



Working with Young Men Series



**Sexuality and
Reproductive Health**



**Fatherhood
and Caregiving**



**From Violence to
Peaceful Coexistence**



**Reasons and
Emotions**

**Preventing and
Living with HIV/AIDS**

Project Coordination



Instituto PROMUNDO

Support:



PAHO



WHO



International
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FEDERACION INTERNACIONAL DE
PLANIFICACION DE LA FAMILIA
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Instituto PROMUNDO is a leading organization in involving young men in the issues of gender-based violence and SRH in Brazil and Latin America. Founded in 1997, PROMUNDO's mission is to improve the lives of children, adolescents and their families by researching innovative ideas with potential for large-scale social change; implementing pilot projects to prove the effectiveness of these ideas; and

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This manual is a translation of the Project H series from the Spanish and Portuguese original versions. The activities included here were designed for and tested in the Latin American (and in one site in the Caribbean) context. In addition, background information and research cited is mostly from Latin America. We have left the examples and activities as they were developed – to be culturally relevant for Latin America.

Nonetheless, the co-authors believe that many of the activities and the themes included here have relevance beyond the Latin American and Caribbean region. The co-authors are also involved in several initiatives to adapt portions of this material for use in other regions. For more information on training in the use of this manual and its adaptation for other regions contact Instituto PROMUNDO.

INTRODUCTION



How the manual series was developed and how to use it



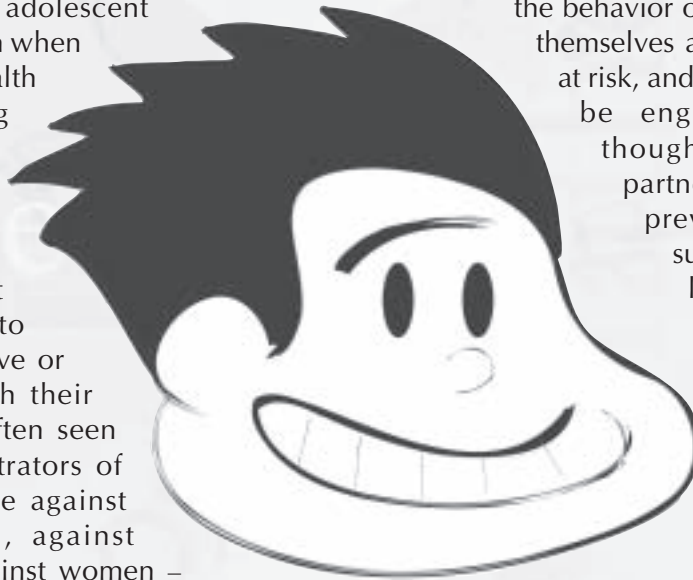
1- Why a Focus on Young Men?

For many years, we have made assumptions about adolescent boys and young men when it comes to their health – that they are doing well and have fewer needs than young women. Other times we have assumed that they are difficult to work with, aggressive or not concerned with their health. We have often seen them as the perpetrators of violence – violence against other young men, against themselves and against women – without stopping to understand how it is that we socialize boys and encourage this violence. New research and perspectives are calling for a more careful understanding of how young men are socialized, what they need in terms of healthy development and how health educators and others can assist them in more appropriate ways.

Furthermore, in the past 20 years, numerous initiatives have sought to empower women and redress gender inequities. But many women’s rights advocates have learned that improving the health and well-being of adult and young women also requires engaging men, adult and young. The 1994 International Conference on Population and Development (ICPD) and the 1995 Fourth World Conference on Women in Beijing

provided a foundation for including men in efforts to improve the status of women and girls. The ICPD Programme of Action, for example, seeks to “promote gender equality in all spheres of life, including family and community life, and to encourage and enable men to take responsibility for their sexual and reproductive behavior and their social and family roles.”

In 1998, the World Health Organization decided to pay special attention to the needs of adolescent boys, recognizing that they had too often been overlooked in adolescent health programming. In addition, UNAIDS devoted the 2000-2001 World AIDS Campaign to men and boys, recognizing that the behavior of many men puts themselves and their partners at risk, and that men need to be engaged in more thoughtful ways as partners in HIV/AIDS prevention and the support of persons living with AIDS.



There has been increased recognition in the past few years of the cost to adult and adolescent men of certain traditional aspects of masculinity - including, their lack of involvement in their children’s lives; their higher rates of death by traffic accidents, suicide and violence than women; and their higher rates of alcohol and substance use than women. Young men have numerous health needs of their own that require using a gender perspective.

But, what does it mean to apply a “gender perspective” to working with adolescent boys and young men? Gender – as opposed to sex – refers to the ways that we are socialized to behave, act and dress to be men and women; it is the way these roles, usually stereotyped, are reinforced and internalized and taught. The roots of many of boys’ and men’s



behaviors – whether they negotiate with partners about condom use, whether they take care of children they father, and whether they use violence against a partner – are found in the way boys are raised. We sometimes assume that the way that boys and men behave is “natural” – that “boys will be boys.” However, boys’ violence, their greater rates of substance use and suicide and the disrespectful behavior of some young men toward their partners stems mainly from how families and societies raise boys and girls. Changing how we raise and view boys is not easy, but it is a necessary part of changing some negative aspects of traditional versions of masculinity.

Most cultures promote the idea that being a “real man” means being a provider and protector. They often raise young boys to be aggressive and competitive – skills useful for being providers and protectors – while sometimes raising girls to accept male domination. Boys are also sometimes raised to adhere to rigid codes of “honor” that obligate them to compete or use violence to prove themselves as “real men”. Boys who show interest in caring for younger siblings, in cooking or other domestic tasks, who have close friendships with girls, who display their emotions or who have not yet had sexual relations may be ridiculed by their families and peers as being “sissies”.

In most settings, boys are raised to be self-reliant, not to worry about their health and not to seek help when they face stress. But being able to talk about one’s problems and seeking

support is a protective factor against substance use, unsafe sexual practices and involvement in violence – which explains in part why boys are more likely than girls to be involved in violence and substance use. Research confirms that how boys are raised has direct consequences for their health. A national survey of adolescent males ages 15-19 in the U.S. found that young men who had sexist or traditional views of manhood were more likely to report substance use, involvement in violence and delinquency and unsafe sexual practices than were adolescent boys with more flexible views about what “real men” can do.¹

Thus, applying a gender perspective to working with young men implies two major points:

(1) **GENDER SPECIFICITY:** Engaging boys to discuss and reflect about gender inequities, to reflect about the ways that women have often been at a disadvantage and have often been expected to take responsibility for child care, sexual and reproductive health matters and domestic tasks.

(2) **GENDER EQUITY:** Looking at the specific needs that boys have in terms of their health and development because of the way they are socialized. This means, for example, engaging boys in discussions about substance use or risky behavior and helping boys understand why they may feel pressured to behave in those ways.

This manual series attempts to incorporate these two perspectives.

¹ Courtenay, W.H. *Better to die than cry? A longitudinal and constructionist study of masculinity and the health risk behavior of young American men.* [Doctoral dissertation]. University of California at Berkeley, Dissertation Abstracts International, 1998.

2- From Young Men as Obstacles to Young Men as Allies

Discussions about boys and young men have often focused on their problems – their lack of participation in positive ways in reproductive and sexual health or their sometimes violent behaviors. Some adolescent health initiatives have seen boys as obstacles or aggressors. Some boys are in fact violent toward their female partners. Some are violent toward each other. Many young men – too many – do not participate in the care of the children and do not participate adequately in the sexual and reproductive health care needs of themselves and their partners. But many adolescent boys and young men do participate in the care of the children. Many are respectful in their relationships with their partners.

This manual series starts from the assumption that young men should be seen as allies – potential or actual – and not as obstacles. Boys, even those who sometimes are violent or do not show respect toward their partners, have the potential to be respectful and caring partners, to negotiate in their relationships with dialogue and respect, to assume responsibility for children they father, and to interact and live in peaceful co-existence instead of violence.

It is clear from research and from our personal experiences as educators, parents, teachers and health professionals that boys respond to what we expect from them. From research on delinquency, we know that one of the main factors associated with delinquent behavior by adolescent boys is being labeled or identified as a delinquent by parents, teachers and other adults. Boys who feel they are labeled and categorized as “delinquent” are likely to become more delinquent. If we expect boys to be violent, if we expect them not to be involved with the children they may father, if we expect them not to participate in reproductive and sexual health issues in a responsible way, then we create self-fulfilling prophecies.

This manual series has the premise that young men and boys should be viewed as allies. Some young men do in fact act in irresponsible and even violent ways. We do not condone their behavior. But we believe it is imperative that we start from the things that many young men are doing right and believe in the potential of other young men to do the same.

3- About the Project H Manual Series

The five sections included in this volume were developed for health educators, teachers and/or other professionals or volunteers who work with, or want to work with, young men between 15 and 24 years old, which corresponds to the “youth” age group, as defined by WHO. We realize of course that this age range is broad and we are not necessarily recommending that organizations always work with 15 to 24 year olds in the same group. However, the activities included here have been tested and developed for working with young men in this age group and in various places and settings.

The five sections included in this volume are:

- a) Sexuality and Reproductive Health**
- b) Fatherhood and Caregiving**
- c) From Violence to Peaceful Coexistence**
- d) Reasons and Emotions**
- e) Preventing and Living with HIV/AIDS**

Each section contains a series of activities, lasting from 45 minutes to 2 hours, planned for use in groups of young men, and which with some adaptations can be used with mixed-sex groups.



Tips for Facilitators

Is it better to work with young men in male-only groups or in mixed-sex groups? Our response is: Both. As organizations that work with groups of men – both adolescent and adult — as well as with groups of women and mixed-sex groups, we believe that sometimes it is more effective to work in male-only groups. Some boys and young men feel more comfortable discussing subjects like sexuality and anger among themselves, or are able express their emotions without women present. In a group context with a facilitator and their male peers, young men can often be encouraged and supported to talk about their emotions and subjects that they may not have previously discussed.

On the other hand, some young men complain or show little interest if there are no young women in the group. Of course, having young women in a group can make it more interesting. Nevertheless, we have also found that at times the presence of young women inhibits young men

from “opening up.” In some discussion groups, we have seen that young women sometimes act as the emotional “ambassadors” of young men, that is, the men do not express their emotions but instead delegate this role to women.

In field-testing these activities in five countries, we confirmed that for many of the young men who participated, it was the first time they had taken part in a male-only educational group discussion process. Although some young men said it was difficult at first, afterwards they thought that it was important to have discussed these topics in an all-male group.

Nonetheless, we recommend that at least part of the time, group educational activities on health and gender should include young women and young men. Men and women live together, they work together; some form couples and families. We believe that educators, teachers and professionals who work with young people should promote respect and equality in their relationships, and at least part of the time, should also work with young people in mixed-sex groups.

4- How the Activities Were Developed and Tested

The activities included in the five sections in this volume were tested in six countries in the Latin America/Caribbean region with 271 young men ages 15-24:

- a) INPPARES, in Lima, Peru;
- b) PROFAMILIA, in Bogota, Colombia;
- c) MEXFAM, Mexico, DF;

- e) Save the Children, in Oruro, Bolivia;
- f) BEMFAM, Rio Grande do Norte, Ceara and Paraiba, Brazil;
- g) PAPAI, Recife, Brazil (HIV/AIDS activities);
- h) YouthNow, Kingston, Jamaica.

The results of the field tests are found in the Annex to this manual.

5-The Objectives of the Manuals

The objectives of these five sections are based on assumptions about what we – educators, parents, friends, male and female partners – want young men to be. The specific activities related to gender equity, violence prevention, mental health and HIV/AIDS prevention all have common implicit and explicit objectives about the kind of men we hope they will become. Finally – and most importantly – these objectives are also based on the desires of young men themselves – of what they want to be and how they would like to be treated by their male peers. With all this in mind, the activities included in these five manuals have the overall goal of promoting young men who:

- Believe in dialogue and negotiation instead of violence to resolve conflicts, and who do in fact make use of dialogue and negotiations in their interpersonal relationships.
- Show respect toward persons from different backgrounds and styles of life, and who question those who do not show this respect.
- Show respect in their intimate relationships and seek to maintain relationships based on equality and mutual respect, irrespective of whether the young men consider themselves to be heterosexual, homosexual or bisexual.
- In the case of young men who consider themselves to be heterosexual, take part in decisions related to reproductive health, discussing with their partners issues related to reproductive health and safer sex, and using or collaborating with their partners in the use of contraceptives or other methods when they do not want to have children.
- In the case of young men who consider themselves to be homosexual or bisexual, or who have sexual relations with other men, talk with their partner or partners about safer sex.
- Do not believe in or use violence against their intimate partners.
- Believe that taking care of other human beings is also a male attribute and are capable of taking care of someone, whether friends,

relatives, partners and/or their own children, in the case of young men who are already fathers.

- Believe that men can also express other emotions besides anger and are able to express emotions and seek help – whether from friends or professionals – whenever necessary on questions of health and mental health.
- Believe in the importance of and have the ability to take care of their bodies and their own health.

Several of these objectives of the manual series are currently being evaluated in an evaluation study that the collaborating organizations are carrying out, with support from Horizons (2002-2004). This evaluation process has included developing specific attitude and behavior questions based in part on these specific objectives and desired “end-states”. For more information on this evaluation process, please contact Instituto PROMUNDO.



6- How to Use These Activities?

Tips for Facilitators

Experience in using these materials has shown that it is preferable to use the activities as a complete set (or selecting groups of activities from the different sections) rather than using just one or two activities. Many of the activities complement each other and when used together contribute to richer experience than using just one activity.

It is useful, whenever possible, to have two facilitators present.

A suitable space for working with the young men should be used, allowing the activities to be carried out without any restriction of movement.

Facilitators should seek to create an open, frank and respectful environment, where there are no a priori judgements or criticisms of the attitudes, language or behavior of the young men.

Situations of conflict between young men may occur. It is up to the facilitators to intervene, seeking to establish a consensus and respect for different opinions.

When engaging young men in group discussions, facilitators should encourage true and honest reflection, moving beyond the “politically correct discourse” that some young men may initially use.

It should be remembered that physical contact for young men is not always easy. Activities that require physical contact can and should be presented as optional for young men, respecting each person’s limits.

The discussion points suggested in the activities presented do not necessarily have to be used at the end of the activities, but can be used during the activity as well, or whenever the facilitator finds them appropriate.

The centerpiece of these manuals consists of a series of group educational activities for working with young men. These activities were developed and tested with groups of 15 to 30 participants. Our experience shows that using this material with smaller groups (15 to 20 participants) is more productive, but the facilitator can also use the activities with larger groups. Many of the activities included here deal with complex personal themes, such as promoting peaceful coexistence, victimization by violence, sexuality and mental health. We recommend that these activities be facilitated by persons who feel comfortable dealing with these themes, have experience with working with young people on these themes and have support from their organizations and/or other adults to carry out such activities.

We acknowledge that applying such activities is not always an easy task and not always predictable. As previously mentioned, the themes are complex and sensitive – violence, sexuality, mental health, fatherhood, HIV/AIDS. There may be groups of young men who open up and express their

feelings during the process, while others simply will not want to talk. We are not recommending these activities as group therapy. Rather, they should be seen as part of a process of reflection and participatory education.

The key factor in this process is the educator or facilitator. It is up to him/her to know whether the young men feel comfortable with these themes and to administer the activities in such a way that honest reflection is promoted, but without becoming a group therapy session. The facilitator must also be aware when specific participants may need individual attention, and in some exceptional cases, even referrals to counseling. The purpose behind this type of group intervention is to go beyond mere provision of information, to a stage of prompting reflections and changes in attitudes. As we will mention later on, the four organizations that produced the materials offer training workshops on the use of these manuals. Interested individuals should contact Instituto PROMUNDO or one of the other collaborating organizations.

Where and How Should We Work with Young Men?

The activities included here can and should be used in various circumstances – in school, sporting groups, youth clubs, military barracks, juvenile correction centers, community groups, etc. Some of the activities can also be used with groups of young men in a waiting room of a clinic or health center. In other words, they are designed to be used in a variety of settings where young men can be found; what they require are a private space, available time and willing facilitators. And while it may seem obvious, facilitators should bear in mind that most young men require high caloric intake for growing, and most young men also like movement. In short, we recommend offering snacks and including lots of physical movement.

