CAUGHT BETWEEN TWO CULTURES

A sexual and reproductive health project for young African women

Program manual





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This manual draws on other project manuals authored by Women's Health West staff to ensure consistency of sexuality education practice for young women in the west and to ensure that evidence-based work is used across our program portfolios. These project manuals are referenced throughout and include:

- Human Relations Program for young women: Western English Language School (WELS) facilitator's manual
- Lead On Again: a leadership program for young women from culturally and linguistically diverse backgrounds
- You, Me and Us respectful relationships education training manual
- Power On: A peer education health and wellbeing program for women who experience mental illness

Women's Health West acknowledge the traditional custodians of the land on which we work, the people of the Kulin Nation, and we pay our respects to Elders and community members past and present. We express solidarity with the ongoing struggle for land rights, self-determination, sovereignty and the recognition of past injustices. We express our hope for reconciliation and justice.

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About Caught Between Two Cultures and this program manual

About the project

Caught Between Two Cultures (CBTC): A young African women's sexual and reproductive health project will enhance young African women's confidence, independence and capacity to make informed decisions about their health, safety and wellbeing now and into the future. The overarching goal of CBTC is to prevent the practice of female genital mutilation or cutting (FGM/C) among young African women within Melbourne's western region.

In 2014, a series of community consultations were held in Melbourne's western suburbs. The consultations were designed to explore community perspectives about the sexual and reproductive health of young African women. The consultations were semi-structured, one-on-one interviews.

All participants in the consultations were born overseas, or arrived in Australia at a young age, or as an adult.

Fifteen community members were interviewed — five young women, three female community leaders, five mothers, one female academic with expertise in young African women's sexual and reproductive health, and one male religious leader. Participants were selected from different African communities known to have a high practice rate of FGM/C such as Ethiopia, Eritrea, Somalia and Sudan.

The consultation identified that young African women who have undergone FGM/C require a tailored sexual and reproductive health project that responds to their different health, safety and wellbeing needs.

The consultation also found that young African women aged between 16 and 25 years, who live in Melbourne's west and who have migrated from countries where FGM/C is practiced, will benefit from this holistic, culturally sensitive sexual and reproductive health promotion project.

In accordance with best practice, the CBTC project uses a participatory approach that works to increase young women's individual, social and civic decision-making power as a mechanism to support sexual and reproductive health and prevent the practice of FGM/C. Prioritising the self-empowerment of young women is central to this project, as is building broader community consensus for the rights of women and girls.

About the program manual

The CBTC project uses a holistic approach to enhance and empower young African women to make informed decisions about their sexual and reproductive health and wellbeing. Empowering young women in this way is working towards eliminating the practice of FGM/C, thus impacting future generations of young African women

The purpose of this manual is to help support service providers and/or individuals to deliver a program that is culturally sensitive and appropriate for young African women who have been impacted by FGM/C. The manual will outline the project purpose and approach, how to implement and evaluate the program, and provide resources and tools that support session delivery.

Delivering the program

The program should be facilitated by a bilingual worker with experience or knowledge of the community, or who comes from the specific community where FGM/C is practiced. The program could also be co-facilitated with peer educators and bilingual workers. Peer educators can provide a sense of safety to participants and inspire participants to become future peer educators themselves.

What is a facilitator?

- A facilitator is an active unbiased member of the learning process
- A facilitator facilitates discussion as opposed to lecturing
- A facilitator skilfully assesses a group of people to understand their common objectives and helps them to achieve these objectives
- A facilitator guides and helps achieve understanding and consensus

The basic skills of a facilitator

- Is a good time keeper
- Assists a group to brainstorm and problem solve
- Understands the different cultures and dynamics within the group
- Is open minded about changes that might occur to program delivery on any given day

An experienced facilitator will have the ability to:

- Intervene in a way that adds creativity to a discussion and empowers participants to lead and be creative
- Understand the group process and successfully redress inequalities in the group dynamic, to ensure all participants have an opportunity to contribute
- Include participants who appear withdrawn or bored in group discussions and processes

Good facilitation techniques should:

- Help participants to be comfortable with each other
- Create a fun and interesting learning environment
- Boost the energy levels of workshop participants
- Organise interesting and productive group work activities
- Use participatory activities, which enable dynamic reviews of what has been learnt
- Provide opportunities for participants to expand on the new knowledge they have received

Source for notes on facilitation: Government of India (n.d.)

The importance of cultural sensitivity

To provide a culturally and emotionally safe and supportive environment for all, it is important to note that some participants might find the content covered in some sessions confronting. Participants might have ideas about the extent to which they should know, talk about, or engage in sexual activity and intimate relationships. Some might have also been impacted by FGM/C.

'Female genital mutilation' is the term preferred by the World Health Organization and the United Nations, and is used throughout Australian and Victorian legislation. Use of the word 'mutilation' aims to reinforce the gravity and harm caused by the practice and reiterate that it is a gender-based, human rights violation. However, the World Health Organization, in line with best practice community development approaches, maintains that women will more effectively engage with health promotion programs that use terms such as 'female circumcision' or 'traditional cutting'.

Throughout this manual, the term 'female genital mutilation/cutting' is used to acknowledge the importance of both viewpoints. However, using culturally appropriate language is essential to build trust and respect with young women. Hence, we recommend that when delivering sessions, facilitators only use the terms 'female circumcision' or 'traditional cutting' (Women's Health West 2014a). CBTC does not intend to challenge students' cultural, religious or family beliefs; it aims to provide participants with information to empower their decision-making and with an opportunity to engage in positive learning and build their confidence.

Participants are encouraged to discuss the project material within their cultural context. Facilitators can support this by asking questions such as:

- What have you been taught about pregnancy, birthing and parenting?
- Does your family discuss menstruation?
- What is the word for puberty in your language?
- Have you been taught about protecting yourself against sexually transmitted infections (STIs)?

Working with interpreters

Providing access to interpreters for the duration of the project enables participants to learn and feel supported in their first language.

Given that project topics such as FGM/C, sexuality and respectful relationships might present as culturally challenging for some interpreters, it is essential that interpreters are briefed about project content prior to commencing in this role. This is to ensure that interpreters are prepared to discuss these topics in a positive and open way. The briefing should also clarify their role and responsibility of only interpreting the material being presented and refrain from communicating their personal views and beliefs to participants. It is recommended that this information be provided to interpreters in a written format.

It is essential that interpreters are female and are from communities where FGM/C is practiced as this enables the interpreter to relate to the participants, and it is likely that they will be more knowledgeable about the impact of FGM/C within their communities.

Consistency of interpreters throughout the project is also important. When booking interpreters, it is important to explain that the project requires the same interpreters for the entire program. Employing young female interpreters has proven to be the most effective in conveying accurate sexuality and sexual health information to young female participants. Therefore, it is very important to communicate these preferences to interpreting service providers. These considerations contribute to creating a safe and supportive environment for all involved in the project. Debriefing the interpreters might be required and this is the responsibility of the interpreting service provider.

Creating a safe and supportive environment

For participants

Creating a safe and supportive environment for participants to meaningfully engage in discussions about sexual and reproductive health and FGM/C is important for the success of the program. Ways in which such an environment can be promoted include:

- Establishing a group agreement at the start of the program
- Discussing confidentiality and the importance of maintaining this throughout the program
- Building trust with participants by being non-judgemental
- Involving interpreters in interactive activities if participants are comfortable with this
- Introducing the topic of FGM/C sensitively to assess participants' interest in exploring the topic further. The
 choice to further discuss the topic of FGM/C should be the participants', and not be forced by the facilitator

For the facilitator

The facilitator can undertake the following activities to support the creation of a safe and supportive learning environment:

- Look at their own beliefs and biases around FGM/C
- Become familiar with the project content
- Be non-judgemental
- · Remember their role as a facilitator
- Consider co-facilitation for the first time they facilitate the project
- Factor in time for co-facilitators to debrief or identify a support person to debrief with if it is facilitated by one person

The question box

Throughout the program, an anonymous question box needs to be made available in the room to give participants an opportunity to ask questions relating to the program. To encourage discussion, the facilitator will read out questions from the previous day and then ask the group for their responses.

After participants have had an opportunity to contribute to the discussion, it is important that the facilitator provides an answer to the question to ensure that information is accurately conveyed and any myths are dispelled.

Program evaluation

An evaluation is conducted prior to the program commencing and at the conclusion of program delivery. It is recommended that participant responses be compiled into an evaluation report to ensure that the content remains responsive to the needs of participants.

Evaluation framework and tools

Project aim and objectives

The overarching goal of the CBTC project is to prevent the practice of FGM/C among young African women in Melbourne's western region. The project has three key objectives:

- 1. To empower young African women to make informed decisions regarding their own sexual and reproductive health
- 2. To develop young African women's confidence, independence, leadership skills and pride in their African and Australian identity
- 3. To promote attitudes and behaviours among young women that support and promote the elimination of FGM/C for future generations of African Australian young girls

The evaluation measures the project objectives, as well as medium- to long-term outcomes. These objectives are:

- To work collaboratively with young African women to develop and enhance their confidence, independence, leadership skills and pride in their African and Australian identity, which is likely to increase civic and economic participation
- To build capacity, knowledge and skills development of young African women to make safe and positive sexual and reproductive health decisions for themselves and their children
- To increase participants' attitudes and behaviours that support and promote the elimination of FGM/C

Methodology

Women's Health West use a mixed methods research design with qualitative and quantitative methods to ensure that rich and meaningful data is collected. The evaluation methodology for this project includes:

- Pre- and post-project participant questionnaires
- Survey questionnaires following each session delivery
- Reflective focus groups with young African women and partner agencies

Pre- and post-project participant questionnaires

These questionnaires are designed to measure a change in young women's knowledge of sexual and reproductive health and wellbeing. The questionnaires are specifically designed to measure a change in attitudes, knowledge and level of support for FGM/C. Questions relating to country of birth, religion and languages spoken at home provide information about whether participants are from FGM/C practicing communities. However, due to ethical considerations, the questionnaires do not ask young women about their personal experiences of sexual and reproductive health, including FGM/C.

The pre- and post-project participant questionnaires include a number of questions that measure attitudes toward FGM/C that have been taken from the Demographic and Health Surveys (DHS) and the Multiple Cluster Indicator Surveys (MICS). The DHS and MICS are used internationally to determine national FGM/C prevalence rates, the distribution of the practice within a country, the social and cultural circumstances surrounding the practice and trends associated with ending FGM/C (UNICEF 2005). The DHS measures individual's beliefs and perceptions through a number of attitudinal questions. These surveys found a strong correlation between a high level of support for the continuation of the practice and practice rates among survey participants' daughters (UNICEF 2005).

The CBTC questionnaires include a number of questions related to measuring attitudes towards and support for gender equity, which international research shows is associated with the elimination of FGM/C. UNICEF has found via cross-country comparisons that there is a strong association between the level of support for the practice and 'women's empowerment through the analysis of several indicators related to gender and decision-making, namely, decision-making on health care and household purchases' (UNICEF 2005, p.21), as well as an acceptance of intimate partner violence. The evidence supports the hypothesis that women who rank higher on gender equality indicators are less likely to support the continuation of FGM/C (UNICEF 2005). Data from the DHS shows a close association between women's ability to exercise control over their lives and their belief that FGM/C should cease.

Informed by this research, assessing changes among participants that relate to gender equity measures is another effective way of measuring whether a project intervention has had an impact on young women's support for the elimination of FGM/C. International research shows that women who do not support FGM/C are:

- More likely to make decisions and have the final say in their own health care
- · More likely to have the final say regarding the purchase of large household purchases or assets
- Less likely to accept intimate partner violence
- More likely to challenge socially acceptable gender norms (UNICEF 2005)

Questions that relate to women's control of their bodies and lives, women's access to social and economic resources and support for gender equitable respectful relationships can be used as indicators to assess support for the elimination FGM/C.

Program outline

The program is delivered as an intensive workshop over seven days. The structure of the program includes eleven sessions (generally two sessions per day). The sessions are structured in the following way:

- Begin with an icebreaker activity
- Review information from previous session
- Answer any direct questions or questions placed in the question box
- Deliver session content using interactive activities
- Finish with an evaluation activity

Hints for the facilitator and supporting information

Throughout this program manual, activity descriptions are accompanied by 'hints for the facilitator' and 'supporting information', which are points that will aid in the smooth delivery of activities. While the supporting information is not necessarily content that must be delivered, it can assist the facilitator with background information on the topics discussed, can be used to give additional information that promotes discussion, or can be referred to if questions are raised by participants. The facilitator should check whether this information is current prior to running the sessions.

Program content

Day	Session	Objective
Day 1: Puberty, menstruation and respectful relationships	Session one: Puberty and menstruation Physical and emotional changes that occur during puberty Female and male reproductive systems English anatomy terminology The workings of the menstrual cycle	To educate young African women about the physical and emotional changes that occur during puberty, and the specific needs of young women who have experienced FGM/C
	Understanding healthy and unhealthy relationships How healthy and unhealthy relationships make people feel Understanding violence and abuse	To identify behaviours and attitudes associated with respectful and disrespectful relationships, and how to access support services if needed
Day 2: Session one: Contraception		To identify the different contraception methods available, how effective and reliable they are and where to access them
	Pregnancy Pregnancy – cultural beliefs and practices Being pregnant in Australia; support and services available Options available during pregnancy in Africa and in Australia The partner's role Birth	To assist young African women to understand the different social and cultural realities of teenage pregnancy, how to access support services if they experience an unintended pregnancy, and the options available to them in Australia
Day 3: Sexually transmitted infections and cervical cancer	Session one: Sexually transmitted infections (STI) What is an STI? Different types of STIs common in Australia Treatment options Preventative methods Services available in Melbourne Session two: Cervical cancer What is cervical cancer?	To introduce the topic of STIs, how they can be transmitted, diagnosed and treated, and the importance of practicing safe sex To educate young African women about preventing cervical cancer, the implications
	 Causes of cervical cancer What is Pap testing? Procedures of Pap testing for women who have had type 3 FGM/C The importance of Pap tests as an early detection method to prevent cervical cancer 	of Pap testing for young women affected by FGM/C and the importance of the HPV vaccine

Day	Session	Objective
Day 4: Body image and skin bleaching and toning	Session one: Positive body image What is positive body image? Impact on mental health and wellbeing Understanding cultural constructs of beauty Appreciating your body	To assist young African women to identify what supports a positive body image, the impact of exercise on the body, and how to promote mental health and wellbeing
	 Session two: Skin bleaching and toning What are toning and bleaching and what impacts do they have on health and wellbeing? The different types of products and chemicals used, and making informed decisions about products used on the skin Ways to reduce or prevent further damage to skin 	To help young African women identify and understand what constitutes skin bleaching and toning, the damage that chemicals used can cause to the body, and ways to prevent and reduce its impacts
Day 5: Sexual decision-making, consent and FGM/C	Session one: Sexual decision-making and consent What are my sexual and reproductive health rights? When I am ready to have sex? Consent	To increase young African women's knowledge of individual rights in relation to sexual decision-making, consent and sexuality, and to consider what factors can influence decision-making
	Session two: Female genital mutilation/cutting What is FGM/C? Different types of FGM/C Myths and facts about FGM/C	To increase young African women's understanding of FGM/C, its health impacts and support services, the law in Australia, and to critically engage in how to eliminate and reduce the practice
Day 6: Leadership and advocacy	What is leadership? Why we need women leaders and different qualities of a leader Self-esteem in leadership	To help young African women identify and enhance their leadership and advocacy skills
	What is advocacy Communication skills in leadership Key skills of advocates Ways in which young African women can work with others to become leaders or advocates	To provide additional tools and resources to assist young African women to implement their skills in ways that promote the rights of women and girls in their community
Day 7: Celebration	Content to be decided by participants	To celebrate participation in the project and young African women's strengths and achievements

DAY 1

Puberty, menstruation and respectful relationships





PUBERTY, MENSTRUATION AND RESPECTFUL RELATIONSHIPS

Session one intended learning outcomes: At

the end of the session participants should have an understanding of:

- Physical and emotional changes that occur during puberty
- Female and male reproductive systems
- English anatomy terminology
- The workings of the menstrual cycle

Session two intended learning outcomes: At

the end of the session participants should have a knowledge of:

- Behaviours associated with respectful and disrespectful relationships
- Knowledge of relevant community supports and services

	Time estimate	Topic	Resources
	8:30am – 9:00am	Set up	Name tags Butcher's paper
			Coloured pens Morning tea
	9:00am – 9:40am	Activity 1: Introducing the program	Ball Blu-Tack
			Butcher's paper Question box
	9:40am – 10:10am	Activity 2: Pre-project participant questionnaire / consent form	 Pen Consent form Pre-project participant questionaires
o ne: nenstruation	10:10am – 10:25am	Morning tea	 Hot water Milk Coffee Tea bags Sugar Biscuits Donuts / cakes Recyclable cups Plastic spoons Juice
Session one: Puberty and menstruation	10:25am – 11:45am	Activity 3: Changes during puberty Activity 4: Anatomy and the body Activity 5: The menstrual cycle Activity 6: Taking care of yourself during puberty Activity 7: Evaluation activity	 Whiteboard markers Butcher's paper Coloured pens Interactive menstruation cartoon Period pain exercise hand-out Anatomy cards Male and female body outlines Two pieces of paper with 'Can share' and 'Can't share' written on them Diagram of the uterus Evaluation quiz
	11:45am – 1:00pm	Lunch	Lunch
Session two: Respectful relationships	1:00pm – 2:30pm	Activity 1: Icebreaker - question web Activity 2: Respectful and disrespectful relationships Activity 3: Intimate partner violence Activity 4: Where to go for help and how to help	Love Control video Flyer on where young women can access support in regards to family violence issues PowerPoint presentation on respectful relationships
	Source: Women's Hea	Ith West & cohealth 2012	



SESSION ONE: PUBERTY AND MENSTRUATION

Objective:

To educate young African women about the physical and emotional changes that occur during puberty, and the specific needs of young women who have experienced FGM/C

Time required:

• 150 minutes (excluding morning tea break)

Resources required:

- Name tags
- Question box
- A ball
- Whiteboard markers
- Anatomy cards
- Three sets of male and female body outlines
- Coloured pens
- Butcher's paper
- Blu-Tack

- USB stick containing:
 - Menstruation cartoon
 - Evaluation quiz questions
- Hygiene bag (tampons, pads, deodorant, etc.)
- Diagram of the uterus
- Period pain prevention exercise hand-out
- 'Can Share' and 'Can't Share' laminated cards
- Pre-project participant questionaires

Source: Women's Health West & cohealth 2012

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Activity 1: Introducing the program

Source: Women's Health West & cohealth 2012

Objectives:

- Introductions and getting to know one another
- · Introduce interpreters if they are present
- Inform participants of the topics that will be covered during the program
- Set up a safe and supportive environment
- Create a fun place where participants learn about the importance of health and have an opportunity to participate in excursions

Time required:

• 40 minutes

Resources required:

- A ball
- Butcher's paper and Blu-Tacki
- Question box

Instructions for facilitator:

- Start by throwing the ball to a participant, who can introduce themselves by saying their name and where they were born
- The participant will then throw the ball to someone else who will repeat the process
- Once you have finished the game, ask participants to sit in a large circle. Ensure that interpreters are positioned near participants that require language support
- Inform participants of the duration of the program, and inform participants that they may find some of the session content confronting or embarrassing. Encourage everyone to participate
- Facilitate the development of a group agreement. Explain that these rules will be used throughout the program. Agreed group rules will be listed on butcher's paper and posted on the board during each session
- Introduce the question box and where it will be located throughout the program. Explain that the question box provides them with an opportunity to ask anonymous questions throughout the program
- · Reassure students that their religious and cultural beliefs will be respected and heard
- Discuss the program content with participants by introducing the topics for each session. Provide a written overview of the program to be displayed in an appropriate place in the room
- Provide participants with an opportunity to ask questions



Hints for the facilitator:

It is important to reinforce that the project does not intend to challenge participant's cultural, religious or family beliefs. The project and the information explored during the sessions will assist participants to discuss the importance of health and wellbeing.

