

## Resource 2

# Facilitating a health promotion program with an FGM/C focus

# About this resource

Resource 2 is a flexible tool for planning and delivering a health promotion program of education sessions that are designed to encourage thinking and discussion about FGM/C.

The program provided in this resource was written with a focus on educating and empowering groups of women from communities who may benefit from health information or support relating to FGM/C (See NETFA Best Practice Principle 3: Empowering Women). Although this program is designed to be delivered specifically to women, it can also be adapted for men's groups or a wider audience.

The program has been developed for use by bilingual peer educators, working in close consultation with members of their community (See NETFA Best Practice Principle 2: Community Leadership). It is assumed that peer educators using this resource have prior training in facilitation and have read the Introduction to this Resource and Activity Guide and the 'NETFA Best Practice Guide for Working with Communities Affected by FGM/C.'

Although this program can be delivered as a whole, it has been structured in a way that may also be adapted to suit educators who need to develop shorter programs or conduct stand-alone sessions. The program covers essential topics related to health and human rights but can be complemented by other topics that educators want to include which are not covered in this resource.

Although not all of the learning modules in this program refer explicitly to FGM/C, the discussion points, key messages and activities are designed with the intention of creating opportunities for discussion and education about the issue of FGM/C as a serious risk to women's sexual and reproductive health; as a violation of human rights; and as a practice which can be ended if women take an active role in leading change.

Program Aims	Program Approach	How to use this resource	
Module 1: Women's health and human rights	Module 2: Everyone's right to sexual and reproductive health	Module 3: Female Genital Mutilation/ Cutting	Module 4: Advocating for health, rights and gender equity

# Program aims

1. To discuss the ways in which female genital mutilation/cutting (FGM/C) impacts women's health and rights
2. To discuss ways to support and promote the global abandonment of the practice of FGM/C
3. To learn about women's sexual and reproductive health and how understanding sexual and reproductive health supports women to make informed decisions about their health and the health of their family
4. To learn about women's sexual and reproductive rights and how knowing these rights can empower women to make informed decisions about their wellbeing

# Program approach

“Successful programs and initiatives show that the most appropriate and effective way to engage the community on the issues about FGM/C is to introduce the topic within a wider context. Approaching the topic directly can be confronting and unproductive for participants who may never have discussed the issue before and who may consider the subject taboo.

The topic is most effectively integrated within programs as part of a holistic approach to increasing women's and girls' health, wellbeing and independence.”

(NETFA Best Practice Principle 4: Holistic and Integrated Education)

Unless you have already established a relationship of trust with your group, or have been specifically invited to speak on the topic of FGM/C, best practice literature suggests that the topic of FGM/C should be framed within a wider context relating to women's health and/or human rights. Raising the issue of FGM/C without established trust or proper context has been widely recognised as ineffective and can potentially have negative consequences for participants. For this reason, the health education program provided in this resource has been developed to address the topic of FGM/C from a number of perspectives including gender equity, human rights and sexual and reproductive health.

For many women who have undergone FGM/C, that experience is not the sole defining feature of their sexual and reproductive health or their wellbeing. Not all women who have undergone FGM/C will have experienced negative health outcomes. Contextualising the issue of FGM/C within the larger issues of sexual and reproductive health and human rights allows women to reflect on their individual experiences and empowers them to make informed decisions about their health and wellbeing, which includes reflecting on the impacts of FGM/C for themselves and for their community.

# How to use this resource

Before you use this resource, please read the introduction to this Guide for important information about preparing and managing your program.

## Program structure

The program suggested in this resource consists of 4 modules, which can be delivered over a number of separate sessions, or combined into a full day or weekend.

Each module is divided into 3 main topics, which can be delivered together or separately depending on the time available and how peer educators choose to run sessions.

### Module 1: Women’s health and human rights

- a. What do we need to be healthy?
- b. What are human rights?
- c. Gender and human rights

### Module 2: Everyone’s right to sexual and reproductive health

- a. What is sexual and reproductive health?
- b. Cultural expectations about sexual and reproductive health
- c. Knowing about your sexual and reproductive body

### Module 3: Female Genital Mutilation/Cutting

- a. What is FGM/C?
- b. What are the causes of FGM/C?
- c. What are my rights in relation to FGM/C?

### Module 4: Advocating for sexual health, rights and gender equality

- a. Your right to health information and services in Australia
- b. What health services are available to me and how can I access them?
- c. How can I advocate for women’s sexual and reproductive rights?

The length of each module is intended to be flexible, and can be adjusted depending on the activities selected by the peer educator and the time available (as a guide, we suggest allocating at least 2 hours for each module).

Although the program has been designed to be delivered in sequence, it can also be used as a guide for peer educators developing their own programs or facilitating individual sessions.

# Module Structure

The 4 modules in this program are designed to be flexible for educators. At the beginning of each module, you will find:

<b>General aims:</b> To guide facilitators in developing session goals and objectives for themselves and participants	<b>Aims relating to FGM/C:</b> To guide facilitators in helping participants to make connections between general material and FGM/C	<b>Module topics:</b> A brief summary of module topics to help facilitators to contextualise sessions	<b>Suggested session plan:</b> Provided as a guide only
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Suggested audiovisual resources for educators are provided at the end of each module where available.

## For each topic you will find:

### Discussion points

The discussion points in this resource provide a focus for each topic and can be used as a way of facilitating discussion among the group, communicating key messages and signposting what is coming ahead. Many discussion points do not have simple or single answers and are designed to provoke participants to think through issues for themselves. Choose activities that help to trigger discussion like brainstorming, case studies, agree/disagree exercises or short films.

### Key messages

The key messages in this resource are not exhaustive and are not intended to be prescriptive. They provide information which will help the peer educator to guide discussion, based on the discussion points. Key messages might be used to punctuate a relevant discussion or activity, or to bring a new perspective to the discussion.

### Activities

The activities in this resource have been selected in order to support discussion and encourage participants to think through the discussion points. Peer educators may prefer to design their own activities, or adapt these activities to suit their group.

# Program Topics

## Module 1: Women's health and human rights

### 1A: What do we need to be healthy?

This topic encourages participants to think about health more broadly and understand the ways in which health is influenced by many social, political, economic and cultural factors.

### 1B: What are human rights?

This topic introduces the concepts and principles behind human rights and encourages participants to see the ways in which these rights help us to enjoy health and wellbeing.

### 1C: Gender and human rights

This topic leads on from the discussion of human rights to further consider the way that perceptions of gender can be a barrier to women sharing equal rights to health and wellbeing.

## Module 2: Everyone's right to sexual and reproductive health

### 2A: What is sexual and reproductive health?

This topic introduces sexual and reproductive health and encourages participants to see the connection between sexual and reproductive rights and our ability to experience health and wellbeing.

### 2B: Cultural expectations about sexual and reproductive health

This topic encourages participants to consider the ways in which cultural expectations and attitudes to gender can impact sexual and reproductive health.

### 2C: Knowing about your sexual and reproductive body

This topic covers basic information about women's sexual and reproductive organs and functions.

## Module 3: Female Genital Mutilation/Cutting

### 3A: What is FGM/C?

This topic introduces the discussion of FGM/C by covering the different types of FGM/C that women may have experienced and covering the health risks and health consequences of FGM/C.

### 3B: What are the causes of FGM/C?

This topic broadens the conversation about FGM/C to consider why there is social pressure to practice it in some cultures and encourages participants to see the relationship between FGM/C and gender expectations.

### 3C: What are my rights in relation to FGM/C?

This topic encourages participants to understand FGM/C as a violation of girls' and women's sexual and reproductive rights, covers Australian and international laws and considers strategies and examples of positive change.

## Module 4: Advocating for health, rights and gender equity

### 4A: Your right to health information and services in Australia

This topic covers every Australian's right to access health services.

### 4B: What health services are available to me and how can I access them?

This topic provides information about local health services, navigating the health system and where to find resources relating to their sexual and reproductive health.

### 4C: How can I advocate for women's sexual and reproductive rights?

This topic encourages participants to consider ways they can advocate for improved gender equality and support women's sexual and reproductive rights in their community.

# Facilitating sessions

This resource is based on the understanding that learning is an active and ongoing process. Learning is not something that happens to people and learners are not simply empty containers that can be filled up with new information. Learning comes from experiencing, thinking and reflecting. Each participant will bring their own ideas, values, beliefs, knowledge, personal experiences and learning style to sessions. Equally, each participant will take something different from sessions, and will develop their own understanding and point of view.

In order to allow for flexibility and to cater for a wide range of contexts and learning styles, discussion points have been provided to assist you in facilitating the sharing of stories, starting discussions and communicating the key messages.