7- Men or Women Facilitators?

Who should facilitate the group activities with young men? Should only men be facilitators? The experience of the collaborating organizations is that in some settings young men appreciate the opportunity to work with and interact with a male facilitator who can listen to them in a thoughtful way and who can serve as a role model for thinking about what it means to be a man. In field-testing the materials, many young men praised having the opportunity to discuss these issues with a thoughtful male facilitator. However, our collective experience suggests that the qualities of the facilitator – the ability of a facilitator, man or woman, to engage a group, to listen to them, to inspire them – are far more important than the sex of the facilitator. We have also found it useful to have facilitators work in pairs, and sometimes male-female pairs, which has the important benefit of showing the young men ways that men and women can interact as equals.

8- How this Manual Series is Organized

This manual series presents background information and group educational activities around five major themes, each of which comprises a section of this manual:

- a) **Sexuality and Reproductive Health**
- b) **Fatherhood and Caregiving**
- c) **From Violence to Peaceful Coexistence**
- d) **Reasons and Emotions**
- e) **Preventing and Living with HIV/AIDS**

Each of these five sections is organized in two modules:

MODULE 1: WHAT AND WHY. This module provides an introduction on the theme, providing a brief review of relevant literature on the issue and a framework for thinking about the topic. A brief bibliography used for each theme is also presented.

MODULE 2: EDUCATIONAL ACTIVITIES. What the educator can do. This module provides a series of group educational activities elaborated and tested for working directly with young men (aged 15 to 24) on the theme. Each activity provides tips and suggestions for facilitators and comments on applying the activity in various settings.



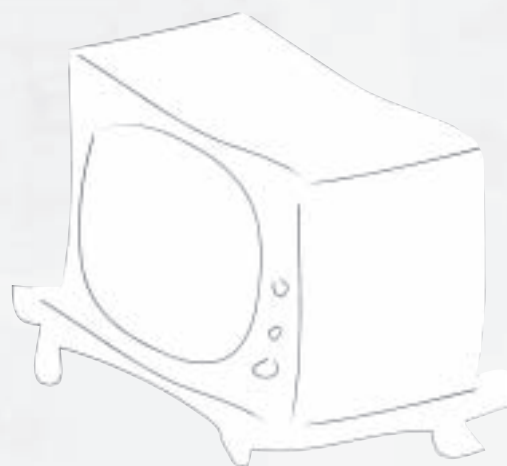
9- The Video: “Once upon a Boy”

This manual series is accompanied by a cartoon video, without dialogue, called “Once upon a boy.” The video tells the story of an adolescent boy, João (or Juan or John), and the challenges he faces in growing up. He comes up against machismo, family violence, homophobia, doubts in relation to his sexuality, his first sexual experience, pregnancy, an STI (sexually transmitted infection) and fatherhood. In a lighthearted and sensitive way, the video introduces the themes dealt with in the manuals.

We recommend that the video be used equally by the facilitators or other members of his organization’s team and the young men themselves. The video serves as a good introduction to the themes and activities. The reaction of adolescents to the video can provide a useful insight for the facilitator of what they, the young men, think about the various themes. We have often found it useful to use the video as the introduction to the activities in the manuals – to generate interest, to introduce the themes and to assess where the young men are in relation to the various issues.

10- Staying inTouch

The collaborating organizations have formed an informal network to exchange information on a continuous basis about working with young men on these themes. We encourage suggestions and participation in this network. From time to time we organize national or regional seminars on the issue and training workshops in various countries in Latin America. We are also open to invitations for presenting additional training workshops in the use of this material and in work with young men. We would like to hear from you in terms of your use of these activities. Write to any of the collaborating organizations listed in the cover page to participate in the learning network, for questions or to share your experiences.



11- Adapting the Material

We want this material to be used and adapted in the broadest possible way. The information and activities included in this manual may also be reproduced or photocopied by requesting permission from Instituto PROMUNDO. Organizations interested in reprinting the material in any other form – including reprinting the material with the logo of their organization – should contact PROMUNDO. Again, reproduction of this material is permitted, provided that the source and authorship is cited.



Author:



Sexuality and Reproductive Health



Fatherhood
and Caregiving



From Violence to
Peaceful Coexistence



Reasons and
Emotions

Preventing and
Living with HIV/AIDS

Section 1





MODULE 1



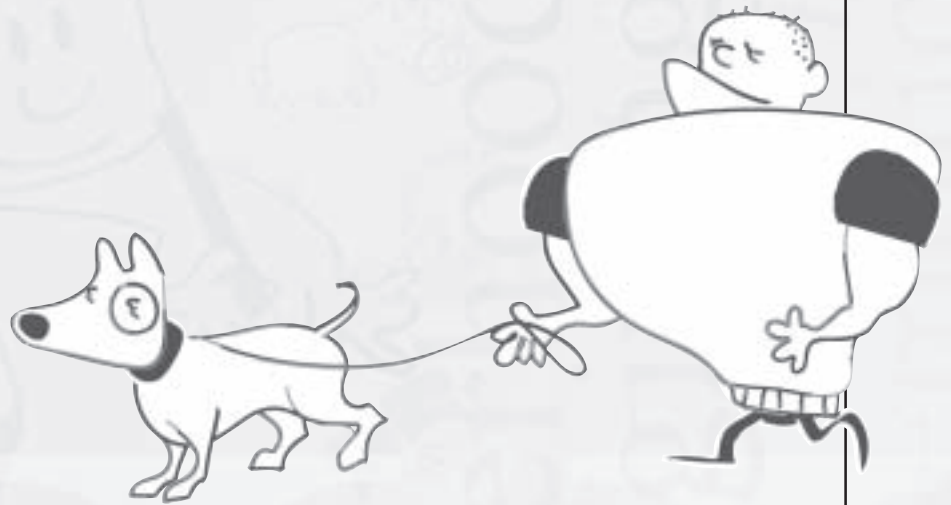
What and Why



OVERVIEW

This section presents and discusses different aspects of the sexual practices and reproductive health of young men. Such practices or behaviors are determined by a complex set of factors, including culture, gender, economic conditions, among others. In this section we affirm a social constructionist approach to human sexuality and gender - in short, that men and women do not behave the way they do because of nature or their biological make-up, but rather are largely products of their social construction and social environment. In most settings around the world, men are socialized to be knowledgeable and powerful on sexual matters. As a result, many young and older men believe they cannot express doubts

about their bodies or about sexuality or reproductive health. When we look closer, however, we find that young men, contrary to the prevailing myths, in fact often lack knowledge about their own bodies. Furthermore, in most of the world, there are few sexual education and reproductive health programs directed at young men, and fewer still that widely incorporate a gender perspective. In this section we will discuss the following three questions: (1) How can we deal with male sexuality without reducing it only to a question of health? (2) What are the specific aspects of male sexual and reproductive health? (3) What can we say about the sexual and reproductive rights of young men? Following this introduction, we offer a series of group educational activities for use with young men.



Why Work with a Gender and Masculinity Perspective?

Gender is a concept that helps us understand the inequalities that societies produce and reproduce out of the biological differences between men and women. Human beings are born male and female with different reproductive capacities; these are called sex differences. Gender is the set of social roles accorded to males and females, the hierarchies of power constructed onto these sex differences and the symbolic meaning given to male and female. Gender as a concept helps us understand how social relations are hierarchical and asymmetrical, how these produce an unequal distribution of power and how they interact with other factors, such as social class, race/ethnic background, age and sexual orientation.

While gender at its core is a relational concept, until the last few years, with a few exceptions, most research from a gender perspective has focused on women. Similarly, much of the educational material available in sexual and reproductive health has focused

on the needs of women. This material seeks to focus specifically on the sexual and reproductive needs and realities of young men. This material takes as its starting point the notion that any given society has numerous forms of being a man – hence the focus on masculinities, in the plural. In short, just as there are many socially produced ways of being women, societies and individuals produce numerous ways of being men. In most settings around the world, there is often one or more versions of masculinity – or way of being a man – that is considered the “right” or dominant way to be a man, generally called the hegemonic masculinity. In most settings, this hegemonic masculinity is idealized and becomes a way to subordinate or marginalize men who are different¹.



What do We Know about Male Sexuality?

Sexuality is a fundamental component in structuring the gender identity of men (and women), and is directly related to what a given society conceives as “erotic” and acceptable. All cultures prescribe what are sometimes called “gender scripts” for both men and women. These are commonly accepted ways in which sexual activity takes place or is seen as acceptable. Of course, individuals may adhere to or transgress from these scripts, but in most societies some common patterns of sexual activity emerge².

In most cultures, the sexual script for men and women suggests that male sexuality is or should be impulsive and uncontrollable – that men biologically have a stronger sex drive than women, and that men must share their sexual conquests with the male peer group while hiding from their peers any sexual inadequacies³. In nearly all cultures, to be seen as a “real man” means having to maintain heterosexual relations (often seen as a rite of

passage to becoming a man) and having to prove one’s fertility by having children. Most of the time we are raised to believe that these sexual scripts are unquestionable truths that are part of our nature or biological make-up.

Recent research, however, is helping us understand how these models of being a man – rather than being biologically programmed – are part of how boys and men are socialized. Researchers have shown how a certain model of masculinity, dominant in Western societies, particularly Latin America, requires men to distance themselves from everything that is seen as feminine and to constantly prove their “manliness” in the company of other men⁴. Indeed, showing one’s virility, with a capacity to conquer and maintain sexual relations with numerous women (in which only penetrative sex counts) are central aspects of the socialization of young men.

However, these prevailing sexual scripts are a source of doubt and anxiety for young men who are constantly worried about the normalcy of their bodies and their sexual performance. For example, young men are taught that the size of their penis is important, and penis size therefore is a source of preoccupation for many boys and men. And because for most boys and young men sex is seen as being a matter of size and performance, masturbation and ejaculation (sometimes in groups) are more socially accepted than for girls⁵.

These patterns of practices and sexual stereotypes are socially constructed and constantly in flux. One example of this is the first sexual experience of boys. In much of Latin America, the common way for young men to start their sexual activity was with a sex worker and to a lesser extent with a domestic worker (maid) – i.e. generally a sexual encounter that does not involve an affectionate relationship. One of the ideas behind this practice was that boys needed to learn how to be good at sex. While this still happens, recent data shows that this practice is changing⁶. As we see in Box 1, among younger men in Latin America, most first sexual experiences now take place with female friends or girlfriends, in relationships that are more likely to involve affection-sharing and perhaps greater equality between partners.

BOX 1: Relationship with first sexual partner and age difference in 4 South American countries, 1999

		Men		Women	
COUNTRY	Partner	%	Age Difference	%	Age Difference
BOLIVIA	fiancé(e)/boy-friend/girlfriend	59.3	0.18	80.8	2.16
	Husband/Wife	1.2	-0.17	9.0	4.71
	Friend	22.8	0.47	3.8	2.33
	Relative/Family	3.7	2.16	2.6	5.00
	Employee	1.4	-1.29	---	---
	Sex Worker	4.1	0.29	---	---
	Stranger	7.5	9	3.8	-4.00
	Total	100.0	0.39	100.0	2.23
COLOMBIA	fiancé(e)/boy-friend/girlfriend	44.4	1.01	80.7	4.16
	Husband/Wife	---	---	2.8	1.00
	Friend	30.2	3.51	12.9	3.86
	Relative/Family	6.6	2.71	2.8	13.00
	Employee	6.0	8.10	---	---
	Sex Worker	8	7.04	---	---
	Stranger	4.1	3.19	0.9	12.00
	Total	100.0	2.92	100.0	4.35
ECUADOR	fiancé(e)/boy-friend/girlfriend	59.7	1.45	76.9	3.91
	Husband/Wife	---	---	14.5	3.35
	Friend	18.1	1.77	4.3	2.80
	Relative/Family	5.8	1.39	0.9	6.00
	Employee	0.3	2.00	0.9	24.00
	Sex Worker	11.6	7.14	---	---
	Stranger	4.5	4.52	2.6	21.00
	Total	100.0	2.30	100.0	4.41
VENEZUELA	fiancé(e)/boy-friend/girlfriend	65.8	1.97	78.4	3.59
	Husband/Wife	0.9	5.00	19.5	4.33
	Friend	21.8	2.79	---	---
	Relative/Family	5.8	2.47	1.3	20.33
	Employee	0.3	0.00	---	---
	Sex Worker	0.6	11.50	0.4	8.00
	Stranger	4.6	4.00	0.4	16.00
	Total	100.0	2.35	100.0	4.02

If, however, young men are starting to have their first sexual experiences within more intimate or affectionate relationships, virginity and loss of virginity continue to have different meanings for boys and girls. While in many cultures girls are still concerned about their first sexual experience, for many if not most boys, sexual debut is seen as a source of prestige and power in their peer group⁷.

For young men, talking about sex with family members, teachers, health professionals and peers – when and if it happens – is usually related to sexual conquest or pressure from their male peers to prove their sexual prowess. Seeking information or showing doubts or anxieties, in general, are not dealt with publicly. After all, according to popular norms, “real men”

do not have doubts about sex nor do they talk about sex, except to talk about their conquests.

Concern about virility and about demonstrating one’s capacity for sexual conquest often leads young men to seek quantity over quality in sexual relationships. To be a “stud” or a “ladies’ man” or “to get laid” whenever you can – or at least to make your peers believe that you do these things – is the way that many young men attain status with their peers. It is still common for young males to talk about a relationship just “to get laid” versus a “girlfriend” relationship. Furthermore, young men may feel pressured to “make the moves” – to take the initiative with women and then to boast of (or invent stories about) these conquests.

Why Should We Talk with Young Men about Sexuality?

Since most young men do not have spaces to talk about their doubts and questions, we need to provide opportunities for young men to discuss and reflect critically on all these questions. Despite the countless discussions about sexuality education in recent years, the ideas that male sexuality is uncontrollable and that the male sex drive is stronger than women’s are still to be found, including among some educators and health professionals. In short, the physical and emotional costs of certain traditional, *machista* forms of behavior are not always clear and there are few places

and opportunities for young men to express their doubts and frustrations or even less to denounce situations of physical⁸ and symbolic⁹ violence to which they are subjected. This includes the insults and jeering that some young men suffer if they seem different, particularly if they are gay or same-sex attracted.

In addition, most young men have never reflected about how gender and gender socialization affect their lives¹⁰. Certain male behaviors, considered legitimate and even socially expected, can be harmful and make young men vulnerable. For example, excessive drinking – supposedly a way for young men to have the courage to approach a potential sexual partner — makes many young people vulnerable to violence or coercion or puts their health at risk¹¹.

What about Sexual Orientation?

There is no doubt that the AIDS epidemic – which has directly affected men who have sex with men, as well as men who define themselves as heterosexual – has led to increased visibility to the question of homoeroticism and the importance of considering it in the work with young men. Indeed, research from the AIDS field has shown the difficulty of rigidly defining and classifying persons into sexual categories, (homosexuals, bisexuals, transsexuals and heterosexuals). Many men have sex with men and behave in ways considered to be homosexual while at the same time maintaining heterosexual relations, i.e. without considering themselves to be “gay” they have sex with other men. These examples help us see that sexuality and sexual identity are dynamic, and that our assumptions need to be questioned constantly¹². Accepting diversity and being open-minded about human sexuality are basic requirements for anyone who works in this field. This premise should guide our work with young men.

In some but clearly not all countries, sexual diversity has increasingly lost its clandestine status and become a right. In Brazil and other countries in Latin America, homoerotic male and female relationships are gradually occurring in a context of social and cultural change, resulting from the vocal advocacy of social movements (feminist, gay and lesbian), which have generated public debates about individual freedom, sexual and reproductive rights and human rights¹³. An example of advances in consolidating individual rights related to sexual orientation is the Same-Sex Partnership Bill, being introduced in Brazil, similar to other countries like Denmark, Sweden, Norway, France, Holland and United States, among others. This law seeks to grant homosexual partners such rights as inheritance, social security benefits, joint income tax returns and joint health insurance coverage, among others¹⁴.