Activity 2: Pre-project participant questionnaire / consent form

Objective:

• To establish participant knowledge prior to commencing the project, and to obtain participant consent to take photos of them during the session delivery

Time required:

30 minutes

Resources required:

- · Pre-project participant questionnaires
- Consent forms
- Coloured pens

Instructions for facilitator:

- Distribute the consent form and explain to participants the importance of completing it
- Participants under the age of 18 must obtain written consent from their parent or guardian. The consent form must be returned at the next session
- Distribute the questionnaire and explain to participants that the aim of them completing it is to gain
 an understanding of their knowledge of the topics that will be covered. Their responses will inform the
 development of future session content, and evaluate whether the program increases their knowledge

Activity 3: Changes during puberty

Source: Women's Health West & cohealth 2012

Objective:

 To assist young women to understand that there are a series of changes that occur in the body as they transition from childhood to adolescence

Time required:

25 minutes

Resources required:

- Whiteboard markers
- Coloured pens
- Butcher's paper
- Blu-Tack

Instructions for facilitator:

• Ask participants to form small groups. Encourage them to discuss the physical and emotional changes that occur during puberty and draw these changes on butcher's paper

Question: What are some of the physical and emotional changes that happen to your body between the ages of 10 and 16 to 25?

- Once completed ask each group to share their responses with the larger group. List all suggestions on the smartboard or whiteboard
- It is important that young African women understand that young people experience a range of physical and emotional changes during puberty that impact on their sexual and reproductive health status. For example, reproductive maturity is reached when the menstrual cycle begins
- Explain that in the English language, these changes to a young person's body are referred to as puberty
- Ask participants the following questions:

What is the word for puberty in your language?

In your language is there one word for puberty (like in English) or are there many different words to explain these changes?

- As a large group, practice saying the word puberty in all the different languages
- Check in with participants if there is anything they didn't understand or want to know more about. Remind participants about the question box

Activity 4: Anatomy and the body

Source: Women's Health West & cohealth 2012

Objective:

• To explain to young women basic anatomy terminology and about the parts of the body that are specific to sexual and reproductive health

Time required:

• 20 minutes

Resources required:

- Anatomy cards there should be twelve in total, which include: facial hair, pimples, breasts, vagina, ovaries, uterus, fallopian tubes, cervix, egg cell, pubic hair, penis and scrotum
- Three sets of male and female body outlines

Instructions for facilitator:

- Ask participants to form small groups
- Distribute the body outlines and anatomy cards to each group and ask them to assemble
- Once participants have put their body together, form a large group and put the large female and male bodies together. Read out each word and ask participants to take turns to put the labels on the correct parts of the body
- It is important that this terminology is understood, as terminology such as penis and vagina will be referred to throughout the sessions.

- At the end of this session, it is important to summarise the physical changes that occur during puberty, and reiterate the changes that participants identified during activity three. Affirm that each women's body shape is different including the shape and colour of their vaginas (will link to next activity and mention of FGM/C in the context of periods and tampon use)
- Ask participants if they have any questions, otherwise move on to the next activity



Activity 5: The menstrual cycle

Source: Women's Health West & cohealth 2012

Objective:

• To teach young women about the menstrual cycle so that they have a greater understanding of their reproductive organs and the changes that occur to their bodies when menstruation begins

Time required:

• 10 minutes

Resources required:

- The interactive menstruation cartoon, which is available at: http://msnbcmedia.msn.com/i/msnbc/ Components/Interactives/Health/WomensHealth/zFlashAssets/menstrual_cycle_dw2%5b1%5d.swf
- A pad and a tampon from the hygiene kit
- A diagram of the uterus (as backup)
- Period pain prevention exercise hand-out

Instructions for facilitator:

• Show participants the menstruation cartoon, explaining the key features of each stage in the cycle. Use the first slide to invite participants to name the parts and the second slide to give an overview of whole cycle. If the cartoon is not available, explain the menstrual cycle using the diagram of the uterus

The key points the facilitator needs to emphasise are:

- Menstruation begins between the ages of 8 and 17
- The menstrual cycle varies for every woman, though it usually occurs every 28 days
- Bleeding occurs from the vagina for between three and seven days. Either use a pad or a tampon to help manage menstrual bleeding

- Periods can be irregular, especially when menstruation first begins. You may get one period in the beginning and then may not get another period for a little while
- The beginning of the menstrual cycle means that pregnancy can now occur if you have sex without a condom or contraception. Women get pregnant when the sperm from a man's penis meets the egg cell
- Some women experience pain during menstruation
- For women from some cultures who have experienced traditional cutting or circumcision, tampon use may not be possible. We will discuss this in more detail on day five. Hand out the sheets on period pain prevention exercises and demonstrate



Hints for the facilitator:

Activity 6: Taking care of yourself during puberty

Source: Women's Health West & cohealth 2012

Objective:

To get participants thinking about self-care during puberty

Time required:

• 15 minutes

Resources required:

- Hygiene bag containing soap, a toothbrush, toothpaste, deodorant, a face washer, tissues, a handkerchief, a nail brush, tampons and pads
- Two pieces of paper with the words 'Can share' and 'Can't share' written on them
- The diagram of the uterus to show how a tampon is inserted

Instructions for facilitator:

- Before you start this activity you need to explain the word 'share'. Explain that in the context of this activity we are talking about lending something to another person
- Ask participants to sit in a large circle, hand around the hygiene bag, and ask each participant to take one thing from it
- Going around the circle, ask participants to hold up their item one at a time and ask the group:

What is it?

How do you use it?

Where do you get this product and how much does it cost?

Should it be shared?

· After the group has decided whether or not it should be shared, place the item on the floor under the appropriate heading as marked on the butcher's paper



Activity 7: Evaluation quiz

Source: Women's Health West & cohealth 2012

Objective:

• To determine what participants have learned from the session and to provide feedback about the session.

Time required:

• 10 minutes

Resource required:

Hand-out of evaluation guiz guestions

Instructions for facilitator:

- Explain that participants will be playing a quiz game. The facilitator reads the questions aloud and participants must decide whether the statement is true or false and then write the answer down
- At the end, go through the answers together and ask participants to share their responses to the question: Can you tell us one thing that you have learnt today?
- Explain that all feedback is appreciated and will ensure that the program's content and delivery remains
- Remind participants that there is a question box if they would like to write down an anonymous question



SESSION TWO: RESPECTFUL **RELATIONSHIPS**

Objective:

To identify behaviours and attitudes associated with respectful and disrespectful relationships and how to access support services if needed.

Time required:

• 90 minutes

Resources required:

- Love Control video, available at: http://www.dvrcv.org.au/file/131
- USB stick containing PowerPoint presentation on respectful relationships
- Hand-out of resources and services
- Butcher's paper

- Whiteboard markers
- Ball of wool
- Set of respectful and disrespectful cards
- Two signs: 'Respectful relationships' and 'Disrespectful relationships'

Instructions for facilitator:

- Introduce yourself and the topic
- Explain that because we will be talking about respectful relationships we first need to make sure that the next hour and a half is a safe and respectful space for everyone. Show the group agreement to participants, read through the three points, then ask participants if they can agree to abide by it



Source: Women's Health West 2014b

Activity 1: Icebreaker – Question web

Source: Women's Health West 2014b

Objective:

• To create a comfortable and open culture within the group

Time required:

• 10 minutes

Resources required:

- Ball of wool
- List of questions

Instructions for facilitator:

- Ask participants to stand or sit in a circle
- Hold on to the end of the string and throw the ball/spool to one of the participants to catch. They then choose a number from one to fifteen
- Refer to your list of fifteen questions and ask them the question that corresponds to that number. They answer the question
- Holding the string, they then throw it to another member of the group
- Eventually this creates a web as well as learning some interesting things about each other!
- At the end of the game the facilitator can comment that everyone played a part in creating this unique web and if one person was gone it would look different. In the same way, it's important that we all take part to make the group what it is, unique and special

List of questions:

- 1. What makes you angry?
- 2. If you could go anywhere in the world, where would you go?
- 3. If you could talk to any one person alive today who would it be and why?
- 4. If you HAD to give up one of your senses, which would it be and why?
- 5. If you were an animal, what would you be and why?
- 6. Do you have a pet? If not, what sort of pet would you like?
- 7. What's one thing you appreciate about a member of your family?
- 8. Name one thing you really like about yourself.
- 9. What's your favourite thing to do in the summer holidays?
- 10. Who's your favourite cartoon character and why?
- 11. Does your name have a special meaning or were you named after someone special?
- 12. What is the hardest thing you have ever done?
- 13. What was the best thing that happened to you this past week?
- 14. If you had this week over again what would you do differently?
- 15. What's one of your favourite memories?

Activity 2: Respectful and disrespectful relationships

Source: Women's Health West 2014b

Objective:

• To identify behaviours associated with respectful relationships

Time required:

• 10 minutes

Resources required:

- A set of 'respectful and disrespectful behaviours' cards
- Two signs: one states 'Respectful relationships' the other states 'Disrespectful relationships'

Instructions for facilitator:

• Discuss with the large group:

What is a relationship?

What is respect?

- Place the two signs on opposing walls. Hand out 'behaviours' cards. Each participant should have at least one card
- Ask participants to place their card under the sign that it corresponds to
- Now facilitate a discussion about the 'behaviours' posted under each sign



Facilitator notes

Activity 3: Intimate partner violence

Source: Women's Health West 2014b

Objective:

• To understand what intimate partner violence is and examine the subtleties that are often considered 'love' or 'normal' relationship interactions in society

Time required:

• 15 minutes

Resources required:

- Love Control video (Women's Health in the North 2009)
- Whiteboard and whiteboard markers

Instructions for facilitator:

- Discuss: What's the difference between a respectful relationship that has problems and an abusive relationship?
- Explain that Love Control does not cover every form of abusive or violent behaviour and is about a relationship between a man and woman. Watch the video. Ask what they've seen or noticed in the video
- If participants have not picked up on the main forms of violence, watch the video again and pause the video at certain points to discuss the different forms of violence, as well as the more subtle forms of violence, that are being depicted
- Write a list of the forms of violence seen in this video
- Discuss:

How could some of the examples we see in this video seem like love? How do we tell the difference? What other examples of abusive behaviour occur in violent relationships?

• Add to the list of the 'forms of violence' after the discussion and ask participants: What do you think is a common theme in all the forms of violence we have discussed?

Pause video	What is happening?	
00:49	'She had an uneasy feeling in the pit of her stomach'	
	'He'd been edgy all day'	
	 'He didn't like what she was wearing, he thought that other guys would hit on her' 	
1:33	She ended up paying – unspoken habits	
	 He didn't want her to see her friends. She had to make excuses Was jealous of the guy on the train Tried to smooth things over – bought her flowers and told her that he loved here. She could feel his anger in the pit of her stomach 	
2:12		
3:00		
 He lost it – physically aggressive and violent Finish She didn't believe love was everything anymore 		
Source: Women's Health West 2014b		



Facilitator notes

Forms of violence:

Common themes:

Definition:

Activity 4: Where to go for help and how to help

Source: Women's Health West 2014b

Objective:

• To help young women understand how to access help and support if they or someone they know is experiencing a disrespectful or violent relationship

Time required:

• 3 minutes

Resources required:

- Butcher's paper
- PowerPoint presentation on USB stick
- Flyer of services hand-out with 'where to go for help' information

Instructions for facilitator:

- Explain that we are going to give them a list of services that they can contact if they or someone they know is experiencing a violent relationship. Often these services will allow you to contact them anonymously if you want to ask questions or seek further advice.
- Talk through the avenues and resources for assistance including: police and regional family violence services as listed on the PowerPoint presentation.



Facilitator notes

Believe:

Offer support:

Challenge:

DAY 1

ACTIVITY RESOURCES

CAUGHT BETWEEN TWO CULTURES: A SEXUAL AND REPRODUCTIVE HEALTH PROGRAM FOR YOUNG WOMEN



Consent form

A	ddress:
E	Emergency medial treatment
lf	there is a medical emergency, we will call your emergency contact to let them know.
N	lame of emergency contact person:
E	mergency contact phone number:
D	oes the contact person need an interpreter? ☐ Yes ☐ No
lf	yes, what language does the contact person speak?
F	Photo permission
	give my permission for Women's Health West to take photos of me to use in their promotional naterial, and to share with external presenters.
D	ate:

Anatomy cards

Breasts

Ovaries

Pubic hair

Uterus

Fallopian tubes

Scrotum

Penis

Facial hair

Cervix

Egg cell

Vagina

Pimples

Period pain prevention exercise

Source: Griffiths, D, Leece, B, & the Family Planning Youth Team 1992



Pelvic press

Lie flat on the floor, face down with your palms on the floor beside your shoulders. Now, push your palms down on the floor, and raise your head and shoulders off the floor until your arms are out-stretched. Repeat several times.



Crouch

Lie on your side with your knees drawn up to your chest and your head tucked in until it touches your knees, in the foetal position.



Pelvic rock

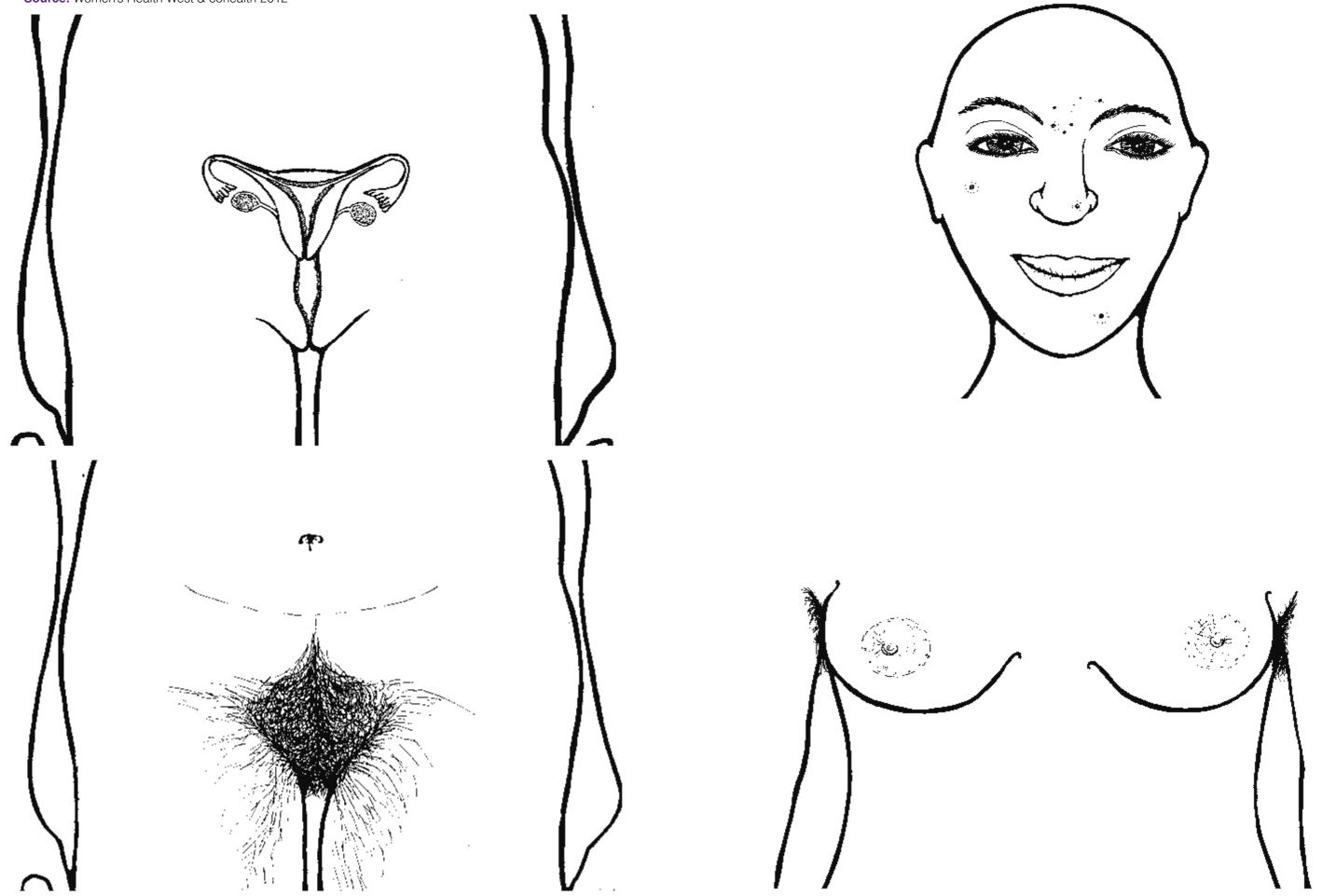
Lie flat on the floor, face down. Stretch your arms behind you, arch your back and reach back until you can grasp your ankles, bending your knees and bringing your feet up to meet your hands. In this position, your legs, head and shoulders will be off the floor. Gently rock backwards and forwards.



