



WorldYWCA



# #MyBodyMyMind



**A YOUNG WOMAN'S TOOLKIT  
FOR ADVOCACY ON SEXUAL &  
REPRODUCTIVE HEALTH &  
RIGHTS AND MENTAL HEALTH**

World YWCA & Feminism in India

# INTRODUCTION

This toolkit, in line with the World YWCA strategy, is anchored on a program to support Young Women’s advocacy in SRHR and build their confidence to stand up and speak out at national, regional, and global levels, and to take collective action to change narratives, policies, and to demand high-quality services. The central pillar is for young women to design evidence-based advocacy initiatives through aspirational storytelling, emphasising their rights and to bodily autonomy. The World YWCA aspires to contribute to the growing young women’s movement and body of knowledge on SRHR and mental health around the world. It aims to accelerate a collective action where young women are at the centre as drivers of change. This manual was created and published in 2020.



## ACKNOWLEDGEMENTS

The World YWCA is a global women’s rights movement. In over 100 countries, we work with women, young women, and girls across faith, culture, and region. We believe that when women rise to leadership, they transform power structures and policies around Human Rights, gender equality, peace, and justice. When women lead, they are empowered to address global agendas. World YWCA supports young women as they connect, inspire, mobilize and act for transformational change.

Catherine Nyambura and Génesis Luigi were engaged as consultants to work with the World YWCA team in developing the toolkit and documenting the process through a detailed report. Both authors are Women Deliver Young Leaders with extensive experience in the field of women’s rights and sexual and reproductive health and rights programming, community organising, multi-lateral advocacy, and strengthening young women’s movements.

This toolkit was developed in its final form by Asmita Ghosh and Japleen Pasricha of Feminism in India (FII). FII is an intersectional Indian digital feminist platform that aims to educate and empower youth to fight patriarchy using tools of digital storytelling and advocacy.

The World YWCA commissioned this toolkit as part of their advocacy initiative. The conceptualisation and development of this document were carried out under the leadership and support of the World YWCA team: Suchi Gaur, Tikhala Itaye, Aïda Rehouma, Ceylan Tokgöz and Pauline Westerbarkey.

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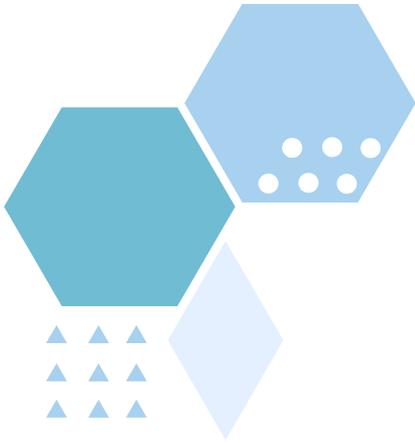
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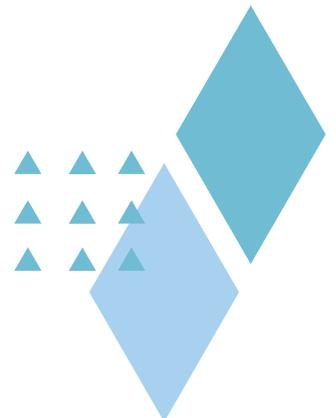
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## Module 1

# HUMAN RIGHTS

- What are human rights?
- The four principles of human rights
- Right to health & right to education
- Activity
- Resources



As advocates of sexual and reproductive health and rights (SRHR) and mental health, your work is founded on human rights! So, what are they?

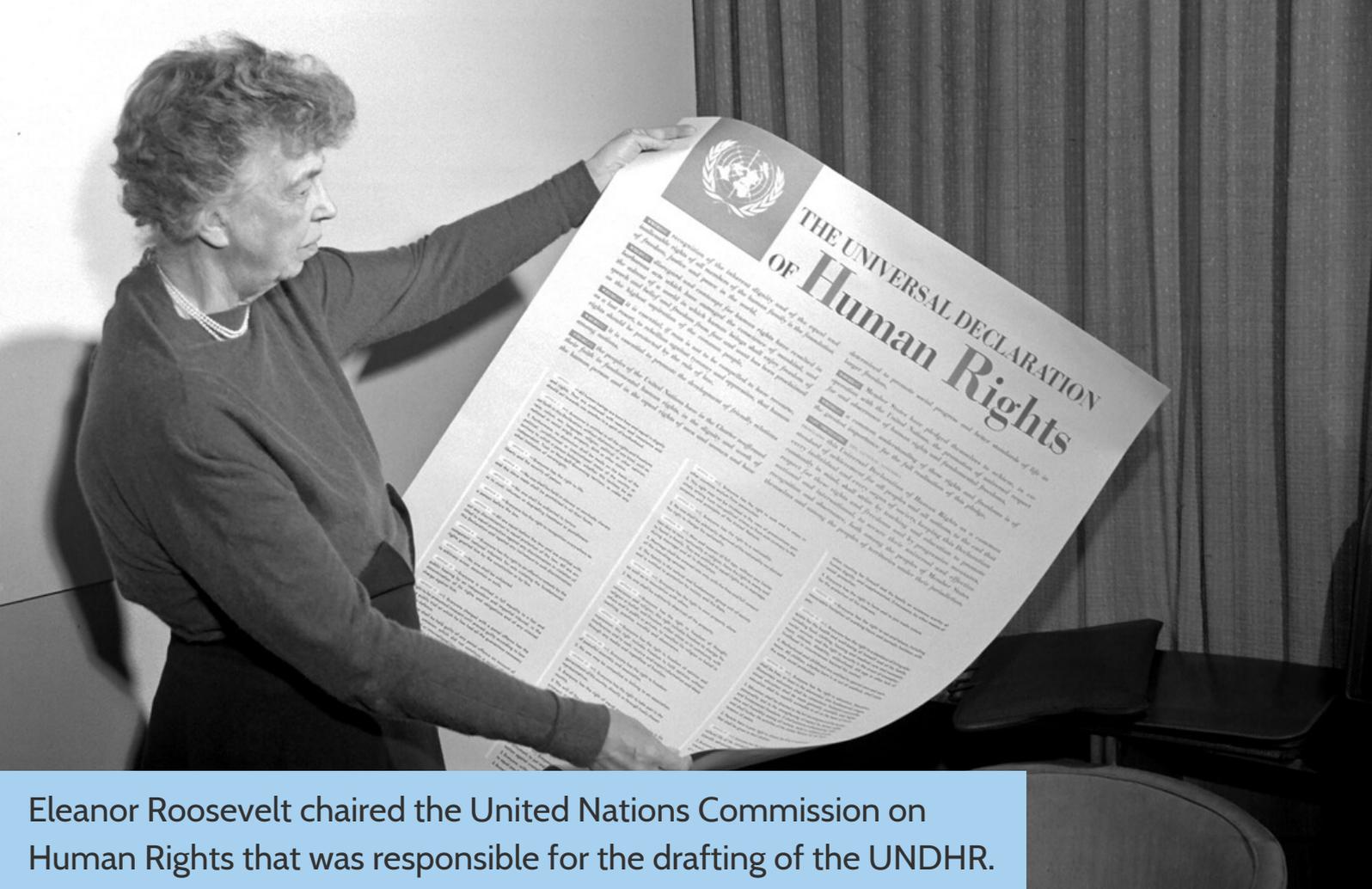


Human rights are the basic rights and freedoms that belong to every person in the world, from birth until death.

Human rights are rights inherent to all human beings, whatever our nationality, place of residence, sex, gender, national or ethnic origin, race, religion, language, or any other status. We are all equally entitled to our human rights without discrimination. These rights are all interrelated, interdependent and indivisible

## THE **FOUR** PRINCIPLES OF HUMAN RIGHTS

- ▲ Human rights are **universal and inalienable**. They're applicable to everyone, everywhere and at all times. They cannot be taken away, except in specific situations and according to due process.
- ▲ Human rights are **interdependent and indivisible**. All rights must be fulfilled, with no exceptions, and the improvement of one right facilitates advancement of the others, while the deprivation of one right adversely affects the others.
- ▲ Human rights are **equal and non-discriminatory**. Discrimination is prohibited and human rights apply in the same way for everyone.
- ▲ Human rights are **both rights & obligations**. Countries and individuals have a responsibility to promote and respect human rights, as well as report violations.



Eleanor Roosevelt chaired the United Nations Commission on Human Rights that was responsible for the drafting of the UNDHR.

Let us focus on two specific rights that are essential when we are advocating for young women’s sexual and reproductive autonomy and mental wellbeing.

## RIGHT TO HEALTH

*Everyone has the right to a standard of living adequate for the health and well-being (...) including food, clothing, housing and medical care and necessary social services(...).*

– Article 25 of UNDHR

## RIGHT TO EDUCATION

*“Everyone has the right to education (...) Education shall promote understanding, tolerance and friendship among all nations, racial or religious groups”*

– Article 26 of UNDHR

## ADDITIONAL RESOURCES



- The Universal Declaration of Human Rights
- Human Rights 101 Course by Ontario Human Rights Commission

## ACTIVITY

# Where do you stand on Human Rights?

**OBJECTIVE:** to identify values and feelings people have about rights

**TIME:** 30 minutes

**YOU WILL NEED:** Signs that read 'Agree' and 'Disagree' in big letters. Human rights statements.

### INSTRUCTIONS:

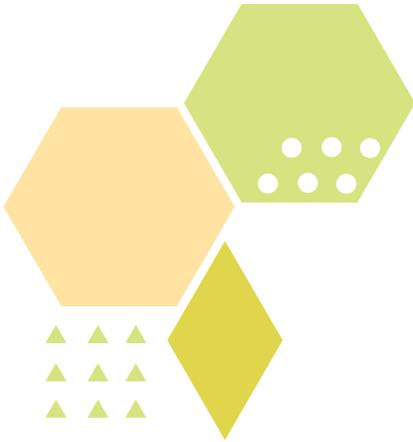
- Tape the two signs in an open area where there is enough room to move around. Put the signs in a row to indicate a continuum.
- One at a time, read the statements aloud and ask participants to physically move to the point along the continuum that best represents their feelings.
- Ask participants at different points along the continuum to explain why they are standing there. If, based on someone's explanation, participants want to move to another aspect, encourage them to do so.
- Once you have finished reading the statements, ask participants to return to their seats. Ask two participants to share their feelings about the activity. Consider the following questions:
  - Which statements were easy to agree on? Difficult?
  - Why was it difficult to find agreement on some statements?
  - Do participants feel more strongly about some of the issues than about others? Why?

### HUMAN RIGHTS STATEMENTS YOU CAN DISCUSS:

- Human rights are ideals; they are not practical.
- Human rights are evolving; this means they can never be permanent.
- Women don't need to know about Human Rights.
- Men have more rights than women.
- Human rights are a luxury that only wealthy countries can afford.
- I don't need to promote your Human Rights, that is the job of the government.



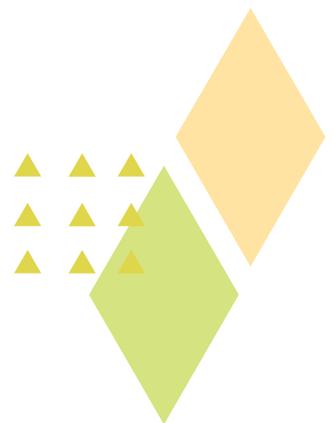
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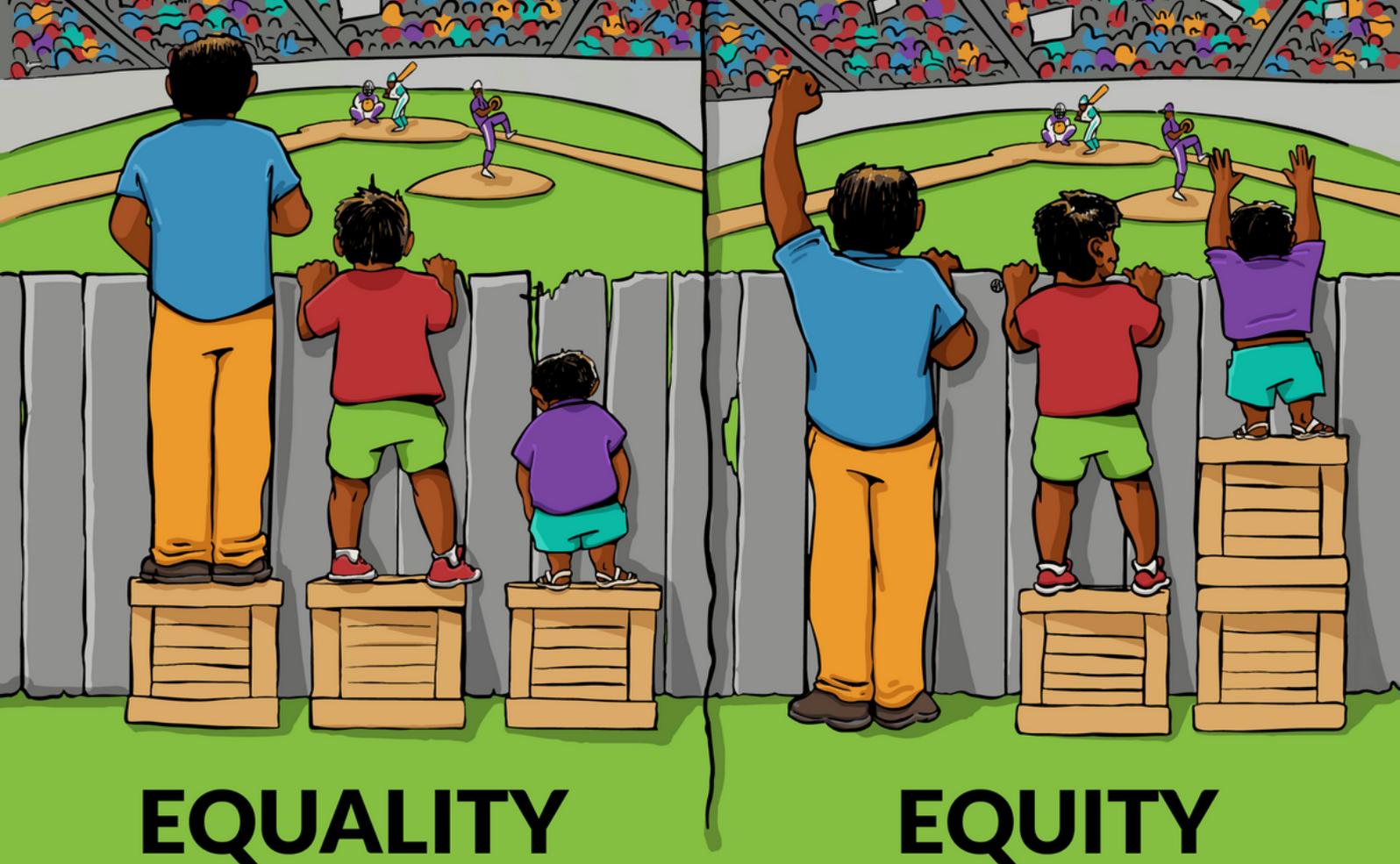
## Module 2

# GENDER, JUSTICE & POWER

- Gender and power
- Gender equality, equity, and mainstreaming
- Intersectionality, feminism, sex, gender
- Sexuality, sexual orientation, gender identity
- Activity
- Resources







**EQUALITY**

**EQUITY**

Interaction Institute for Social Change | Artist: Angus Maguire.