There are many effective techniques for encouraging and supporting interactive learning. Using diverse methods will allow you to reach a wider range of participants with different learning styles. Some of the methods that you might choose to use in your sessions are:

## Sharing stories

Telling stories can help participants to understand and relate to a particular experience, idea or perspective. Sharing narratives can be a good way of relating concepts to lived experiences, as well as encouraging participants to reflect on and share their own experiences. Stories help us connect with each other.

## Screening videos

If you have the technology and equipment available to show participants a short video, this can be a very effective way to trigger discussion or reflection on topics.

## Conducting activities

The activities presented in this resource cover a wide range of different learning methods. They can be useful for triggering group discussion and, depending on the activity, can allow group participants to interact more closely in pairs or smaller groups. Activities that get participants moving around can also be a great way to energise the group.

## Using visuals

Using visual aids wherever possible can be an important and interesting way to help communicate your messages, particularly for communities who have experienced disrupted education or have low literacy levels.

## Being flexible and taking opportunities

Although it is important to aim to meet the objectives of the session, don't be afraid to be flexible if the group discussion takes an interesting turn. Listen to the group and feel free to ask them for feedback about ways they would like to approach the material.

## What is my role as a facilitator?

As the facilitator it is your role to support participants to build on their existing knowledge and experience and to encourage them in their learning.

### You should aim to:

- Build rapport between you and the participants
- Build trust and respect between participants and to ensure that everyone feels comfortable and safe
- Support participants in handling any problems that may arise during the course of sessions
- Ensure that privacy and confidentiality are understood and respected by the group
- Create an environment for learning, sharing and growth
- Provide focus and encourage the participation of all members
- Provide information and resources necessary for the participants to build on and use
- Monitor group dynamics and progress and ensure that the group reaches its goals

Keep in mind that a lot of the content covered in this resource touches on issues that can be very personal and may not have been discussed by participants before. Equally, participants could bring views, perspectives and experiences that they have never critically reflected on, and they might find parts of the program challenging. As a facilitator, it is not your role to judge, but to foster an environment in which participants feel safe to challenge themselves, be open to new information and express themselves without fear.

# Module 1: Women's health and human rights

## General aims

- To encourage participants to think about health as central to our everyday lives
- To explain how social, economic, political and cultural factors influence our health
- To provide an overview of human rights and the ways in which they are protected as legal rights in national and international laws
- To introduce the topic of gender and identify ways in which gender inequality can impact on women's health and human rights
- To encourage participants to see the connection between rights and our capacity to experience health and wellbeing
- To provide an overview of human rights that specifically protect women and why they exist

## Aims relating to FGM/C

- To encourage participants to recognise the ways in which FGM/C can impact women's health throughout her life
- To raise awareness about human rights that are relevant to the practice of FGM/C
- To encourage thinking about the way that gender norms can negatively impact women's health and wellbeing, including perpetuating the practice of FGM/C
- To encourage women to recognise that gender norms around FGM/C can be challenged and changed

## Module Topics

**1A: What do we need to be healthy?** This topic encourages participants to think about health more broadly and understand the ways in which health is influenced by social, political, economic and cultural factors.

**1B: What are human rights?** This topic introduces the concepts and principles behind human rights and encourages participants to see the ways in which these rights help us to enjoy health and wellbeing.

**1C: Gender and Human Rights** This topic leads on from the discussion of human rights to further consider the way that perceptions of gender can be a barrier to women sharing equal rights to health and wellbeing.

## Example session plan

Activity	Time
General introduction and icebreaker activity	10 minutes
Setting ground rules and housekeeping (see the introduction to this resource)	5 minutes
Topic 1A: What do we need to be healthy?  Suggested Activities: <ul style="list-style-type: none"> <li>• Activity 1A.1 What do we need to be healthy and well?</li> <li>• Activity 1A.2 Basic Needs</li> <li>• Activity 1A.3 Social determinants of health</li> </ul>	20 minutes
Topic 1B: What are human rights?  Suggested Activities <ul style="list-style-type: none"> <li>• Activity 1B.1 Understanding and Identifying Human Rights</li> <li>• Activity 1B.2 Human rights case studies</li> </ul>	20 minutes
Break	15 minutes
Topic C: Gender and Human rights  Suggested Activities <ul style="list-style-type: none"> <li>• Activity 1C.1 Gender or sex?</li> <li>• Activity 1C.2 Power, privilege, equality</li> <li>• Activity 1C.3 Memory Journey</li> </ul>	40 minutes
Evaluation, outline of next session and close	10 minutes
<b>Total time</b>	<b>2 hours</b>

# 1A: What do we need to be healthy?

## Discussion Points

- What does it mean to you to be healthy?
- What basic needs does every person need to experience health and wellbeing?
- What factors can influence our health and wellbeing over the course of our lives?

See Resource 3 Handout 1A: 'What are social determinants of health?'

## Key messages

### 1. Being healthy means more than not being injured or unwell.

In the past, being healthy was often thought of in terms of being free from illness, injury or pain. The World Health Organisation (WHO) defined health in its broader sense in 1946 as “a state of complete physical, mental, and social wellbeing and not merely the absence of disease or infirmity...”

### 2. Health is influenced by biological, psychological and social factors.

### 3. Cultural and social attitudes and beliefs can have a strong influence on the way we envision and understand our health.

Many of our ideas, beliefs and attitudes about our health come from the culture and society in which we grow up and live. Culture is more than our customs, language or traditions. Culture is a shared system of meaning built on a changing mixture of values, beliefs, ideas and attitudes that we learn from our family; education; work; and economic, social and political frameworks and institutions.

### 4. All over the world both men and women experience barriers to enjoying good health.

### 5. Some barriers to health are connected to the economic and social conditions in which people grow up. These conditions are sometimes called the social determinants of health.

The social determinants of health are the conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels. (WHO, 2014)

## Activity 1A.1

### What do we need to be healthy and well?

**Objective:** To encourage participants to understand that there are many aspects in our lives that directly or indirectly impact on our health and wellbeing and that health is not only about feeling good physically, but also about our mental, emotional and spiritual states.

**Duration:** 15 minutes

**Preparation and materials:** Whiteboard and markers, or butcher paper and pens.

#### **Instructions:**

1. This brainstorming activity can be conducted all together or in smaller groups. Ask participants: 'What do we need as humans to be healthy and well?'
2. Allow 5-10 minutes for discussion and jotting down ideas. Then ask participants to report back to the rest of the group on their ideas.
3. Write the answers on the board. Educators may ask participants to explain why the things they need are important for their health. Educators can use participants' feedback to discuss the importance of understanding health more broadly.

## Activity 1A.2

### Basic Needs

#### Use Resource 3 Activity 1A.2: Basic Needs cut-out cards

**Objective:** To introduce participants to human rights by allowing them to reflect on some basic human needs and reflect on their fundamental importance for every person's health and wellbeing.

**Duration:** 20 - 40 minutes depending on the size and number of the group(s) and how much time you want to allow for discussion. This could be a longer activity if you have time.

**Preparation and materials:** A set of 'Basic Needs' cut-out cards for each group. (See Resource 3). These cards need to be prepared in advance and are easier to work with when laminated.

#### Instructions:

1. To prepare participants for the activity you may begin by quickly brainstorming the question: 'What are our basic needs for living?' or using Activity 1A.1: What do we need to be healthy and well? Otherwise, you can simply introduce the activity by explaining that we all have basic needs and this activity will consider the importance of these needs for each of us.
2. Ask participants to move into small groups and give each group a set of the pre-prepared 'Basic Needs' cards. If you have a small group, you can run this activity as one group, but it may help to make larger cards.
3. Ask participants to organise the cards in order of importance and discuss why they chose this order.
4. You can bring the groups back together to share and compare their decisions and discuss basic needs further if time allows. You can conclude the activity and lead into a discussion of human rights by asking participants if they think everyone should have the right to these basic needs.

## Activity 1A.3

### Social Determinants of Health

#### Use Resource 3 Activity 1A.3: Social determinants of health scenarios

**Objective:** To encourage participants to identify some of the ways that social, economic and cultural factors can influence their health.

**Duration:** 30 minutes

**Preparation and Materials:** Whiteboard and markers, or butcher or poster paper and pens.

#### Instructions:

1. Explain to participants that they will be moving into groups or pairs to discuss the question: 'How might aspects of your daily life affect your health?'
2. Divide participants into pairs or small groups and provide each group with some pens and a piece of butcher paper. Ask each group to write a different theme in the centre of their piece of paper. Themes you could use are: your job; your house; your education; your access to transport.

