Digital Stories as Tools for Training, Community Building, and Advocacy to Improve the Sexual Health of Adolescents from Mayan, Garifuna, Mestizo, and Creole Communities in Mexico, Guatemala, Honduras, and Belize.
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INTRODUCTION

Great progress has been made in many parts of the world to improve the reproductive health of young people. However, in Latin America, youth from Mayan, Garifuna, Mestizo, and Creole communities in Mexico, Guatemala, Honduras, and Belize continue to face barriers in accessing information and services. Conservative social and political climates frown upon adolescent sexual expression and make it difficult for young women and men to find reliable sexuality education or obtain birth control. Widespread homophobia, high rates of violence against women, and bans on abortion also constrain the ability of young people to exercise sexual freedom and decide when and if they will have children.

Since 2004, the GOJoven Program of the Public Health Institute has been building a cadre of Fellows from these four countries. GOJoven provides training for the Fellows on leadership, sexual and reproductive health issues, program development, and advocacy. The training enables Fellows to partner with health institutions and youth organizations on activities that empower adolescents, increase their access to culturally relevant sex education and reproductive health services, challenge societal and religious taboos against talking openly about sexuality, and advocate for policies that support youth health and well-being.

In 2010, GOJoven and the Center for Digital Storytelling’s Silence Speaks initiative began the Youth Leaders Speak project, which emphasizes the importance of personal narratives as tools for education, youth mobilization, and advocacy on behalf of adolescent sexual health and rights. Through the project, GOJoven and Silence Speaks led two digital storytelling workshops with selected Fellows, who came together in four-day sessions to record first-person accounts of what brought them to the field of youth health, collect images and video clips with which to illustrate their stories, and learn how to edit these materials into short videos. Note: these stories were created through a participatory community media process and as such lack slick production values.

This Training and Advocacy Guide offers a starting point for sharing the powerful collection of Youth Leaders Speak digital stories in order to improve adolescent sexual and reproductive rights. The guide is written with GOJoven Fellows in mind but can also be used by other youth health educators, practitioners, and activists. The stories explore powerful links between gender, culture, discrimination, and health. Our hope is that those who view them will be inspired to take individual and collective action towards building safe and healthy communities.

Note: Please be sure to read through this guide before screening stories or leading group discussions. The content of many stories is very sensitive, touching on issues like HIV and abortion stigma, grief and loss, and abuse. They are not suitable for viewing by young children. Because the stories are about real people’s lives, they are complex: rather than pointing to single causes or solutions, they show the contradictions, setbacks, and coping strategies of daily human experience. Be sure to think carefully about which stories to share in a given setting and about how to guide conversations in a way that avoids triggering people or shutting them down and instead educates, enlightens, and motivates them.
GOJoven and Silence Speaks hope that the *Youth Leaders Speak* stories prove useful to those who are working on behalf of sexual and reproductive health and rights. The spirit of the project is one of partnership and support for youth across Central America and globally. The storytellers generously offered their time and creativity to make the stories possible. Please feel free to share them broadly, as long as you are not doing so for commercial purposes. Please also refrain from duplicating and/or selling the stories or the Training and Advocacy Guide. When you share the stories, please acknowledge GOJoven and Silence Speaks as producers. If you wish to obtain additional copies of either resource, please contact:

Public Health Institute  
555 12th Street, Oakland, CA, 94607, U.S.A.  
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For more information about Silence Speaks digital storytelling, please contact:

Center for Digital Storytelling  
1250 Addison St., Suite 104, Berkeley, CA, 94702, U.S.A.  
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**Guidelines for Facilitators**

*Know your purpose.* The *Youth Leaders Speak* stories address a broad range of topics related to adolescent sexual and reproductive health. Be sure to view stories prior to planning a screening/training event, so that you can make thoughtful decisions about what you want to accomplish. Choose stories, discussion questions, and activities that will support this purpose, and link them to specific information, skills, or actions you would like your audience to learn, practice, or take.

*Choose your audience.* Once you know what you want to achieve, be sure to identify the right audience. The stories, discussion questions, and activities presented in this guide are intended for use with a range of audiences, including general community members; healthcare and other service providers; parents, teachers, and school officials; and elected officials/representatives of government. You’ll want to develop an agenda for your event that is appropriate for the audience you’re targeting.

*Understand the issues.* Read this guide carefully and review any handouts that you will be using. Seek out other materials on sexual and reproductive health issues, if necessary, or talk to colleagues about questions you may have about the stories and their content. The more prepared you are to address challenging situations and questions, the more successful your event will be.

*Plan well.* Invite a manageable number of people (no more than 25) to your event, and be clear with people about what day it will take place, where to go, when to arrive, and how much time the session will take. Give advance notice about these details, and remind people about the details several times beforehand. Arrange for light refreshments, if this is within your budget.
**Know your equipment and setting.** Screening these stories requires the use of a DVD player. ALWAYS test your audio/visual set-up in advance. If you’re using a television and DVD player, be sure they are plugged in and properly connected, and that you know how to play the stories. If you’re using a laptop and a LCD projector, make sure you have the right power sources, adapters, cables, and speakers, as well as a white wall or screen on which to project. In both cases, make sure that you can dim lights/screen out sunlight so that the stories can be seen, and make sure the story sound is audible throughout the space.

**Prepare materials in advance.** Be sure to gather/prepare the supplies you’ll need, well before your event. You may need:

- Chart paper;
- Markers;
- Tape or prestix;
- Printed signs and cards (referenced in the instructions for several activities); and
- Hand-outs, included in Appendices.

Before the event, you may need to:

- Make copies of hand-outs for each participant, stapling all hand-outs together into a single packet; and
- Write an agenda on a sheet of chart paper (this should be visible throughout the space and referred to often, in order to move discussions forward and limit their length).

**Introduce the material.** Most of the *Youth Leaders Speak* stories contain content about highly sensitive issues, such as gender-based violence, homophobia, teen pregnancy, etc. Be sure to let participants know before you show stories what topics the stories address. Remind them that they have the skills to take care of themselves emotionally, and invite them to step out of the room and take a moment for themselves, if a particular story triggers or upsets them. Encourage them to pay close attention throughout the event to their emotional well-being and do what they need to do, to maintain it.

**Establish ground rules.** Ask your audience for their ideas about rules that everyone can agree on and follow, during the event, to support appropriate behavior and productive discussion, and share your own favorites, such as respect, openness, and confidentiality. This will help set the tone of the discussion.

**Try to involve everyone.** Watch out for who is dominating the discussion and who is not contributing, and be respectful of different reasons people may have for being quiet or especially vocal. Gently suggest that more talkative people allow others to speak, and invite quieter people to join in. Note: while disagreement is healthy and should be welcomed, conflict is not healthy. Managing conflict is an important task for facilitators. If you’re not comfortable with this role, find someone to work with who is.
Respond with empathy. Expect participants to make personal comments in response to the stories, and think in advance about how you will respond with empathy to the participant who shares an experience with assault, discrimination, or a related topic. Appropriate responses might be, “thank you for telling us your own story – I’m really sorry that happened to you … how can we support you right now?” or “that’s a very powerful story; thank you for bringing it up, because it relates to what we’ve seen/talked about.” Remember to validate participants’ experiences and relate them back to the discussion. Do not press participants to reveal their own stories; allow them to decide when and whether or not to bring up personal material.

Practice cultural humility. Your event may be attended by people who represent a variety of ages, biological sexes, gender identities, and sexual orientations (e.g., men, women, youth, elders, lesbian/gay/bisexual/transgender individuals, etc.), and who come from a variety of cultures (e.g., Mayan, Garifuna, Mestizo, Creole etc.). Be sure to approach cross-cultural work from the vantage point of cultural humility, which involves examining your own assumptions and prejudices about people who come from different communities than your own; putting these assumptions aside when working with others; and engaging respectfully with all people, recognizing that they are your guides in naming their own cultural identity, values, knowledge, behaviors, and actions.

Be ready to correct inaccurate statements. Stress the key take-away points for each story and activity. Remember that being overtly critical of participants’ comments may discourage further discussion, so try to address inaccurate statements by asking the participant further questions or providing facts that counter these views.

Attend to language and literacy. Decide in advance what language(s) you will be using during the event. Translate materials, as necessary, and make sure that interpretation is available for participants who need it. For low-literacy groups in general, remember to speak slowly, encourage questions, and ask participants to let you know when they are lost.

Debrief with participants. Be sure to plan your event in a way that allows time and space for appropriate closure. Where possible, offer participants the chance to talk with you after the event, about their reactions to stories, about what they learned, about what they can do to advance youth sexual and reproductive health and rights. Provide them with contact information for local service and/or advocacy groups and, if appropriate, with contact information for counseling resources.

For more advice on how to be an effective facilitator, see Appendix B, Additional Facilitation Skills, p. 62.
This section of the Training and Advocacy Guide introduces the Youth Leaders Speak stories and provides tools for facilitators to use in leading discussions about the stories.

First is a set of general discussion questions that can be applied to all of the digital stories.

Next, for each story, is a short summary of the story, a complete story transcript, a list of key issues addressed, a set of specific questions that aim to bring out details and encourage people to think more deeply about what they have seen and heard, and comments for facilitators outlining appropriate responses to the specific questions.

*Note: The comments for facilitators, which appear in parentheses under each specific question, are meant only as a starting point for leading discussions; you are encouraged to build on and add to them, based on your own experience and knowledge.*

**General Discussion Questions for All Stories:**

1. How did the story make you feel? Describe the parts of the story (audio and visual) that especially moved you, and talk about why.

2. What did you learn from watching the story, about:
   - The people in it
   - The story’s setting
   - The issues raised by the story
   - Your own life

3. How does the story talk either directly or indirectly about youth sexual and reproductive health issues?

4. What actions can be taken to confront these sexual and reproductive health issues, by:
   - You
   - Other individuals
   - Community groups, such as a support group, a group of peer educators, or a political group
   - Health, education, or development organizations
   - Government agencies (local, regional, and/or national)
Jacinta, Mexico (Spanish with English Subtitles)

Summary:

Jacinta, a young Mayan woman, grew up in an indigenous village in the countryside of Quintana Roo, Mexico. When she was 11, she was forced to move with her family to the city, where they faced discrimination and numerous challenges. Jacinta speaks in her story about how her father did not value her or her sisters because they were girls. She persevered and urges other women to take a stand for their rights.

Story Transcript: “A Struggle Within Reach”

“I have a large family: seven sisters, and the youngest is a boy. My childhood was like the happy colors of the countryside. I very much enjoyed studying with my friends in town. We all spoke the same language, and we understood each other so well.

After a while, dad suffered some serious problems and decided to move us to the city. We suffered a lot of hardships there. I was from an indigenous village, and I only spoke Mayan. And in spite of the teasing, I innocently learned to speak the Spanish language.

When we were still very young, my father left us. After that, when I was 11 years old, my sisters and I worked collecting bottles to sell, we washed dishes, and we cut and sold firewood to help our mom. Then I received a scholarship for being Indian, which allowed me to complete both my high school and bachelor’s degrees. I also worked as an advisor for adult education and finally had a monthly salary.

From a very young age, I worked hard to be able to study, in spite of our poverty. When my dad visited our family, he often treated me poorly and used harsh words that made me feel bad. He discriminated against me because I was a woman. He thought that women had no reason to study. He always favored his nephews, but not his daughters. He was never concerned about my sisters’ education.
As a result of that situation, I decided to continue studying, with the hope that one day I could show my father that even though I was a woman, I was worthy. I remember all the pain, all the suffering, every obstacle in my way, until I finished my university studies.

Discrimination against Indian women has been a true obstacle limiting our education. Woman, today I want to tell you that we have equal rights. Start your struggle today for a better future!”

Key Issues:

Impact of poverty
Gender-based violence
Discrimination (based on language, culture, and sex)
Male chauvinism/machismo
Value of education for girls

Discussion Questions:

1. What hardships did Jacinta experience as a result of moving with her family from the countryside to the city, and why? (Poverty, child labor, and discrimination, due to abandonment by father and bias against indigenous Mayans.)

2. How did Jacinta’s father treat her and her sisters, and why? How did Jacinta respond to this treatment? (He was verbally abusive and neglectful, due to the gender bias that pervades Latin American cultures. Jacinta was motivated to study hard, to prove him wrong and show him her worth. As a result, she received scholarships, completed high school and university, and has been able to access higher-paying jobs.)