## GENDER EQUALITY

A state where women, men, girls and boys and people of all genders can benefit from equal rights, treatment, responsibilities and opportunities. Gender equality does not imply sameness.

## GENDER EQUITY

While gender equality aims to provide equal rights and opportunities to people of all genders, it does not address the systemic barriers that women and gender minorities may face due to other factors like age, ethnicity, race, ability, sexual orientation, etc. Gender equity aims to provide fairness and justice so that marginalized groups can access these opportunities and benefit from these rights.

## GENDER MAINSTREAMING

Mainstreaming a gender lens is the process of assessing the implications for women and men of any planned action including legislation, policies, and programmes, in any area and at all levels.

# ACTIVITY: A Gender Fishbowl

**OBJECTIVE:** Identify how gender impacts the daily life of young women.

**TIME:** One hour

**YOU WILL NEED:** One facilitator and chairs

**PREPARATION:** Select four participants that are willing to share life experiences from childhood, or their work as activists. Before the activity starts, they must know the questions and be prepared to answer them.

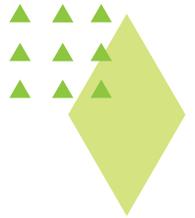
## INSTRUCTIONS:

- Organise two concentric circles in the room. One will serve as a “bowl,” and that is where the observers will seat. The inner circle will have four seats, and this is where “the fish” will sit.
- Introduce the activity informing the observers they can’t talk while the fish are talking because their role is to listen to the stories actively. Instruct the “fish” they will have a conversation and establish a dialogue together rather than performing a presentation to the observers.
- Once all participants are settled, you can start with the questions.
  - When did you realise you were being treated differently for being a woman? How did you feel?
  - How did you become involved with activism for gender equality? What do you enjoy the most of it?
  - Is there a woman in a leadership position that inspires you? Why?
- After the first two questions, you can ask the observers if someone wants to change their role.
- Once the first four questions were discussed, the observers can comment or ask questions to the fish. The can also join the bowl and share their experiences too.

**TRAINER'S NOTE:** Keep in mind that when sharing episodes from our lives can be painful for some people. This is why it is important that you show the questions in advance to participants and confirm if they feel comfortable answering those questions.

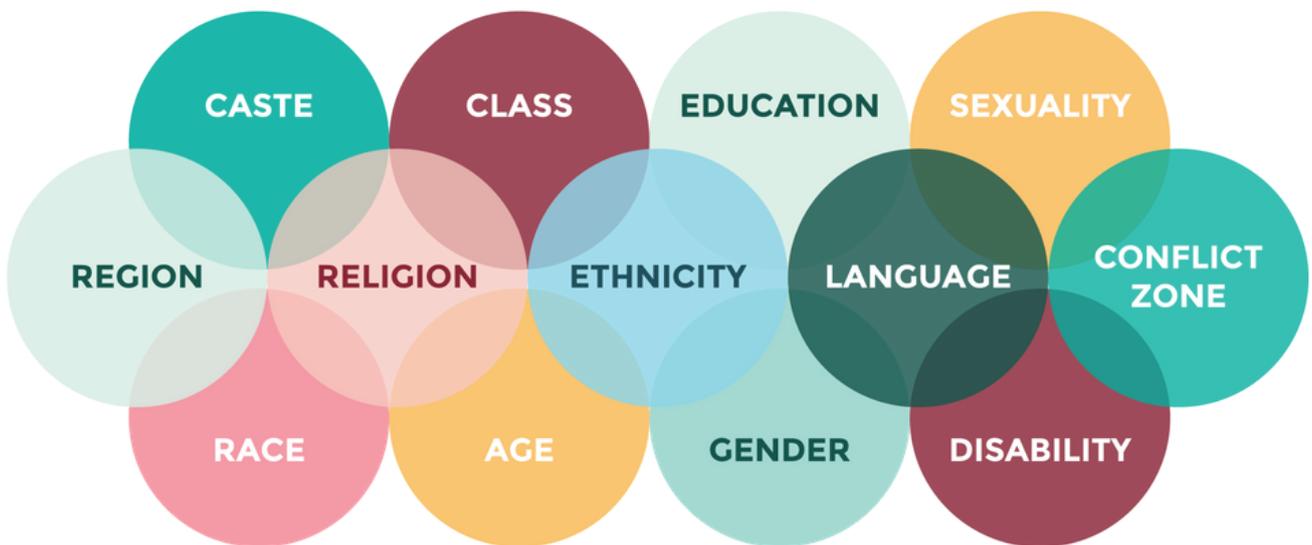
# FEMINISM

Feminism is the set of movements and concepts that advocate for the social, political and economic equality for people disadvantaged by gender, age, sexual orientation, race, ability etc. It seeks to transform social relations of power that oppress, exploit or marginalise people based on these above identities. As a social change strategy, it prioritises the empowerment of women, the transformation of gender power relations, and the advancement of gender equality



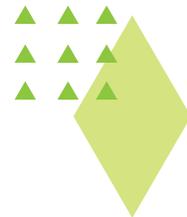
# INTERSECTIONALITY

Intersectionality is a concept that recognises that different identities intersect with each other to shape different people's experiences of oppression. Therefore, all women do not face discrimination similarly – rather, it intersects with their other identities like religion, class, caste, gender identity, sexual orientation and ability.



**TRAINER'S NOTE:** Part of creating a safe space for everyone is respecting and celebrating diversity. Make sure you do not assume people's pronouns (using he/him or she/her) by their physical appearance. You can include in your introduction activities a basic question like "What are your pronouns?" or include preferred pronouns on name tags.

The next two pages contain some key concepts to understand the different identities under the LGBTIQ+ spectrum.



## SEXUALITY

According to the International Planned Parenthood Federation, **sexuality is how humans, as individuals, experience their gender and express themselves as sexual beings.** It includes physical and biological aspects of one's life, such as menstruation, having wet dreams, being pregnant, having sexual intercourse. It involves the mind and the body, giving and receiving sexual pleasure, as well as enabling reproduction.

It includes emotional aspects, such as being attracted to another person (sexual orientation) but it also involves our relationship with ourselves, like body image, and self-esteem. It also has to do with socially expected behaviours based on our gender identity and expression. It spans our lifetime and is influenced by values, attitudes, beliefs, stereotypes, social norms, religion, culture, and the context we are raised in.

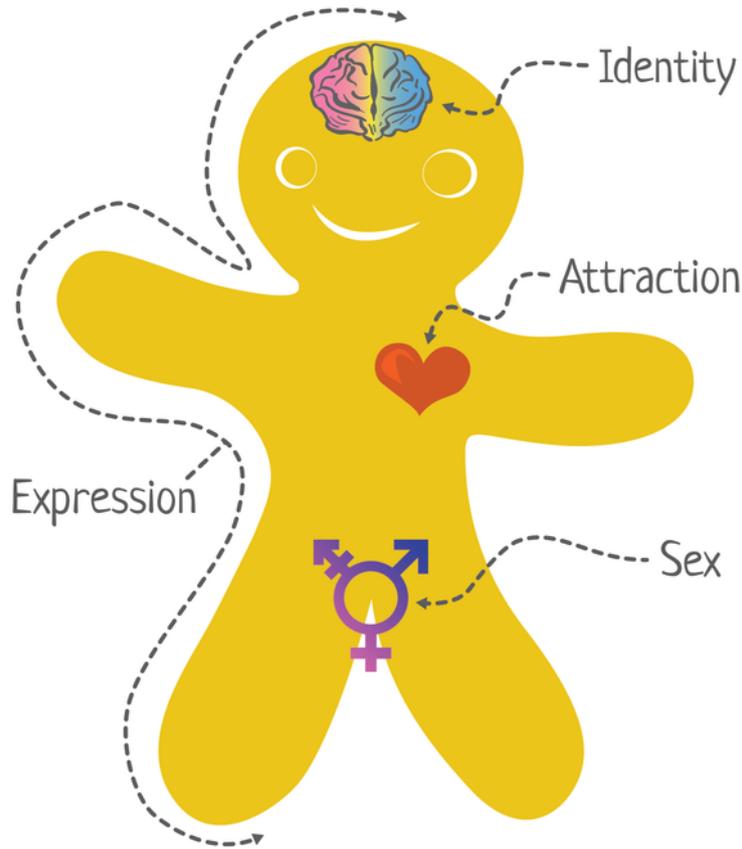
## SEX

**Assigned sex** is a label that you're given at birth based on medical factors, including your hormones, chromosomes, and genitals. Most people are assigned male or female, and this is what's put on their birth certificates. When someone's sexual and reproductive anatomy doesn't seem to fit the typical definitions of female or male, they may be described as **intersex**. Some people use the phrase "**assigned male at birth**" or "**assigned female at birth.**" The assignment of a sex may or may not align with what's going on with a person's body, how they feel, or how they identify.

## GENDER

Gender includes gender roles, which are expectations society and people have about behaviours, thoughts, and characteristics that go along with a person's assigned sex.

# The Genderbread Person v4 by its pronounced METROsexual.com



⊘ 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

Genderbread Person Version 4 created and uncopyrighted 2017 by Sam Killermann

For a bigger bite, read more at [www.genderbread.org](http://www.genderbread.org)

## ADDITIONAL RESOURCES



- [QueerSexEd.org](http://QueerSexEd.org) – a website with a podcast on making CSE more inclusive
- [AdvocatesForYouth.org](http://AdvocatesForYouth.org) – a toolkit to create safe spaces for LGBTQ+ youth

# SEXUAL ORIENTATION

The type of sexual, romantic, emotional attraction one has the capacity to feel for some others, generally labeled based on the gender relationship between the person and the people they are attracted to. Some commonly used sexual orientations are listed below. However, this is not an exhaustive list, and people may choose to define their orientation in different ways, or not label it at all.

- ▲ **Heterosexuality** is an erotic or romantic attraction towards people of another gender. For example, girls liking boys.
- ▲ **Homosexuality** is an erotic or romantic attraction towards people of the same gender. For example, girls liking girls.
- ▲ **Bisexuality** is an erotic or romantic attraction towards people of more than one gender identity. For example, girls liking girls and boys.
- ▲ **Pansexuality** refers to the erotic and romantic attraction towards people regardless of their gender identity. For example, girls liking girls, boys, trans people, intersex people etc.
- ▲ **Asexuality** refers to the lack of sexual attraction to anyone based on their gender.

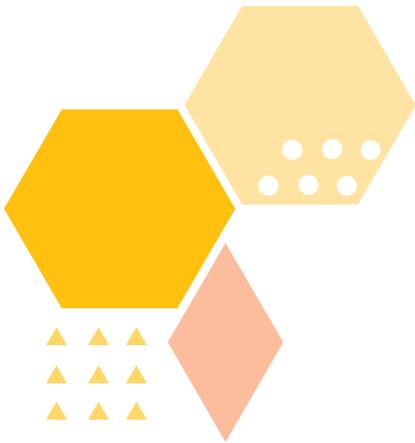
# GENDER IDENTITY

The internal perception of one's gender, and how they label and understand themselves. Gender identity can either be consistent or not with the sex assigned at birth. The language that a person uses to communicate their gender identity can shift over time, especially with greater access to a broader gender vocabulary. Gender identities typically fall within these categories:

- ▲ **Cisgender** people are those whose gender aligns with the sex assigned at birth.
- ▲ **Transgender** people are those whose gender is different from the sex assigned at birth. Transgender identities can fall within the gender binary (trans man & trans woman) or be **non-binary** (gender-queer, genderfluid, non-binary etc.)