Ask each group to consider the main question in relation to their theme. Some other questions you might ask are:

- a. What factors might mean that this aspect of your life is a hazard to your health?
  - b. What factors might mean that this aspect of your life is a benefit to your health?
  - c. What difference might it make to your health to not have a job/a house/an education/access to transport?
3. Allow 10-15 minutes for discussion and putting down ideas and ask them to report back to the rest of the group. Another way you could structure this activity is to hold a 'Conversation Café.' Each group nominates a 'writer' or 'facilitator' for their theme. The groups discuss their theme for 5 minutes. Then each group moves to the next theme, leaving the facilitator behind. The facilitator summarises what has been discussed for the next group who can add their own views and ideas to the discussion. The process continues until every group has looked at each theme.
  4. As an extension of this exercise, you may choose to provide some scenarios to the group using the 'Social Determinants of Health scenarios' (see Resource 3). Ask a participant to read out one of the quotes. Then ask participants to nominate which social determinants or other factors could be affecting this person's health and why. This extension exercise is designed to demonstrate how the social determinants often overlap or intersect with one another, showing that there are many factors that influence our health.

# 1B: What are human rights?

## Discussion points

- What are human rights?
- Who has human rights?
- Why are human rights important?
- What stops people from living with all the human rights to which they are entitled?

See Resource 3 Handout 1B: Summary of the Universal Declaration of Human Rights

## Key messages

- 1. Human rights are the basic freedoms and protections we are all fundamentally entitled to as human beings. These rights include, but are not limited to:**
  - Equal treatment under the law
  - Food, water, shelter, and clothing
  - Being treated with respect and dignity
  - Freedom from torture
  - Freedom of expression
  - Freedom of thought, conscience and religion
  - The right to assemble and participate in society
  - The right to education
  - The right to health, including accessing health information and services
- 2. Human rights are universal.**

Human rights apply to all human beings, regardless of sex, race, age, colour, ethnicity, gender identity, marital status, sexual identity, physical or mental ability, social or economic status, political beliefs, religious beliefs, citizenship status, country of origin or health status. It doesn't matter where you live or have lived in the world for human rights to apply to you.
- 3. Basic human rights are often protected as legal rights in national and international law.**

The Universal Declaration of Human Rights (UDHR) was established by nations of the world in 1948. It sets the basic rights and freedoms of all women, men and children, and forms the basis of many legally binding international and national laws. Some of these are:

  - The International Covenant on Economic, Social and Cultural Rights (ICESCR, 1966) recognises socio-economic rights such as the right to education, housing and to health.
  - The International Covenant on Civil and Political Rights (ICCPR, 1966) which ensure rights such as freedom to speech and freedom from torture.
  - International Convention on the Elimination of All Forms of Racial Discrimination (ICERD, 1969) undertakes to eliminate racial discrimination in all of its forms.

#### 4. **Although everyone is entitled to basic human rights, not everyone can access them.**

Part of the responsibility for protecting, respecting and fulfilling human rights rests on governments. In reality, however, countries vary in the degree to which they fulfil this responsibility. For example, some governments have passed laws that restrict the rights of certain people, for example:

- Outlawing political protest
- Prohibiting labour-union organisation
- Criminalising same-sex sexual activity between consenting adults
- Pardoning or treating lightly the murder of a girl or woman in cases which are perceived to relate to a matter of 'honour'

An individual's social and economic status may also limit their ability to enjoy their rights.

For example, a person's nationality, sex, race, religion, sexual identity, age, caste or class, political view, health status or physical or mental ability can influence their opportunity to:

- Get an education and earn a living
- Live free from violence
- Be treated with dignity
- Access basic needs

#### 5. **The government has an obligation to make sure our human rights are protected by implementing appropriate laws.**

Human rights involve both rights and obligations. States assume obligations and duties under international law to respect, to protect and to fulfil human rights.

- The obligation to respect means that States must refrain from interfering with or curtailing the enjoyment of human rights.
- The obligation to protect requires States to protect individuals and groups against human rights abuses.
- The obligation to fulfil means that States must take positive action to facilitate the enjoyment of basic human rights.

#### 6. **Just as we are each entitled to human rights, we have an individual responsibility to respect the rights of others equally.**

Human rights are only effective when they are supported by the law and enforced by our own awareness and support for them.

Often when we have grown up learning to hold negative attitudes towards a certain group of people, we may treat them unfairly or unequally and deny them their rights.

Some ways in which people are unfairly treated include:

**Stereotyping:** When people attach a set of characteristics to a certain group of human beings.

Stereotypes are typically inaccurate or distorted. Stereotyping makes us less able to see others as fully human or as individuals. It makes us more likely to condone unfair treatment of others.

**Stigma:** When people are subject to severe social disapproval because of their personal characteristics, or because of presumed character traits or behaviour. Stigma sets individuals apart and can lead to discrimination and prejudice. (e.g. stigma around mental health)

**Discrimination:** When people are treated unfairly because of their presumed or actual membership in a certain group or category. People have a right to live free from discrimination.

## Activity 1B.1

# Understanding and Identifying Human Rights

Use Resource 3 Activity 1B.1: 'Identifying human rights' worksheet  
Use Resource 3 Activity 1B.1a: 'Identifying human rights' answer sheet

**Objective:** To encourage discussion about human rights concepts and identify a number of fundamental human rights.

**Duration:** 10 - 15 minutes

**Preparation and materials:** Butcher paper, markers, copies of the 'Identifying human rights' worksheet for each participant and a copy of 'Identifying human rights' answer sheet for your reference (see Resource 3).

### Instructions:

1. As a group or in pairs, ask participants to categorise the 'rights' outlined in the worksheet and identify which of them are human rights. Use the answer sheet as a guide.
2. Go through the sheet as a group and invite participants to discuss what distinguishes human rights from others, why some rights are human rights and why some are not.

## Activity 1B.2

### Human rights case studies

Use Resource 3 Activity 1B.2 'Human rights case studies'

**Objective:** To enable participants to identify and discuss real examples of instances involving violations of human rights.

**Duration:** 30 - 60 minutes

**Preparation and materials:** Whiteboard, copies of the case studies you want to use (see Resource 3).

**Instructions:**

1. Using the case studies provided in Resource 3, or using your own, ask one of the participants to read aloud the first part of the case study.
2. Ask participants to discuss the case study, using the following questions as a guide:
  - a. How does the story make you feel?
  - b. What human rights relate to this case?
  - c. Do you think this represents a human rights violation? Why?
  - d. Who is responsible? Consider everyone who bears some responsibility for what happened.
3. Ask the same participant to read the second part of the case study "What happens next?"
4. Ask participants to discuss the second part of the case study, using the following questions as a guide:
  - a. How do you feel about the outcome?
  - b. What attitudes need to change to protect this human right?
5. You might choose to conclude by asking:
  - a. Do you know of other cases or examples like these? Which rights were violated?
  - b. What must be done to stop such violations?

# 1C: Gender and Human Rights

See Resource 3: Summary of the Convention on the Elimination of Discrimination Against Women

## Discussion points

- What is gender?
- How does gender affect the way people behave and are treated in societies?
- Do you think these issues would be considered a human right?
- What challenges or dangers do you think women face in Australia or elsewhere? Are these challenges different for men?

## Key messages

1. In every society, gender norms and gender roles influence people's lives, including their sexual and reproductive lives.
2. Gender roles are socially constructed and learned. They are not innate or 'natural' or fixed.
3. Within any culture or society, people have varying attitudes about gender roles and gender equality.

Apart from the fact that every individual is entitled to their own opinion, factors that can influence people's attitudes about gender include their level of education, religious beliefs, political beliefs and upbringing. Beliefs about gender also vary from one culture (or society) to another and between ethnic and religious groups within cultures.

4. **Rigid gender roles affect how people treat each other and contribute to discrimination, violence and many other social problems.**
  - People who do not conform to dominant gender norms may be isolated or suffer threats or violence.
  - People who identify with a gender identity different from the one with which they were assigned at birth, or who feel ambiguous about their gender identity may be subject to stigma.
  - Women around the world are known to suffer discrimination on the basis of gender, which disadvantages them in many ways.
5. **All human rights are important and relevant, but there are specific human rights issues relevant to women.**

Due to stereotypes, social structures, traditions and beliefs about women's role in society, many women do not have the same opportunity as men to enforce their equal rights. Issues which affect women include:

**Discrimination:** Treating a person unfairly or differently. People are discriminated against for many reasons including their gender: also race, pregnancy, disability, religious beliefs, sexual orientation and other statuses.

**Violence:** Domestic or family violence can include verbal or physical abuse, including sexual abuse, social isolation, financial abuse, emotional abuse, intimidation, or any other behaviour that causes fear.

**Sexual harassment:** Unwanted or unwelcome sexual behaviour that makes a person feel intimidated, humiliated, offended or uncomfortable.