Of course, changing values and cultural norms is slow, and for most young men who may have had same-sex sexual experiences or define themselves as gay or bisexual, such issues are still a source of anxiety. Homoerotic and bisexual practices among young men are still far less socially valued and accepted than reproductive heterosexual relations. For example, it is still common in some Latin American countries for fathers, uncles or brothers to accompany young men on their first sexual encounters (with sex workers) to insure that they are “real, heterosexual” men¹⁵. In general, in much of the Americas region, intolerance toward same-sex attraction is cruel to the extent that gay and bisexual young men are subjected to suffering and exclusion (and sometimes to violence), violating their sexual and human rights¹⁶. In addition, homophobia is also used as a way to keep heterosexual young men “in line”. Calling a young man “gay” or “queer” in most Latin cultures (and much of the world) is a way to criticize his behavior and reduce his social status.

The rigidity of gender socialization and the intolerance of sexual diversity means that it is necessary to demonstrate to young men that they are sexual subjects – which means that they have inherent rights and are “capable of developing a conscious and negotiated relationship....., instead of accepting it as something ordained; to develop a conscious and negotiated relationship with family values and those of peer groups and friends; to explore (or not) one’s sexuality, independently of the initiative of the partner; to be able and have the right to say no and have it respected; to be able to negotiate sexual practices and pleasure provided they are consensual and acceptable to the partner; to be able to negotiate safer and protected sex and to know and have access to the material conditions for making reproductive and sexual choices.”¹⁷

BOX 2: What Young Gay and Bisexual Men Say They Need

A qualitative study carried out in London in 1999, collected information from 81 young gay and bisexual young men. Confirming other research, violence is one of the aspects which in one way or another permeates the life of many young gay and bisexual men, including those interviewed in the study. Discrimination occurs in families, schools, the work place and other public spaces. For many of the participants such experiences have negatively impacted their well-being. When asked about what changes they would like to see in society, many young men gave priority to changes in

public policies, particularly related to achieving equality between gay and heterosexual men. The participants also asked for a more realistic treatment toward lesbians and gay men on television and that homosexuality be treated as a normal fact of daily life. Changes were also suggested in the way schools approach the question of homosexuality. Young gay men would like to see changes implemented in relation to references to their appearance and physique, have more financial resources and visibly succeed in higher education in the labor market.

Source: An excerpt from the Warwick, I./Douglas, N./ Agleton P. Research Study: "Prevention of HIV: What Young Gay Men and Bisexuals Say is Necessary."

How is Male Sexuality Related to Fertility and Reproduction?

In the socialization of boys and young men, reproduction is not considered as important as sexuality. A good example is the importance attached to menarche – the initiation of menstruation – versus semenarche, the first male ejaculation. Generally speaking, there is a lack of communication between mothers and daughters about the transformation of girls bodies and their fertility. The silence, however, is even greater between fathers and their sons when it comes to semenarche. A few studies have shown that boys react to the semenarche experience with surprise, confusion, curiosity and pleasure. Some boys are unaware of what seminal liquid is and think it is urine. It is important then that boys receive guidance during puberty, so that they can feel more secure in dealing with body changes, and understand their bodies as being reproductive.

Even after semenarche, most young men deal with their sexuality as if fertility did not exist. This means that health educators must

work with young men so that they realize that in most cases, young men are fertile with each penile-vaginal sexual act¹⁸. In addition, some boys are fertile even before semenarche occurs¹⁹. To teach young men about their bodies and to question myths helps boys understand their own desires and sexual pleasure, which can make the physical and emotional changes of adolescence less frightening.

Overall, we must keep in mind that beliefs about male sexuality are rooted in all our imaginations and these preconceived notions directly influence the reproductive health of men and women. For this reason, reproduction must be considered in relational terms – including both boys and girls. Health educators can and should encourage young men to reflect about these issues, promoting changes in the way that young men relate both symbolically and concretely to reproduction and sexuality.

Are Men Concerned with Contraception?

While in most of Latin America, contraception is considered to be a “woman’s concern”, an increasing number of men in the region are becoming or are already concerned about contraception; some men become concerned precisely to collaborate with a female partner, for example, because they are concerned with her prolonged use of oral contraceptives, or to offer her an alternative to tubal ligation²⁰. Although condoms are often the best choice for male contraceptives – serving both to protect against STIs and as contraception – many men feel insecure in using a condom, fearing they will lose their erection. Furthermore, many men in Latin America believe that a vasectomy will leave them impotent. For many couples in Latin America, withdrawal or coitus interruptus is a common practice.

As we can see in Box 3, with increasing awareness of HIV/AIDS, male condom use among young men has increased in Latin America, but continues to be inconsistent²¹. The female condom, another option for HIV prevention and pregnancy prevention, has also been introduced to a limited extent in the region and has been tested and adopted in

various countries. In the case of Brazil, promotion of the female condom in some public health services has served as a stimulus for involving men in the issue of protected sexual relationships and the use of contraceptive methods in general²².

Increasingly, in discussing condom use with young people, health educators are focusing on dual protection – that is emphasizing that condoms are suitable for avoiding pregnancy and for preventing STIs. Furthermore, most sex education programs have also seen the importance of promoting condom use within sexual games, as part of foreplay and generally presenting condoms as an erotic and seductive stimulus in the sexual relationship. While the frank discussion of condom use has been hindered in some countries, increased condom use has been key in several countries in the region that have been able to reduce rates of HIV transmission, as in the case of Brazil.

Finally, we should emphasize that promoting increased use of contraception by young men is necessary but not sufficient. In addition or as a way to becoming more involved in contraceptive use, young men should be sensitized to their role as procreative or reproductive individuals, who along with the partner should decide when, if and how to have children.

BOX 3: Indicators on the use of condoms among men aged 15-19: selected countries in Latin America and the Caribbean

Indicator	Bolivia 1998	Brazil 1996	Haiti 1995	Honduras 1996	Nicaragua 1998	Peru 1996	Dominican Republic 1996
% of adolescents who said they used condoms in their last sexual experience	36	55	---	---	39	41	42
% of adolescents who have used condoms among those that have had sexual relations	60	83	37	59	77	67	65
% of adolescents who have used condoms to prevent STIs and AIDS in relation to the total of those that have ever used a condom	64	68	90	---	72	87	87

Source: DHS III studies. In: Diagnóstico sobre Salud Sexual y Reproductiva de Adolescentes en América Latina y el Caribe. (Guzman, José M.; Hakkert, Ralph; Contreras, Juan Manuel; Moyano, Martha F.) UNFPA, Mexico, 2001.

BOX 4: Young Men and Contraceptive Use

In Brazil as in many countries in the region, condom use among young people has increased, including condom use in first sexual experiences, but is still relatively inconsistent. According to national demographic and health data (PNDS/1996²³) most Brazilian men in general are familiar with some type of contraceptive method. The most widely known methods are the pill, the condom and female sterilization. The survey also showed that the prevalence of condoms (as a contraceptive method) and vasectomy are still very low in Brazil, 6.2% and 3.7% respectively. However, when compared with 1986 data, there has been an increase in use of 160% and 225%. The data show that among unmarried sexually active young people, the use of some contraceptive method is currently greater among women than men: 75% and 68%, respectively. In this group, women use mostly the pill (44%) and men the condom (42%).

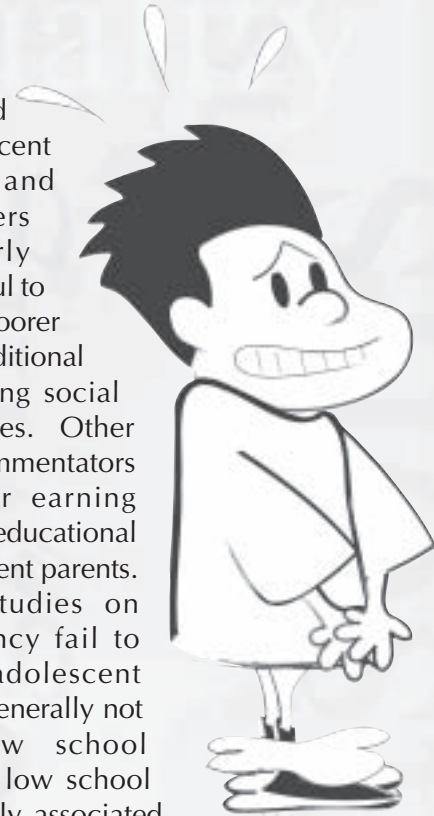
How Can We Involve Young Men to a Greater Extent in the Issue of Adolescent Childbearing?

Adolescent pregnancy has been widely discussed in recent years²⁴. The increasing percentage of births to young women as a percentage of all births has been a cause for alarm in some countries, and in turn has received considerable media coverage²⁵. While some researchers have stressed the biological risks of early childbearing (lower birthweights, higher rates of maternal complications, etc.), the underlying concern is generally social²⁶. The idea of risk associated with adolescent pregnancy reflects a widespread discomfort with the sexuality of

young people, and consequently adolescent fatherhood and motherhood. Others argue that early childbearing is harmful to the social order in poorer countries, creating additional difficulties for existing social programs and policies. Other studies or social commentators point to the lower earning potential and lower educational attainment of adolescent parents. However, many studies on adolescent pregnancy fail to mention that adolescent pregnancy per se is generally not the cause of low school attainment. Rather, low school attainment is generally associated with poverty.

Furthermore, while early childbearing and pregnancy are often seen as “failures” or problems by middle class researchers, teachers and health professionals, listening to the voices of young people themselves sometimes suggests otherwise. Qualitative research with young people in many countries has found that many adolescent mothers, and fathers, see parenthood as a way of attaining status (by becoming parents, they are recognized as adults). For some young people, having a child is a way to organize their lives and identities and to commit themselves to something (or someone) beyond themselves²⁷. Of course, if some young people do not see pregnancy as a burden, many low-income families of adolescent parents are faced with the responsibility of caring for additional children. And in many low-income settings, adolescent fathers are often ignored or discouraged by their own parents or the parents of the mother from maintaining ties with children they have fathered, or because they lack the financial means to support the child, may not be involved in any way with child care.

In sum, for most young people, having a child while still in their adolescence is generally not optimal, given the challenges of finishing their educations and acquiring employment. Nonetheless, the research



discussed here suggests the importance of taking a more thoughtful view of the issue. These issues will be discussed further in the section on fatherhood and caregiving. In sum, we affirm that health educators should seek to treat adolescent childbearing in a thoughtful and sympathetic way, seeking to avoid the discriminatory attitudes and simplistic views that often surround the issue and seeking to promote the positive involvement of young fathers in child care²⁸.

Should the Question of Abortion Be Discussed with Young Men?

Induced abortion is illegal in nearly all of Latin America. However, the lack of contraceptive options for women, combined with precarious living conditions, leads many young and adult women to seek clandestine abortions, which in many cases puts their health and even their lives at risk. What happens to adolescent boys when their partner is considering seeking an abortion? Studies carried out in the 1990s show that the fact that pregnancy occurs in the female body allows many men to evade the responsibility for pregnancy²⁹. However, even in cases where young men want to take part in abortion-related decision-making, are they able to do so? Recent studies on abortion decision-making suggest that when young women inform their partner that they are pregnant, many young men believe it is in their capacity to convince the girl not to have an abortion³⁰. Frequently, men do influence the decisions made by young women about pregnancy. Most studies confirm, however, that women, including younger women, generally have the final say in seeking an abortion. From an ethical and rights point of view, we should consider a greater role for young men in abortion and pregnancy decision-making.



What is Male Reproductive Health and What Are the Implications for Young Men?

The concept of reproductive health, as presented in the text of the Cairo International Conference on Population and Development³¹ in 1994, originates from the definition of health given by the World Health Organization/WHO: health is a state of total well-being, physical, mental and social, and not the mere absence of infirmity or disease. When applied to the field of reproductive health, it means that all persons should have the opportunity of having children and of regulating their own fertility in a safe and effective way. It also means that the gestation and birth process should be safe for the mother and the child, that individuals should be ensured the possibility of enjoying their sexuality without the fear of contracting a disease, and should be able to interrupt an unwanted pregnancy without suffering any type of social condemnation.



Are STIs and AIDS a Question of Sexuality and Reproductive Health?

The link between sexuality and reproductive health became clear with the AIDS epidemic. The main way of transmitting the disease occurs through sexual relations and by contamination through sharing syringes. As HIV transmission rates have increased in much of the world, increasing attention has focused on the behavior of men and young men in HIV/AIDS transmission. In Brazil, in the 15 to 24 age group, the ratio of HIV infection of young women to men is nearly 1:1. In this age group, adolescent boys and young men contract the virus mostly through the shared use of syringes, although sexual transmission is increasing; among adolescent girls and young women transmission is mainly sexual.

According to UNAIDS data, up to February 2000, 303,136 cases of AIDS were recorded in Latin America and the Caribbean, representing 13.8% of reported cases worldwide. Of this total, the incidence of HIV infection among men who have sex with men in large cities in the region is between 5 and 20%³². According to some authors³³, the majority of adolescents aged 15 to 20 have already had sexual relations. As we will see in the section on HIV/AIDS, STIs, including HIV, are more common among 15 to 24-year-old males. It is estimated that about 50% of all HIV infections in the world occur among

persons under 25. Young males run a greater risk of contracting the infection than adult males: about 1 in every 4 persons with HIV in Brazil is a young man under 25. In Box 5, we offer additional data on HIV in the region.

As with other STIs, surveys show that the prevalence of HIV among young males may be greater than previously presumed, particularly because adolescent boys often ignore such infections or resort to self-treatment³⁴. This situation aggravates the vulnerability of young males to HIV infection, particularly when associated with substance use, alcohol and violence or sexual coercion³⁵.

How then can we reach young men with messages about safer sex? First, we know that the media, peer groups and personal experience are the main sources of information and learning about STIs for most young men³⁶ and should be explored by the health educator. One fact which stands out, however, is that parents and other adults (including educators and health professionals) are rarely mentioned as sources of information for adolescent males³⁷. Generally speaking, the most innovative programs promoting safer sex among young men have been those that reach young men directly in their communities or in schools, hostels, churches, dance clubs and parties.

Poverty, substance use, family stress or disintegration because of migration, isolation in closed institutions such as prisons or the military put young men in situations of even greater vulnerability. Working with young men means thinking about their needs and at the same time recognizing their tremendous potential as change agents. Convincing young men to question idealized or stereotypical notions of manhood can lead to changes in attitude and behavior – even in cases where young men have already accepted these ideas – provided we work with young men to show them the benefits to themselves and their partners of changing their behaviors.

We will discuss these issues at greater length in the section on HIV/AIDS.

**BOX 5: Percentage of cases of AIDS recorded up to 1997
by age groups in Latin America and the Caribbean**

AGE	Bahamas	Chile	Ecuador	Guatemala	Guyana	Nicaragua	Panama	Paraguay	Uruguay
0-9	8%	2%	1%	3%	3%	1%	5%	2%	6%
10-19	1%	1%	2%	4%	2%	2%	2%	2%	3%
20-29	21%	27%	34%	41%	41%	33%	25%	36%	33%
30-39	36%	38%	33%	31%	31%	38%	35%	39%	37%
40-49	19%	20%	20%	13%	12%	16%	20%	15%	13%
50+	15%	12%	10%	8%	11%	10%	13%	6%	8%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%

Source: UNAIDS/PAHO/WHO, 1999.

What is the Role of Public Health Services?

There has been a growing interest in working with young men in Latin America and the Caribbean on reproductive health and sexuality. However, so far, concrete experiences have been implemented basically by NGOs, through innovative programs³⁸ funded, except for rare exceptions, through resources from private and non-profit foundations. Such initiatives, however, have run into various obstacles, including the lack of adequate training of the health professionals themselves – both men and women – to attend to male clientele, the absence of specific educational material, as well as the lack of interest on the part of young men in taking care of their health.³⁹ The scarcity of government resources to formulate and execute programs of this type is also a major issue⁴⁰.

Even among those who agree about the need to focus on young and adult men, a question remains: Should we seek to improve the health of women or meet the needs of young men? Do we have to choose one group over another? From our point of view, such programs should be focused on the basis of gender equality and gender specificity. This means, for example, that developing programs directed at the use of the condom or increasing the practice of vasectomy, are, by themselves,

not sufficient to offer a full range of health assistance alternatives for men. Neither is it enough just to make young men aware of their sexual and reproductive rights.