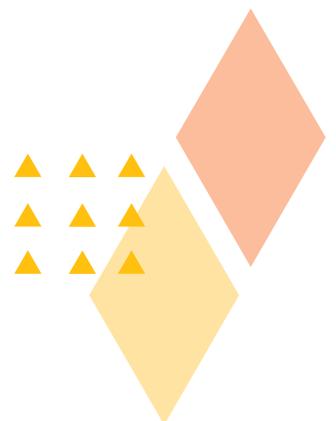
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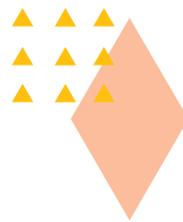
## Module 3

# SEXUAL & REPRODUCTIVE RIGHTS

- Sexual and reproductive rights (SRR)
- SRR around the world
- Terms associated with SRR
- Activity
- Resources



Sexual and reproductive rights (SRR) are part of the fundamental human rights that all human beings enjoy. The core idea underlying SRR is that **everyone must have complete freedom to make decisions about their bodies**. Yet, all over the world, people are persecuted for making their own choices about when and whether they want to have children, who they want to love, and how they identify themselves. Control over these choices often ends up in the hands of people with more power – husbands, in-laws, family members, religious leaders or the State. The consequences on women and girls are disastrous.



## ALL OVER THE WORLD, PEOPLE'S SEXUAL AND REPRODUCTIVE RIGHTS ARE LIMITED.



23

23 European countries require transgender people to be sterilised before their gender is legally recognised.

47K

47,000 pregnant women die every year from complications from unsafe abortions.

14M+

More than 14 million teenage girls give birth per year, mainly a result of rape & unwanted pregnancy

76

76 countries criminalise consensual sexual acts by adults of the same sex.

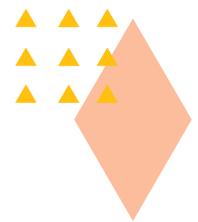


Source: Amnesty International

**Sexual and reproductive rights are fundamental rights that are inherent to every human being.**

## Sexual and Reproductive Rights include the right of all persons, free of coercion, discrimination and violence, to:

- the highest attainable standard of sexual health, including access to sexual and reproductive and health care services;
- seek, receive and impart information related to sexuality;
- sexuality education;
- respect for bodily integrity;
- choose their partner;
- decide to be sexually active or not;
- consensual sexual relations;
- consensual marriage;
- decide whether or not, and when, to have children; and
- pursue a satisfying, safe and pleasurable sexual life.



Here are some other terms that are associated with sexual and reproductive rights.

- ▲ **Sexual autonomy and integrity:** The right to make free and informed decisions regarding our body. This is based on the principle that everyone should be free to exercise their sexuality.
- ▲ **Sexual privacy:** Our right to keep to ourselves what happens regarding our sexuality. For example, our STI status, our sexual orientation, whether we have a partner, when we engage in sexual activity.
- ▲ **Sexual equity:** We are entitled to our sexual and reproductive rights regardless of our gender identity or sexual orientation.
- ▲ **Sexual pleasure:** The highest level of health and wellbeing concerning sexual activity. It includes pleasurable, satisfying & safe sexual experiences.
- ▲ **Emotional sexual expression:** It is the freedom of thought, opinion, and expression regarding sexuality. It means we have the right to express ourselves in the way we feel more comfortable with.
- ▲ **Free association:** The right to organize, demonstrate, and advocate about sexuality, sexual health, and sexual rights.

## ACTIVITY: Sexual Rights Rapid Fire

**OBJECTIVE:** clarify concepts surrounding sexual and reproductive rights.

**TIME:** One hour

**YOU WILL NEED:** One facilitator, flip charts (about six), pencils, pens, markers, tape, stopwatch.

**PREPARATION:** Hang around the walls of the room the six flip charts and write one key concept on them (one per flip chart): sexual autonomy; sexual integrity and safety; sexual privacy; sexual equity; sexual pleasure emotional, sexual expression; and free association.

### INSTRUCTIONS:

- Divide participants into six different groups.
- Assign each group one of the concepts.
- Tell the groups that they will have three minutes to discuss and write a definition for their assigned concept.
- Once those three minutes have passed, tell the group that they will have to switch to the flip chart on their right and complement the information they find written in the flip chart.
- Repeat until all the groups are back to their original spot.
- Open plenary, ask each group to read out loud the definition that resulted from this exchange.
- Promote discussion by asking things like:
  - What new elements did others add to your original definition?
  - Do you agree on the additions? Why?

## ADDITIONAL RESOURCES

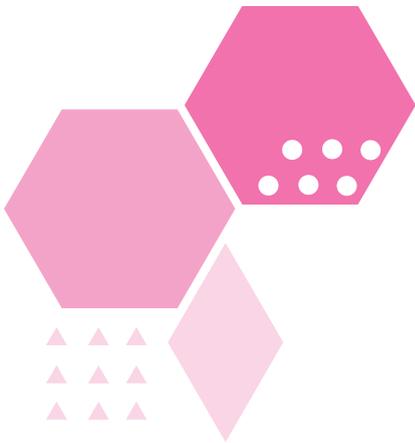
IPPF's declaration on sexual rights

[ippf.org/resource/sexual-rights-ippf-declaration](http://ippf.org/resource/sexual-rights-ippf-declaration)





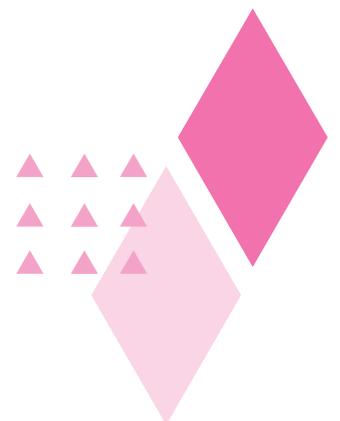
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## Module 4

# SEXUAL & REPRODUCTIVE HEALTH

- Sexual and reproductive health (SRH)
- Elements of youth-friendly SRH services
- SRH in emergency situations
- Case studies
- Activity
- Resources



Good sexual and reproductive health is a state of complete physical, mental and social well-being in all matters relating to the reproductive system. It implies that people are able to have a satisfying and safe sex life, the capability to reproduce, and the freedom to decide if, when, and how often to do so. (UNFPA)

## ACCESS TO CONTRACEPTIVES? SEXUAL AND REPRODUCTIVE HEALTH IS FOR ALL!



**222 MILLION**

women have an unmet need for contraception

**50 MILLION**

of these women are under the age of 25.

**16 MILLION**

adolescents give birth every year – the majority occur within the context of early or forced marriage, and 90% occur in developing countries.

**7.4 MILLION**

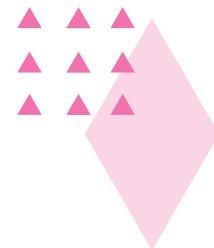
adolescent girls experience unplanned pregnancies, in part, due to a lack of access to contraceptives

Source: USAID

**TRAINER'S NOTE:** SRH services need to be promoted in a way that helps young people see the relevance to their lives. Many sexually active single young people do not identify with the terms “family planning” or “maternal health service”. This is why we refer to sexual and reproductive health services in this guide.

# WHAT DO YOUNG WOMEN-FRIENDLY SEXUAL AND REPRODUCTIVE HEALTH SERVICES LOOK LIKE?

- ▲ **Access:** geographically accessible by public transportation and with proper installations for persons with disabilities.
- ▲ **Appropriate advertising:** updated information in various languages and formats that promotes the use of health services.
- ▲ **Consent and confidentiality:** they must have a written confidentiality policy, training for professionals in confidentiality, and make clear to adolescents and any accompanying person the implications of consent and confidentiality
- ▲ **Friendly environment:** safety during care and general service areas, convenient and comfortable spaces (e.g., waiting rooms, reception) with appropriate recreational activities and friendly professionals capable of delivering information.
- ▲ **Trained staff:** professionals with adequate training and supervision to ensure competency.
- ▲ **Networks and referrals:** coordination and referral to other services
- ▲ **Evaluation and monitoring of services:** beneficiaries, participants, and community stakeholders should be routinely consulted regarding the quality of the services provided.
- ▲ **Specific attention to health problems:** routine consultations promote healthy lifestyles that include long-term health needs, mental and emotional health.
- ▲ **A comprehensive range of sexual and reproductive health services:** screening sexually transmitted infections (STIs) including HIV/AIDS, provision of condoms with information on proper use, delivery of emergency hormonal contraception, pregnancy tests, safe abortion, and post-abortion care, and prenatal care
- ▲ **Mental health care:** information about decision making and counselling, that includes information for parents and caregivers



## CASE STUDIES

Consider the following six case studies to understand how sexual and reproductive health concerns play out in a variety of situations. Remember that young women are not a homogeneous group; their sexual and reproductive health (SRH) needs differ depending on whether they live in a rural or urban community, their specific religious, cultural and ethnic backgrounds, and other intersections of their identities. Consider whether these cases hold up to true SRH access – are they good or bad for the patient? How do they affect the mental health of the patient?

Amira is 14 years old, and she wishes to talk to someone about menstrual hygiene issues and ways to protect herself. She goes to the community clinic, waits for two hours, and when her turn arrives, the nurse tells her that she can't get a consultation without parental consent.

Shae has been dating her girlfriend Lia for a few months now, and she wants to tell her family, but she is afraid of how they might react. She goes to a counselor asking for advice. Once there, the counselor starts questioning her relationship and asking her if she is sure about dating another girl.

Maria takes an HIV test at her local clinic, but the staff tells her that she needs to come with her husband to get the results. Maria leaves the clinic not knowing where to go to get the test she needs.

Anne wants to end a 12 week unwanted pregnancy. She goes to a clinic and the doctor tells her that she needs to think about it and come back the next week. She also gives her a pamphlet about women who got depressed after an abortion.

Lea (17 years old) wishes to see a doctor because she wants to start using contraception. She goes to the clinic with her mother. The nurse asks Lea if she wants her mother to accompany her in the consultation room.

Karla (16 years old) is at her annual health check. The doctor starts asking about her sexual health, and asks questions like: "Are you sexually active?" "Are you having sex with men and/or women?" "How do you protect yourself from STIs or unwanted pregnancies?" "Do you have any questions on how to protect yourself better?" Karla asks questions, and the doctor answers them. She leaves the clinic with some condoms and informative pamphlets.

# YOUNG WOMEN'S SEXUAL AND REPRODUCTIVE HEALTH SERVICES IN EMERGENCIES

In emergency settings, young women's sexual and reproductive health is often neglected due to the perception that primary health needs are more urgent. **Of the 129 million people around the world in need of humanitarian assistance, about one-fourth are women and adolescent girls of reproductive age**, who face increased threats to SRH like sexual violence from intimate partners and armed combatants, unwanted pregnancy, unsafe abortion, STIs, and maternal illness and death.



Because of this, organizations put in practice the **Minimum Initial Service Package (MISP)**. The MISP is a coordinated set of lifesaving priority SRH activities and services to be implemented at the onset (within 48 hours whenever possible) of every humanitarian emergency.

This set of life-saving activities is the starting point for ensuring quality SRH in even the worst scenarios. This protocol should be sustained and expanded with comprehensive reproductive healthcare throughout extended crises and recovery.

## 5 OBJECTIVES OF MISP IN CONFLICT SETTINGS

- Ensure an organization is identified to lead the implementation of the MISP
- Prevent and manage the consequences of sexual violence
- Reduce HIV transmission
- Prevent maternal and newborn death and illness
- Plan for comprehensive sexual and reproductive health care, integrated into primary health care, as the situation permits.

## ACTIVITY: Sexual Health In Our Way

**OBJECTIVE:** Clarify concepts surrounding sexual and reproductive health.

**TIME:** One hour and thirty minutes

**YOU WILL NEED:** One facilitator, flip charts, pencils, pens, markers.

### INSTRUCTIONS:

- Separate participants into groups of three or four participants and give them flip charts, pens, and pencils.
- Once the groups are set, give the groups the following instructions:  
*Imagine you are the team in charge of designing a young women-friendly clinic or service in your community*, could you describe how this clinic or service would be? The kind of services it would provide, how it would be decorated, how the staff would treat the users, etc.
- Give 45 minutes to the groups to think about this and prepare their presentation to the group. Make sure that during this time you stop by each group to ask if they need clarifications or help on something related to the activity.
- Once all groups finalized their proposals, these are discussed in a plenary.

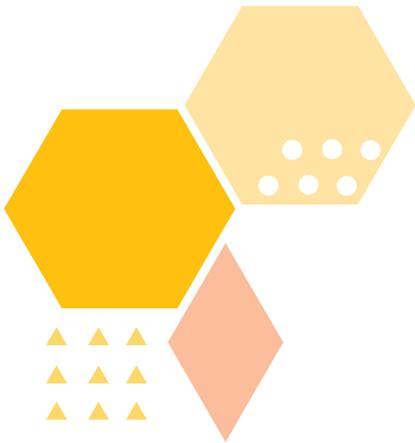
### ADDITIONAL RESOURCES ON MISP AND SRH IN EMERGENCIES



- MISP Module by the Inter Agency Working Group on Reproductive Health In Crises – [iawg.net/minimum-initial-service-package/](http://iawg.net/minimum-initial-service-package/)
- [WomensRefugeeCommission.org](http://WomensRefugeeCommission.org) – advocates for refugee women



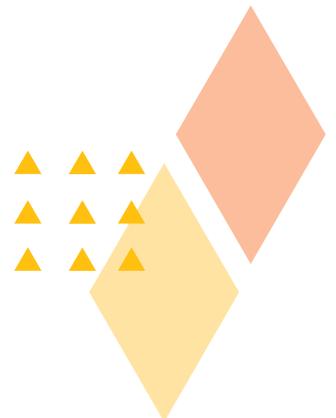
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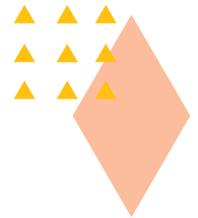
## Module 5

# MENTAL HEALTH

- What is mental health?
- Promoting mental health
- Mental health in humanitarian settings
- Mental health advocacy
- Self care



Mental health includes our **emotional, psychological, and social well-being**. It affects how we think, feel, and act. It helps determine how we handle stress, relate to others, and make choices. Mental health is important at every life stage, from childhood and adolescence through adulthood. It is a fundamental aspect of health.