3. Jacinta ends her story by telling women viewers that they have rights. Why is education a key component of women’s human rights? What are some links between women’s equality and women’s sexual and reproductive health? (When women are literate, they can access information about their rights. When they understand that they have equal rights, they can begin to seek out and demand the health services they need and make their own decisions about sex and reproduction.)
Roberto, Guatemala (Spanish with English Subtitles)

Summary:

Roberto and his wife, both Mayans from rural Guatemala, lost a baby when they were in their teens, due to the lack of reproductive health education or adequate prenatal care in their community. Roberto talks in his story about their youthful romance and their grief; his moving story points to the need for information and services related to sexuality, contraception, pregnancy, and childbirth.

Story Transcript: “Where Are You?”

“I remember going out to the patio to see her for the last time. We didn’t go to the funeral. They told us it was bad luck. At times we thought it was a dream …

On the first of February, 1999, my wife and I became sweethearts. She was 17 and I was 16. We studied together in a community in Lake Atitlan’s watershed, in Guatemala’s indigenous highlands. After two and a half years, we began our first sexual caresses. That was enough to make her feel dirty, sinful. One day we talked about protecting ourselves if we were to have sex. Very sincerely, she told me that if we used a condom it would ruin that special moment. She also told me that she would feel like a prostitute, dirty, and that I would just be … taking advantage of her. She was very poor.

One day I told her, ‘If you get pregnant, I’ll take you with me and you won’t suffer anymore … we’d be very happy.’ After having sex several times without protection, she became pregnant. They were going to expel us from school, but we defended ourselves, arguing for our right to an education regardless of our human condition. Ten days after graduating, we started living together.

One night she started having severe abdominal pains; we thought it was indigestion. I left on a trip, and when I returned she was in the hospital. She suffered a lot there. The nurses asked, ‘Is this your first one? Oh, then it’s normal; it’s all in your mind. Since you were so good at spreading your legs, now you have to grin and bear it.’

At the most difficult moment of labor, one of the nurses said to the other, ‘Pull it out, it’s dead anyway.’ I remember Nely said, ‘No, no; why my baby?’ On January 25th, 2002 at 5:30 a.m. Estrella Maria del Rosario was born. They wrapped her up in a piece of paper. Nely said to me, ‘No Roberto, look, put her little clothes on her.’
The miscarriage was caused by a urinary infection. The tragedy was a result of medical negligence, a lack of sexual education, and prejudice the church had instilled in us. Currently we are undergoing infertility treatment. Now we know that we can plan our lives and not suffer so much.

We held a two-day wake for her. At the final moment we opened the little white box. I realized she looked a lot like me, and she had Nely’s lips. We kissed her and closed the box.”

Key Issues:

Impact of traditional beliefs
Discrimination (based on language, culture, and age)
Need for sexuality education
Lack of access to quality healthcare

Discussion Questions:

1. Roberto says his girlfriend felt that using a condom “would ruin that special moment” and would make her “feel like a prostitute, dirty.” Where do these beliefs come from, and how can they be challenged to promote contraception and safe sex? (Conservative religious and social attitudes about sex and gender can contribute to stigmatizing the use of contraceptives and making judgments that sex workers are “dirty.” Comprehensive sexuality education can help to counter these beliefs and enable people to respect all women, understand the dangers of early pregnancy and unsafe sex, and realize the value of contraception.)

2. Roberto’s story focuses on how young people from rural areas often make decisions about sex and pregnancy. What do you think about teen sex and pregnancy, and how might Roberto and his wife have obtained reliable information and services to help them in their decision-making? (Sexuality education as part of the school curriculum; greater openness in the community about talking about sexual decision-making; youth-friendly and accessible sexual health services.)

3. Why do you think the health providers who delivered Roberto’s child were so rude to his wife? How can people advocate for improved care, for themselves and for their broader communities? (Judgment based on conservative values, religion, etc., towards Roberto’s wife for becoming pregnant at a young age and prior to being married; people can have the courage to speak out against discriminatory treatment by providers and can also connect with supportive community groups to develop strategies for training providers and enacting protocols that ensure dignity for youth.)
**Gabriela, Honduras** (Spanish with English Subtitles)

**Summary:**

Although Gabriela grew up in a safe and happy environment, she always felt different from other girls. As a teenager, she fell in love with a friend and was consumed by insecurity, shame, and guilt. In her story, Gabriela shares the decision she made to be honest about her sexual orientation, and how this enabled her to finally accept herself.

**Story Transcript: “Feelings”**

“As a child there were many moments of happiness, during which I felt very safe. I was one of the best students in school, and my family was always very proud of me.

At a certain point, my head stopped thinking about math -- and I started to have feelings that I couldn’t explain or define, but they made me feel different from other girls and especially very sad, because for some reason without anybody telling me, I felt that my feelings were wrong. Several nights before falling asleep, I would wish deeply that the next day, I could wake up as a different person, that everything would be okay, and I would be happier.

As a teenager, I fell in love with a girl who was a friend. Even though I spent a lot of time with her, I could never tell her what I really felt. I kept it to myself. I went through many moments of insecurity and frustration; the silence not only made me feel bad, it also made me into an insecure person in many ways, since I was ashamed of how I felt.

Until one day the emotional burden was too strong. I couldn’t do it anymore. I decided not to keep all these feelings to myself anymore. I said it.

It was wonderful to let out all those words and concerns that were in my mind and heart. When I felt heard and understood, it was a big relief. Other people judged me, but that didn’t matter anymore -- it was me, being myself.

I met a very special girl. From the first moment I saw her, I fell in love, and my heart would beat
very strongly when I saw her and when I was near her. After a knowing look, I can still remember that first kiss. Nothing made me happier.

I’m an activist for sexual and reproductive rights and LGBT rights. And I want every young person to know that she/he has the right to be happy.”

**Key Issues:**

- Low self-esteem
- Gender roles and expectations
- Homophobia
- LGBT rights

**Discussion Questions:**

1. What are some of the feelings that Gabriela experienced as she was growing into a young woman and beginning to discover her sexuality, and why do you think she experienced them? (Insecurity, frustration, shame; experienced due to society’s emphasis on traditional gender roles, the lack of safe spaces to talk about her emotions, and internalized homophobia.)

2. How might education about sexuality and gender have helped reduce Gabriela’s feelings of being different? (Education could have validated her feelings as normal and named them as internalized homophobia, experienced in response to the homophobia that continues to pervade many communities and society.)

3. Gabriela states that she is an activist for sexual and reproductive rights for LGBT youth. What health risks do LGBT youth face, and what measures can be taken to ensure their rights? (Teen pregnancy, as lesbian-identified youth attempt to “prove” their heterosexuality; verbal, emotional, physical, and sexual violence and social exclusion, due to homophobia; sexually transmitted infections (STIs) and HIV, as LGBT youth avoid seeking care due to discrimination and homophobia by health service providers. Parents, communities, and providers can be educated about the issues facing LGBT youth; schools and health organizations can adopt protocols requiring LGBT youth-friendly curricula and services; governments can enact laws that protect the rights of LGBT individuals.)
Omar, Belize (English with Spanish Subtitles)

Summary:

Omar, a Mestizo man from rural Belize, has had a loving relationship with his mother throughout his life. He grew up thinking that he was a part of a perfect family, and only later learned about how his father mistreated his mother. Facing the path carved out for him by his father and his strong bond with his mother, Omar shares in his story how he wants to behave within his own family.

Story Transcript: “The Crossroad”

“I was the 12th of 14 children. I thought that we were the perfect family ... food was always on the table, and mom kept busy cleaning, cooking, and helping out dad. And I never saw pa hit mom. But when I was a teenager, I heard my sisters talking about pa’s sweetheart adventures, in front of him. He stayed silent. I was quiet too ... I had never seen these things, and so I couldn’t believe it.

When I was a boy, I always wanted to be by my mother’s side. I would tie her favorite shopping bag to my hand so that I could be awakened when it was time to do the early morning journey to Chetumal. I would cry myself to sleep at her room’s door when I was ill, waiting for her to come out and hug me.

When I was in my early twenties and also a parent, I recalled me and mom alone together, sitting at the table. I think she was trying to give me advice, when she told me a story about the time dad brought his sweethearts into her empanades shop, and she had to serve them lunch.

I had realized then that what I thought was the perfect family, wasn’t. I never saw dad hug mom or even say the words I love you. I remember him telling me that I could use the car, but only if I was going to take out girls -- he knew I had a girlfriend.

At a young age, I started my family too, with no idea how the journey looked ahead. I could only think of the roadmap papa had drafted for me. For a short while, it seemed that I might be like him. One night when my wife was away, I thought about going out and having fun, like most men in my culture.

I see every day how women are mistreated. I am a police officer. Everyone knows that most
policemen have a lot of women. But when I remembered my mother suffering from things that my dad did, I thought about how much I love my wife and three kids, my own perfect family. And I stayed home.”

**Key Issues:**

Unequal power dynamics in relationships
Male chauvinism/machismo
Impact of partner infidelity
Gender roles and expectations
Responsible fatherhood

**Discussion Questions:**

1. Throughout his story, Omar talks about the idea of a perfect family. How does he describe his family at the beginning of the story, and what does he later realize was missing? What does a perfect family look like to you? *(He describes the perfect family as having food on the table and his mom taking care of the house and helping his dad. He later remembers that he never saw his father express love towards his mother.)*

2. What was the turning point for Omar, in understanding his parents’ relationship? How did this new understanding shape his beliefs and behaviors about his own wife and family? *(His mother’s story of having to serve his father and one of his sweethearts made Omar see how hurtful his father’s behavior was, helped him remember how much he loves his own wife and children, and led to his decision to remain faithful to his wife.)*

3. What specific encouragement to have multiple partners does Omar talk about, in the story? How are men encouraged to behave in relationships, in your family and community? *(Encouragement by his father, to take the car out even though he has a girlfriend; encouragement by his peers in the police force. These norms reflect gender bias against women.)*

4. Why does Omar’s father’s behavior put his mother, their family, and the larger community at risk? *(Having multiple partners increases the risk of sexually transmitted infections (STIs) and HIV/AIDS, which could make Omar’s mother ill and unable to care for the family. Omar’s father’s actions also put the community at risk for unintended pregnancies, STIs, and HIV/AIDS. Partner infidelity is a form of emotional abuse that can lead to feelings of betrayal and lowered self-esteem in the person who is being cheated on. In this case, it was a model of negative gender roles, where Omar’s mother was the passive victim and his father was not held accountable.)*

5. How can social norms for men be shifted so that more men can make responsible, equitable, and loving decisions about sexuality and relationships? *(Men like Omar can continue to speak out about their values, and messages conveyed within families, schools, media, organizations, and institutions can emphasize the importance of responsible behavior and respect for the equal rights of women.)*
Nekeisha, Belize (English with Spanish Subtitles)

Summary:

Nekeisha is a young Belizean woman who became pregnant at an early age, due to a lack of information about sexuality and conception. She speaks in her story about the life she used to lead as a teenager free of adult responsibilities, and of how she became involved with a much-older man. After a miscarriage and in spite of his objections, she decided to carry her second child to term.

Story Transcript: “A Lesson”

“I was in my kitchen cleaning and cooking, but still feeling useless. The radio played Billy Ray Cyrus songs -- the romantic oldies. I washed the dishes and stirred the pot of rice and beans to keep it from burning. My kids played outside, and my parents were both at work.

The songs made me think of who I was … what I used to do. Like when I used to just leave the house for a few days - traveling with my friends - maybe to Honduras, or Cancun. Or with my sports team -- I used to play girl’s football … midfielder, and I was good. I used to dance. I used to do a lot of things.

I met him when I was 17 and still in school. He was twice my age. It was the first time I felt like someone listened and cared about what I had to say. BUT …
I didn’t know that I could buy contraceptives over the counter.
I didn’t know that I could say “no.”
I didn’t know how lonely being pregnant, and not being able to tell anyone, would feel.
I didn’t know that a miscarriage could feel like someone grabbing your insides and twisting them hard. That there could be so much blood in the bathroom and on my legs.

And then a year later … We were sitting on the edge of the bed when I told him I was pregnant again. I thought he would accept it. But he wanted me to abort. At that moment I knew I had made up my mind.

‘She’s not crying anymore … She ain’t lonely any longer … There’s a smile upon her face … new love takes his place … she’s not crying anymore.’