So far, reproductive health programs directed mainly at women have paid little attention to discussing the specific needs of young men. An exception to this are the services in Brazil that work with STIs/AIDS, but whose integration with the more specific women's health services is still precarious. Another exception are government health programs for workers which, in turn, tend to overlook the specific health needs of women and show little concern for such questions as sexuality and reproductive health. In

Paraguay (with the support of UNFPA) and in several other countries in Latin America, initiatives are underway in police and military institutions to provide health services and educational programs targeted at men, the results of which still need to be evaluated.

Barriers to engaging young men in existing health services include cultural conceptions about the male body (i.e. the belief that it is simpler than the female body), which are prevalent among men from the lower-middle and lower social strata, and which lead some men not to

seek health care. In addition, the fact that physical frailty is also associated with being feminine or weak, and therefore to be avoided, is also a barrier to men's use of health services⁴¹.

All the above considerations point to the difficulty in changing the view that health services are for women. In informal discussions, health professionals have admitted their difficulty in convincing men to use public health services, which in turn makes it more difficult to know exactly the specific needs of young men⁴³.

BOX 6: Men and Health Care

The fact that health care is commonly seen as being a female issue tends to make men ill-disposed to using them. A public opinion poll carried out in Brazil by the Empowerment and Reproduction Commission⁴² in 1995 found that men aged 16 or over would seek health services if they suspected that they had an infection in the prostate or bladder (98%), or STIs (98%) or AIDS (96%), impotence (88%), and in cases of premature ejaculation (83%). Of those interviewed, 91% would go to the health service to accompany their partners' prenatal visit and only 60% to obtain information about contraception.

Should We Discuss the Sexual and Reproductive Rights of Men?

As previously mentioned, reproductive rights were affirmed in the text of the Cairo International Conference on Population and Development, held in 1994⁴⁴. Sexual rights only appear in the text of the International Conference of Women held in 1995 in Beijing. In the field of sexual rights, formulated basically as a right to pleasure and sexual diversity (see box that follows), the rights of men are not directly mentioned. Furthermore, the Cairo Plan of Action, while directly calling for male participation in the family

and in reproductive health, takes as its starting point a premise that men are in general irresponsible (a view that we think should be questioned)⁴⁵.

How then, should men's sexual and reproductive rights be considered? Sexual rights are universal human rights based on inherent freedom, dignity and equality for all human beings. To have a full sexual life is a fundamental right and for this reason should be considered as a basic human right.

Reproductive rights, in turn, "refer to the possibility of men and women making decisions about their sexuality, fertility and their health related to the reproductive cycle and raising their children. In commending the exercise of choice, these rights imply full access to information about reproduction, as

BOX 7: Sexual Rights

To ensure that every person develops a healthy sexuality, the following sexual rights should be recognized, promoted, respected and defended.

THE RIGHT TO SEXUAL FREEDOM – Sexual freedom concerns the possibility of individuals expressing their sexual potential. However, this excludes all forms of coercion, exploitation and abuse at any time or in any situations in life. This includes freedom from all forms of discrimination, irrespective of sex, gender, sexual orientation, age, race, social class, religion or mental and physical disability.

RIGHT TO SEXUAL AUTONOMY, SEXUAL INTEGRITY AND SAFETY OF THE SEXUAL BODY

– The right of a person to make autonomous decisions about his or her own sexual life in a context of personal and social ethics. This also includes the control and pleasure of our bodies, freedom from torture, mutilation and violence of any type.

RIGHT TO SEXUAL PRIVACY – The right to individual decision-making and behavior concerning intimacy, provided this does not interfere with the sexual rights of others.

RIGHT TO SEXUAL PLEASURE – Sexual pleasure, including self-eroticism, is a source of physical, psychological and spiritual well-being.

RIGHT TO SEXUAL EXPRESSION – Sexual expression is more than the erotic pleasure or sexual act. Each individual has the right to express sexuality through communication, touching, emotions and love.

RIGHT TO FREE SEXUAL ASSOCIATION – The right to marry or not, the right to divorce and to establish other types of responsible sexual or intimate unions.

RIGHT TO FREE AND RESPONSIBLE REPRODUCTIVE CHOICES – The right to decide whether to have children or not, how many, when and the right of access to contraceptive methods.

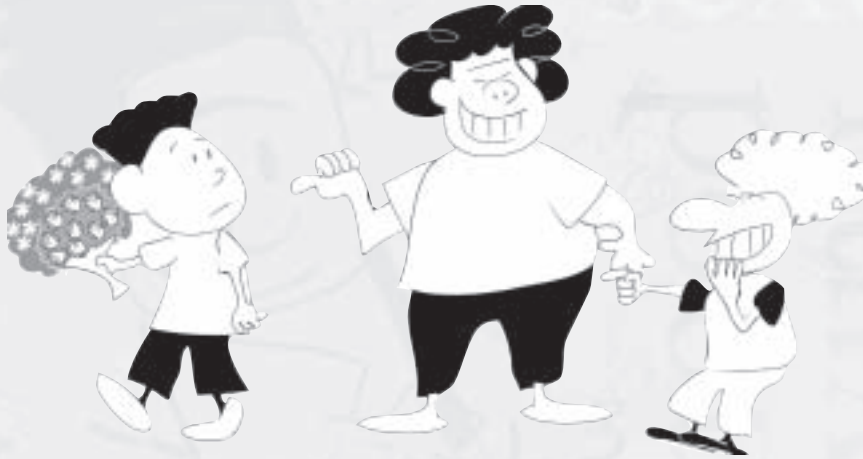
well as having access to necessary resources to make the choices efficiently and safely.⁴⁶

Promoting these rights continues to be a tremendous challenge, since most men and women continue to face gender inequalities, particularly in the case of women and girls. There is no doubt that we must continue analyzing the importance and relevance of promoting the sexual and reproductive rights of men⁴⁷. However, certain questions need to be considered: Is it possible to defend sexual and reproductive rights without “naturalizing” or legitimizing the unequal status of men and forgetting the rights of women, who have historically been subjected to inequality? How can we reconcile the right of a young woman to not be a mother and the right of a young man to want to be a father, or vice-versa? We think that this process of continuous reflection should include the participation of men and women so that ethical concerns are protected and to consider the relational nature of rights.

Finally, we should point out that reproductive rights have often focused only on access to

contraception or only to fertility, that is, on the number of children that each woman has or wants to have⁴⁸. In this context, reference to adolescent boys/men is always secondary, minimizing the importance of sexuality and the underlying power relations in reproduction. And despite the increasing scope for questioning policies and social practices concerning reproduction, there has not been a clear response on the part of young/adult men to participate more actively in reproductive processes. Furthermore, there is strong resistance from health and education professionals, researchers and activists to associate reproductive rights with men.

To create awareness in the field of sexual rights and reproductive rights requires engaging young men themselves, as well as health educators and health professionals. Above all, it requires a conceptual framework for understanding the meaning of reproduction and men’s involvement in it, as well as believing that young men have the potential to change toward more positive involvement in reproductive and sexual health.



BOX 8: KEY POINTS

With this overview, there are five major points we want to emphasize:

1- We need to show young men that there are different ways of “being a man”.

2- We should show young men that there are, indeed, differences between men and women and that many of these differences were constructed by us. It is important that men perceive how these socially constructed differences can have fundamental impacts on our daily life, leading to discrimination and reinforcing gender inequalities.

3- Sexuality needs to be considered in its

fullest sense. It is, after all, much more than “having an erection” and “getting laid”. As we work with young men, we should explore other dimensions and expressions of human sexuality.

4- We should show young men why it is positive and important to know their own body, that reproductive health is not merely a matter for women, and that sexual rights are not simply a concern for gay or bisexual persons.

5- Finally, when we engage young men in discussions about sexual and reproductive rights, we should relate and connect these specific rights to human rights as a whole.

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MODULE 2



Educational Activities

Author:

SEXUALITY AND
REPRODUCTIVE HEALTH



 **OVERVIEW**

In this section we offer a series of activities developed specifically for young men ages 15-24 on the issues of sexual and reproductive health. We propose a series of group educational activities that start with a warm-up and move on to in-depth discussions of the biological and psychosocial aspects of sexual and

reproductive health. We have suggested a sequence of the activities that worked well in field-testing. Nonetheless, the health educator should use the activities in the order and manner he/she sees fit. Many of these activities can also be used in conjunction with the activities on HIV/AIDS in section 5, and with activities related to fatherhood and caregiving in section 2.



This activity, which can serve as a warm-up or introduction to the issue of sexual and reproductive health, highlights the key aspects of masculinity and male sexuality.

Activity 1



Warm-up

Purpose: To increase awareness by the participants on the individual nature of sexuality – e.g. desires, wishes, etc. – and to promote self-awareness, group communication and integration.

Recommended time: 30 minutes

Planning tips/notes: If the group has difficulty recalling a particular character or celebrity, suggest that they talk about a friend or family member whom they admire.

Procedure

1- Ask the participants, individually, to choose a character they like from a movie or TV show. Then ask them, in pairs, to explain to each other why they have chosen that character, the things that they admire or not about the person's actions, attitudes and values.

2- After about 10 minutes, each participant will present to the group the character chosen by the other person (in the pair).

Discussion questions

- ✎ Why do we like certain TV or movie characters more than others?
- ✎ Is there any trait of this character that we identify with? Which one?
- ✎ What are the most highly valued "male" characteristics? And what are the least admired traits in men?
- ✎ What expectations does society have about men? What are men supposed to be? What about these expectations would you like to see changed?



CLOSING

✎ Clarify the myths that will probably come up when the young men describe the characters, such as: strength, looks, virility and male omnipotence.

✎ Stress that certain attributes, among them men's impulsiveness and the idea that men have to be ready to have sex all the time, are often used to dominate others.

This activity provides a general introduction to the themes of gender, sexuality and reproduction.



Activity 2

What's what?

Purpose: To understand the different meanings and discourses that are associated with gender, sexuality and reproduction.

Materials required: Chalkboard or wall; colored markers.









Recommended time: 30 minutes

Planning tips/notes: When discussing the concepts and definitions of man/woman, sexuality and reproduction, it is important to start with the words that were used by the participants themselves. If the group is shy, the facilitator should offer suggestions.

Procedure




- 1- Divide the chalkboard or wall into four columns and, in a group discussion, ask all the participants what immediately comes to mind when they hear the word *man*.
- 2- Write the word man in the first column on the board and make a list of the responses one by one.
- 3- Repeat this process one by one with the words: **reproduction**, **sexuality** and **woman**.
- 4- At the end, read all the definitions that appear for each of the words and ask the group to comment on the replies and produce a group definition for each of the words.



Discussion questions

-  What does it mean to be a man?
-  What does it mean to be a woman?
-  How does a man deal with his sexuality? And a woman? Is it the same or is it different? In which way?
-  What is the role of the man in reproduction? Is it different from the woman's? In what way?
-  How does a man deal with his affections and feelings? And a woman? Are there differences? Why?
-  Are men and women different? In what ways?
-  Why do these differences exist?
-  Do you think that men and women are raised in the same way? Why?



CLOSING

-  Make a **summary of what it means to be a man and a woman** in our society, based on the replies given by the participants.
-  Emphasize the group that sexuality is a **component of human life** and, therefore, is not determined only by biological factors.
-  Explore the **difference between the sexual body (pleasure) and the reproductive body (reproduction)**, as well as their connections.

-  Focus on the **affective aspects** of sexuality and reproduction and the different ways affection is learned by men and women.
-  Discuss the **cultural aspects** of sexuality, that is, that the sexual act for reproduction is common in nearly all living creatures, but that only humans attribute values, customs and meanings to sex that are not related solely to procreation. Explain that sexuality is socially and historically constructed, with moral values ranging from highly rigid/puritanical to liberal or less restricted.



This exercise promotes a discussion on prejudice, particularly prejudice related to sexual orientation.

Activity 3

Campaigning against Prejudice

Purpose: To promote a reflection on prejudice and discrimination related to sexual orientation and promote creative responses to controversial questions as well as tolerance on divergent viewpoints.

Planning tips/notes: The facilitator can start this activity by explaining that just as there are differences in ways

of thinking, acting and dealing with life, there are also different attitudes and types of behavior in relation to expressing sexuality.

Recommended time: 2 hours

Materials required: Cardboard or brown poster paper, pencils and colored pens; scissors, glue, magazines.

Procedure

- 1- Divide the participants into groups and explain that each group will role-play an advertising agency that is bidding for a major advertising campaign. Tell them that the sponsors of the campaign will select one of the competing campaigns, based on the posters elaborated by the agencies.
- 2- The theme of the campaign is **the need for people to respect each other and to promote peaceful co-existence**. Tell the participants they have 30 minutes to prepare and present a poster with a one- sentence slogan and a layout for the campaign. At the end of the 30 minutes, each group will present its proposal.
- 3- After each group presents its campaign, call one representative from each group and tell them that the client has decided that the idea was too broad and has decided to change the campaign. The group will have just 15 minutes to re-formulate its campaign. The group will not have time to develop a new poster, but instead will add a new sentence at the start or at the end of the initial proposal.

Tell them that the new campaign should talk about **respect for persons who are gay, bisexual or lesbian**. (see the box on sexual orientation that follows.)

- 4- After 15 minutes, the groups will present their posters again.
- 5- After each group has presented its revised campaigns, the whole group should vote on the best poster.

Discussion questions

- What different sexual orientations exist?
- Is there prejudice toward persons who are not heterosexual (or straight)? What kinds of prejudice? Where do you think this prejudice comes from?
- The Brazilian singer Gilberto Gil said in an interview once that *"Nobody has to like homosexuals, you do have to respect them"*. What do you think about this statement?

▼ CLOSING

Clarify that there is a tendency to believe that the heterosexual relationship is the “normal” standard of sexuality. This belief should be questioned so that the sexual orientation of homosexuals and bisexuals can be understood and respected.

Explore the idea that heterosexual masculinity, by being considered the “real way to be a man”(e.g. by being associated with

virility, strength, lack of sensibility and affectivity, etc.), overshadows other kinds of manhood or masculinity which are just as valid.

Show the group how the polarization between what is considered masculine and feminine in our society restricts and disqualifies other expressions of sexuality or even of sexual identity.

Use historical examples to show how, over the centuries, the acceptance or rejection of other sexual orientations has varied.

Sexual Orientation

Sexual orientation can be defined as the feeling of being able to relate romantically or sexually with someone. Throughout the world the term sexual orientation is used to indicate if this relationship or desire for relationships is with or toward someone of the opposite sex (heterosexual), the same sex (homosexual) or with or toward persons of both sexes (bisexual).

Luis Mott, a teacher and founder of Grupo Gay da Bahia (Brazil), suggests that we should start with three basic affirmations about sexuality. First, that human sexuality is not instinctive, but is a cultural construction. Second, human sexual culture varies from country to country and changes over the years within the same society. Third, that there is no natural and universal sexual morality and human sexuality is, therefore, amoral in the sense that each culture determines what sexual behavior will be accepted or condemned.

When a child is born, there is no doubt whether it is a girl or a boy; we only need to look at the external genital organs. No one is born heterosexual or homosexual; we are born as a man or a woman. Children are given

a name and an education according to the genital identity they were born with, according to what is expected of a boy or a girl. It is impossible in our society for anyone to grow up without belonging to the male or female gender. The formation of the male or female gender identity is a long process that extends from childhood through adolescence. Gender identity (the feeling of belonging to the male or female gender) comes from the behavior of parents, family, and society, all of which educate us to act certain ways based on socially prescribed gender roles that we learn by imitation and from our role models.

Children grow up, go to school, make friends and in adolescence, their bodies undergo important changes. It is in this stage that sexual desire begins to manifest itself more intensely. If this desire manifests itself in relation to a person of the opposite sex, usually this heterosexual attraction is accepted by our families, by society, and others. But if the attraction is for persons of the same sex, the situation changes completely. Most parents think that something must be wrong, that they have failed in some way. Adolescents who feel same-sex attraction are also likely to experience doubts, may feel ashamed, may question whether they are “normal” and may face frustration at the lack of the acceptance



LINK

"From Violence to Peaceful Coexistence"
workbook

Activity 5: Diversity
and Rights: Me and
Others



they face. By then they already know of the prejudice that many homosexuals experience because they experience sexual attraction in a different way. Many people consider them to be sick, indecent or perverted. In many countries, gay, lesbian or bisexual individuals may be the targets of hate groups.