**Mental health is a human rights and social justice issue.**

Depending on the context, **specific individuals and groups may have a higher risk of experiencing mental illnesses**. These vulnerable groups may (but not necessarily) include households living in poverty, people with chronic health conditions, infants and children exposed to maltreatment and neglect, adolescents first exposed to substance use, indigenous populations, LGBTQIA+ persons, and people exposed to conflict, natural disasters or other humanitarian emergencies. Therefore, it is not only a biomedical issue, but a social justice issue.

## Risk Factors



Source: Mental Health America of the Heartland

# ACCESS & PROMOTION OF MENTAL HEALTH

Improving mental health access includes, among other initiatives:

- Development of **community-based mental healthcare** and social care services
- The integration of mental healthcare into **general hospitals and primary care units**
- Enabling effective collaboration between **formal and informal care providers**
- Promotion of **self care**
- The integration of on-site care with **electronic and mobile health technologies**

There are a number of ways to promote mental health, including:

- early childhood interventions
- social support and empowerment for women, children and the elderly
- programmes targeted at vulnerable populations
- mental health promotional activities in schools and workplaces
- violence prevention programmes
- anti-discrimination laws and campaigns. (WHO)

## What is community care?

Community caring or caregiving is where **members of the community take responsibility of providing support and care to a person with chronic illness**. Caregiving often includes administering medicines and taking care of the person's safety and wellbeing. Community caregivers could include extended family, friends or neighbours who are willing to volunteer their time and effort to offer the primary caregiver temporary respite from their caregiving tasks.



## Case study in community care

Shantaram\*, a mentally ill person, was found wandering the streets of a locality in south India. An NGO representative took Shantaram to a local medical camp. In the absence of caregivers to give him his medication, the local police station took up the responsibility. They gave him medicine every day for three months. Shantaram recovered from his illness and the police returned Shantaram to his village.

Source: White Swan Foundation, India; \*name changed to protect privacy

## MENTAL HEALTH IN INFORMAL SETTINGS

It is critical to consider that the people that most need mental health might be excluded from the formal spaces in the community: schools, the formal job market, enrolled in healthcare programs, etc. This is why **shifting the focus of care away from long-stay mental hospitals to a network of linked community-based mental health services** can help make these services more accessible.

- The establishment of interdisciplinary community mental health teams to support people with mental disorders and their families/carers in the community.
- Integrate mental health into disease-specific programmes such as HIV/AIDS and maternal, sexual and reproductive health programs.

Services must be responsive to the needs of vulnerable and marginalised groups in society, including socioeconomically disadvantaged families, people living with HIV/AIDS, women and children living with domestic violence, survivors of abuse, LGBTQIA+ population, etc. Mental health providers must have a solid knowledge of SRH and how it influences the psychological well-being of women.

## MENTAL HEALTH IN EMERGENCIES

**1 in 5** people affected by conflict are estimated to have depression, anxiety, post-traumatic stress disorder, bipolar disorder or schizophrenia.

Source: WHO



Almost all people affected by emergencies experience psychological distress, which for most people will improve over time. However, the occurrence of common mental disorders like depression and anxiety is expected to more than double in a humanitarian crisis. Women, who are disproportionately impacted in conflict zones, experience depression more commonly than men. (WHO)

When people in humanitarian settings are exposed to violence, and they are not able to access the counselling they need to overcome trauma from conflict and gender-based violence; which negatively affects their mental health and wellbeing. Although **mental healthcare is seen as a luxury in emergency situations, it is a part of comprehensive healthcare.**

# BEING A MENTAL HEALTH ADVOCATE

As advocates, we need to demand **safe spaces** for adolescents and young women to comfortably talk about their issues beyond physical health, and access affordable, gender-sensitive and youth-friendly mental healthcare. This includes:

- ▲ Interventions to **prevent suicide and violence**, address stigma and provide **support to survivors** of gender-based violence.
- ▲ **CSE and life-skills education** that covers competences such as assertiveness and communication skills, decision-making, and problem-solving that challenge gender stereotypes and norms, and include mental health education.
- ▲ Interventions that consider the **social determinants of mental health** (like gender, class, race, sexual orientation etc.) along with individual competencies.
- ▲ **Continued funding** of early childhood programs, life skills, sexuality education, initiatives that tackle child abuse as well as other forms of violence to ensure ongoing operations.

## HOW TO CREATE A **SAFE SPACE** FOR TRAINEES

- Share the agenda and confirm with participants if the group agrees with it.
- Make sure to provide enough time for lunches and breaks. Learning also happens when we give unstructured time for bonding among the group.
- Make sure that the venue is comfortable and accessible. Make sure that you know the needs of the attendees in advance (if they need a room for lactation, a room for prayers etc.).
- Designate a space within the room that has objects like fidgets, water, tea, moisturizers, hand-sanitizers, fun items like crayons, play dough etc. where attendees can go and recharge quickly without leaving the main room.



## SELF CARE

Activists are in constant touch with the pain of others and witness injustice. In seeking to transform social inequalities, we frequently face situations of violence that make us feel stressed, angry, or frustrated. A lot of us find it **challenging to deal with our pain in healthy ways** – yet, access to professional mental health assistance is, in many times, limited due to economic and social barriers.

**Self-care** is any activity that we do deliberately in order to take care of our mental, emotional, and physical health. As activists, it is important to remember to take care of ourselves before we can support others – this is not selfish, this is necessary to ensure that we do not burn out or develop/exacerbate mental health issues. Self-care is not an alternative to seeking professional help for mental illnesses – seeking therapy or counselling would count as an important act of self-care!

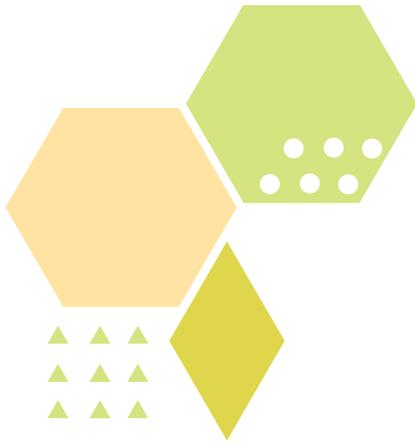
## HOW TO DEVELOP A **SELF-CARE** ROUTINE

Self-care can mean different things to different people. Find a set of activities that works for you. Whatever you pick, remember these **three rules**:

- 1.** Stick to the basics. Over time you will find your own rhythm and routine. You will be able to identify what forms of self-care work for you.
- 2.** Self-care needs to be something you actively plan, rather than something that just happens. It is an active choice and you must treat it as such – make time for it and keep looking for opportunities to practice self-care.
- 3.** Keep a conscious mind while practicing self-care. If you don't see an activity as self-care, it won't work, even if others are doing it. Be aware of what you do, why you do it, how it feels, and what the outcomes are.



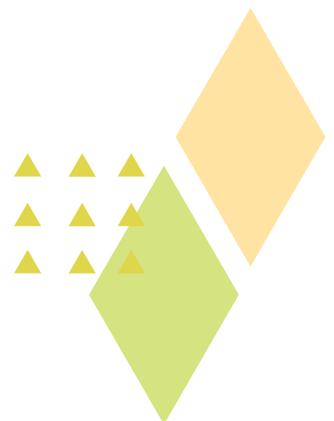
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## Module 6

# SRH & MH: LINKAGES

- Finding linkages between sexual and reproductive health (SRH) and mental health (MH)
- Women, SRH and MH
- SRH issues that impact mental health
  - mental health and reproductive health
  - mental health and gender-based violence
  - mental health and harmful practices
  - mental health and sexual health
  - mental health and discrimination
- Activity
- Resources



# ARE SRHR AND MENTAL HEALTH CONNECTED?



**10-15%** or more women experience **depression** during pregnancy or after childbirth.

**1/3<sup>rd</sup>**

of rape survivors suffer from

**PTSD**

Up to

**40%**

of people living with

**HIV** 

suffer from depression.

Source: UNFPA

Women and marginalised communities are at higher risk of mental illnesses due to the structural discrimination they face in achieving their sexual and reproductive rights.

Mental health and SRH are both core components of health. However, they are still under a heavy stigma. They might be seen as abstract issues or perceived as luxurious components of healthcare only reserved for the privileged, when in fact, **we all are entitled to the right to health, including SRH and mental health services.**

## MENTAL HEALTH AND REPRODUCTIVE HEALTH

Women around the world face serious challenges when it comes to their reproductive autonomy, from access to high-quality contraception to affordable fertility assessment and treatment. Menstruation is still a taboo in some countries, even access to menstrual hygiene products is a challenge for young women and adolescents in rural communities.

Further, hormones can affect a woman's emotions and moods in different ways throughout her lifetime. Sometimes the impact on mood can affect a woman's quality of life. However, the low priority given to women's health means that these issues risk being ignored. When it comes to talking about issues like premenstrual dysphoric disorder or postpartum depression or other syndromes that can cause mood changes and physical pains, many SRH providers can overlook them.

### What is Postpartum Depression (PPD)?

PPD is a serious mood disorder that affects women after childbirth. PPD creates feelings of anxiety and depression that can greatly inhibit their ability to care for their newborn. PPD affects tens, if not hundreds of millions annually. One study found that PPD rates in Asia could be at 65% or more.

Despite it being so common, PPD is seldom diagnosed. **The assumption that women are naturally good at caregiving and ought to be ecstatic after childbirth** prevents women from getting the care they need during this period.

Source: [postpartumdepression.org](http://postpartumdepression.org)

### What is Pre Menstrual Dysphoric Disorder (PMDD)?

PMDD is a health problem that is like an extreme form of premenstrual syndrome (PMS). PMDD causes severe irritability, depression, or anxiety before the start of the period. Studies show that 30% of individuals with PMDD will attempt suicide in their lifetime. Source: International Association For Premenstrual Disorders

# MENTAL HEALTH AND SEXUAL HEALTH

The stigma and taboo around women's sexuality and sexual health means that accessing sexual health services, as well as living with conditions related to sexual health can be traumatic for many.

## MENTAL HEALTH AND ABORTION STIGMA

Anti-choice activists have consistently tried to prove that abortion leads to severe mental health issues. However, multiple studies have shown that there is no conclusive evidence directly linking abortion to subsequent mental health problems.

However, it is not unusual for a woman to experience a range of often contradictory emotions after having an abortion. Therefore, it is essential to provide **non-judgmental postabortion counselling** to offer women an outlet for discussing their feelings. (*Guttmacher Institute*)

## MENTAL HEALTH AND HORMONAL CONTRACEPTION

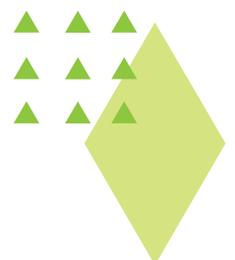


When it comes to hormonal contraception there is not “one size fits all.” Some pills can have potential adverse side effect like increased risk of depression, low sex drive, drastic mood swings, etc. It is crucial that health care providers discuss the possibility of side effects according to women’s needs and clinical history during SRH counseling, and ensure users have the information they need to make an informed and evidence-based decision.

## MENTAL HEALTH AND HIV/STI



Mental health conditions have been shown to increase the likelihood of getting HIV and people living with HIV may also be impacted by mental health issues that can result from the diagnosis of HIV and living with a complex and stigmatised health condition.



## MENTAL HEALTH AND GENDER-BASED VIOLENCE

Sexual violence and the loss of safety and bodily autonomy that **survivors of sexual trauma** experience can bring some mental health impacts like depression and anxiety. In addition to the violence itself, survivors must also contend with pervasive myths about the violence that can further isolate and stigmatize them.

**Intimate Partner Violence (IPV)** is the most common form of violence against women globally, and it is associated with many health problems (including injuries, chronic diseases, substance abuse, reproductive health problems, HIV/AIDS and other STIs). The mental health consequences of IPV can be severe and can include **post-traumatic stress disorder (PTSD), depression, anxiety, and eating disorders**. Also, the likelihood of reproductive coercion in cases of IPV increases the risk of unintended pregnancies.

### A Grounding Technique To Self-Soothe During A PTSD or Anxiety Flare-Up: The 5-4-3-2-1 Trick

- First, take a deep breath, and then look around.
- Name FIVE things you can SEE.
- Name FOUR things you can FEEL.
- Name THREE things you can HEAR.
- Name TWO things you can SMELL.
- Name ONE things you can TASTE.



The 5-4-3-2-1 grounding method can serve as an anchor for the present moment and is an important coping skill for anxiety and panic attacks.

## MENTAL HEALTH AND HARMFUL PRACTICES

Culturally harmful practices like **Female Genital Mutilation (FGM)** and **Chhaupadi (the isolation of women while they menstruate)** are associated with a wide range of long-term mental health problems. For instance, FGM survivors report **emotional disturbances like PTSD and severe depression or anxiety**. In communities that perform Chhaupadi, women also indicate a high level of **anxiety and trauma**.