The song on the radio ended, and an advertisement to join a program to build youth leadership in sexual and reproductive health came on. When they gave the phone numbers, I grabbed one of the kids’ crayons and wrote the contact information on the wall. It’s still there.
At first I wanted to join because I wanted to find work. But now that I’ve been involved with GOJoven, I do it for other reasons. I still feel the tension between loving my kids and missing the freedom of my old life. But when I talk with the young girls in my workshops, who act like they know everything about sex, their bodies and their health, I feel sorry for them. Sorry that they don’t really know. Like I didn’t really know.”

Key Issues:
Unequal power dynamics in relationships
Women’s reproductive choice
Impact of early pregnancy
Need for sexuality education

Discussion Questions:

1. Why do you think Nekeisha focuses in the first part of her story on all of the things she used to do, before she became a mother? (She wants viewers to understand the impact of early pregnancy on girls’ choices and opportunities in life.)

2. Nekeisha’s boyfriend was twice her age. What made her vulnerable to his attention, and why do you think relationships between older men and younger girls are so common? (She felt unseen and unheard, as an adolescent girl growing up surrounded by discrimination against women; adult men can easily manipulate girls, and girls often value the mature attention and financial assets of older men.)

3. How do adult-teen relationships put girls at risk, and what can be done to reduce these risks? (Girls are at risk of pregnancy, as they do not feel they can refuse sex, or negotiate the use of contraceptives; of STIs, as adult men tend to have multiple partners; and of violence, as adult men tend to want to exercise power and control over partners. Parents can take a more active role in their daughters’ lives, talking with them about sexuality and contraceptive use and discouraging early dating and early marriage; schools and communities can educate youth about the risks of such relationships; institutions and governments can promote gender equality and greater opportunities for girls.)

4. What does Nekeisha feel now, about her children, and about her work in the world? (She still feels the tension between loving her children and missing her old life; she feels compassion for the girls she educates, and a desire to make sure they have the information they need to make good choices about their sexuality.)
**Summary:**

David and his partner, an older man, were happy until discovering they were both HIV-positive. David had known little about the importance of safe sex. In his story, he tells of his efforts to take care of his partner and live a normal life.

*Note:* In early 2010, David was designated as a “non-compliant” patient and was refused treatment. After people who cared for him intervened on his behalf, the health system re-accepted him as a patient. But the medication he needed was out of stock.

David’s health continued to deteriorate because he couldn’t access the anti-retroviral (ARV) medications he needed. In late June, 2010, he was admitted to the military hospital in Guatemala. International advocates had secured a donor of free ARV medications from the United States, but by that point, David was too weak due to advanced HIV, to begin treatment.

On August 19, 2010, a few months after making this digital story, David died of advanced HIV. His story is included as part of the Youth Leaders Speak collection as a way of honoring his memory and his tireless efforts to advocate for the rights of people living with HIV.

**Story Transcript: “Positive”**

“I was 14, and even though I knew nothing about sex education, like the importance of using condoms, I already lived with my partner Carlos. We had a very good relationship and were very happy together.

One day on our vacation, he fell ill. He felt so bad we decided to go to the hospital. But they couldn’t figure out what he had. Months later, he got sick again and started to lose his sight. They did more than 10 tests, but we never thought about an HIV test ... which he took later, and the result was positive. It was a big blow.

I decided to get tested as well, and as expected, it was also positive. I remember leaving the clinic, and my legs gave way; I fell to my knees on the street. I couldn’t walk, I felt really bad. I remember Carlos took my hands and told me we would get through it. He felt guilty, a feeling that I didn’t share, because being together was a decision we both made, and we should assume that responsibility.

After he started to lose his vision, he was admitted to another clinic. I remember it was Saturday, May 10th, when I got a phone call telling me that due to an infection and the virus, Carlos had died. He
was a role model to me and my companion for seven years. Even though he was dead, I could hear him talking to me. I could see him in the places we went. It was very hard for me to overcome that, and accept that he was no longer with me.

Currently, although I have the illness, I feel fine. I live a normal life, surrounded by a wonderful mother and many people who love me. And every day I show the world the good things I can do -- that I’m no different from anyone else. I enjoy the rain and the warmth of each day.

I think a lot about my siblings, nephews, nieces, who are, or will become adolescents and I wouldn’t want them or anyone else to get infected. And although it isn’t a death sentence, it’s not a simple thing either, that just anybody can live with. The important thing is to change attitudes so people don’t get infected, and to accept those of us who already live with the virus, without discrimination.”

Key Issues:

Need for sexuality education
HIV/AIDS issues
Lack of access to quality healthcare
Institutional negligence
LGBT rights

Discussion Questions:

1. David was in a happy relationship with his partner Carlos, but he does state in his story that he “knew nothing about sex education, like the importance of using condoms.” What factors do you think contributed to his lack of knowledge? (Conservative religious and social attitudes about sexuality education for youth; homophobia and discrimination against LGBT individuals, making it difficult for them to seek information and skills for safe sex.)

2. Why do you think it took such a long time for David and his partner to get tested for HIV, and what does this suggest about the quality of health services in their community? (Stigma against people living with HIV can contribute to denial about the issue and a reluctance to test, among both patients and providers; the health services are not skilled in risk assessment for gay men.)

3. David ends his story by saying, “The important thing is to change attitudes so people don’t get infected and to accept those of us who already live with the virus, without discrimination.” What can you do, to prevent HIV transmission and promote acceptance? (Speak out in support of comprehensive sexuality education and access to condoms; make an effort to challenge expressions of HIV stigma as they arise within your family, peer group, and community.)

4. How could David’s death have been prevented? (Having access to ARV medications; having continuous access to a comprehensive healthcare system that supported him in living a healthy life with HIV; not having been designated as “non-compliant.”)

5. What can be done to make sure that what happened to David doesn’t happen to other people living with HIV/AIDS? (Advocacy for better healthcare and health institution accountability; lobbying of drug companies to provide low-cost and/or generic versions of the newest medications to lower and middle income countries.)
**Elisa, Belize (English with Spanish Subtitles)**

**Summary:**

Coming from a family with strong cultural values about reproductive health, Elisa was faced with the challenge of an early pregnancy and limited options. She describes in her story the pain of having a back-alley abortion and its impact on her fertility.

**Story Transcript: “Options”**

“I hate wire hangers with a passion of a thousand spears.

I come from a family with very antiquated mentalities and values about sexual education in the home and in schools. But they are my world, and I love my parents, brothers, nephews, and niece with every fiber of my being.

My older brother was diagnosed with a degenerative disease that left him like a six-month-old baby. And my mother spent most of her time with him. She was no longer available to me. At 17 I got pregnant. In my family, my culture, this meant that I had to get married. So I chose to have a back alley abortion ... Because I had no money and I did not want to disappoint anyone.

The partera (traditional midwife) took out a wire hanger and bent it into a long, hook-like shape and pushed it inside to bring down the fetus. After four tries I passed out. And when I came to, I was so scared and weak that I called the boyfriend. He took me to a doctor who performed a D&C without anesthesia, because he did not have the money enough to afford that either. Seven days later I was taken to the hospital, with a high fever and severe pain. I was septic.

Thankfully there were no legal consequences for me. But the emotional scars remain. Now I make informed decisions, always use condoms, and get tested regularly.

A few months back, my doctor told me that I won’t be able to have children as a result of the damage to my uterus. At the time I had no other options. But I often wonder how different my life would be had I known about emergency contraceptives, or the use of condoms, or condom negotiation skills.
Now I help people in my community learn about these things. I want my niece and other young women to have the options ... options that I didn’t have.”

**Key Issues:**

Impact of traditional beliefs  
Gender roles and expectations  
Unsafe abortion  
Women’s reproductive choice

**Discussion Questions:**

1. Why do you think Elisa chose to use the recurring image of a twisted hanger, throughout her story, and how did this image make you feel? *(She may have used the hanger to suggest the physical and emotional pain she experienced from the abortion and its aftermath, and/or the tension between her family’s beliefs about sexuality and her own.)*

2. How you think Elisa’s family’s beliefs about sexuality influenced her, as a teenager, and where do such beliefs come from? *(Their traditional beliefs that sexuality education at home and in the schools is wrong probably made her feel shameful about her own sexual feelings, which prevented her from seeking information and contraception.)*

3. Elisa got pregnant at 17. What are some of the likely reasons that she had a back-alley abortion? *(She did not want to get married, as was expected of young women in her situation; she did not have the resources for a safe abortion; abortion may not have been legal in her country.)*

4. What laws exist in your country, related to abortion? Do you agree with these laws? Why/why not? What effect do these laws have on women’s health in your country?

5. Elisa refers in her story to her work to ensure that “other women have the options. Options that I didn’t have.” What options is she referring to? *(Access to comprehensive sexuality education; access to contraception; access to nonjudgmental pregnancy counseling; access to safe and legal abortion.)*
Esther, Guatemala (Spanish with English Subtitles)

Summary:
Esther, a young Mestiza woman from rural northern Guatemala, grew up enjoying school and hoping to get a doctorate in public health. She faced a number of challenges in pursuing her dreams, including discrimination against women, poverty, and a lack of sexuality education. Esther shares in her story how she overcame these obstacles and acted as the primary supporter of her family.

Story Transcript: “Grow”

“I’m 21 and my family calls me ‘husband.’ I have a large family, eight sisters and two brothers. My father always taught us to work in the fields, regardless of our gender. We spent a lot of time together, weeding, harvesting corn, climbing trees … a very happy childhood.

One of the things I loved was going to school every morning. Since I was little, I imagined myself with a doctorate in public health, working with Latin American women. When I finished school, I found out that my mother had paid for the education of her last four children. I thought my father had done that. Mom told us that years ago, he stopped giving his children an education, because he felt betrayed when my eldest sister got pregnant after graduating.

I didn’t understand my father’s decision. And my mom couldn’t continue paying for my studies; I felt like my dream would never come true. My father’s decision couldn’t be justified, but because I was a girl, I couldn’t question it. So since high school I have studied on a scholarship and worked on weekends and vacations to help my mother.

One day my mom fell seriously ill, and in a matter of hours I left behind my adolescence to assume the role of mother to my sisters. Facing my first menstruation, with no understanding of the topic, I realized that the only way my two younger sisters and I could avoid the risk of unwanted pregnancies was by educating myself in human sexuality.

I remember my father’s decision, and I see the impact on us girls and my brother, of the lack of sexual education at home. I work with youth on sexual and reproductive health. My sisters are still studying. My brother is a forestry engineer. And me? I am studying for my Bachelor’s degree.
A husband is the one who provides for the family’s sustenance. My mother has called me that since I was 16 years old. At first, I didn’t like it, but now I see it as a recognition of what I truly do at home.”

**Key Issues:**

- Discrimination based on sex
- Value of education for girls
- Need for sexuality education
- Gender roles and expectations

**Discussion Questions:**

1. Esther begins and ends her story by talking about how her family calls her “husband.” Why do they call her this, how does she define “husband,” and what do you think of her definition? *(She defines “husband” as “the one who provides the resources to sustain a family.” Her family calls her this because she worked hard to bring income into the family.)*

2. Why did Esther have to take on the role of provider? Do you agree or disagree with her father’s position on girls’ education? Why or why not? *(Because her father stopped paying for his children’s education when Esther’s eldest sister got pregnant after graduating, and she felt she could not question his decision.)*

3. In what other ways did Esther take responsibility for the well-being of her family, and why? *(When her mother fell ill, Esther had to care for her younger sisters. She learned about human sexuality so that she could prevent another early pregnancy in the family. Teen pregnancies can place considerable burdens on parents and extended families, constraining opportunities for young mothers and imposing financial burdens on family members.)*

4. What can be done to make sexuality education and contraception more available to young people? *(Policies can be enacted to require sex education in schools; health clinics can educate parents about how to teach their children about sexuality; clinics can also educate youth and make contraception easily available to them; the government can invest in the creation of youth-friendly spaces.)*
Summary:

Errol’s childhood became a struggle when his father was laid off from his job. Errol’s father began drinking and using drugs, which left the family with little money for food and school tuition. Errol describes how his classmates bullied him and how everyone thought he would grow up to be just like his father.

Story Transcript: “The Mirror”

“When I look in the mirror, I don’t see my face. I hear words. But you might see my dad’s face.

The other morning I walked out of my office to the market to buy breakfast. A day laborer pointed to my organization’s logo on my shirt and asked me what do I know about helping people with drug addictions. ‘You don’t know anything about drugs, or their effects,’ he said angrily. But he doesn’t know anything about me …

There have been many times when people assumed they knew who I was … Or who I was going to be.