**Unequal participation in the workforce:** unequal pay, on average women have lower earnings than men all over the world. In Australia, women earn 17.4% a week less than men (ABS, 2009). Globally, women make up half the world's population, work two thirds of the world's working hours, yet earn only 10% of the world's income (World Development Indicators, 1997, Womankind Worldwide)

**Unequal participation in education:** many women have less opportunity to receive an education due to social and gender roles.

**Sexual and reproductive health (bodily autonomy):** lack of access to contraception, lack of education about sexual and reproductive health, forced or early marriage, sexual assault within marriage, and practices affecting sexual and reproductive health like FGM/C.

**Access to goods and services:** Some examples include discrimination faced by newly arrived immigrants seeking rental accommodation; no access to interpreters in health care services

The violation of rights can occur anywhere and everywhere:

- Workplace
- Home – in families, between husband and wife, ageing parents and adult children
- Goods and services such as hospitals, banks, shops
- Educational or religious institutions

**6. Because of the need to address gender inequality, there are legally binding human rights specifically related to women and girls.**

- The Convention on the Elimination of Discrimination Against Women (CEDAW, 1979); and
- The Convention on the Rights of the Child (CRC, 1989)

Australia recognises the need for full gender equality. The Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) recognises that discrimination and inequality against women exists, and therefore protects a broader range of human rights.

By following CEDAW, Australia has committed to promoting policies, laws, organisations, structures and attitudes that ensure women have equal rights as men.

Under CEDAW, women have the right to participate in politics and public life, to equal opportunities in education and training, to employment without discrimination, to equal access to health services and financial credit, and to freedom from violence.

The Equal Opportunity Act 2010 (EOA) helps to identify and eliminate discrimination, sexual harassment and victimisation. It does this by making reasonable adjustments in the areas of employment, education and service provision to eliminate discrimination.

“The human rights of women include their right to have control over and decide freely and responsibly on matters related to their sexuality, including sexual and reproductive health, free of coercion, discrimination and violence...” (Beijing Platform for Action, 1995. Paragraph 96)

## **7. Globally, achieving gender equality is recognised as a matter of human rights.**

Gender equality benefits everyone, regardless of their gender.

## Activity 1C.1

### Gender or sex?

**Objective:** To differentiate between sex (biological) and gender (socio-political) differences between men and women and emphasise the changeability of gender roles and responsibilities.

**Duration:** 20 - 40 minutes

**Preparation and materials:** White board or butchers paper, pens or markers.

#### Instructions:

1. Ask the participants to quickly brainstorm words or characteristics that are generally associated with men and then repeat for women. This can be done either in small groups using butcher paper or with the whole group using a white board. If it is a large group, make sure both lists are visible for comparison.
2. As a group, draw two columns for “men” and “women” and divide the columns into two parts labelled “biological” and “social”.
3. Using the list of brainstormed words for men, ask the group to indicate which words relate to a biologically determined traits and which relate to a characteristics that are socially determined. Repeat this with the list of brainstormed words for women.
4. Discuss the outcomes as a group. While some characteristics are biologically determined, most are socially determined.
5. Explain that gender refers to socially assigned roles and expectations. These roles are not determined by any natural or biological necessity but have become accepted or ‘normalised’. Some people challenge these social roles either by choice or by necessity.
6. Ask the group to think of a couple of examples of changing gender roles.
7. If appropriate, you may also want to compare the lists and discuss the different associations given to men and women.

## Activity 1C.2

### Power, privilege and equality

**Objective:** To enable participants to discuss power arrangements in society, to identify how holding power relates to the experience of privilege, discrimination and oppression, and to relate these issues to their own lives.

**Duration:** 20 - 40 minutes

**Preparation and Materials:** Whiteboard or butcher paper, markers. Add any groups to the following list that may be relevant to your particular community. Complete this list before the session begins:

- Groups that tend to have unequal power in society:
- Rich people / Poor people
- Men / Women
- Heterosexual / Homosexual
- Boss / Worker
- Politician / Community Worker
- Citizen / Refugee
- People without disabilities / People with disabilities
- Majority ethnic groups / Minority ethnic groups
- Majority religious groups / Minority religious groups
- People considered attractive / People considered unattractive

#### Instructions:

1. Draw a chart with two columns. Label the first column 'greater power/privilege' and the second column 'less power/privilege'. Explain that participants will be discussing concepts of power, privilege and equality in their own lives and in society.
2. From the list 'groups that tend to have unequal power in society', read the first example (rich people and poor people) and ask, which column ('less' or 'greater' power) does each group belong to? Remind participants that these characterisations (or labels) are not always true or absolute.
3. Record participants answers in the appropriate column. Ask participants:
  - a. Look at the list of groups that tend to have more privilege. Can you identify with any of the groups? Do you agree that this group generally enjoys more power? Can you share an experience that illustrates this power difference?
  - b. Look at the list of groups that often have fewer privileges. Can you identify with any of the groups? Do you agree that this group tend to have fewer privileges? Can you share an experience that illustrates this power difference?
  - c. Raise your hand if you found that you identified with at least one group on each list. Do most of us know what it's like to enjoy greater privilege AND to have less privilege?
4. Close with a discussion of the following question (or simply encourage participants to ponder the question): What must happen for everyone to enjoy equality and the right to dignity?

## Activity 1C.3

### Memory Journey

**Objective:** To allow participants to reflect on their own experiences of being treated differently because of their sex and how they felt about it.

**Duration:** 20 - 40 minutes

**Preparation and Materials:** Peer educators are advised that this activity may trigger powerful memories for some participants. See the Introduction to this Guide for information about creating a safe environment and managing risks.

#### Instructions:

1. Divide the group into pairs.
2. Ask each person to think back to a time when they realised that they were being treated a certain way because of their sex. Then ask them to think about how they felt, being treated in that way.
3. Ask each person to share their stories and experiences with their partner, if they feel comfortable to do so.
4. Bring the group back together. Some questions you might ask are:
  - a. What do these experiences tell us about the social attitudes and norms concerning the value of women and girls? Of men and boys?
  - b. Thinking back to what has been discussed about human rights, do these attitudes and norms seem fair?
  - c. What are some changes that would need to be made to achieve equity between males and females?

# Audiovisual resources for educators

## Video clip:

### Making the Connections: Our City, Our Society, Our Health (3:45 minutes)

This short video discusses the social determinants of health for a Canadian audience. However, it is equally relevant to people living in Australia. The video is in English and may not be appropriate for audiences who prefer to speak in their first language. Educators should ensure that the video is appropriate for their group and that they have the correct audio-visual equipment to play the clip.

Access this video clip on YouTube:

<http://www.youtube.com/watch?v=-kEqFiq11CE>

# Module 2: Everyone's right to sexual and reproductive health

## General aims

- To define sexual and reproductive health.
- To encourage participants to see the connection between rights and our ability to experience health and wellbeing
- To encourage participants to recognise the relationship between gender perspectives and their sexual and reproductive health
- To initiate discussion about women's bodies and sexual and reproductive health
- To share different experiences of learning, understanding, and caring about our bodies
- To provide an opportunity for women to learn about the function of our internal and external sexual reproductive body
- To facilitate shared understanding about the importance of knowledge gained in this session in relation to women's whole health and wellbeing

## Aims relating to FGM/C

- To 'normalise' the discussion about FGM/C and by placing it within the context of women's health
- To provide information about the health consequences of FGM/C and to encourage participants to discuss FGM/C as a risk to sexual and reproductive health
- To provide space for women to ask questions about FGM/C and its health consequences
- To provide a space for women to share their experiences of FGM/C and its health consequences
- To support and reassure women about the diversity of women's bodies and experiences of sexual and reproductive health

## Module Topics

### 2A: What is sexual and reproductive health?

This topic introduces sexual and reproductive health and encourages participants to see the connection between sexual and reproductive rights and our ability to experience health and wellbeing.

### 2B: Cultural expectations about sexual and reproductive health

This topic encourages participants to consider the ways in which cultural expectations and attitudes to gender can impact sexual and reproductive health.

### 2C: Knowing about your sexual and reproductive body

This topic covers basic information about women's sexual and reproductive organs and functions.

