
Give the instructions at the end of the second day of the workshop and ask them to prepare their group work presentation as an assignment at night.

Process

Evening Assignment
1. Divide participants into groups by country.
2. Tell them that they will be doing a scorecard of laws and policies in their countries. Email them a soft copy of the handout for the exercise. Go over the instructions to ensure they understood it fully.
3. Participants should respond to the score card and be prepared to present and explain their scores in the morning. The scorecards will be submitted after the exercise.

In-Class
1. Give each group 6 minutes to report back, and another 4 minutes for clarifications/discussions.
2. Reflect on the exercise.

   Suggested Guiding Questions
   a. What are the implications of governments signing or ratifying international consensus documents and agreements? What about if they have reservations towards these documents and agreements?
   b. Who are the most disproportionately affected by these regressive national laws and policies? What are the implications to their sexual health and wellbeing? To other aspects of their lives?
   c. What about by progressive national laws and policies?
   d. What kind of criteria did you use to give your rankings when rating the laws and policies in your countries?
   e. Given the ranking you have given to your countries, what do you think is the most critical legal/policy advocacy issue that needs to be addressed?

3. During the wrap up, note that the existence of progressive laws and policies does not itself indicate lack of stigma, discrimination, and marginalisation, and hence, other measures are needed to address these. However, they are indicative of the government's intention to prevent and address discrimination, and to respect and protect laws. Moreover, enforcement of existing laws and policies is another critical issue.

Note
Copies of the laws and policies may also be compiled into a database which can be made accessible as a resource for your project, network, or for the public.

Further Reading
Das, Arpita. *Right to Sexuality: Intersections with Education, Employment, Law and Citizenship*. Kuala Lumpur: Asian-Pacific Resource & Research Centre for Women (ARROW), 2016. http://arrow.org.my/wp-content/uploads/2017/03/ARROW-Brief-Right-to-Sexuality.pdf.

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session 9
making change happen

OVERALL SESSION OBJECTIVES
- To provide participants with an avenue to reflect on their own role in challenging gender and sexuality norms and creating change.
- To allow participants to apply what they have learnt from the workshop by developing advocacy action plans, using various tools to do so.

TIME
3 hours 45 minutes – 4 hours

ACTIVITY 1:
FILM SHOWING

Objective
To allow participants to reflect on their own role in challenging gender and sexuality norms and creating change.

Time
30 minutes

Room Arrangement
Any seating arrangement that will allow participants to be able to work together in pairs or small groups.

Materials Needed
Session 9 PowerPoint Presentation

Process
1. Ask participants sitting together to form pairs, and to share with each other an instance where they have tried to make a positive change by challenging norms and stereotypes related to gender and sexuality. This can be in either a personal or professional capacity. They should relate what steps they applied, and whether those were successful or not, and what factors helped to achieve or hindered /from achieving the results.
2. After 10 minutes, ask a few volunteers to share their stories in the plenary. Each sharing should not be more than 3 minutes each.

3. After 4-5 stories, conclude the activity by highlighting that:
   - All of us have capacities to be change agents, and indeed have been in our lives.
   - Initiating change and challenging norms and stereotypes, particularly socio-culturally ingrained issues related to gender and sexuality, is not an easy process.
   - Nevertheless, trying to resolve a problem and to effect change, whether successful or not, brings its own satisfaction.

ACTIVITY 2:
ACTION PLANNING—DEVELOPING ORGANISATIONAL ADVOCACY PLANS

Objective
To allow participants to apply what they have learnt from the workshop by developing advocacy action plans which they can implement in their own settings.

Time
2 hours and 30 minutes-3 hours

Materials Needed
- Laptop
- USB stick
- Projector
- Handout 9.2

Process
1. Ask participants to form groups according to their organisational affiliations. Tell them that they will be creating an advocacy action plan, after which these will be displayed and evaluated.
2. Provide participants a short input with the broad definition of advocacy and steps (Refer to Part 3: Presentations).
3. Provide participants hard and soft copies of the handout for the session. Go through the steps one by one to ensure they understand.
4. Give participants one and a half hours to create their action plans on a word document. Facilitators need to observe and be available to guide participants in developing their advocacy plans.
5. After the time is up, collect the soft copy of the plans. Give each group 5 minutes to present their advocacy plans, and allow two minutes for questions and comments from the rest of the group and the facilitators. Give yourself 5 minutes to wrap up the session.

Note
If possible, ask participants to revise their advocacy plans after the training, taking into consideration the comments from the plenary, facilitator and further discussion.

ACTIVITY 3 (OPTION 1):
COLLABORATING FOR COUNTRY ACTIONS

Objective
To allow participants from the same countries to discuss possible areas or actions for collaboration.

Time
45 minutes-1 hour

Materials Needed
- Flipchart sheets and markers
- Markers
- Sticky tape

Process
1. Ask participants to form groups according to their countries.
2. Ask them to discuss if and how will they be collaborating on country advocacy action plans. The groups can use these questions to guide their discussion: If they are not able to work together on a joint plan, how can they support each other's advocacy plans? If they will be able to do so, what issue will they tackle and which activity/activities will they work together on? What roles will group members take? Consider both online and offline activities. When will they do this? Ask them to note these in a flip chart. Groups have 30 minutes to discuss.
3. Give each group four minutes to present their plans, and allow another two minutes for questions and comments from the rest of the group and the facilitators. Give yourself 6 minutes to wrap up the session.

ACTIVITY 3 (OPTION 2):
COUNTRY ADVOCACY PLANS

Objective
To allow participants from the same country to make joint plans for advocacy interventions.

Time
1 hour (30 minutes for creating the posters, 16 minutes for report-back, 14 minutes for discussion)

Materials Needed
- Flipchart sheets and markers
- Colouring materials such as crayons or solid tempera sticks

- Sticky tape
- Handout 9.3

Process
1. Ask participants to form groups according to their countries. This time, they need to come up with a joint plan for an intervention for their countries. Provide participants a copy of the handout for the exercise.
2. Give participants 25 minutes to create their pitches on flip charts.
3. Give each group 4 minutes to present their plans, and allow two minutes for questions and comments from the rest of the group and the facilitators. Give yourself 5 minutes to wrap up the session.

evaluation
and feedback

DAILY EVALUATION EMOJIS!
HOW DO I FEEL?

Objectives
- To have a quick, easy, and visible way to gauge the general mood of participants with regards to the workshop session.
- To have information that could and/or would lead to making necessary changes in the workshop, based on the participants' responses.

Time
5-10 minutes per iteration

Materials
- Flip chart
- Markers
- Tape or adhesive putty (blu/sticky tack)
- Pairs of scissors
- Various emoji (emojis are small digital images or icons used to express an idea, emotions, and others in electronic communication). You should prepare different ranges of expressions and feelings so participants would be able to express how they felt about the sessions. If the emoji can be printed on sticker paper, it would be good, but if not, participants can just paste the paper on the flip chart.

Process
1. Prior to the workshop, prepare the Emojis Chart on a flip chart as per sample below. Adjust the chart according to the duration of the workshop and frequency of evaluation. Allocate sufficient spaces in the rows to accommodate the emojis.

DAY	EMOJIS! HOW DO I FEEL?
Day 1 - AM	
Day 1 - PM	
Day 2 - AM	
Day 2 -PM	
Day 3 - AM	
Day 3 - PM	

2. Put the chart on the wall of the workshop room, preferably near the exit.
3. At the end of each half-day, ask the participants to pass by the chart as they leave and place an emoji to indicate their mood for the morning sessions and the afternoon sessions.
4. Keep track of results. If majority of the emojis show that participants are indifferent or unhappy, ask for clarification during the recapitulation session, and you can use the feedback to improve the remaining sessions.
5. Variation: You may also do this exercise once daily, at the end of the workshop day. As well, instead of doing the chart for the entire duration of the workshop, you may also just post a flip chart for the specific period that you want evaluated (i.e., morning of the 1st day), and then keep posting a new flipchart for the succeeding period. Another option that allows for less preparation is to ask participants to draw the emojis themselves, which means you do not limit their creativity on how they visually present their feelings about the workshop.

DAILY FEEDBACK:
REPORTER'S RECAP

Objective
To allow for a peer-led reflection and review process on each day of the workshop, in order to elicit more honest and useful feedback than a facilitator-led process.

Time
10-15 minutes at the start of the day

Materials/Preparation Needed
- 2 volunteers per day of the workshop
- Digital Camera or mobile phone with camera function
- Laptop
- Digital projector

Process
1. At the beginning of each day of the workshop, request for two volunteer reporters to work together to provide the recap at the start of the next workshop day. Alternatively, at the beginning of the workshop, the facilitator may request for volunteers for the entire duration of the workshop. This means that for a three-and-a-half-day workshop, you will have seven volunteers. If there are less than 15 participants, you may opt to have one volunteer per day.
2. Tell the volunteers that they will be sharing their recapitulation of the workshop day through a creative or multi-media presentation. Encourage them to take photos or video snippets of what they consider interesting moments of the workshop day. They could also conduct mini-interviews with other participants on how they

felt about the sessions. The interviews should focus on workshop highlights and participants' key learnings/takeaways.

3. In the evening of each day, the reporters should prepare their creative presentation recapping participants' key learnings and highlights. It should not exceed three minutes and should be lively and enjoyable. It may be a slide or video presentation set to music. If the reporters know how to draw, they could also present their recap as a graphic recording or a poster.

4. In the morning of the next day, give the reporters 10 minutes to show their presentation at the plenary, and afterwards, to use the flash method to ask participants for additional reflections on the first day of the workshop. Participants' responses should be limited to three seconds each.

5. The facilitator should capture the key words in a flip chart and put it up on one section of the room.

6. If a daily written evaluation or the emoji chart is also utilised, allocate another five minutes to ask for clarifications on participants' responses, particularly if there are negative feedback or aspects needing improvement.

FINAL EVALUATION (OPTION 1): GROUP FEEDBACK USING FLIPCHARTS

Objective
To allow for a peer-led reflection and review process on each day of the workshop, in order to elicit more honest and useful feedback than a facilitator-led process.

Time
45 minutes

Requirements
- Flip chart
- Markers
- Masking tape or adhesive putty (blue/sticky tack)
- Dot stickers (one colour, enough for all participants to respond to all questions)
- Meta cards

Process
1. Prepare the evaluation flipcharts in advance. On one chart, put evaluation questions on the paper, and with each question, add four rows labelled with an evaluation scale. Refer to sample below.

QUESTIONS	POOR	FAIR	GOOD	EXCELLENT
To what extent were the objectives of the workshop met?				
To what extent were your expectations for this workshop met?				
How useful were the following sessions?				
Session 1				
Session 2				
Session 3				
Session 4				
Session 5				
Session 6				
Session 7				
Session 8				
Session 9				
Final Session				
How effective was the facilitation?				
How effective were the workshop methodologies?				
How would you rate the logistics of this event?				
Pre-workshop Communication and Preparation				
Accommodation				
Meeting Room				
Food				

2. On a second flip chart, put two columns labelled, "what worked" and "what did not work.

WHAT WORKED	WHAT DID NOT WORK

3. Pin the flipcharts on a wall, in a discreet location.
4. When it is time for the final evaluation, give the dots and meta cards to the participants and ask them to individually rate each question on the first chart by placing dot stickers in the appropriate column for each question. Ask them to write what worked and what did not work for them on the meta cards and stick them on the appropriate columns in the second chart. Give them 20 minutes for this exercise. You need not observe what participants are doing and be at a comfortable distance from participants.
5. Once everyone has completed their evaluation, ask everyone to gather in front of the charts, and do an analysis of the responses. Take note of the majority ratings and ask for clarifications and suggestions for improvement. Be objective so that people may feel more comfortable sharing their feelings. Process the positive ratings first before moving to the more negative ratings.

FINAL EVALUATION (OPTION 2): HUMAN SCALE

Objectives
- To evaluate how participants felt about the workshop in a participatory, non-written, and transparent manner.
- To encourage open exchange amongst the participant and facilitators.
- To elicit suggestions in order to improve the workshop module for future workshops.

Time
30 minutes

Materials
- Masking tape, cards, marker pens

Process
1. Using the masking tape, create a straight line on the floor. Label the bottom end 0% and the top end 100%. Label at regular intervals within the line 25%, 50%, 75%. (You may also replace this with other scales, such as Highly Satisfied, Satisfied, Average, Unsatisfied, Highly Unsatisfied.)
2. Pre-prepare evaluation questions on a flipchart sheet and put it up on the wall. Questions should address the major aspects of the workshop. These could include:
   a. To what extent were your expectations met?
   b. How far were the workshop objectives met?
   c. How much did the facilitation process help you with your learning?
   d. How effective were the workshop methodologies?
   e. After this workshop do you feel you have a better understanding of the following topics?
      - Sexuality
      - Intersectionality framework
      - Sexuality and Education
      - Sexuality and Health
      - Sexuality and Employment
      - Sexuality, Law, and Citizenship
   f. To what extent will you be able to apply what you have learnt from the workshop to your work?
   g. How satisfied are you with the logistical arrangements for this workshop?
3. Pose the questions one by one, asking participants to take an appropriate place along the scale according to their own assessment. Make sure to obtain meaningful explanations as to why people have positioned themselves at various points on the line, especially if there are clusters or outliers. This gives the Human Scale its value.
4. Work out a quick average based on where the participants stand and record this on the flipchart next to the corresponding question. Once all questions have been answered, discuss and analyse the results in the plenary, and use them as appropriate for reporting and planning future events.

FINAL EVALUATION (OPTION 3): END-OF-WORKSHOP WRITTEN FEEDBACK FORM

Objectives
- To have a written documentation of participants' evaluation of the workshop.
- To elicit concrete suggestions for improving the workshop module for future workshops.

Time
45 minutes

Requirements
Handout 10.1

Process
1. Give the participants copies of the written evaluation forms and ask them to fill these out.
2. Collect the forms and collate and analyse the responses and make any adjustments as needed to the forthcoming workshops.

handouts

part

INTERSECTIONALITY IS
THE BELIEF THAT
OPPRESSIONS ARE
INTERLINKED AND
CANNOT BE

OPPRESSIONS ARE

INTERSECTIO

2

session 1
setting the scene

HANDOUT 1.3:
PROPOSED WORKSHOP AGENDA

Capacity Strengthening Workshop on Youth Sexuality, and Intersections with Education, Health, Employment, Law, and Citizenship

Workshop Objectives

The capacity strengthening workshop aims to:
- Build the participants' understanding of sexuality as a multi-dimensional and intersectional concept and from an affirmative/sex-positive lens and build their capacity to use this as a frame of analysis in their work.
- Begin exploring the intersections between sexuality and other issues such as education, health, employment, law, and citizenship, towards promoting holistic youth sexual and reproductive health and rights (SRHR) policymaking and programming.
- Enable participants to understand intersectionality as an analytic framework and strengthen their capacities to advocate for young people's SRHR in a holistic manner, including comprehensive sexuality education (CSE) and youth-responsive SRHR services, keeping in mind the intersecting factors as listed above.
- Allow participants to make action plans in order to make changes within their own settings, utilising intersectionality as a framework.

	TOPICS/EXERCISES
DAY 1	
8-8:30 am	**REGISTRATION**
	SESSION 1: SETTING THE SCENE
	· Welcome from ARROW
	· Activity 1: Introductions: Two Truths and a Wish (1 ½ hours)
	· Activity 2: Expectations and Ground Rules (30 minutes)
	· Activity 3: About the Workshop (10 minutes)
	· Logistical Announcements (5 minutes)
8:30-10 am	**HEALTH BREAK**
10-10:20 am	**SESSION 2: UNDERSTANDING THE BASIC CONCEPTS ON SEXUALITY – Part 1**
10:20-12:40 am	· Activity 1: Pass the Sexuality Ball (1 hour)
	· Activity 2: Buzz Pairs: Why Sexuality (20 minutes)
	· Activity 3: Erotica Writers (1 hour)
12:40-12:45 pm	Feedback: Emojis! + Announcements
12:45-1:45 pm	**LUNCH**
1:45-3 pm	**SESSION 2: UNDERSTANDING THE BASIC CONCEPTS ON SEXUALITY – Part 2**
	· Activity 4: The Genderbread Person (30 minutes)
	· Activity 5: Breaking the Binary (40 minutes)
3-4 pm	**SESSION 3: INTERSECTIONALITY – Part 1**
	· Activity 1: Privilege Walk (1 hour)/Identity Signs (45 minutes)

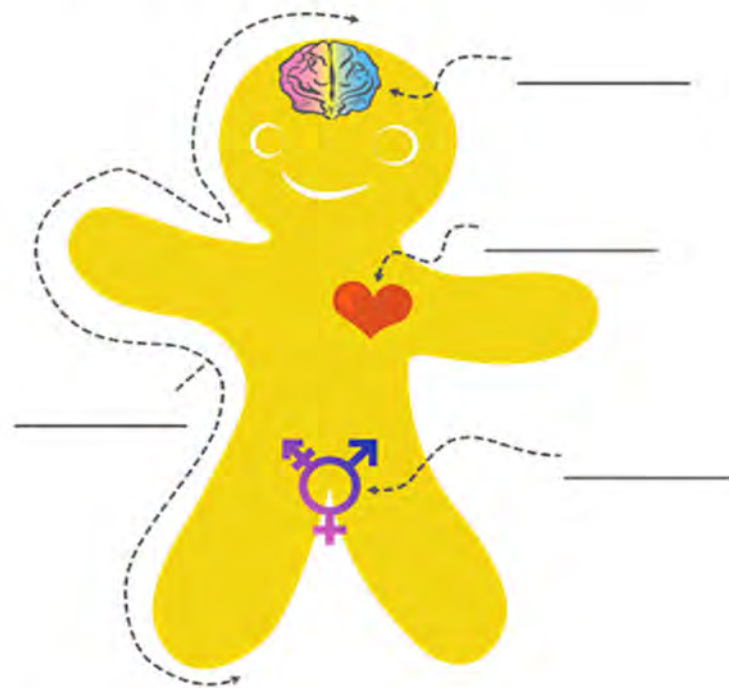|	TOPICS/EXERCISES
4-4:20 pm	**HEALTH BREAK**
4:20-5:25 pm	**SESSION 3: INTERSECTIONALITY – Part 2**
	· Activity 2: Input (30 minutes)
	· Activity 3: Common Dream Mural (30 minutes)
5:25-5:30 pm	Feedback: Emojis! + Announcements
DAY 2	
8:30-8:45 am	Reporters' Recap
8:45-10:15 am	**SESSION 4: SEXUALITY AND EDUCATION – Part 1**
	· Activity 1: Creating Inclusive Learning Spaces (1 ½ hours)
10:15-10:30 am	**HEALTH BREAK**
10:30-12:30 pm	**SESSION 4: SEXUALITY AND EDUCATION – Part 2**
	• Activity 2: The CSE Elevator Pitch (1 hour)
	• Activity 3: The Elements of Comprehensive Sexuality Education (1 hour)
12:30-12:35 pm	Feedback: Emojis! + Announcements
12:35-1:35 pm	**LUNCH**
1:35-1:40 pm	Energiser
1:40-3:10 pm	**SESSION 4: SEXUALITY AND EDUCATION – Part 3**
	• Activity 4: Assessing Sexuality Education in Our National Contexts (1 ½ hours)
3:10 pm-4:30 pm	**SESSION 5: SEXUALITY AND HEALTH – Part 1**
	• Activity 1: Bubble Exercise—Intersecting Factors Underlying Adolescent and Youth Sexual and
	Reproductive Health (1 hour 20 minutes)
4:30-4:45 pm	**HEALTH BREAK**
4:45-5:45 pm	**SESSION 5: SEXUALITY AND HEALTH – Part 2**
	• Activity 2: Advocating for Inclusive, Youth-Responsive Health Services (1 hour)
5:45-5:55 pm	• Instructions for Evening Assignment for Session 7: Sexuality and the Law, Activity 2: Young People, Sexuality,
	and Laws Scorecard
5:55-6:00 pm	Feedback: Emojis! + Announcements
DAY 3	
8:30-8:45 am	Reporters' Recap
8:45-9:30 am	**SESSION 6: SEXUALITY AND EMPLOYMENT**
	• Activity 1: Microaggressions at Work (45 mins)
9:30-10:15 am	• Activity 2: Making Changes in the Workplace (45 mins)
10:15-10:30 am	**HEALTH BREAK**
10:30 am-12 nn	**SESSION 7: SEXUALITY AND CITIZENSHIP**
	• Activity 1: World Café Methodology (1 ½ hours)
12-12:45 pm	**SESSION 8: SEXUALITY AND THE LAW —Part 1**
12:45-12:50 pm	• Activity 1: Film-showing: If These Walls Could Talk Part II – 1961 segment (45 minutes)

	TOPICS/EXERCISES
12:45-12:50 pm	Feedback: Emojis! + Announcements
12:50-1:50 pm	**LUNCH**
1:50-3:05 pm	**SESSION 8: SEXUALITY AND THE LAW—Part 2**
	Activity 2: Young People, Sexuality, and Laws Scorecard (1 hour 15 minutes)
3:05-3:20 pm	**HEALTH BREAK**
3:20-5:50 pm	**SESSION 9: MAKING CHANGE HAPPEN—Part 1**
	• Activity 1: Change Makers (30 mins)
	• Activity 2: Action Planning—Developing Organisational Advocacy Plans—Group Work (2 hours)
5:50-5:30 pm	Feedback: Emojis! + Announcements
DAY 4	
9-9:15 am	Reporters' Recap
9:15-11:15 am	**SESSION 9: MAKING CHANGE HAPPEN—Part 2**
	• Activity 2: Action Planning—Developing Organisational Advocacy Plans– Reporting and Discussion (1 hour)
	• Activity 3: Action Planning—Country Plans (1 hour)
11:15-11:30 am	**HEALTH BREAK**
11:30-12 nn	Session 10: Closing Session/Final Evaluation

session 2
understanding basic sexuality concepts

The Genderbread Person v4

⊘ means a lack of what's on the right side

🧠 Gender Identity

🧍 Gender Expression

⚥ Anatomical Sex

❤️ Sexually Attracted to...