I was seven. My dad had a good job and sometimes gave us spare change to buy candy. We were building our first house. We had money for school. I don’t think I noticed if he drank too much.

Then dad lost his job that summer. There wasn’t money for me to go to school in the fall, but I went anyway, hoping to go unnoticed. My primary school teacher asked us to write an essay on how we spent our summer vacation. I wrote everything -- about how at first, they cut off our current and the water. About how portions on our plate got smaller. That dad drank more … and stayed home less. I wrote about how dad sold our groceries for drugs …

And then there was the night mom didn’t want him to come home and get in the bed. She piled all of us kids under the blankets with her. Dad came home drunk, shouting for something to eat. When Mom didn’t get up, he came in and poured gasoline on the bed, and on us, and held a match, threatening to strike.

The thing is, everyone knew what was going on. And they said my brothers and I would grow up to be just like him.
After reading my essay, my teacher collected food items from my classmates and handed the box to me. A girl said, ‘We did that cause you’re poor, black, and hungry.’ I hadn’t really thought of myself that way.

What they didn’t say, but what I could hear … what I sometimes still hear when I look in the mirror -- was that I was going to turn out to be a poor, black, abusive … drug addict. That I would never succeed. Or help other people.

When you look at me … you can see what you want. Most people do.”

**Key Issues:**

- Discrimination (based on class and ethnicity)
- Impact of poverty
- Impact of alcoholism and drug use
- Gender-based violence
- Gender roles and expectations

**Discussion Questions:**

1. Why do you think Errol begins his story by talking about the time when a day laborer accused him of knowing nothing about drugs and addiction? *(He wanted to remind viewers that it is wrong to make assumptions about other people.)*

2. Describe another time in Errol’s life when people made assumptions about him. Why do you think they made these assumptions, and how did the assumptions affect Errol? *(When his father began to drink, do drugs, and behave violently, people assumed Errol would grow up to be just like him. The assumptions were rooted in discrimination based on class and skin color, and on gender role expectations for men; they caused Errol to doubt his own abilities and strengths and wonder if he would follow his father’s path.)*

3. In what ways can experiencing the kind of trauma that Errol went through, within the home and community, impact adolescent sexual health and decision-making? *(It can result in self-doubt, fear, poor decision-making, and a desire for love and connection above all else, even when a sex partner might pose risks for violence, STIs, and/or HIV.)*

4. How might young people growing up in abusive homes be supported in making healthy decisions about sex and relationships? *(Schools, community groups, and health organizations can offer education and support for youth who have experienced/witnessed violence.)*
Licda, Honduras (Spanish with English Subtitles)

Summary:

Licda grew up in poverty, in Honduras. She remembers in her story the way that women in her community were treated: with harsh words, persistent discrimination, and violence. After making the decision not to marry, Licda met a different kind of man. They married and now work together, supporting youth volunteerism and empowerment.

Story Transcript: “Footprints”

“I remember that in my childhood we had very few financial resources, because I’m from a very large and humble family. We are ten children. We had no toys, but we thought up ways to entertain ourselves. My parents have been my inspiration to progress in life.

What comes to mind is the landscape I’ve always seen. Families living along the banks of the river, in wooden houses with sheet-metal roofs. Barefoot children with torn clothing and dirty faces. Some of them don’t go to school because they have to work. As children, together with my siblings and friends, we took the initiative to celebrate the Day of the Child with the kids who were poorer than we were.

I was raised in an environment surrounded by men. We had a billiards room in my house; that was part of our family income. I was surrounded by violence and sexism. I remember my mom dealing with drunks and taking care of the home while my dad worked. I saw how domestic violence was part of the environment in which we lived. How my neighbors were mistreated by their husbands, who would come home after being with other women and didn’t want their wives to complain. I heard men speaking badly about women. All of this outraged me.

This situation had such a big impact on me that I decided not to marry for fear that I’d have a similar life. At the age of 15, I began to educate myself about domestic violence and sexual education. I was trying to change things in my community. We began to chat among friends in my patio about the situation affecting us … all of us. We organized activities to entertain ourselves a bit, and at the same time we shared experiences, because many of them were involved with drugs.
Thankfully, God put a wonderful man with human kindness in my path. I married him at 28 years of age, and we are currently expecting our first baby. With my father’s help, we established a youth organization called CONJUPO, focused on political involvement and volunteer work. Together with my husband, we work as volunteers for the youth of Honduras.”

**Key Issues:**

- Impact of poverty
- Discrimination (based on sex)
- Male chauvinism/machismo
- Gender-based violence

**Discussion Questions:**

1. Licda’s experience of her family was both positive and negative. Describe happy memories she has of her parents, as well as negative ones. *(She recalls having loving parents and an ability to find entertainment in spite of poverty; she also recalls growing up surrounded by violence and sexism, as her parents ran a billiards room.)*

2. How do you think Licda’s childhood influenced her decisions in life? *(She grew into a strong woman, due to the support of her parents; she grew into a supporter of women’s rights, due to witnessing discrimination against women; she decided at first not to marry, due to the violence she saw in her community.)*

3. Licda and her neighbors were concerned about the violence and drug use in their community and began talking about solutions. What issues can you identify in your community, that make it difficult for young people to stay healthy, and how might you address them?
Summary:

From a young age, Alex knew that he was gay but was unable to be completely open with his family members. He faced great fear and endured family hardships as a result of their response to his sexual orientation. In his story, Alex explores cultural views related to LGBT people as well as the importance of sexuality education and the role of advocacy for LGBT rights.

Story Transcript: “We Are Diversity”

“Since I was five, I felt different, in some way, from other children. I remember I really liked to hug, play with, and cuddle my friends. That made me feel really good and at the same time somewhat guilty, because of the comments I heard at home related to these types of feelings, which filled me with fear.

One day I gathered my courage and decided to tell my grandma the experience I was living. After telling her, she replied, “My son, I already knew that. I love you, and you can count on me.”

When I was 14, I met a wonderful man who introduced me to something unimaginable to me, love. We met and fell in love. Around that same time, my grandmother died from a stroke. When my mother heard the rumors about my sexual orientation and relationship with my boyfriend, she reacted very negatively ... full of anger because of all the disinformation about sexuality. She forced me to separate from my boyfriend when I was 18, and in many ways she forced me to silently leave my nuclear family.

Around that time I found a gay organization, which gave me information that allowed me to become empowered around my sexual identity and to begin fighting to gain respect for the human rights of other youth who shared my way of loving.

After living totally isolated from my family for three years, I decided to visit them and tell them my truth. I remember when I arrived there, I was overcome with feelings of sadness ... seeing my mother crying with happiness, because her little boy had returned. We greeted each other, and she
asked me what I had to confess to her. Full of fear, I took a deep breath and told her ‘Mother, you know what? I’m gay.’ With tears in her eyes she leaned on me, hugged me, and told me, ‘Son, I love you, you can be whatever you want to be, but you’ll never stop being my son.’ “

**Key Issues:**

Gender roles and expectations  
Impact of traditional beliefs  
Homophobia  
Need for sexuality education  
Family solidarity  

**Discussion Questions:**

1. Describe some of the challenges that Alex faced, growing up, and how he reacted to these challenges. What attitudes exist in your community about homosexuality?  
   *(He felt guilty and fearful about his feelings for other boys, because he received messages from adults and peers that these feelings were wrong; he relied on and was grateful for the acceptance and support of his grandmother; he became isolated from his family when his mother found out about his sexual orientation.)*

2. Alex eventually found a gay support group. How did this group help him?  
   *(It made him understand that being gay is normal and that LGBT individuals deserve understanding, acceptance, and equality, and it supported him in becoming an advocate for LGBT rights.)*

3. The story that Alex shares focuses on the impact of homophobia. Why is it important for adolescent sexual and reproductive health providers and activists to challenge homophobia?  
   *(Because it puts LGBT youth at risk for unintended pregnancy, STIs, and HIV, as they may try to “prove” their heterosexuality, fear stigma within health settings, and avoid condoms due to feeling shameful about their sexuality.)*

4. How can health providers and activists work towards creating greater safety and health for LGBT youth at the individual, community, organizational, and policy levels?  
   *(They can challenge homophobia and discrimination against LGBT individuals when they encounter it; promote comprehensive sexuality education, including education about sexual diversity; advocate against discriminatory practices and policies within health organizations; and mobilize communities and organizations to speak in favor of laws that ensure LGBT rights.)*
Gladys, Mexico (Spanish with English Subtitles)

Summary:

Gladys always felt alone and out of place, as a child and teenager. Her mother treated her poorly due to her dark skin color, saying she didn’t deserve an education. Gladys’ body image also affected her self-esteem. She speaks in her story about her quest to understand why she had begun to cut herself and hit walls until her hands bled. After joining GOJoven and connecting with friends, Gladys had the courage to pursue an education and accept herself as she is.

Story Transcript: “Surviving to Live”

“I have always been known for being surrounded by friends and being an advisor to all of them; I had words for everybody, but felt alone and that nobody understood what was happening to me. When I was surrounded by my friends’ laughter and joy, I felt out of place, and I would run away to be alone.

My childhood and adolescence were hard, due to the discrimination that I suffered from my mother, because I had my dad’s skin color and looked a lot like him. She used to say that a dark-skinned girl couldn’t study and asked why I would want to be someone in life when I could get married and have children, or find a job to support our household.

Being overweight always contributed to my continually feeling bad, as I was ashamed about how I looked. I felt ugly. It was torture when I saw my reflection in objects; I didn’t have the courage to look at myself.

By learning about self-esteem in books and workshops, I understood my situation and realized how far my problem had advanced. I was hurting my body with sharp objects, hitting the walls until my fists bled. I was aware that everything I was doing was wrong. That’s why what I did to hurt myself didn’t last long -- until I had the opportunity to belong to GOJoven, a program that changed my life and brought me to people who’ve helped me succeed personally and professionally.

Now I’m about to graduate with a Bachelor’s degree, and in my journey I’ve done academic exchanges in other states of Mexico, and I’m planning to do post-graduate studies to continue bettering myself.
Thanks to my friends, I now recognize the skills I have, accept myself as I am, and most importantly, have the courage to confront adversity that comes my way. I got back my self-confidence and sense of security. Now I can say that the mirror is a great friend and a faithful companion, and that the loneliness I once felt never existed, because I always had friends by my side.”

**Key Issues:**

Discrimination (based on ethnicity and sex)
Gender roles and expectations
Low self-esteem
Self-injury
Value of education for girls

**Discussion Questions:**

1. Although she had many friends as a girl, Gladys describes feeling alone and misunderstood. What do you think made her feel this way? *(She faced verbal and emotional abuse from her mother, who looked down on her due to her dark skin color and said she wasn’t capable of getting an education.)*

2. Gladys’ story reveals the challenges that many girls experience in relation to body image and self-esteem. Describe these challenges, and talk about how they can affect girls’ sexual and reproductive health. *(She felt overweight and disliked her body; she was ashamed of how she looked; she avoided looking in the mirror – all responses to misogynistic social norms that suggest girls and women should be thin, fit, and conventionally “beautiful.” Low self-esteem and body image problems can make girls feel starved for emotional and physical attention and thus more likely to engage in early sexual activity, which puts them at risk of getting pregnant and/or contracting STIs.)*

3. How did Gladys initially respond to her feelings of self-hatred, and how was she eventually able to begin overcoming these feelings? *(She began to harm herself, which can be a response to feelings of numbness or despair. Later, she found self-help books, workshops, and a supportive community, which made her understand that self-harm is destructive.)*

4. While programs like GOJoven have an important role to play in boosting young women’s self-esteem, name other approaches that can be taken to help girls like Gladys. *(Families, schools, and health organizations can be educated about the impact of gender and racial discrimination on young people’s health and well-being; communities can challenge racial and gender stereotypes by mobilizing people to celebrate diversity in all its forms; institutions and governments can enact policies and laws that ensure gender equality and prohibit discrimination based on race/ethnicity in education and professional opportunity.)*
Summary:

Wilma, a young Mayan woman from Quintana Roo, Mexico, lived in poverty during her childhood. She looked up to her mother, who constantly supported Wilma and worked tirelessly so that she could have the opportunity to go to school. In her story, Wilma examines discrimination against indigenous women and highlights the strength and courage of her mother’s efforts to provide opportunities for her children.