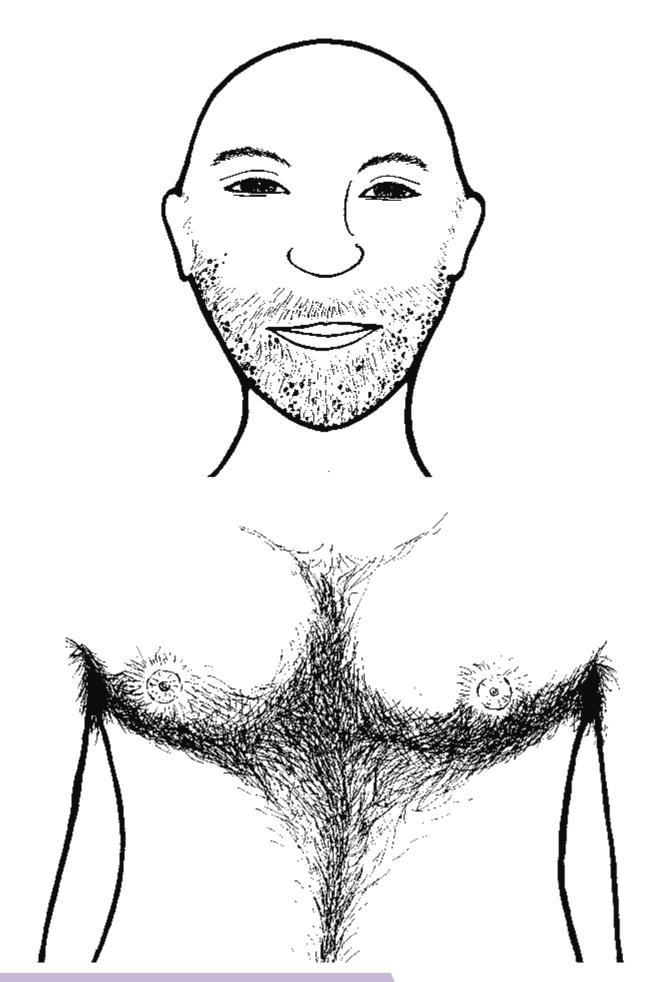
Stretching

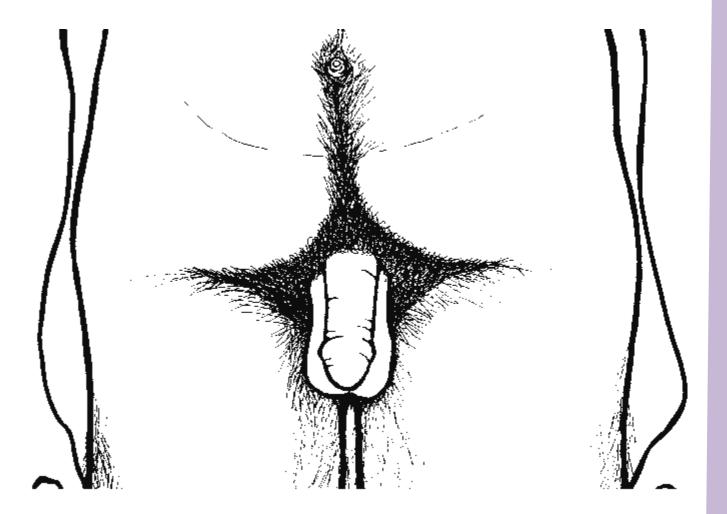
Stand with your back against the wall with your shoulders, heels, head and as much of your body touching the wall as possible. Try to imagine your head is being drawn upwards, making you as tall as possible. Practice this often. It is excellent for posture and for relief of period pain.

Diagram of a uterus and female body outlines



Male body outlines





Physical changes that occur during puberty

Source: State of Victoria 2015

Puberty is the time when your body begins to go through changes from a child's body into an adult body.

Boys also experience puberty, although they are usually a little older when their body begins to change.

Changes for girls include:

- Grow taller
- Growing body and pubic hair under arms, around the pubic area and on legs
- Skin and hair gets oily and some people get pimples, which usually clear up as you get older
- Body odour changes and you sweat more
- Voice can deepen, although it is not as noticeable for girls
- Body shape will change. Your hips widen and your body becomes curvier. Puberty may be a time when some girls put on weight. This usually disappears as you get older, especially with regular exercise and a healthy diet
- Breasts develop and grow larger
- Girls might start to get a white discharge from their vagina. This is a natural self-cleaning process and is completely normal
- · Girls will start menstruation

Emotional and social changes that occur during puberty

Source: State of Victoria 2015

- Coping with a changing body dealing with sudden physical changes and a new body shape. You may begin to feel self-conscious or embarrassed. Other people might start to treat you differently. For example, if you look older, you might be treated as an older person
- Emotions: You may begin to feel frustration because you feel different it can be difficult coping with early physical changes. Or if puberty begins later in adolescence, you may feel frustrated waiting for them to happen
- Mood swings the sudden release of hormones into a young person's body can bring about extreme
 emotions and mood swings (this is temporary), which is mostly caused by the changing hormone levels
 affecting the way a person feels
- Energy changes physical growth and other changes can make you feel full of energy one minute and tired the next
- Coping with society's and family's ideas, expectations and pressures your age, gender, sexuality, your status as a young person
- Learning about your own identity and your independence in relation to self, family, friends, your values
- Starting to explore your sexual identity and possibly romantic relationships

Evaluation quiz questions

	Quiz questions	Answers (True or False)
1	The physical and emotional changes that happen to your body between the age of 10 and 16 are called puberty	
2	During puberty you grow pubic hair under your arms and on your genitals	
3	Men and boys have a vagina	
4	Both boys and girls grow lots of facial hair when they go through puberty	
5	There are exercises that you can do to help with period pain	
6	Once you start menstruation you can get pregnant if you have sex without a condom or contraception	
7	Most young women get their period every 40 days	
8	It's good to share your toothbrush	
9	It's good to have a bath or shower every day	
10	The ovaries are part of a women's reproductive system	
	·	

Evaluation quiz answers

Source: Women's Health West & cohealth 2012

ı		Quiz questions	Correct answers
1		The physical and emotional changes that happen to your body between the age of 10 and 16 are called puberty	True
2	During puberty you grow pubic hair under your arms and on your genitals		True
3	3	Men and boys have a vagina	False – only women and girls have vaginas
4	ļ	Both boys and girls grow lots of facial hair when they go through puberty	False – it is only boys who grow a lot of facial hair during puberty
5	;	There are exercises that you can do to help with period pain	True
6	6 Once you start menstruation you can get pregnant if you have sex without a condom or contraception		True – let participants know that you will talk about this more in the coming sessions
7	,	Most young women get their period every 40 days	False – it if different for everyone but usually menstruation happens every 28 days
8	3	It's good to share your toothbrush	False – everyone should have their own toothbrush
9)	It's good to have a bath or shower every day	True
1	0	The ovaries are part of a women's reproductive system	True

PRE-PROJECT PARTICIPANT QUESTIONNAIRE

This questionnaire is confidential and no information that identifies you is recorded. The questionnaire is not a test, but provides Women's Health West with an opportunity to understand the effectiveness of the Caught Between Two Cultures project. The questionnaire will ask you questions about your knowledge and attitudes about sexual and reproductive health, wellbeing and healthy relationships. We will ask you to complete a similar questionnaire at the end of the project.

Glossary of terms

Blood borne viruses including HIV, hepatitis B and hepatitis C are viruses that are transmitted by blood or body fluids that contain blood.

Body image refers to a person's attitude toward their body, how they see themselves, how they think and feel about the way they look and how they think others perceive them.

Cervical cancer, or cancer of the cervix, is cancer of the entrance to the uterus, otherwise known as the womb.

Consent means free agreement of your own free will (Victoria Legal Aid 2014).

Female genital cutting/circumcision includes procedures that intentionally alter or cause injury to the female genital organs for non-medical reasons (World Health Organization 2015).

Human papillomavirus or **HPV** is a common virus affecting women and men that is contracted by sexual activity involving genital contact.

Sexually transmissible infections (STIs) are infections that can be passed on from one person to another during sexual activity.

How old are you?	
What is your religion?	
What language/s does your family speak at ho	me?
What country were you born in?	
If you weren't born in Australia, did you migrate	e to Australian on a:
☐ Humanitarian visa	☐ Skilled migration or work visa
☐ Family or partner visa	☐ Other, please specify

1. Puberty causes physical and emotional changes in a young person's body, including when they reach sexual maturity and can have a baby.			
☐ True	☐ False	□ I don't know	
2. Caring for and appreciating your body can help support a positive body image, which is important for self-esteem and general happiness.			
☐ True	☐ False	□ I don't know	
3. Negative body image can	lead to a range of eating	g disorders.	
☐ True	☐ False	☐ I don't know	
4. A balanced diet includes f	resh fruit, vegetables, g	rains, legumes, protein and dairy.	
☐ True	☐ False	☐ I don't know	
5. Who should decide whether	er a woman is ready to	get pregnant and have a baby? (please tick one answer)	
☐ She should decide ☐ Her	partner or husband D	Her doctor ☐ Her community ☐ I don't know	
6. Pregnancy can happen the	e first time a woman and	d man have sex.	
☐ True	☐ False	☐ I don't know	
7. Condoms are the most effectiviruses, including HIV, hepat	• •	exually transmissible infections (STIs) and blood borne from occurring.	
☐ True	☐ False	☐ I don't know	
8. A woman who is taking the pill once every day.	e contraceptive pill can	get pregnant if she has had sex and forgets to take the	
☐ True	☐ False	☐ I don't know	
9. Informed consent to sex (t	ick all the answers you	think are correct):	
☐ Is given when both partners☐ Is when the woman does no☐ Can be withdrawn at any tin☐ Cannot be given if someone	ot say no ne during sexual activity		
10. In Victoria, abortion is safe and legal and young women can access an abortion without their parents' or partners' consent.			
□ True	☐ False	☐ I don't know	
11. The HPV vaccine is safe a	and effective.		
☐ True	☐ False	☐ I don't know	
12. What causes cervical can	ncer? (please tick one a	nswer)	
☐ The contraceptive pill ☐ F	luman papillomavirus [☐ Having lots of sexual partners ☐ I don't know	
13. Skin bleaching products contain harmful chemicals such as mercury and hydroquinone that can cause poor health and wellbeing.			
☐ True	☐ False	☐ I don't know	
14. One in five Australian wom	nen will experience depre	ession and one in three women will experience anxiety.	
□ True	☐ False	☐ I don't know	
15. A person experiencing poor mental health can access support and treatment from a general practitioner (GP), a counsellor, a mental health social worker or a psychologist.			
☐ True	☐ False	☐ I don't know	

16. Have you heard o	f female genit	al circumcision o	r traditional cutting?	
☐ True	□ Fa	alse	□ I don't know	
17. Female genital cu	tting/circumci	sion (FGC) is illeç	gal in Victoria and Aus	tralia.
☐ True	□ Fa	alse	□ I don't know	
18. FGC is a practice	that violates t	he health and hu	man rights of girls and	d women.
☐ True	□ Fa	alse	☐ I don't know	
19. FGC is practiced	due to cultura	customs and tra	ditions.	
☐ True	□ Fa	alse	□ I don't know	
(please tick all the co	orrect answers)	ne communities hold a	about why FGC is practiced?
21. The Royal Women health services to wo	-		•	specialist sexual and reproductive
☐ True	□ Fa	alse	☐ I don't know	
22. Do you think fema	le genital cuttii	ng/circumcision s	hould continue or stop	? Please tell us why or why not?
□ Are free to be thems □ Only spend time wit □ Can trust each othe □ Do not pressure each	ct each other's selves without f th each other a	ideas and opinion ear of criticism or nd rarely see othe	s judgement r friends	please tick all correct answers):
24. A woman cannot	be raped by se	omeone she is ma	arried too or in a relati	onship with.
☐ Strongly agree	☐ Agree	□ I don't know	☐ Disagree	☐ Strongly disagree
25. Women should no	ot expect to ha	ve the same free	doms as men.	
☐ Strongly agree	☐ Agree	□ I don't know	☐ Disagree	☐ Strongly disagree
26. The leaders of a c	community sho	ould largely be me	en.	
☐ Strongly agree	☐ Agree	☐ I don't know	☐ Disagree	☐ Strongly disagree
Thank you!				

Respectful and disrespectful behaviours cards

Source: Women's Health West 2014b

Respectful relationships

You have fun together

You both can be

You trust each other

You feel happy around each other

You both feel like you can be yourself

You support each other

You share your feelings

You encourage each other to have other friendships

You listen to each other

You do things together

You can disagree without hurting each other

You can say 'no' if you feel uncomfortable

You can have different interests

You have freedom in the relationship

You feel confident to share your opinions

You can both compromise, say sorry and talk arguments through

Disrespectful relationships

You don't feel free to share your opinions

You can't be yourself around that person

You feel unhappy around them

You are often criticised or humiliated by them

You make plans with them but they often break plans with you at the last minute

You always have to explain where you are and who you are with

You can't hang out with certain people or they get jealous

You don't spend much time with other people

You feel unsafe

You can't disagree with them or they will get angry

You feel like everything is a competition

You feel scared or intimidated by them

You feel pressured to do things just to please them

You feel nervous around the person and scared to disagree with them

You feel pressured by them to have sex

They accuse you of seeing or flirting with other people

They tell you that if you changed they wouldn't abuse you

Their jealousy stops you from seeing friends or family

They make you feel like you are wrong, stupid, crazy or inadequate

They have scared you with violence or threatening behaviour

They prevent you from going out or doing things you want to do

They say they will kill or hurt themselves if you break up with them



Where to go for help

Women's Health West:

Family violence services in Melbourne's west

Phone: (03) 9689 9588

safe steps Family Violence Response Centre

State-wide supporting services for refugee and crisis accommodation

Phone: 1800 015 188

Victoria Police

000

Relationships Australia - Sunshine Centre

Counselling and support groups for women

Phone: 03 8311 9222

co-health

Counselling program and assistance

Phone: (03) 8398 4100

The Action Centre

Sexual and reproductive services, information and also a referral service for all young people. Provide counselling for young people with a disability.

Free call on: 1800 013 952

DAY 2

Contraception and pregnancy





DAY 2 CONTRACEPTION AND PREGNANCY

Session one intended learning outcomes: At the end of the session participants should have a good understanding of:

- The different types of contraception
- How to use contraception effectively
- The Correct way of using a condom
- Emergency contraception and the various pregnancy options (e.g. parenthood, abortion and adoption) available in Victoria

Session two intended learning outcomes: At

the end of the session participants should have a knowledge of:

- Different social and cultural beliefs and practices around pregnancy
- Support and services available in Australia if they experience an unintended pregnancy
- The partner's role
- Birth

	Time estimate	Topic	Resources
	8:30am – 9:00am	Set up	Name tags Butcher's paper
			Coloured pens Morning tea
	9:00am – 9:40am	Activity 1: Icebreaker	Ball
	9:40am – 10:10am	Reflection on day one	Question box
		Discussing any questions participants put in the question box	
	10:10am – 10:25am	Morning tea	Hot water Biscuits
			Milk Donuts / cakes
			Coffee Recyclable cups
ne:			Tea bags Plastic spoons
n o			Sugar
Session one: Contraception	10:25am – 11:45am	Activity 2: Contraception	 USB stick containing conception PowerPoint presentation
ω ○		Activity 3: Say what?	 Different types of contraception samples (pills, condom etc.)
			Plastic banana
			Common excuses and contraception cue cards
			 'Jay and Tyler' scenario hand-out
			Coloured pens
			Whiteboard markers
	11:45am – 1:00pm	Lunch	Lunch
	1:00pm – 2:30pm	Activity 1: Life goals	Whiteboard markers
		Activity 2: Pathways for young people	 Plain A4 sheets of paper
NO S		and teenage pregnancy	Butcher's paper
in t		- ' - '	Coloured pens
Session two: Pregnancy		Activity 3: Pregnancy options	 Visual representation of young women's
Ses		Activity 4: Evaluation	pathways in Australia (from birth to 45 years)
			Evaluation quiz
			PowerPoint scenarios
	2:30pm – 4:00pm	Services available within a hospital, such as the Royal Women's Hospital	Myki cards



SESSION ONE: CONTRACEPTION

Objective:

To identify the different contraception methods available, how effective and reliable they are, and where to access them

Time required:

• 90 minutes

Resources required:

- Ball
- Butcher's paper
- Question box
- Program outline on PowerPoint
- Blu-Tack
- Plastic banana
- · Common excuses and contraception cue

cards

- Evaluation quiz
- Samples of pill, implanon, emergency contraception and condoms
- 'Jay and Tyler' scenario hand-out
- Coloured pens
- Whiteboard markers

Activity 1: Icebreaker

Source: Women's Health West & cohealth 2012

Objective:

• To create a fun place where participants learn about the importance of health and have an opportunity to participate in service excursions

Time required:

• 40 minutes

Resource required:

A ball

Instructions for facilitator:

- Start by throwing a ball to a participant, who can introduce themselves by saying their name and where they
- The participant will then throw the ball to someone else, who will repeat the process
- Once you have finished the game ask participants to sit in a large circle
- Reiterate the group agreement
- Discuss any questions from the question box
- Reassure young women that their religious and cultural beliefs will be respected and heard
- Discuss the program content for the day
- Provide participants with an opportunity to ask questions

Activity 2: Contraception

Source: Women's Health West & cohealth 2012

Objective:

To assist young women to identify different contraceptive methods

It is important for young women to understand what methods are available and how to access and use them effectively. A condom demonstration is also included in this activity to ensure that participants understand the correct way to use a condom.

Time required:

• 30 minutes

Resources required:

- Samples of pill, implanon, emergency contraception and condoms
- Plastic banana
- Cue cards
- · Blu-Tack to stick cards on board

Instructions for facilitator:

- Encourage participants to discuss what they know about contraception and ask:
 - What are some names of contraception methods you know?
- Ask participants to then sit in the wider circle and focus the discussion on the pill, implanon, emergency contraception and condoms. Discussion about each contraceptive method should start by showing a sample and inviting young women to pass the sample around
- · Discussion should focus mainly on the following:

Name of the contraceptive method

How to use it?

Why do we use it (e.g. pregnancy, STI, both?)

Where do you get it?

- While discussing each method, the facilitator will raise a cue card to highlight the main point of the discussion and stick the cue cards on the board to form a matrix
- Reiterate that these contraceptive methods are the most accessible for young women, but there are more options available if they consult with their general practitioner (GP) or sexual health nurse
- Demonstrate the correct way to use a condom using a plastic banana
- Ask participants to find a partner and practice the condom demonstration
- Encourage participants to ask and clarify anything that they didn't understand. Remind participants about the question box



Activity 3: Say what?