## Suggested session plan

Activity	Time
Introduction and icebreaker activity	15 minutes
Topic 2A: What is sexual and reproductive health? Suggested Activities <ul style="list-style-type: none"> <li>• Activity 2A.1 Sexual and Reproductive Health</li> <li>• Activity 2A.2 Case Studies concerning sexual and reproductive rights</li> </ul>	20 minutes
Topic 2B: Cultural expectations about sexual and reproductive health Suggested Activities <ul style="list-style-type: none"> <li>• Activity 2B.1 First impressions</li> <li>• Activity 2B.2 Appreciating your own body</li> <li>• Activity 2B.3 Altering bodies</li> </ul>	20 minutes
Break	15 minutes
Topic 2C: Knowing about your sexual and reproductive body Suggested Activities <ul style="list-style-type: none"> <li>• Activity 2C.1 Are bodies embarrassing?</li> <li>• Activity 2C.2 Women's sexual and reproductive organs</li> </ul>	45 minutes
Evaluation, outline of next session and close	5 minutes
<b>Total time</b>	<b>2 hours</b>

# 2A: What is sexual and reproductive health?

## Discussion Points

- What is sexual and reproductive health?
- What sort of barriers to sexual and reproductive health do people experience?
- How important is it to have control over your own body and decisions made about it?
- What sorts of actions violate our sexual and reproductive rights?

See Resource 3 Handout 2A: Definition of reproductive health

## Key Messages

- 1. Sexual and reproductive health is not just the absence of disease or illness.**  
The term ‘reproductive health’ was defined by the United Nations (UN) in 1994 at the Cairo International Conference on Population and Development as “... a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes.” An essential part of sexual and reproductive health is having sexual and reproductive rights
- 2. We all deserve to have basic control over our own bodies.** This includes being free from violence and sexual abuse and from pressure to engage in violence toward others. Control over one’s body also refers to deciding whether and when to have sex and with whom, when to become pregnant, whether to continue a pregnancy, and even whether and how to alter one’s appearance.
- 3. When human rights relate to people’s sexuality or reproduction, we call them “sexual rights” or “reproductive rights”**  
Sexual rights and reproductive rights sometimes overlap. However, sexual rights generally include an individual’s control over his or her sexual activity and sexual health. Reproductive rights usually concern controlling decisions related to fertility and reproduction.
- 4. Sexual and reproductive rights apply to people of all ages, including girls**  
Children have the right to obtain information to protect their health, including their sexual and reproductive health.

Younger children may need help in making decisions. The direction and guidance provided by caring adults must take into account the best interests of children. It must also take into consideration the capacity of children to exercise rights on their own behalf.

5. All over the world, both men and women face barriers to exercising their sexual and reproductive rights. The consequences of these barriers are often serious.
  - Sexual violence: millions of people are affected by sexual violence, both men and women of all walks of life.
  - Poverty: poverty can lead to increased risk of experiencing unwanted sex, unwanted pregnancy, forced marriage and sex trafficking.
  - In some areas, female genital mutilation or cutting is practised on girls, which can have severe and lifelong health consequences.
  - Some people suffer fear, shame, stigma, threat of violence and in some cases threat of arrest because their sexual identity does not fit in with local social norms.
6. Unfortunately, violations to sexual and reproductive rights are so common that they are often excused, overlooked or seen as culturally normal. These violations take different forms all over the world, but girls and women are disproportionately affected.
7. To control and protect our own bodies, we all need to be treated with dignity and respect. This is everyone's right as a human being.
8. Learning about our rights and being able to exercise them can have a profound effect on our sexual and reproductive health and wellbeing.
9. Our sexual and reproductive rights often play an important role in our ability to prevent and treat sexual and reproductive complications to our health.

In some countries, women do not have the right to access some forms of contraception, abortion or pregnancy.
10. One of our sexual and reproductive rights is to access health services.

(This will be discussed in more detail in Module 4)

## Activity 2A.1

# Sexual and Reproductive Health

**Objective:** To encourage participants to think holistically about sexual and reproductive health and the ways in which social determinants can impact on health and wellbeing.

**Duration:** 20 - 30 minutes

**Preparation and materials:** Whiteboard and markers or paper and pens

### Instructions:

1. Divide participants into two or three groups. Give each group the name of a different woman (for example, group 1 is 'Vanessa', group 2 is 'Maria' and group 3 is 'Lia'). Explain that each group must imagine their woman is pregnant.
2. Now describe briefly three or four points about each woman, which may affect her pregnancy. For example:

Vanessa:

Vanessa is 18 years old. She became pregnant the first time she had sex with her boyfriend, who pressured her into sex. Her boyfriend doesn't want to support her and her parents have disowned her. She has nowhere to go.

Maria:

Maria is 42 years old. She has 3 children and lives in an exclusive suburb. She suffered postnatal depression with all three children. Her husband has always been very supportive.

Lia:

Lia is 25 years old and has just arrived in Australia as a refugee. She doesn't speak English well and she has no family here. Her husband is trying to get a job.

3. Ask participants to consider the specific situation of the woman they were assigned and to discuss her pregnancy as a group. Some questions they might consider include:
  - What do you imagine will be her greatest challenges?
  - What things might you be worried about in her situation?
  - What things do you think would help her in her situation?
  - What things related to her pregnancy are in her control? What things are not in her control?
4. After 10 minutes discussion ask the groups to compare their women. What challenges are the same? What challenges are different? What factors affected each woman and how concerned you are for her health during her pregnancy?

## Activity 2A.2

### Case Studies concerning sexual and reproductive rights

Use Resource 3 Activity 2A.2: 'Case studies concerning sexual and reproductive rights'

**Objective:** To enable participants to identify and discuss real examples of instances involving violations to sexual and reproductive health.

**Duration:** 30 - 60 minutes

**Preparation and materials:** Whiteboard, copies of the case studies you want to use (see Resource 3).

#### Instructions:

1. Using the case studies provided in Resource 3, or using your own case studies, ask one of the participants to read aloud the first part of the case study.
2. Ask participants to discuss the case study, using the following questions as a guide:
  - a. How does the story make you feel?
  - b. What sexual or reproductive rights relate to this case?
  - c. Do you think this represents a human rights violation? Why?
  - d. Who is responsible? Consider everyone who bears some responsibility for what happened.
3. Ask a participant to read the second part of the case study.
4. Ask participants to discuss the second part of the case study, using the following questions as a guide:
  - a. How do you feel about the outcome?
  - b. How might the case have been different if the victim had been wealthy (or male)?
  - c. What attitudes need to change to protect this sexual right?
5. Facilitators may choose to conclude by asking:
  - a. Do you know of similar cases? Which rights were violated?
  - b. Have you heard of any other kinds of sexual rights violations in Australia or other places?
  - c. What must be done to stop such violations?
  - d. What do stories like this tell us about the relationship between our sexual and reproductive health and human rights?

# 2B: Cultural expectations about sexual and reproductive health

## Discussion Points

- What social and cultural ideas influence your body image or your behaviour?
- What social expectations have you noticed that relate to women's bodies or to women's sexual and reproductive health?
- Do you think these expectations are fair?

## Key Messages

1. Girls and women often feel pressure related to their physical appearance.
2. Girls and women often feel pressure related to their sexual and reproductive decisions.
3. Sometimes cultural or social ideas about sexuality and gender shape people's attitudes to particular parts of the body and can lead to myths.
4. Individuals and communities from migrant backgrounds can experience competing pressures from different cultural perspectives; can feel isolated and even stigmatised; and can experience racist attitudes which impact their sexual and reproductive health.
5. Cultural expectations and attitudes to sexual and reproductive health can change. Sometimes change happens gradually over time, or happens from necessity. Sometimes change happens because as a community, we make a choice.

## Activity 2B.1

### First impressions

Use Resource 3 Activity 2B.1: 'The Story of Maya' and 'The Story of Rasul'

**Objective:** To increase participants' awareness of the assumptions and judgements we often make about a person based on that person's sex.

**Duration:** 40 minutes

**Preparation and Materials:** Whiteboard, copies of the 'Story of Maya' for half the group, copies of the 'Story of Rasul' for half the group.

**Note:** This story should be adapted to suit the culturally specific situation and the dynamics of the group. If your group is comfortable talking openly about sexuality, then you can make the story a bit more explicit. If you think more detail in the story would be confronting for the group, you should be less explicit. Remember that the point of the exercise is to identify the different, gendered cultural expectations that we have about behaviour relating to sexual and reproductive health.

#### Instructions:

1. Divide the group in half. Distribute the 'Story of Maya' to one group and the 'Story of Rasul' to the other. Do not explain anything about the stories, and make sure that neither group can hear the other. Give the groups time to read the story and answer the questions provided on the sheet.
2. After 15 minutes ask the group that read about Rasul to share briefly its response to each of the questions at the end of the story, without explaining their reasons for their answers. Write the key responses on the board.
3. Do the same for the group that read the story of Maya.
4. At the top of the list of words generated from the 'Story of Rasul', write 'Rasul' and at the top of the list of words generated from the 'Story of Maya' write 'Maya.'
5. Reveal that the two stories are identical, except for the sex of the person. Then ask:
  - a. What do we notice about the responses for Maya compared with those for Rasul?
  - b. What does this tell us about the standards for girls as compared with the standards for boys?
  - c. How do you feel about this double standard?