Behaving in a way which diverges from accepted standards is a cause of criticism everywhere, including in schools. No matter how funny a joke about homosexuals may be, we have to realize that in passing it on we are helping to strengthen the prejudice and the stereotype expressed in the joke. Snide remarks, giggles and malicious exchange of glances – albeit in an involuntary and unconscious way – are part of the repertoire of prejudice directed at homosexuals.

The World Health Organization and the major international scientific associations no longer consider homosexuality to be a deviation or disease, but a sexual orientation just as healthy as bisexuality or heterosexuality. Some countries continue to deny same-sex sexual activity, but studies from around the world have found that bisexuality and homosexuality exist in all cultures studied and have existed

historically. In some countries, there are laws against same-sex sexual activity. Some religious groups and leaders say that homosexuality is a sin or is forbidden. But increasingly, as in the case of Brazil, there is no law that condemns affective-sexual relations between persons of the same sex. In many parts of Latin America, more progressive sectors of churches of different creeds are also becoming more tolerant of same-sex sexual attraction.

If homosexuality is not a disease, nor a crime, nor a sin, nor a deviation, why then should we prohibit or impede gay, lesbian or bisexual youth from freely exercising their sexual orientation? The reason is fairly simple: prejudice, ignorance, lack of information and disrespect for fundamental human rights.

In Brazil, as in most of Latin America, one of the basic objectives of our constitutions is to fight against all forms of prejudice. And homophobia (aversion to homosexuality) "is still the main prejudice in our society, because it is found not only in the street and public institutions, but particularly inside the home, making the family of gay persons the major discriminators¹."

¹ Luiz Mott, in *O prazer e o Pensar*, page 240.



This activity stresses the importance of knowing the male body, seeking to dispel the myths that lead young men and adult men not to take proper care of their own health.



Activity 4

The Reproductive Body

Purpose: To increase awareness and knowledge about the male sexual organs, as well as increase awareness about the need for self-care.

Recommended time: 2 hours

Planning tips/notes: The majority of young men do not know much about their own bodies, nor believe that it is necessary to devote time to understanding it. Many young men only know the mechanics of

their genital tract (i.e. getting an erection). This lack of knowledge about their own bodies and its functioning often has adverse effects on their hygiene and health.

Materials Required: paper and pencil for all participants, a small bag or envelope with the names of the male and female internal and external sexual organs and their description (cards 1 and 2), figures of the male and female reproductive system.



Procedure

- 1- Before starting the exercise, cut out the names of the female and male sexual organs from the card and place them in a small bag or envelope.
- 2- Divide the participants into two teams and ask them to choose a name for each team.
- 3- Explain that each person in the team will take a name from the bag and will have to mime or do a charade using the information contained on the card for the other team to guess which genital organ, male or female, was picked. Unlike other games, the team that presents the mime or charade will only receive a point if the opposing team guesses what the mime or charade refers to. Also tell them that the team that points to the organ or who speaks or writes the name instead of using a charade will lose points.
- 4- Toss a coin to decide which team goes first. The game continues until all the names in the bag have finished.
- 5- Keep the score on the board and comment on any interesting points that emerged from the workshop (competition, collaboration, etc).



LINK

"Reasons and Emotions" Section

Activity 1:
A Young Man's Body

Discussion questions

- ✎ What were the most difficult genital organs to guess? Why?
- ✎ What were the ones you already knew about?
- ✎ Do you think it important to know the name and function of the internal and external male genital organs? Why?
- ✎ Do most men know about these things? Why or why not?
- ✎ How should a man take care of his genital tract? And a woman?
- ✎ Which do you think is more complex, the female or the male reproductive organs? Why?



CLOSING

- ✎ Show the group how having a limited knowledge of their own body can have adverse consequences on their health, such as in preventing STIs and HIV/AIDS and various types of cancer which affect the male reproductive organs.
- ✎ Stress male involvement in reproductive decisions and discuss how spermatozoa are produced and the implications of this on reproduction.
- ✎ Explain the function of each organ of the

male and female reproductive system, including the physical diversity, that is to say, there are different shapes and sizes of penis, vagina and breasts, etc.

- ✎ Show that the different types and sizes of the penis and do not determine sexual pleasure.
- ✎ Explore the fact that, although taking care of the reproductive tract is considered in many cultures to be a female concern, this should also be a male concern and that taking care of one's health is a key factor in safeguarding quality of life – in the present and in the future.

CARD 1

MALE SEXUAL ORGANS

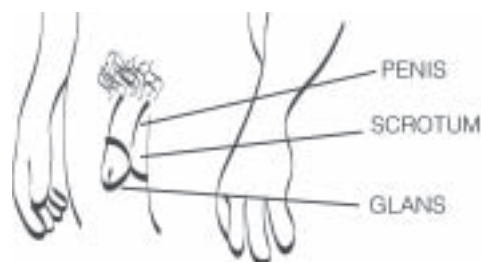
External Sexual Organs

Penis: A member with a urinary and reproductive function. It is a very sensitive organ, the size of which varies from man to man. Most of the time the penis remains soft and flaccid. But when the tissue of the corpus spongiosum fills up with blood during sexual excitation, it increases in volume and becomes hard, a process which is called an erection. In the sexual act, when highly stimulated, it releases a liquid called sperm or semen which contains spermatozoa. The ejaculation of the sperm produces an intense feeling of pleasure called an orgasm.

Scrotum: A type of pouch behind the penis which has various layers, the external one being a fine skin covered with hair with a darker coloring than the rest of the body. Its appearance varies according to the state of contraction or relaxation of the musculature. In cold, for example, it becomes more contracted and wrinkled and in heat it becomes smoother and elongated. The scrotum contains the testicles.

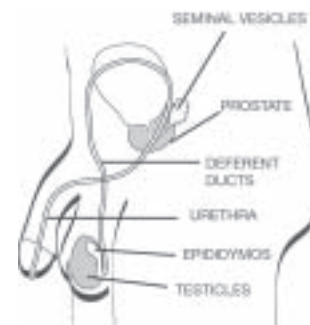
Prepuce or foreskin: The skin that covers the head of the penis. When the penis becomes erect, the prepuce is pulled back, leaving the glans (or the "head" of the penis) uncovered. When this does not occur, the condition is called phimosis, which can cause pain during sexual intercourse and hamper personal hygiene. Phimosis is easily corrected through surgical intervention using a local anesthetic. In some cultures or countries, or in some families, the foreskin of boys is removed in a procedure called circumcision.

Glans: The head of the penis. The skin is very soft and very sensitive.



Internal Sexual Organs

Testicles: The male sexual glands, the function of which is to produce hormones and spermatozoa. One of the hormones produced is testosterone, responsible for male secondary characteristics, such as skin tone,



facial hair, tone of voice and muscles. They have the form of two eggs and to feel them one only has to palpate the scrotum pouch.

Urethra: A canal used both for urination and for ejaculation. It is about 20cm long and is divided into three parts: the prostatic urethra, which passes through the prostate gland; the membranous urethra, which passes through the pelvic diaphragm; and the third part which traverses the corpus spongiosum of the penis.

Epididymis: A canal connected to the testicles. The spermatozoa are produced in the testicles and are stored in the epididymis until they mature and are expelled at the moment of ejaculation.

Seminal Vesicles: Two pouches that provide the fluids for the spermatozoa to swim in.

Deferent Ducts: Two very fine ducts of the testes which carry the spermatozoa to the prostate.

Ejaculatory Duct: Formed by the junction of the deferent duct and the seminal vesicle. It is short and straight and almost the whole trajectory is located at the side of the prostate, terminating at the urethra. In the ejaculatory duct fluids from the seminal vesicle and the deferent duct mix together and flow into the prostatic urethra.

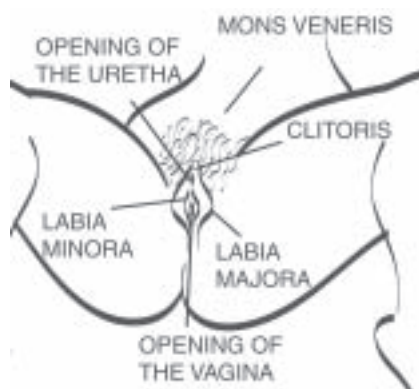


■ CARD 2

FEMALE SEXUAL ORGANS

External Sexual Organs

Mons Veneris or Mons Venus: The rounded protuberance located on the pelvic bone called the pubis. In an adult woman, it is covered with hair which protects the region.



Labia majora: Covered with sparse hair, the most external parts of the vulva. They commence at the Mons Veneris and run to the perineum.

Labia minora: A pair of skin folds, with no hair. They can be seen when the labia majora are parted with the fingers. They are very sensitive and increase in size during excitation.

Clitoris: A rounded organ, very small, but extremely important for the sexual pleasure of the woman. It is very sensitive and when a woman is not excited, touching it directly can be unpleasant. But when gently stimulated, the woman experiences an intense and pleasurable sensation called orgasm.

Opening of the urethra: The opening where the urine comes out.

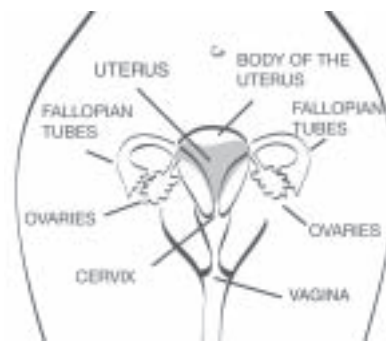
Opening of the vagina: The elongated opening where discharge, menstrual blood and the baby come out.

Internal Sexual Organs

Uterus: The organ where the fetus develops during pregnancy. When a woman is not

pregnant, her uterus is the size of a fist.

Cervix: The lower part of the uterus. It has an orifice where the menstrual fluids pass and where the spermatozoa enter. In a normal delivery, this orifice increases or dilates to allow the passage of the infant.



Body of the uterus: The main part of the uterus, which increases in size during pregnancy and returns to normal size after the birth. It consists of two external layers, a membrane called the peritoneum and a muscular tissue called the myometrium. The mucus membrane that lines the uterus is called the endometrium, which loosens and sloughs off during menstruation and is renewed monthly.

Fallopian tubes: There are two, one on either side of the uterus. Where they join the ovary, they open out like a flower. Through the tubes, the ova or egg cells pass to the uterus.

Ovaries: There are two, the size of a large olive, one on either side of the uterus, attached to it by a nerve ligament and by layers of skin. From birth, the ovaries contain about 500,000 ova. There, the ova are stored and develop. They also produce the female hormones.

Vagina: The canal which starts at the vulva and runs to the cervix. Inside, it is made of tissue similar to the inside part of the mouth, with various folds that allow it to stretch during sexual intercourse or to allow passage at child birth. Some women feel pleasure during penetration of the penis in the vagina, others less; for most women, stimulation of the clitoris provides greater pleasure than stimulation of the vagina.

This activity discusses eroticism and the fact that men and women have equal sexual drives and desires.

Activity 5

The Erotic Body

Purpose: To discuss desire, excitation and orgasm and to clarify that men and women have equal sexual drives, needs and desires.

Recommended time: 1 hour

Materials Required : old magazines, scissors, paper and glue.











Planning tips/notes: For many young men, sexuality is defined as sexual performance. Many young men feel pressure to prove themselves sexually. Providing information about sexual desire, excitation and orgasm can reduce the insecurity and discomfort of young men

about these issues. In the course of this activity, the facilitator should emphasize that having an active sex life does not mean only sexual intercourse. The facilitator should emphasize that there are many other forms of sexual contact, intimacy and pleasure. Carry out the discussion in the most open and informal way possible, even when the young men laugh or joke about these issues. In fact, joking is one of the ways that young men use to “defend” themselves or express anxiety, particularly when faced with new information. Throughout the activity, it is important to emphasize the need to practice safer sex and the issue of mutual consent, that is that young people have the right to decide when, where and how they want, and if they want to have sexual contact.

Procedure

- 1- Form groups of 4 to 5 persons and hand out a sheet of paper to each participant and some magazines and some glue to each group.
 - 2- Explain that each person should produce a collage on the “male erotic body” using pictures from the magazines.
 - 3- When they have finished, ask them to do the same, only this time making a collage about the “female erotic body.”
- When they have finished, ask them to exhibit their collages. Ask volunteers to talk about their collages.

Discussion questions

-  What is sexual desire? Do both men and women feel sexual desire? Are there any differences?
-  How do we know when a man is excited? And a woman?
-  How do men get excited? What excites a man sexually?
-  How do women get excited? What excites a woman sexually?
-  Do men and women get excited in the same way? What is the difference?
-  What is orgasm?
-  What happens in a male orgasm? And what about a female orgasm?
-  How important is affection in a sexual relationship?
-  Is it different when you are in love with the person you have sex with?
-  Is sex more enjoyable with affection or without affection?



The Erotic Body

Every part of the human body can produce pleasure when touched but, generally speaking, people have certain areas that are more sensitive to caressing than others. These are called erogenous zones (breasts, anus, vulva, clitoris, vagina, penis, mouth, ears, neck, etc.). They vary from person to person, thus, only by talking or experimenting will you know what excites your partner (be they male or female) most.

The human body is much more than its biological functions. Unlike most male animals, who become sexually aroused merely by the smell of a female when they are in heat, human male excitation depends on social and psychological factors that are closely interlinked, which influence each other and which depend on each other. For a woman, sexual desire does not depend on being in her fertile period. How does human sexual desire work?

There are four stages to human sexual desire: desire, excitation, orgasm and relaxation.

Sexual desire is when one feels like having sex. It occurs through the activation of the brain when confronted with a sexually exciting stimulus. It should be remembered that a certain stimulus can be exciting in a certain culture and not in another. For example, a certain standard of beauty can arouse sexual desire in one place and not in another. Anxiety, depression, the feeling of danger and fear of rejection can affect a person's sexual desire. On the other hand, when a person feels relaxed, secure and has intimacy with his or her partner, this greatly facilitates the desire to have sexual relations.

Sexual excitation is involuntary, that is to say, it occurs independently of a person's will. What man has not had the embarrassment of

having an erection at the wrong moment? We know that a man is excited because his penis becomes hard and his testicles rise or feel tighter. We know a woman is sexually excited when her vagina becomes wet and her clitoris swells and becomes harder. Physiologically, the excitation results from the increased flow of blood into certain tissues (such as the penis, the vagina, the breasts) and from the muscular tension of the whole body during sexual activity. During this phase, respiratory movements and heart-beat increase. More important than knowing all this, however, is knowing that caressing and touching between partners is important in this stage. In the case of most man, all it takes is an erotic image for him to have an erection; for a woman to become excited requires more time, and more caressing and kissing.

Orgasm is the stage of greatest sexual intensity and is difficult to describe objectively because the feeling of pleasure is personal -- so much so that descriptions of orgasm are just as varied as people themselves. During orgasm, most individuals feel that the body builds up enormous muscular tension and then suddenly relaxes, accompanied by an intense feeling of pleasure. Furthermore, not all orgasms are the same. As the orgasm depends on sexual excitation; the same person can have orgasms of different intensities at different times. It is during the male orgasm that ejaculation occurs, that is, sperm is ejected through the urethra.

Relaxation is the stage when the man relaxes and needs some time to get excited again. In young men this period is short (around 20 to 30 minutes); in adults, particularly those over 50, it can take longer. Women do not need this interval, which explains why they can have more than one orgasm during sexual intercourse, or multiple orgasms.