Source: Women's Health West & cohealth 2012

Objective:

• To support young women to discuss some of the ways they can communicate and negotiate condom use with their partners

Time required:

• 40 minutes

Resources required:

- Common excuses cue cards
- PowerPoint
- 'Jay and Tyler' scenario hand-out
- Butcher's paper
- Coloured pens or markers
- Whiteboard markers

Instructions for facilitator:

- The difficulty associated with negotiating condom use is a reality for many young women. Young women may know how and why it is important to use condoms, but are unable to use one for a variety of reasons. A partner's refusal to use a condom is one of the most common reasons why young women are unable to consistently use condoms to protect themselves against pregnancy and STIs.
- Ask participants to brainstorm answers to the following question: What are some of the reasons you might not use a condom?
- Divide the group into two and hand around the cue cards with 'common excuses' half to each group, and ask the girls to discuss in groups how they would respond
- Come back to the larger group. Add cue cards to whiteboard with Blu-Tack and list the participants ideas of possible responses next to each one. Highlight that correctly using a condom every time can often be affected by a partner's refusal to use one. Alcohol use or drug use can also affect a person's decisionmaking ability regarding condom use
- Read out the Jay and Tyler scenario and invite participants to share with the larger group what an appropriate response could be. Use the list of their responses and any additional responses supplied



Objective:

• To assist young African women to understand the different social and cultural realities of teenage pregnancy, how to access support services if they experience an unintended pregnancy and the options available to them in Australia

Time required:

• 90 minutes

Resources required:

- Visual representation of young women's pathways in Australia (from birth to 45 years)
- PowerPoint scenarios
- Blu-Tack
- Butcher's paper

- Whiteboard markers
- Plain A4 sheets of paper
- Coloured pens

Activity 1: Life goals

Source: Women's Health West & cohealth 2012

Objective:

• To encourage young people to think about their ambitions and life goals

Time required:

• 10 minutes

Resources required:

- Whiteboard markers
- Plain A4 sheets of paper
- Coloured pens

Instructions for facilitator:

- · Ask participants to think about their dreams for the future and to draw their life goals on blank A4 sheets of paper using coloured pens. Ask the following question:
 - What are your goals or aspirations for the future?
- As a large group, ask participants to discuss their future aspirations
- List participants' aspirations on the smartboard or whiteboard
- Summarise the responses participants have provided and thank them for their contributions. Also let them know that you'll be coming back to this activity later in the session (later in the session we will ask participants to consider how early pregnancy can impact their goals for the future)



Activity 2: Pathways for young people and teenage pregnancy

Source: Women's Health West & cohealth 2012

Objective:

• To prompt participants to think about the pathways that young women in their culture often follow when they transition from childhood to adulthood, and how they might differ from the pathways available to young women from other cultures in Australia

Time required:

40 minutes

Resources required:

- Butcher's paper
- Coloured pens

- · Visual representation of the pathways available to young women in Australia
- Blu-Tack

Instructions for facilitator:

- This activity is about communicating to young women that Australia offers opportunities that participants might not have considered or previously had access to in their country of origin. Young African women who live in Australia will therefore have access to a number of opportunities or 'pathways', which they might not have had previously. This activity asks participants to consider how having a baby during adolescence can impact on opportunities and their life goals.
- Explain to participants that:
 - This activity is about considering the different pathways that young women are likely to take in the country where they were born and here in Australia
- Show participants the visual representation of the pathways that many young women in Australia follow
- The facilitator needs to highlight the similarities and differences between the pathways young women take in Australia and in African countries
- Participants discuss, write or draw what they see and feel are the possible differences in Australia, as compared to their country of origin, in relation to the age that young women:
 - Get married
 - Have a baby
 - Take up educational or employment opportunities
- Ask one participant to rearrange visual representations timelines on the board, of their country of origin
- Refer back to the visual representation of the pathways that young women in Australia often follow, place the picture of the baby over the secondary school picture. Ask participants to brainstorm the following question:
- What would change if you had a baby during adolescence?
- · Ask participants to think about their own aspirations that they discussed in activity one Would having a baby when you are a teenager impact on your hopes for the future?
- Summarise the answers that participants have provided. Ask if anyone has any questions



Hints for the facilitator:

Activity 3: Pregnancy options

Source: Women's Health West & cohealth 2012

Objective:

• To provide participants with accurate information about emergency contraception and various pregnancy options that are available to them in Victoria

Time required:

• 30 minutes

Resource required:

Scenarios on PowerPoint

Instructions for facilitator:

- Invite participants to sit in a large circle
- Read out each scenario
- · Ask participants their thoughts and ideas and augment their responses with points from the facilitator prompts with each scenario
- After the activity is finished, ask participants if they have any questions. Let participants know that preventing pregnancy will be discussed in more detail in the next activity



Activity 4: Evaluation

Source: Women's Health West & cohealth 2012

Objective:

• To determine what participants have learned from discussions and how they felt about the session

Time required:

• 10 minutes

Resource required:

Evaluation quiz

Instructions for facilitator:

- Explain to participants that you will be playing a quiz game. Read the questions and decide whether the statement is true or false
- Go through the answers together and collect the sheet from participants
- Explain to the young women that we appreciate all feedback as this will help improve the sessions and ensure that the content and delivery remain responsive to the needs of participants. Ask the question: Can you tell us one thing that you have learnt today?
- Remind participants about the question box if they would like to write down a question

DAY 2

ACTIVITY RESOURCES

Contraception cue cards

Source: Women's Health West & cohealth 2012

Method

Contraceptive pill

Where to get it?

-Family planning clinic

-Community health centre

-GP

-Needs prescription

Protects against

√ Pregnancy

Emergency pill

How to use

How to use

Once daily

Method Implanon Where to get it?

-Family planning clinic

-Community health centre

Inserted once (arm)

How to use

Lasts three years -Needs prescription

Protects against

√ Pregnancy

Method

Condom

Method

-Chemists over the counter

-Family planning clinic

of unprotected sex

Protects against

Taken within 72 hours

√ Pregnancy

Where to get it?

-Community health centre

How to use Use during sex

Protects against

√ Pregnancy

√ Sexually

transmitted infections

Where to get it?

-Pharmacies

-Supermarkets

-Petrol stations

-Family planning clinics

Say what (Jay and Tyler's stories and answers)

Source: Women's Health West & cohealth 2012

Scenario

Jay wants to have sex with Tyler but Tyler refuses to use a

Tyler reasons "If you really love me, we wouldn't need a condom. Condoms are only for flings not for serious relationships like ours."

Jess and her boyfriend did not use a condom the first time they had sex. They were too drunk to bother with a condom during that time.

Her boyfriend insists that "We've already done it without one, so we don't need to use it the next time we have sex."

You can Say

- 1. If you really love me, you will keep me safe
- 2. Condoms are for all relationships not just flings
- If our relationship is serious then we should also take safety seriously
- 4. Not using a condom once was a mistake let's be smart and not repeat it
- We can still prevent infection
- I want to start using condoms now so we won't be at any more risk

Common excuses cue cards

Source: Women's Health West & cohealth 2012

'I don't have a condom with me'

'Just this once'

'I don't have any diseases.

Trust me'

'I can't afford them'

'It's embarrassing to buy condoms'

'But you're on the pill, aren't you? We don't need a condom'

'Condoms don't feel as good as the real thing'

'We've already had sex without condoms'

Pregnancy options scenarios

Source: Women's Health West & cohealth 2012

0-0-0-0-

Scenario 1: Anita has just finished high school and is looking forward to getting a job and going on an overseas trip. Her boyfriend Cameron wants to have a baby straight away. Anita isn't sure if she's ready. What should she do?

Facilitator prompts:

- 1. Talk to Cameron about the fact that she's not ready to have a baby
- 2. Reiterate to participants that most importantly, Anita needs to make a decision that is right for her, and which is in keeping with her personal beliefs

0-0-0-0-0

Scenario 2: Yasmine and Peter have been in a committed relationship for many years. They are planning to have a family when they both finish university in two years' time. One night the condom broke when they were having sex. What should they do?

Facilitator prompts:

- 1. Discuss whether now is the time that they want to start a family
- 2. If they decide that it is, they should visit a doctor to plan for a healthy pregnancy
- 3. If they decide now is not the right time to start a family they could access emergency contraception outline that this is available at the pharmacist and is a pill that needs to be taken within 72 hours

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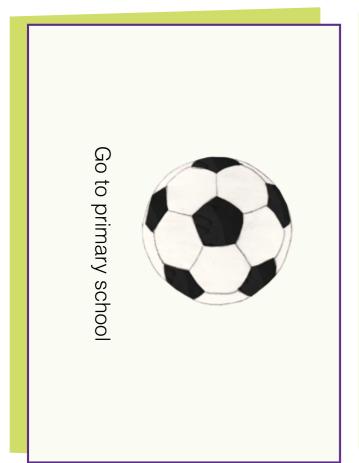
Scenario 3: Fatima is pregnant. She doesn't love her boyfriend and is not ready to become a mother. What should Fatima do?

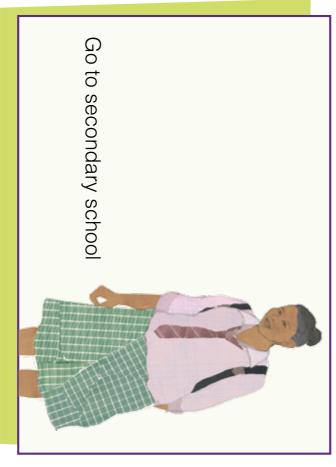
Facilitator prompts:

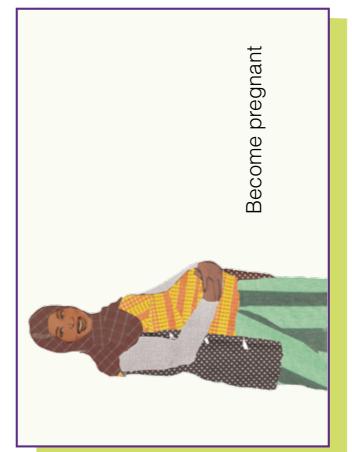
- If possible seek support from friends, family, or her boyfriend
- Fatima could access an abortion which means ending the pregnancy
- Abortion is safe and legal in Victoria
- Young women can access abortion without their parents' consent
- Abortion is available at clinics and hospitals such as the Royal Women's Hospital or the Fertility Control Clinic in East Melbourne
- Fatima could continue the pregnancy and give the baby up for adoption

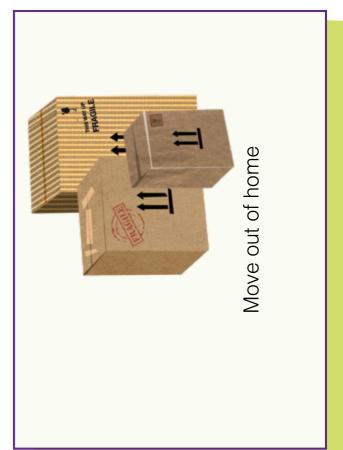
Visual representation of pathways available

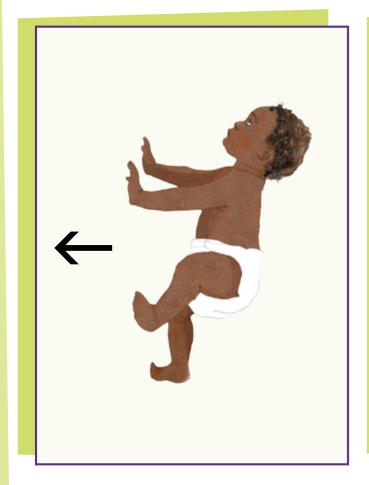
Source: adapted from Women's Health West & cohealth 2012

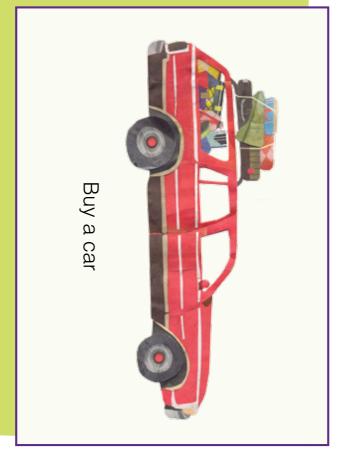




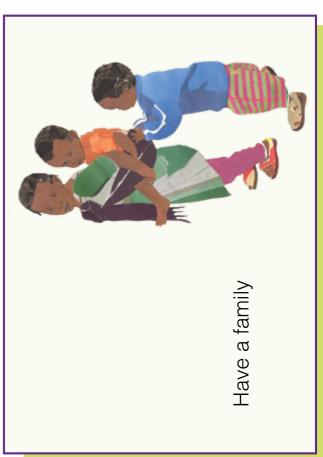




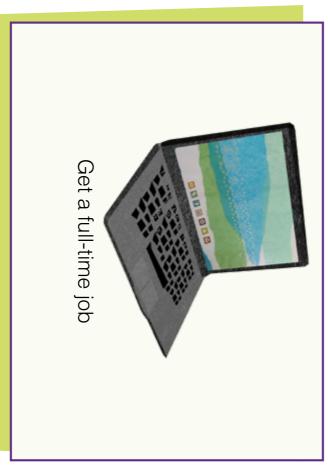




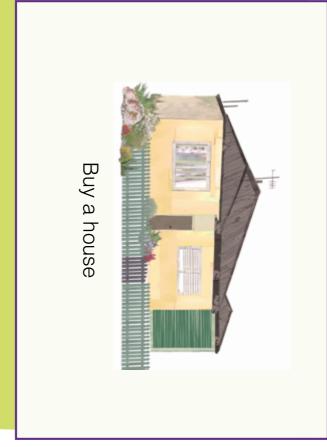












Evaluation quiz question

Quiz questions		Answers
1	Having a baby is easy.	
2	Going to university is an opportunity that is available to young women in Australia.	
3	Having a baby when you are in your 20s or 30s is common in Australia.	
4	Young women under the age of 18 can access abortion in Victoria without their parents' consent.	
5	Emergency contraception can be used to prevent an unplanned pregnancy after unprotected sex if you take it within 72 hours of having sex.	
6	It is okay to be pressured into having a baby when you are not ready.	
7	You can access abortion from clinics and hospitals in Victoria.	
8	Having a baby costs a lot of money.	
9	There is only one pathway that young women can take as they grow up.	
10	We will be talking about preventing pregnancy in another session.	

Evaluation quiz answers

Source: Women's Health West & cohealth 2012

Quiz questions		Correct answers	
1	Having a baby is easy.	False	
2	Going to university is an opportunity that is available to young women in Australia.	True	
3	Having a baby when you are in your 20s or 30s is common in Australia.	True	
4	Young women under the age of 18 can access abortion in Victoria without their parents' consent.	True	
5	Emergency contraception can be used to prevent an unplanned pregnancy after unprotected sex if you take it within 72 hours of having sex.	True	
6	It is okay to be pressured into having a baby when you are not ready.	False – women should be able to decide when is the right time for them to have a baby	
7	You can access abortion from clinics and hospitals in Victoria.	True – abortion is available through the Royal Women's Hospital or the Fertility Control Clinic	
8	Having a baby costs a lot of money.	True	
9	There is only one pathway that young women can take as they grow up.	False – there are many different opportunities available to young women in Australia	
10	We will be talking about preventing pregnancy in another session.		

DAY 3

Sexually transmitted infections and cervical cancer





SEXUALLY TRANSMITTED DAY 3 INFECTIONS AND CERVICAL **CANCER**

Session one intended learning outcomes: At

the end of the session participants should have an understanding of:

- What a sexually transmitted infection (STI) is
- Different types of STIs common in Australia
- · Prevention and treatment of STIs
- Services available in Melbourne

Session two intended learning outcomes: At

the end of the session participants should have a knowledge of:

- What cervical cancer is and its causes
- What Pap testing is and procedures for women who have had type 3 FGM/C
- The importance of Pap tests as an early detection method to prevent cervical cancer

	Time estimate	Topic	Resources
	8:30am – 9:00am	Set up	Name tags Butcher's paper
			Coloured pens Morning tea
	9:00am – 9:40am	Activity 1: Introducing the program of	Ball PowerPoint
		the day and icebreaker	Butcher's paper Blu-Tack
			Question box
	9:40am – 10:10am	Reflection of day two	Question box
Session one: Sexually transmitted infections		Discussing any questions participants put in the question box	
fect	10:10am – 10:25am	Morning tea	Hot water Biscuits
d in			Milk Donuts / cakes
on co			Coffee Recyclable cups
ssic Insn			Tea bags Plastic spoons
Session one: y transmitted int			Sugar Juice
uall	10:25am – 11:45am	Activity 2: Sexually transmitted	Cue cards of the three STIs
Sex		infections	Outline of a man and woman
		Activity 3: Evaluation	Green and red traffic light cards
			PowerPoint
			Blu-Tack
			Evaluation quiz
			Butcher's paper
	11:45am – 1:00pm	Lunch	Lunch
Session two: Cervical cancer	1:00pm – 2:30pm	Activity 1: Icebreaker Activity 2: Pap screening, cervical cancer and HPV vaccine Activity 3: Evaluation	USB stick containing PowerPoint presentation on Pap tests and cervical cancer and PowerPoint presentation on HPV vaccine produced by Women's Health west, Papscreen Victoria and the Cancer Council
က ္ပ			Ball of yarn
			Evaluation quiz
	2:30pm – 4:00pm	Visit a community health service such as cohealth or a pap screen provider	Myki cards



Objective:

To introduce the topic of STIs, how they can be transmitted, diagnosed and treated, and the importance of practicing safe sex

Time required:

• 120 minutes

Resources required:

- Whiteboard markers
- Name tags
- Coloured pens
- · Butcher's paper
- Blu-Tack
- Cue cards of the three STIs
- Green and red traffic light cards
- Question box
- Evaluation quiz questions and answers
- · USB stick containing:
 - Male and female body outlines
- Evaluation quiz questions

Activity 1: Have you ever? (Icebreaker)

Source: Women's Health West & cohealth 2012

Objective:

• To have fun and start the day in an interactive and energised way

Time required:

40 minutes

Resources required:

- Space
- Enough chairs for each participant, minus one chair for the facilitator

Instructions for facilitator:

- Place chairs in a circle around the room. Make sure there is enough for everyone to sit on, without a chair
- Explain that you will all take turns asking questions that begin with 'Have you ever...'; for example, 'Have you ever eaten McDonalds?' - from general to specific questions
- The participants who have eaten McDonalds must get off their chairs and move around until you yell stop and then everyone must sit down on the chair closest to them. Take one chair away each time
- The participant who misses out on a chair must then ask a question
- Keep playing the game until most participants have had a turn or until the time allocated to the activity has
- Following on from this, address any questions that were in the question box from the day before
- Outline what will be covered in this session

Activity 2: Sexually transmitted infections (STIs)

Source: Women's Health West & cohealth 2012

Objectives:

- To communicate to young women how STIs are transmitted so they know whether or not they are putting themselves at risk
- To be able to identify some of the most common STIs

Young women also need to understand how and when to see a health professional for STI screening or treatment. Many STIs, particularly those common among young people, have no symptoms so the focus of this conversation should be around transmission, prevention and STI screening rather than discussing STI symptoms.