# MENTAL HEALTH AND DISCRIMINATION

Socially marginalised groups tend to have higher rates of mental illness than the general population. The effects of social marginalisation can impact mental health and wellness – for example, trauma created by systemic forms of oppression such as racism, homophobia, patriarchy and ableism. Marginalised communities also face higher barriers in accessing mental healthcare due to social and financial exclusion.

## MENTAL HEALTH AND LGBTQIA+ POPULATIONS



People from the LGBTQIA+ community are more likely than their heterosexual peers to report unmet mental health needs. For trans persons, experiences of discrimination and violence can result in poor mental health outcomes due to exclusion from social spaces.

This must be understood in the context of discrimination of LGBTQIA+ identities and the experience of stigma, prejudice, and discrimination that can be worsened because of race, ethnicity, disability, and other intersections. Also, disclosing sexual orientation or gender identity can result in loss of family or community acceptance in unsupportive environments.

## MENTAL HEALTH AND PEOPLE WITH DISABILITY



Girls and young women with disabilities face extraordinary barriers to accessing and exercising even minimal SRHR. They are at an increased risk of STIs, unwanted pregnancy, and sexual abuse and other forms of GBV, all of which can exacerbate the impact on their mental health.

## MENTAL HEALTH AND ETHNIC/RACIAL MINORITIES

Ethnic/racial minorities face the impact of both systemic and interpersonal racism. The impact of interpersonal racism includes prejudicial statements, aggression, violence, bullying and harassment, as well as micro-aggressions – the chronic daily slights, exclusion and comments that can have a harmful effect on its recipients; even if perpetrated unknowingly.

## ACTIVITY: Mythbusters

**OBJECTIVE:** Clarify myths surrounding SRH and mental health

**TIME:** One hour

**YOU WILL NEED:** Handouts with statements. (Given on the next page)

**PREPARATION:** Make sure you have handouts with statements ready. One per participant. You can also group participants into couples.

### INSTRUCTIONS:

- Give each participant (or couple) one hand-out (next page).
- Allow 15 minutes to complete the true or false exercise.
- When all the participants are ready, discuss each statement following the facilitator's notes.
- Wrap up the discussion convening on some key messages about SRH and Mental Health.

### ADDITIONAL RESOURCES



- Post-abortion Counselling: A Training Curriculum – [engenderhealth.org/our-work/maternal/postabortion-care](https://engenderhealth.org/our-work/maternal/postabortion-care)
- Support and advocacy for people living with HIV – [positivelyuk.org](https://positivelyuk.org)
- Free online counselling for survivors of sexual abuse – [rapecrisis.com](https://rapecrisis.com)

## SRHR and Mental Health – True or False Statements

STATEMENT	TRUE	FALSE
All mental health issues require medication and need to be treated by a psychiatrist		
Sexual health & mental health are equally important for young women's health		
Mental health issues are private and we must keep them to ourselves		
Psychological care is part of universal healthcare		
Women are naturally too emotional, that's why they have more mental health problems		
Intimate Partner Violence happens because some women have low self-esteem		
People who want to change their gender have a mental health problem		
Adolescent's mental health is not taken seriously in a lot of situations		
All women that have had an abortion will suffer from depression		
Strict gender norms are harmful to the mental health of people		
Activists and advocates must take care of their mental health		

## Trainer's Notes:

Here are some talking points to guide the discussion on this activity.

1. All mental health issues require medication and need to be treated by a psychiatrist – FALSE. ✗

Depending on the mental issue we are talking about, some can be treated by a psychologist or a counsellor or other service providers with proper training. Psychiatry is a specific discipline within mental healthcare. On the other hand, when it comes to specific diagnoses, medication is necessary (but not always sufficient) to treat them.

2. Sexual Health and Mental Health are equally important for young women's health – TRUE. ✓

Both are components of overall well-being, and they need to be treated as such. They are no less important than physical health.

3. Mental Health issues are private, and we must keep them to ourselves – FALSE. ✗

Like any other health problems, mental health requires attention and the support of our social network. Confidentiality matters, of course, but it is important to let people know they are not alone.

4. Psychological care is part of universal healthcare – TRUE. ✓

Although mental health is surrounded by stigma, it is part of our holistic health.

5. Women are naturally too emotional, that's why they have more mental health problems – FALSE. ✗

This assumption is based on gender stereotypes and completely overlooks the fact that men and people that identify with other genders also go through mental health issues.

6. Intimate Partner Violence happens because some women have low self-esteem – FALSE. ✗

Anyone can be a victim of IPV. In these cases, someone decides to exercise violence toward another person. However, it is true that the stress caused by IPV can have adverse effects on young women's mental health and self-esteem.

7. People who want to change their gender have a mental health problem – FALSE. ✗

Trans identities are not mental health pathologies; they are valid identities that are a part of the full spectrum of sexual and gender diversity.

8. Adolescent's mental health is not taken seriously in a lot of situations – TRUE. ✓

We must pay attention adolescent mental health. Poor mental health has important effects on the wider health and development of adolescents.

9. All women who have had an abortion will suffer from depression – FALSE. ✗

An abortion is an event that different people will experience in the most diverse forms. Abortion does not cause depression.

10. Strict gender norms are harmful to the mental health of people – TRUE. ✓

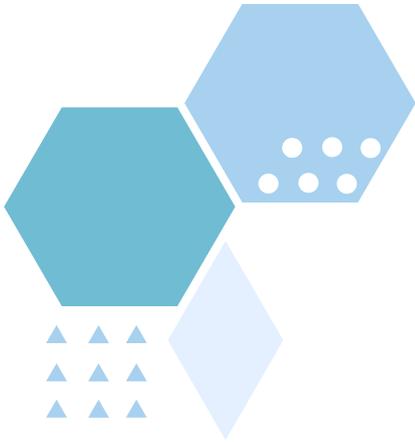
When people are not free to express themselves, they can experience stress or develop communication styles that reinforce toxic relationships.

11. Activists and advocates must take care of their mental health – TRUE. ✓

As activists, we are exposed to other's trauma and suffering very often, and it takes a toll in our wellbeing, which ultimately impacts our health and the work we do every day.



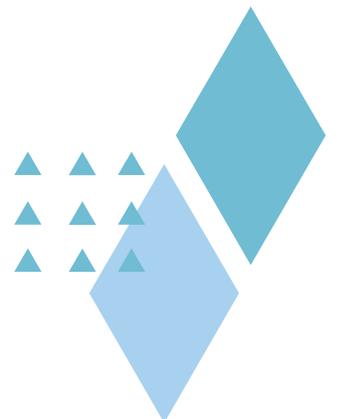
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## Module 7

# COMPREHENSIVE SEXUALITY EDUCATION

- What is CSE?
- CSE in formal and informal settings
- Elements of CSE
- Myths & facts about CSE
- Mainstreaming mental health education
- Resources





“If I had known about safe sex in my teens, my life would never have turned out this way.”

21 year old Sithu\*, from Myanmar, contracted HIV two years ago, despite being intimate only twice with his partner at the time. When he received his diagnosis, he contemplated suicide. But gradually, he found an inner strength and a new purpose. (UNFPA)

What could have helped Sithu avoid contracting HIV?

## COMPREHENSIVE SEXUALITY EDUCATION (CSE)

Comprehensive sexuality education is a **rights-based and gender-focused** approach to sexuality education, whether in school or out of school. Ideally, it is taught over several years, providing **age-appropriate information** consistent with the evolving capacities of children and adolescents. CSE seeks to **equip young people** with the knowledge, skills, attitudes and values they need to determine and enjoy their sexuality—physically and emotionally, individually and in relationships.

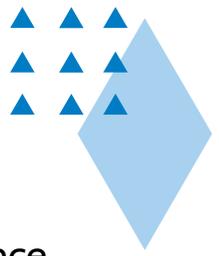
### CSE IN FORMAL SETTINGS (SCHOOLS)

Schools are a natural protective environment for the youth, and at the same time, provide an **existing infrastructure**, including teachers that are likely to be skilled and trusted sources of information, and **long-term programming opportunities** offered by formal curricula. School-based programs are a **cost-effective way** to contribute to promoting SRH education and services. Schools are also social support centres that can link children, families & communities with other services (e.g., healthcare).

### CSE IN INFORMAL SETTINGS (COMMUNITY/FAITH CENTRES ETC.)

CSE programs in non-formal and community-based settings have the potential to **reach out-of-school youth and the most vulnerable and marginalised youth** populations, especially in areas where school attendance is low or where adequate CSE is not included as part of the national curriculum. In a world where 263 million children and youth between the ages of 6 and 15 are not attending school or have dropped out, non-formal settings, such as community centres, sports clubs, scout clubs, faith-based organisations, vocational facilities, health institutions and online platforms, and others, play an essential role in education.

# WHAT MAKES SEXUALITY EDUCATION 'COMPREHENSIVE'?



- ▲ **Scientifically accurate:** the content of CSE is based on facts and evidence.
- ▲ **Age- and developmentally-appropriate:** CSE is a continuous educational process. New information builds upon prior learning. CSE is responsive to the changing needs and capabilities of children, adolescents, and youth.
- ▲ **Curriculum based:** CSE includes teaching and learning objectives and utilises appropriate methodologies for its delivery.
- ▲ **Comprehensive:** CSE provides opportunities to acquire accurate, evidence-informed and age-appropriate information on sexuality. It addresses sexual and reproductive health issues, and it supports learners' empowerment by improving their analytical, communication and other life skills for health and well-being.
- ▲ **Rights-based:** CSE builds on and promotes an understanding of universal human rights. This approach translates in raising awareness among young people, encouraging them to recognise their rights, acknowledge and respect the rights of others, and advocate for those whose rights are violated.
- ▲ **Focus on gender equality:** CSE addresses the different ways that gender norms can influence inequality, and how these inequalities can affect the overall health and well-being of children and youth.
- ▲ **Culturally relevant and context appropriate:** CSE encourages learners to examine, understand and challenge how cultural norms affect people.
- ▲ **Transformative:** CSE contributes to the formation of a fair and compassionate society by empowering individuals and communities, promoting critical thinking skills and strengthening young people's citizenship.
- ▲ **Able to develop life skills needed to support healthy choices:** CSE includes the ability to reflect and make informed decisions, communicate and negotiate effectively and demonstrate assertiveness. These skills can help children and young people form respectful and healthy relationships.

# MYTH

## MYTHS & FACTS ABOUT CSE

# FACT

CSE encourages youth to have sex earlier and have more risky sex.

Providing young people with information and services related to SRH does NOT increase sexual activity. Instead, young people who have access to CSE report feeling more empowered about their sexuality, delay sexual initiation and use contraception at higher rates.

CSE disregards values and morals. It goes against faith, religion or tradition.

CSE teaches values such as respect, acceptance, tolerance, equality, empathy, and reciprocity. It also gives young people the opportunity to define individual values as well as those of their families and communities. Information on gender, relationships, sexuality and sexual health does not undermine people's relationship with their culture.

CSE teaches young children how to have sex.

CSE provides age and developmentally appropriate information and skills to help young people delay sexual initiation and to protect themselves when they do become sexually active.

CSE undermines parental/family authority.

The role of CSE is to support and complement the role of parents/family by providing a supportive learning environment and the tools to deliver good quality sexuality education. Not every parent feels equipped to dive into complex topics around relationships and sexuality.

CSE is not as important as school subjects like maths, science or history.

CSE is just as important, if not more as subjects that students study in their mainstream education. CSE provides the basis for living healthy lives and having healthy relationships.

# MENTAL HEALTH EDUCATION

CSE programs should include mental health education within the curriculum. Mental health issues often begin during childhood. Education about mental health could help young people identify these issues within themselves or their peers and seek help or interventions in a timely manner.

## ARE WE PAYING ATTENTION TO ADOLESCENT MENTAL HEALTH?



- Half of all mental health conditions start by **14 years of age** but most cases are undetected and untreated.
- **Depression** is one of the leading causes of illness and disability among adolescents.
- **Suicide** is the third leading cause of death in 15-19-year-olds.

Source: WHO

With mental health issues being so common among young people, it is imperative that mental health education is mainstreamed. Undiagnosed, inadequately treated or untreated mental illness can seriously affect young people's development, and may lead to negative coping mechanisms or at worst, suicide. Early interventions could significantly improve quality of life for young people with mental illness.

A mental health curriculum in schools must include three components – creating awareness about emotional well-being and mental health disorders, combatting stigma surrounding mental illness and sensitising young people to individuals who may be experiencing mental distress, including themselves.

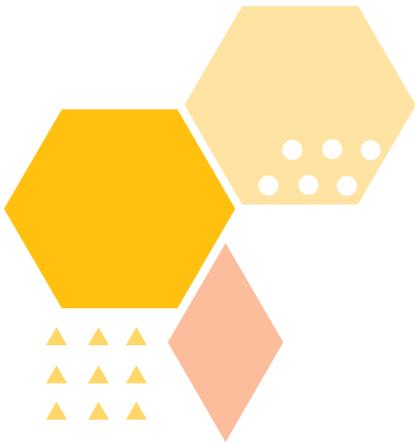
## ADDITIONAL RESOURCES



- [Amaze.org](https://www.amaze.org/): an online platform of CSE videos for the youth by the youth.
- [Scarleteen.com](https://www.scarleteen.com/): an online forum to answers questions about sex/sexuality.