Story Transcript: “For My Mother”

“My first memories of my mother are of her working continuously in the midst of poverty. I remember her strength and tears, defending herself and us from my father’s abuse and the rejection of my family. They didn’t accept her because of her color and indigenous features. She is short, but when it came to defending us, she was the tallest woman on earth.

My mother fell ill, which led to a difficult situation for us. I remember the days when she couldn’t get up and take me to school. We realized we were alone: my father, my mother, and my brothers. We had no one to turn to.

On her better days, my mother worked as a seamstress, cook, and on other miscellaneous jobs. She would tell us that we had to help each other -- from the simplest household chores, to my elder siblings’ responsibilities taking care of us younger ones.

It was hard to study because the expense was so much for us. But for my mother, that was the best inheritance she could give us. She didn’t have that opportunity herself, because it was thought that women should only prepare themselves to be housewives. And that studying was useless for them.

Education was the only way to change our future. It was the only way for us to gain respect. When she dreamed about something, she worked tirelessly to achieve it. Nothing was impossible. I wonder what my mother’s life would have been like if she had the opportunity to study, and what my family’s life would have been like if there were no discrimination among people.

Even though I’m no longer in my mother’s womb, I’m still a part of her ... her example is what makes me fight to make young people understand that there’s no difference between us. And that
people’s worth can only be measured by the size of their kindness and actions.”

**Key Issues:**

- Discrimination (based on language, culture, and sex)
- Gender-based violence
- Family solidarity
- Value of education for girls

**Discussion Questions:**

1. Why did Wilma’s father and his family reject her mother, and how did this affect Wilma? *(They rejected her due to their prejudices against indigenous people, and her father abused her mother. The rejection meant a life of poverty and hardship for the family, and challenges for Wilma in obtaining an education; the rejection also taught Wilma the value of family solidarity, as family members were forced to rely on/support each other.)*

2. Wilma’s mother was not able to get an education, due to traditional beliefs about women’s roles. Describe these beliefs, and talk about why they exist. *(Many cultures and societies, including the one that Wilma grew up in, believe that women are suited only for traditional roles as wives and mothers. The roots of present-day discrimination against women lie in patriarchal social relationships that emerged thousands of years ago, which view women and girls as second-class citizens and privilege male experience and power.)*

3. What examples does Wilma’s story offer about how women can confront discrimination against women? What role can men play in supporting women’s rights? *(Wilma’s mother worked tirelessly so that Wilma could get an education, and Wilma in turn is a role model for youth, of what women can accomplish. Men can act against their own gender training by confronting other men about the importance of girls’ education and women’s rights.)*

4. In her story, Wilma states, “Education was the only way to change our future. It was the only way for us to gain respect.” Do you agree or disagree with this statement? Why? What role does education play in promoting young women’s sexual health and rights? *(When women are literate, they can access information about their rights. When they understand that they have equal rights, they can begin to seek out and demand the health services they need and make their own decisions about sex and reproduction.)*

**Jorge, Guatemala** *(Spanish with English Subtitles)*
Summary:
Jorge grew up with his father’s parents, who verbally abused and beat his mother. When Jorge’s father returned home from the United States, he began to beat Jorge. In his story, Jorge talks about the many scars he grew up with, as a result, and about his decision to pursue education in human sexuality. At first, his parents did not approve, but eventually they supported his work.

Story Transcript: “Never Stop Learning”
“In my life as a child and a teenager, my father lived in the United States. My brothers and I lived alone with my mother. My grandparents always verbally or physically attacked my mother, and I felt it was my fault. My grandmother claimed that I was my mother’s favorite. She endured it all, even the blows that left scars on her body.

When my father returned from the United States, he assaulted me physically just as my grandparents beat my mother. That’s when I felt some of what she suffered, those beatings that even today I cannot forget. All wounds leave a scar.

In my adolescence there were also scars. To help heal a wound within me, I decided to study sexual and reproductive health, a topic that my parents did not accept. They were ashamed to talk with me about it because it was a sensitive subject, but to me it was interesting. My neighbor, with much shame, spoke to me in secret.

My first training on sexual health was in Guatemala City, when I was an adolescent. I wasn’t supported by my parents, but they later changed their minds and helped me. Eventually I completed my high school education and promised myself that I would continue studying. I remembered the promise I had made to my primary school teacher; I wanted to be the first person in my family to graduate from college.

The day my mother died, I talked to her in the room where she lay, so that she could forget her pain for a moment. I made her laugh, and we had moments of sadness, but in the midst of this she always told me, ‘Move forward and improve yourself’ … because I want you to be someone in life. You will be the pride of the family.’

In life you never stop learning. According to my mother’s advice, today I continue to work with
youth. I’m learning along with them how to face very harsh realities, and I’m teaching them to lead a dignified life, based on their sexual rights."

**Key Issues:**

- Gender-based violence
- Child abuse
- Family solidarity
- Need for sexuality education

**Discussion Questions:**

1. Jorge talks in his story about the scars of his childhood and about the wounds he needs to heal. What is he referring to? *(He is referring to witnessing his grandparents’ abuse of his mother and experiencing the abuse of his father.)*

2. What impact can witnessing and experiencing violence and abuse have on young men’s sexual and reproductive health? *(Young men may learn that male violence [physical and sexual] is the norm and may grow up to repeat it, thus putting themselves and their partners at risk for unintended pregnancy, pregnancy complications [if abuse occurs during pregnancy], STIs, and physical injury. On the other hand, young men may recognize that violence is wrong, grow up to challenge the gendered expectation that they themselves will become abusive, and learn to respect themselves and their partners by practicing safe sex and seeking regular health care.)*

3. How did Jorge respond to the difficulties within his family? *(He became interested in sexual and reproductive health, which was surrounded by silence in his family; became determined to get an education; and grew up to help youth understand and exercise their sexual health and rights.)*

4. Jorge’s parents at first did not support his efforts to learn about sexual health, but later they changed their minds. How does the support of family members and loved ones make it possible for people to pursue their goals? *(It helps people value and love themselves, which leads to confidence and motivation.)*
This section of the Training and Advocacy Guide offers a variety of activities and sample workshop agendas based on the *Youth Leaders Speak* digital stories.

- The first set of activities focuses on how *stories can be used as tools for education and community building*.

- The second set of activities focuses on how *stories can support policy advocacy* on behalf of adolescent sexual and reproductive health and rights.

*Note: Users of this guide are encouraged to adapt and expand upon the activities in whatever ways make sense for their particular goals and viewing audiences.*

One of the GOJoven program’s primary goals is to improve adolescent sexual and reproductive health and rights through education and community building. The following activities are designed to enable GOJoven Fellows and other users of this guide to draw on the strengths of the *Youth Leaders Speak* digital stories as learning tools, in the context of health education for members of local communities, as well as within service provider training (e.g., with community health workers, nurses, social workers, educators, etc.)

Please read the activities and instructions carefully, and draw upon the information provided in Guidelines for Facilitators, p. 4, as you design your events and training sessions. Many of the activities can be adapted for use with various digital stories to cover a range of adolescent sexual and reproductive health and rights issues. Please see Appendix A, Key Issues Chart, p. 60, to identify topics that are relevant for your audience.
Training/Screening Event Expectations Discussion

Objectives
To enable participants to share their reasons for attending the training/story screening.
To support participants in identifying their goals and expectations for applying new knowledge and perspectives as a result of attending.

Time
15 minutes

Materials
Sheets of paper, pens

Steps
1. Present the following three questions to the group:
   a.) What do you want to achieve from attending the training/story screening?
   b.) What made you interested in attending?
   c.) What benefit do you think you will get from the event, and how will your participation help you benefit your community?

2. Ask participants to spend a few minutes thinking about their responses to these questions and write down their thoughts.

3. Invite participants to share their answers to these questions, one at a time.

4. Review the Key Take Away Points, below.

5. Thank the group for their participation.

Key Take Away Points
People attending the training/screening event are coming into the dialogue from different backgrounds and with different experiences that shape why they have chosen to participate.

Facilitators must listen to, acknowledge, and support the various ways that participants are interested in applying what they will learn.

The Sexual and Reproductive Health Needs of Adolescent Girls

Objectives

- To enable participants to understand issues facing adolescent girls.
- To build participants’ skills for talking openly with girls about their reproductive health needs.

Time

- 60 minutes

Materials

- Nekeisha’s story
- Chart paper, tape or prestix, markers

Steps

1. Show Nekeisha’s story. Count silently from one to 10 after the story is over, before proceeding to the next step, to give participants a moment to take in the content.

2. Take 20 min. to lead a discussion about specific questions 1, 2, and 3 (see p. 17).

3. Ask for two volunteers to participate in a role-playing activity. Assign one of the volunteers to play Nekeisha and the other to play a health provider/parent/trusted community member (choose role depending on your audience). Explain to the volunteers that they will be focusing on the time period after Nekeisha’s miscarriage and before her second pregnancy.

4. Ask the volunteers to role-play a first-time meeting between Nekeisha and the other character. Give them approximately 15 min. to have a conversation about why Nekeisha has sought support.

5. Thank the volunteers for their efforts, and ask them to share their reflections about what worked and what didn’t work, during the interaction. Document their responses on chart paper.

6. Bring the entire group back together. Ask participants to share their thoughts about what worked, what didn’t work, and how the assessment could have been improved. Again, document their responses on the chart paper used above.

7. If necessary, add your own comments to the chart paper.

8. Review the Key Take Away Points identified below.

9. Thank the group for their participation.

Key Take Away Points

Adolescent girls face a range of issues that can impact their sexual and reproductive health.

These issues include but are not limited to: discrimination (based on language, culture, race/ethnicity, sex, gender identity, sexual orientation, age, etc.); lack of accurate information about sex and reproduction; shame and fear related to sexuality, due to conservative religious and social beliefs and norms; vulnerability to older men who may wish to control or manipulate them; lack of access to quality reproductive health services, including contraception, pregnancy counseling, and abortion.

Health providers, parents, and concerned community members have an obligation to educate themselves about these issues so that they can offer sensitive and appropriate care/guidance to girls.
# Challenging Homophobia and HIV Stigma

| Objectives | To dispel myths related to LGBT identity and HIV/AIDS.  
|            | To help participants understand the risks that homophobia and HIV stigma can pose to the sexual health of LGBT individuals. |
| Time       | 60 minutes |
| Materials  | David’s story  
|           | Four signs printed/written on sheets of paper (“Strongly Agree”, “Strongly Disagree”, “Agree,” and “Disagree”)  
|           | Tape or prestix |
| Steps      | 1. Put the four signs up on the walls. Leave space between them, so that a group of participants can stand near each one.  
|           | 2. Explain that the activity will give participants a chance to gain a deeper understanding of their own and each other’s attitudes about LGBT identity and HIV/AIDS.  
|           | 3. Show David’s story. Count silently from one to 10 after the story is over, before proceeding to the next step, to give participants a moment to take in the content.  
|           | 4. Tell participants that you will be reading a series of statements, and that they will need to stand near the sign that best expresses what they think about each statement.  
|           | 5. Read the first statement aloud (see below). Ask participants to stand near the sign that expresses their thoughts about it. Next, ask one or two people beside each sign to explain why they are standing there and why they feel this way about the statement.  
|           | 6. After a few participants have talked about the statements they chose, ask if anyone wants to change their minds and move to another sign. Then read the next statement and repeat steps five and six. Continue for each statement.  
|           | 7. After you have discussed all the statements, bring the group back together to address these questions:  
|           |   * Which statements did you have strong opinions about? Which statements did you not have very strong opinions about? Why do you think this is so?  
|           |   * If you had a different opinion from that of the other participants, how did it feel to talk about it?  
|           |   * How do you think people’s attitudes to the statements might affect their ability to provide services and/or support to LGBT identified individuals?  
|           |   * How do you think this exercise has changed your attitudes about sexual orientation and HIV/AIDS?  
|           | 8. Lead a discussion based on the specific questions for David’s story (see p. 19). If necessary, refer to the Glossary (see p. 53) to define terms such as sex, gender, gender identity, and sexual orientation. Emphasize the Key Take Away Points, below.  
|           | 9. Thank the group for their participation. |
Challenging Homophobia and HIV Stigma (continued)

Statements

If homophobia didn’t exist and sexuality education was widely available, David might have avoided contracting HIV.

Gay men like David and his partner can choose to change their sexual orientation, if they wish.

LGBT individuals are more likely to commit crimes and spread HIV.

Discrimination against LGBT individuals increases their risk of contracting HIV.