Time required:

60 minutes

Resources required:

- STI cue cards
- Butcher's paper
- Blu-Tack
- Body outlines to display on smartboard

Instructions for facilitator:

- Ask participants to get into small groups and discuss the following questions: What do you know about sexually transmitted infections?
- Using an outline of a male and female body, briefly explain that STIs are infections that can be passed from one person to another through sexual activity and intercourse
- Explain that men and women of any age can get an STI
- Use the PowerPoint presentation to illustrate that the most common way a STI can be passed from one person to another is through specific sexual behaviours:
 - Vaginal intercourse (penis in vagina)
 - Anal intercourse (penis in anus)
 - Oral sex (mouth on vagina or mouth on penis)
- Use the PowerPoint presentation to describe some common STIs, if the participants are not aware of them. These are:
 - Chlamydia
 - Hepatitis B
 - Human Immunodeficiency Virus (HIV)
- Use the facilitator's cue cards to highlight the following points regarding each example of STI:
 - Transmission
 - What to do if one is at risk
 - Prevention
- Ask the participants if there is anything they didn't understand or want to know more about. Remind the participants about the question box



i Hints for the facilitator:

Activity 3: Evaluation

Source: Women's Health West & cohealth 2012

Objective:

• To determine what participants have learned from discussions and to gather feedback from participants about the sessions delivered so far

Time required:

• 20 minutes

Resources required:

- Questions on PowerPoint presentation
- Green and red traffic light cards
- Evaluation quiz questions and answers

Instructions for facilitator:

Evaluation activity one

- Distribute green and red traffic light cards
- Ask participants to hold up a red light if a behaviour is risky for contracting an STI, or a green card if there is no risk

Risk for sexually transmitted infections				
Behaviour	Green Light (Safe)	Red Light (Unsafe)		
Holding hands	√			
Kissing	√			
Cuddling	√			
Sex without a condom		√		
Sex with a condom	√			
Unprotected oral sex		V		

Evaluation activity two

- Explain to participants that you will be playing a quiz game. The facilitator will read and post the questions on the board. They must decide whether the statement is true or false and then run to the label corresponding to their answer
- Explain that all feedback is appreciated as it will help improve future sessions and ensure that the content and delivery remain responsive to the needs of participants. If time permits, ask participants the question: Can you tell us one thing that you have learnt today?
- Remind participants about the question box if they would like to write down a question. Also let students know that if they have any further questions they can ask you



Objective:

To educate young African women about preventing cervical cancer, the implications of Pap testing for young women affected by FGM/C, and the importance of the HPV vaccine

Time required:

• 60 minutes

Resources required:

- Whiteboard markers
- Name tags
- Coloured pens
- Butcher's paper
- Blu-Tack
- Light weight ball
- Question box
- Access resources in different languages from PapScreen Victoria (http://www.papscreen.org.au/resources/)

- Evaluation quiz questions
- Multicultural flip chart from PapScreen Victoria (not provided in this manual)
- Ball of yarn
- USB stick containing PowerPoint
 presentation on Pap tests and
 cervical cancer and PowerPoint presentation
 on HPV vaccine produced by Women's
 Health west, Papscreen Victoria and the
 Cancer Council

72 CAUGHT BETWEEN TWO CULTURES PROGRAM MANUAL

Activity 1: Icebreaker (light ball)

Objective:

• To help the participants connect with one another and create positive strong friendships

Time required:

10 minutes

Resource required:

Ball of string (yarn)

Instructions for facilitator:

- Ask participants to form a large circle
- Ask participants to think of something they remember about their experience with the group. This can be a favourite memory, or what they found most valuable about the sessions delivered already
- Start the activity by holding the ball of string. While holding one end of the string, roll the ball of string to a participant — that participant shares their favourite memory or most valuable thing about the sessions already delivered.
- Ask the participant to hold on to the string and roll the string ball to someone else who will go next
- Continue doing this until everyone has had a turn and the 'friendship web' is complete
- Ask participants to continue to hold the string as the activity continues
- The facilitator will then walk around the circle and cut the string between their hands
- Ask participants to 'hold up your right hand and let go of your left'. Now everyone can take their piece
- Get participants into pairs and ask them to tie their piece of string for one another

Activity 2: Pap screening, cervical cancer and HPV vaccine

Objective:

• To provide key health messages on the importance of Pap tests as an early detection method for preventing cervical cancer

Time required:

• 40 minutes

Resources required:

- USB stick containing PowerPoint presentation on Pap tests and cervical cancer and PowerPoint presentation on HPV vaccine
- Hand-out in different languages from PapScreen Victoria (access from www.papscreen.org.au/ forhealthprofessional/barrierstoscreening/female-genital-mutilation)
- Multicultural flip chart from PapScreen Victoria

Instructions for facilitator:

• Use the PowerPoint presentations to guide discussion about:

What is a Pap test?

Has anyone had a Pap test before?

Who needs a Pap test?

Why do we need a Pap test (what is cervical cancer)?

What does a Pap test involve (procedure for women with FGM/C)?

What if my results are abnormal?

Where can I get a Pap test done?

What is the human papillomavirus (HPV)?

What causes HPV?

How to prevent HPV?

Who should receive the HPV vaccine?

What happens if you miss out on the school vaccine for HPV

Services for further information and support

- Go through the flip chart and discuss questions that participants might have
- Distribute the resource about the Pap test procedure and information about services to participants. Encourage participants to take this home for their personal reference or to share with other female friends, family or community members
- Explain that the purpose of the session is to inform them about the importance of Pap testing in order to prevent cervical cancer

Activity 3: Evaluation quiz

Objective:

• To determine what participants have learned from discussions and to gather feedback from participants about the sessions delivered so far

Time required:

10 minutes

Resources required:

Evaluation quiz questions and answers

Instructions for facilitator:

- Explain to participants that you will be playing a quiz game. You will be reading and posting the questions on the board. They must decide whether the statement is true or false and then run to the label corresponding to their answer
- Remind the young women that all feedback is appreciated and will help improve future sessions. If time permits, ask participants:
 - Can you tell us one thing that you have learnt today?
- Remind participants about the question box if they would like to write down a question

DAY 3

ACTIVITY RESOURCES

STI cue cards

Source: Women's Health West & cohealth 2012

Sexually transmitted infection

Chlamydia

What must I do?

Consult with doctor for treatment

How do I get it?

Sex without a condom

- Vaginal
- Anal
- Oral

Sexually transmitted infection

Hepatitis B

How do I get it?

Sex without a condom

What must I do?

Consult with doctor for treatment

Sexually transmitted infection

Human Immunodeficiency Virus (HIV)

How do I get it?

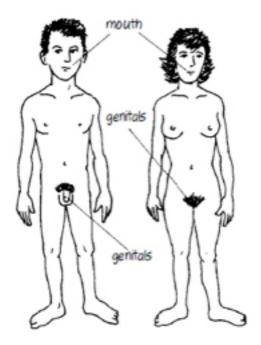
Sex without a condom

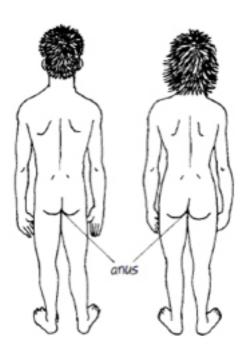
What must I do?

Consult with doctor for treatment

Body outline for STI transmission discussion

Source: Women's Health West & cohealth 2012





STI evaluation quiz questions

Source: Women's Health West & cohealth 2012

	Quiz questions	Answers
1	Condoms protect against pregnancy and sexually transmitted infections.	
2	You can get a sexually transmitted infection by holding hands with another person.	
3	The contraceptive pill should be taken three times a day.	
4	It is important to consult your doctor if you are concerned about having a sexually transmitted infection.	
5	Sexually transmitted infections can be passed from one person to another through sex.	
6	Implanon is inserted in the arm and can stop you getting pregnant for up to three years.	
7	Emergency contraception should be taken within 72 hours of unprotected sex.	
8	We can protect ourselves against sexually transmitted infections.	
9	We can get condoms from pharmacies, supermarkets, petrol stations and community and sexual health clinics.	
10	Contraceptive pills protect against sexually transmitted infections.	

STI evaluation quiz answers

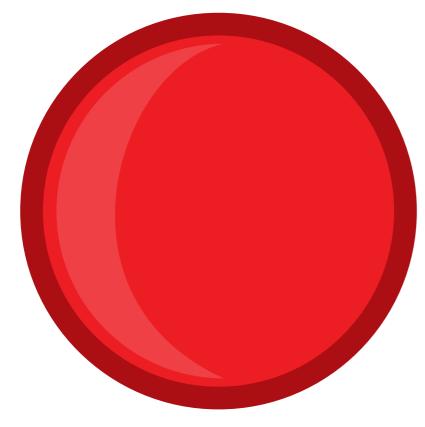
Source: Women's Health West & cohealth 2012

	Quiz questions	Correct answers
1	Condoms protect against pregnancy and sexually transmitted infections.	True
2	You can get a sexually transmitted infection by holding hands with another person.	False – STIs are transmitted through sex without a condom
3	The contraceptive pill should be taken three times a day.	False – Pills should be taken once a day, at the same time every day
4	It is important to consult your doctor if you are concerned about having a sexually transmitted infection.	True
5	Sexually transmitted infections can be passed from one person to another through sex.	True
6	Implanon is inserted in the arm and can stop you getting pregnant for up to three years.	True
7	Emergency contraception should be taken within 72 hours of unprotected sex.	True
8	We can protect ourselves against sexually transmitted infections.	True – if you always use condoms every time you have sex
9	We can get condoms from pharmacies, supermarkets, petrol stations and community and sexual health clinics.	True
10	Contraceptive pills protect against sexually transmitted infections.	False – Only condoms protect against both unplanned pregnancies and STIs

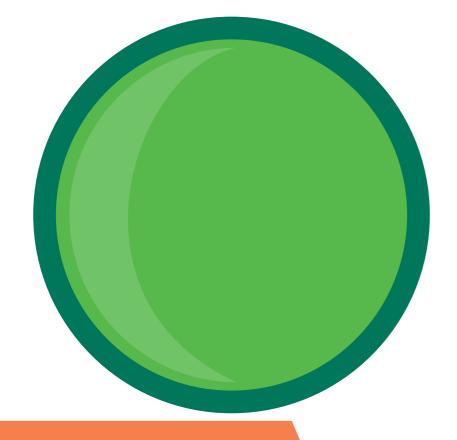
Green and red traffic light cards

Source: Women's Health West & cohealth 2012

Red - Not safe



Green - Safe



Cervical cancer evaluation quiz questions

Quiz question		Answers
1	Do women who have not been sexually active for a 'long time' still need to have regular Pap smears?	
2	Where can a woman go to have a Pap smear?	
3	Cervical cancer is one of the most preventable of all cancers. True or false?	
4	Do women who have had the HPV vaccine still need to have regular Pap smears?	
5	The biggest risk factor for cervical cancer is not having regular Pap smears. True or false?	
6	Is a Pap smear a test for cancer?	
6	Is a Pap smear a test for cancer?	

Cervical cancer evaluation quiz answers

	Quiz Question	Correct answers		
1	Do women who have not been sexually active for a 'long time' still need to have regular Pap smears?	Yes. All women over 18 years of age who have ever been sexually active should have regular Pap smears.		
2	Where can a woman go to have a Pap smear?	 Local GP surgery Aboriginal medical service Community health centre Women's health centre 		
3	Cervical cancer is one of the most preventable of all cancers. True or false?	True. A Pap smear can detect abnormal cervical cell changes early, allowing them to be monitored and, if needed treated, before they have a chance to progress to cervical cancer.		
4	Do women who have had the HPV vaccine still need to have regular Pap smears?	Yes. The HPV vaccine does not protect against all types of HPV that can cause cervical cancer. That is why it is important to continue to have regular Pap smears.		
5	True or false? The biggest risk factor for cervical cancer is not having regular Pap smears.	True. Having regular Pap smears is the best protection against cervical cancer.		
6	Is a Pap smear a test for cancer?	No. A Pap smear is a cervical screening test – a quick and simple test used t screen women for changes in the cells of the cervix which, if left undetected and untreated, may lead to cervical cancer		

DAY 4 Body image and skin bleaching and toning



Session one intended learning outcomes:

At the end of the session participants should be able:

- To examine self-perceptions and beliefs about their body, understand what a 'positive body image' is, and be able to list things they appreciate about their body
- To understand the impact of body image and cultural constructs of beauty on mental health and wellbeing

Session two intended learning outcomes:

At the end of the session participants should have an understanding of:

- What toning and bleaching are and the impact of these on health and wellbeing
- The different types of products and chemicals used, and how to make informed decisions about the products they use on their skin
- Ways to reduce or prevent further damage to skin

	Time estimate	Topic	Resources
	8:30am – 9:00am	Set up	Name tags Butcher's paper
			Coloured pens Morning tea
	9:00am – 9:40am	Activity 1: Icebreaker (height order)	Butcher's paper Blu-Tack
	9:40am – 10:10am	Reflection on day three Discussing any questions	Question box
		participants put in the question box	
	10:10am – 10:25am	Morning tea	Hot water Biscuits
۵			Milk Donuts / cakes
e: nage			Coffee Recyclable cups
on y			Tea bags Plastic spoons
ion bod			Sugar Juice
Session one: Positive body image	10:25am – 11: 45am	Activity 2: Body image Activity 3: What is attractive anyway? Activity 4: Body appreciation	 Whiteboard markers Name tags Blu-Tack Question box Magazines Paper and pens Body appreciation list Body image interview question sheets
	11:45am – 1:00pm	Lunch	Lunch
Session two: Skin bleaching and toning	1:00pm – 2:30pm	Activity 1: Icebreaker Activity 2: Definition of bleaching and toning Activity 3: Famous people exercise Activity 4: Commonly used products Activity 5: Common chemicals found in bleaching and toning	 Name tags Question box Whiteboard markers Coloured pens Butcher's paper Blu-Tack USB stick containing PowerPoint presentation on skin bleaching; video on skin bleaching gone wrong; positive body image; and fact sheet on skin bleaching chemicals



Objective:

To assist young African women to identify what supports a positive body image, the impact of exercise on the body, and how to promote mental health and wellbeing

Time required:

• 150 minutes (excluding morning tea break)

Resources required:

- Whiteboard markers
- Name tags
- Blu-Tack
- PowerPoint
- Question box

- Magazines
- Ball
- Paper and pens
- Body appreciation list

Instructions for facilitator:

Reinforce that it is important to focus on the 'big picture' of why we might feel negative about our bodies and replace these with a positive body image.

By exploring body image, we aim to normalise the way we feel about our bodies — to recognise that the way we feel about our body is likely to relate to community and cultural pressures. Body image is a concern for many young women and men. Society presents us with images of women that are rarely attainable.

Gifts:

Prepare gifts of scented soap for participants as a way of appreciating our bodies and treating them with kindness

Source: Women's Health West 2012



Hints for the facilitator:

Activity 1: Icebreaker (Height order)

Source: Women's Health West 2012

Objective:

• To encourage participants to interact, have fun and build group cohesion

Time required:

• 40 minutes

Resource required:

Question box

Instructions to facilitator:

- Explain that we want to start with a little fun together
- Ask everyone, without speaking, to work together to order themselves from tallest to the shortest
- When participants are lined up, encourage one or two to check if they are in the correct order
- When the activity is complete, encourage participants to talk about how they managed to do it, promoting discussion of ideas about cooperation, patience and observation. Encourage everyone to congratulate one another and return to their seats
- Respond to questions that are in the question box and outline what will be covered in this session



Hints for the facilitator:

Activity 2: Body image (Interview)

Source: Women's Health West 2006. Women's Health West 2012

Objective:

• To explore body image and to understand that many young women struggle to think about their body in a positive way

Time required:

35 minutes

Resources required:

- Body image interview question sheets
- Pens

Instructions for facilitator:

- Invite participants to walk around the room and interview each other. Refer to the question sheet
- Come back to the group and discuss the responses
- Now ask participants to think about being interviewed, and to discuss:
 - Which questions were hard to answer and why?
 - What sorts of things were hard to say?
 - Why do we sometimes find it hard to say good things about ourselves?
 - Has the perfect body stayed the same over the years?



Hints for the facilitator:

Activity 3: What is attractive anyway?

Source: Women's Health West 2006. Women's Health West 2012

Objective:

• This exercise is designed to encourage women to think about the way they view their bodies and to promote a positive view of themselves

Time required:

20 minutes

Resources required:

- Whiteboard
- Whiteboard markers
- Copies of fashion magazines

Instructions for facilitator:

- Brainstorm together, 'What do you find attractive in others?'
- Write all responses on the board, making the list as long as possible and encouraging all responses (like blue eyes and brown eyes). Encourage emotional, mental and intellectual characteristics as well as physical ones
- Now ask the question:

Can any one person have all these things? Does everyone like these things?

Note - 'It is not possible to be all things, and what is attractive to one person will not be to another. Now let's look at the images we have around us every day'

- Pass magazines around the room and invite the participants to have a look at the advertising images
- Now ask them to discuss the models in the pictures, 'Are they beautiful? Are they real?'
- Discuss how these images capture the emotional, mental and intellectual qualities of women
- List on the board the reasons participants offer for the images not being real. Here are some possible responses:
 - Photos are moments in time that are set up to get the best angle
 - Models have make-up on and photos are air-brushed and digitally modified
 - Models are hand-picked from hundreds of others who do not get picked
 - Sometimes models are very young or have eating disorders
 - Real bodies are not perfect
 - Models have time and money to spend on personal trainers and beauticians, etc.
- Summarise the elements that work against us feeling good about ourselves. Emphasise that the pictures of the models are not realistic, and when we talk about what we are attracted to, it includes qualities that are not about the way we look. We need to remember this when we look at ourselves in the mirror



Activity 4: Body appreciation

Source: Women's Health West 2012

Objective:

• To identify and explore some of the good things about our bodies, beyond the way they look physically

Time required:

• 15 minutes

Resources required:

- Whiteboard
- Butcher's paper
- Whiteboard marker
- · Body appreciation hand-out

Instructions for facilitator:

- Introduce the exercise by saying, 'So much of the time we either take our bodies for granted or actively dislike them, and yet think how they keep serving us day after day. Take a few moments to think about how your body has been loyally functioning on your behalf'
- If they are comfortable, encourage young women to share their reflections with the group
- Write down suggestions from the group on the board
- Remind the young women of the strength and beauty in us all
- Have a look at this list and highlight that this is a very different way of looking at our bodies; invite women to discuss





Objective:

To help young African women identify and understand what constitutes toning and bleaching, the damage that chemicals used can cause to the body, and ways to prevent and reduce its impacts

Time required:

• 1 hour and 30 minutes

Resources required:

- Name tags
- Coloured pens
- Butcher's paper
- Blu-Tack
- USB stick containing PowerPoint presentation on:
 - Skin bleaching/toning
 - Video of skin bleaching gone wrong
- Fact sheet on skin bleaching chemicals
- Presentation on sunscreen products and Shea butter

- Samples of toning products
- Samples of household products with skin toning chemicals present in them
- Samples of sunscreen creams, Shea butter and other useful products
- · Group rules on butcher's paper
- Before and after pictures sheet of famous people who have used skin bleaching or toning products
- Question box
- Whiteboard markers

Activity 1: Icebreaker

Objective:

• To work together to untangle everyone and find a solution to ensure the group can become a circle again

Time required:

10 minutes

Resource required:

Group rules on butcher's paper

Instructions for facilitator:

- Arrange everyone to be in a large circle. When you say 'go', everyone needs to join hands with another person across the circle
- Everyone's hands must be joined with another person at all times. This might require some outside help or coordination, as well as some climbing. This game requires people to be close to one another



Activity 2: Definition of skin toning, bleaching and whitening

Objective:

• To educate young women about what we mean when we refer to skin bleaching, toning and whitening

Time required:

15 minutes

Resources required:

- PowerPoint presentation on skin toning
- Whiteboard markers
- Coloured pens

Instructions for facilitator:

- Ask participants to discuss what they know about skin toning, bleaching and whitening
- Write down key points from the discussion on the whiteboard. Also write down the answers the participants brainstorm.