❤️ Romantically Attracted to...

FACILITATOR'S GUIDE 2.4.1:
GENDERBREAD PERSON

The Genderbread Person v4 *its pronounced METROsexual*
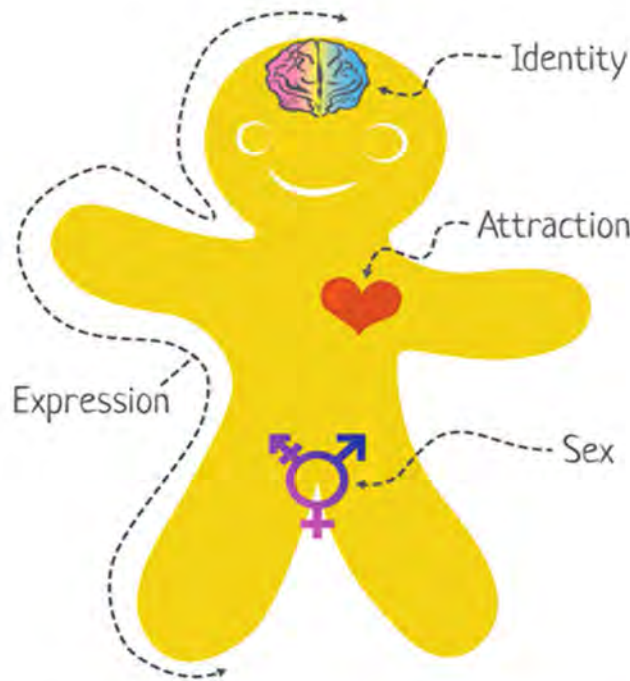
- - - - Identity

- - - - Attraction

Expression

- - - - Sex

⊘ means a lack of what's on the right side

🧠 **Gender Identity**
⊘ ————→ Woman-ness
⊘ ————→ Man-ness

🧍 **Gender Expression**
⊘ ————→ Femininity
⊘ ————→ Masculinity

⚥ **Anatomical Sex**
⊘ ————→ Female-ness
⊘ ————→ Male-ness
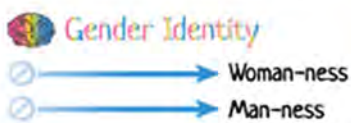
Identity ≠ Expression ≠ Sex
Gender ≠ Sexual Orientation

Sex Assigned At Birth
☐ Female ☐ Intersex ☐ Male

❤️ **Sexually Attracted to...**   and/or (a/o)
⊘ ————→ Women a/o Feminine a/o Female People
⊘ ————→ Men a/o Masculine a/o Male People

❤️ **Romantically Attracted to...**
⊘ ————→ Women a/o Feminine a/o Female People
⊘ ————→ Men a/o Masculine a/o Male People
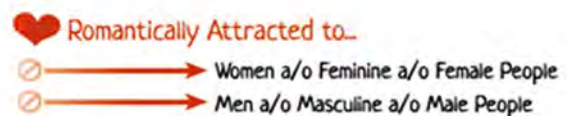
HANDOUT 2.5.1:
SEXUAL DIVERSITY VOCABULARY DEFINITIONS

This list below contains commonly used terms related to sexual orientation, gender identity and expressions (SOGIE), and their currently understood meanings. It is not meant to be exhaustive, particularly as identities in the Asia-Pacific context are often difficult to translate in English and are not as widely documented as in Northern American terms. Ultimately, what is important is to recognise that there is a range of identities and expressions, and that these are rooted in our own contexts.

Adam – noun: A man who likes Toms. (Thailand)

Advocate – 1 noun: a person who actively works to end intolerance, educate others, and support social equity for a marginalised group. 2 verb: to actively support/plea in favour of a particular cause, the action of working to end intolerance, educate others, etc.

Agender – adj.: a person with no (or very little) connection to the traditional system of gender, no personal alignment with the concepts of either man or woman, and/or someone who sees themselves as existing without gender. Sometimes called gender neutrois, gender neutral, or genderless.

Allosexual – adj.: A sexual orientation generally characterised by feeling sexual attraction or a desire for partnered sexuality.

Ally /"al-lie"/ – noun: a (typically straight and/or cisgender) person who supports and respects members of the LGBTQ community. We consider people to be active allies who take action on in support and respect.
- "Coming out" as an ally is when you reveal (or take an action that reveals) your support of the LGBTIQ community. Being an active supporter can, at times, be stigmatising, though it is not usually recognised, many allies go through a "coming out process" of their own.

Androgyne – a person with masculine and feminine physical traits.

Androgyny/ous /"an-jrah-jun-ee"; "an-jrah-jun-uss"/ – adj.: 1 a gender expression that has elements of both masculinity and femininity. 2 occasionally used in place of "intersex" to describe a person with both female and male anatomy.

Androsexual/androphilic – adj.: being primarily sexually, romantically, and/or emotionally attracted to some men, males, and/or masculinity.

Angee – noun: A Kathoey who likes Toms. (Thailand)

Aravani – noun: The term for hijras in Tamil Nadu, India. Many aravanis would prefer to be called 'Thirunangi.'

Aromantic – adj.: experiencing little or no romantic attraction to others and/or has a lack of interest in romantic relationships/behaviour. Aromanticism exists on a continuum from people who experience no romantic attraction or have any desire for romantic activities, to those who experience low levels, or romantic attraction only under specific conditions, and many of these different places on the continuum have their own identity labels (see demiromantic). Sometimes abbreviated to "aro" (pronounced like "arrow").

Asexual – adj.: experiencing little or no sexual attraction to others and/or a lack of interest in sexual relationships/behaviour. Asexuality exists on a continuum from people who experience no sexual attraction or have any desire for sex, to those who experience low levels, or sexual attraction only under specific conditions, and many of these different places on the continuum have their own identity labels (see demisexual). Sometimes abbreviated to "ace."
- Asexuality is different from celibacy in that it is a sexual orientation whereas celibacy is an abstaining from a certain action.
- Not all asexual people are aromantic.

Bakla – noun: in the Philippines, this refers to homosexual men.

BDSM – abbreviation: Bondage and Discipline, Dominance and Submission, Sadism and Masochism. BDSM refers to a wide spectrum of activities and forms of interpersonal relationships. While not always overtly sexual in nature, the activities and relationships within a BDSM context are almost always eroticised by the participants in some fashion. Many of these practices fall outside of commonly held social norms regarding sexuality and human relationships.

Bigender – adj.: a person who fluctuates between traditionally "woman" and "man" gender-based behaviour and identities, identifying with both genders (and sometimes a third gender).

Bicurious – adj.: a curiosity about having an attraction to people of the same gender/sex (similar to questioning).

Biological sex – noun: a medical term used to refer to the chromosomal, hormonal, and anatomical characteristics that are used to classify an individual as female or male or intersex. Often referred to as simply "sex," "physical sex," "anatomical sex," or specifically as "sex assigned at birth."
- Often seen as a binary but as there are many combinations of chromosomes, hormones, and primary/secondary sex characteristics, it's more accurate to view this as a spectrum (which is more inclusive of intersex people

as well as trans*-identified people). * – Is commonly conflated with gender.

Biphobia – noun: a range of negative attitudes (e.g., fear, anger, intolerance, invisibility, resentment, erasure, or discomfort) that one may have or express towards bisexual individuals. Biphobia can come from and be seen within the LGBTIQ community as well as straight society.

Biphobic – adj.: a word used to describe an individual who harbours some elements of this range of negative attitudes towards bisexual people.
- Example of bi-invisibility and bi-erasure would be the assumption that any man in a relationship with a woman is straight or anyone dating someone of the same gender means you're gay. In neither case do we assume anyone could be bisexual.
- It is really important to recognise that many of our "stereotypes" of bisexual people – "they're overly sexual", "greedy", "it's just a phase" – have harmful and stigmatising effects (and that gay, straight, and many other queer individuals harbour these beliefs, too).

Bisexual – adj.: 1 a person who is emotionally, physically, and/or sexually attracted to males/men and females/women. 2 a person who is emotionally, physically, and/or sexually attracted to people of their gender and another gender. This attraction does not have to be equally split or indicate a level of interest that is the same across the genders or sexes an individual may be attracted to.
- Can simply be shortened to "bi."
- Many people who recognise the limitations of a binary understanding of gender may still use the word bisexual as their sexual orientation label, this is often because many people are familiar with the term bisexual (while less are familiar to the term pansexual).

Butch – noun & adj.: a person who identifies themselves as masculine, whether it be physically, mentally or emotionally. 'Butch' is sometimes used as a derogatory term for lesbians, but is also claimed as an affirmative identity label.

Boat – noun: a man who likes women, Gay Kings, and Gay Queens (does not include Ladyboys). (Thailand)

Cherry – noun: a woman who likes gay men and Kathoey. (Thailand)

Cisgender /"siss-jendur"/ – adj.: a person whose gender identity and biological sex assigned at birth align (e.g., man and assigned male at birth). A simple way to think about it is if a person is not transgender, they are cisgender. The word cisgender can also be shortened to "cis."

- "Cis" is a Latin prefix that means "on the same side [as]" or "on this side [of]."

Cissexism – noun: behaviour that grants preferential treatment to cisgender people, reinforces the idea that being cisgender is somehow better or more "right" than being transgender, and/or makes other genders invisible.

Cisnormativity – noun: the assumption, in individuals or in institutions, that everyone is cisgender, and that cisgender identities are superior to trans* identities or people. Leads to invisibility of non-cisgender identities.

Closeted – adj.: an individual who is not open to themselves or others about their (queer) sexuality or gender identity. This may be by choice and/or for other reasons such as fear for one's safety, peer or family rejection or disapproval and/or loss of housing, job, etc. Also known as being "in the closet." When someone chooses to break this silence they "come out" of the closet. (See coming out)

Coming out – verb: 1. the process by which one accepts and/or comes to identify one's own sexuality or gender identity (to "come out" to oneself); 2. The process by which one shares one's sexuality or gender identity with others (to "come out" to friends, etc.).
- This is a continual, life-long process. Everyday, all the time, one has to evaluate and re-evaluate who they are comfortable coming out to, if it is safe, and what the consequences might be.

Constellation – noun: a way to describe the arrangement or structure of a polyamorous relationship.

Cross-dresser – noun: someone who wears clothes of another gender/sex.

Dee – noun: a woman who likes manly women or Toms. (Thailand)

Demiromantic – adj.: little or no capacity to experience romantic attraction until a strong sexual or emotional connection is formed with another individual, often within a sexual relationship.

Demisexual – adj.: little or no capacity to experience sexual attraction until a strong romantic or emotional connection is formed with another individual, often within a romantic relationship.

Dohoris – noun: Homosexual or bisexual men who are not necessarily feminine and take both receptive and active/penetrative sexual roles, depending upon the sexual partner. (Nepal)

Down low – adj.: typically referring to men who identify as straight but who secretly have sex with men. Down low (or DL) originated in and is most commonly used by communities of colour.

Drag king – noun: someone who performs masculinity theatrically.

Drag queen – noun: someone who performs femininity theatrically.

Dyke – noun: referring to a masculine presenting lesbian. While often used derogatorily, it can be adopted affirmatively by many lesbians (both more masculine and more feminine presenting lesbians not necessarily masculine ones) as a positive self-identity term.

Emotional attraction – noun: a capacity that evokes the want to engage in romantic intimate behaviour (e.g., sharing, confiding, trusting, interdepending), experienced in varying degrees (from little-to-none, to intense). Often conflated with sexual attraction, romantic attraction, and/or spiritual attraction.

Eunuch – noun: a person who is born male but is castrated. If castration takes place at an early age, as is often the case, it can have major hormonal consequences. A eunuch can also refer to an intersex person whose genitals are ambiguously male-like at birth.

Fa'afafine – noun: In Samoan culture, biological males who behave in a range of feminine-gendered ways. They have been an integrated part of Samoan communities for centuries. 'Fa'afafine' translates as 'in the manner of a woman.'

Fag(got) – noun: derogatory term referring to a gay person, or someone perceived as queer. Occasionally used as a self-identifying affirming term by some gay men, at times in the shortened form 'fag.'

Feminine-of-centre; masculine-of-centre – adj.: a word that indicates a range of terms of gender identity and gender presentation for folks who present, understand themselves, and/or relate to others in a more feminine/masculine way, but don't necessarily identify as women/men. Feminine-of-centre individuals may also identify as femme, submissive, transfeminine, etc.; masculine-of-centre individuals may also often identify as butch, stud, aggressive, boi, transmasculine, etc.

Feminine-presenting; masculine-presenting – adj.: a way to describe someone who expresses gender in a more feminine/masculine way. Often confused with feminine-of-centre/masculine-of-centre, which generally include a focus on identity as well as expression.

Femme – noun and adj: someone who identifies themselves as feminine, whether it be physically, mentally or emotionally. Often used to refer to a feminine-presenting queer woman.

Fluid(ity) – adj.: generally, with another term attached, like gender-fluid or fluid-sexuality; fluid(ity) describes an identity that may change or shift over time between or within the mix of the options available (e.g., man and woman, bi and straight).

FtM/F2M; MtF/M2F – abbreviation: female-to-male transgender or transsexual person; male-to-female transgender or transsexual person.

Furry (Furries, Furry Fandom) – noun: people or a community, who enjoy(s) role playing primarily as anthropomorphic animals, creatures or characters, either through costumes, or/and varying art mediums. The furry community at large is diverse in sexual orientation and gender identity.

Gay – adj.: 1. individuals who are primarily emotionally, physically, and/or sexually attracted to members of the same sex and/or gender. More commonly used when referring to men who are attracted to other men, but can be applied to women as well; 2. An umbrella term used to refer to the queer community as a whole, or as an individual identity label for anyone who does not identify as heterosexual.
- "Gay" is a word that's had many different meanings throughout time. In the 12th century it meant "happy," in the 17th century it was more commonly used to mean "immoral" (describing a loose and pleasure-seeking person), and by the 19th it meant a female prostitute (and a "gay man" was a guy who had sex with female prostitutes a lot). It wasn't until the 20th century that it started to mean what it means today.

Gay King – noun: a manly man who likes men. (Thailand)

Gay Queen – noun: a womanly man who likes men. (Thailand)

Gender binary – noun: the idea that there are only two genders and that every person is one of those two. The term also describes the system in which a society divides people into male and female gender roles, gender identities and attributes.

Gender expansive – noun: an umbrella term used for individuals who broaden their own culture's commonly held definitions of gender, including expectations for its expression, identities, roles, and/or other perceived gender norms. Gender expansive individuals include those who identify as transgender, as well as anyone else whose gender in some way is seen to be stretching the surrounding society's notion of gender.

Gender expression – noun: the external display of one's gender, through a combination of dress, demeanour, social behaviour, and other factors, generally made sense of on scales of masculinity and femininity. Also referred to as "gender presentation."

Gender fluid – adj.: gender fluid is a gender identity best described as a dynamic mix of boy and girl. A person who is gender fluid may always feel like a mix of the two traditional genders, but may feel more man some days, and more woman other days.

Gender identity – noun: the internal perception of one's gender, and how they label themselves, based on how much they align or don't align with what they understand their options for gender to be. Common identity labels include man, woman, genderqueer, trans, and more. Often confused with biological sex, or sex assigned at birth.

Gender neutrois – adj.: see agender.

Gender non-conforming – adj.: 1. a gender expression descriptor that indicates a non-traditional gender presentation (masculine woman or feminine man); 2. a gender identity label that indicates a person who identifies outside of the gender binary. Often abbreviated as "GNC."

Gender normative/gender straight – adj.: someone whose gender presentation, whether by nature or by choice, aligns with society's gender-based expectations.

Genderqueer – adj.: a gender identity label often used by people who do not identify with the binary of man/woman; or as an umbrella term for many gender non-conforming or non-binary identities (e.g., agender, bigender, genderfluid).
- may combine aspects of man and woman and other identities (bigender, pangender);
- not having a gender or identifying with a gender (genderless, agender);
- moving between genders (gender-fluid);
- third gender or other-gendered; includes those who do not place a name to their gender having an overlap of, or blurred lines between, gender identity and sexual and romantic orientation.

Gender variant – adj.: someone who either by nature or by choice does not conform to gender-based expectations of society (e.g. transgender, transsexual, intersex, gender-queer, cross-dresser, etc).

Gynesexual/Gynephilic – adj.: being primarily sexually, romantically and/or emotionally attracted to some woman, females, and/or femininity.

Heteronormativity – noun: the assumption, in individuals or in institutions, that everyone is heterosexual (e.g. asking a woman if she has a boyfriend) and that heterosexuality is superior to all other sexualities. Leads to invisibility and stigmatising of other sexualities. Heteronormativity also leads us to assume that only masculine men and feminine women are straight.

Hermaphrodite – noun: an outdated medical term previously used to refer to someone who was born with some combination of typically-male and typically-female sex characteristics. It is considered stigmatising and inaccurate. See intersex.

Heteronormativity – noun: the assumption, in individuals and/or in institutions, that everyone is heterosexual and that heterosexuality is superior to all other sexualities. Leads to invisibility and stigmatising of other sexualities: when learning a woman is married, asking her what her husband's name is. Heteronormativity also leads us to assume that only masculine men and feminine women are straight.

Heterosexism – noun: behaviour that grants preferential treatment to heterosexual people, reinforces the idea that heterosexuality is somehow better or more "right" than queerness, and/or makes other sexualities invisible.

Heterosexual – adj.: a person primarily emotionally, physically, and/or sexually attracted to members of the opposite sex. Also known as "straight."

Hijra – noun: a term used in the Indian subcontinent, which includes those who aspire to and/or undergo castration, as well as those who are intersexed. Although some hijras refer to themselves in the feminine, others say they belong to a third gender and are neither men nor women.