CLOSING

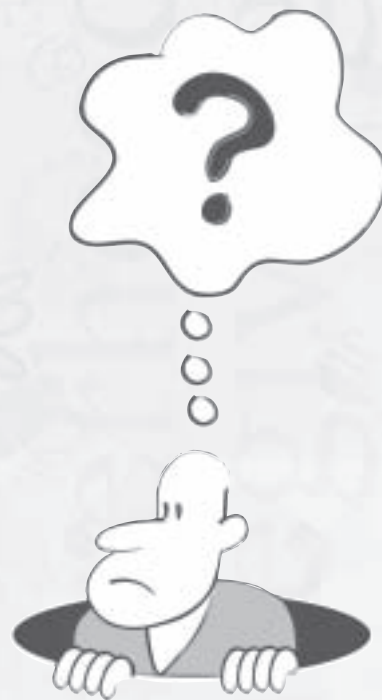
Discuss the different ideas of eroticism presented, emphasizing that men and women have an erotic body and that the parts of the body that produce the most sexual excitement vary from person to person.

Inform the group how the erotic body works.

Discuss the importance of affection in a sexual relationship.

Stress the need to practice safe sex, always using a condom.

Emphasize to the young men that women have sexual desires and needs similar to their own, and the importance of understanding the needs and desires of their partner (whether male or female).



This activity provides more information on male sexuality and the body and introduces the theme of self-care.

Activity 6

Answer... if you can

Purpose: To discuss the beliefs, opinions and attitudes of the group concerning themes related to sexuality and reproductive health, with a focus on male sexuality and the need for self-care.

Recommended time: 30 minutes

Materials Required : Seven balloons (blown up) with small pieces of paper inside. On these strips of paper, the facilitator will have written questions. Some suggestions for these questions include:

- What is masturbation?
- Is it true that masturbation can make the penis smaller or make hair grow in the palm of your hand?
- How should you wash the penis?
- Does a "real man" have to worry about taking care of his body? How?
- How do you do a preventive exam for cancer of the testicles?
- How do you do a preventive exam for cancer of the penis?
- What is a preventive exam for prostate cancer?

- Can a man urinate inside a woman during sexual intercourse?
- What is a man most afraid of during the sexual act?
- What kinds of problems can a man have during sexual intercourse?
- What can a man do when he ejaculates too quickly?
- Why does a man sometimes "come" while sleeping?
- Do men need sex more than women? Why?
- Does the size of the penis really matter? Why?
- How does a man feel when someone says he has a small penis? How does he react?
- Why do we sometimes say that a man "thinks with his penis"? Can a man control his sexual desire?
- What do you think about virtual or computer sex?

Planning tips/notes: The idea is for this activity to be informal and fun and to introduce these themes in a light-hearted way. The facilitator should work to create an environment in which the young men feel comfortable expressing themselves and asking questions about sensitive themes. Do not worry if during the replies it is not possible to fully discuss each of the themes. At the end, return to the answers that remain incomplete.



Procedure

- 1- Ask the participants to form one large circle. Then tell them that they are going to pass a balloon with a question inside round the circle. When the facilitator says **stop**, the person who has the balloon should pop the balloon, read the question and try to answer it.
- 2- If the person is unable to answer it, the person on their right should answer. The other participants can help when necessary to complete the answer.
- 3- After a question has been answered, the procedure repeats itself, until all seven questions have been discussed.

Discussion questions

- ✎ What does it mean to be a man?
- ✎ How does a man look after his body?
- ✎ Is the size of the penis important for the man? Why?
- ✎ Why is it so difficult for some men to go to a urologist?
- ✎ What preventive exams can a man do to prevent certain diseases?
- ✎ How can a man protect himself from sexual transmitted infections (STIs) and HIV/AIDS? (Ask if everyone in the group knows what sexually transmitted infections or STIs are.)
- ✎ What kind of personal hygiene should men practice?

CLOSING

✎ Connect the model of masculinity found in our society with men's health and health problems. For example, if we look at various aspects of mortality and morbidity, we can see that men die earlier (usually from traffic accidents or violence) than women. In many

countries, men also tend to use alcohol and other substances more. This theme will also come up in the other manuals, but can be introduced here.

✎ Discuss the concept of prevention and the difficulties of "preventing" given the myth that men are supposed to be ready to face any risk or to have sex at any time.

Preventive exam for cancer of the testicles

Testicular cancer, while seldom discussed, accounts for 1% of all cancers in men and is the most common form of cancer among men 15 to 35 years of age. It generally occurs in only one of the testicles and once removed causes no problem to the sexual and reproductive functions of the man. Today, testicular cancer is relatively easy to treat, particularly when detected in the early stages. The most common symptom is the appearance of a hard nodule about the size of a pea, which does not cause pain.

Carrying out a testicular exam step by step:

1- Self-examination should be carried out once a month, after a warm shower, as the heat makes the skin of the scrotum relax, enabling one to locate any irregularity in the testicles.

2- The man should stand in front of the

mirror and examine each testicle with both hands. The index and middle finger should be placed on the lower part of the testicles and the thumb on the upper part.



3- The man should gently rotate each testicle between the thumb and the index finger, checking to see if they are smooth and firm. It is important to palpate also the epididymis, a type of soft tube at the back of the

testicle.

4- One should check the size of each testicle to verify that they are their normal size. It is common for one of them to be

slightly larger than the other.

5- Should one find any lumps, it is important to see a doctor at once. They are generally located on the side of the testicles but can also be found on the front. Not every lump is cancerous, but when

it is, the disease can spread rapidly if not treated.





Preventive Exam for Cancer of the Penis

Lack of hygiene is one of the greatest causes of cancer of the penis. Thus, the first step to prevent this disease is to wash the penis daily with soap and water and after sexual relations and masturbation. When discovered in the earlier stages, cancer of the penis can be cured and easily treated. If left untreated or caught late, it can spread to internal areas such as ganglions and cause mutilation or death.

SELF-EXAMINATION OF THE PENIS

Once a month, the man should carefully examine his penis, looking for any of these

signs: wounds that do not heal after medical treatment; lumps that do not disappear after treatment and which present secretion and a bad smell; persons with phimosis who, even after succeeding in baring the glans, have inflammation (redness and itching) for long periods; whitish stains or loss of pigmentation; the appearance of bulbous tissues in the groin.

These symptoms are more common in adults, and if any of them appear, it is necessary to consult a doctor immediately. Another important precaution is to be examined by a urologist once a year.

Preventive Exam for Prostate Cancer

Liquid produced by the prostate gland is responsible for 30% of a man's sperm volume. After the age of 40, all men should have regular exams for prostate cancer. About half the men in their fifties exhibit symptoms associated with prostate cancer, such as difficulty in urinating, the need to go to the bathroom frequently, a weak urine stream and a feeling that the bladder is always full. These alterations appear as a consequence of the increase in size of the prostate and the increase in its muscular portion, which presses against the urethra and hinders the elimination of the urine stored in the bladder. These symptoms are known as benign prostate hiperplasia (BPH) and, at present, there is no efficient way of preventing it. But there are various treatments: medication, local heat therapy, vaporization, laser and conventional surgery through the urethra. A urologist (a doctor specialized in the male sexual organs) can recommend the best treatment. Left

untreated, inflammation of the prostate can lead to serious complications including urinary infections, total interruption of the flow of urine and even renal insufficiency.

Cancer of the prostate is the uncontrolled growth of cells in the prostate. It affects 1 in every 12 men over the age of 50. In general, it only produces symptoms when it is already in a more advanced stage (such as pain and blood when urinating). When the disease is diagnosed will determine whether it can be controlled or not. When diagnosed early, prostate cancer has a high cure rate. There are three types of exams for prostate cancer prevention: rectal touch, ultra-sound and the PSA (a protein released by the prostate itself and which increases considerably when the organ is affected by cancer) dosage in the blood. The rectal touch examination is the simplest. It consists of the doctor introducing a finger in the anus to examine the consistency and size of the prostate.

Sexual Dysfunction

This is when a man or a woman presents certain difficulties, physical or psychological, in expressing or enjoying sexual pleasure, for example, men who are unable to have an erection, or suffer from premature ejaculation or women who do not feel sexual desire or who are unable to have an orgasm. The dysfunctions can have organic causes (cardiovascular conditions or diseases, diabetes, side effects of medication, substance use, etc.) or psychological (a repressive upbringing, anxiety about sexual performance, guilt, problems between the partners, previous frustrating or traumatic experiences, stress, etc.).

The most common sexual dysfunctions among men are:

- ✦ Erectile Dysfunction – when a man is unable to have an erection. It can be in two forms: primary (when the man has never had an erection) or secondary (when it appears in a man who never had erection problems before).
- ✦ Premature Ejaculation - when a man ejaculates involuntarily before penetrating the vagina or immediately after penetration.
- ✦ Retarded Ejaculation - when a man is unable to ejaculate.



This activity introduces the idea of power in sexual relationships.

Activity 7

Persons and Things¹

Purpose: To increase awareness about the existence of power in relationships and reflect on how we communicate about and demonstrate power in relationships, and to analyze how power influences the negotiation of safer sex.

Recommended time: 1 hour

Planning tips/notes: Generally, when power roles are inverted and those who hold power are forced to be submissive, the person repeats the same power






relationships, despite having undergone experiences that were considered unjust. It is important, as facilitators and educators, to emphasize power in relationships and in our lives. Discuss how people who use and abuse power often do not even respect or accept themselves, are generally dissatisfied with themselves, and often feel they have to exercise power over others to feel that they are in control. In sum, emphasize that the way some men (and women) use power over others is harmful to others, but usually has a cost for men as well.

Procedure

- 1- Divide the group in two with an imaginary line. Each side should have the same number of participants.
- 2- Tell the participants that the name of this activity is: **Persons and Things**. Choose, at random, one group to be the “things” and the other the “persons” or people.
- 3- Explain the rules for each group:
 - a) **THINGS:** *The “things” cannot think, feel, make decisions, have no sexuality, have to do what the “persons” tell them to do. If a thing wants to move or do something, it has to ask the person for permission.*
 - b) **PERSONS:** *The “persons” think, can make decisions, have sexuality, feel, and furthermore, can take the things they want.*
- 4- Ask the group of “persons” to take “things” and do what they want with them. They can

- order them to do any kind of activity.
- 5- Give the group 15 to 20 minutes for the “things” to carry out the designated roles (in the room itself).
- 6- Finally, ask the groups to go back to their places in the room.

Discussion questions

-  What was the experience like?
-  For the “things,” how did your “person” treat you?
-  What did you feel? Why?
-  In our daily life, do we treat others like this? Who? Why?
-  How can we change this kind of treatment?

¹ This activity was reproduced and adapted from the publication *Guía para capacitadores y capacitadoras en Salud Reproductiva*. New York: IPPF. 1998.




LINK


“Fatherhood and Caregiving” Section

Activity 1: What comes into your head? The meaning of caregiving



CLOSING

 Return to the feelings generated by the exercise and discuss what the power relationships were like and why they were like this. In general, “things” feel angry toward “persons” and in turn feel rebellion against submission, aggression, dependency, anger and resentment.

 Point out that there is always a **relationship**, and that the boundaries in relationships are not always clearly defined. In negotiating the use of condoms, for example, power is always present. In the case of negotiating safer sex practices, the

woman usually does not have as much power – just as she usually does not have much say in when and how sex takes place. These power relationships, in general, are based on the myth or longstanding belief that men should be active in sexual matters, while women should be passive, or that women “owe” sex to men. In other cases, women are dependent on men financially and in turn feel obliged to have sex when and how men want. These unequal power balances (which may also exist in same-sex sexual relationships) have serious repercussions for the spread of STIs, including HIV/AIDS.



This activity includes a discussion of affection and intimacy in sexual relationships.

Activity 8

So many emotions...¹

Purpose: To explore the range of feelings and emotions that exist in an intimate relationship.

Recommended time: 1 hour

Materials required: A cassette tape or CD of soft or soothing music, tape recorder or CD player, large sheets of paper, mattresses (or pads for putting on the floor) and pillows.

Planning tips/notes: This activity requires a more mature

group that does not feel threatened by participating in an activity in which intimate emotions and feelings will be discussed. Ideally the activity should be applied when the group is already secure that they are among “friends” and feel comfortable to express themselves without being criticized or made fun of. This activity is called a guided imagery exercise and consists of asking participants to think about an event in their past – a time when they felt attracted to someone. Add details or questions as appropriate and speak slowly and with pauses.








Procedure

- 1- Arrange the mattresses (or floor pads) and the pillows around the room and ask the participants to find a comfortable position. Ask them to close their eyes, as they will be doing something very important: thinking about themselves.
- 2- Ask them to listen carefully to the background music and try to relax, starting with the feet, legs and hips, followed by the genitals, the abdomen, the back, the shoulders, arms, and finally, the head. Ask them to breathe slowly and deeply.
- 3- Tell them to try to concentrate on their breathing and pay careful attention to their feelings, as this will enable them to learn a little more about themselves and the feelings that their bodies can produce.

- 4- Then, ask them to try to recall a situation in which they experienced a special affection or attraction for another person. Mention that it is important that this experience was agreeable and pleasurable for them, regardless of the time and place it occurred. After a few minutes ask them to fix an image of this episode in their minds. If necessary, ask them additional questions about this person: How did you meet them? What were they like? Did the person feel the same way about you? What did you like about them? How did you feel when you were around them? How would you feel now if that person were next to you? Etc.
- 5- Then ask the participants to leave behind these images, to breathe deeply three times and, when they are ready, to open their eyes, stand up, put away the mattresses and pillows in a corner and sit in a circle on the floor.

¹ This activity was reproduced and adapted from the publication *Guía para capacitadores y capacitadoras en Salud Reproductiva*. New York: IPPF. 1998.

Discussion questions

-  What was happening in the image that you recalled of this experience?
-  Why did you consider this experience agreeable?
-  What were you feeling?
-  What emotions were aroused in this experience?
-  What do you think the other person was feeling?
-  Do you think that men and women have the same emotions in romantic relationships? Which ones are the same? Which ones are different?
-  Do men and women show their emotions in the same way? If not, what is different about them?






LINK


“Reasons and Emotions” Section

Activity 4: The Wall

CLOSING

-  Start the discussion by asking the young men the question about whether they prefer sexual relationships based on intimacy and affection or based merely on sexual attraction. Many young men are encouraged to have sex for the sake of having sex and may have experienced unsatisfactory sexual relations because of this.
-  Return to the reflection about the different emotions described by the group and emphasize the importance of self-awareness and of learning to enjoy the pleasure of being close to persons that arouse pleasurable feelings in us.
-  Clarify that many specialists believe that in order to feel good with other persons it is very

important for the person also to like and respect him/herself. This is called self-esteem. Some psychologists also say that to “improve self-esteem it is necessary for the person to adopt three key attitudes in life: (1) transform complaints into decisions, (2) choose viable objectives and (3) take one step at a time”. Ask the participants what they think of this advice.

-  Point out that it is also important that the participants think about all the factors in the situation they imagined. For example, what did their family or friends think about this relationship? Did the young man feel he could talk about this relationship to his family or friends? Did he feel pressured into this relationship? Help the young men reflect about how other people also influence our decisions and our relationships, and can either constrain and restrict us or empower us.



This activity provides basic information about contraceptive methods and promotes a discussion about the role of men in contraception.

Activity 9

Sexuality and Contraception

Purpose: To provide information on contraceptive methods and discuss male involvement in contraceptive use, as well as criteria for choosing a suitable contraceptive method.

Recommended time: 1 hour and 30 minutes

Materials required: Samples of contraceptives and/

or drawings of methods; paper; pencil and pens; Resource Sheet.

Planning tips/notes: If possible, bring samples of each of the methods to the session. In the discussion about each of the methods, discuss both technical advantages and disadvantages, as well as cultural and personal beliefs about each method.

Procedure

1- Divide the participants into 6 teams. Distribute the samples of methods and other specific information about each method to each of the teams:

Group 1. Hormonal Methods.

Group 2. Intrauterine Device (IUD)







Group 3. Barrier Methods

Group 4. Rhythm Methods

Group 5. Tubal Ligation and Vasectomy.

Group 6. Emergency Contraception (next-day pill)

2- Ask each group to try to answer the following questions about the methods they have received:











-  *How does this method prevent pregnancy?*
-  *How is it used?*
-  *What are the myths and facts about this method?*
-  *What are its advantages?*
-  *What are its disadvantages?*
-  *What is the group's opinion about this method?*

3- When they have finished, distribute the *Resource Sheet* to each of the groups for them to clarify any doubts and obtain additional information about the methods.


4- Ask them to use their creativity to prepare a presentation about their method. They can dramatize it, produce posters, a comic strip, a TV commercial, etc.