- Using the PowerPoint, give participants definitions:
 - Skin toning is defined by some people as removing or correcting imperfections in uneven skin tone
 - Skin bleaching and whitening means changing the colour of the skin, such as changing darker skin into a whiter or fairer skin colour

Activity 3: Famous people

Objective:

- To explore famous African people that young women admire and who have engaged in skin toning and bleaching
- To discuss the effects of skin bleaching or toning on the body and on health and wellbeing

Time required:

• 15 minutes

Resources required:

- Before and after pictures of famous people who have used toning products
- Whiteboard markers
- · Coloured pens

Instructions for facilitator:

- Hand out pictures of famous people after they have bleached or toned their skin
- Ask participants 'Do you think these people have used skin bleaching or toning to change the colour of their skin or used toning products to remove any imperfections?'
- Allow two minutes for participants to discuss with one another whether they think the person has or hasn't had skin beaching and why
- Come back to the larger group and discuss the answers
- Hand out the pictures of famous people before skin bleaching or toning
- Discuss what participants think are the differences in the two pictures

Activity 4: Commonly used products

Objective:

• To help participants understand the types of chemicals found in commonly used products and the effect of these chemicals on their skin

Time required:

• 20 minutes

Resources required:

- PowerPoint presentation on skin toning
- Samples of commonly used skin bleaching and toning products
- Whiteboard markers
- Coloured pens

Instructions for facilitator:

- Ask participants if they know anyone who is using skin toning or bleaching products. If so, what are the commonly used products and where do they get them from? Write the names of products on the whiteboard
- Using the PowerPoint presentation, explain to participants that some commonly used products are found in African beauty stores
- Divide participants into three groups and hand out samples of the skin bleaching or toning products
- Ask participants to spend three minutes discussing what the ingredients in the product are, the directions
 about how to use the products, and any side effects associated with the product, which are found on the
 back of the product samples
- Ask one member from each group to report back with the name of the product, what are some names of ingredients used, the directions of use and what, if any, are the side effects
- Ask participants if they read the back of the label of products prior to purchasing? Discuss why or why not?
- Using the PowerPoint presentation, go through pictures of commonly used cosmetic products by people that are found in stores
- Explain to participants the importance of reading and understanding the labels on products, as it gives us
 information about the product that can help us determine if it is safe to use. It also ensures that we have an
 understanding of the chemicals we are putting on our body
- Explain to participants that sometimes it's really hard to understand the different ingredients or chemicals used for the production of various products. However, it's really good to do further research and gain an understanding on what you are putting in or on your body

Activity 5: Common chemicals found in toning and bleaching products

Objective:

• To help participants understand some of the common chemicals used in bleaching and toning products and the effects they have on people's skin

Time required:

• 20 minutes

Resources required:

- PowerPoint presentation on skin toning
- Samples of commonly used skin bleaching and toning products
- Sample of household products with skin toning chemicals present in them
- Whiteboard markers

- Coloured pens
- Fact sheet of skin bleaching products, which includes side effects and major chemicals used to manufacture the product (Mbwana, Maliki & Idd (n.d.) can be accessed from http://www.youngscientists.co.tz/uploads/media/Mikanjuni.pdf)

Instructions for facilitator:

• The three most common chemicals found in all bleaching and toning products are hydroquinone, mercury and steroids. Ask participants if they know of any of these chemicals, and if so, what are they and what do they do to our skin?

- Use the PowerPoint presentation to explain to participants what hydroquinone, mercury and steroids are, how they are labelled in the product ingredients, and the side effects of these chemicals
- Use the PowerPoint questions, show participants the products that contain hydroquinone, mercury and steroids, and discuss whether they know anyone who is using these products. Ask participants if they knew these products contained these chemicals?
- Run a short YouTube video (search 'acetone and styrofoam') of the chemical called acetone, which is the same as hydroquinone and is used to remove fake nails during manicures and pedicures
- Explain that the video looks at placing Styrofoam (Styrofoam is a type of plastic used for making food containers) in acetone to dissolve it. Discuss how this can impact on our skin and the damage it will cause
- Distribute samples of acetone and ask participant to have a smell and discuss how the chemical smells
- Explain that it is really hard to understand the different chemicals found in products. Explain that it is good for them to research the product labels to identify the chemicals used and the effects of that chemical
- Hand out copies of the fact sheet on bleaching products for participants to keep

Activity 6: Useful information tips and resources

Objective:

- To help participants use products that are safe for their skin and their bodies
- To understand the importance of skin care by providing participants with useful resources and information that will assist them to make informed decisions

Time required:

10 minutes

Resources required:

- PowerPoint presentation on sunscreen products and Shea butter
- Sample of sunscreen creams, Shea butter and other useful products
- Coloured pens

Instructions for facilitator:

- · Ask participants what they know about sunscreen and write their responses on the whiteboard
- Discuss products they know that contain sunscreen
- Discuss, using the PowerPoint presentation, why we need to use sunscreen when using skin toning and bleaching products
- Distribute products that contain sunscreen, and discuss the different names given in the products to say it contains sun protective chemicals. Ask participants if they knew this, and if so, do they use these products
- Explain to participants that, if they use harmful products for toning and bleaching, it is important to use sunscreen to prevent further damage from the sun. This includes preventing sunburn and thinning of the skin (caused by harmful chemicals used during the bleaching and toning process)
- Distribute a sample of Shea butter for participants to replenish damaged or affected skin

DAY 4

ACTIVITY RESOURCES

Body image interview

Source: Women's Health West 2006, Women's Health West 2012

Ask two women in the group the following questions and write their responses in the boxes below.

- 1. What piece of clothing do you feel best in?
- 2. Why do you like it?
- 3. What do you think is the most attractive thing about you?
- 4. What do you think is not so attractive about you?
- 5. What do you find attractive in other people?

Answers interview 1
1
2
3
4
5

Answers interview 2
1
2
3
4
5

Body appreciation

Source: Women's Health West 2012

Perhaps your body has...

- Fought off an infection
- Taken you to the top of a hill
- Stayed awake so you could drive home safely
- Learned a new skill
- Rewarded you with the sight of a sunset
- Healed a bruise
- Given you a new sensual sensation
- Gotten stronger
- Kept working despite being in pain
- Expressed a strong emotion through your face and body language
- Made another human being
- Defended you from an attack or healed from an attack
- Grown into its current form from a sperm and an egg
- Given you sexual pleasure
- Let you know through pain that something needs your attention
- Released you from pain
- Given you the sound of children laughing
- Rejuvenated during sleep
- Allowed you to feel the exquisite touch of another person

Famous African American women and men question sheet

	Name:
100000000000000000000000000000000000000	Has s/he had any bleaching/toning?
	Yes or No (circle)
	Reason for your answer:

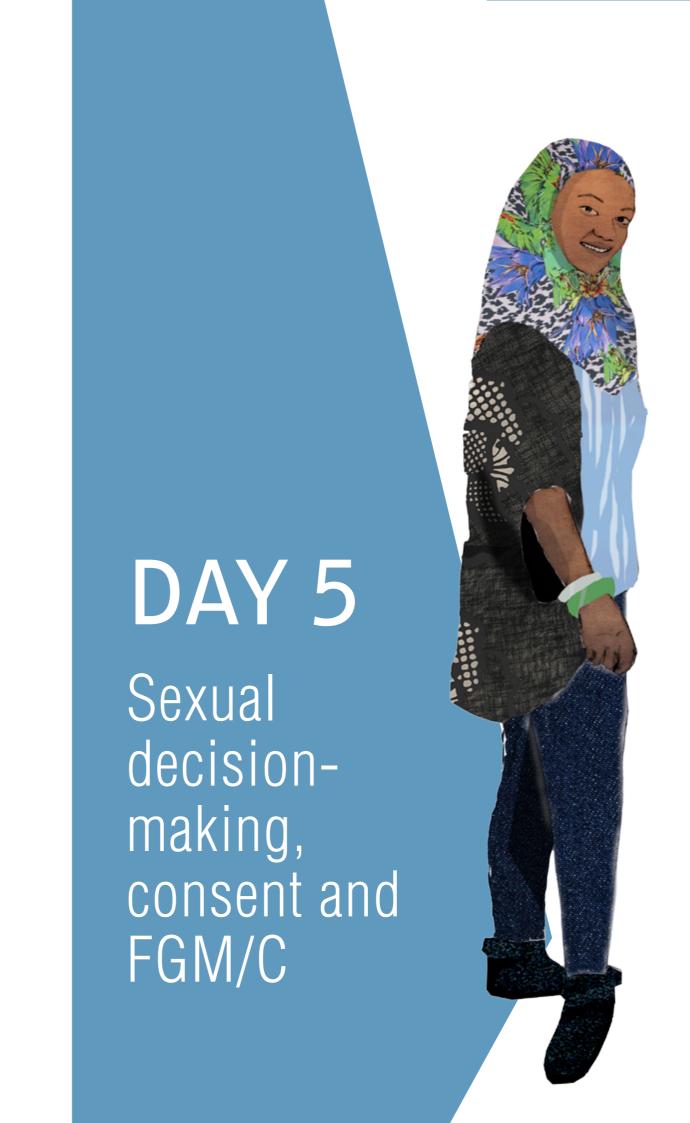
ADD YOUR
OWN PHOTOS

Name:
Has s/he had any bleaching/toning?
Yes or No (circle)
Reason for your answer:

ADD YOUR
OWN PHOTOS

Name:
Has s/he had any bleaching/toning?
Yes or No (circle)
Reason for your answer:

	ADD YOUR OWN PHOTOS	Name: Has s/he had any bleaching/ Yes or No (circle) Reason for your answer:	/toning?
		ADD YOUR OWN PHOTOS	Name: Has s/he had any bleaching/toning? Yes or No (circle) Reason for your answer:
	ADD YOUR OWN PHOTOS	Name: Has s/he had any bleaching Yes or No (circle) Reason for your answer:	
_		ADD YOUR OWN PHOTOS	Name: Has s/he had any bleaching/toning? Yes or No (circle) Reason for your answer:





Session one intended learning outcomes:

At the end of the session participants should have an understanding of:

 Their rights in relation to their sexual decisionmaking and how those rights might be applied in a 'real life' scenario

Session two intended learning outcomes:

At the end of the session participants should have an understanding of:

- Preferred terms, types and origina of female genital mutilation/cutting (FGM/C), myths and facts, health and wellbeing implications, and the law in Australia regarding FGM/C
- Where and how to get help and support when needed

	Time estimate	Торіс	Resou	ırces		
	8:30am – 9:00am	Set up	•	Name tags	•	Butcher's paper
			•	Coloured pens	•	Morning tea
	9:00am – 9:40am	Activity 1: Icebreaker	•	Bag of Iollies	•	Blu-Tack
nt	9:40am – 10:10am	Reflection on day four Discussing any questions participants put in the	•	Question box		
consent	10:10am – 10:25am	question box Morning tea	•	Hot water	•	Biscuits
CC	10.10aiii – 10.25aiii	Worning tea			•	
e: and				Milk	•	Donuts / cakes
Session One:			•	Coffee	•	Recyclable cups
on nak			•	Tea bags	•	Plastic spoons
SS i			•	Sugar	•	Juice
Session One: Sexual decision-making and	10:25am – 11:45am	Activity 2: What are your rights – sex? Activity 3: Hamda's story, and is Hamda ready to have sex?	• • •	Whiteboard and markers Butcher's paper Blu-Tack Question box		
		SEX!	•	Deciding about sex – wha		, ,
		Activity 4: Evaluation	•	Hamda's story hand-out a	ınd	PowerPoint
			•	A condom in its packet		
			•	Evaluation quiz		
	11:45am – 1:00pm	Lunch	Lunch			
Session Two: Female genital mutilation/cutting	1:00pm – 2:30pm	Activity 1: Icebreaker Activity 2: Desert Flower Activity 3: <i>Think Again</i> film, part one and two Activity 4: Help and support Activity 5: Evaluation	•	Question box Whiteboard markers Coloured pens Butcher's paper Blu-Tack Post-it notes Hand-out of excerpt from Desert Flower Evaluation quiz hand-out	•	USB stick with PowerPoint presentations of: - FGC - Think Again video - Evaluation quiz questions Fact sheet on FGC Fact sheet on the law in Australia



Objective:

To increase young African women's knowledge of individual rights in relation to sexual decison-making, consent and sexuality, and to consider what factors can influence decision-making

Time required:

• 1 hour and 30 minutes

Resources required:

- Name tags
- Question box
- Whiteboard and markers
- Coloured pens
- Butcher's paper
- Blu-Tack
- Bag of lollies
- Printed copies of Deciding about sex what are your rights? hand-out

- Hamda's story hand-out
- A condom in its packet
- USB stick containing PowerPoint presentations of:
- Hamda's story
- Evaluation quiz questions
- Printed copies of evaluation quiz questions

Source: Women's Health West 2014b

102 CAUGHT BETWEEN TWO CULTURES PROGRAM MANUAL CAUGHT BETWEEN TWO CULTURES PROGRAM MANUAL 103

Activity 1: Icebreaker

Source: Women's Health West 2014b

Objective:

• To start the day's activities with a fun opportunity for the participants to interact

Time required:

Resource required:

• 10 minutes

• A bag of lollies for a prize

Instructions for facilitator:

- Divide participants into two groups if possible each group should have the same number of students
- Explain that you will be calling out certain criteria and that each group should arrange themselves according to the criteria. Examples of the criteria can be as follows:
- Arrange yourselves according to height shortest to the tallest
- Arrange yourselves according to age youngest to the oldest
- Keep track (and allocate points) to the group that is able to arrange themselves first according to the criteria mentioned. The group with the most points is declared the winner
- Following on from this, address any questions in the question box from the day before
- Outline what will be covered in this session

(i)

Hints for the facilitator.

This activity can be shortened by asking participants to arrange themselves according to one or two criteria only.

Activity 2: What are your rights – sex?

Source: Women's Health West 2014b

Objective:

• To communicate to young people what rights they have in relation to their sexual decision-making and how to apply these rights to a real life scenario

Time required:

Resources required:

• 30 minutes

- Butcher's paper
- Whiteboard and markers
- · Hand-out on deciding about sex

Instructions for facilitator:

- Ask participants what their religion or culture says about when it is time to have sex. Also discuss women's rights when deciding to engage in sexual activity
- Explain to participants that religious and cultural beliefs play a great role in the decisions we make about when and how to have sex. However, sometimes a woman may be in a relationship and engaging in sex, but may not be married

- Ask participants to discuss what rights they have in relation to sex. Write their responses on the whiteboard
- Pass around printed hand-outs, or display on a PowerPoint, and read it aloud to the group.

Activity 3: Hamda's story, and is Hamda ready to have sex?

Source: Women's Health West & cohealth 2012

Objective:

• To introduce participants to the topic of sexual decision-making with a focus on exploring gendered power relations and the impact they have on young women's ability to negotiate safe sex practices

Time required:

30 minutes

Resources required:

- Whiteboard and markers
- Hamda's story on PowerPoint and hand-out
- A condom in its packet

Instructions for facilitator:

- Talking to young women about the complexities of negotiating safe sexual practices is important, given that
 Australian research shows that a large number of girls and young women are forced, coerced or pressured
 into sexual activity (Flood & Fergus 2008).
- As an intermission from the previous activity, ask the participants to stand up and all do ten star jumps
- Read out Hamda's story or display it using PowerPoint. Ask participants to discuss the questions in groups:

Who do you think has the most power in this relationship and why?

How does Hamda's boyfriend, Ray, use his power in this relationship?

What things might Hamda or young women like her need to consider before deciding to have sex?

- Allow sufficient time for participants to discuss the questions and record their answers on the whiteboard. Use the following prompts if their discussion has not already covered the following key points:
- What if Hamda was scared that Ray might leave her if she didn't have sex with him?
- What if they were drunk at a party?
- What if Hamda and Ray had already done a lot of kissing and touching does she have to go further?
- How can Hamda be sure that she is safe?
- Does Hamda feel comfortable asking Ray to use a condom? (use one in a packet as a visual reminder)
- Summarise the lessons of the activity by emphasising the following points:
 - Many young women find themselves being pressured into having sex before they feel ready
 - Women always have the right to say no if they aren't feeling comfortable
- Encourage participants to ask and clarify anything that they didn't understand. Remind participants about the question box.

Activity 4: Evaluation

Source: Women's Health West 2014b

Objective:

• To determine what participants have learned from discussions and how they felt about the session

Time required:

• 20 minutes

Resource required:

• Evaluation quiz questions hand-out and answers

Instructions for facilitator:

- Explain the quiz game to participants. You will be reading the questions. They must decide whether the statement is true or false and then write it down, noting the corresponding question
- Remind participants that all feedback is appreciated and will help improve the sessions for future participants. If time permits, ask:

Can you tell us one thing that you have learnt from this session?



Objective:

To increase young African women's understanding of FGM/C, its health impacts and support services, the law in Australia, and to critically engage in how to eliminate and reduce the practice

Time required:

• 1 hour and 30 minutes

Resources required:

- Name tags
- Question box
- Group rules
- Whiteboard markers
- Coloured pens
- Butcher's paper
- Blu-Tack
- Post-it notes
- Hand-out of excerpt from the book Desert Flower
- Fact sheet on FGM/C

- Fact sheet on FGM/C and the law in Australia
- Hand-out of referral services
- USB stick containing PowerPoint presentation of:
- FGM/C info
- Picture of Waris Dirie
- Think Again video (FORWARDuk 2010)
- Steps in helping a friend at risk of FGM/C
- Evaluation quiz questions
- Print outs of evaluation quiz questions

Source: adapted from Slough & Killough, n.d.

Activity 1: Icebreaker (Energizer)

Objective:

To get participants to be active and have fun while learning

Time required:

Resource required:

• 10 minutes

• Group rules (encourage everyone to participate)

Instructions for facilitator:

- Participants stay seated
- The facilitator says, 'The winds of change blow for anyone who.... [Insert statement here]'
- All participants who share the same statement stand up and perform the stated action. Then the facilitator says another statement.
- Statement suggestions include:
 - Who has more than two siblings (brother/ sister)? Rub your belly
 - Who had their breakfast this morning? Hop on one leg
 - Who has a piercing? Give the person next to you a thumbs up
 - Who has learned something new being part of this program? Give the person next to you a high five
 - Who likes to eat lunch? Clap your hands
 - Who is wearing socks? Show us
 - Who has a driver's licence? Turn around in circles
 - Who has heard about female circumcision? Put your hands up



Hints for the facilitator:

Create a comfortable space for participants to be a part of this activity. Do not force them to participate. Give participants the opportunity to ask questions and inform them about the group rules

Activity 2: Desert Flower (Script)

Source: adapted from Slough & Killough, n.d.

Objectives:

- To educate and resource young African women with correct information about FGM/C
- To empower participants to make informed choices for their sexual and reproductive health needs now, and for future decisions they make for their daughters

Time required:

• 25 minutes

Resources required:

- PowerPoint presentation with picture of Waris Dirie
- Whiteboard markers
- Coloured pens
- Print-out of excerpt from the book, Desert Flower
- Fact sheet on FGM/C and the law in Australia

Instructions for facilitator:

- We are going to read an extract from a true story about a young woman called Waris who is from a Somalian background. The extract is from a chapter called 'Becoming a woman'
- Show a picture of Waris Dirie on the PowerPoint presentation
- Get one or two participants to volunteer to read out the script to everyone
- In small groups of two or three, discuss the three questions for 15 minutes:

What was Waris going to have done?

What is female circumcision?

Why do you think Waris was keen to be circumcised?