Homophobia – noun: an umbrella term for a range of negative attitudes (e.g., fear, anger, intolerance, resentment, erasure, or discomfort) that one may have towards members of LGBTQ community. The term can also connote a fear, disgust, or dislike of being perceived as LGBTQ.
- Internalised homophobia – the experience of shame, aversion, or self-hatred in reaction to one's own feelings of attraction for a person of the same gender/sex.
- Homophobic – adj.: a word used to describe an individual who harbours some elements of this range of negative attitudes towards gay people.
- The term can be extended to bisexual and transgender people as well; however, the terms biphobia and transphobia are used to emphasize the specific biases against individuals of bisexual and transgender communities.

- May be experienced inwardly by someone who identifies as queer (internalised homophobia).

Homosexual – adj. and noun: a person primarily emotionally, physically, and/or sexually attracted to members of the same sex/gender. This [medical] term is considered stigmatising (particularly as a noun) due to its history as a category of mental illness and is discouraged for common use (use gay or lesbian instead).
- Until 1973, "Homosexuality" was classified as a mental disorder in the DSM Diagnostic and Statistical Manual of Mental Disorders. This is just one of the reasons that there are such heavy negative and clinical connotations with this term.

Intersex – adj.: a term for a combination of chromosomes, gonads, hormones, internal sex organs, and genitals that differs from the two expected patterns of male or female. Formerly known as hermaphrodite (or hermaphroditic), but these terms are now outdated and derogatory.

Jogti hijras – noun: in Maharashtra and Karnataka, India, jogtas and jogtis refer to male and female servants who dedicate (or are made to dedicate) their lives to gods in different temples. Jogti hijras refer to male-to-female transgender persons who devote themselves to the service of a particular god.

Kathoey – noun: in Thailand, a man who wants to be a woman; also called ladyboy.

Kinnar – noun: the term for hijras in north India.

Kothi – noun: a feminised male identity, which is adopted by some people in the Indian subcontinent and is marked by gender non-conformity. A kothi, though biologically male, adopts feminine modes of dressing, speech, and behaviour and looks for a male partner who has a masculine mode of behaviour, speech, and attire. Some believe that this is not an identity but a behaviour.

Ladyboy – noun: a man who wants to be a woman; also called kathoey. (Thailand)

Leiti – noun: a local cultural term in Tonga, which is a modern derivation of the English word 'lady' and is used as an inclusive term for the broad range of men who have sex with men, transgender people, gay and bisexual men, and non-identifying MSM.

Lesbian – noun and adj.: women who have the capacity to be attracted romantically, erotically, and/or emotionally to some other women.

LGBTIQ; GSM; DSG – abbreviations: shorthand or umbrella terms for all folks who have a non-normative (or queer) gender or sexuality, there are many different initialisms people prefer. LGBTIQ is Lesbian Gay Bisexual Transgender Intersex and Queer and/or Questioning (sometimes people add "a +" at the end in an effort to be more inclusive); GSM is Gender and Sexual Minorities; DSG is Diverse Sexualities and Genders. Other options include the initialism GLBT or LGBT and the acronym QUILTBAG (Queer [or Questioning] Undecided Intersex Lesbian Trans* Bisexual Asexual [or Allied] and Gay [or Genderqueer]).
- There is no "correct" initialism or acronym — what is preferred varies by person, region, and often evolves over time.
- The efforts to represent more and more identities led to some folks describing the ever-lengthening initialism as "Alphabet Soup," which was part of the impetus for GSM and DSG.

Lipstick lesbian – noun: usually refers to a lesbian with a feminine gender expression. Can be used in a positive or a derogatory way. It is sometimes also used to refer to a lesbian who is assumed to be (or passes for) straight.

Man – noun: a person who identifies as a male and may or may not have male genitalia or reproductive organs like a penis or testes.

Mak nyah – noun: a vernacular term for trans women in Malaysia; also spelled maknyah.

Meti – noun: in Nepal, a self-identified label used by feminised males who have sex with panthis (manly males) and use their feminine behaviours in public spaces.

Metrosexual – adj.: a man with a strong aesthetic sense who spends more time, energy, or money on his appearance and grooming than is considered gender normative.

MSM/WSW – abbreviations: men who have sex with men or women who have sex with women, to distinguish sexual behaviours from sexual identities: because a man is straight, it doesn't mean he's not having sex with men. Often used in the field of HIV/AIDS education, prevention, and treatment.

Mx. /"mix" or "schwa"/ – an honorific (e.g. Mr., Ms., Mrs., etc.) that is gender neutral. It is often the option of choice for folks who do not identify within the gender binary: Mx. Smith is a great teacher.

Outing – verb: involuntary or unwanted disclosure of another person's sexual orientation, gender identity, or intersex status.

Pak nyah – noun: a vernacular term for trans men in Malaysia; also spelled pak nyah.

Pansexual – adj.: a person who experiences sexual, romantic, physical, and/or spiritual attraction for members of all gender identities/expressions. Often shortened to "pan."

Partner – noun: a gender-neutral term for a person with whom one engages romantically and/or sexually.

Passing – adj. & verb: 1. trans* people being accepted as, or able to "pass for," a member of their self-identified gender identity (regardless of sex assigned at birth) without being identified as trans* 2. An LGB/queer individual who is believed to be or perceived as straight.
- Passing is a controversial term because it often is focusing on the person who is observing or interacting with the individual who is "passing" and puts the power/authority in the observer rather than giving agency to the individual.
- While some people are looking to "pass" or perhaps more accurately, to be accepted for the identity that they feel most aligns with who they are "passing" is not always a positive experience.
- Some individuals experience a sense of erasure or a feeling of being invisible to their own community when they are perceived to be part of the dominant group.

PGPs – abbreviation: preferred gender pronouns. Often used during introductions, becoming more common in educational institutions. Many suggest removing the "preferred," because it indicates flexibility and/or the power for the speaker to decide which pronouns to use for someone else.

Polyamory/polyamorous – noun, adj.: refers to the practice of, desire to, or orientation towards having ethically, honest, and consensual non-monogamous relationships (i.e. relationships that may include multiple partners). This may include open relationships, polyfidelity (which involves more than two people being in romantic and/or sexual relationships which is not open to additional partners), amongst many other set-ups.

Queer – adj.: used as an umbrella term to describe individuals who don't identify as straight. Also used to describe people who have a non-normative gender identity, or as a political affiliation. Due to its historical use as a derogatory term, it is not embraced or used by all members of the LGBTQ community. The term "queer" can often be used interchangeably with LGBTQ (e.g., "queer folks" instead of "LGBTQ folks").
- If a person tells you they are not comfortable with you referring to them as queer, don't. Always respect individual's preferences when it comes to identity labels, particularly contentious ones (or ones with troubled histories) like this.

- Use the word "queer" only if you are comfortable explaining to others what it means, because some people feel uncomfortable with the word, it is best to know/feel comfortable explaining why you choose to use it if someone inquires.

Questioning – verb, adj. an individual who or used when someone is unsure about or exploring their own sexual orientation or gender identity.

QPOC/QTPOC – abbreviation: initialisms that stand for queer people of colour and queer and/or trans people of colour.

Romantic attraction – noun: a capacity that evokes the want to engage in romantic intimate behaviour (e.g., dating, relationships, marriage), experienced in varying degrees (from little-to-none, to intense). Often conflated with sexual attraction, emotional attraction, and/or spiritual attraction.

Same gender loving (SGL) – adj.: sometimes used by some members of the African-American or Black community to express a non-straight sexual orientation without relying on terms and symbols of European descent.

Samyaan – noun: a woman who likes Toms, lesbians, and women, and can also be any of them.

Sex assigned at birth (SAAB) – abbreviation: a phrase used to intentionally recognise a person's assigned sex (not gender identity). Sometimes called "designated sex at birth" (DSAB) or "sex coercively assigned at birth" (SCAB), or specifically used as "assigned male at birth" (AMAB) or "assigned female at birth" (AFAB): Jenny was assigned male at birth but identifies as a woman.

Sexual attraction – noun: a capacity that evokes the want to engage in physical intimate behaviour (e.g., kissing, touching, intercourse), experienced in varying degrees (from little-to-none, to intense). Often conflated with romantic attraction, emotional attraction, and/or spiritual attraction.

Sexual culture – noun: the intersection of values, beliefs, and social standards that regulate sexual behaviour within a specific society or community.

Sexual diversity – noun: this term refers to the full range of sexuality which includes all aspects of sexual attraction, behaviour, identity, expression, orientation, relationships and response. It refers to all aspects of humans as sexual beings.

Sexual health – noun: sexual health is a state of physical, emotional, mental and social wellbeing related to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to

sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.

Sexual orientation – noun: the type of sexual, romantic, emotional/spiritual attraction one has the capacity to feel for some others, generally labelled based on the gender relationship between the person and the people they are attracted to. Often confused with sexual preference.

Sexual preference – noun: the types of sexual intercourse, stimulation, and gratification one likes to receive and participate in. Generally, when this term is used, it is being mistakenly interchanged with "sexual orientation," creating an illusion that one has a choice (or "preference") in who they are attracted to.

Sex reassignment surgery (SRS) – noun: used by some medical professionals to refer to a group of surgical options that alter a person's biological sex. "Gender confirmation surgery" is considered by many to be a more affirming term. In most cases, one or multiple surgeries are required to achieve legal recognition of gender variance. Some refer to different surgical procedures as "top" surgery and "bottom" surgery to discuss what type of surgery they are having without having to be more explicit.

Shiv-shakthis – noun: typically referring to a community of transgenders in Andhra Pradesh, India, Shiv-shakthis are males who are considered "possessed by" or "married to" the gods, particularly Lord Shiva. They have a feminine gender expression and cross-dress as women during religious rituals and festivals. They work typically as astrologers or spiritual healers. The community is guarded by gurus who induct disciples and train them for the work.

Skoliosexual – adj.: being primarily sexually, romantically and/or emotionally attracted to some genderqueer, transgender, transsexual, and/or non-binary people.

Spiritual attraction – noun: a capacity that evokes the want to engage in intimate behaviour based on one's experience with, interpretation of, or belief in the supernatural (e.g., religious teachings, messages from a deity), experienced in varying degrees (from little-to-none, to intense). Often conflated with sexual attraction, romantic attraction, and/or emotional attraction.

Stealth – adj.: a trans person who is not "out" as trans and is perceived by others as cisgender.

Straight – adj.: a person primarily emotionally, physically, and/or sexually attracted to people who are not their same sex/gender. A more colloquial term for the word heterosexual.

Stud – noun: most commonly used to indicate a Black/African-American and/or Latina masculine lesbian/queer woman. Also known as 'butch' or 'aggressive'.

Tas – noun: in Nepal, the sexual partners of metis and dohoris are known as tas. They see themselves as masculine and mostly act like heterosexual males, and often consider themselves as heterosexuals.

Third gender – noun: for a person who does not identify with either man or woman, but identifies with another gender. This gender category is used by societies that recognise three or more genders, both contemporary and historic, and is also a conceptual term meaning different things to different people who use it, as a way to move beyond the gender binary.

Tom – noun: a woman who dresses like a man and likes women or Dees. (Thailand)

Tom Gay – noun: a woman who likes women, Toms, and Dees. (Thailand)

Tom Gay King – noun: a manly Tom who likes Toms. (Thailand)

Tom Gay Queen – noun: a womanly Tom who likes Toms. (Thailand)

Tom Gay Two-Way – noun: a Tom who can be both a Tom Gay King or Tom Gay Queen. (Thailand)

Top surgery – noun: this term refers to surgery for the construction of a male-type chest or breast augmentation for a female-type chest.

Trans* – adj.: an umbrella term covering a range of identities that transgress socially defined gender norms. Trans with an asterisk is often used in written forms (not spoken) to indicate that you are referring to the larger group nature of the term, and specifically including non-binary identities, as well as transgender men (transmen) and transgender women (trans women).

Transgender – adj.: a person who lives as a member of a gender other than that assigned at birth based on anatomical sex.
- Because sexuality labels (e.g., gay, straight, bi) are generally based on the relationship between the person's gender and the genders they are attracted to, trans* sexuality can be defined in a couple of ways. Some people may choose to self-identify as straight, gay, bi, lesbian,

or pansexual (or others, using their gender identity as a basis), or they might describe their sexuality using other-focused terms like gynesexual, androsexual, or skoliosexual (see full list for definitions for these terms).
- A trans* person can be straight, gay, bisexual, queer, or any other sexual orientation.

Transition/Transitioning – noun & verb: this term is primarily used to refer to the process trans* persons undergo when changing their bodily appearance either to be more congruent with the gender/sex they feel themselves to be and/or to be in harmony with their preferred gender expression.

Transman; Transwoman – noun: 1 an identity label sometimes adopted by female-to-male transgender people or transsexuals to signify that they are men while still affirming their history as assigned female sex at birth (sometimes referred to as transguy). 2 An identity label sometimes adopted by male-to-female transsexuals or transgender people to signify that they are women while still affirming their history as assigned male sex at birth.

Transphobia – noun: the fear of, discrimination against, or hatred of trans* people, the trans* community, or gender ambiguity. Transphobia can be seen within the queer community, as well as in general society. Transphobia is often manifested in violent and deadly means. While the exact numbers and percentages aren't incredibly solid on this, it's safe to say that trans* people are far more likely than their cisgender peers (including LGB people) to be the victims of violent crimes and murder.

Transphobic – adj.: a word used to describe an individual who harbours negative attitudes, thoughts, and/or intents, towards trans* people.

Transsexual – noun & adj.: a person who identifies psychologically as a gender/sex other than the one to which they were assigned at birth. Transsexuals often wish to transform their bodies hormonally and surgically to match their inner sense of gender/sex.

Transvestite – noun: a person who dresses as the binary opposite gender expression ("cross-dresses") for one or many reasons, including relaxation, fun, and sexual gratification (often called a "cross-dresser," and should not be confused with transsexual).

Two-spirit – noun: is an umbrella term traditionally used by Native American people to recognise individuals who possess qualities or fulfil roles of both genders.

Waria – noun: a transgender community in Indonesia who have faced stereotyping and discrimination; also known as wariah.

Qoman – noun: a person who identifies as female and who may or may not have female genitalia and reproductive organs like breasts, a vagina, and ovaries.

Ze/zir/"zee," "zerr," or "zeer"/ – alternate pronouns that are gender neutral and preferred by some trans* people. They replace "he" and "she" and "his" and "hers" respectively. Alternatively, some people, who are not comfortable with/do not embrace he/she, use the plural pronoun "they/their" as a gender neutral singular pronoun.

HANDOUT 2.5.2:
GENDER-INCLUSIVE AND NON-SEXIST LANGUAGE DOS
AND DON'TS

AVOID SAYING	SAY INSTEAD	WHY?	EXAMPLE
"Businessman," "Cameraman," "Chairman," "Congressman," "Fireman," "Foreman," "Mailman," "Policeman," etc.	"Business executive/ person," "Camera person," "Chairperson," "Legislator"/ "Member of Congress"/ "Representative," "Firefighter," "Supervisor," "Mail clerk," "Police officer"	People of all genders do these jobs, not just men hold these positions.	"I saw a firefighter go into the burning house."
"Man" (noun)	"Person," "individual"	Do not use the generic "man" or "he/his" as these are only referring to males.	"I saw a firefighter go into the burning house."
"To man" (verb)	"To operate" or "to staff"		
He (generic pronoun)	He/She/They		
His (generic pronoun)	His/Her/Their		
Man-made	Synthetic		
Mankind	Humans, humankind, people		
"Both genders" or "Opposite sexes"	"All genders"	"Both" implies there are only two; "Opposite" reinforces antagonism amongst genders.	"Video games aren't just a boy thing. Kids of all genders play them."
"Ladies and gentlemen"	"Everyone," "Honoured guests," etc.	Moving away from binary language is more inclusive of people of all genders.	"Good morning everyone, next stop Botanical Gardens station."
"Hermaphrodite"	"Intersex"	Hermaphrodite is a stigmatising, inaccurate word with a negative medical history.	"What are the best practices for the medical care of intersex infants?"
"Homosexual"	"Gay"/"Lesbian"	"Homosexual" often connotes a medical diagnosis, or a discomfort with gay/lesbian people.	We want to do a better job of being inclusive of our gay employees.
"Born female" or "born male" "Female-bodied" or "male-bodied"	"Assigned female/ male at birth"	"Assigned" language accurately depicts the situation of what happens at birth. "-bodied" language is often interpreted as a pressure to medically transition or is an invalidation of one's gender identity.	"Max was assigned female at birth, then he transitioned in high school."
"Transgendered"	"Transgender"	The adjective transgender should never have an extraneous "-ed" tacked onto the end. An "-ed" suffix adds unnecessary length to the word and can cause tense confusion and grammatical errors. It also brings transgender into alignment with lesbian, gay, bisexual, and queer. You would not say that Elton John is "gayed" or Ellen DeGeneres is "lesbianed," therefore you would not say Chaz Bono is "transgendered."	"We had transgender athletes in our league this year."
"A gay" or "a transgender"	"A gay/transgender person"	Gay and transgender are adjectives that describe a person/group and should not be used as a noun.	

AVOID SAYING	SAY INSTEAD	WHY?	EXAMPLE
"Transgenderism"	"Being transgender" or refer to the "transgender community."	This is not a term commonly used by transgender people. This is a term used by anti-transgender activists to dehumanise transgender people and reduce who they are to "a condition."	"Who is representing the transgender community in the forthcoming dialogue?"
"Transgender people and normal people"	"Transgender people and cisgender people"	Saying "normal" implies "abnormal," which is a stigmatising way to refer to a person.	"This group is open to both transgender and cisgender people."
"It" when referring to someone (e.g., when pronouns are unknown)	"They"	"It" is for referring to things, not people.	"You know, I am not sure how they identify."
"Sex change," "pre-operative," "post-operative"	"Transition"	Referring to a "sex-change operation," or using terms such as "pre-operative" or "post-operative," inaccurately suggest that a person must have surgery in order to transition. Avoid overemphasising surgery when discussing transgender people or the process of transition.	"The exact steps involved in transition vary from person to person and may include personal, medical, and/or legal steps."

Further Reading

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session 3
understanding intersectionality

HANDOUT 3.2.2:
GLOSSARY OF TERMS ON PRIVILEGE AND OPPRESSION

Culture: A learned set of values, beliefs, customs, norms, and perceptions shared by a group of people that provide a general design for living and a pattern for interpreting life. "Culture is those deep, common, unstated, learned experiences which members of a given culture share, which they communicate without knowing, and which form the backdrop against which all other events are judged" (E. Hall, 1966).

Discrimination: Inequitable actions carried out by members of a dominant group or its representatives against members of a marginalised or minoritised group.

Microaggressions: Brief and commonplace daily verbal, behavioural, or environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative slights and insults about one's marginalised identity/ identities (Sue, 2010).

Oppression: Exists when one social group, whether knowingly or unconsciously, exploits another social group for its own benefit.

Individual Level: Beliefs or behaviours of an individual person; conscious or unconscious actions or attitudes that maintain oppression.

Institutional Level: Institutions such as family, government, industry, education, and religion are shapers of, as well as shaped by, the other two levels. The application of institutional policies and procedures in an oppressive society run by individuals or groups who advocate or collude with social oppression produces oppressive consequences.

Societal/Cultural Level: Society's cultural norms perpetuate implicit and explicit values that bind institutions and individuals; cultural guidelines, such as philosophies of life, definitions of good, normal, health, deviance, and sickness, often serve the primary function of providing individuals and institutions with the justification for social oppression.

Phobia: In terms of mental/emotional wellness - a phobia is a marked and persistent fear "out of proportion" to the actual threat or danger the situation poses, after taking into account all the factors of the environment and situation. Historically, this term has been used to inaccurately refer to systems of oppression (i.e. homophobia has been used to refer to heterosexism). As an organisation, we have been intentionally moving away from using words like "transphobic," "homophobic," and "biphobic" because (1) they inaccurately describe systems of oppression as irrational fears, and (2) for some people, phobias are a very distressing part of their lived experience and co-opting this language is disrespectful to their experiences and perpetuates ableism.