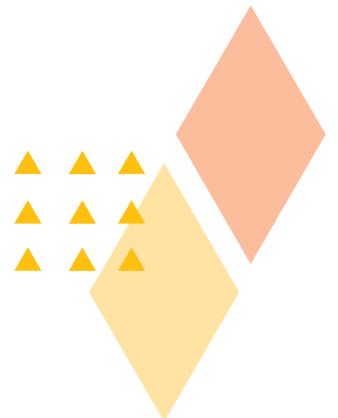
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## Module 8

# YOUNG WOMEN'S LEADERSHIP

- What is leadership?
- Case studies of young women leaders
- Elements of youth-friendly SRH services
- SRH in conflict zones
- Case studies
- Activities
- Resources





## MALALA YOUSAFZAI

Malala Yousafzai was shot by a terrorist for her activism for female education in Pakistan. She survived the attack, and went on to become a Nobel Peace Prize winner and a global champion for women's education and rights.

## GRETA THUNBERG

Greta Thunberg skipped school to demand action on climate change in Sweden, and eventually sparked a worldwide climate strike called *Fridays For Future* led by youth calling on governments to enforce climate justice.



## EMMA GONZALES

After a gunman attacked her school in Florida, Emma Gonzales used her voice to draw attention to the need for gun control reform in USA. She and her classmates held rallies in Florida to question the government's inaction on the issue.



## WHAT IS LEADERSHIP?

Empowering, collaborating with, inspiring or mentoring a group of individuals or organisation in order to create positive change. Within the World YWCA movement, leadership is shared, inclusive and transformative.

# WHY DEVELOP YOUNG WOMEN'S LEADERSHIP?

Women's leadership, and in particular young women's leadership, is severely underrepresented all over the world. Young women are often left out of decisions that affect their lives. **As young women, we recognise that living through challenges makes us the best qualified to provide solutions for those situations.**

However, women must contend with discriminatory laws, institutions, and attitudes that restrict their leadership and full participation in public life. **Young women experience discrimination based both on gender and on age**, and are expected to be meek, submissive, polite and restricted to the private sphere. This translates to **critical gaps in funding and resources** for education, skills development and mentorship, which impact the ability of young women to realise their full potential as leaders.

Leadership that empowers young women:

- Challenges power wherever it operates to perpetuate women's subordination.
- Creates alternative power structures that amplifies young women's influence.

## THE 4 P'S OF YOUNG WOMEN'S LEADERSHIP

- ▲ **Power:** Leadership is about power. Holding, exercising and defying power relations. A feminist young women's leadership means being conscious of one's own and other's power.
- ▲ **Politics:** Leadership is inherently linked to socio-economic realities. Young women's leadership must contend with inequality of gender, race, sexual orientation and other intersections and take them into account during decision-making.
- ▲ **Principles:** Leadership does not happen in a vacuum; it responds to the values and principles that are consonant with its purpose. For example, the principle of gender equality guides the action of empowering women.
- ▲ **Practices:** Leadership is not an abstract concept, it translates into our everyday activism, the priorities we put in our work, the way we facilitate workshops, the partnership we decide to build, etc.

## ACTIVITY: Good Leader, Bad Leader

**OBJECTIVE:** to explore the qualities of good and bad leadership

**TIME:** 40 minutes

**YOU WILL NEED:** One facilitator, one blank sheet of paper per participant (and extras), pencils, pens, markers and flip charts.

**PREPARATION:** Place the flip chart where everyone can see it. Make two columns, titled “Good Leader” and “Bad Leader” respectively.

**ACTIVITY OVERVIEW:** Ask participants to think of one leader they admire and one they dislike. Ask them to list three qualities they feel make them a good or bad leader to discuss what makes good leadership.

### INSTRUCTIONS:

- Hand out paper and pencils or pens to each participant.
- Instruct participants to think of a leader they admire and write down three qualities they believe makes them effective leaders.
- Ask participants to think of a leader they dislike and write three qualities that make them bad leaders.
- Allow approximately ten minutes for this, then ask each young woman to share what she has written, and record this on the flip chart.
- Discuss the similarities and differences in the qualities that came out:
  - Was there anything surprising?
  - Are there any similarities between the qualities of a good leader and a bad leader?
- After the discussion, ask each woman to reflect on all the qualities that the group has identified for both good and bad leaders and list:
  - Positive qualities she believes that she already has
  - Positive attributes she would like to develop
  - Negative qualities she would like to manage or eliminate.
- Ask participants to keep their lists for later.

# ASSERTIVE COMMUNICATION AND MEANINGFUL ENGAGEMENT

Think again about someone you consider a leader. It is pretty likely that what inspired you from them was a speech they made, the way they speak, or how this person is perceived. Usually, **great leaders are great communicators, both at a public level and with the interactions with others.**

As young leaders, women face several challenges. It is expected that young women and adolescents keep quiet, and when they exercise their agency and leadership they can be labeled as “bossy” or “not feminine enough.” Mastering meaningful engagement and communication skills will come in handy, whether it is facilitating a workshop, training your community or advocating at the United Nations.



Greta Thunberg

A good leader is a good communicator. Raise your voice, raise your ears! Express yourself and listen actively.

Photo: Andy Bosselman

Effective communication can help you develop relationships based on mutual understanding. They can help people resolve conflicts without violence. But at a personal level, they can help you feel good about yourself and your relationships.

People have different styles and skills in communicating depending on the culture they grew up in and the person’s temperament and the communication style. It is important to notice that **everyone can develop the ability to communicate comfortably across cultural and other divides.**

# ACTIVITY: Practicing Assertive Communication

**OBJECTIVE:** to strengthen dialogue and communication skills.

**TIME:** One hour

**YOU WILL NEED:** One facilitator, a list of prompts to share with people.

## INSTRUCTIONS:

- Begin with these guiding questions – Who can remember a time when you were unsure how to express your desires or wishes clearly? What can ease communication between people? What barriers do we face when trying to communicate with others?
- Separate participants in small groups and give them a prompt each.
- Ask them to read the prompt and improvise a skit about the situation.
- Every group performs their skit in front of the group. Then, the group discusses what was positive and what could be improved in the responses to the prompts.
- Wrap up by discussing the following questions and talking points:
  - Are assertive girls treated the same way as confident boys?
  - Is someone assertive viewed differently if they come from an ethnic or racial minority group?
  - How can such biases limit people’s ability to stand up for themselves?

## PROMPTS

- In a community hearing, some people think the sports club is more important than the girls’ leadership workshop meeting. They want to cut the funding.
- Tell your father you wish to continue in school next year, despite his wishes.
- “I’m the mayor. I hear that you are requesting use of one of the city buildings for your after-school club?”
- “If you can convince the two classmates next to you to work on the mural with you, we will let you paint the wall in the school.”
- “We are taking a field trip. Where do you think we should go?”
- Think of the situation at the start of this activity when you thought about a time you wish you'd expressed your wishes more directly.

# GIVING AND TAKING FEEDBACK

As a trainer or an advocate, you will receive a lot of comments about your performance, or you will need to guide others. You have to be prepared to do it in an open, critical and respectful way,

Feedback is a way of helping other people to consider changing their behaviour and make them reflect how they affect others. Giving constructive feedback helps others improve their communication skills.



## WHAT CONSTITUTES GOOD FEEDBACK?

- ▲ **It is descriptive, not evaluative.** We can't know what another person's reasons are, we can only know what we observe. Feedback is most instructive when it provides specific examples of behaviours that the person might change, rather than general comments.
- ▲ **It refers to behaviour that can be changed.** Feedback only increases people's frustration when it focuses on something they cannot change (for example, a stutter).
- ▲ **It is well-timed.** In general, feedback is most useful if given at the earliest opportunity after the behaviour occurs, and in a private setting.
- ▲ **It is solicited rather than imposed.** Feedback is most useful when the receiver asks for it. If feedback is not requested, you can ask if the person is willing to hear it.
- ▲ **It considers the needs of the person hearing the feedback.** Feedback can be destructive when it focuses only on our own needs and fails to consider the needs of the person receiving it.
- ▲ **It is offered along with positive observations.** We all need to be recognised for what we do well. When giving feedback, it is often helpful to encourage what the participant did well.

## ACTIVITY: The Speech

**OBJECTIVE:** to practice the elements of good feedback

**TIME:** 30 minutes

**YOU WILL NEED:** One facilitator

**PREPARATION:** Prepare a one-minute speech on a topic relevant for the training you are leading – women’s empowerment, right to access contraception, etc.

### INSTRUCTIONS:

- The facilitator gives a one-minute speech and asks for feedback afterward. Do some things right (modulate your voice), and other things not so well (look at the floor).
- Once all participants have given you feedback, provide them with feedback on their feedback. For example, if a participant says, “We all thought you made an interesting speech”, remind the group that each person can only comment on their own experience. Remind participants to speak from “I,” not “we.”
- When three or four participants have finished providing feedback, and you have provided them feedback on their feedback, ask the other members if they have any additional feedback to offer.
- If time allows, the group can model how to give feedback again, with a new person giving a brief speech.

### ADDITIONAL RESOURCES



- **Rise Up!:** A handbook by World YWCA on strengthening young women's leadership
- **Achieving Transformative Feminist Leadership:** A Toolkit for Organisations and Movements by CREA
- **Let Girls Lead:** An initiative by Rise Up to invest in young women's leadership – [riseuptogether.org/let-girls-lead](https://riseuptogether.org/let-girls-lead)

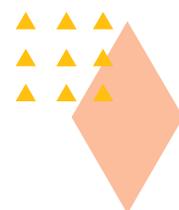
# WOMEN'S LEADERSHIP IN EMERGENCY SETTINGS

Women play a vital role in both conflict and peace. Women experience conflict differently from men and are made vulnerable to sexual and gender-based violence and other forms of violence. According to the European Council's Parliamentary Assembly report, **approximately 80% of today's civilian casualties are women and 80% of all refugees and internally displaced people worldwide are women and children.**

Amidst the chaos and destruction of armed conflicts or humanitarian settings, women assume responsibility for protecting and providing for their children and communities. However, when it comes to negotiating peace and the practical work of rebuilding societies after the conflict, women are largely ignored. Despite being the main victims of conflict, women are often powerless to prevent them, excluded from the negotiating tables when it comes to their resolution and marginalised in the post-conflict reconstruction and reconciliation efforts.

**As young women, we must also assert our right and responsibility to promote peace with justice.** The future that we help to create is the one that we will grow old in. In our influential roles as leaders, policy-makers, voters, friends, and caretakers we have the power to change attitudes and eventually, the course of history.

## HOW CAN WE ADVOCATE FOR PEACEFUL CONFLICT RESOLUTION?



In December 2015, the UN Security Council approved the historic resolution on Youth, Peace, and Security Resolution (2250) where it mentions the vital role of youth in the process of building bridges to conflict resolution. It also calls to take the necessary measures to protect youth and women, from all forms of sexual and gender-based violence.

As trainers and leaders, in our everyday activism we can:

- Include components on peaceful conflict resolution in our workshops.
- Organise our community and promote alliances with other organisations that focus their activism on peace and security.
- Utilise a non-violent language and a meaningful engagement framework in our narrative and storytelling.

## ACTIVITY: Conflict Resolution

**OBJECTIVE:** to practice non-violent conflict resolution skills.

**TIME:** One hour

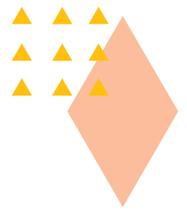
**YOU WILL NEED:** One facilitator, list of conflicts (see the next page)

**ACTIVITY OVERVIEW:** Different groups of participants try to solve a conflict and represent it in a role-play.

### INSTRUCTIONS:

- Divide participants into groups of three or four.
- Hand out one conflict scenario to each group and tell participants that they will have 20 minutes to discuss an effective non-violent way to resolve the conflict.
- Let participants know that one or more members of each group will be called on to do a role play with the facilitator to illustrate the resolution to the conflict situation they examined.
- When called on, each group must explain their proposed solution to the facilitator. The facilitator will play the role of the major conflicting party. The team members will play the role of peace negotiator.
- Instruct the other group members to stand or sit next to the young woman involved in the roleplay. Whenever she feels that she needs help, she can pause the role play and turn to her group for advice.
- Conduct a role play with each group.
- When each group has had a turn, spend some time discussing the conflict resolution strategies used by the group, and suggestions for improvement.

# CONFLICT CASE STUDIES



Due to heavy traffic, some villagers on either side of a highway must be relocated to widen the road. Tensions are raised between villagers from either side of the highway when the group on the western front is given less money and a shorter relocation period. As a community leader from the west side, how would you negotiate peace?

A group of women was given a task to complete for a specific sum of money. Two of them did only one day's work because they fell ill. At the end of the project, some of the women insist that these two women should receive the full payment since they are poor and need the money. This creates conflict within the group. As one of the ill women, find a peaceful solution.

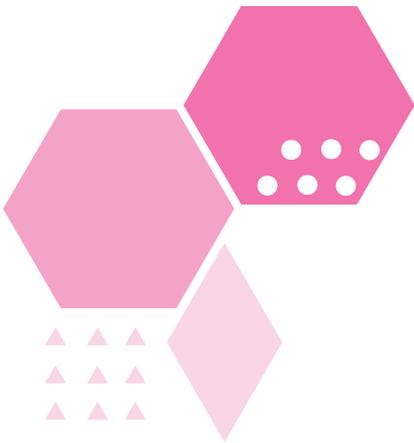
A fifteen-year-old young woman is very knowledgeable about the young women's sexual health and self-esteem, but she is being denied the opportunity to talk about it on a television program because the older women think she is too young. As this young woman, find a peaceful solution.