## Activity 2B.2

### Appreciating your own body

**Objective:** To allow participants to appreciate and celebrate what makes their own bodies unique, and to see the diversity in others. This activity is designed with a women's group in mind, but may be equally effective with men.

**Duration:** 20 - 30 minutes

**Preparation and materials:** Paper, coloured pencils, pens or markers.

#### Instructions:

1. Provide each participant with some paper and a pen or pencil. You may also choose to provide coloured pencils and markers.
2. Ask each participant to draw a picture of his/her body on the piece of paper. Assure participants that it doesn't matter how realistic or artistically appealing the picture is.
3. After drawing the picture, ask each participant to make a list of all the things he/she likes/loves/appreciates about his/her body. This "things I like" list can be as long as they like, but must contain at least 5 things. Each participant can also list one (but not more than one) thing he/she doesn't like about his/her body.
4. After 10 - 15 minutes of artistry and list-making, ask each participant to share his/her drawing with the group, and explain what he/she has listed. It is important that each thing on the "like" list is explained, instead of just stated. (i.e., "I like my eyes because they are the same color as my mother's eyes...")
5. After each participant has shared, you could conclude the activity by asking participants how they felt sharing positive feelings about their body with other people. Particularly if working with a group of women, the facilitator may conclude by discussing how, as women, we're often trained from childhood to believe that it's socially inappropriate to love our bodies, or at least, to admit that we love them. For a wider audience, the facilitator might discuss how we are often trained, from a young age, to speak a certain way about our own bodies and perceive certain attributes as positive or negative. Everyone is unique and everyone deserves to feel good about their own body

## Activity 2B.3

### Altering bodies

**Objective:** To help participants to identify what is considered to be 'ideal appearance' for males and females in their culture; discuss practices people engage in to make their appearance conform to this ideal; consider the pressures to conform to the ideal; and recognise the health consequences of such practices.

**Duration:** 20 - 40 minutes

**Preparation and materials:** White board and markers

#### Instructions

1. Introduce the topic with the following questions:

- What are some of the pressure that girls and boys or men and women feel to look a certain way?
- Are these desired appearances realistic for most of us, or how are they idealised?
- How do people feel if they do not meet the ideal?
- What are some of the things people do (or have children undergo) to conform to idealised images of attractiveness or acceptability? For example, with hair? Skin? Body shape?

Write down participants' responses on the board.

2. Add any additional practices you wish to discuss from the following list:

- Fattening or extreme dieting
- Extreme bodybuilding
- Tanning or skin whitening
- Applying makeup, henna, or nail polish
- Piercing, scarification, or tattooing
- Shaving or removing hair
- Straightening, curling, or dyeing hair
- Cosmetic surgery
- Female genital mutilation/cutting

3. Encourage discussion about these types of practices. Some questions you could raise include:

- How do you feel about the practices on this list?
- Which are playful or expressive and which can be harmful?
- What might people in other cultures think about the practices listed here?
- Are women under greater pressure than men to conform to a idealised body type?
- Who benefits and who is harmed by this process?
- How important is it to end harmful practices involving alterations of the body?
- As you were growing up did anyone tell you that this practice is dangerous and should be stopped?
- Have you shared your own knowledge and feelings about it with anyone else?
- How might you do that?

## 2C: Knowing about your sexual and reproductive body

The primary focus in this topic is to provide information to participants about the female sexual and reproductive system.

See Resource 3 Handout 2C: Women's Sexual and Reproductive Organs

### Discussion Points

- What do you know about the female reproductive system?
- Can you name any parts of the female reproductive system?
- How does the reproductive system work?
- Have you ever talked with other women about your female reproductive system?
- Do you have any beliefs about your reproductive system?

### Key Messages

1. Knowing about your body has many benefits for your sexual health and wellbeing.
2. There is no shame in talking about your sexual and reproductive health.
3. People's bodies differ in appearance. There is no "perfect" or "normal" body type or appearance.

## Activity 2C.1

### Are bodies embarrassing?

**Objective:** To prepare participants for a discussion about the sexual and reproductive organs.

**Duration:** 15 - 20 minutes

**Preparation and materials:** Paper for participants, pencils or pens, and a ballot style box or container. Facilitators should be aware that this exercise could trigger difficult memories for some participants. When facilitating discussion, make sure you are non-judgmental and reassure participants that talking about bodies can be difficult for everyone. Some participants may never have had the opportunity to discuss or learn about their sexual and reproductive organs before and some participants may find it difficult.

#### **Instructions:**

1. Explain that this exercise will involve reflecting on personal experiences of being taught about our bodies when they were younger. Were some things never talked about? If they have children, how do they talk about the human body with their children? Why do they think some things are more difficult to talk about than others?
2. Depending on the group dynamic, ask women to get into pairs to talk to each other about their experiences and feelings. Make sure that both participants in each pair take turns in listening to one another. Ask women to write down a few words that describe how they feel when talking about the sexual and reproductive parts of their body, and why they think they feel that way.
3. Once the pairs have had enough time to talk, bring the group back together and ask one member of each pair to volunteer to share what has been written down. To encourage discussion, the facilitator may wish to share their own experiences as well.
4. If participants seem to find this exercise difficult an alternative might be to ask each participant to write down three words individually that describe how they feel about their bodies, particularly in relation to their sex. Ask the women to put their words into a box at the front of the room. The facilitator could read out the words from the box and ask participants as a group to discuss why people may feel that way.
5. Another variation on this activity could be to use it as an icebreaker by asking women if they have a slang term for their genitals or getting women to brainstorm names they have heard or used for their genitals. Facilitators may ask why participants think there are so many names for women's sexual organs and why women often choose not to use the proper names.

## Activity 2C.2

### Women's sexual and reproductive organs

Use Activity 2C.2: 'Women's reproductive system'  
Use Activity 2C.2a: 'Women's reproductive anatomy name cut-out cards'

**Objective:** To consolidate information participants have learned about their sexual and reproductive organs.

**Duration:** 20 minutes

**Preparation and materials:** A large unlabelled chart of the 'women's reproductive system' and a set of the 'women's reproductive anatomy name cut-out cards'. Both the cards and the chart will need to be prepared in advance and preferably laminated. Be sure to enlarge the women's reproductive system diagram provided (see Resource 3). Facilitators may also choose to write the corresponding anatomy names in the preferred language of the group on the other side of each cut-out card. This activity should be conducted after the relevant material on women's sexual and reproductive organs has been covered. It may also be used as a tool to help facilitator's in delivering information.

#### Instructions:

1. Display the enlarged photocopy of the unlabelled women's reproductive system diagram. (This could also be distributed as an individual handout if it cannot be sufficiently enlarged).
2. Distribute laminated cut-out cards among the participants, so that each participant has at least one each. Ask the group to explain the function of each organ drawn on the chart.

# Module 3: Female Genital Mutilation/Cutting

## Aims

- To talk about FGM/C as a violation of rights and provide further information about the cultural, religious and social perceptions that perpetuate the practice of FGM/C
- To dispel any myths and misunderstandings about the practice of FGM/C
- To provide space for women to ask questions about the practice of FGM/C
- To provide a space for women to share their experiences of FGM/C, if they choose to
- To empower women to feel comfortable speaking about FGM/C
- To inform or remind participants of the international and national laws prohibiting FGM/C
- To encourage participants to see the relationship between gender roles and FGM/C
- To show participants examples of positive change
- To end the practice of FGM/C worldwide

## Module Topics

### 3A: What is FGM/C?

This topic introduces the discussion of FGM/C by covering the different types of FGM/C that women may have experienced and discussing the possible health risks and health consequences of FGM/C.

### 3B: What are the causes of FGM/C?

This topic broadens the conversation about FGM/C to consider why there is social pressure to practice it in some cultures and encourages participants to see the relationship between FGM/C and gender expectations.

### 3C: What are my rights in relation to FGM/C?

This topic encourages participants to understand FGM/C as a violation of women's sexual and reproductive rights, covers Australian and international laws and considers strategies and examples of positive change. It also introduces participants to their right to access health services which is covered in Module 4.

## Note to facilitators

As a peer educator, how you conduct this module will be influenced by the specific dynamics and needs of the group.