Privilege: A set of unearned benefits given to people who fit into a specific social group. The concept has roots in WEB DuBois' work on "psychological wage" and white people's feelings of superiority over Black people. Peggy McIntosh wrote about privilege as a white woman and developed an inventory of unearned privileges that she experienced in her daily life because of her whiteness.

Social Justice: A goal and a process in which the distribution of resources is equitable and all members are physically and psychologically safe and secure. Begins with an acknowledgement that oppression and inequity exist and must be actively dismantled on all levels (Adams, Bell, & Griffin, 1997).

Stereotype: A generalisation applied to every person in a cultural group; a fixed conception of a group without allowing for individuality. When we believe our stereotypes, we tend to ignore characteristics that do not conform to our stereotype, rationalise what we see to fit our stereotype, see those who do not conform as "exceptions," and find ways to create the expected characteristics.

Some Types of Systems of Oppression

Ableism: The pervasive system of discrimination and exclusion that oppresses people who have mental, emotional and physical disabilities.

Ageism: Any attitude, action, or institutional structure, which subordinates a person or group because of age or any assignment of roles in society purely on the basis of age.

Allosexism: The system of discrimination and exclusion that oppresses asexual people.

Body Policing: Any behaviour which (indirectly or directly, intentionally or unintentionally) attempts to correct or control people's actions regarding their own physical body, frequently related to gender expression or size.

Cissexism/Genderism: The pervasive system of discrimination and exclusion that oppresses people whose gender and/or gender expression falls outside of cis-normative constructs. This system is founded on the belief that there are, and should be, only two genders & that one's gender or most aspects of it, are inevitably tied to assigned sex. Within cissexism, cisgender people are the dominant/agent group and trans*/ gender non-conforming people are the oppressed/target group.

Heteronormativity: A set of lifestyle norms, practices, and institutions that promote binary alignment of biological sex, gender identity, and gender roles; assumes heterosexuality as a fundamental and natural norm; and privileges monogamous, committed relationships and reproductive sex above all other sexual practices.

Heterosexism: The assumption that all people are or should be heterosexual. Heterosexism excludes the needs, concerns, and life experiences of lesbian, gay, bisexual and queer people while it gives advantages to heterosexual people. It is often a subtle form of oppression, which reinforces realities of silence and erasure.

Internalised oppression: The fear and self-hate of one's own target/subordinate identity/ies, that occurs for many individuals who have learnt negative ideas about their target/subordinate identity/ies throughout childhood. One form of internalised oppression is the acceptance of the myths and stereotypes applied to the oppressed group.

Monosexism: The belief in and systematic privileging of monosexuality as superior, and the systematic oppression of non-monosexuality.

Racism: The systematic subordination of marginalised racial groups (Indigenous/Native American, Black, Chicano Asian, Pacific Islander, and non-white Latin people, non-white Middle Eastern people, etc.), who have relatively little social power in the United States, by members of the agent/dominant/privileged racial group who have relatively more social power (the Whites).

Sexism: The cultural, institutional, and individual set of beliefs and practices that privilege men subordinate women and devalue ways of being that are associated with women.

Sizeism: The pervasive system of discrimination and exclusion that oppresses people who have bodies that society has labelled as "overweight," as well as people of short stature. Fat oppression more specifically, highlights the ways that fat people experience and navigate a world and institutions that are not built with their histories, needs and body size in mind. This often takes the form of labelling these bodies as unhealthy, undesirable, and lazy and fails to complicate narratives around health and healthy living. In addition, diet culture, which is the normalisation of weight loss, diet and exercise on the basis of weight-based shaming and size-based discrimination, further perpetuates fat oppression. This form of oppression has been referred to as fatphobia.

Note
Moving away and refraining from using words like "transphobic," "homophobic," and "biphobic" is highly suggested because (1) these words inaccurately describe systems of oppression as irrational fears, and (2) for some people, phobias are a very distressing part of their lived experience and co-opting this language is disrespectful to their experiences and perpetuates ableism.

HANDOUT 3.3:
CORE GUIDING VALUES

Choice: Choices about one's sexuality should be made freely, and with access to comprehensive information and services. They should respect everyone's rights.

Dignity: All individuals have worth regardless of their age, caste, class, orientation, preferences, religion, and other determinants of status.

Diversity: Involves acceptance of the fact that people express their sexuality in diverse ways and there is a range of sexual behaviours, identities, and relationships.

Equality: All individuals are equally deserving of respect and dignity, and should have access to information, services, and support to attain sexual wellbeing.

Respect: All persons are entitled to respect and consideration regardless of their sexual choices and identities.
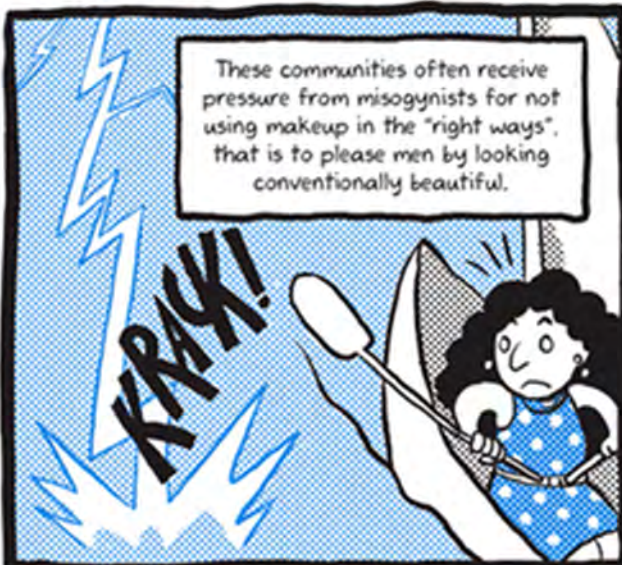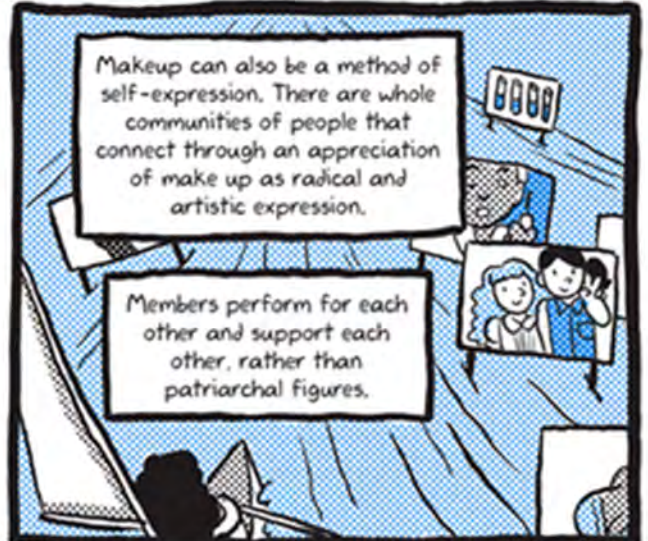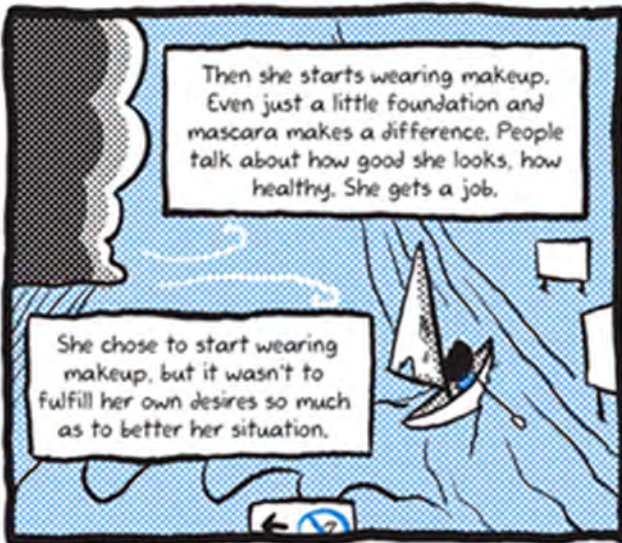
Source: Adapted from TARSHI. Basics and Beyond: A Manual for Trainers; Integrating Sexuality, Sexual and Reproductive Health and Rights. New Delhi: TARSHI, 2006.

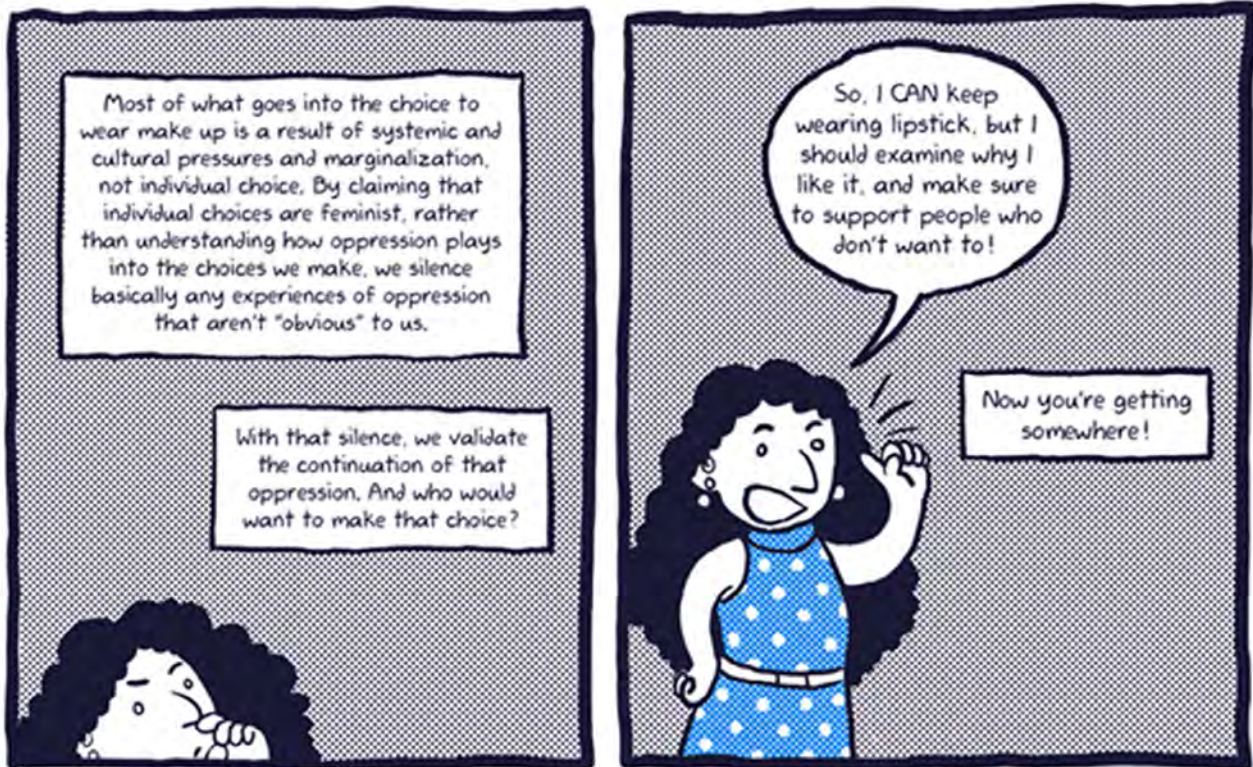**HANDOUT 3.4:**
MAPPING MY OCEAN OF CHOICE

Why Saying "It's My Choice" Doesn't Necessarily Make Your Choice Feminist
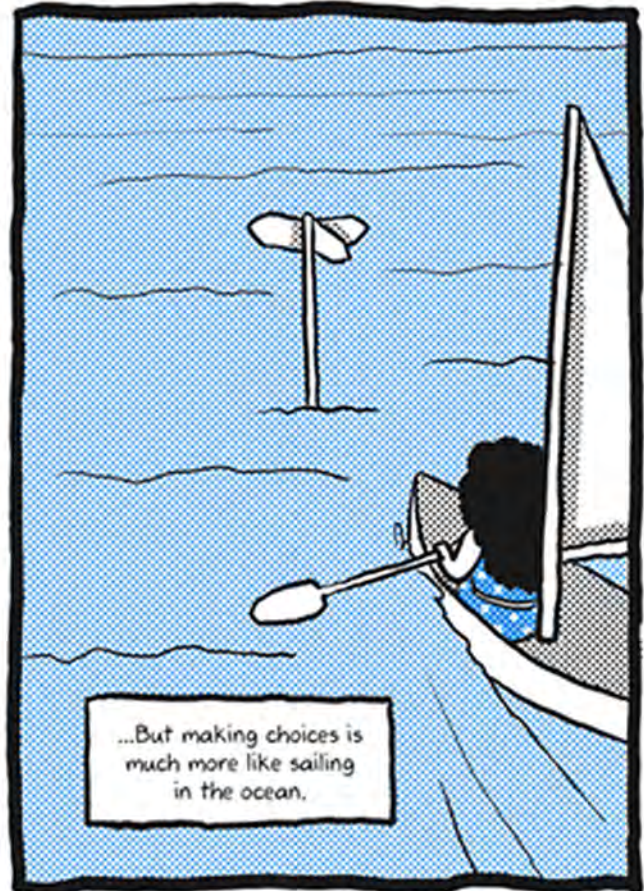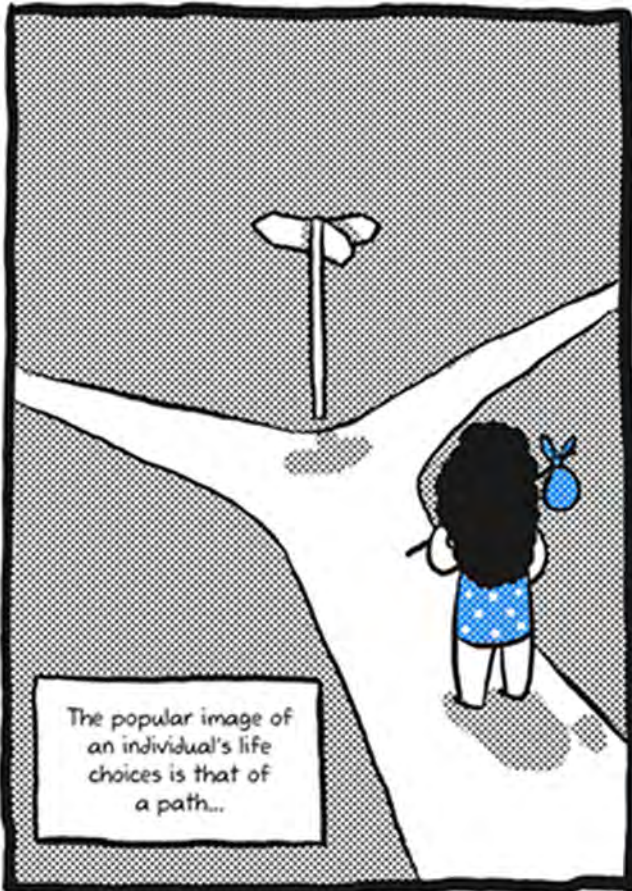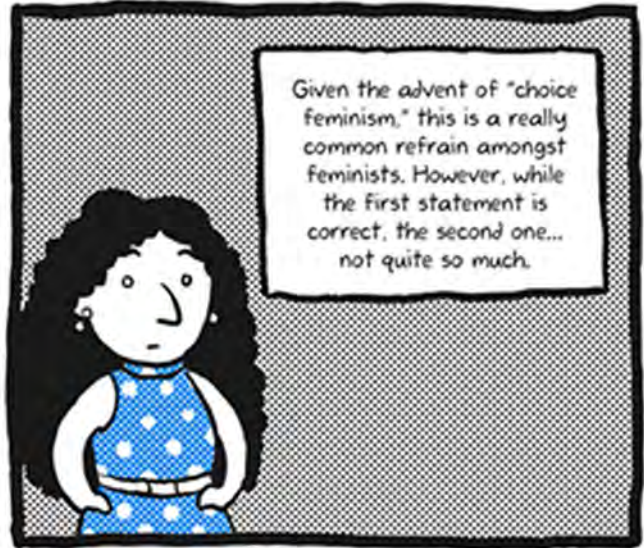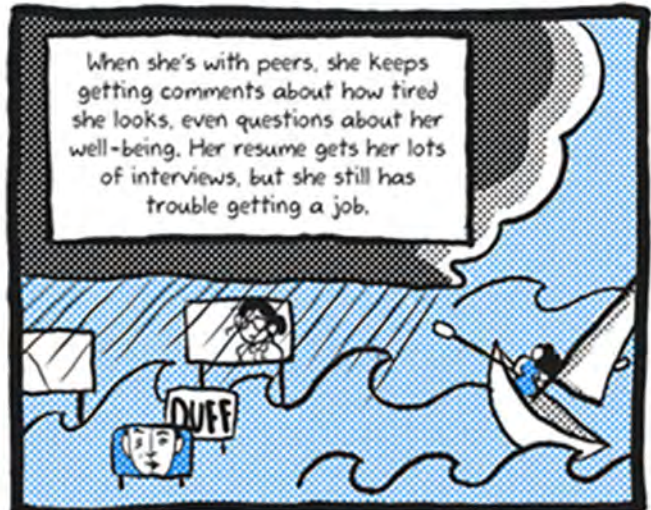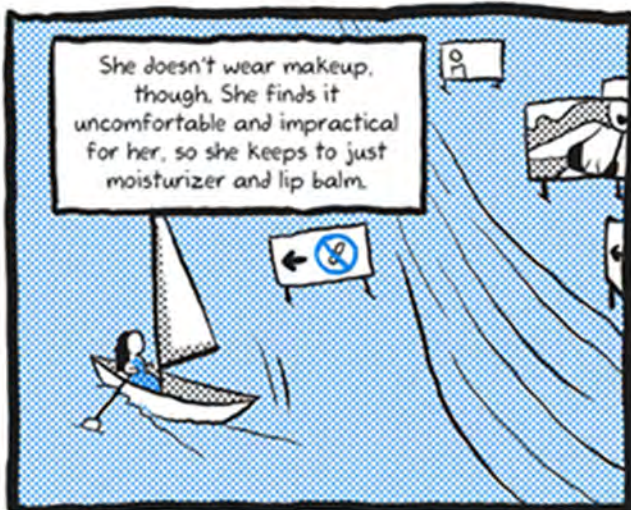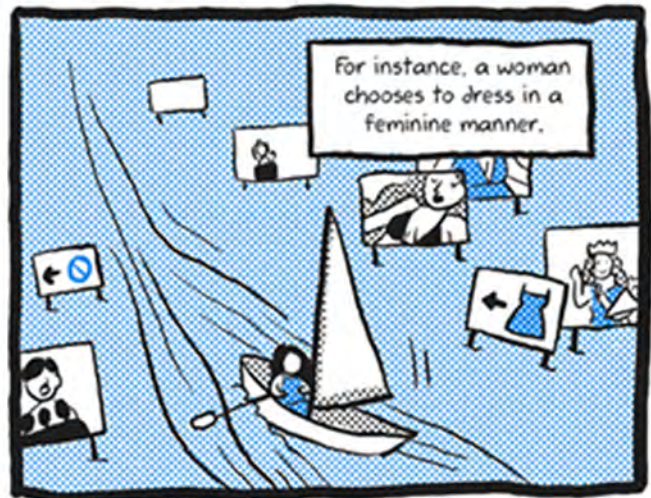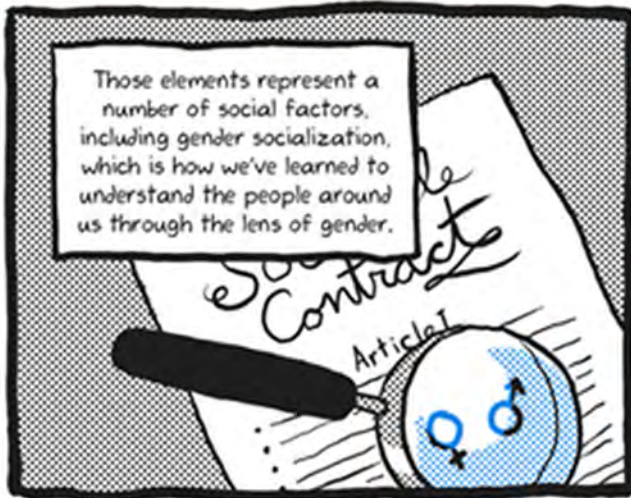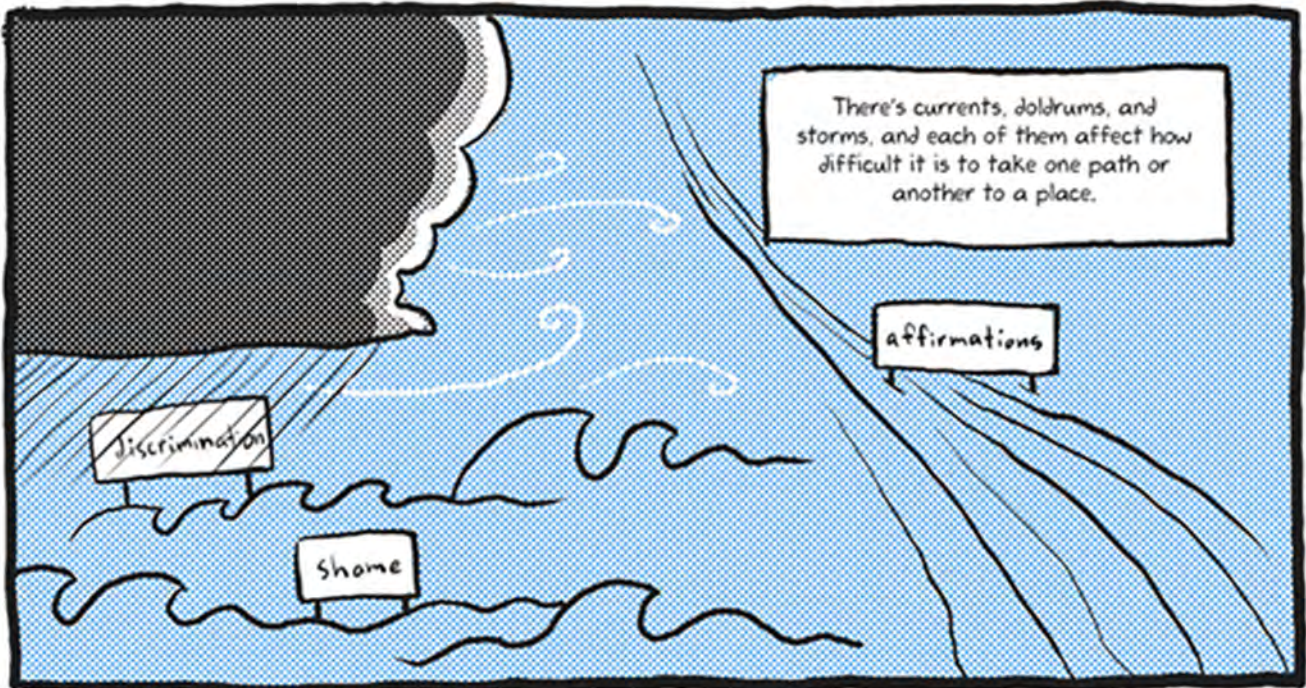
Source: https://everydayfeminism.com/wp-content/uploads/2015/07/choice-feminism-1-final.png.