- Come back to the big group and discuss responses to the prompt questions
- Using the PowerPoint and fact sheets, discuss FGM/C, its health implications, the four different types, its origin, what part religion plays in the practice, terms used to refer to FGM/C, facts and myths, and the law in Australia
- Finish by reading the second excerpt from the 'Becoming a woman' chapter of Desert Flower

Activity 3: Think Again film, part one

Source: adapted from Slough & Killough, n.d.

Objective:

• To gain an understanding about the reasons and myths for and against the practice of FGM/C

Time required:

• 20 minutes

Resources required:

- YouTube or video presentation of FORWARDuk's 2010 short film, Think Again: https://www.youtube.com/watch?v=kzBNTtR7toE
- Whiteboard markers
- Coloured pens
- Butcher's paper
- Post-it notes

Instructions for facilitator:

- Explain that we are going to watch a short film for 6:45 minutes, which is about a girl in the UK whose family wants to take her back to their country of origin to be circumcised
- Explain the use of the term FGM in the film and explain the term FGC and why some communities prefer it
- Ask the participants to watch the short film, ask them to write down any arguments or reasons they can pick
 up that are either for or against the practice of FGM/C
- Divide the participants into two groups. Give each group a piece of butcher's paper and ask them to draw a line down the middle
- Ask the participants to write down in one column all the reasons given by the young women in the video, as well as their own reasons, that they think FGM/C is performed
- In the other column, ask participants to write down reasons against FGM/C and why it should not be performed
- Give participants about 10 minutes to complete this and then in the large group discuss the reasons given
- Ask the participants to stick the butcher's paper on the wall and if they come up with more ideas to write them up on a Post-it note

Activity 3: Think Again film, part two

Source: adapted from Slough & Killough, n.d.

Objectives:

- To develop young women's skills and confidence to make informed decisions about FGM/C
- To increase participant's knowledge of how to access support services if they or someone they know requires assistance

Time required:

Resources required:

• 15 minutes

- Whiteboard markers
- Coloured pens
- · Hand-out of support services
- · Question sheets labelled group A and B

Instructions for facilitator:

- Watch the second part of the video, divide the group into two, and name each group A and B
- Hand out the question sheets with group A and B tasks
- The task for group A is to think about the film and consider when the young woman said that she was 'scared' and that she 'didn't have a choice'. Get participants to imagine a friend coming to them and saying those words. Ask them to consider:

What would you say?

What would you do?

• The task for group B is to consider the end of the film, where the young woman is seen going back home and shutting the front door. Ask them to think about:

What do you think she might say to her family?

Make a list of what her options are and what the consequences might be

- Come back to the larger group and ask participants to report back and discuss their ideas
- Hand out the sheets with service information and talk through the steps for them to follow when helping a friend make an informed decision when dealing with FGM/C. Discuss this in the larger group.

Activity 4: Help and support

Source: adapted from Slough & Killough, n.d.

Objective:

• To provide young women with the tools and resources to access services and support if needed

Time required:

Resource required:

• 15 minutes

 PowerPoint presentation on how to help friends make better choices and decisions about FGM/C

Instructions for facilitator:

• Using the PowerPoint, discuss what the participants can do if they are worried someone is at risk of FGM/C

Activity 5: Evaluation

Source: adapted from Slough & Killough, n.d.

Objective:

• To determine what participants have learned from the activities and their feedback about the session

Time required:

Resource required:

• 10 minutes

Evaluation quiz questions

Instructions for facilitator:

- Explain to participants that you will be playing a quiz game. You will be reading the questions. They must decide whether the statement is true or false and then write down the corresponding answer
- Go through the answers together and collect the sheets from participants. Explain that any feedback the young women give will help improve the sessions for future participants. Ask participants:

Can you tell us one thing that you have learnt today?

Remind participants about the question box if they have a question but don't feel comfortable asking. They
can record this question anonymously and answers will be provided and clarified

DAY 5

ACTIVITY RESOURCES

Deciding about sex – what are your rights?

Source: Love: the good, the bad and the ugly, 2016

It is very important to have an understanding and knowledge of what our religion and culture says about sex.

Sometimes it feels like everyone is having sex or that we're all meant to do it five times a day! The truth is, we all have different needs and beliefs about when to have sex.

Guilt trips and emotional blackmail

Has anyone said this to you or someone you know?



If someone says these kinds of things to you, they are trying to make you feel bad in order to convince you to have sex with them. It's not okay for someone to make you feel guilty about choosing not to have sex with them.

The law says that sex should only happen when there is 'consent' from both people. Consent means that both people freely and clearly agree to it – without any pressure or coercion.

You have a right to:

- Decide when to have sex
- Decide what kind of sex you want to have
- Change your mind and say 'no' even if it is right in the middle of having sex
- Not have sex even if you've been kissing, touching, or have had sex with them before, and decide you're not ready to have sex even if you're in a relationship
- Say no just because you're in a relationship, it doesn't mean you have to have sex
- Feel safe no matter where you are
- Report a sexual assault to police at any time

If you are being pressured by a boyfriend or girlfriend

You might feel confused and worried that you're the one doing the wrong thing.

First of all, remember – it's okay not to have sex

There's nothing wrong with you if you don't feel ready to have sex, or you don't want to have sex as often as your boyfriend or girlfriend. There are other ways to be close, like kissing, cuddling and holding each other.

If your boyfriend or girlfriend really cares about you, they should listen to how you feel and not convince you to have sex by making you feel guilty.

If you can, talk to them and tell them how you feel

You could say:

'I really like you but I don't feel ready to have sex yet.'

or

'I like kissing you but don't want to have sex.'

If they are trying to guilt-trip you into sex, you could try saying:

'If you really loved me, you wouldn't pressure me into it!'

If they keep pressuring you, it sounds like they care more about what they want than what you want. This can be a warning sign of someone who is abusive.

It isn't okay for someone to force you into sex, it's sexual assault and it can be very distressing.

Read more about unwanted sex and rape at http://lovegoodbadugly.com/unwanted-sex-and-rape/



Where you can get help:

- 1- A trusted adult
- 2- Take the quiz at: http://lovegoodbadugly.com/quiz-am-i-ready-for-sex-2/
- 3- Check out the information here: http://lovegoodbadugly.com/category/help/
- 4- School counsellor or welfare worker or social worker
- 5- School nurse
- 6- Western Centre Against Sexual Assault (Phone: 9687 5811)
- 7- Check these useful links: http://westcasa.org.au/for-young-people/useful-links/

Hamda's story

Source: Women's Health West & cohealth 2012

Part One

I met my boyfriend Ray when I was fifteen years old. He was three years older. A friend introduced us at a party. He asked for my mobile number and started sending me messages. We started dating and we talked constantly on the phone. He was always really nice and I looked forward to spending my free time with him. He was all I thought and talked about.

We eventually had sex. I was quite nervous, mainly because my parents are strict and I was scared that they would find out. I wasn't sure if I was ready to have sex, but Ray kept saying, 'I you really loved me, you'd have sex with me'. I loved him so much so I gave in.

It was not long after that he started showing a different side. He didn't want me spending time with my friends. He'd get jealous very easily and accused me of cheating on him if I talked to other guys. He even checked messages on my mobile phone and my Facebook account.

After a while, it got really bad. He'd find fault in everything I did, say or even swear. Whenever I tried to disagree with him, he would become aggressive. I usually agreed with him to prevent him from getting angry. Sometimes he'd apologise for shouting at me and would post sweet messages on my Facebook page.

Part Two

My relationship with my boyfriend wore me down. I'm usually a very talkative, social and happy person but I have become really quiet. I am constantly worrying about what he thinks and trying to make sure he doesn't get angry with me. I'm always nervous around him. What do I do?

Sexual decision-making evaluation quiz questions

Source: Women's Health West & cohealth 2012

Quiz questions		Answers
1	If I have started kissing someone and they want to go further than this, I have to do what they want.	
2	It is okay for someone to make me feel guilty so they can have sex with me.	
3	My boyfriend or girlfriend should respect my feelings, opinions and beliefs.	
4	I can talk to West CASA or the police if I have experienced sexual assault.	
5	Jealousy from a boyfriend is always a sign of love.	

Sexual decision-making evaluation quiz answers

Source: Women's Health West & cohealth 2012

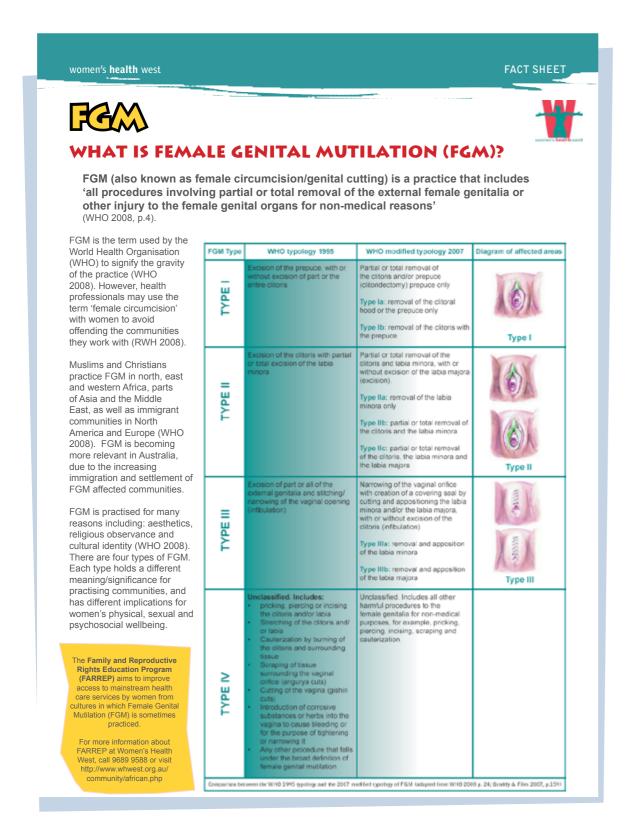
	Quiz questions	Correct answers
1	If I have started kissing someone and they want to go further than this, I have to do what they want.	False
2	It is okay for someone to make me feel guilty so they can have sex with me.	False
3	My boyfriend or girlfriend should respect my feelings, opinions and beliefs.	True
4	I can talk to West CASA or the police if I have experienced sexual assault.	True
5	Jealousy from a boyfriend is always a sign of love.	False

FGM/C fact sheet

Download the fact sheet here: http://whwest.org.au/wp-content/uploads/2012/06/FS FGM 20091.pdf

Fact sheet on FGM/C law in Australia

Download the fact sheet here: http://whwest.org.au/wp-content/uploads/2014/05/FGM_Mandatory-reporting.pdf



Excerpt from 'Becoming a woman' chapter in Desert Flower

Source: Slough & Killough, n.d.

Becoming a woman, part one:

The time had come for my oldest sister Aman to be circumcised. Like all younger siblings, I was envious, jealous that she was entering this grown-up world that was still closed to me. Aman was a teenager, much older than the normal age for circumcision, but so far, the timing had never been right. As my family travelled to Africa in an endless cycle, we had somehow missed the gypsy woman who performed this ancient ritual. My father was growing concerned, because Aman was reaching marriageable age, but no marriage could take place unless she had been properly 'fixed'. The prevailing wisdom in my country is that there are bad things between a girl's legs, parts of our bodies that we are born with but yet are 'unclean'.

These things must be removed — the clitoris, labia minora, and most of the labia majora are cut off, then the wound stitched shut, leaving only a scar where the genitals had been. But the actual details of the ritual cutting are left a mystery — it's never explained to the girls. You just know that something special is going to happen to you when your time comes.

As a result, all young girls in my country anxiously await the ceremony that will make their transformation from being a little girl to becoming a woman.

Originally the process occurred when the girls reach puberty, and the ritual had some meaning, as the girl became fertile and capable of bearing her own children. But through time, female circumcision has been performed on younger and younger girls, partially due to the pressure from the girls themselves, since they eagerly await their 'special time' as a child in the West might await her birthday party.

When I heard that the old gypsy was coming to circumcise Aman, I wanted to be circumcised too. The day before the event, I begged my mother, tugging at her arm, 'Mama, do us both together. Come on Mama, do both of us tomorrow.'

From Desert Flower by Waris Dirie

Excerpt from 'Becoming a woman' chapter in Desert Flower

Source: Slough & Killough, n.d.

Becoming a woman, part two:

In spite of my anger over what has been done to me, I don't blame my parents. I love my mother and father. My mother had no say-so in my circumcision, because as a woman she is powerless to make decisions. She was simply doing to me what had been done to her, and what had been done to her mother and her mother's mother. And my father was completely ignorant of the suffering he was inflicting on me. He knew that in our society, if he wanted his daughter to marry, she must be circumcised or no man would have her.

My parents were both victims of their upbringing and cultural practices that have continued unchanged for thousands of years. But just as we know today that we can avoid disease and death by vaccinations, we know that women are not animals in heat, and their loyalty has to be earned with trust and affection rather than barbaric rituals. The time has come to leave the old ways and suffering behind.

I feel that God made my body perfect the way I was born. Then man robbed me, took away my power and left me a cripple. My womanhood was stolen.

If God had wanted those body parts missing, why did he create them?

I just pray that one day no woman will have to experience this pain. It will become a thing of the past and the world will be safe for all women. What a happy day that will be, and that's what I'm working towards. In'shallah, if God is willing, it will happen.

From Desert Flower by Waris Dirie

FGM/C evaluation quiz questions

Source: adapted from Slough & Killough, n.d.

	Quiz question	Answers
1	FGM/C can cause serious complications at birth.	
2	If the clitoris is not cut or circumcised, it will continue to grow.	
3	Although FGM/C is practiced by some Muslims and Christians in some parts of the world, it's not required by Islam or Christianity.	
4	During the delivery of the baby the uncut clitoris will harm the baby.	
5	FGM/C has no health benefits and is a human rights violation that harms girls and women in many ways.	
6	FGM/C comprises procedures that involve partial or total removal of the female external genitals for non-medical reasons.	
7	FGM/C will make the vagina more hygienic.	
8	FGM/C is illegal in Australia.	
9	Other terms sometimes used are FGM, female circumcision, female genital cutting or Sunna.	
10	FGM/C results in difficulties urinating and menstruating, pain during sex, and serious problems in childbirth.	

FGM/C evaluation quiz answers

Source: adapted from Slough & Killough, n.d.

	Quiz question	Answers
1	FGM/C can cause serious complications at birth.	True – especially women who have had type 3 FGM/C
2	If the clitoris is not cut or circumcised, it will continue to grow.	False
3	Although FGM/C is practiced by some Muslims and Christians in some parts of the world, it's not required by Islam or Christianity.	True — and not part of the Bible or the Koran (Quran)
4	During the delivery of the baby the uncut clitoris will harm the baby.	False
5	FGM/C has no health benefits and is a human rights violation that harms girls and women in many ways.	True
6	FGM/C comprises procedures that involve partial or total removal of the female external genitals for non-medical reasons.	True
7	FGM/C will make the vagina more hygienic.	False — in fact it can make it less hygienic as it often causes infection
8	FGM/C is illegal in Australia.	True — and it is illegal for parents to take their daughter overseas to be circumcised
9	Other terms sometimes used are FGM, female circumcision, female genital cutting or Sunna.	True
10	FGM/C results in difficulties urinating and menstruating, pain during sex, and serious problems in childbirth.	True

DAY 6

Leadership and advocacy





DAY 6 LEADERSHIP AND ADVOCACY

Session one intended learning outcomes:

At the end of the session participants should have an understanding of:

- What is leadership?
- Why we need women leaders and different qualities of a leader
- Self-esteem in leadership

Session two intended learning outcomes:

At the end of the session participants should have a knowledge of:

- What is advocacy?
- Communication skills in leadership
- Key skills of advocates
- Ways in which young African women can work with others to become leaders or advocates

	Time estimate	Topic	Resources				
	8:30am – 9:00am	Set up	Name tags Butcher's paper				
			Coloured pens Morning tea				
	9:00am – 9:40am	Activity 1: Icebreaker	Group rules Question box				
	9:40am – 10:10am	Reflection on day five	Question box				
		Discussing any questions in the question box					
	10:10am - 10:25am	Morning tea	 Hot water Biscuits 				
			Milk Donuts / cakes				
 			Coffee Recyclable cups				
on Ship			 Tea bags Plastic spoons 				
Session one: Leadership			Sugar Juice				
sss Lea	10:25am – 11:45am	Activity 2: Leadership	Whiteboard markers				
ű		Activity 3: Qualities of a leader	Coloured pens				
		Activity 5. Qualities of a leader	Butcher's paper				
			Blu-Tack				
			A4 sheets of paper				
			PowerPoint presentation on USB stick				
			Hand-outs of famous female African leaders				
			Qualities of a leader? hand-out				
	11:45am – 1:00pm	Lunch	Lunch				
	1:00pm – 2:30pm	Activity 4: Communication in	Eggs Whiteboard				
pu		leadership	Cardboard markers				
%		Activity 5: Advocacy	Balloons Coloured pens				
atio			 Cotton balls Butcher's paper 				
sio Jyoy			Sticky tape Blu-Tack				
Session two: Communication and advocacy			 Lots of string USB stick with 				
Co			Golf balls PowerPoint PowerPoint				
			presentation Pairs of scissors				
	2:30pm – 3:00pm	Activity 6: Post-project evaluation	• Pens				
		questions	Post-project participant questionnaire				
	3:00pm – 3:30pm	Activity 7: Reflective evaluation	Butcher's paper				
			Coloured pens				
		1					

DAY 6 SESSION ONE: LEADERSHIP

Objective:

To help young African women identify and enhance their leadership and advocacy skills

Time required:

• 150 minutes

Resources required:

- Name tags
- Question box
- Whiteboard markers
- Coloured pens
- Butcher's paper

- Blu-Tack
- USB stick containing PowerPoint presentation on leadership
- Qualities of a leader? hand-out
- Famous female African leaders hand-outs

Activity 1: Icebreaker (What I like and dislike)

Source: adapted from Women's Health West 2006

Objective:

• To energise participants and also create a better understanding of one another.

Time required:

Resources required:

40 minutes

- Group rules
- Question box

Instructions for facilitator:

- Ask the participants to stand in a circle
- The facilitator starts the game by stating her name, along with one thing she likes and one thing she dislikes
- The young woman to the facilitator's right then repeats what the facilitator said, followed by her own name, one thing she likes, and one thing she dislikes. This continues around the circle until everyone has spoken
- If a participant forgets a name, like, or dislike of another, the others can help her
- Following on from this, address any questions that were in the question box from the day before
- Outline what will be covered in this session



Hints for the facilitator:

Like and dislike examples:

Shukria (Facilitator): I like chocolate and I don't like running

Maryam (on Shukria's right): Shukria likes chocolate and doesn't like running. I like flowers and don't like cleaning my room.

Kareema (on Maryam's right): Shukria likes chocolate and doesn't like running. Maryam likes flowers and doesn't like cleaning her room. I like computers and don't like cold weather...

Activity 2: Leadership

Source: adapted from Pittaway n.d.