5- Each group should then present their method.


Discussion questions

-  Who has to think about contraception? The man or the woman? Why?
-  Who has to talk about it, the man or the woman? Why?
-  How do you imagine this conversation would go?
-  What are the most recommended contraceptive methods for adolescents?
-  Why is the Rhythm Method not recommended for adolescents?
-  Why is it important to seek medical advice when starting one's sexual life?
-  How should the couple choose the contraceptive method they are to use?
-  What are the main precautions that should be used with the condom?
-  What is the only method that prevents pregnancy and protects against sexually transmissible infections and AIDS?
-  If you forget to use a condom, or the condom breaks, what can you do?


CLOSING


 Depending on the young men's need for additional information, discuss further each of the contraceptive methods **and clear up any remaining doubts.**

 Be sure to discuss the aspects related to male fertility. This subject is important because it is known that men, particularly young men, often lack information about fertility. Many young men do not think about their own fertility, forgetting that potentially they can get a woman pregnant every time they have sexual intercourse. Men are potentially always fertile, while women have a specific ovulation cycle.

 Discuss the difficulties that the participants identify in the use of some of these contraceptive

methods and explore how they might negotiate contraceptive use with a partner. In addition, it is also necessary to discuss with the young men issues of access to services and to contraceptives. Explore the difficulties of access that they are faced with; if they know about health services and if there are obstacles and difficulties in using them.

 It may also be useful to consider the theme of privacy, and the right of an adolescent to use health services and seek contraceptives without being afraid that his/her parents will be notified.

 Finally, emphasize that contraception is a responsibility that should be shared. If neither of the partners want sexual intercourse to result in pregnancy, it is essential that both take precautions so that this does not happen.



Contraceptive Method	Periodic Abstinence	Mechanical	Barrier	Chemical	Hormonal	Surgical or Sterilization
	These are practices that depend basically on the behavior of the man or woman and on observation of the body.	A small plastic and copper device with a nylon thread at the tip which is placed inside the uterus.	Methods that form a barrier, preventing the contact of spermatozoa with the ovum.	Substances which, when placed in the vagina, kill or immobilize the spermatozoa.	Pills or injections made with synthetic hormones.	this is not exactly a contraceptive method, but a surgery that is performed on the man or woman with the purpose of preventing conception permanently. Female sterilization is better known as tubal ligation; male sterilization is known as vasectomy.
Types	Rhythm Method, Cervical Mucus, Temperature, Coitus Interruptus (Withdrawal).	IUD (Intra-uterine Device).	Diaphragm, Male and Female Condoms.	Cream, Jellies, Ova and Foam.	Pill, Injections.	Vasectomy, Tubal Ligation.
Actions	To stop fecundation through sexual abstinence in the presumed fertile period. Should only be used in combination with condom/ diaphragm.	Impedes access of the spermatozoa to the ovum. Requires medical check-up every 6 months.	Impedes contact of the spermatozoa with the ovum.	Spermicide, which kills or immobilizes the spermatozoa, should be used in combination with the condom/ diaphragm.	Prevent ovulation. Used with medical guidance.	Vasectomy: interrupts the flow of spermatozoa in ejaculation. Tubal Ligation: prevents contact of the ovum with the spermatozoa.
Advantages	Permits greater awareness of the body itself.	An efficient and comfortable method for most women.	The condom, male and female, protects against the risks of STIs/HIV/AIDS. Condoms require no medical prescription or exams and are generally easy to acquire. Male condom use enables the man to participate actively in contraception.	Efficient when used with the condom or diaphragm.	When correctly used, birth control pills are one of the most effective contraceptive methods.	Efficiency is very high.
Disadvantages	Does not protect against STIs/HIV/AIDS.	Increases the flow and duration of menstruation. Not recommended for women who have not had children. Does not protect against STIs/HIV/AIDS.	The diaphragm does not protect against STIs/HIV.	The isolated use of the spermicide has a high incidence of failure and also does not prevent STIs/HIV.	Requires discipline to take the pill every day at the same time. Women who smoke, have high blood pressure or varicose veins should not use this method. If used alone, do not protect against STIs/HIV.	A definitive method with little chance of being reversed.

Emergency Contraception

This is not a contraceptive method. It is a way of avoiding pregnancy for someone who has had sexual intercourse without protection or in the case of condom breakage. This method consists of using two pills which act by either impeding or retarding the release of an ovum from the ovary, or impede a

fertilized egg from attaching itself in the uterus. The first pill should be taken within 72 hours after unprotected sexual intercourse and the second dose, 12 hours after the first.

Important Note: This method should not be used routinely to avoid pregnancy but only in emergency situations.





This activity discusses adolescent pregnancy from the point of view of young men.

Activity 10

Adolescent Pregnancy: Tiago's Story

Purpose: To promote a discussion and greater awareness among young men about the possible consequences, implications and their own feelings about becoming fathers while adolescents or young adults.

Recommended time: 1 hour

Materials required: A copy of the case study for each group; a pen or pencil for all participants.

Planning tips/notes: Seldom have we asked young men what they think about the prospect of becoming fathers, or listened to young men who already are fathers. For






most young men, an unplanned (or even planned) pregnancy can be a source of anxiety, pressure and embarrassment. Others may simply deny the possibility of impregnating a partner. The facilitator can use this activity to promote a discussion with young men about negotiation with a partner about contraceptive use, and to promote greater gender equity related to childbearing. Take advantage of the activity to make the participants aware of their role in contraception and encourage them to always use a condom. When presenting the activity to the young men, do not reveal the title of the activity nor tell them the ending (that the couple becomes pregnant) until the very end.



Procedure

- 1- Ask the participants to form groups of 5 or 6 persons.
- 2- Tell them that each group will be given a short story to read, with questions for reflection afterwards.
- 3- Explain that this story will come in three parts. When the groups finish one part they will be given the next.
- 4- When all the groups have finished reading the story and reflecting about the questions, a representative of each group will present each group's replies.

Discussion questions

-  What choices does a couple have when they discover that the girl is pregnant?
-  What is the reaction of a young woman when she discovers she is pregnant?
-  What is the reaction of a young man when he discovers that his girlfriend is pregnant?
-  What if the young man and young woman have only had sex once? Would that make the situation different? Why?
-  How does a young man feel when he discovers that he is going to be a father? What does this change in his life?







LINK

"Fatherhood and Caregiving" Section

Activity 8: Egyptian Mural: Adolescent Pregnancy

CLOSING

-  Explore the desires, feelings and attitudes in relation to a possible pregnancy.
-  Discuss the importance of being aware of a possible pregnancy whenever one has sexual intercourse, if no contraceptive method is used.
-  Clarify that in many cases young men, either through ignorance or lack of concern, do not participate in the decision concerning a pregnancy. Young women themselves, also through misinformation or difficulty in approaching the subject with the young man (particularly if it is the first time they are having sex), can find themselves pregnant without any previous planning.
-  Reflect on such feelings as male distrust (denying paternity) and rejection of pregnancy. There is a tendency for young men to question whether they are the father when a partner becomes pregnant. This attitude may be associated with fear, or with a rejection of the probable change in lifestyle resulting from unplanned paternity. This change is represented as a passage from youth to adulthood and, therefore, associated with the loss of freedom. It also reveals a distrust of women – particularly young women who may have had more than one sexual partner.



Case Study

Tiago's Story – Part 1

Tiago is a 16-year-old young man who lives in a town by the coast. Like most young men, Tiago studies, loves to chat with his friends, watch girls in their bikinis on the beach and go to concerts. At one of these concerts, Tiago met Camila, a 15-year-old who was spending her vacation in his town. It was love at first sight. Their kisses were really hot; contact with her body made him feel like he had never felt before and he could not stop thinking about her. Tiago had finally found the love of his life.

*What does a young man feel when he is in love?
What does he expect to happen on the next dates?
Do you think that Camila feels and expects the same as Tiago?
How do you think this story turns out?*

Tiago's Story - Part 2

Tiago and Camila saw each other nearly every day and the odd times they were apart, they were talking on the phone the whole time. One day Tiago's parents went to visit a sick aunt in another town. Tiago thought that this was a great opportunity to invite Camila over to his house.

Who knows what might happen? he thought to himself.

Camila arrived at the agreed time, looking more beautiful than ever! Chatting soon turned into kissing and petting, which became increasingly daring...

*Who should think about contraception? Camila or Tiago?
And what about HIV/AIDS prevention?
At a moment like this, do young people think about contraception or HIV/AIDS? Why?
Do you think that either of them took any precautions? Why or why not?
How do you think this story will end?*

Tiago's Story – Part 3

Camila and Tiago made love. It was really good, but they did not use any protection. On her way back to the hotel where her family was staying, Camila suddenly realized that in just two days she would be going back to her hometown and that she would really miss Tiago.

Tiago was also down. Never in his life had he felt something so strong.

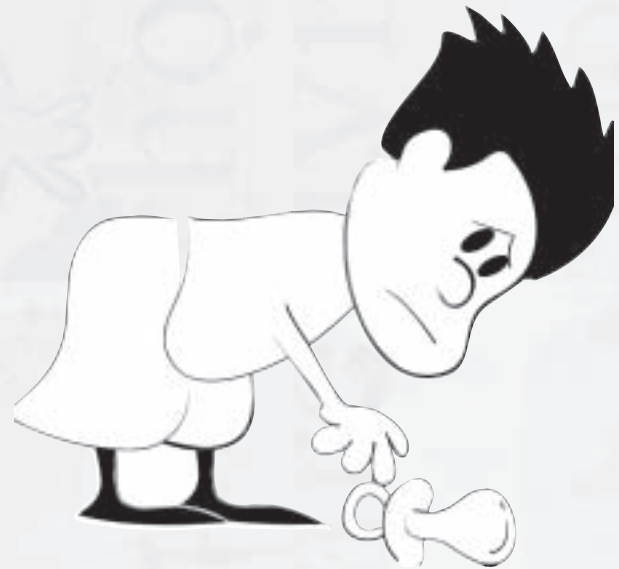
The farewell was a sad one, but they promised to write everyday and phone once a week.

Forty-five days later, Tiago received a call from a weeping Camila: she was pregnant and didn't know what to do.

*Why do you think that they ended up making love without using a condom or any other type of contraceptive method?
What did Tiago feel when he found out Camila was pregnant?
What passes through the mind of a young man when he discovers that his girlfriend is pregnant?
What choices does he have?
Which of these choices, in your opinion, should he propose to Camila?
If they decide to have the child, what would this change in Tiago's life? And in Camila's?
How would he tell his parents about what was happening?
How would Tiago's parents react? And Camila's parents?*

Note: Photocopy and distribute.

This activity alerts young men to the difficulties involved in pregnancy and a possible abortion situation.



Activity 11

Men and Abortion¹

Purpose: To promote a discussion about abortion and decision-making about pregnancy – and pregnancy prevention – from a young man's point of view.

Recommended time: 1 hour and 30 minutes

Materials required: Paper, pen or pencil.

Planning tips/notes: We suggest starting the discussion about the laws related to abortion in your country, stressing the precarious conditions in which clandestine abortions are carried out in most developing countries. Remember that the purpose of sexuality education is not to campaign for or against abortion but rather to

highlight the seriousness of the problem. In view of the shortcomings in health and education services and the lack of financial resources of the population in most of the countries we work in, we should help young people understand what the practice of abortion means. Debating abortion itself requires that you as a facilitator feel comfortable discussing it and are able to be as impartial as possible - as this topic may bring to light the values of each person. The facilitator should remember that his/her job is not to judge a young person's actions but to help the young person himself (in this case) make his own decisions. Whenever possible, provide statistical data about abortion among adolescents from your country.

¹This activity was reproduced and adapted from the publication *Caderno do Jogo de Corpo – livro do professor*, São Paulo: Instituto Kaplan, 1998.



Procedure

- 1- Ask each participant to think about a situation involving abortion. This situation can be taken from real life or a film, book, TV show, etc.
- 2- Then ask the participants to write the story highlighting the reasons why the abortion was considered or carried out.
- 3- Then ask each participant to read only the reasons that led the character in the story to an abortion situation and form groups with the participants that came up with similar reasons; for example, because of rape, because the boyfriend did not want to accept paternity, because the girl did not want to "ruin" her body with the pregnancy, etc.
- 4- In groups, ask each participant to read their story and to vote on which is the best story.
- 5- After about 20 minutes in groups, ask each group to present their story. At the end of each presentation, ask the participants to state where they stand in relation to the case presented, voting on whether the choice should be abortion or not.

Discussion questions

- ✎ In what circumstances is abortion legal in your country?
- ✎ In this story, was abortion legal?
- ✎ What reasons lead a young woman to opt for abortion?
- ✎ What reasons lead a young man to propose that the young woman have an abortion?
- ✎ How does a young woman who has an abortion feel?
- ✎ How does a young man feel when his girlfriend has an abortion? Is it different if the relationship was casual or if it was more serious?
- ✎ What can a young man do so as not to find himself in this situation?
- ✎ What can a young woman do so as not to find herself in this situation?
- ✎ How does a young man feel when he wants to have the child but his partner decides to abort?
- ✎ How does a young woman feel when she wants to have the child but her partner is against it?
- ✎ How does a young man feel when he finds out that his girlfriend has had an abortion without telling him about it?

CLOSING

- ✎ Stress that this theme is a delicate one and that everyone must recognize that in the final analysis, the choice to interrupt or even to continue the pregnancy is always the women's, even if the man wishes to have the child.
- ✎ Clarify that abortion is illegal in the majority of Latin American countries and explain the cases in which it is permitted in your country. Inform the group about the legislation in your country, including the norms and procedures for such cases.
- ✎ Discuss the risks of a clandestine abortion and reinforce ways of avoiding pregnancy.

- ✎ Bear in mind that the participants might have experienced (with sisters, friends, girlfriends) situations in which abortion is permitted, such as pregnancy due to rape, or with clandestine abortions. Be prepared if one of the young men wants to relate such an incident.
- ✎ Explain that for centuries our culture attributed responsibility for contraception to the woman, but that this is changing. Try to create in the participants a sense of co-responsibility for reproductive decisions with a view to reducing resistance to the use of the condom, making them understand that the use of contraceptive methods and looking after the children are not the exclusive responsibility of the woman.



LINK

*“From Violence to Peaceful Coexistence”
Section*

**Activity 7: Sexual
Violence: Is it or isn't it?**

Abortion Legislation

Abortion legislation in Latin America and Caribbean countries – 2000

Abortion on demand is permitted in 4 countries in the region – Cuba, Guyana, Puerto Rico (US) and Barbados. It is completely outlawed in 6 countries: El Salvador, Honduras, Dominican Republic, Haiti, Chile and Colombia. In other countries the legislation varies, abortion being permitted in cases of pregnancy due to rape or sexual violence, risk to the health or life of the woman, malformation of the fetus and socio-economic reasons.

A public health problem

Throughout history, women have resorted to abortion to interrupt pregnancy. The great majority of the procedures are carried out clandestinely by unqualified persons in places which fail to meet the required medical standards.

In most Latin American and Caribbean countries, even in cases permitted by law, the majority of women do not have access to adequate services to interrupt pregnancy. Among the unsafe abortions carried out in the world, (about 20 million a year), 90% occur in developing countries, leading to the death of about 70,000 women a year (FNUAP/1997).

A question of fundamental rights

Forced pregnancy - that which for various reasons the woman considers as a risk to her integrity, health and life itself - infringes human rights and social justice; it represents a violation of the right of choice, the right to health and the right of citizenship.

Decriminalization of abortion

Seeking to humanize health services and reduce

maternal morbidity and mortality, groups of women in many countries have for decades now been joining forces in the struggle for sexual and reproductive rights and for gender equity. An official day was created for the Decriminalization of Abortion in Latin America and the Caribbean: September 28. Since 1993, leaders of this Campaign have sought to enforce existing laws in those countries that allow abortion in certain cases and to change legislation to legalize abortion in the region.

Why is it necessary to decriminalize abortion?

According to the World Health Organization (1998), about 4.2 million women per year have abortions in Latin America and the Caribbean, the majority carried out in unsafe conditions and clandestinely, in many cases causing irreparable harm to their health or even resulting in death.