session 4
sexuality and education

HANDOUT 4.1:
SMALL GROUP DISCUSSION QUESTIONS

In your small group, discuss the following:
1. What are the ways that students/young people of your selected identity could be marginalised in the educational system? What about it relates to their sexuality?

   Some elements that can be considered include the following:
   • General school curriculum
   • Comprehensive sexuality education curricula
   • Teaching/learning methodologies
   • Admission/Registration
   • Physical spaces (classrooms, toilets, sports areas, canteen, etc.)

   • Extra-curricular activities
   • Sexuality and gender-related policies
   • Safety
   • Fees/Financial aid
   • Faculty
   • Etc.

2. How can these be addressed? In what ways can inclusive learning environments and spaces be created and fostered in your university/non-formal educational centre, taking into consideration your assigned identities? What concrete proposals could you offer? How can sexuality be considered in these proposals?

   You have 30 minutes for this discussion, after which you will be presenting your platforms to your electorates. You have four minutes for your presentation.

HANDOUT 4.2:
KEY CONCEPTS, TOPICS AND LEARNING OBJECTIVES THAT SHOULD FORM THE BASIS OF A CSE CURRICULA

KEY CONCEPT 1	KEY CONCEPT 2	KEY CONCEPT 3
RELATIONSHIPS	VALUES, RIGHTS, CULTURE, AND SEXUALITY	UNDERSTANDING GENDER
Topics: 1.1 Families 1.2 Friendship, Love and Romantic Relationships 1.3 Tolerance, Inclusion and Respect 1.4 Long-term Commitments and Parenting	Topics: 2.1 Values and Sexuality 2.2 Human Rights and Sexuality 2.3 Culture, Society and Sexuality	Topics: 3.1 The Social Construction of Gender and Gender Norms 3.2 Gender Equality, Stereotypes and Bias 3.3 Gender-based Violence

KEY CONCEPT 4	KEY CONCEPT 5	KEY CONCEPT 6
VIOLENCE AND STAYING SAFE	SKILLS FOR HEALTH AND WELLBEING	THE HUMAN BODY AND DEVELOPMENT
Topics: 4.1 Violence 4.2 Consent, Privacy and Bodily Integrity 4.3 Safe use of Information and Communication Technologies (ICTs)	Topics: 5.1 Norms and Peer Influence on Sexual Behaviour 5.2 Decision-making 5.3 Communication, Refusal and Negotiation Skills 5.4 Media Literacy and Sexuality 5.5 Finding Help and Support	Topics: 6.1 Sexual and Reproductive Anatomy and Physiology 6.2 Reproduction 6.3 Puberty 6.4 Body Image

KEY CONCEPT 7	KEY CONCEPT 8
SEXUALITY AND SEXUAL BEHAVIOR	SEXUAL AND REPRODUCTIVE HEALTH
Topics: 7.1 Sex, Sexuality and the Sexual Life Cycle 7.2 Sexual Behaviour and Sexual Response	Topics: 8.1 Pregnancy and Pregnancy Prevention 8.2 HIV and AIDS Stigma, Care, Treatment and Support 8.3 Understanding, Recognising and Reducing the Risk of STIs, including HIV

HANDOUT 4.3:
ADDRESSING THE OPPOSITION

QUESTIONS AND STATEMENTS BY THE OPPOSITION

Why do we need sexuality education at all?
- Sexual health is an essential part of overall health and well-being, and sexuality education is critical to achieving good sexual health.
- Young people need and have the right to the information and skills that will help them achieve a healthy and positive sexuality, before and after they become sexually active.
- Schools play an essential role in providing sexuality education because they are the only formal educational institution to have meaningful contact with nearly every young person. They are in a unique position to provide children, adolescents, and young adults with the knowledge and skills they will need to make and act on decisions that promote sexual health throughout their lives.
- Access to comprehensive sexuality education is especially important for the most vulnerable groups of young people who are most at risk of unwanted pregnancy, sexually transmitted infections and sexual violence.

Comprehensive sexuality education encourages young people to have sex.
- This is false; there is no evidence to suggest that this is true. In fact, the opposite is true. Evidence from an increasing number of studies clearly shows that comprehensive sexuality education does not lead to earlier sexual initiation or an increase in sexual activity. Some studies show that it can even delay sexual initiation.
- Comprehensive sexuality education presents young people with the full range of honest and trustworthy information that enables them to choose what is best for them, whether it be abstinence or engaging in safer sex.

Abstinence[4] is the only contraceptive method that is 100 per cent effective.
- Abstinence is only truly effective if practiced 100 per cent of the time. Research, however, shows that young people on abstinence-only programmes frequently fail to maintain their commitment. In reality, therefore, abstinence is not 100 per cent effective.
- Research shows that abstinence can promote other sexual practices that can put young people at greater risk. A common belief is that the only practice to abstain from is vaginal intercourse, leaving young people unaware of the risks of other types of sexual activity.
- Abstinence is not a lifetime commitment for most, yet abstinence programmes deliberately deny young people the information and skills they need for when they do

become sexually active. It is unethical to deny people information that would help them protect their health and well-being.
- Studies show that abstinence-only education puts some young people at greater risk of unwanted pregnancy and sexually transmitted infections.
- Providing comprehensive information on safer sex encourages young people to be sexually responsible. Research increasingly shows that when young people make free and informed choices about their sexual lives it does not lead to increased risky sexual behaviour[5] nor increased sexual activity.

Abstinence is the most accessible form of protection because it requires no supplies or clinic visits.
- Even if young people choose abstinence as their main form of protection against pregnancy and infection, it is important for them to talk to someone about what abstinence actually is and how to ensure it is effective.
- Seeking out the services of sexual health professionals can provide a great opportunity for young people to discuss and understand the changes they are going through and their implications. This issue is ignored by most abstinence-only programmes, yet it is vital to the well-being of young people.
- Young people who choose to be abstinent may be discouraged from accessing sexuality education or clinical services, which may increase their risk later in life.
- When abstinent young people do become sexually active, whether in a marriage or outside of marriage, stigma and lack of information may be additional barriers to accessing services when they most need them.

Abstinence is the only appropriate course of action for young people.
- Abstinence is only appropriate for some young people. The reality is that more than half of the world's adolescent population is sexually active.[6, 7]
- Developing one's sexuality is part of the process of becoming an adult. Ignoring or denying this fact can make young people feel abnormal or isolated and can put their health at risk.
- Abstinence-only education leaves the large proportion of young people who are already sexually active uninformed, making it more likely for them to engage in risky behaviour.
- Abstinence education only promotes one form of sexuality as acceptable, ignoring young people who are gay, lesbian, bisexual, transgender and questioning, and increasing the shame and isolation that young people who are victims of rape and abuse may feel.
- In addition, young people's sexual rights must be considered. From a rights-based point of view, abstinence-only education is clearly problematic. International human

rights documents protect the right of young people to enjoy the highest attainable health, including sexual and reproductive health. They also have the right to access accurate information, to develop their full potential and to be involved in decision making. Limiting young people's access to information discriminates against them and directly undermines their rights.

What other reasons are there for not believing in abstinence-only education?

- There is very little credible evidence on the success of abstinence-only programmes, as noted earlier.
- Abstinence-only messages ignore the large proportion of young people who are already sexually active, which can leave them feeling impure and uninformed, making it more likely that they will engage in risky behaviour. It also excludes and stigmatises young people who are gay, lesbian, bisexual, transgender and questioning, promoting sexual activity only in the context of marriage between a man and a woman.
- Even among those young people who choose to abstain from sexual relations, the majority will eventually become sexually active. Young people will still need the information and tools to protect themselves in that context to achieve optimal sexual health and well-being. Education programmes focused only on abstinence fail to equip young people with the skills and knowledge they will need at some point in their lives, and may discourage them from using any form of contraception once they become sexually active. This puts them at greater risk.
- Because the definition of abstinence is not clear, young people may engage in other sexual practices which can be unsafe and lead to sexually transmitted infections and HIV (for example, anal and oral sexual behaviour).
- Abstinence is not an option for some young people, for example, young married girls.
- Abstinence-only programmes also raise ethical issues about whether we believe that all young people are entitled to be informed on a critically important part of their lives – their sexuality and their sexual and reproductive health. In other words, are young people entitled to make their own choices or do we believe that it is better to deny them this information on cultural or religious grounds? Limiting young people's access to information and their participation in decisions regarding their health, presenting abstinence until marriage as the only option, clearly violates young people's sexual and reproductive rights.

Comprehensive sexuality education attempts to do away with traditional values.

- Comprehensive sexuality education encourages values, by helping young people to identify their own values and empowering them to lead their lives according to these values. What it does not do is impose values on young people that may cause them harm.
- Comprehensive sexuality education means that sensitive cultural practices, such as female genital mutilation and early marriage, can be explored by young women and young men from their own personal points of view. It means that young people can become the drivers of change in their societies.

Does comprehensive sexuality education really work?

- Yes! Research increasingly shows that comprehensive sexuality education is beneficial for young people's health during their youth and even into adulthood. Additionally, comprehensive sexuality education upholds young people's rights and it can lead to improved social development, for example, by having a positive effect on the Millennium Development Goals.

Giving young people more information will just confuse them. They are too young to make decisions about what is best for them.

- Evidence shows that giving young people complete and accurate information on their sexual and reproductive health, including both abstinence and contraception, does not lead to confusion.[8, 9, 10]
- Comprehensive sexuality education also equips young people with the skills and critical thinking necessary to understand the information given to them and to incorporate it into their lives in relevant ways. Young people who know themselves and their sexuality will be able to make informed decisions about what is best for them.
- Conversely, it is hard for young people to act responsibly when they are denied the information to do so and their rights are being denied. Acting responsibly implies that someone has the liberty to choose among different options and to make a responsible decision. Denying young people their rights will only make it harder for them to make responsible choices.[11]
- Although well-intended, limiting young people's access to information and experience is a form of over-protection that can actually increase their vulnerability.[12]

QUESTIONS AND STATEMENTS ON PROGRAMMATIC ISSUES RELATING TO SEXUALITY EDUCATION

Should sexuality education be different or similar for boys and girls?

Traditionally, the focus of sexuality education has been on girls. Boys may feel that sex education is not relevant to them and are unable or too embarrassed to ask questions about relationships or sex. Boys are also less likely to talk to their parents about sex and relationships. For these reasons, it is

important to make sure that sexuality education programmes focus on boys as much as on girls.

Teachers will need to plan a variety of activities that will help to engage boys as well as girls, matching their different learning styles. Single-sex groups may be particularly important for young people who come from cultures where it is only acceptable to speak about the body in single gender groups. Both co-education and single-sex sexuality education could work effectively for boys and girls provided that teachers and educators are taught about the differences. It is also important that girls and boys communicate and negotiate openly about sexuality, their needs and desires, and safer sex. Research has proven this to be crucial to prevent unwanted pregnancy, sexually transmitted infections and HIV.

We need to understand that boys and girls learn differently, so we are able to help both boys and girls in both co-ed and single-sex classes. Traditional gender roles may encourage girls to develop their empathic ability and express their feelings while boys are encouraged to be more competitive and take risks.

Boys and girls may have different needs and questions in relation to sexuality and relationships.

When should sexuality education start?

It is never too early to start talking to children about sexual matters. Openness, even with young children, will show that sex is an acceptable topic of conversation. Between the ages of 18 months to three years, children begin to learn about their own bodies; at this stage they need to know that it is normal for a child to explore his or her body and to do what feels good.

By the age of three or four, children are ready to know that boys and girls have different genitals. To satisfy their normal curiosity about each other's sex organs, children may play 'doctor' or take turns examining each other in a matter of fact way. This exploration is far removed from adult sexual activity, and it is harmless when only young children are involved. At this age, many children ask the question, "Where do babies come from?" They need a simple and direct response, such as "Babies grow in a special place inside their mother." As the child matures, more details can be added.

Between the ages of five and seven, children become more aware of their gender. Boys may tend to associate only with boys, and girls only with girls. At this age, questions about sex will become more complex, as a child tries to understand the connection between sexuality and making babies. He or she may turn to friends for some of these answers. Because children can pick up false information about sex and

reproduction, it may be best to ask what a child knows about a particular topic before starting to explain it.

What about parents?

Research has found parental connectedness to be highly protective. Parental connectedness is defined as feeling close to, cared about and loved by a parent. Adolescents who report high parental connectedness indicate that they can talk to at least one parent and that their parent is psychologically available for them. Young people who report higher parental connectedness were less likely than other young people to participate in every risk behaviour. Connectedness is not so much an issue of doing activities with parents but, rather, feeling that they can talk with their parents and that their parents know what is going on in their lives and are concerned about them.[13]

Young people need sexuality education and parents, as essential sources of information and as role models, can influence their children's sexual development. Two parents, a single parent, a foster parent, a grandparent or any other adult who cares for and nurtures a young person must assume this task because sexuality education involves crucial family, religious, and cultural values and convictions. Young people inevitably learn about sex and sexuality from their environment anyway, and it is evident that the environment is not always very safe or reliable. This means that it is up to caring adults to influence their sons' and daughters' moral development, healthy decision making abilities, self-esteem, and knowledge of, and comfort with, their own sexuality. A parent really has no choice in this matter; the only choice is whether the job will be done well or poorly.

Providing sexuality education in school can be enhanced by the support of parents. The key to respectful and effective partnership with parents lies in the general ethos of a school and its openness to parents, the community and sources of external support. The school ethos also has consequences for the school's commitment to and confidence in talking with pupils about sexuality. A positive school ethos is created when questions of sexuality and sexual health are addressed explicitly as part of the curriculum as well as management issues concerning policy making and consultation. A positive outlook on equal opportunities and cultural diversity will increase parents' trust in the school's ability to address issues about sexuality education. General good practice includes valuing cultural diversity, parents' opinion and parental support – all of these will have a positive impact on the effectiveness of sexuality education in school.

Why talk about sexual pleasure?

Gender and sexual pleasure are important elements of comprehensive sexuality education. There is increasing evidence from countries as varied as the Netherlands, the United Kingdom, Cambodia and Bangladesh that positive health outcomes can be achieved if gender norms and power disparities are addressed and if there is a greater acceptance of positive sexual experiences.[14, 15, 16, 17, 18]

There is a real problem in the way that discussions of sexual health have focused mostly on information on health and warnings, and what not to do. The idea of some form of pleasure is often a central motive or an assumed goal for at least one, if not, both partners in the quest for sexual connection. So, if pleasure is a key reference point that people actually hope to experience or consider highly significant in their sexual lives, the effort to open up discussions of pleasure is extremely important in trying to activate safer sex and may be crucial to promoting safer behaviours.

Sexual pleasure means different things to different people, depending on lifestyle, partner, context, socio-economic conditions, religion and cultural beliefs. It is important to support young people in maintaining pleasure in a longer relationship with one partner so they do not run around finding new partners for pleasure and excitement.[19]

Notions of sexual pleasure are laced with beliefs and customs. We could benefit from more discussions and debates about different cultural traditions for learning about sex. The gender systems upheld and reproduced in a culture also infuse particular understandings into what pleasure is. Men and women learn both formally and informally from their culture what is expected of the sexual contract or sexual contact. Every culture offers maps for learning ways to understand and express desire and ways to project onto or interpret the sexual desire and actions of the other sex.[20] The way the media tend to portray sex in a positive and pleasurable way is often much more appreciated by young people, whereas sexuality education and health services often focus on the negative, harm-related side of sex. In order to bridge this gap, the role of pleasure and an acceptance of positive sexuality should also feature more prominently in sexuality education. A sex-positive approach can increase condom use and safer sex. We should promote the fact that safer sex and sex are one and the same. Pleasure and desire for intimacy are forces for good. Through the discovery and development of sexual pleasure, greater overall self-confidence and self-esteem can be gained, which in turn lead to a greater ability to make empowered decisions about safer sex. (For more information on sexual health and pleasure see www.the-pleasure-project.org.)

There is not much support for comprehensive sexuality education.

As parents develop greater understanding of comprehensive sexuality education, there is increasing "support for it. Parents want their children to develop knowledge and skills to cope with the risks they encounter. In the US, interviews conducted in the year 2000 demonstrated that 65 per cent of parents supported sex education that encourages abstinence, but that also prepares young people to use birth control and practise safer sex.[21] In the UK, studies have also shown that parents want schools to provide a more comprehensive education that will begin at younger ages and that will address the more difficult issues that parents may not feel comfortable discussing with their children.[22] The State of World Population Report of 2000 (UNFPA) also stated that parents around the world would like their children to be taught about sex, but often feel ill-informed or embarrassed about doing it themselves.