## Suggested session plan

Activity	Time
Introduction and icebreaker activity	10 minutes
Topic 3A: What is FGM/C?	50 minutes
Break	15 minutes
Topic 3B: What are the causes of FGM/C? Suggested Activities <ul style="list-style-type: none"><li>Activity 3B.1: Sorting myth from fact</li></ul>	20 minutes
Topic 3C: What are my rights in relation to FGM/C?	15 minutes
Evaluation, outline of next session and close	5 minutes
<b>Total time</b>	<b>2 hours</b>

# 3A: What is FGM/C

## Discussion Points

- What is FGM/C?
- What are the health consequences of FGM/C?

See Resource 3 Handout 3A: Female Genital Mutilation/Cutting

## Key Messages

1. FGM/C is a tradition that has many names and is practised in many different communities in different ways around the world.
2. It is estimated that 100 to 140 million women and girls worldwide have undergone the practice and 3 million girls are at risk of undergoing FGM/C every year.
3. FGM/C is commonly practised in parts of Africa, Asia and the Middle East. Forms of FGM/C have also been reported in Central and South America.
4. The practice is mostly carried out on young girls between infancy and 15 years of age. Occasionally, it is carried out on adult women.
5. FGM/C 'comprises all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons' (WHO definition).
6. There is no one type of FGM/C. But all types can lead to many short and long term health complications, both physical and mental, and no type has any health benefit.
7. Not every woman may experience the same complications.

# 3B: What are the causes of FGM/C?

## Discussion Points

- Why is FGM/C performed on girls and women?
- What types of ideas about women and girls does the practice rest on?
- What do you know or have you been told about FGM/C?
- Why do you think women traditionally perform the practice?
- What keeps the practice going?

## Key Messages

1. The reasons given for the practice of FGM/C are often related to fixed perceptions of gender roles and misconceptions about women's bodies.
2. There is no religious basis for the practice of FGM/C.
3. Individuals and families can sometimes feel strong social pressure to continue the practice.

## Activity 3B.1: Sorting myth from fact

Use Resource 3 Activity 3B: Myth or fact cut-out cards

**Objective:** To give participants the opportunity to learn about myths and facts that surround the practice of FGM/C.

**Duration:** 15 minutes

**Preparation and materials:** A set of the 'myth or fact' cut-out cards for each group. The cards will be easier to use if laminated. A small prize for the winning group.

### Instructions:

1. Explain to participants that there are many myths that surround the practice of FGM/C, and it is important to sort out the myth from the fact.
2. Ask participants to move into two or three groups and provide each group with a set of 'Myth or fact' cut-out cards. Ask participants not to look at the cards yet, but to put them all face down on a table so that each participant in the group can access them.
3. Explain that on your signal, each group will turn over the cards and must match each 'myth' to its 'fact'. You may choose to offer a prize to the fastest group for fun. This activity could be run a number of other ways. With a smaller group, you could give one card to each participant and ask them to find the person with the corresponding card. Once participants have found their pair, ask them to form a line with 'myth' holders standing on one side and 'fact' holders on another. Ensure that participants agree and understand which cards are facts and which are myths. Questions you could ask are:
  - a. Were there any myths or facts that surprised you?
  - b. Are there any other myths that you have heard said about FGM/C?
  - c. Are there any questions you have about any of the myths or facts?

# 3C: What are my rights in relation to FGM/C

## Discussion Points

- What human rights does FGM/C violate?

See Resource 3: 'Countries with legislation or decree against the practice of FGM/C'

## Key Messages

1. FGM/C is internationally recognised as a violation of human rights.
2. There is legislation all over the world which prohibits the practice, including 24 of the 29 countries where the practice is concentrated.
3. In every state and territory of Australia, the practice of FGM/C is illegal. This includes taking a child overseas to have FGM/C performed.
4. Girls and women who have undergone FGM/C have the right to appropriate health services, to accurate health information and education, and to be treated with respect and dignity.  
(To be discussed in detail in Module 4)

# Audio Visual resources for educators

## Video Clip: Empowering Change, 2013 (13:41 minutes)

This video features a group of women based in Melbourne speaking candidly about some of the common misunderstandings that lead communities to practise FGM/C and ways that they are working towards change. The video features Victorian FARREP educator Faduma, as well as a Sheik Issa Musse speaking about FGM/C in relation to the Koran. Produced by Genetic Circus productions for Monash Health.

You can access this video clip on YouTube:

<http://www.youtube.com/watch?v=UflyjonVCR0>

## Video Clip: Angelique Kidjo speaks out about female genital mutilation/cutting, 2013 (2.54 minutes)

This short video clip featuring UNICEF Goodwill Ambassador Angelique Kidjo is positive and upbeat. Angelique speaks briefly about the need to involve both men and women in the campaign for change.

You can access this video clip on YouTube:

<https://www.youtube.com/watch?v=LS5mWchCtIE#t=13>

## Video Clip: Female Genital Mutilation / Cutting: a UNICEF Innocenti documentary, 2010 (5.34 minutes)

In this video, women who have experienced FGM/C and activists share their insights and personal stories from Africa and Europe and make a compelling case for the abandonment of FGM/C.

You can access this video clip on YouTube:

<http://www.youtube.com/watch?v=Msdel5JkbEo>

# Module 4: Advocating for health, rights and gender equity

## General Aims

- To empower women to share what they have learned about sexual and reproductive health with families and friends
- To provide women with information about how to effectively access local health services and relevant health education and information
- To encourage women to advocate for women's sexual and reproductive rights
- To provide information and strategies for maintaining sexual and reproductive health
- To empower participants to see how the promotion of gender equality will benefit their community
- To encourage participants to consider specific ways they can advocate for women's rights in their everyday lives
- To empower individuals to exercise and respect their rights as citizens

## Aims related to FGM/C

- To encourage participants to share information they have learned about FGM/C with others in their community
- To show participants that effective change is already happening around the world
- To empower women to feel comfortable raising FGM/C with health professionals
- To end the practice of FGM/C around the globe

## Module Topics

### 4A: Your right to health information and services in Australia.

This topic covers every Australian's right to access health services.

### 4B: What health services are available to me and how can I access them?

This topic provides information about local health services, navigating the health system and where to find resources relating to their sexual and reproductive health.

### 4C: How can I advocate for women's sexual and reproductive rights?

This topic encourages participants to consider ways they can advocate for improved gender equality and support women's sexual and reproductive rights in their community.

Activity	Time
Introduction and icebreaker activity	10 minutes
Topic 4A: What are my rights to access health services in Australia? Suggested activities <ul style="list-style-type: none"><li>Activity 4A.1: Going to see your doctor</li><li>Activity 4A.2: Ways to assert your rights</li><li>Activity 4A.3: Your rights to health services quiz</li></ul>	20 minutes
Topic 4B: What health services are available to me and how can I access them? Suggested activities <ul style="list-style-type: none"><li>Activity 4B.1: Invite a guest speaker</li></ul>	15 minutes
Break	15 minutes
Topic 4C: How can I advocate for women's sexual and reproductive rights? Suggested activities <ul style="list-style-type: none"><li>Activity 4C.1: Changing the future for women</li></ul>	30 minutes
Evaluation, outline of next session and close	30 minutes
<b>Total time</b>	<b>2 hours</b>

# 4A: Your right to health information and services in Australia

## Discussion Points

- What obstacles can stop you from accessing health services?
- What is your experience of health care services in Australia?
- What could improve your access to health services?
- Do you know all your rights to health services in Australia?

## Key Messages

1. Every person needs access to health services as part of having a safe, responsible and healthy sex life.
2. All people have the right to health services that are safe, accessible, affordable and of good quality. People have the right to be treated respectfully and to maintain their privacy.
3. Unfortunately many barriers keep people from obtaining the health services they need and deserve. Sometimes these barriers arise from discrimination and stigma. Sometimes these barriers are part of an institutional policy or culture.
  - Governments may not provide free or affordable health services in all areas.
  - Governments, providers, or pharmacies may withhold access to certain health services and medications. Their actions may be influenced by political or religious beliefs.
  - Pharmaceutical companies may charge unaffordable prices for drugs and supplies.
  - Some health programs may require young people, particularly girls, to obtain adult consent before receiving contraceptive services.
  - Some health services or providers may be less accommodating of language or cultural differences than they are professionally required to be.
4. Poor quality of care may discourage people from going to available health services.
5. Other barriers can relate to gender norms, language proficiency, cultural expectations, access to transportation, and working hours.
  - Some cultures have prohibitions against being alone with members of the opposite sex.
  - Some women may not want to be examined by a male doctor.
  - Some people may prefer to speak in a language other than English.
  - Some people may find health professionals intimidating or have had bad experiences with health professionals in other countries.
  - Some people may work long hours or have job insecurity, and find it difficult to physically access health services during normal opening hours.
  - Some people feel many competing pressures (caring for family, work, housing, finances) and do not prioritise their health.
6. Despite obstacles, there are many men, women and children who use health care and interact well with health service providers.
7. The Australian Charter of Healthcare Rights describes the rights of patients, consumers and other people using the Australian healthcare system. It was adopted by federal government in 2008.