David is probably exaggerating the emotional pain he felt after his partner’s death, because gay men care only about sex, not about relationships.

Health centers should not be expected to know that much about HIV, because it mostly affects gay men.

It’s impossible for someone with HIV to live a healthy and happy life.

Health providers have a responsibility to offer quality care to all individuals, regardless of their sexual orientation.

Key Take Away Points

Equality and acceptance of a range of sexual identities, combined with comprehensive sexuality education, can help prevent HIV among LGBT youth.

Sexual orientation is not something that LGBT individuals choose or can change, and LGBT individuals are no more likely to commit crimes or spread disease than any other people.

When LGBT individuals are fearful of seeking health information and services due to homophobia and discrimination, they may be more vulnerable to HIV.

Health organizations, providers, and community advocates must be well informed about the health risks facing LGBT individuals and knowledgeable about HIV/AIDS.

People with HIV can live for a long time, if they receive the right medications and support services.

Violence Against Women Discussion

Objectives

To help participants define gender-based violence.

To support participants in talking about what gender-based violence looks like in their community/communities.

To provide an opportunity for participants to reflect on their own experiences with gender-based violence.

Time

45 minutes

Materials

Wilma’s story

Sheets of paper, pens, chart paper, tape or prestix, markers
Steps

1. Show Wilma’s story. Count silently from one to 10 after the story is over, before proceeding to the next step, to give participants a moment to take in the content.

2. Ask participants to share how the story made them feel and describe the parts of the story (audio and visual) that especially moved them. Take 15 min. for discussion.

3. Ask participants to reflect in silence on experiences they have had or witnessed in their communities, related to violence against women.

4. Hand out sheets of paper and pens, and ask the participants to write down their answers to the following questions:
   a.) What does the word “violence” mean, to you?
   b.) What does “gender-based violence” mean, to you?

5. Ask several volunteers to share their answers, and lead a discussion exploring the ideas and thoughts that the participants come up with.

6. Brainstorm responses to the following questions, with the group, documenting responses on chart paper:
   a.) What kinds of violence did Wilma’s mother face?
   b.) How do you think violence affects the sexual and reproductive health of women?

7. Review the Key Take Away Points, below.

8. Thank the group for their participation.

Key Take Away Points

People have different ideas about the meaning of violence, especially when it is directed at women.

Gender-based violence includes physical, emotional, and verbal violence directed at women or directed at men based on their perceived or actual gender-identity or sexual orientation.

Violence can make youth vulnerable to a number of sexual and reproductive health issues, including early/unintended pregnancy, unsafe sex, STIs, and HIV/AIDS.

Health providers, educators, and advocates have an obligation to understand violence and its impacts, know how to work with and appropriately refer youth affected by violence, and take care of themselves when they are triggered by their own or their patients’ experiences of violence.

## The Impact of Trauma on Sexual and Reproductive Health

*Note: Because of the sensitivity of the subject matter, facilitators are urged to enlist the support of an expert on trauma, in leading the following activity.*

| Objectives | To help participants’ define family and community trauma and understand the impacts that trauma can have on sexual and reproductive health.  
To build participants’ skills for supporting youth who have experienced trauma. |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Time</td>
<td>90 minutes</td>
</tr>
</tbody>
</table>
| Materials | Errol’s story; Gladys’ story  
Chart paper, markers |
| Steps | 1. Show Gladys’ story. Count silently from one to 10 after the story is over, before proceeding to the next step, to give participants a moment to take in the content.  
2. Ask participants to share how the story made them feel and describe the parts of the story (audio and visual) that especially moved them. Take 15 min. for discussion.  
3. Show Errol’s story. Count silently from one to 10 after the story is over, before proceeding to the next step, to give participants a moment to take in the content.  
4. Ask participants to share how the story made them feel and describe the parts of the story (audio and visual) that especially moved them. Take another 15 min. for discussion.  
5. Ask participants to find a partner. Give each partnered pair a sheet of chart paper and ask them to draw an outline of a human body.  
6. Ask the pairs to work together to mark, write, or draw types of trauma; impacts of trauma; and sexual and reproductive health risks related to trauma on their sheet of paper. Have them focus on the kinds of trauma revealed in the two digital stories, as well as on other traumas and impacts they can identify. Encourage participants to be creative in using color and drawings during the exercise. Allow 20 min.  
7. Brainstorm with participants:  
   - Actions that can help an individual cope with trauma;  
   - Actions that a concerned friend/community member/advocate can take, to support someone who may have experienced trauma; and  
   - Actions that a health provider can take, to assist a patient who may have experienced trauma.  
Use the information contained in Appendix C, Coping With And Responding To Trauma, p. 64, to guide the discussion.  
8. Review the Key Take Away Points, below.  
9. Thank the group for their participation. |
Key Take Away Points

Adolescents experience a range of types of trauma, inflicted by family members, partners, peers, and/or strangers -- including emotional, verbal, physical, and/or sexual violence.

Discrimination and prejudice based on ethnicity, appearance, or other factors, as well as severe poverty can also be traumatizing, for youth.

Trauma can have a range of impacts, including but not limited to social withdrawal, low self-esteem, self-harm, disassociation, flashbacks, nightmares, acting out behaviors, alcohol/drug abuse, and difficulties maintaining healthy peer and intimate relationships.

These impacts can make youth vulnerable to a number of sexual and reproductive health issues, including early/unintended pregnancy, unsafe sex, STIs, and HIV/AIDS.

Health providers, educators, and advocates have an obligation to understand trauma and its impacts, know how to work with and appropriately refer youth affected by trauma, and take care of themselves when they are triggered by their own or their patients’ experiences of trauma.

Raising Awareness About Stigma and Discrimination

<table>
<thead>
<tr>
<th>Objectives</th>
<th>To help participants understand challenges faced by indigenous youth.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>To enable participants to identify their own privilege and see the ways that people classify each other and set up hierarchies.</td>
</tr>
<tr>
<td>Time</td>
<td>60 minutes</td>
</tr>
<tr>
<td>Materials</td>
<td>Jacinta’s story</td>
</tr>
<tr>
<td>Steps</td>
<td>1. Show Jacinta’s story. Count silently from one to 10 after the story is over, before proceeding to the next step, to give participants a moment to take in the content.</td>
</tr>
<tr>
<td></td>
<td>2. Ask participants to share how the story made them feel and describe the parts of the story (audio and visual) that especially moved them. Take 15 min. for discussion.</td>
</tr>
<tr>
<td></td>
<td>3. Ask participants to stand up and move into a large, empty room, or move chairs and tables to the side to create space for the activity.</td>
</tr>
<tr>
<td></td>
<td>4. Have them line up against one wall, while you face them in the center of the room.</td>
</tr>
<tr>
<td></td>
<td>5. Explain that you’ll read a series of statements, one at a time, and that those people to whom a given statement applies will take three steps forward, while those to whom the statement does not apply will remain against the wall. Ask everyone to move back against the wall, after each statement.</td>
</tr>
<tr>
<td></td>
<td>6. Read statements below (choose from among those suggested, or come up with your own, to fit your particular group, taking care to avoid statements that would require people to “out” themselves as LGBT): “Please come forward if you …”</td>
</tr>
</tbody>
</table>
Steps (cont.)

7. Close the activity by reviewing the Key Take Away Points, below.
8. Thank the group for their participation.

Statements
- Grew up with both a mother and a father;
- Have never been teased or mistreated due to your culture;
- Have always felt safe walking around late at night;
- Don’t know what it’s like to be judged or attacked for behaving in ways that are “inappropriate” for members of your sex;
- Have never had to leave school in order to work to support your family;
- Have never struggled to understand a teacher who didn’t speak your language;
- Completed primary school;
- Completed secondary school;
- Completed college;
- Have always had enough to eat;
- Don’t have family members or close friends who live in poverty;
- Have never had trouble accessing healthcare in your native language;
- Have always felt that you have the right to live in the community where you live.

Key Take Away Points

Privilege plays out in many ways. People may be more privileged than others when it comes to one aspect of who they are (for instance, men are privileged over women), but less privileged when it comes to another aspect (for instance, white-skinned individuals are privileged over dark-skinned individuals).

Indigenous youth face many challenges in their lives as they seek education, healthcare, and work.

Indigenous youth are vulnerable to sexual exploitation and sexual and reproductive health risks, due to poverty, lack of educational and work opportunities, and the failure of health systems to provide information and services in languages they understand.
### Clarifying Attitudes About Gender and Promoting Women’s Rights

| Objectives                             | To help participants identify and understand gender roles.  
<table>
<thead>
<tr>
<th></th>
<th>To support participants in challenging discrimination based on sex.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time</td>
<td>90 minutes</td>
</tr>
<tr>
<td>Materials</td>
<td>Omar’s Story</td>
</tr>
<tr>
<td></td>
<td>sheets of paper, pens</td>
</tr>
</tbody>
</table>
| Steps                                  | 1. Show Omar’s story. Count silently from one to 10 after the story is over, before proceeding to the next step, to give participants a moment to take in the content.  
|                                       | 2. Ask participants to share how the story made them feel and describe the parts of the story (audio and visual) that especially moved them. Take 15 min. for discussion.  
|                                       | 3. Give each participant a sheet of paper and ask them to write “Omar’s Father” on one side, and “Omar’s Mother” on the other. Ask participants to outline an average day for each of these people, on the appropriate side of their sheet of paper.  
|                                       | 4. Support participants in organizing the different activities and experiences of each person’s day by:  
|                                       | - domestic activities;                                         |
|                                       | - income generating activities;                               |
|                                       | - decision-making activities;                                 |
|                                       | - relationship-related activities; and                        |
|                                       | - leisure activities.                                         |
|                                       | Take approximately 15 min. for this activity.                 |
|                                       | Note: if participants are unable to read and write, have them use symbols or drawings. |
|                                       | 5. Bring the group together and discuss the following questions:  
|                                       | - Are Omar’s father and mother doing the same or different activities?  
|                                       | - Are they spending the same amount of time on activities?  
|                                       | - Why do you think there are differences?  
|                                       | - Are these differences fair?  
|                                       | - Do you think activities performed by men and those performed by women are given equal value? Why/why not?  
|                                       | - What can be done to challenge gender role expectations and discrimination based on sex? |
|                                       | 6. Review the Key Take Away Points, below.                    |
|                                       | 7. Thank the group for their participation.                   |
**Clarifying Attitudes About Gender and Promoting Women’s Rights** (continued)

**Key Take Away Points**

Conservative religious, cultural, and social values exert pressure on men and women to behave in certain ways.

The roots of present-day gender roles and discrimination against women lie in patriarchal social relationships that emerged thousands of years ago, which view women and girls as second-class citizens and privilege male experience and power.

It is unfair that activities performed by men (income generating activities) and those traditionally performed by women (raising children, taking care of households) are not given equal value.

Individuals can challenge gender role expectations and discrimination based on sex by refusing to divide responsibilities based on sex/gender and by speaking out for their rights and those of their family members, peers, co-workers, etc.; institutions and governments can enact policies and laws that ensure the equal rights of women.
As the GOJoven program continues to work towards building greater capacity in Mexico, Guatemala, Honduras and Belize for leadership on adolescent sexual and reproductive health and rights, it sees a strong need to expand the role of GOJoven Fellows in relation to policy advocacy.

For purposes of the GOJoven program overall, “policy” is defined as rules, regulations, and laws implemented and enforced by local organizations, institutions, and government bodies. “Advocacy” is defined as activities intended to educate and mobilize citizens, key leaders, and government representatives to author and adopt new policies or ensure adequate enforcement of existing policies.

Examples of policy advocacy in the context of GOJoven’s work include but are not limited to:

- Bringing parents together to inform them of the importance of requiring sexuality education at all levels of formal education and gain their commitment to speak with their children’s teachers and school administrators about how the local school board can be urged to take action on the issue.

- Setting up a meeting with practitioners and administrators at a local health center to request that they create quality lesbian, gay, bisexual, and transgender (LGBT) friendly outreach, education, and clinic services and initiate a process of establishing appropriate protocols and holding staff accountable for adhering to them.

- Creating alliances with public and private youth-rights organizations to develop and help carry out local and/or country-wide activities promoting the adoption of country-wide laws mandating the provision of contraception to minors over the age of 14.
Policy advocacy is most successful when it is focused on a specific issue (for example, the importance of passing a law that makes it legal to provide minors with access to contraception) or set of interrelated issues (for example, the need to require reproductive health organizations to screen adolescent girls and women for gender-based violence and provide appropriate referrals), and when it is carried out by groups of individuals/organizations. Before jumping into advocacy activities that utilize the digital stories, you are advised to:

1. Identify the issue or set of interrelated issues you feel most strongly about (see Key Issues Chart, Appendix B, p. 60).