At the international level, many statements have been issued by various organisations advocating for a comprehensive, rights-based approach to sexuality education. The UN Guidelines on HIV/AIDS and Human Rights both call on states to "ensure that children and adolescents have adequate access to confidential sexual and reproductive health services, including HIV/AIDS information, counselling, testing and prevention measures such as condoms," and to "ensure the access of children and adolescents to adequate health information and education, including information related to HIV/AIDS prevention and care, inside and outside school, which is tailored appropriately to age level and capacity and enables them to deal positively and responsibly with their sexuality."[23] The 1994 Programme of Action of the International Conference on Population and Development also addresses these issues and adds that "responsible sexual behaviour, sensitivity and equity in gender relations, particularly when instilled during the formative years, enhance and promote respectful and harmonious partnerships between men and women."[24]

Communication can play an important role in overcoming community opposition to comprehensive sexuality education. Because of common myths and misconceptions about sexuality education (including those mentioned earlier), it is essential to explain the programme being implemented within the community and to discuss it with community members, allowing them to voice their concerns.

HANDOUT 4.4:
ASSESSING SEXUALITY EDUCATION IN OUR NATIONAL CONTEXTS

Time
30 minutes

1. Assess the state of sexuality education in your country vis-à-vis the criteria below. A thumbs up represents a positive response, a thumbs down represents a negative response, and a pointing sideward hand is in between.

COUNTRY: _____

| CRITERIA	👉	✋	👎	WHY THE RATING?
LEGAL BASIS				
Is providing CSE mandated by national law?				
Is providing CSE mandated by national policy?				
IMPLEMENTATION				
Is it available in various settings (e.g., school-based, community-based, non-formal, etc.)?				
Does it have wide coverage (e.g., national vs. pilot)?				
Is it available at various levels (primary, middle school, high school, university)?				
Are there exclusions on who can receive it (age, religion, etc.)?				
Are young people involved in its development or evaluation?				
CONTENT				
Is it comprehensive?				
Is it rights-based?				
Does it use an affirmative/sex-positive framework?				
Is it evidence-based?				
Is it inclusive and uses an intersectional framework?				
Does it include the following basic elements?				
Gender				
SRH and HIV				
Sexual citizenship rights				
Pleasure				
Freedom from violence				
Diversity				

2. What changes would you like to see happen? What are your recommendations to improve the state of CSE in your country? List at least three.

session 5
sexuality and health

HANDOUT 5.1:
BUBBLE EXERCISE—FACTORS UNDERLYING DOLESCENT AND YOUTH SEXUAL AND REPRODUCTIVE HEALTH
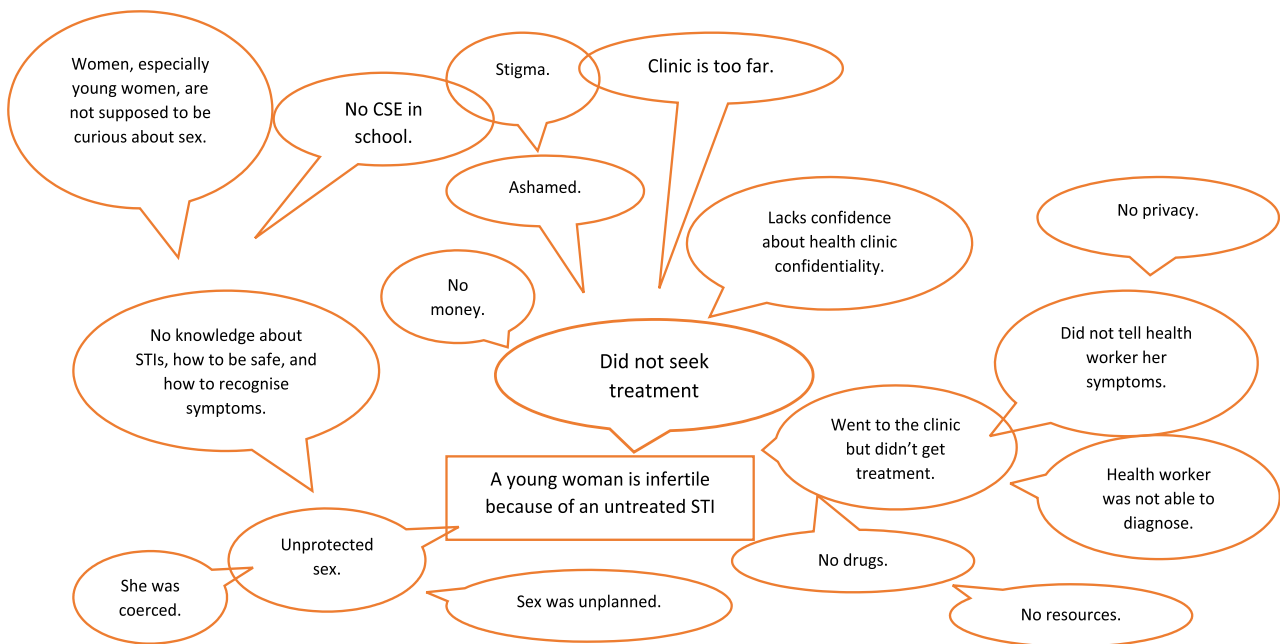
Each group will be given a flip chart. Write down your assigned statement at the centre of the sheet.
- Group 1: An adolescent girl is experiencing unwanted pregnancy.
- Group 2: A young male sex worker has contracted HIV.
- Group 3: A young woman dies from the complications of unsafe abortion.
- Group 4: A transgender man has been diagnosed with cervical cancer.

You have 30 minutes in which to analyse the intersecting reasons underlying a negative health outcome and then focus particularly on identifying reasons that are related to age, gender, and sexuality. All charts will be displayed and discussed in the large group.

Task 1: Bubble exercise: But why?
Time: 30 minutes
Starting with the statement (e.g. "A young woman is infertile because of an untreated STI), ask yourselves, "But why?" Write the reason you come up with, on a bubble drawn next to the statement on the big piece of paper. Keep asking "But why?" until the line of argument is exhausted. Each reason has to flow directly from the one before, and written directly next to the previous reason's circle. Then begin again at the original statement and explore another reason why the woman did not deliver in a health facility. Each circle should contain a single specific issue. Do not use general terms such as "culture" as a reason; articulate which aspect of culture is causing the problem.

Task 2: Identifying gender dimensions
Time: 10 minutes
- Identify and circle in red, factors that are related to age, gender, and sexuality.
- Think through reasons why you have identified a reason as related to these three determinants.
- Discuss what needs to change so that a specific cause can be effectively removed. For example, if a young woman was not able to negotiate using contraception with her boyfriend, then discuss how this could be overcome. What needs to happen in society and with socialisation of men so that men do not behave in this way?

Task 3: Report-back to the larger group
Time: 6 minutes for report-back per group followed by discussion of 4 minutes per group.

HANDOUT 5.2.1:
EXERCISE: ADVOCATING FOR INCLUSIVE, YOUTH-RESPONSIVE HEALTH SERVICES

Step 1: Group Work
Time: 25 minutes

1. Go back to the same grouping as in the previous exercise.
2. Look at the chart from the previous exercise and the encircled underlying issues causing sexual and reproductive health problems related to age, gender, and sexuality.
3. Create a table, with the first column labelled "Identified Problems," and the second column labelled "Responses towards creating inclusive, youth-responsive health services."
4. List down the underlying problems related to age, gender, and sexuality in the first column.
5. Then discuss within your group how the underlying problems can be resolved, such that health systems can be transformed to be inclusive and youth-responsive. List down your proposals on the second column.

To put it simply:

Inclusive Health Care
Health care that addresses distinctive and different barriers to inclusion of marginalised groups of people, including young women, young people living in poverty, young people with disabilities, young people living with HIV, LGBTIQ youth, migrant youth, ethnic minority youth, young sex workers, sexual assault survivors, and others.

Adolescent/Youth-friendly Services
Health services that address barriers to service use of adolescents and young people. These are accessible, acceptable, and appropriate to adolescents and young people in all their diversity. These are also effective and equitable.

Step 2: Report Back
Time: 32 minutes

Each group will be given 4 minutes to report their proposals and another 4 minutes for discussion.

HANDOUT 5.2.2:
INCLUSIVE, YOUTH-FRIENDLY, AND YOUTH-RESPONSIVE HEALTH SERVICES

Inclusive Health Care
This builds on the "Health for All" ethos and strengthens the rights-based approach to health. It takes a more proactive approach to addressing distinctive and different barriers to inclusion, in recognition that particular groups—including young women, young people living in poverty, young people with disabilities, young people living with HIV, LGBTIQ youth, migrant youth, ethnic minority youth, young sex workers, sexual assault survivors, and others—have particular needs and particular strategies are needed to overcome their particular barriers to health. It also aims to utilise a much greater range of healthcare delivery options embodied in a greater variety of human resources for health.[25]

Adolescent/Youth-friendly Services:
Health services that address barriers to service use of adolescents and young people. These are accessible to, acceptable by, appropriate to adolescents and young people in all their diversity. These are also effective and equitable.

Dimensions and Characteristics of Adolescent and Youth-Friendly Health Services[26]
The quality of care framework provides a useful working definition of adolescent-friendly/youth-friendly health services. To be considered adolescent-friendly and youth-friendly, health services should have the dimensions and characteristics listed in the table in the following page.

Adolescent/Youth-responsive Health Systems
Efforts for the health system to systematically respond to the health needs of adolescents and young people, including addressing the barriers to their service use, creating opportunities for them to access preventive care, as well as in financing and workforce capacity.[27]

DIMENSIONS	CHARACTERISTICS
Accessible: Adolescents/young people are able to obtain the health services that are available.	**Health Facility** • Point of service delivery has convenient working hours. • Point of service delivery has convenient location/space. **Programme Design** • Policies and procedures are in place that ensure health services are either free or affordable to adolescents/young people. • Adolescents/young people are well informed about the range of services available and how to obtain them. • There are alternative ways to access information, counselling, and services. • Parents and community members understand the benefits that adolescents/young people will gain by obtaining the health services they need and support their provision. • Some health services and health-related commodities are provided to adolescents/young people in the community by selected community members, outreach workers, and adolescents/young people themselves.
ACCEPTABLE Adolescents/young people are willing to obtain the health services that are available.	**Health Provider and Support Staff** • Health care providers are non-judgmental, considerate, and easy to relate to. • Health care providers ensure privacy and keep matters regarding the young person's problems confidential. **Health Facility** • Point of service delivery ensures privacy. • Point of service delivery has an appealing and clean environment. • Point of service delivery has short waiting times. **Programme Design** • Policies and procedures are in place that guarantee client confidentiality. • Point of service delivery ensures consultations occur in short waiting time, with or without appointment, and (where/when necessary) swift referral. • Point of service delivery provides information and education through a variety of channels. • Adolescents are actively and meaningfully involved in designing, assessing, and providing health services.
EQUITABLE (AND INCLUSIVE): All adolescents and young people, not just selected groups, are able to obtain the health services that are available.	**Health Providers and Support Staff** • Health care providers treat all adolescent and youth clients with equal care and respect, regardless of status. • Support staff treat all adolescent and youth clients with equal care and respect, regardless of status. **Programme Design** • Policies and procedures are in place that do not restrict the provision of health services. • Language translation is available as needed.
APPROPRIATE The right health services (i.e., the ones they need) are provided to them.	**Programme Design** • The required package of health care is provided to fulfil the needs of all adolescents and young people either at the point of service delivery or through referral linkages. • Educational materials are available on-site and to take away.
EFFECTIVE The right health services are provided in the right way, and make a positive contribution to their health.	**Health Providers and Support Staff** • Health care providers have the required competencies to work with adolescents/young people and provide them with the required health services. • Health care providers use evidence-based protocols and guidelines (rather than morality or religious guidelines for example) to provide health services. • Health care providers are able to dedicate sufficient time to interact effectively with their adolescent and youth clients. **Health Facility** • The point of service delivery has the required equipment, supplies, and basic services necessary to deliver the required health services.

session 6
sexuality and employment

HANDOUT 6.1:
WHAT WOMEN HEAR AT WORK

Instructions

1. Reflect on the illustration.
2. Choose a particular identity for a young person (e.g., young woman/man/trans youth/intersex youth/ undocumented young migrant man, young lesbian with disability, etc.) in a work place setting (whether informal or formal).

3. Illustrate how your character will experience ageism, sexism, homophobia, heteronormativity, etc.
4. You have 25 minutes to do this exercise, after which you will post your art work in the art gallery.

Illustration by Daisy Bernard
Source: http://www.huffingtonpost.co.uk/ entry/daisy-bernard-illustrations-women- expectations_uk_57cd63ebe4b01e35922bcbf1.

session 7
sexuality and citizenship

HANDOUT 7.1:
WORLD CAFÉ METHODOLOGY

1. We will be using the World Café Methodology to talk about issues related to sexuality and citizenship.
2. When I say begin, go to a table. Each table must not have more than 5 people, so if it is full, go to another. Your host will begin the conversation by reading aloud the questions for the table.
   - Table 1: What does citizenship mean? What about sexual citizenship? What rights do you have if you are a (sexual) citizen?
   - Table 2: What happens if you are considered a non-citizen (e.g., migrants, refugees, displaced, and stateless people)? How are your sexual and reproductive health and rights affected? What violations of rights would you likely encounter? Conversely, are there opportunities for expansion of rights and empowerment? Would this be affected by the following factors: a) age, b) gender, c) sexual orientation?
   - Table 3: What can be done to increase access to sexual and reproductive health information, education, and services of migrants, refugees, displaced, and stateless people? What strategies can be developed to remove barriers?
   - Table 4: What can be done to respect, promote and affirm the sexual and reproductive rights of migrants, refugees, displaced, and stateless people, and people with diverse gender identities and sexual orientations? What strategies can be developed to remove barriers?

3. Discuss these within 25 minutes and assign a note-taker to write the key points.
4. When I say move, other participants should move on to another table. Participants from one table should spread out, and not all go to the same table. The host will stay behind to welcome new café members and share key points and insights from the first round to the new people. Participants have 20 minutes for the second round.
5. Do the same for the third round, but you will have 15 minutes for this round.
6. Once all 3 rounds are completed, we will return to plenary mode.

HANDOUT 7.2:
SEXUAL CITIZENSHIP AND RIGHTS

'Sexual Citizenship' works on the broad view of the government granting its citizens certain rights, including the right to be protected from discrimination and access to government welfare and services.[28]

Three kinds of sexual rights:
a. rights involving sexual practice,
b. rights of self-definition, and
c. rights gained from social and political institutions, thus including right to marriage, family, adoption amongst others.[29]

session 8
sexuality and the law

HANDOUT 8.2:
YOUTH SEXUALITY LAWS AND POLICIES SCORECARD

Evening Assignment
Accomplish this scorecard as a group.

1. Put the name of your country in the blank space provided.

2. Check the column that best describes your assessment of laws and policies in your country with regards to rights related to young people and sexuality. Do the necessary research online and refer to ARROW youth publications as needed, and put your rationale after discussing it within the group. Put the actual names of specific laws and policies and references in respective columns.

If your country has signed or ratified the following and your answer is yes, check the happy face emoticon. If no, check the sad face. If they have made reservations, check the meh face.	☺	😐	☹	WHY THE RATING?	NAME OF LAWS/ POLICIES	SOURCES
COUNTRY:						
INTERNATIONAL OBLIGATIONS AND COMMITMENTS						
Convention on the Rights of the Child (CRC)						
International Covenant on Economic, Social and Cultural Rights (ICESCR)						
Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)						
ILO Worst Forms of Child Labour Convention, 1999 (No. 182)						
Sustainable Development Goals (SDGs)						
International Conference on Population and Development (ICPD)						
Beijing Platform for Action						
UN General Assembly Political Declaration on HIV and AIDS						
If you answer yes to the questions below, check the happy face emoticon. If no, check the sad face. Then for the follow-up question, check the appropriate emoticon based on your rating.						
NATIONAL LAWS AND POLICIES						
Are there child protection laws/policies?						
If yes, how would you rate them?						
Are there laws/policies that recognise young people's evolving capacities?						
If yes, how would you rate them?						
Are there laws/policies that recognise young people's sexual rights?						
If yes, how would you rate them?						
Are there laws/policies that recognise young people's reproductive rights?						
If yes, how would you rate them?						

	☺	😐	☹	WHY THE RATING?	NAME OF LAWS/ POLICIES	SOURCES
Are there laws/policies that ensure the right of young people to comprehensive sexuality education?						
If yes, how would you rate them?						
Are there laws/policies that ensure the right of young people to information about SRHR?						
If yes, how would you rate them?						
Are there laws/policies that ensure the right of young people to sexual and reproductive health services?						
If yes, how would you rate them?						
Are there laws/policies that protect young people's right to access contraception?						
If yes, how would you rate them?						
Are there laws/policies to prohibit forced sterilisation and forced abortion?						
If yes, how would you rate them?						
Are there laws/policies that protect against child marriage?						
If yes, how would you rate them?						
Are there anti-discrimination laws/ policies on the basis of sexuality/SOGIE?						
If yes, how would you rate them?						
Are there anti-discrimination laws/policies on the basis of health status (e.g., HIV)?						
If yes, how would you rate them?						
Are there laws/policies that support rights to privacy and prohibit breach of confidentiality in services for young people?						
If yes, how would you rate them?						
Are there laws/policies to address gender-based violence?						
If yes, how would you rate them?						
Are there laws/policies to address rape within marriage and intimate relationships?						
If yes, how would you rate them?						
Are there laws/policies to address cyber violence and bullying?						
If yes, how would you rate them?						
Are there laws that recognise affirmative aspects of sexuality?						
If yes, how would you rate them?						
Are there laws/policies that call for building youth leadership and participation?						
If yes, how would you rate them?						
Are there laws/policies that support young people's organisations and networks?						
If yes, how would you rate them?						

If you answer yes to the questions below, check the sad face emoticon. If no, check the happy face.						
	☺	😐	☹	WHY THE RATING?	NAME OF LAWS/ POLICIES	SOURCES
Is the minimum age of criminal responsibility below the age of 12?						
Are there laws/policies restricting/ prohibiting access to information and education on sexuality or SRHR?						
Are there laws/policies criminalising consensual adult same-sex activities (e.g., anti-sodomy laws)?						
Are there laws/policies that punish consensual sex between young people?						
Is marriage set as a requirement to access SRH services?						
Is parental consent needed to access HIV testing?						
Are there laws/policies criminalising abortion?						
Are there laws/policies criminalising the carrying of condoms?						
Are there laws/policies criminalising sex work?						
Are there laws/policies criminalising people who use drugs?						
Are there age restrictions on access to harm reduction services?						
Others						
List other laws and policies relevant to young people and sexuality that were not covered in the above questions and rate them accordingly.						

3. Overall, how would you score your country? Why?

Report-back
You have 6 minutes to share this in the plenary. Save the soft copy on a USB stick and give it to the facilitator first thing in the morning.

session 9
making change happen

HANDOUT 9.2:
ACTION PLANNING—ORGANISATIONAL ADVOCACY PLANS

Instructions
At the end of this activity, you will be developing your organisational advocacy action plans. The intervention should use the intersectionality framework to address concerns related to young people and sexuality, and other related themes such as education, health, law, employment, and

citizenship. The plan does not have to touch on all issues covered by the workshop but has to incorporate more than one intersecting issue.

Time
You have 2 hours to create your plan.

Step 1.
Identifying the advocacy issue.

Problem
What problem would you like to address? This does not mean choosing a broad topic such as young people's sexual and reproductive health. Instead you need to think about specific problems, such as young people's lack of access to contraceptives, or make it even more specific by identifying the specific target, such as young, heterosexual, married women.