## Activity 4A.1

### Going to see your doctor

**Objective:** To encourage participants to reflect on some barriers people experience in accessing health professionals and ways these could be overcome.

**Duration:** 20 - 30 minutes

**Preparation and materials:** paper and pens, theatre props.

Either brainstorming with the whole class or in smaller groups, ask participants to discuss the following questions.

1. What makes it difficult to see a doctor about your sexual and reproductive health?  
Some reasons why it is difficult to see a doctor or health professional may include:
  - Sex of the health worker
  - How a woman might feel about herself (physical characteristics including weight, body hair)
  - Feelings of embarrassment, having to be naked in front of a stranger
  - Language barriers – not knowing the words in English to describe parts of sexual/reproductive system
  - Fear of not being able to understand health worker (not just verbal)
  - Embarrassment about lack of knowledge about how her body works
  - Fear of having a serious illness
2. What would make it easier to communicate our questions or issues to health professionals?

Some factors that would make it easier to communicate questions to health professionals may include:

- Less embarrassed to talk to a health worker
- Knowing the words to describe parts of her body and their function
- Better understanding of what the health worker is talking about
- Feelings of confidence, and feeling more positive about her body
- Having a better understanding about changes in the body and what is normal etc.

After 10 minutes of group discussion, bring participants together to report their answers.

If you have more time, you could conduct this activity differently by dividing the group in half and asking participants to develop a 1 or 2 minute role play, with one group depicting what a bad experience with the doctor might be, and one depicting what an excellent experience at the doctor might be.

After 20 minutes of preparation, bring the groups together to act out their role plays and discuss some of the points that came out of each.

## Activity 4A.2

### Ways to assert your rights

Use Resource 3 Activity 4A.2: 'Ways to assert your rights' handout

**Objective:** To encourage participants to identify their rights in a health service setting and consider strategies they could use to assert these rights.

**Duration:** 15 minutes

**Preparation and materials:** A copy of 'Ways to assert your rights' for each participant (see Resource 3), pens.

**Instructions:**

1. Provide each participant with a copy of the 'Ways to assert your rights' handout.
2. Explain that the activity involves matching a problem or barrier you might face at the doctor with a possible solution to that problem. Participants can simply draw a line to match one to the other.
3. You could offer a prize to the participant who finishes first if you choose.
4. Once participants have completed matching up each problem with a solution, go through the answers as a group. You may conclude this activity by asking participants if they have ever experienced any of the problems described on the handout? If so, how did they overcome these problems? Do they think that knowing their rights will help them next time they go to see a health professional? If so, in what ways?

## Activity 4A.3: Your rights to health services quiz

Use Resource 3 Activity 4A.3: 'Your Rights to health services quiz' sheet

**Objective:** To help participants to identify their rights to health services in Australia.

**Duration:** 10 - 15 minutes

**Preparation and materials:** A copy of the 'Your rights to health services quiz' and a prize or prizes for participants. Make sure that you know the answers.

### Instructions:

1. Explain to participants that you will be quizzing them about what they know or have learned about their rights to health services in Australia. The questions are all yes or no, and you can add more if you choose to.
2. Read the questions aloud one at a time and ask participants to answer as quickly as possible, either by hand raising or calling out. You can manage this differently depending on the size and dynamics of the group. In very large groups, you may choose to make people stand up for yes and sit down for no, eventually thinning out the competition. However, in that case you may need to think of some more tricky quiz questions.
3. You can give a prize to the overall winner or a prize to each correct answer, depending on how you run the quiz.

# 4B: What health services are available to me and how can I access them?

## Discussion Points

- What health services are available to me?
- What factors can make it difficult to access and use health services?
- What are my rights while I am using a health service?
- What can I do if I'm not happy with a health service?

See Resource 3: Multicultural Women's Health Australia Network Contacts

## Key Messages

**Note:** Key messages in this section will depend, to a certain extent, on the health services specific to the group's local region and state or territory in Australia. Emphasis should be given to empowering participants, answering questions and clarifying uncertainties they may have about accessing services. This section should have a practical focus on services available.

### 1. Free interpreting services can be arranged for appointments.

- You are entitled to a professional interpreter whenever and wherever possible. It is usually important to let the health service know that you want an interpreter well in advance.
- Interpreting can be done over the phone.
- Patients have the right to know the name of the interpreter and to request another if they perceive a conflict of interest/confidentiality. (This can sometimes be a concern in small, emerging communities)
- Professional interpreters are highly trained and are subject to strict rules of confidentiality.

### 2. You have the right to ask questions.

### 3. You have the right to ask for a second opinion.

### 4. Services are available in every state and territory that have been established to specifically respond to the ethno-specific needs of women.

- For women who have experienced FGM/C, there are currently two defibulation clinics in Australia.
  - Many hospitals have a cultural liaison, who can help to support you and advocate on your behalf.
5. **You have the right to complain if you are not happy with a service.**
  6. **Learning more about your health can help you to make informed decisions.**
    - You can access free sexual and reproductive health information in many languages through local community health, ethno-specific and women's organisations.

## Activity 4B.1

### Invite a guest speaker

**Objective:** To introduce participants to someone who is working in local health services and provide opportunities for local health services to meet and hear members of the community.

**Duration:** 15 - 40 minutes

**Preparation:** Invite someone to speak to the group from a key health service provider in the group's local area. Fully brief the speaker about the aims of your session and useful information about the group. If needed, arrange for a culturally and gender appropriate professional interpreter and fully brief the interpreter as well.

#### Instructions:

1. Prepare participants by informing them that a guest speaker will be attending the session, preferably at the previous session. Be clear with the guest speaker about what you would like them to discuss in terms of available services. Ask the guest speaker beforehand if they are happy to field questions from participants.
2. Be prepared to have a back-up plan in case there the guest speaker is unable to attend. Provide participants with useful take-home material about local services and contacts.
3. Always be prepared to have a back-up plan in case the guest speaker is unable to attend on the day. Provide participants with useful take-home material about local services and contacts.
4. Another way of approaching this activity would be to take participants on a short excursion to a health service. This would require careful preparation, close collaboration with the health service and appropriate allocation of time.

# 4C: How can I advocate for women's sexual and reproductive rights?

## Discussion Points

- What type of discrimination (injustices) have you encountered in your life?
- What can you do to help bring about social change?

## Key Messages

1. **Reflecting on our own attitudes to gender, class, race, religion, sexual identity, age and physical or mental ability can help us to recognise stereotypes or inequities that we may have accepted as true or acceptable in our own lives.**
2. **We can promote fairness and human rights in everyday life, including in sexual and reproductive life.**
  - We can stand up for a friend or colleague who is being treated unfairly
  - We can defend someone who is ridiculed because he/she is ridiculed for their race, culture, perceived sexuality, or sexual choices
  - We can help others realise that they have opportunities or choices in life other than the ones that are being presented to them
  - We can identify trusted individuals or organisations who can help respond to incidents of discrimination
3. **We can also promote fairness and human rights in our communities, including sexual and reproductive rights. Sometimes we can do this on our own; other times we can do this within an organisation.**
  - We can accompany a friend on a visit to an official, the police, a health clinic or another service
  - We can ask a local leader to speak out on an issue such as FGM/C.
  - We can make sure that everyone in the community (including ourselves) knows about human rights and understands that everyone in the community matters
  - We can talk to people we know in the community about human rights and about the issues we care about
4. **Sharing our own experiences relating to sexual and reproductive health can help other women to feel supported and to learn about their own sexual health and rights to health.**
5. **Sharing what we have learned about possible risks to sexual and reproductive health with our friends and family can help to create greater community awareness.**
6. **Supporting women and working to improve gender equity in all aspects of women's lives can have a positive effect on women's sexual and reproductive health.**
7. **Working to end practices and behaviors that are harmful to women's health is fundamental to improving women's health and wellbeing.**

## Activity 4C.1

### Changing the future for women

**Objectives:** To encourage participants to focus on issues that they would like to see change for women, and to imagine their role in that change.

**Duration:** 10 minutes

**Preparation and materials:** Paper and pens or craft paper, coloured pencils and markers.

**Instructions:**

1. Ask participants to imagine they could change one thing for women in Australia or all over the world. Then ask participants to answer these two questions:
  - What would that one thing be?
  - What can you do now to start the change?
2. Ask participants either to write them down or to share them with the person next to them. If you wanted to extend this exercise you could ask participants to make a poster that represents what they want for women in the future.
3. Ask the group to share their wishes. You may also want to collect the wishes and display them.