2. Draft a list of organizations that are already involved with the issue(s) or that might be persuaded to become involved.

3. Initiate contact with these organizations and meet with them to talk about the issue(s), share appropriate digital stories, and map out a strategy for collaborative advocacy. Share with them the activities suggested here for mobilizing concerned citizens and influencing key leaders/decision makers.

Note: The following approaches to sharing digital stories as tools for policy advocacy are meant to be adapted as necessary, to suit the needs of individual Fellows and other facilitators working in the four GOJoven countries to address country-specific issues.
## Taking Local Action

<table>
<thead>
<tr>
<th>Objectives</th>
<th>To identify strategies, commitments, and actions for policy advocacy related to adolescent sexual and reproductive health and rights.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Audience</td>
<td>Small group (no more than 40) of local concerned citizens.</td>
</tr>
<tr>
<td>Time</td>
<td>60 minutes</td>
</tr>
<tr>
<td>Materials</td>
<td>Copies of Action Chart for each participant (see Appendix E, p. 66)</td>
</tr>
<tr>
<td>Steps</td>
<td>1. Determine in advance what issue/set of interrelated issues you wish to focus on, and identify a story to share that addresses these issues (see Key Issues Chart, Appendix A, p. 60).</td>
</tr>
<tr>
<td></td>
<td>2. Familiarize yourself with your country’s laws and government policies related to the issue(s) you have identified, as well as with any relevant international laws and/or treaties (see Appendix F, Researching National and International Laws and Treaties, p. 67).</td>
</tr>
<tr>
<td></td>
<td>3. Use the Guidelines for Facilitators contained in this guide to plan for your event (see p. 4).</td>
</tr>
<tr>
<td></td>
<td>4. After introducing yourself and describing the purpose of the event, for the audience, show the digital story you have selected.</td>
</tr>
<tr>
<td></td>
<td>5. Lead a discussion with your audience, based on the General Discussion Questions for All Stories contained in this guide (see p. 7).</td>
</tr>
<tr>
<td></td>
<td>6. Review with the audience relevant existing laws and/or treaties and/or policies in your country and/or at the international level.</td>
</tr>
<tr>
<td></td>
<td>7. Distribute copies of the Action Chart to each participant. Ask them to find a partner and take 10 minutes to discuss the story and fill out their Action Charts.</td>
</tr>
<tr>
<td></td>
<td>8. Bring the group back together and ask several pairs to share the strategies, commitments, and actions they have identified.</td>
</tr>
<tr>
<td></td>
<td>9. Lead a discussion with the audience about the kinds of support they think they’ll need in order to act on their commitments. Talk with the group about how this support can be found and maintained.</td>
</tr>
<tr>
<td></td>
<td>10. Bring the event to a close by thanking everyone for their participation, letting them know how they can stay involved with your efforts to promote adolescent sexual and reproductive health and rights, and urging them to do so.</td>
</tr>
</tbody>
</table>

### Key Take Away Points

Individuals and groups can play important roles in policy advocacy.

Acting on commitments can be difficult.

With support and encouragement, individuals can effect real change in their communities.

Working collectively rather than individually enhances the chances that action will be taken, helps people hold each other accountable for their commitments, ensures that issues remain a topic of conversation, and makes implementation of strategies more effective.
## Meeting with Key Leaders/Decision-makers

<table>
<thead>
<tr>
<th>Objectives</th>
<th>To familiarize key leaders/decision makers with policy issues related to adolescent sexual and reproductive health and rights and gain their commitment to take action.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Audience</td>
<td>Small group (no more than five) of key leaders/decision makers within local, regional, or national organizations, institutions, or government bodies OR larger group that breaks into smaller clusters for discussion.</td>
</tr>
<tr>
<td>Time</td>
<td>20 minutes</td>
</tr>
<tr>
<td>Materials</td>
<td>(optional) Fact sheet on the issue, including recommended policy solution(s) (see Appendix G, Creating a Policy Advocacy Fact Sheet, p. 69)</td>
</tr>
<tr>
<td>Steps</td>
<td>1. Determine in advance what specific issue you wish to focus on, and identify a story to share that addresses this issue (see Key Issues Chart, Appendix A, p. 60).</td>
</tr>
<tr>
<td></td>
<td>2. Familiarize yourself with your country’s laws related to the issues you have identified, as well as with any relevant international laws and/or treaties (see Appendix F, Researching National and International Laws and Treaties, p. 67).</td>
</tr>
<tr>
<td></td>
<td>3. Arrange a meeting with key leaders/decision makers who can influence your identified issue, at the local, regional, and/or national level.</td>
</tr>
<tr>
<td></td>
<td>4. At the meeting, introduce yourself and tell the group what you wish to talk about. (e.g., “My name is XX, and I want to talk to you about the need for improved HIV prevention services for adolescents.”)</td>
</tr>
<tr>
<td></td>
<td>5. Introduce and show your selected story. (e.g., “I’m going to show you a story that illustrates why these services are so important.”)</td>
</tr>
<tr>
<td></td>
<td>6. Ask the group for their reactions to the story, and how they think the situation facing the storyteller could be addressed.</td>
</tr>
<tr>
<td></td>
<td>7. Ask the group what they think they personally could do to improve the situation, and if you can have their word that they will take action.</td>
</tr>
<tr>
<td></td>
<td>8. Thank the group for their time, and leave them copies of the fact sheet.</td>
</tr>
</tbody>
</table>
An important aspect of good facilitation is understanding how your audience responds to presentations and training sessions. Giving participants an opportunity to provide feedback is crucial for generating open communication and building relationships. It is important to let people know that their opinions and thoughts count. Audience feedback enables you to assess the effectiveness of your approaches and messages and refine content as needed. Evaluation will assist you in identifying the strengths and weaknesses of your presentations, knowing what is working, and tailoring material to specific audiences.

Note: Instructions for carrying out a rigorous evaluation approach is beyond the scope of this Training and Advocacy Guide. The following brief evaluation activity is provided with the hope that facilitators will recognize and honor the value of seeking feedback as a way to improve their future training/presentation efforts.
## Close of Day Review/Recap: Plus-Delta-Action Activity

| Objectives | To give participants an opportunity to reflect on what they learned and experienced.  
|            | To support participants in sharing what was useful and what might be done differently, in future trainings. |
| Time       | 15 minutes |
| Materials  | Chart paper, markers |

### Steps

1. Draw two lines down the middle of a piece of chart paper posted to the wall to create three equally wide vertical columns. At the top of the first column, draw a “+” sign, at the top of the next column, draw a delta sign (Δ, the Greek sign for change), and at the top of the third column, write “ACTION”.

2. Ask participants to respond to the following questions:
   - What did you like about the training/story screening? (note responses in + column)
   - What did you learn or gain in this training/story screening? (note responses in + column)
   - Have your opinions changed as a result of participating in this training/story screening? (note responses in Δ column)
   - Do you intend to do anything differently as a result of today’s training/story screening? (note responses in Δ column)
   - What would you change in future training/story screenings? (note responses in Δ column)
   - What actions do you plan on taking as a result of attending the event? (note responses in “ACTION” column)

   *Give participants the option of sharing comments verbally or in writing. If they speak, document their comments in the appropriate columns. If they prefer writing, ask them to write their comments on sticky notes/pieces of scrap paper, and post the comments on the chart paper.*

3. Draw the discussion to a close by offering a brief summary of the key points mentioned during the activity and making any other closing points you feel are important but weren’t mentioned.

4. Thank participants for their time.
**Antiretroviral Medication (ARVs)** are drugs that suppress HIV and stop the progression of HIV disease. While ARVs are widely available in developed nations, as of the printing of this guide, they are still difficult to obtain in some low to middle-income countries.

**Biological Sex** refers to a person’s biological status and is typically categorized as male, female, or intersex (i.e., atypical combinations of features that usually distinguish male from female). There are a number of indicators of biological sex, including sex chromosomes, gonads, internal reproductive organs, and external genitalia.

**Culture** is a set of attitudes, customs, values, beliefs, and practices shared by a group of people in a particular place and time. Culture is continually shifting and evolving, based on external social/political influences on particular groups.

**D&C** stands for dilation and curettage, a medical procedure in which a woman’s cervix is dilated, the contents of the uterus are surgically removed, and the lining of the uterus is scraped clean. This procedure may be necessary after a miscarriage to stop bleeding and prevent infection.

**Discrimination** is the unjust or prejudicial outlook, action, or treatment of an individual, based on his or her membership (or perceived membership) in a certain group or category. People can be discriminated against due to their sex, gender identity, sexual orientation, race/ethnicity, or other factors.

**Ethnicity** refers to identity with or membership in a particular group of people whose members identify with each other through a common heritage, culture, race (physical characteristics), language, and/or national identity.

**Gender-Based Violence** was first defined in 1993 by the United Nations Declaration on the Elimination of Violence against Women, as “any act of violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivations of liberty, whether occurring in public or in private life.” Gender-based violence is now used as an umbrella term for any harm that is perpetrated against a person’s will, resulting from power inequalities that are based on gender roles.
**Gender Identity** refers to a person’s sense of self as male, female, or transgender. When a person’s gender identity and biological sex are not congruent, the individual may identify as transsexual or as a member of another transgender category.

**Gender Roles** are sets of social and behavioral norms that specify how males and females should behave, speak, dress, and interact within the context of society. Gender roles are modeled and transmitted by parents, teachers, peers, cultural practices and values, religious institutions, and mass media, among other socializing agents.

**Homophobia** is a range of negative attitudes and feelings toward homosexuality or people who are identified or perceived as being lesbian, gay, bisexual, or transgender (LGBT). Homophobia can manifest as discrimination and violence towards those who are, or who are perceived to be, LGBT.

**Internalized Homophobia** refers to negative stereotypes, beliefs, stigma, and prejudice about homosexuality and lesbian, gay, bisexual, or transgender (LGBT) people that a person with same-sex attraction turns inward on her/himself, whether or not she/he identifies as LGBT.

**LGBT** collectively refers to the lesbian, gay, bisexual, and transgender community.

**Male Chauvinism/Machismo.** *Male chauvinism* is a term used to describe the belief that men are superior to women. It is often used interchangeably with *sexism* and is closely associated with misogyny and perceptions of women as inferior to men, especially intellectually. *Machismo* is a word of Spanish and Portuguese origin that describes prominently exhibited or excessive masculinity. As an attitude, machismo ranges from a personal sense of virility to a more extreme male chauvinism. Characteristics include domineering behavior, fierceness, bravado, and other “tough” behaviors.

**Partera.** A partera is a midwife – a health provider who offers care to childbearing women during pregnancy, labor, and birth, and during the postpartum period. Parteras also sometimes help care for the newborn and assist the mother with breastfeeding.

**Prejudice** is a judgment or feeling formed beforehand or without knowledge, thought, or reason, usually unfavorable, towards a person because of that person’s perceived or actual sex, gender identity, social class, age, disability, religion, sexuality, race/ethnicity, nationality, or other personal characteristics.

**Privilege** is a special benefit, advantage, or favor, often held as a consequence of membership in a privileged class or a particular social group. People can be privileged and discriminated against at the same time. For example, a Caucasian female has privilege over an indigenous male and yet may be discriminated against by men, due to her sex.
Self-Esteem is a term in psychology that reflects a person’s overall evaluation or appraisal of his or her own worth. Self-esteem encompasses beliefs (for example, “I am competent”, “I am worthy”) and emotions such as triumph, despair, pride, and shame.

Sexual Orientation refers to the sex of those to whom one is sexually and romantically attracted. Categories of sexual orientation typically have included attraction to members of one’s own sex (gay men or lesbians), attraction to members of the other sex (heterosexuals), and attraction to members of both sexes (bisexuals).

Stigma is the extreme disapproval of, or discontent with, a person on the grounds of characteristics that distinguish them from other members of a society. Stigma may attach to a person for a variety of reasons, including mental illness, physical disability, illegitimacy, sexual orientation, or health status. Attributes associated with stigma vary in different parts of the world.

Trauma generally refers to serious physical injury or damage to the psyche that occurs as a result of a traumatic event. A traumatic event may be a single experience or an enduring or repeating set of events that completely overwhelm the individual’s ability to cope or integrate the ideas and emotions involved with that experience.