Barriers
What are some of the barriers to solving the problem? Identify not more than 3 barriers. These must be related to guidelines, policies, or laws. For example, a key barrier to young people accessing contraception are requirements for parental consent or in the case of a married young woman, her husband's consent.

1.

2.

3.

Advocacy Issues
Of the barriers above, select which one you would most like to address. What changes would help remove this barrier? The answers are the advocacy issues. List 3. Be as specific and as concrete as possible. Should a new policy be developed? Should a harmful policy be removed? Does an existing policy need to be reformed? Or does it need to be fully implemented? In the case example above, a solution is the removal of parental or husband consent requirements. List two to three solutions.

1.

2.

3.

Step 1.
Evaluating the advocacy issue.

Looking at the issues you have identified above, which one would you pursue? Which one is the best issue for your advocacy initiative? Assess the issues based on the criteria for selection below. For all of the criteria, high is the best rating and low is the worst rating. A good advocacy issue will get higher scores than mediums and lows. However, it should be noted that in general issues related to young people's sexuality and SRHR, public or policy makers do not show a high level support for these issues, and hence other criteria would play a bigger role in selection. Moreover, strategies would be needed to increase the support level of the public or policymakers. If the issue you have selected have very low scores, go back to step 1, keeping the criteria in mind.

CRITERIA	ISSUE 1			ISSUE 2			ISSUE 3			REMARKS
	HIGH	MEDIUM	LOW	HIGH	MEDIUM	LOW	HIGH	MEDIUM	LOW	
Is the policy change needed clear? Clear (H) Somewhat clear (M) Unclear (L)										
Do you have evidence pointing to the importance or urgency of the problem? Strong (H) Some (M) None/Weak (L)										
Is there evidence that achieving the objective will improve the situation? Strong (H) Some (M) None/Weak (L)										
Will this benefit your constituencies significantly? Highly benefit (H) Somewhat (M) Low benefit (L)										
Will this benefit diverse constituencies? 3+ (H) 2 (M) 1 (L)										
How much effort—time, energy, other resources—would be required? Very little (H) Moderate effort (M) A lot (L)										
Is this achievable, even with opposition? Very likely (H) Possible (M) Unlikely (L)										
Can this succeed within one year? Very likely (H) Possible (M) Unlikely (L)										
Can this succeed within one year? Very likely (H) Possible (M) Unlikely (L)										
How supportive is the public to your issue? Very supportive (H) Neutral (M) Opposed (L)										

CRITERIA	ISSUE 1			ISSUE 2			ISSUE 3			REMARKS
	HIGH	MEDIUM	LOW	HIGH	MEDIUM	LOW	HIGH	MEDIUM	LOW	
How supportive are decision-makers and policymakers to your issue? Very supportive (H) Neutral (M) Opposed (L)										
Will there be possible negative consequences for your organisation? Unlikely (H) Possible (M) Likely (L)										
Is the available funding sufficient for this advocacy work? Funds are sufficient (H) Additional funds likely (M) Funds unlikely (L)										
Will there be possible positive consequences for your organisation? Likely (H) Possible (M) Unlikely (L)										
Do you have allies/partners outside your organisation to support your advocacy work? Will it build new alliances with other NGOs, leaders, and actors? 3+ (H) 1-2 (M) 0 (L)										
Will working on this advocacy issue provide young people with opportunities to learn about and become involved with the decision-making process? Will it open spaces for advocacy/ engagement? High opportunity (H) Possible (M) Unlikely (L)										
Is this issue in line with your organisation's mission and values and the project objectives? Very important (H) Somewhat important (M) Not very important (L)										
Does your organisation/project team have the capacity to work on this issue? Highly capable (H) Somewhat important (M) Less capable (L)										

Final selected issue

Remarks

Step 3.
Identifying the goals and objectives.

> **Goal**
> What is your advocacy goal? This should build on your advocacy issue by adding who (e.g., person, institution, office) will make the policy change, how the policy change will be made (e.g., through a specific bill, guidance, regulation, local ordinance), and when it will be achieved. Remember the goal needs to be attainable within a set timeframe. Example: The Ministry of Health will revise protocols for provision of adolescent contraceptive services by December 2019.

> **Barriers**
> Break down your goal into a few short-term objectives that will directly contribute to achieving your goal. Objectives are the smaller steps you must complete in order to reach your overall goal. They should be clear and focused, and should include: the change you want to see, who (e.g., person, institution, office) will make the change, and when it will be achieved. They should be limited in number (no more than 3). Note: If your objective is likely to take longer to achieve than your goal, it is not a good objective. Example: Three high-level officials of the Ministry of Health will have expressed support to the concept of evolving capacities of adolescents with respect to contraceptive services by December 2018.
>
> Ojective 1
> Objective 2
> Objective 3

Step 4.
Identifying allies.

POSSIBLE ALLY/PARTNER	CONTRIBUTIONS
Who can help you achieve your goals? Be as specific as possible, naming specific NGOs, networks, media, etc. rather than broad categories.	These can be human resources; funding; political and media connections; advocacy, communications, and technical expertise, etc.)

Step 5.
Naming targets.

PRIMARY TARGET NAME	POSITION ON YOUR ISSUE	PARTNER WITH CONNECTIONS TO INFLUENCE TARGET
Be specific. For example, name a specific person, department, committee, or newspaper. Do not just put, media or government.	Supportive/Neutral/Opposing/ Informed/Uuninformed	

Primary targets are the policymakers/offices/etc. that have the power to make the change you are advocating for.

SECONDARY TARGET NAME	POSITION ON YOUR ISSUE	PARTNER WITH CONNECTIONS TO INFLUENCE TARGET

Secondary targets are persons/groups/etc. you can influence who in turn can influence your primary target.

Step 6.
Are there influential actors that oppose your issue, both inside the government and outside?

INSIDE THE GOVERNMENT			
OPPOSITION	DESCRIBE	CAN WE SHIFT THEIR POSITION?	POSSIBLE ACTIONS TO NEUTRALISE THEM
Be specific; do not just put 'religious groups' for example.	Role, Level/Scope of influence		

OUTSIDE THE GOVERNMENT			
OPPOSITION	DESCRIBE	CAN WE SHIFT THEIR POSITION?	POSSIBLE ACTIONS TO NEUTRALISE THEM
These may include community leaders/groups, health/legal professional associations, NGOs, coalitions. Provide names.	Role, Level/Scope of influence		

Step 7.
Mapping advocacy spaces and opportunities.

> ***Advocacy Opportunities***
> Events, significant dates, or government decisions within the advocacy timeframe that might be important mobilisation and communication opportunities.

Step 8.
Identifying activities: What activities will you be doing to achieve your objectives, moving towards your goal? Consider pursuing a combination of activities, but at the same time be realistic. Do not do everything at the same time. Examples of activities include the following: arranging site visits or study tours; holding educational briefings and events; conducting advocacy trainings; launching public awareness campaigns (including on social media); holding policy dialogues and forums among key stakeholders; documenting problems for policymakers (e.g., commissioning a report); developing advocacy and/or policy briefs; engaging the media to cover your issue; holding face-to-face meetings with policymakers, mobilising groups (community members, public interest groups, etc.) in support of policy change; providing technical information and recommendations to policymakers; and utilising email, phone calls, letters, petitions, and social media to mobilise constituents to contact policymakers.

OBJECTIVE 1				
ACTIVITY	LEAD ORGANISATION	PARTNERS	TIMING	COST

OBJECTIVE				
ACTIVITY	LEAD ORGANISATION	PARTNERS	TIMING	COST

OBJECTIVE 3				
ACTIVITY	LEAD ORGANISATION	PARTNERS	TIMING	COST

HANDOUT 9.3:
MAKING A PITCH FOR COUNTRY ACTIONS

Time
30 minutes

Instructions
For this activity, you will be working together with other participants from your country to come up with a 4-minute pitch for an intervention. As with the organisational plan, the intervention should use the intersectionality framework to address issues related to young people and sexuality, and other related issues such as education, health, law, employment, and citizenship.

Write up your 4-minute pitch in a poster, and try to be as creative as you can. Ensure that these elements are included:
- What: What do you want to achieve?
- How: How will you achieve the change you need?
- When: How long will it take you to achieve the change you need?
- Who:
  - > Who will be responsible for what?
  - > Who will be able to help you achieve your goal?
  - > Who will serve as detractors and what could be barriers to achieving your goal?
- How much: Does this have a financial implication? Can you leverage existing funds?
- Why: Why should this intervention be supported?

evaluation and feedback

1. **What were your expectations of the workshop?**

2. **Were your expectations met?**

   ☐ Fully   ☐ Mostly   ☐ Somewhat   ☐ Not at all

   Comment on your response:

3. **Were the objectives of the workshop met?**

   ☐ Fully   ☐ Mostly   ☐ Somewhat   ☐ Not at all

   Comment on your response:

4. **Were the methodologies used suitable and aided in your learning?**

   ☐ Fully   ☐ Mostly   ☐ Somewhat   ☐ Not at all

   Comment on your response:

5. **How effective was the facilitation?**

   ☐ Highly effective   ☐ Mostly   ☐ Somewhat   ☐ Not at all

   Comment on your response:

6. **The duration of the workshop is:**

   ☐ Just right   ☐ Needs to be longer   ☐ Needs to be shorter

   Comment on your response:

7. **How did you feel about the daily schedule?**

   ☐ Just right   ☐ Too long   ☐ Too short

   Comment on your response:

8. **Are there topics that you wish had been included?**

☐ Yes   ☐ No

Comment on your response:

9. **What would you suggest if we had to remove/omit something from the workshop?**

10. **Which sessions of the workshop were the most valuable to you? Why?**

11. **Which sessions of the workshop were the least valuable to you? Why?**

12. **How would you rate the difficulty level of the workshop?**

☐ Just right   ☐ Too easy   ☐ Somewhat difficult

Comment on your response:

13. **What was your key learning/s from the workshop?**

14. **Are there any ways in which the workshop has changed you? Give details?**

15. **Who would you recommend this workshop to? What would you say to convince them to attend this?**

16. **How did you feel about the logistical arrangement for the meeting?**

☐ Highly satisfactory   ☐ Just ok   ☐ Highly unsatisfactory

Comment on your response:

17. **Do you have any additional feedback for the facilitators and organisers?**

session 1
setting the scene

Click here to download slides for Session 1

CAPACITY STRENGTHENING WORKSHOP

Youth Sexuality and Intersections with Education, Health, Employment, Law, and Citizenship

SESSION 1
Setting the Scene

Workshop Objectives

- To build the participants' understanding of sexuality as a multi-dimensional and intersectional concept and from an affirmative/sex-positive lens, and build their capacity to use this as a frame of analysis in their work.

- To begin to explore the intersections between sexuality and other issues such as education, health, employment, law, and citizenship, toward promoting holistic youth sexual and reproductive health and rights (SRHR) policymaking and programming.

Workshop Objectives

- Enable participants to understand intersectionality as an analytic framework, and strengthen their capacities to advocate for young people's SRHR in a holistic manner, including comprehensive sexuality education (CSE) and youth-responsive SRHR services, keeping in mind the intersecting factors as listed above.

- Allow participants to make action plans for making changes within their own settings, utilising intersectionality as a framework.

Workshop Agenda

- **Day 1**
  - 8-8:30am — Registration
  - 8:30-10am — Session 1: Setting the Scene
  - 10-10:20am — Health Break
  - 10:20-12:40pm — Session 2: Understanding Basic Concepts on Sexuality – Part 1
  - 12:40-12:45pm — Feedback & Announcements
  - 12:45-1:45pm — Lunch
  - 1:45-3pm — Session 2: Understanding Basic Concepts on Sexuality – Part 2
  - 3-4pm — Session 3: Intersectionality – Part 1
  - 4-4:20pm — Health Break
  - 4:20-5:25pm — Session 3: Intersectionality – Part 2
  - 5:25-5:30pm — Feedback

Workshop Agenda

Day 2

– 8:30-8:45am	Reporters' Recap
– 8:45-10:15am	Session 4: Sexuality and Education – Part 1
– 10:15-10:30am	Health Break
– 10:30-12:30am	Session 4: Sexuality and Education – Part 2
– 12:30-12:35pm	Feedback & Announcements
– 12:35-1:35pm	LUNCH
– 1:35-1:40pm	Energiser
– 1:40-3:10pm	Session 4: Sexuality and Education – Part 3
– 3:10 - 4:30pm	Session 5: Sexuality and Health – Part 1
– 4:30-4:45pm	Health Break
– 4:45-5:45pm	Session 5: Sexuality and Health – Part 2
– 5:45-5:55pm	Instructions for Evening Assignment for Session 7
– 5:55-6:00pm	Feedback &Announcements

arrow

Workshop Agenda

- **Day 3**

– 8:30-8:45 am	Reporters' Recap
– 8:45-9:30 am	Session 6: Sexuality and Employment
– 9:30-10:15 am	Session 6: Sexuality and Employment
– 10:15-10:30 am	Health Break
– 10:30 am-12 n	Session 7: Sexuality and Citizenship
– 12-12:45 pm	Session 8: Sexuality and the Law—Part 1
– 12:45-12:50 pm	Feedback: Emoji! + Announcements
– 12:50-1:50 pm	LUNCH
– 1:50 -3:05 pm	Session 8: Sexuality and the Law—Part 2
– 3:05-3:20	Health Break
– 3:20-5:50	Session 9: Making Change Happen – Part 1
– 5:50-5:30 pm	Feedback & Announcements

arrow

Workshop Agenda

- **Day 4**

– 9-9:15 am	Reporters' Recap
– 9:15-11:15 am	Session 9: Making Change Happen – Part 2
– 11:15-11:30 am	Health Break
– 11:30-12 n	Session 10: Closing/Final Evaluation

arrow

Q & A
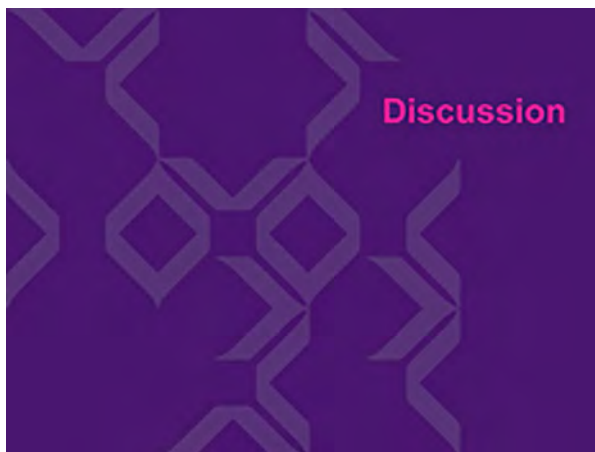
Discussion

session 2
understanding basic sexuality concepts

Click here to download slides for Session 2

CAPACITY STRENGTHENING WORKSHOP

Youth Sexuality and Intersections with Education, Health, Employment, Law, and Citizenship

arrow

SESSION 2
Understanding Basic Sexuality Concepts

arrow

Gender and Sexuality

Some Definitions

arrow

What is SEXUALITY?

"...a central aspect of being human throughout life encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships. While sexuality can include all of these dimensions, not all of them are always experienced or expressed. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, legal, historical, religious, and spiritual factors." (WHO)

arrow

What is SEX?

"Sex refers to the biological characteristics that define humans as female or male. While these sets of biological characteristics are not mutually exclusive, as there are individuals who possess both, they tend to differentiate humans as males and females. In general use in many languages, the term sex is often used to mean "sexual activity," but for technical purposes in the context of sexuality and sexual health discussions, the above definition is preferred..." (WHO)

arrow

What is GENDER?

Gender is how societies view men and women, the differences between them, and the roles assigned to them. It is different from sexuality, though interrelated. It is socially constructed, and are influenced by the interaction of biological, psychological, social, and historical factors, amongst others. It varies from society to society and over time, and thus amenable to change.

What are GENDER ROLES?

"...the particular economic, social roles and responsibilities considered appropriate for women and men in a given society. Gender roles and characteristics do not exist in isolation, but are defined in relation to one another and through the relationship between women and men, girls and boys."

What is GENDER ROLE SOCIALISIATION?

"...means that different societies have different ideas of what constitutes male and female behaviour. A fuller understanding of gender includes recognition of gender as a social construct, as a system of social stratification and an institution that structures every aspect of our lives because of is embeddedness in the family, the workplace, the health care system and the state as well as in sexuality, language, and culture. It is a primary way of signifying relationships of power. Each culture is deeply invested in its construction of gender roles and those who benefit from the existing system may strongly resist efforts to change, or even describe it.."

The Genderbread Person

Biological Sex

A medical term used to refer to the chromosomal, hormonal, and anatomical characteristics that are used to classify an individual as female, male, intersex, MtF (male-to-female) female, (female-to-male) FtM male.

Intersex: An umbrella term that refers to a variety of chromosomal, hormonal, and anatomical conditions in which a person does not seem to fit the typical definitions of female or male.

Gender Identity

A person's deeply felt internal and individual experience of gender, which may or may not correspond with the sex assigned at birth. It's how one, in one's head, thinks about oneself.
Examples: Man, Woman, Transgender Person, Genderqueer, Agender, Two-spirit, etc.

Transgender Person: An umbrella term referring to an individual whose gender identity is different from their sex assigned at birth.

Gender Expression

The external display of one's gender, through a combination of appearance, disposition, social behavior, and other factors, generally measured on a scale of masculinity and femininity.
Examples: Feminine, masculine, butch, femme, androgynous

Gender norms: A culturally-defined set of roles, responsibilities, rights, entitlements, and obligations, associated with being female and male, as well as the power relations between and among women and men, boys and girls.

Sexual Orientation

An enduring emotional, romantic, or sexual attraction primarily or exclusively to people of a particular gender.

Key Takeaways

- Everyone has a biological sex, gender expression, gender identity, and sexual orientation. These exist on a continuuum and vary from person to person.
- Gender identity, gender expression, biological sex, and sexual orientation are independent of each other (i.e., not connected/not interconnected)

Identity ≠ Expression ≠ Sex
Gender ≠ Sexual Orientation

Q & A

Discussion
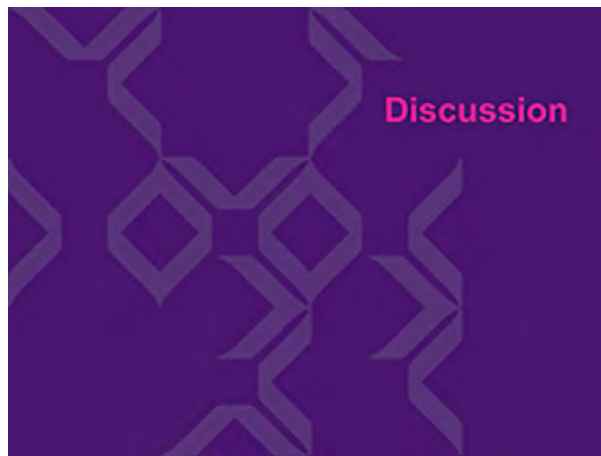
session 3
intersectionality

Click here to download slides for Session 3

CAPACITY STRENGTHENING WORKSHOP

Youth Sexuality and Intersections with Education, Health, Employment, Law, and Citizenship
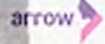
SESSION 3
Understanding Intersectionality

Session 3 Input
Intersectionality Framework

What is INTERSECTIONALITY?

- "...a lens through which you can see where power comes and collides, where it interlocks and intersects. It's not simply that there's a race problem here, a gender problem here, and a class or LBGTQ problem there. Many times that framework erases what happens to people who are subject to all of these things."

(Kimberly Crenshaw)
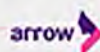
What is INTERSECTIONALITY?

- A tool for analysis, theory, methodology, paradigm, lens, or framework

- "... refers to the ways in which race, class, gender, age, sexuality, disability, and other categories of difference interact, and the implications of these interactions for relations of power."

- "a theoretical framework that posits that multiple social categories (e.g., race, ethnicity, gender, sexual orientation, and socioeconomic status) intersect at the micro level of individual experience to reflect multiple interlocking systems of privilege and oppression at the macro, social-structural level (e.g., racism, sexism, heterosexism)."