Two sisters sold a farm during a time of famine that had been in their family for a century. Now that the situation has improved they want to reclaim the land. The new owner refuses, but the majority of the village support the sisters because they were also hard hit by the famine and resent the new owner for benefiting from their suffering as the new owner find a peaceful solution.

The city government wants to cut the funds for the safe spaces project in some of the outskirts school because they think it is too expensive and they want to invest that money on tourism initiatives. As a community leader find a peaceful solution.



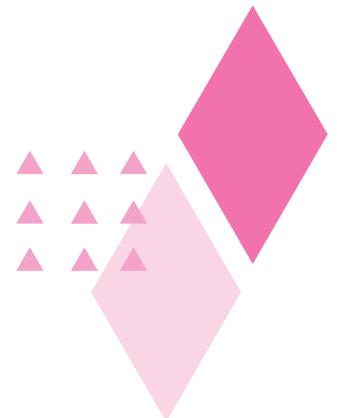
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## Module 9

# ADVOCACY

- What is advocacy?
- Examples of advocacy activities
- Planning for advocacy
- International commitments and agreements
- Activity



# WHAT IS ADVOCACY?

If you are reading this toolkit, you are probably passionate about advocating for the rights of women and girls! So, what exactly does the word 'advocacy' mean?

Advocacy is any action that is geared towards achieving specific outcomes related to social, political, economic, cultural, legal or civil change at the local, community, national or international level.



Women's March, Barcelona.

Advocacy is any action geared towards making a change for a cause that improves status quo!

Image by Pablo Verio from Pixabay

For example, advocacy can be used to:

- Advance rights through seeking to eliminate harmful and discriminatory laws and policies
- Mobilise towards the enactment of progressive, rights-based laws and policies
- Hold governments and local bodies accountable to their human rights obligations as duty-bearers
- Create enabling environments for the realisation of rights.

Advocacy strategies focus on holding duty-bearers **accountable** to their obligations as a means of catalysing systemic change. This is what differentiates SRHR advocacy from public engagement, which is usually geared towards information/education/communication activities. (*Action Canada*)

# EXAMPLES OF ADVOCACY ACTIVITIES



The following list of advocacy activities is not exhaustive. However, this list can serve to motivate you and suggest ideas for future advocacy in various contexts!

- ▲ **Organising:** Building power at the base by organising communities and bringing them together. In this case, young women can come together and mobilise through various platforms such as civil society organisations.
- ▲ **Research:** Produce relevant resources that reflect the real story of the community, release reports on the healthcare or education system to dispel myths and present realities of women through facts and lived experience.
- ▲ **Mobilise campaigns/public rallies:** Organise public rallies or events in your community to raise awareness for the need for public reforms and implementations of existing policies. Invite prominent public figures and civil society members to attend and participate in the event.
- ▲ **Regulatory efforts and litigation:** File cases of public interest, bring in legal representation and leverage the courts for your cause or your community.
- ▲ **Training and educational conferences:** Enhance knowledge and skills of member organisations on existing policies and problems affecting your constituency. Organise training sessions on advocacy skills, coordination, networking, sharing information and plan for the future collective actions.
- ▲ **Monitoring and evaluation:** Evaluate your organisation's progress towards achievement of its mission and goals, and examine the effectiveness of current programs/approaches in addressing primary problems.
- ▲ **Collaborate:** Work in coalitions with groups whose philosophy and goals resonate with yours, pooling staff and resources. All parties involved in the alliance should be better equipped to take on campaigns and work for change.

# PLANNING FOR ADVOCACY

Before diving into your advocacy activities, it is important to plan them out carefully! Here are 9 steps to plan a policy advocacy campaign, as laid out by *Women Deliver*.

## 1. IDENTIFY THE ISSUE



You must clearly identify your issue. This has three components:

- First, determine the **challenge** or the problem that you want to tackle. This will include research to identify evidence and statistics that display the problem.
- Second, analyse the **barriers** to solving the problem – for example, community attitudes, socioeconomic factors, existing policies and laws, etc.
- Third, brainstorm on the **change** that would help to remove the barriers that you have identified. What solutions can you think of? Look to other organisations in your country or globally for inspiration and support.



## 2. DEEPEN UNDERSTANDING

Once your issue has been identified, you need to conduct research to understand it better. This involves **stakeholder engagement** – identify who is affected by the problem and who is in a position to influence the problem, and try to speak to as many of them as you can. Look up **existing laws and policies** that impact the issue. Once you have identified key stakeholders, conduct a **needs assessment**. This means reaching out to those who are most affected by the issue and conducting a thorough interview to understand how they feel about the issue. Needs assessments can happen through informal discussions (focus groups), formal surveys or interviews.

Be careful about how you position yourself, especially if you do not belong to the community that is the target group for this advocacy activity. It is advisable to partner with a member of the community for your advocacy activity.

## 3. IDENTIFY TARGET AUDIENCE



Now, you must identify who has the power to implement the change that you seek – your target audience. You may have multiple target audiences. However, they might require different advocacy strategies or messages.

## 4. SET GOAL AND OBJECTIVES



Establishing your goals and objectives helps you plan your strategy and measure your impact once the campaign is complete.

An **advocacy goal** is the change that you are trying to achieve in the long-term and the intended outcome of that goal is expressed in general terms. Your goal is an articulation of your vision.

An **advocacy objective** is short-term and expresses the intended outcome in specific terms. Advocacy objectives address what you want to change, who you will impact, by how much, and by when.

To help avoid your objectives becoming vague, too broad, or unattainable, here is a helpful acronym! **SMART objectives** are **Specific, Measurable, Attainable, Realistic and Time-bound**.

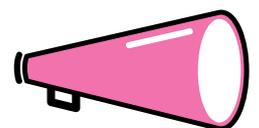
## 5. DEVELOP A STRATEGIC ACTION PLAN



Now that you have identified your goal and objectives, a strategic action plan lays out exactly *how* you will achieve them. First, you or your organisation must do a **SWOT analysis** – i.e., you must map out your **Strengths and Weaknesses (internal), and Opportunities and Threats (external)**.

Next, think about what tactics you will use for your campaign. Some tactics can be direct interventions, such as face-to-face meetings with policymakers or petitioning elected officials, and others can be indirect interventions, such as holding rallies or social media campaigns. Remember, being flexible is key to successful advocacy.

## 6. CREATE KEY MESSAGES



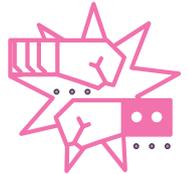
Developing a key message that is clear and focussed is essential for meetings with stakeholders and your communications strategy. A strong key message is made up of three parts: **We want** \_\_\_\_(target audience)\_\_\_\_, **to do** \_\_\_\_(action)\_\_\_\_, **because it will improve** \_\_\_\_(issue)\_\_\_\_.

## 7. IDENTIFY ALLIES AND BUILD SUPPORT



Look at individuals and organisations with whom you can partner, the coalitions and networks you can join, and the youth groups you can link up to. Some global coalitions you can look up are Association For Women's Rights In Development (AWID), Coalition for Adolescent Girls, Every Woman Every Child, Sexual Rights Initiative (SRI), Partnership For Maternal, Newborn and Child Health (PMNCH).

## 8. DEAL WITH OPPOSITION



Opposition to young people's SRHR can be strong. Identify potential threats (people in high level positions who are against your position) and create strategies on how to neutralise these threats. Make sure you rely on tangible facts, prepare counter-arguments, and use your coalition networks.

## 9. MONITOR AND EVALUATE



Monitoring and evaluation (M&E) is crucial to track your project's progress and measure its impact, and make sure you are staying on track with your action plan.

**Monitoring** checks to see if your activities are on track towards meeting your objectives and your goal, and is conducted throughout the implementation period of your project,

**Evaluation** measures the impact of your project, and it is conducted after the project is complete. It focuses on understanding the successes and challenges of your project, so that you can learn from them for future projects.

**Indicators** are a useful tool to calculate your project's success. You can develop indicators of success during your action plan, such as number of participants trained or number of educational tools developed, etc.

**Means of Verification** in your plan is how you will gather the information for M&E purposes, such as pre- and post-surveys, workshop registration forms, etc.

## ACTIVITY: Setting SMART Goals & Objectives

**OBJECTIVE:** to identify best practices while setting goals & objectives

**TIME:** 30 minutes

**YOU WILL NEED:** One facilitator, handouts of objectives & goals to be discussed

**PREPARATION:** Print the list of objectives below in different papers. Feel free to modify the examples to make them more relevant to the group.

### INSTRUCTIONS:

- Split the group into couples or small sub-groups.
- Hand out examples of good and not-so-good goals and objectives.
- Give them 5 minutes to identify the positive aspects of the objective or goal, and determine what can be improved.
- When the 5 minutes are over, ask them to tell the group their impression on the analysed objectives/goals.
- Guide a discussion with questions like: What we can improve in the writing of this objective? How would you write it in a SMART way?

### SAMPLE OBJECTIVES FOR ACTIVITY (WITH TRAINER NOTES)

- Deliver training for the girl's network.  
(This is an activity rather than an objective. This could be improved by asking what we want to accomplish with this training.)
- Increase knowledge on advocacy skills of the YWCA network in Kampala.  
(This is a well-written goal. Can you think of ways to improve it?)
- End the STI transmission in the community.  
(This is a very ambitious goal. How can we make it more specific?)
- Discuss the importance of mental health with a group of 25 activists.  
(Can be improved by asking what we want to accomplish in this training)
- Advocate for the right to decide in Kenya.  
(This is a broad goal. How can we make it more specific?)

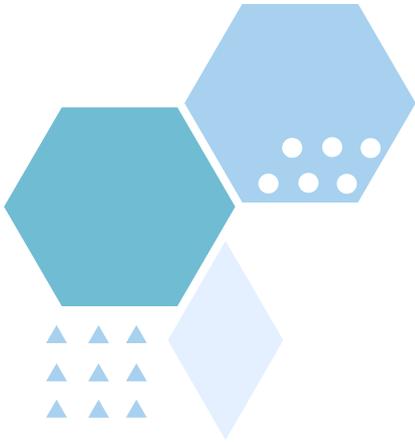
# INTERNATIONAL COMMITMENTS AND TOOLS

There are various international policy and legal commitments that guarantee young women's access to health including mental health and sexual and reproductive health and rights. These commitments are regional and global. Use these to strengthen your advocacy asks. Here are some key international agreements and instruments on Gender Equality, Human Rights and SRHR:

- ▲ **Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), 1979:** The first document to define gender-based discrimination, CEDAW was adopted to monitor and promote women's rights across the world.
- ▲ **The International Conference on Population and Development Program of Action (ICPD), 1994:** 179 countries adopted the program of action, which called for all people to have access to comprehensive reproductive health care and recognised that reproductive health and rights are human rights.
- ▲ **The Beijing Platform for Action at the Fourth World Conference on Women, 1995:** Adopted during the Fourth World Conference on Women, this platform included women's health and women's human rights as two of its 12 key issues.
- ▲ **United Nations General Assembly Special Session Declaration on HIV/AIDS, 2001:** It serves as a document for the the rights of women living with HIV and as an advocacy document to ensure the inclusion of a human rights-based approach to HIV/AIDS prevention and attention in health policies and programs.
- ▲ **The Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa - The Maputo Protocol, 2003:** Ratified by 40+ African states, the protocol is one of the most progressive policy instruments globally on SRHR.
- ▲ **Eastern and Southern Africa Ministerial Commitment, 2013:** This policy commitment by Ministers from East and Southern Africa recognises young people's rights to youth-friendly services and comprehensive sexuality education.
- ▲ **The Montevideo Consensus on Population and Development, 2013:** Resulting from the Latin American and Caribbean ICPD Beyond 2014 regional review, the consensus is one of the most progressive intergovernmental review outcomes of the ICPD process. It recognises universal access to SRHR.



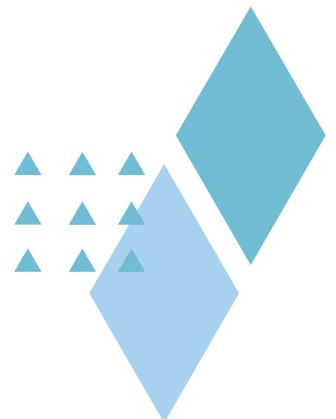
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## Module 10

# TRAINING OF TRAINERS METHODOLOGY

- Workshop planning elements
- Sample activity planner for a workshop
- Training checklist
- Facilitating a workshop
- Activity



After getting comfortable with the theoretical aspects for advocating for SRHR and mental health, **a crucial element to empowering young women to lead is to keep circulating our knowledge around to our communities of activists and advocates.**

This module will equip you with essential knowledge on how to plan sessions or workshops.

## WORKSHOP PLANNING



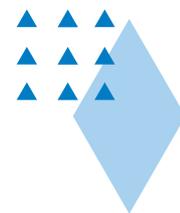
Planning is the process of thinking about the strategies needed to achieve your goals.

Planning a single session, or even more, a multi-day workshop might seem like a complicated task. However, there are a series of steps you can follow to ease the difficulties, help you achieve the project's goals, and deliver training that suits the needs of the communities. Rather than seeing planning as something outside of the training sessions, it helps to consider it as part of the whole process.

Taking time to plan will help you to develop sessions in an organised way, quickly evaluate your work, and share the workload smartly. When planning a workshop, it is essential to consider the certain elements.

## GOALS & OBJECTIVES

Setting goals and objectives and sharing them with the training group is part of a successful facilitation. A **goal** is the primary purpose of the training. It is broad. An **objective** is a short term result to meet the goal. A well-written objective is **SMART** (specific, measurable, attainable, realistic and time-bound).