Who are the women who interrupt pregnancy?

They are ordinary people from different socio-economic backgrounds, educational levels, races, religions or marital status. Studies show a concentration of occurrences among married women with children between 20 and 30 years old.

Who are the women that are most seriously affected?

Morbidity-mortality from abortion is closely related to the poverty level of the women and their families, their low educational level, female subordination and number of pregnancies, among other causes. Restrictive laws, therefore, do not deter or prevent abortion. They only make it clandestine and unsafe, particularly for poor women, many of them from rural areas.

Source: www.redesaude.org.br “November/2000”



This activity encourages young men to recognize and reflect on situations of vulnerability in relation to HIV/AIDS.

Activity 12

Vulnerable, who me?¹

Purpose: To help young men identify situations in which they are vulnerable to HIV/AIDS and promote an assessment of personal risk for HIV.

Recommended time: 1 hour and 30 minutes.

Materials required: Strips of paper with situations of vulnerability written on them; pencils or pens; tape; large sheets of paper.

Planning tips/notes: Begin by explaining what vulnerability is. Explain that there are individual attitudes toward certain situations that make young people jeopardize their own health as well as other's. However, it is important to stress that a greater or lesser

degree of vulnerability is not defined only by personal questions. In the case of HIV/AIDS, it has more to do with the way a certain country is investing in informing people about the disease; whether there are specific STIs/HIV/AIDS prevention programs being implemented in schools; whether there is access to health services and condoms; if there is funding available for these programs; if women have the same rights and opportunities as men, among others. We emphasize in this activity the need to change the construction from risk to vulnerability, debunking the myth that only certain groups are vulnerable to HIV/AIDS and promoting a more in-depth reflection about different individual and society factors that make young people vulnerable to HIV/AIDS.

Procedure

1- After defining what the term **vulnerability** means, divide the participants into small groups and ask them to reflect on the different ways young people relate to each other.

2- Suggest that they make a list of situations where they think they are more vulnerable in relation to HIV transmission.

3- Ask them to keep the list for the time being and to form a large circle.





4- Hand out paper strips with the vulnerability situations presented below.

In the center of the circle, place the large sheets of paper on the floor and divide them into three columns. In the first column write **vulnerable**,

in the second **not vulnerable** and in the third **I don't know**. Ask each participant to read his strip and place it in the corresponding column. Ask them to explain why they think the situation represents vulnerability or not. When they have finished categorizing all the strips, ask the others if they agree or not. Should the participant be unable to reply, ask the others to collaborate. When the strips are finished, ask a representative of each group to read out the list of vulnerability situations that they made before and include those that they have listed and which were not in the educator's list in the respective column.

¹ Adapted from the Adolescence and Substance Use Workbook, São Paulo: ECOS, 1999.

Discussion questions

-  Why do you think that young men are considered to be a high-vulnerability group in relation to HIV/AIDS? In which situations do we see this vulnerability?
-  Besides HIV/AIDS, what other situations do you know where young men are vulnerable?
-  In a relationship, what makes the person vulnerable?
-  When is a man more vulnerable? And a woman?





LINK

“Reasons and Emotions” Section

Activity 9:
Decision-making

CLOSING

-  Clarify that the very conceptions of masculinity predominant in Latin societies favor the exposure of young males to situations of vulnerability. This includes the idea that since reproduction occurs in the woman’s body it is not a subject for men and, therefore, they do not need to know about the reproductive process or even think about prevention.
-  Discuss the cultural factors that make it difficult for men to use condoms. For example, the fact that using condoms is strongly linked to the idea of sex outside marriage or a stable relationship. This false conception leads many men to discontinue condom use in relationships they consider either to be stable or low-risk.

Vulnerability Situations

- Sexual relations with different partners without protection.
- Sexual relations in various positions using a condom.
- Injecting drugs and sharing needles or syringes.
- Helping someone who has been injured in an accident without the use of gloves.
- Having sex when the woman is using oral contraceptives.
- Dating a person infected with HIV.
- Dancing at a disco with someone you don’t know.
- Having sexual relations occasionally without protection.
- Giving a back rub.
- Mutual masturbation without introducing the finger into the vagina or the anus.
- Having sexual intercourse with a condom.
- Having oral sex with a condom.
- Having anal sex without a condom.
- Swimming in a public swimming pool.
- Going to a dentist who sterilizes his/her equipment.
- Ear or body piercing without sterilizing the needle.
- Having sexual fantasies.
- Passionate kissing.
- Caressing someone who has AIDS.



Correct Answers

- Sexual relations with different partners without protection. (V)
- Sexual relations in various positions using a condom. (NV)
- Injecting drugs and sharing needles or syringes. (V)
- Helping someone who has been injured in an accident without the use of gloves. (V)
- Having sex when the woman is using oral contraceptives. (V)
- Dating a person infected with HIV. (NV)
- Dancing at a disco with someone you don't know. (NV)
- Having sexual relations occasionally without protection. (V)
- Giving a back rub. (NV)
- Mutual masturbation without introducing the finger into the vagina or the anus. (NV)
- Having sexual intercourse with a condom. (NV)
- Having oral sex with a condom. (NV)
- Having anal sex without a condom. (V)
- Swimming in a public swimming pool. (NV)
- Going to a dentist who sterilizes his/her equipment. (NV)
- Ear or body piercing without sterilizing the needle. (V)
- Passionate kissing. (NV)
- Caressing someone with AIDS. (NV)
- Having sexual fantasies (NV)

Vulnerability

According to José Ricardo Ayres, vulnerability is a term borrowed from the international human rights field which “designates groups or individuals judicially or politically debilitated in promoting protecting or guaranteeing their citizens’ rights”⁶.

This concept allows us to analyze the degree of vulnerability of a person or group based on three levels:

Individual vulnerability relates to the specific characteristics of a certain group, gender or age-bracket. In terms of adolescents and young people, we can see this vulnerability in the very characteristics of the age group. For example: the feeling of omnipotence; the need to seek novelty and to rebel; the difficulty of dealing with choice and conflict between reason and sentiment; the urgency in resolving problems and desires and the difficulty of waiting; susceptibility to peer pressure and passing fads; economic dependency on parents; fear of exposing oneself, etc.

Social vulnerability deals with the political commitment of each country to health and social well-being. For example, we see that not all young people have access to information and specific health services; women still have great difficulty in negotiating the use of condoms with

their partners; the distribution of condoms and other contraceptive methods is inadequate; the number of prevention and assistance programs for adolescents that have been victims of violence is still limited. All these factors refer to social vulnerability.

Finally, **programmatic vulnerability** detects the degree of vulnerability and relates to the existence or not of programs and actions directed at the needs of young people. A greater level and quality of government commitment and available resources for programs in the area of sexuality and reproductive health and greater possibilities of assisting young people in the search for a healthier and more responsible sexual and affective life are all factors related to programmatic vulnerability.

Today the term vulnerability is considered more appropriate than the term risk, because vulnerability includes both individual behavior as well as societal factors that contribute to HIV transmission. While individuals make decisions about their sexual behavior, their access to information and services is influenced by social issues that may be beyond their control. We suggest that the term vulnerability should be extended to every person and relationship when discussing HIV/AIDS.

⁶ Ayres, J. e allii. *Vulnerabilidade do Adolescente ao HIV/Aids*. In *Seminário Gravidez na Adolescência*. Rio de Janeiro: Associação Saúde da Família, 1998.

This activity promotes a reflection about STIs and the need to seek treatment in the case of contracting an STI.



Activity

13

Health, STIs and HIV/AIDS

Purposes: To increase knowledge about STIs and promote the importance of STI diagnosis and treatment.

Recommended time: 2 hours

Materials Required: Chalk board or wall, paper, markers, glue, old magazines.

Planning tips/notes: It is important to emphasize that when a young man notices any STI symptom, he should consult a urologist and not resort to self-medication. Furthermore, the facilitator should emphasize that dealing with STIs and HIV/AIDS also involves ethical

questions, that is, if a person has one of these infections, it is his responsibility to communicate this to his sexual partner(s). When discussing these themes, the facilitator should have available the most recent information about HIV transmission, the history and context of the disease, the difference between being HIV-positive and having full-blown AIDS, and current access to treatment. In our experience, these are issues that nearly always come up in group discussions. The facilitator should also seek to promote solidarity with persons affected by HIV/AIDS. The activity can also be used to promote a discussion about discrimination toward persons living with AIDS, a theme that will be discussed in greater detail in section 5: HIV/AIDS.

Procedure

- 1- Working as a group, mention that the majority of the participants have probably heard of sexually transmissible infections or STIs.
- 2- Ask the group as a whole what are the symptoms of STIs and write these on the board. When they have finished, complete the information on the board from the resource material provided at the end of this activity.
- 3- Next, ask the group what are symptoms of having HIV/AIDS and write these on the board.
- 4- Talk with the group about the importance of recognizing symptoms of STIs, the need to consult a doctor when symptoms are present

- and the importance of following all the doctor's instructions, and STI prevention.
- 5- Explain to the group that HIV/AIDS does not always have noticeable symptoms and that the only way of knowing if one is infected by HIV is through a blood test.
- 6- Next, ask them to divide into groups of 6 persons and think about how they can tell other people what the symptoms of STIs and HIV/AIDS are. Suggest that they make posters, leaflets, a play, TV commercial, etc.
- 7- After working in the group setting for about 20 minutes, ask them to present their work to the other participants.



Discussion questions

- What STIs have you heard about?
- Why do we say that self-medication is not advisable and that you should consult a doctor?
- Besides seeking medical assistance, what should a young person do when he finds out that he or she has contracted an STI?
- How do you tell your girlfriend that you have an STI? How would you tell her that you might have given it to her?
- And if she was not your girlfriend but just a casual acquaintance?
- Why is it so difficult to talk about STIs?
- What about HIV/AIDS? Has knowing about HIV/AIDS changed the sexual practices of young men?
- How is it possible to protect against HIV?
- How should HIV-positive persons be treated?
- And persons who already have AIDS?



▼ CLOSING

- Explore the myths that still exist in relation to HIV/AIDS, for example, that only “promiscuous” persons can have HIV or that HIV/AIDS is a gay disease.
- Explain that many men, as a way of showing their virility and masculinity, do not worry about their health, and may believe that taking care of the body or being overly concerned about health are female attributes.
- Emphasize that the idea that heterosexuality is the only normal sexual practice is marked in

the social consciousness of our culture. Perceiving HIV/AIDS as being a disease related to “deviant” behavior, as a kind of punishment, leads heterosexual men and women to believe that they are not at risk for HIV.

- Explore the fact that, although HIV/AIDS is constantly being discussed in the media, including reports of experiences of people living with the virus for more than a decade, there is still a very strong prejudice toward contaminated persons. Explore with the group where they think this prejudice comes from and what they might do to change it.

This activity discusses condom negotiation and provides basic information on using the male and female condom.



Activity 14

There are people who do not use a condom because...

Purposes: To provide basic information about correct condom use and increase acceptability of the condom in sexual relations.

Recommended time: 2 hours

Materials required: Cards; pens; a small box; male and female condoms; bananas, a rubber penis (dildo), cucumbers or some other object that can serve as a penis; clear plastic cups.

Planning tips/notes: With this activity, the facilitator should try to create the participants' attitudes about

the condom – working to associate the idea of condom with sexual pleasure rather than disease prevention. Encourage the participants to adopt precautions - to use a condom, to use gloves in dealing with blood - and to be honest about the difficulties associated with condom use. Remind the participants that each decision they make related to their sexuality is important and can lead to long-lasting consequences. For an extra motivation for condom use, and to let the young men get used to handling condoms, provide a supply of condoms at the end of the activity. Finally, provide the young men with tips on where to get free condoms – health centers, for example.

Procedure

Stage 1

1- Hand the participants a card and ask them to write a phrase or idea that they have heard and that is related to sexuality and the use of the condom.

2- Ask them, initially, to put their cards in the box, which should be placed in front of the group. Explain that each one should come forward, take a card from the box, read it out loud and say if the idea written there is true or false.

3- As they are being read, the facilitator can complement or correct the information given by the participant who has taken out the card.

Stage 2

4- Following this, show a male condom and

explain the care that should be taken in buying a condom and how it should be used. Use a banana or a cucumber or a rubber penis for this explanation.

5- Having demonstrated the use of a male condom, do the same with the female condom, making use of a transparent plastic cup so they can understand how it is placed and fixed inside the female vaginal canal.

Stage 3

6- Propose that two or more participants provide a dramatization, demonstrating the most common difficulties that young men have when it comes to talking about the use of the condom and how they can deal with these difficulties.



Discussion questions

- ▀ What are the reasons that lead young men, including those who know the importance of using condoms, not to use them?
- ▀ How can you tell a young woman that you are going to use a condom?
- ▀ What if the woman asks you to use a condom and you don't have one? What do you do?
- ▀ What if the young woman says she will only have sex with you if you have a condom? How would you feel?
- ▀ Who should suggest condom use? What would you think about a young woman who carried a condom with her?
- ▀ What do you think about the female condom? Would you feel like having sexual relations with a young woman who uses one?

▼ CLOSING

- ▀ Discuss that it is common for a young man, when he is going to have sex for the first time, to become tense, to be afraid of failing (of "coming" too soon), and that condom use can be even more complicated. Explore with the young men these feelings, the difficulties and fears that they may have.
- ▀ Work with the young men to deconstruct the various beliefs that discourage condom use, for example, that using a condom is "like sucking on a candy with the paper on."
- ▀ Clarify that safer sex includes condom use for vaginal or anal penetration and also involves precautions during oral sex.
- ▀ Clarify that statistical data has shown that in stable relationships the use of condoms is often ignored and this behavior increases vulnerability in relation to STIs and HIV.
- ▀ Inform the group that currently heterosexual women in stable relationships (married women) are one of the groups with the fastest growing rates of HIV infection. Discuss the difficulty of adopting the condom (the most efficient preventive method against contamination) as part of a couple's intimate routine. The same discussion can be extrapolated for homosexual couples.
- ▀ Comment on the existence of the female condom as an alternative for prevention and contraception and how to use it correctly. In some countries, the female condom is not available and even where it is, most young men will not be familiar with it. Work with them to explore their ideas about it.
- ▀ Reinforce the importance of negotiation in condom use (male and female) before sexual relations occur.

Female Condom

The female condom is a soft and thin plastic tube, about 25cm long, with a ring at either end. The internal ring is used to place and fix the female condom inside the vagina. The other ring remains outside and partially covers the area of the labia minora and labia majora of the vagina.



How to use:

- First, find a comfortable position, for example, standing with one foot on a chair or crouching. Then, check that the internal ring is at the end of the condom.
- Take hold of the internal ring, squeezing it in the middle to form an "8". Introduce



the condom by pushing the internal ring along the vaginal canal with the index finger.

- The internal ring should be right over the pubic bone, which the woman can feel by bending her index finger when it is about 5cm inside the vagina.



- The external ring will remain about 3cm outside the vagina, when the penis penetrates the vagina. It will expand and the part outside will diminish.

- Two important precautions: the first is to make sure that the penis has entered through the center of the external ring and not by the sides. The other is that the penis does not push the external ring inside the vagina. If either of these cases occurs, stop intercourse and replace with another condom.

- The female condom should be removed after sexual intercourse and before standing up. Squeeze the external ring and twist the condom so that the sperm remains inside. Slowly pull it out and discard.

- The female condom prevents contact between male and female genital secretions, avoiding the transmission of STIs, including HIV. It is lubricated, disposable and can be inserted up to 8 hours before intercourse.



LINK

"Reasons and Emotions" Section

Activity 5: Types of Communication



Male Condom

The male condom is made of a thin and resistant type of rubber, which, if worn correctly, rarely bursts.



How to use:

- Before opening the pack, check the expiration date, whether the pack has been pierced or torn and if the condom is lubricated.
- To put the condom on, it is necessary for the man to be already aroused, with the

penis erect. Make sure the condom is the right way round, leaving a little slack at the end to serve as a deposit for the semen. Hold the end to squeeze out the air.



Having done this, slide it down to the base of the penis.

- The condom should be removed immediately after ejaculation, with the penis still erect. Hold the end so the seminal fluid does not escape and dispose of.