Objective:

• To further understand the meaning of leadership and identify commonly known leaders

Time required:

• 40 minutes

Resources required:

- PowerPoint presentation on leadership
- Whiteboard markers

- Coloured pens
- Famous female African leaders question and answer sheets

Instructions for facilitator:

- Ask participants what we mean when we refer to leaders or leadership using the PowerPoint presentation to explain further
- Hand out pictures of famous African female leaders and ask participants to match the pictures with labels
 of their names. This should take about five minutes to complete. Give a prize for the person who completes
 this activity first
- Give out the short biography of the African female leaders and ask participants to spend five minutes reading it out. Ask participants what they have learned about the famous female leaders
- Ask participants to brainstorm various types or roles associated with female leaders that they observe in their lives. Use the PowerPoint presentation to give additional examples
- Ask participants why we need female leaders and using the PowerPoint presentation give further examples
- Ask participants what they think makes some women leaders? Write down their suggestion on the whiteboard and use the PowerPoint presentation to give further examples
- Ask participants to name different types of leaders

Activity 3: Qualities of a leader

Source: adapted from Women's Health West 2006

Objective:

 To get young women to share the skills they already have and the skills they would like to further develop to become good leaders in their community

Time required:

• 30 minutes

Resources required:

- · Whiteboard markers
- Coloured pens
- · Qualities of a leader? hand-out

- Butcher's paper
- A4 sheets of paper

Instructions for facilitator:

- Hand each participant a sheet of paper and ask them to write these questions at the top:
 - What are my strengths?
 - What do I want to develop?
- Ask the participants to write their responses down on the paper provided to them. This task should take about ten minutes
- Discuss with the participants their responses
- Hand out the 'Qualities of a leader?' sheets. Point back to the famous African female leaders, and ask the
 participants to spend five minutes writing down what qualities they think female leaders need to have.
 Discuss further



DAY 6 SESSION TWO: ADVOCACY

Objective:

To provide additional tools and resources to assist young African women to implement their skills in ways that promote the rights of women and girls in their community

Time required:

• 90 minutes

Resources required:

- Eggs
- Cardboard
- Balloons
- Cotton balls
- Reels of sticky tape
- Lots of string
- Twelve golf balls

- Four pairs of scissors
- White board markers
- Coloured pens
- Butcher's paper
- Blu-Tack
- USB stick containing PowerPoint presentation on advocacy

Activity 4: Communication in leadership

Source: adapted from Women's Health West 2006

Objective:

• To promote group cooperation and to explore leadership in the context of working together

Time required:

• 40 minutes

Resources required:

- Eggs
- · Pieces of cardboard
- Five to eight balloons
- Cotton balls

- Four reels of sticky tape
- A lot of string
- Twelve golf balls
- Four pair of scissors

Instructions for facilitator:

- Divide the group into small teams of three to four
- Give each team one raw egg, sticky tape and other materials listed above
- Explain the team-building activity to participants. Explain the aim, which is to design and build a structure that will prevent their raw egg from breaking from a high drop
- Give the participants about 20 minutes to make the structure with the egg in it
- After 20 minutes groups are invited to launch their eggs
- Come together for a general discussion:
 - What was it like to work in your groups?
 - How did you make decisions?
- The aim of this activity is to help us understand the importance of having a leader with good communication and listening skills.
- This exercise helps build collaboration and community

Activity 5: Advocacy

Source: adapted from Women's Health West 2006 and Pittaway n.d.

Objective:

• To provide young women with tools and skills to enhance their ability to become leaders and advocates for themselves and their community

Time required:

• 50 minutes

Resources required:

- White board markers
- Coloured pens
- PowerPoint presentation
- Butcher's paper

Instructions for facilitator:

- Ask participants to brainstorm the question 'what is advocacy?'
- Use the PowerPoint presentation to explain and provide an overview of what constitutes advocacy
- Ask participants to brainstorm the question 'what is lobbying?' Use the PowerPoint presentation to explain further
- Divide participants into four groups. Explain that in this activity they will be acting as advocates for
 their community. They need to ensure that their community know the illegalities in Victoria of female
 circumcision, otherwise known as traditional cutting. Explain that despite the practice being illegal, there
 is opposition from some religious leaders and community women to ending the practice, as they say it is
 part of their culture and religion.
- Allocate each group one of the following responsibilities:
 - Group 1 will to advocating to religious leaders to stop the practice
 - Group 2 will be advocating to older community women about the need to stop the practice
 - Group 3 will be advocating to young African women about the need to stop the practice
 - Group 4 will be advocating to parents, families and mother-in-laws
- Provide each group with the following prompt questions:
 - How can you start the conversation with your nominated group?
 - What are the resources or information you might use and from where?
 - There are only a few people who will talk to you about this topic so what can you do?
 - No one is taking action so what can your group do?
- Ask participants to spend 20 minutes writing down their responses on butcher's paper, and if further support is needed to please ask for help
- Ask participants to come back to the larger group and have one participant from each group present their findings. Allocate around 10 minutes to this task.
- Using the PowerPoint presentation, provide further answers to the questions. Conclude the activity by stating that advocacy is a powerful tool and that it is essential for ending the practice of circumcision/ traditional cutting. It is also important that communities understand that the practice is illegal in Australia and the importance of a rights-based framework is critical to communities abandoning the practice.

EVALUATION

Activity 6: Post-project evaluation question

Objective:

• To determine whether there has been a change in knowledge after participation in the project

All feedback is appreciated as this will help improve the sessions and ensure that the content and delivery remains responsive to the needs of participants.

Time required:

30 minutes

Resources required:

- Printed post-project participant questionnaires
- Coloured pens

Instructions for facilitator:

- Distribute the post-project participant questionnaires and explain to participants that the aim of them
 completing these surveys is to gain an understanding of whether their participation in the project
 contributed to an increase in knowledge of the topics covered
- Their responses will assist in evaluating the program as well as informing the development of future iterations of the project

Activity 7: Reflective exercise

Objective:

- To gather qualitative feedback from participants about their participation in the project including:
 - Facilitation style and delivery
- Group dynamics
- An increase in knowledge of information that was presented and a change in attitudes regarding sexual and reproductive health

Time required:

• 30 minutes

Resources required:

- · Butcher's paper
- Coloured pens

Instructions for facilitator:

The following questions are designed to inform and facilitate a 30-minute reflective evaluation workshop with young women who participated in the project. Potential evaluation methods for the reflective workshop include personal reflection, small group discussions and a large whole-of-group discussion.

- How did you find the facilitation style and session activities in relation to the following:
 - The delivery pace
 - Time for discussion and questions
 - Interactive nature of the activities, sessions and service visits
 - Respectful group dynamic so that questions were asked and participants had their opinions heard and understood
- What have been the most significant things you have learnt or come to better understand through your involvement in the project?
- Were there activities or parts of the project you would change or could have done differently?
- Through your participation in the project, are you more confident to make decisions that are right for you in relation to your sexual and reproductive health? Please explain why or why not
- Can you tell us about what you learnt about:
 - Leadership and advocacy
 - Women's rights
- How has your understanding of, or attitudes toward, female genital cutting/circumcision changed since your involvement in the project?
- What has been the most significant change for you personally that occurred through your involvement in the project?

DAY 6

ACTIVITY RESOURCES

Famous female African leaders



Name:

Qualities of a leader:



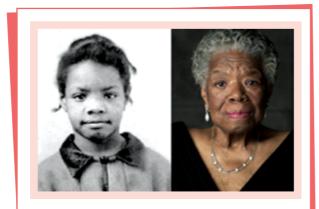
Name:

Qualities of a leader:



Name:

Qualities of a leader:



Name:

Qualities of a leader:





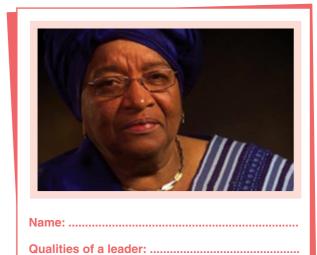
Name:

Qualities of a leader:



Name:

Qualities of a leader:

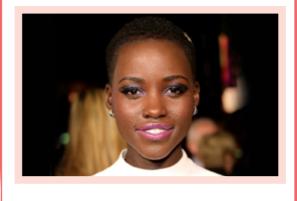


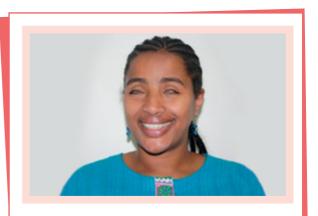




Name:

Qualities of a leader:





Name:

Qualities of a leader:

Famous female African leaders: answers



Name: Oprah Winfrey

Leadership role: Is an American media proprietor, talk show host, actress, producer, and philanthropist.



Name: Michelle Obama

Leadership role: Is an American lawyer and writer. She is the wife of the 44th and current President of the United States, Barack Obama and the first African-American First Lady of the United States.



Name: Iman Abdulmajid

Leadership role: Professionally known as Iman, is a Somali fashion model, actress and entrepreneur. A pioneer in the field of ethnic cosmetics, she is also noted for her charitable work.



Name: Maya Angelou

Leadership role: American author, poet, dancer, actress, and singer.



Name: Waris Dirie

Leadership role: Are a Somali model, author, actress and social activist.



Name: Condoleezza Rice

Leadership role: Former national security advisor for US government.



Name: Graca Machel

Leadership role: She is an international advocate for women's and children's rights, first lady of South Africa (Nelson Mandela second wife) first lady of Mozambique.



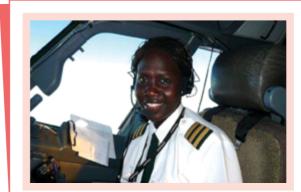
Name: Ellen Johnson Sirleaft

Leadership role: 24th President of Liberia. She served as Minister of Finance under President William Tolbert from 1979 until the 1980.



Name: Winnie Mandela

Leadership role: She is a South African activist and politician who has held several government positions and headed the African National Congress Women's League.



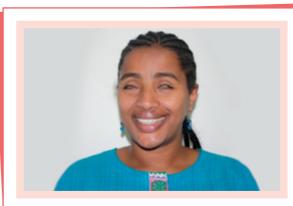
Name: Aluel bol Aluerge

Leadership role: Female South Sudan pilot (works for Ethiopian airline).



Name: Lupita Nyong'o



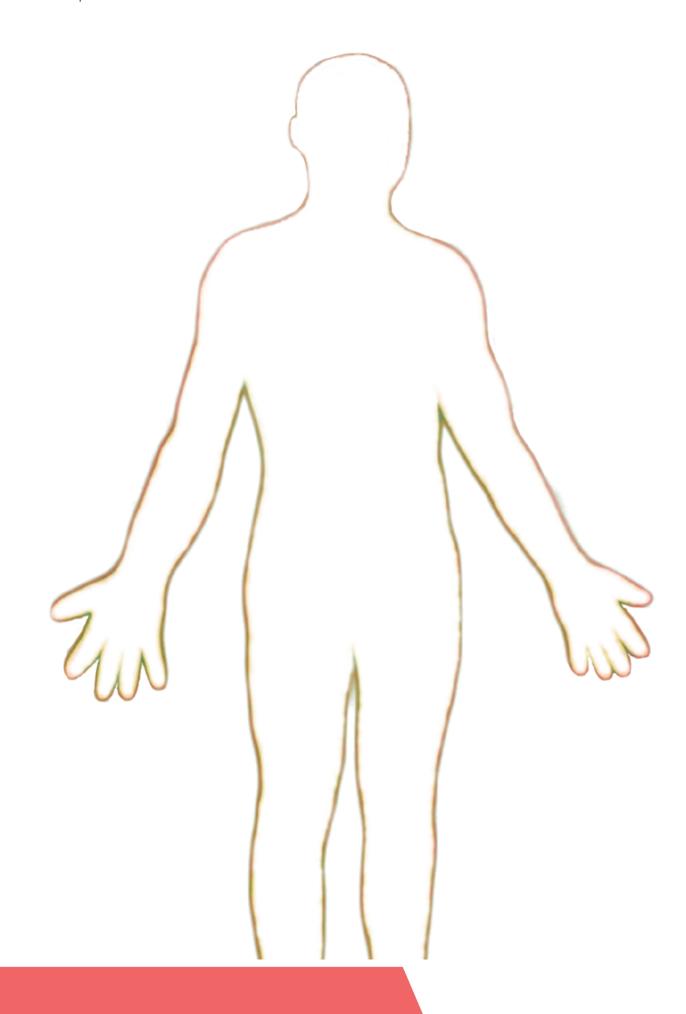


Name: Yetnebersh Nigussie

Leadership role: She is a blind Ethiopian lawyer who is an activist for people with a disability in Ethiopia.

Qualities of a leader?

Source: adapted from Women's Health West 2006



POST-PROJECT PARTICIPANT QUESTIONNAIRE

The questionnaire is confidential and no information that will identify you will be recorded. The questionnaire is not a test, but provides Women's Health West with an opportunity to understand the effectiveness of the Caught Between Two Cultures project.

The questionnaire is similar to the one you completed at the start of the project and will ask you questions about your knowledge and attitudes about sexual and reproductive health, wellbeing and healthy relationships.

Glossary of terms

Blood borne viruses including HIV, hepatitis B and hepatitis C are viruses that are transmitted by blood or body fluids that contain blood.

Body image refers to a person's attitudes toward their body, how they see themselves, how they think and feel about the way they look and how they think others perceive them.

Cervical cancer, or cancer of the cervix, is cancer of the entrance to the uterus, otherwise known as the womb.

Consent means free agreement of your own free will (Victoria Legal Aid 2014).

Female genital cutting/circumcision includes procedures that intentionally alter or cause injury to the female genital organs for non-medical reasons (World Health Organization 2015).

Human papillomavirus or **HPV** is a common virus affecting women and men that is contracted by sexual activity involving genital contact.

Sexually transmissible infections (STIs) are infections that can be passed on from one person to another during sexual activity.

How old are you?						
What is your religion?						
What language/s does your family speak at home?						
What country were you born in?	What accepts were large in 2					
what country were you born in:						
If you weren't born in Australia, did you migrate to Australian on a:						
☐ Humanitarian visa	☐ Skilled migration or work visa					
☐ Family or partner visa	☐ Other, please specify					

 Puberty causes physical and emotional changes in a young person's body, including when they reach sexual maturity and can have a baby. 			15. A person experiencing poor mental health can access support and treatment from a general practitioner (GP), a counsellor, a mental health social worker or a psychologist.					
□ True	☐ False	☐ I don't know	☐ True	□F	alse	I don't know		
-		nelp support a positive body image, which is important for	16. Female genital cutting/circumcision (FGC) is illegal in Victoria and Australia.					
self-esteem and ger			□ True	□F	alse	I don't know		
☐ True	☐ False	☐ I don't know	17. FGC is a practic	e that violates	the health and human	rights of girls and	d women.	
3. Negative body image	age can lead to a range of	eating disorders.	☐ True	□F	alse	I don't know		
☐ True	☐ False	□ I don't know	18 FGC is practice	d due to cultura	al customs and tradition	ons		
4. A balanced diet in	ncludes fresh fruit, vegetal	oles, grains, legumes, protein and dairy.	☐ True			I don't know		
☐ True	☐ False	☐ I don't know					shout why FOO is prosticed?	
5. Who should decide whether a woman is ready to get pregnant and have a baby? (please tick one answer)			19. What are some of the myths and beliefs that some communities hold about why FGC is practiced? (please tick all the correct answers)					
☐ She should decide	e 🛮 Her partner or husband	d □ Her doctor □ Her community □ I don't know	□ Religion					
6. Pregnancy can ha	appen the first time a wom	an and man have sex.	•		its them from engaging	in immoral behavio	our	
☐ True	☐ False	□ I don't know	☐ Hygiene and clea☐ I don't know	niiness				
	most effective way to prev IIV, hepatitis B and hepatit	ent sexually transmissible infections (STIs) and blood borne is C.	20. The Royal Women's Hospital has a de-infibulation clinic that provides specialist sexual and reproductive health services to women who have had type 3 FGC.					
□ True	☐ False	☐ I don't know	□ True			I don't know		
8. A woman who is t pill once every day.		ill can get pregnant if she has had sex and forgets to take the	21. Do you think fem	nale genital cutti	ng/circumcision shoul	d continue or stop	? Please tell us why or why not?*	
□ True	☐ False	☐ I don't know						
9. Informed consent	t to sex (tick all the answer	s you think are correct):						
☐ Is given when both	n partners say or do someth	ing to communicate their consent						
☐ Is when the womar	n does not say no		•		•	_	ince your involvement in the Caught	
	at any time during sexual a	·	Between Two Cultur	es project? Plea	ase tell us why or why	not?*		
☐ Cannot be given if	someone is too drunk to un	derstand what is happening						
10. In Victoria, abort partners' consent.	ion is safe and legal and y	oung women can access an abortion without their parents' or						
□ True	☐ False	☐ I don't know	OO A voon outful intim		-tianahin in ana whara	hath wavtureve (ule		
11. The HPV vaccine	is safe and effective.		are correct):	nate partner rei	ationship is one where	both partners (pie	ase tick all the answers you think	
□ True	☐ False	☐ I don't know	☐ Listen to and resp	ect each other's	ideas and opinions			
12. What causes cer	vical cancer? (please tick	one answer)	☐ Are able to be free to be themselves without fear of criticism or judgment					
☐ The contraceptive	pill □ Human papillomavi	rus □ Having lots of sexual partners □ I don't know	☐ Only spend time with each other and rarely see other friends					
13 Skin bleaching n	products contain harmful o	hamicals such as marcury and hydroguinone that can cause	☐ Can trust each oth ☐ Do not pressure e		anything they feel unco	omfortable about		
13. Skin bleaching products contain harmful chemicals such as mercury and hydroquinone that can cause poor health and wellbeing.		□ Do not pressure each other to do anything they feel uncomfortable about24. A woman cannot be raped by someone she is married to or in a relationship with.						
□ True	☐ False	□ I don't know						
14. One in five Austra	alian women will experience	e depression and one in three women will experience anxiety.	☐ Strongly agree	☐ Agree	☐ I don't know	☐ Disagree	☐ Strongly disagree	
☐ True		☐ I don't know		•	ave the same freedom			
	_ : 300		Strongly agree	□ Agree	□ I don't know	Disagree	☐ Strongly disagree	

26. The leaders of a	community she	ould largely be men.			
☐ Strongly agree	☐ Agree	☐ I don't know	☐ Disagree	☐ Strongly disagree	
27. What are the thre Cultures project?	e most importar	nt things you learnt from	m being part of the	Caught between Two	
1					
2					
28. Would you chang	ge anything abo	ut the project?			
□ Yes □ N	0				
lf yes, can you plea	se tell us what	you would change abo	out the project?		
Thank you!					

DAY 7
Celebration



Objective:

To celebrate participation in the project and young African women's strengths and achievements the achievements of participants as a result of completing the program

Time required:

• Agree on a time and location that is appropriate for all participants

Resources required:

To be determined by the group

Instructions for facilitator:

- Decide as a group on a group activity and celebratory event to provide a closing celebration for the program
- Provide suggestions for different celebratory events and facilitate the organisation of agreed
- Each organisation needs to determine their own budget for this event and activities

Suggestions include:

- Dinner
- Movies
- Bowling

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