## KNOW YOUR AUDIENCE

A **target group** is a group of people who are relevant to the objectives of the training. It might be part of your community, school, or other spaces. They are people that can benefit from taking part in the sessions, but also people who can join your project. For example, if your goal is to enable young activists to advocate for sexual rights, you may want to target young leaders at local organisations or schools.

Once you've identified the target and established contact with them, it is worth asking yourself and your team things such as: how old are they? What is their gender? What is their background? This will allow you to plan for things like language, accessibility for people with disabilities, fine-tune your examples, and make the space inclusive and relevant.

## KNOW YOURSELF AND YOUR CO-TRAINERS

Depending on the aim of your workshop, the size of the group, composition, and the planned activities, as a trainer you would play more than one role during the training. Some of these include:

- **Peer:** Encourage participants to share experiences and values and promote the exchange of ideas or best practices. For example, a peer leading a discussion.
- **Facilitator:** Lead the sessions to maximise the participation and involvement of the entire group. For example, someone driving a values clarification session.
- **Specialist:** Share knowledge and skills ensuring high quality and engaging teaching materials and delivery. This can look like a Q&A session, or a panel.

These roles are not mutually exclusive and they can change throughout the training. Regardless of the role you are playing, you must aim to make everyone feel comfortable and valued, and provide a safe space for participants.

# SAMPLE ACTIVITY PLANNER FOR A WORKSHOP

Day	Time	Session	Objective	Description	Facilitator	Materials
Day	Time & duration	Name of the activity	Aim of the activity	Summary of activity's steps	Name of person in charge of activity	Materials needed for activity

## TRAINING CHECKLIST

### Documents

- Invitation letters to all participants sent.
- Welcome pack: training schedule, trainers/participants' bios, local information, contact details, required and recommended reading.
- Participant's dietary requirements and special needs.

### Location

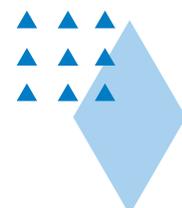
- Training venue booked.
- Accommodation: Air-conditioning/ventilation, space, lights, chairs/desks, sound system.
- Food: drinks and snacks availability checked.
- Equipment: seating arrangements, audio, and video equipment, computer, stationery.
- Handouts for participants: agendas, handbooks, name tags, evaluation forms.

### The day before

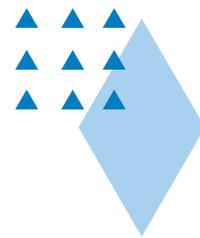
- Check-in with all facilitators, division of responsibilities confirmed.
- Trainers' & participants' materials prepared/ printed.
- Equipment checked and working.
- All rooms arranged.
- Food and refreshments are available.
- Double-check venue safety rules (location of fire exits, stairs, and toilets).

### Ready, set, go!

- Opening remarks & introduction to the workshops prepared.
- Equipment ready.
- Co-facilitators present.



# FACILITATING A WORKSHOP



As advocates, we have a duty to ensure participants get the most of the training sessions. We must recognise that some of them might have made extraordinary efforts to be present (leave from work, long commutes, parental authorisations, etc.) Here are some tips for a successful facilitation.

- **Set the tone early:** It is essential to establish a positive and warm atmosphere right at the beginning. Emphasise the importance of respecting confidentiality and differences in opinion. Promote a feeling of sisterhood and fun among participants. Introductions, icebreakers and tone-setting are useful for supporting a safe yet challenging environment.
- **Explore personal values about the issues addressed:** Encourage personal exploration of attitudes towards gender-based norms, abortion, LGBTQIA+, etc. Trainers and participants must recognise their values and biases, so they can help others begin to understand their own through a values clarification process.
- **All methodologies should focus on skill-building:** Building skills is an essential part of a Training of Trainers. An excellent workshop will include role plays and other learn-by-doing techniques as an approach to developing competencies.
- **Activities should foster communication and group-work skills:** Leading workshops requires a thorough knowledge of communication techniques.
- **Contextualise your strategies:** When facilitating, remember not everyone is familiar with the school class dynamic. When planning sessions, get to know your participants and pick activities that are relevant to their realities.

## ACTIVITY: Comfort Continuum

**OBJECTIVE:** to identify participants' comfort levels in discussing or facilitating sessions on SRHR and mental health.

**TIME:** 30 minutes

**YOU WILL NEED:** One facilitator, three paper signs that read "a lot", "a little", "not at all", tape, comfort continuum statements (given below)

**PREPARATION:** Review and adapt the statements if necessary. Begin with straightforward questions and progress to more complicated ones.

### INSTRUCTIONS:

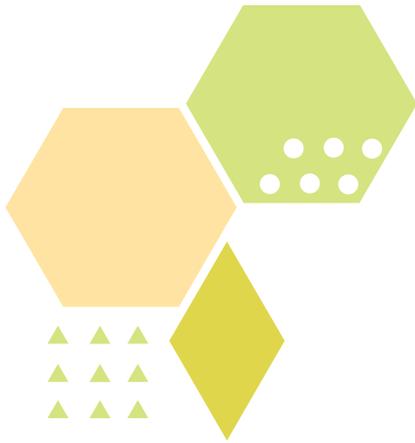
- Tape the three signs on the floor or the wall in an open area of the room where there is enough room for participants to move around. Place the signs in order in a row to indicate a continuum.
- One at a time, read the statements aloud and ask participants to physically move to the point along the continuum that best represents their feelings.
- After participants have arranged themselves, ask volunteers at different points along the continuum to explain why they are standing there. If, based on someone's explanation, participants want to move to another aspect, encourage them to do so.
- Once you have finished reading the statements, ask participants to return to their seats. Ask two participants to share their feelings about the activity.

### COMFORT CONTINUUM STATEMENTS

- I feel comfortable talking in public.
- I have facilitated workshops before.
- I feel comfortable talking about young women's sexuality openly.
- I'm used to talking about young women's mental health issues.



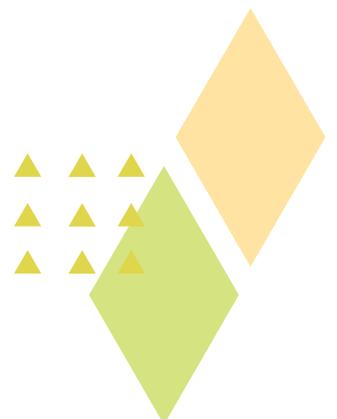
WorldYWCA



## Module 11

# GROUP ACTIVITIES FOR TRAININGS

- Introduction and icebreaker activities
- Energiser activities
- Post-training evaluation activities
- Resources





Here you will find activities to help you mobilise group dynamics. But first, remember this toolkit has a vast target group – young women around the world. **Some exercises or situations may not apply to all communities.** In some settings, for example, people would be keener to physical touch or sharing personal information while others won't. Use your expertise to enhance the learning experience for participants and have fun!

## **ACTIVITY: Ground Rules (Setting The Tone)**

**OBJECTIVE:** To inform the workshop's objectives, and to set a tone of openness and respect for the workshop's proceedings.

**TIME:** 30 minutes

**YOU WILL NEED:** One facilitator, workshop objectives listed on a flip chart, flip charts, markers

**PREPARATION:** Arrange seats in a circle and place a flip chart paper, containing the workshop's objectives, where everyone in the circle will see it.

### **INSTRUCTIONS:**

- Explain the workshop's objectives to participants, and leave the list of objectives on display for the duration of the workshop.
- Explain the importance of agreements to ensure a successful workshop. Let participants know everyone can suggest a rule, and that the group must agree to all suggestions before they are listed.
- Invite the group to suggest rules that will facilitate group dynamics, and write 'OUR RULES' as a heading on a flip chart.
- If no one suggests anything, make a suggestion yourself, such as, no name-calling or harsh judgments, returning from breaks on time, or respectful listening. This will encourage greater participation.
- When the list is complete, place it on display for the duration of the workshop.

**Other considerations:** You can do a quick review to the agreements each day to see if they are serving their purpose of a positive environment.

## ACTIVITY: Something Special (Introduction & Icebreaker)

**OBJECTIVE:** To help participants learn each other's names and backgrounds.

**TIME:** 30 minutes

**YOU WILL NEED:** One facilitator, a bag/hat/box, pencils and pieces of paper for every participant

**PREPARATION:** Arrange seats in a circle and give every participant a pencil and a piece of paper.

**ACTIVITY OVERVIEW:** Every participant will share one special talent or characteristic about themselves to introduce themselves to the group.

### INSTRUCTIONS:

- Give every participant a small piece of paper, and ask them to write down some information about themselves, such as a hobby, favourite food, movie, special talent, etc. No one else should see it.
- Ask everyone to put their paper in the box and shake it. The box is passed around, and each participant pulls one piece of paper from the box.
- Invite one participant to read out the information on the paper, and ask everyone to guess who that person is. (No more than 30 seconds per person).
- The person who wrote the paper stands up, and says, for example, "Hi everyone, I am Mai and I love dancing."

## ACTIVITY: At A Glance

**OBJECTIVE:** To help participants get acquainted with each other.

**TIME:** 30 minutes

**YOU WILL NEED:** One facilitator.

**PREPARATION:** Arrange seats in a circle and give every participant a pencil and a piece of paper.

**ACTIVITY OVERVIEW:** Participants are given 10 minutes to find an object that represents some aspect of themselves. Participants then introduce themselves through the selected object.

### INSTRUCTIONS:

- Tell participants that they have 10 minutes to search the surrounding area, both outside and inside if appropriate, for an object they feel represents some of their characteristics or who they are.
- After the 10 minutes are over, call participants back together.
- Allow each participant a turn to say her name, show the object she selected and explain what it represents. For example, “My name is Susan. I picked this rock because it is strong but smooth, like me.”

## ADDITIONAL RESOURCES



**Training For Change:** A facilitation and training website with activity ideas for energisers, meeting facilitation, team building and training fundamentals.

[trainingforchange.org/tools/](https://trainingforchange.org/tools/)

# ENERGISERS

**Energisers** are activities used to motivate participants during sessions. You can use them whenever people look sleepy or tired or to create a break between activities. To pick the right energisers for your group, use these tips:

- Choose games that are appropriate for the local context. Be mindful of games that involve physical touch, particularly of different body parts.
- Select games in which everybody can participate according to their characteristics. For example, some might exclude people with disabilities.
- Ensure the safety of the group, particularly with games that involve running or jumping.
- Encourage team building over competitive games.
- Keep them short!

## ACTIVITY: The Wind Blows (Energiser)

**OBJECTIVE:** To mobilise the group and help them to get to know each other.

**TIME:** 10 minutes

**YOU WILL NEED:** One facilitator, chairs (one fewer than the number of participants).

**PREPARATION:** Arrange all the seats in a circle facing inward. One participant stands in the middle of the circle.

### INSTRUCTIONS:

- One participant stands in the middle starts by saying a sentence, "**Wind blows for everyone who...**" (any characteristic about a person).
- Participants who fit the characteristic must stand up and quickly find a new seat that is more than two chairs away from them.
- The participant who is not able to find a vacant seat is the new person who is in the middle.
- Some examples for the wind blows – "**The wind blows for everyone who loves dancing**", "**The wind blows for everyone who has black hair**", "**The wind blows for everyone who has organised a workshop before.**"

## ACTIVITY: Catch The Ball (Energiser)

**OBJECTIVE:** To mobilise the group and help them to get to know each other.

**TIME:** 10 minutes

**YOU WILL NEED:** One facilitator and a soft ball (can use a paper ball)

**PREPARATION:** Arrange all the participants to stand in a circle.

**INSTRUCTIONS:**

- Explain that the ball is a “getting to know you” ball and that when you catch the ball, you must share something interesting about yourself.
- After sharing something, the participant throws the ball to someone else.
- Try and ensure that each participant has a turn.

## ACTIVITY: Dance Your Name (Energiser)

**OBJECTIVE:** To mobilise the group and help them to get to know each other.

**TIME:** 10 minutes

**YOU WILL NEED:** One facilitator

**INSTRUCTIONS:**

- Have all participants stand in a circle. The first person makes a specific movement that fits their name or mood. Everyone in the circle repeats the move and says the participant’s name.
- As you move around the circle, each participant must repeat all of the names and movements before adding their name and move.
- **Variation:** instead of dancing your name the participants could say an adjective. For example, “My name is Kira, and I feel loved... Her name is Kira, she feels loved, I’m Julia, and I feel interested”.

# POST-TRAINING EVALUATION ACTIVITIES

## Hand with Hand

- Before the workshop ends, give everyone a piece of paper and a pen.
- Ask participants to draw around their hand, and record the following on the fingers of their hand:
  - **Thumb:** Something good. What have you enjoyed? What have you liked?
  - **Index finger:** Something they would like to point out (either good or bad) Middle finger: Something bad. What haven't you enjoyed?
  - **Ring finger:** Something they will treasure from the session.
  - **Little finger:** Something little they want to add.
- After all the participants finish answering all the questions, you can open a plenary to discuss the different evaluations or put them into groups to discuss among them.

## Airplanes

- Give participants a piece of paper and a pen.
- Ask participants to answer questions:
  - What was interesting in this workshop? What have you enjoyed?
  - What was boring? What haven't you enjoyed? What should be improved?
- Then ask participants to fold their papers into paper airplanes and throw them to the middle of the room.
- Each person will pick up one plane and read them out loud to the whole group.
- This is an evaluation technique that would allow some privacy for those that want to remain anonymous.