What is INTERSECTIONALITY?

- "…recognise[s] the heterogeneity of different social groups *(like young people)* and examine[s] how particular individuals and groups are both systematically marginalised in different spaces, places, and times, but also use their positions at the intersections of certain categories as resources for activism and resistance."

- Empowers the individual to make a sense of their own reality.

arrow

A Bit of History

- Brought to life in the late 1970s and early 80s by African American feminists like Bell Hooks and Angela Davis.
- Term coined in 1989 by feminist, civil rights advocate, and law professor Kimberlé Crenshaw as a means to explain the oppression of African-American women.
- Later mainstreamed into female social justice discourse by Patricia Hill Collins with her "matrix of domination" (1990).
- These feminist scholars discussed gender, race, and class, and the important ways in which they overlapped.
- Feminist scholars from all over the world were developing similar theories regarding intersectionality separately yet simultaneously—proof that its presence was needed in many different communities.
- Intersectionality has changed our analysis of privilege and oppression.

arrow

Intersectionality tells us…

Age is not the only factor relevant to young people's experiences. The ways gender, sexuality, class, ability, health status, marital status, religion, race, ethnicity, nationality, and/or citizenship status condition young people's experiences is as relevant.

arrow

Intersectionality tells us…

When discussing ageism you may experience as a young person, you have to keep in mind the privilege that comes with your other identities, such as being a 'straight' male, or from being educated and coming from a well-off family, etc.

arrow

Intersectionality tells us…

We should not take it as a given that identities are whole, coherent, fixed things, inherent to who and what we are. They are a set of social forces convening in particular ways to shape our circumstances and experiences. Thus, listing identities is not enough; we always need to critique and analyse.

arrow

Intersectionality helps us understand how…

the convergence of multiple factors in young people's lives takes place and, more specifically, how ageism, sexism, heterosexism, racism, class, and other grounds contribute to create layers of inequality that structure the positions of human beings. Intersectional injuries occur when multiple disadvantages or collisions interact to create a distinct and compounded dimension of disempowerment.

arrow

Intersectionality tells us…

Our complex mix of identities make up the equation of our empowerment and participation. Thus to empower young people and to influence how they participate (on the bases of equality and equity), we need to consider not just age, but other factors such as gender identity, sexual orientation, socio-economic status, ability, citizenship status, health status, marital status, religion, race, ethnicity, educational status, etc.

arrow

Why Intersectionality?

- For us as activists to self-reflect, and examine our own identities and how they interact with the world in different ways. This will enable us to check our privilege while taking up others' issues and lead towards becoming better allies.

- For our activism to be an inclusive process. Without considering intersectionality, youth activism/youth movements will fail to include marginalised young people, including young LGBT persons, young people with disabilities, young sex workers, young migrants, young people living with HIV, young people who use drugs, young pregnant women, young people who have experienced sexual abuse, and others.

arrow

Why Intersectionality?

- To go beyond saying youth are not a homogenous group, and to ensure that we do not obscure and invisibilise certain experiences and issues.
- To fully recognise that young people have complex lives with multiple identities and thus, may face intersectional discrimination/oppression/marginalisation.
- To link the basis for discrimination (e.g., gender, sexual orientation, age, etc.) to the social, economic, political, and legal environment that contributes to discrimination and structures experiences of privilege and oppression.
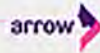
Why Intersectionality?

- To identify patterns of discrimination/oppression.
- To understand the risks: marginalised young people run multiple risks when they challenge norms. For example, bisexual Muslim young women run the risk of being excluded from their patriarchal society for being women, from their own religious community for their sexual orientation, from the lesbian community for being bisexual, and from the majority society for being Muslim.
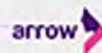
Why Intersectionality?

- For our advocacy and programming to consider the various ways that different systems of marginalisation & oppression interact to marginalise various groups. How do these systems collude to prevent young people in all their diversity from being able to access opportunities, resources, and services and from being able to realise rights?
- To understand that approaches/strategies/projects that work with one group of young people would not necessarily succeed for other marginalised groups.
- To find ways to address these different barriers, and oppose and dismantle these power systems.
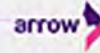
Some types of oppression

Systems of power where there are dominant and non-dominant groups

Dimensions of Diversity	"ism"	Dominant Group/s	Non-dominant Group/s
Ability	Ableism	Able-bodied people, people of "sound" mind	People with disabilities (physical, mental, psychosocial, learning, etc.)
Age	Ageism	(context-dependent) Adults Young People	Children and adolescents Elderly
Body Size	Sizeism	"Slim" people	People labelled as overweight, people of short stature
Education	Elitism	Formally educated persons	Informally educated persons, non-literate persons
Gender	Sexism	Men, gender-conforming	Women, non-gender

Some types of oppression

	Cissexism	Cisgender people	Transgender persons
National Origin	Ethnocentrism	Citizens	Migrants, refugees
Race	Racism	Caucasians	People of colour
Religion	Religious Oppression	People from dominant religions (e.g., Hindus in India)	People from non-dominant religions (e.g., Muslims in India)
Sexual Orientation	Heterosexism	Heterosexuals	Homosexuals, LGBTQI people

In summary...

INTERSECTIONALITY a fun guide

miriamdobson.wordpress.com   @MiriamDobson

this is Bob.

Hi!

Bob is a stripey blue triangle AND SHOULD BE PROUD.

SADLY SOME PEOPLE DO NOT LIKE Bob. Bob FACES OPPRESSION FOR BEING A TRIANGLE, & FOR HAVING STRIPES.

DOWN WITH STRIPES

GOD HATES TRIANGLES

session 4
comprehensive sexuality education (CSE)

Clcik here to download slides for Session 4

Why CSE?

UNESCO 2016 Evidence Review showed that CSE (especially as part of multi-component programmes, particularly when linked with youth friendly health services) has positive effects:

- Contributes to:
  - Delayed initiation of sexual intercourse
  - Decreased frequency of sexual intercourse
  - Decreased number of sexual partners
  - Reduced risk taking
  - Increased use of condoms
  - Increased use of contraception

- Improves knowledge about different aspects of sexuality, behaviours, and risks of pregnancy or HIV and other STIs, and improves attitudes related to SRH.

- Does NOT increase sexual activity, sexual risk-taking behaviour or STI/HIV infection rates.
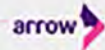
arrow

Characteristics of CSE

- Scientifically accurate
- Incremental
- Age- and developmentally-appropriate
- Curriculum-based
- Comprehensive
- Based on a human rights approach
- Based on gender equality
- Culturally relevant and context appropriate
- Transformative
- Able to develop life skills needed to support healthy choices

arrow

Key Concepts that Should Be Part of CSE Curriculum *(Int'l Technical Guidance on Sexuality Education 2018)*

1. Relationships
2. Values, Rights, Culture and Sexuality
3. Understanding Gender
4. Violence and Staying Safe
5. Skills for Health and Well-being
6. The Human Body and Development
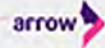7. Sexuality and Sexual Behaviour
8. Sexual and Reproductive Health

arrow

7 Essential Elements of CSE

1. Gender
2. Sexual and Reproductive Health and HIV
3. Sexual rights and sexual citizenship
4. Pleasure
5. Violence
6. Diversity
7. Relationships

arrow

Q & A

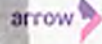Discussion

session 5
sexuality and health

Click here to download slides for Session 5

CAPACITY STRENGTHENING WORKSHOP

Youth Sexuality and Intersections with Education, Health, Employment, Law, and Citizenship

SESSION 3
Sexuality and Health

Session 5 Input

Inclusive, Youth-Friendly, and Youth-Responsive Health Systems and Services

What does INCLUSIVE health mean?

... builds on the "Health for All" ethos and strengthens the rights-based approach to health. It takes a more proactive approach to addressing distinctive and different barriers to inclusion, in recognition that particular groups—including young women, young people with disabilities, youth living with HIV, LGBTI youth, migrant youth, and others—have particular needs and particular strategies are needed to overcome their particular barriers to health. It also aims to utilise a much greater range of healthcare delivery options embodied in a greater variety of human resources for health.

(Maclachlan, Khasnabis, Hasheem)

What does ADOLESCENT AND YOUTH-FRIENDLY HEALTH SERVICES mean?

- Health services that address barriers to service use of adolescents and young people. These are accessible to, acceptable by, and appropriate to adolescents and young people in all their diversity.
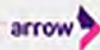
DIMENSIONS OF ADOLESCENT & YOUTH-FRIENDLY HEALTH SERVICES

Health services should be:

- Accessible
- Acceptable
- Equitable
- Appropriate
- Effective

(WHO)

CHARACTERISTICS OF ADOLESCENT & YOUTH-FRIENDLY HEALTH SERVICES (AYFHS): ACCESSIBILITY

Health Facility
- Point of service delivery has convenient working hours.
- *Point of service delivery has convenient location/space.*

Programme Design
- Policies and procedures are in place that ensure that health services are either free or affordable to adolescents/young people.
- Adolescents/young people are well informed about the range of services available and how to obtain them.
- *There are alternative ways to access information, counselling, and services*
- Parents and community members understand the benefits that adolescents/young people will gain by obtaining the health services they need, and support their provision.
- Some health services and health-related commodities are provided to adolescents/young people in the community by selected community members, outreach workers, and adolescents/young people themselves.

CHARACTERISTICS OF AYFHS: ACCEPTABILITY

Health Provider and Support Staff
- Health care providers are non-judgmental, considerate, and easy to relate to.
- *Health care providers ensures privacy and keeps matters regarding the young person's problems confidential*

Health Facility
- Point of service delivery ensures privacy.
- Point of service delivery has an appealing and clean environment.
- *Point of service delivery has short waiting times.*

Programme Design
- Policies and procedures are in place that guarantee client confidentiality.
- Point of service delivery ensures consultations occur in short waiting time, with or without appointment, and (where necessary) swift referral.
- Point of service delivery provides information and education through a variety of channels.
- Adolescents are actively and meaningfully involved in designing, assessing, and providing health services.

CHARACTERISTICS OF AYFHS: EQUITY & INCLUSIVENESS

Health Providers and Support Staff
- Health care providers treat all adolescent and youth clients with equal care and respect, regardless of status.
- Support staff treat all adolescent and youth clients with equal care and respect, regardless of status.

Programme Design
- Policies and procedures are in place that do not restrict the provision of health services.
- *Language translation is available as needed.*

CHARACTERISTICS OF AYFHS: APPROPRIATENESS

Programme Design
- The required package of health care is provided to fulfil the needs of all adolescents and young people either at the point of service delivery or through referral linkages.
- *Educational materials are available on-site and to take away.*

CHARACTERISTICS OF AYFHS: EFFECTIVENESS

Health Providers and Support Staff
- Health care providers have the required competencies to work with adolescents/young people and provide them with the required health services.
- Health care providers use evidence-based (protocols and guidelines [rather than morality or religious guidelines for example]) to provide health services.
- Health care providers are able to dedicate sufficient time to interact effectively with their adolescent and youth clients.

Health Facility
- The point of service delivery has the required equipment, supplies, and basic services necessary to deliver the required health services.

What does ADOLESCENT/YOUTH-RESPONSIVE SERVICES mean?

- Efforts for the health system to systematically respond to the health needs of adolescents and young people, which include addressing the barriers to their service use, creating opportunities for them to access preventive care, as well as in financing and workforce capacity. (WHO)

Session 5 Input
Core Guiding Values

Core Values

Choice: Choices about one's sexuality should be made freely, and with access to comprehensive information and services. They should respect each others' rights.

Dignity: All individuals have worth regardless of their age, caste, class, orientation, preferences, religion, and other determinants of status.

Diversity: Involves acceptance of the fact that people express their sexuality in diverse ways and there are a range of sexual behaviours, identities, and relationships.

arrow

Core Values

Equality: All individuals are equally deserving of respect and dignity, and should have access to information, services, and support to attain sexual wellbeing.

Respect: All persons are entitled to respect and consideration regardless of their sexual choices and identities.

arrow

Q & A

Discussion

session 7
sexuality and citizenship

Click here to download slides for Session 7

CAPACITY STRENGTHENING WORKSHOP

Youth Sexuality and Intersections with Education, Health, Employment, Law, and Citizenship

SESSION 7
Sexuality and Citizenship

Session 7 Input
Sexual Citizenship

What is a CITIZEN?

"...a person who legally belongs to a country and has the rights and protection of that country."

(Merriam-Webster)

What is SEXUAL CITIZENSHIP?

"...works on the broad view of the government granting its citizens certain rights, including the right to be protected from discrimination and access to government welfare and services,"* as well as sexual rights.

* Carol Johnson

KINDS OF SEXUAL RIGHTS

- Rights involving sexual practice;
- Rights of self-definition; and
- Rights gained from social and political institutions, thus, including right to marriage, family, and adoption, amongst others.

(Diane Richardson)

arrow

CITIZENSHIP...

- Concept includes determining the 'legitimate' people who comprise the nation and adhere to the laws enacted by the government, and have the right to be protected within the boundaries of the country.
- Can be used to discriminate against particular communities, and must therefore be viewed more broadly to not just cater to all 'legal citizens,' but also to prevent exclusions on the basis of gender, sexual orientation or gender identity and expression (SOGIE) status, marital status, and HIV status, among others.

arrow

WHEN LOOKING AT CITIZENSHIP...

- Need to consider marginalised within society—women, children, people with disabilities, people of diverse genders and sexualities, older people, and people living with HIV, sex workers, migrants (both legal and undocumented), refugees, stateless people, and those who governments sometimes refuse to recognise as citizens.
- Need to recognise that people who fall at the intersections of more than one kind of marginalisation category face more enhanced degrees of discrimination (e.g., women and trans migrants who may or may be undocumented).

arrow

WHEN LOOKING AT CITIZENSHIP...

- Must cater to the idea that all people in the country must be treated equally, and must not be discriminated against on grounds of gender, SOGIE, HIV status, migrant and citizenship status, etc.
- Need to actively support people in living lives, which are safe, healthy, and promotes their wellbeing.

arrow

WHEN LOOKING AT CITIZENSHIP...

- Must provide the best laws and policies, as well as access to services related to health, education, and employment to all.
- A true concept of sexual citizenship would emerge with its foundations on values of equality, respect, and acceptance of diversity.

arrow

Q & A

Discussion

session 9
making change happen

Click here to download slides for Session 9

CAPACITY STRENGTHENING WORKSHOP

Youth Sexuality and Intersections with Education, Health, Employment, Law, and Citizenship

SESSION 9
Making Change Happen

Session 9 Input

Advocacy

What is ADVOCACY?

We will be defining advocacy in a broad sense, as actions directed at changing the policies, positions, or programmes of any type of institution, whether an NGO, a school, a community council or local government, a ministry of health or education, a national parliament, an international agency, or any kind of organisation.

THE DYNAMIC ADVOCACY PROCESS

THE DYNAMIC ADVOCACY PROCESS

Stage 1: Identifying and prioritising issues for action. This is also called agenda setting. There are myriad problems and limited resources, so not all can be on the action agenda.

Stage 2: Understanding the policy environment. This entails conducting an assessment of the environment advocates are working in, and key factors that need to be considered for the advocacy plan to work.

arrow

THE DYNAMIC ADVOCACY PROCESS

Stage 3: Developing solutions. Advocates and key actors propose solutions to the problem and select one that is politically, economically, and socially feasible.

Stage 4: Building political support. This is the centrepiece of advocacy. Actions during this stage include coalition building, meeting with decision makers, awareness building, and delivering effective messages.

arrow

THE DYNAMIC ADVOCACY PROCESS

Stage 5: Bringing issues, solutions, and political will together for policy action. When all three elements are present—a problem is recognised, a proposed solution is accepted, and there is a political will to act—a short window of opportunity is created which advocates need to seize. Understanding the decision-making process and a solid advocacy strategy will increase the likelihood of creating windows of opportunity for action.

arrow

THE DYNAMIC ADVOCACY PROCESS

Stage 6: Evaluation the policy action. Good advocates address the effectiveness of past efforts and set new goals based on experience. Advocates and the institution that adopts the policy change should periodically evaluate the effectiveness of that change, and make amendments accordingly.

arrow

Q & A

Discussion

endnotes

1. The United Nations defines terms within the following ages: Adolescent: 10-19, Young People: 10-24, and Youth: 15-24.

2. An elevator pitch is a brief, persuasive speech that you use to spark interest in what your organisation does or to create interest in a project, idea, or product – or in yourself. A good elevator pitch should last no longer than a short elevator ride of 20 to 30 seconds, hence the name. However, here, we will be giving each pair one minute.

3. "Microaggressions are the everyday verbal, nonverbal, and environmental slights, snubs, or insults, whether intentional or unintentional, which communicate hostile, derogatory, or negative messages to target persons based solely upon their marginalized group membership." From Derald Wing Sue, "Microaggressions: More than Just Race," *Psychology Today*, November 17, 2010, https://www.psychologytoday.com/blog/microaggressions-in-everyday-life/201011/microaggressions-more-just-race.

4. Abstinence is a conscious decision to avoid certain activities or behaviours. Different people have different definitions of sexual abstinence. For some, it may mean no sexual contact. For others, it may mean no penetration (oral, vaginal, anal) or 'lower-risk' behaviours ('outercourse' as opposed to intercourse). Taken from: International Planned Parenthood (IPPF), "Glossary," 1994.

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PART 1: SESSIONS

SESSION 2: UNDERSTANDING BASIC SEXUALITY CONCEPTS

Activity 4: The Genderbread Person

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SESSION 3: UNDERSTANDING INTERSECTIONALITY

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Activity 4: Mapping My Ocean of Choice
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Activity 1: Bubble Exercise—Intersecting Factors Underlying Adolescent and Youth Sexual and Reproductive Health
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Ravindran, TK Sundari. *Gender and Health: A Training Manual for Health Managers*. Asian-Pacific Resource & Research Centre for Women (ARROW). [unpublished.]

SESSION 7: SEXUALITY AND CITIZENSHIP

Activity 1: World Café Methodology
Adapted from:

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SESSION 8: SEXUALITY AND THE LAW

Activity 1: Film Showing
The film can be accessed for free here:
Whole Film: https://cmovies4u.com/if-these-walls-could-talk-2/
Whole Film: https://www.youtube.com/watch?v=acYZ7SgotiU
1961, Part 1: https://www.youtube.com/watch?v=z5y8_V_voI4
Part 2: https://www.youtube.com/watch?v=cPJgn1a723c
Part 3: https://www.youtube.com/watch?v=tCVNyY7pQOc
Part 4: https://www.youtube.com/watch?v=Vzev7sdYAOM
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EVALUATION AND FEEDBACK

Final Evaluation (Option 1): Group Feedback Using Flipcharts
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Final Evaluation (Option 2): Human Scale
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PART 2: HANDOUTS

SESSION 2: UNDERSTANDING BASIC SEXUALITY CONCEPTS

Handout 2.5.1: Sexual Diversity Vocabulary Definitions

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SESSION 9: Making Change Happen

Handout 9.2: Action Planning—Organisational Advocacy Plans

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ARROW is a regional non-profit women's NGO based in Kuala Lumpur, Malaysia, and has consultative status with the Economic and Social Council of the United Nations. Established in 1993, it envisions an equal, just, and equitable world, where every woman enjoys her full sexual and reproductive rights. ARROW promotes and defends women's rights and needs, particularly in the areas of health and sexuality, and to reaffirm their agency to claim these rights.

Asian-Pacific Resource & Research Centre for Women (ARROW)
1 & 2 Jalan Scott, Brickfields 50470, Kuala Lumpur, Malaysia

Telephone	00 603 2273 9913/9914
Fax	00 603 2273 9916
E-mail	arrow@arrow.org.my
Web	www.arrow.org.my
Facebook	http://www.facebook.com/ARROW.Women
Twitter	@ARROW_Women
Youtube	youtube.com/user/ARROWomen
Pinterest	arrowomen