Unequal Power Dynamics occur when one person in a relationship has higher social or economic status, which they use to manipulate, influence, or control the other person. When one partner is much older than another, unequal power dynamics can impact a relationship.
Amy Hill and Kelly Henderson wrote this guide, with the assistance of Julia Zeuli and Esther Tahrir. Josué Revoloria translated the guide from English to Spanish, and Winston Berger re-edited a number of the digital stories for inclusion on the DVD.

The guide and the accompanying Youth Leaders Speak digital stories would not have been possible without the contributions of the following groups and individuals:

Public Health Institute Youth Leadership in Sexual and Reproductive Health Program (GOJoven)

GOJoven is an international program of the Public Health Institute that promotes and supports the development of young leaders to act as catalysts for social change who will vastly expand adolescent reproductive and sexual health choices, services, policies, and programs at the community, national, and regional levels in Mexico, Guatemala, Honduras and Belize.

Public Health Institute,
555 12th Street, Oakland, CA, 94607, U.S.A.
www.gojoven.org/info@phi.org

The Center for Digital Storytelling’s Silence Speaks Initiative

Silence Speaks is an international digital storytelling initiative that supports the telling and witnessing of stories that all too often remain unspoken. Its workshops blend oral history, popular education, and participatory media production methods, enabling people to create short, first person videos about their own lives. With their permission, participants share their stories locally and globally as tools for training, community mobilization, and policy advocacy to promote health, gender equality, and human rights.

Center for Digital Storytelling
1250 Addison St., Suite 104, Berkeley, CA, 94702, U.S.A.
www.silencespeaks.org/info@storycenter.org
SPECIAL THANKS to the GOJoven storytellers, whose courage and openness in documenting their lives puts them at the forefront of efforts to improve sexual and reproductive health and rights for adolescents in Mexico, Guatemala, Honduras and Belize; across Latin and South America; and globally.

**Licda Alvarez** (Honduras, 2006 GOJoven Fellow) is a board member with the Consejo Juvenil de Pobladores de Honduras (CONJUPH).

**Esther Barajas** (Guatemala, 2006 GOJoven Fellow) is the evaluation coordinator at Tan Ux’il.

**Elisa Castellanos** (Belize, 2005 GOJoven Fellow) is the director of Tikkun Olam.

**Jacinta Chan Pech** (Mexico, 2008 GOJoven Fellow) is the Quitana Roo state coordinator with the Indigenous Women’s Organization, Mexico.

**Wilma Esquivel Pat** (Mexico, 2007 GOJoven Fellow) is a teacher in middle school.

**Gabriela Flores** (Honduras, 2006 GOJoven Fellow) is a GOJoven program consultant and coordinates the “Ser Mujer” association.

**Nekeisha Lima** (Belize, 2012 GOJoven Fellow) is a sexual and reproductive health educator.

**Errol Longsworth** (Belize, 2012 GOJoven Fellow) is an outreach case officer for the National Drug Abuse Control Council.

**David Efren López** (Guatemala, 2005 GOJoven Fellow) was an educator committed to preventing the spread of HIV/AIDS and advocating for the rights of HIV-positive people.

**Jorge Luis Lopez** (Guatemala, 2011 GOJoven Fellow) is a student at the University of Mariano Gálvez in Guatemala.

**Roberto Morales Coroxon** (Guatemala, 2005 GOJoven Fellow) is a GOJoven program consultant and a health and community development consultant.

**Gladys Maribel Puc** (Mexico, 2010 GOJoven Fellow) is a student at the Intercultural Mayan University of Quintana Roo.

**Omar Rodriguez** (Honduras, 2006 GOJoven Fellow), is the GOJoven Belize training coordinator and a police constable with the Belize Police Department.

**Alex Sorto** (Honduras, 2007 GOJoven Fellow) is the director of La Asociación Jóvenes en Movimiento (AJEM).
APPENDICES

A. Key Issues Chart
B. Additional Facilitation Skills
C. Coping With and Responding to Trauma
D. Taking Action
E. Action Chart
F. Researching National and International Laws and Treaties
G. Sample Policy Advocacy Fact Sheet
### Master List of Key Issues

<table>
<thead>
<tr>
<th>Key Issues for Each Story</th>
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<tbody>
<tr>
<td>Jacinta</td>
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</tbody>
</table>

- Gender-based violence

- Child abuse

- Discrimination*

- Unequal power dynamics in relationships

- Male chauvinism/machismo

- Impact of partner infidelity

- Responsible fatherhood

- Family solidarity

- Value of education for girls

- Impact of traditional beliefs

- Need for sexuality education

- HIV/AIDS issues

- Lack of access to quality healthcare

- Institutional negligence

- Gender roles and expectations

- Homophobia

- LGBT rights

- Women’s reproductive choice

- Unsafe abortion

- Impact of early pregnancy

- Impact of poverty

- Impact of alcoholism and drug use

- Low self-esteem

- Self-injury

* based on language, culture, class, race/ethnicity, sex, or sexual orientation
<table>
<thead>
<tr>
<th></th>
<th>David</th>
<th>Elisa</th>
<th>Esther</th>
<th>Alex</th>
<th>Gladys</th>
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<td>Institutional negligence</td>
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<td>Homophobia</td>
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<td>LGBT rights</td>
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<td>Women’s reproductive choice</td>
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<td>Unsafe abortion</td>
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<td>Impact of early pregnancy</td>
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<td>Impact of poverty</td>
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<td>Impact of alcoholism and drug use</td>
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<td>Low self-esteem</td>
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<td>Self-injury</td>
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Appendix B: Additional Facilitation Skills

You don’t have to be an expert in education to create a good learning environment. Listening and questioning are the basis of good facilitation. In addition to acquiring content knowledge, facilitators need to develop skills in active listening, effective questioning, and leading group discussions. The following information and exercises can help you improve your facilitation skills.

**Active Listening**. Active listening means helping people feel that they are being understood as well as being heard. This is a vital skill for facilitating group discussions; it helps people feel that their ideas are valuable. Active listening also encourages people to share their experiences, thoughts, and feelings more openly. Active listening involves:

- Showing interest and understanding through your body language, for example by nodding your head and turning your body to face the person who is speaking;
- Using your facial expressions to show interest and understanding and reflect what is being said (note: while looking directly at the person who is speaking is often a good way to show interest, in some communities, direct eye contact may not be appropriate until the people speaking and listening trust each other);
- Paying attention to the speaker’s ‘body language’ so that you are not only listening to what is said but also to how it is said;
- Directing questions to the person who is speaking, to show that you want to understand; and
- Summing up the discussion to make sure that you understand fully what has been said.

**Effective Questioning**. Asking effective questions helps a facilitator to identify issues, get clear on facts, and understand differing views on an issue. Skills in effective questioning are also useful for challenging assumptions, showing that you are really listening, and demonstrating that the opinions and knowledge of the group are valuable. Effective questioning increases people’s participation in group discussions and encourages their problem-solving in relation to difficult issues. Effective questioning involves:

- Following people’s answers with additional questions that look more deeply into the issue or problem being discussed;
- Re-wording a previous question to make sure you are clear about the answers; and
- Asking how people feel and not just about what they know, to discover their personal points of view and encourage a deeper level of engagement with the material.

**Managing Conflict**. Discussion questions and activities presented in this guide look at sensitive issues and difficult problems. Because people have strong views on many of the topics addressed, there may well be disagreement among participants and/or between you and participants.
These disagreements can easily turn into conflict. Disagreement is healthy -- it is often through disagreement with others that we come to better understand our own thoughts and feelings. But conflict is unhealthy and can lead participants to put their energy into defending fixed positions instead of exploring new issues. As a facilitator, you need to manage conflict. If a participant challenges you, bouncing the challenge back to the whole group or to the participant himself as a question is a good way to deal with the challenge. If you feel uncomfortable with the idea of managing conflict, seek additional training on the topic, or find a co-facilitator who is skilled in this area.

**Dealing With Difficult People.** Some of the roles that people take on when they are in groups can interfere with the learning objectives of an event. When you facilitate a group discussion, you may have to deal with negative or disruptive people. You can handle difficult people by reminding the group of the ground rules you have all set and asking everyone to be responsible for making sure that participants stick to them. You can ask someone who is always complaining for details about what is bothering him/her, and address them as best you can. You can also ask the group to discuss the issue and come up with suggestions for how to handle a disruptive person or situation.

**Dealing With Opposing Views.** Although the discussion questions and activities in this guide make it possible for sensitive topics to be discussed openly in a group setting, as a facilitator, you will probably have to deal with participants who make statements that oppose the views and values of GOJoven. These could include sexist, homophobic, or discriminatory remarks or opinions. Although we all have a right to our opinions, none of us has the right to put down others with our views. For example, a participant might say: “If someone who is LGBT becomes infected with HIV, it is because homosexuality is wrong.” As the facilitator, you need to challenge such opinions and offer an alternative viewpoint. While this can be hard, it is a vital part of helping participants work toward positive change. One way to handle such a situation is offered by these steps:

1. **Step 1:** Ask for clarification.  
   “Thank you for sharing your opinion with us. Can you tell us why you feel that way?”

2. **Step 2:** Seek an alternative opinion.  
   “Thank you. So at least one person feels that way, but others do not. What do the rest of you think?”

3. **Step 3:** If nobody offers an alternative opinion, provide one.  
   “I know that a lot of people would never agree with that statement. Most of the men and women I know feel that LGBT individuals deserve equal rights and treatment.”

*Note: It is very unlikely that the participant will openly change his or her opinion even after you use these three steps to address the difficult statement. But by challenging the statement, you have provided an alternative point of view that the participant can consider and hopefully adopt later.*
Appendix C: Coping With and Responding to Trauma

<table>
<thead>
<tr>
<th>ACTION TO COPE WITH TRAUMA</th>
<th>ACTION TO SUPPORT SOMEONE WHO HAS EXPERIENCED TRAUMA</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Seek help from professionals.</td>
<td>• Remember that it is always the survivor’s choice</td>
</tr>
<tr>
<td>• Seek help from trusted family/friends.</td>
<td>about whether to talk about their experiences and to</td>
</tr>
<tr>
<td>• Seek help from organizations.</td>
<td>whom.</td>
</tr>
<tr>
<td>• Educate yourself about the effects of trauma.</td>
<td>• Always respect a survivor’s choices.</td>
</tr>
<tr>
<td>• Take action against violence by volunteering with a local organization that addresses</td>
<td>• If available, encourage the survivor to get professional</td>
</tr>
<tr>
<td>the issue.</td>
<td>support, and help them find it.</td>
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<tr>
<td>• Look after yourself – avoid alcohol, try to exercise, eat as healthily as possible, and</td>
<td>• Listen to the survivor – this can make a big difference.</td>
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<tr>
<td>take time for relaxation.</td>
<td>• Be supportive - help out with practical/daily tasks.</td>
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<tr>
<td>• Allow yourself to feel sad, angry etc.</td>
<td>• Educate yourself about the effects of trauma.</td>
</tr>
<tr>
<td>• Give yourself time to heal.</td>
<td>• Respect the survivor’s emotions – everyone reacts</td>
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<tr>
<td>• Don’t feel you have to act/behave in a certain way – experiences and reactions to</td>
<td>differently to trauma. Just because an individual</td>
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<tr>
<td>trauma are individual.</td>
<td>doesn’t cry doesn’t mean they are not affected or</td>
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<td>that the trauma did not happen.</td>
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<td></td>
<td>• Be patient – it takes a long time to heal.</td>
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<td></td>
<td>• Make it clear to the survivor that you believe their</td>
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<td></td>
<td>story. Don’t question why they acted/responded in a</td>
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<td></td>
<td>certain way, as it may appear you are blaming them.</td>
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<td></td>
<td>Don’t judge or blame them.</td>
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<td></td>
<td>• Recognize that it takes huge courage to tell a personal</td>
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<td></td>
<td>story about trauma.</td>
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<td></td>
<td>• Respect the survivor’s privacy – don’t share the</td>
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<td></td>
<td>story with others unless the survivor is very clear</td>
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<td></td>
<td>they are happy for you to do this.</td>
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<td></td>
<td>• Take action against violence by volunteering with a</td>
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<td></td>
<td>local organization that addresses the issue.</td>
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<tr>
<td></td>
<td>• Educate others in your organization and/or community</td>
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<td></td>
<td>about the impact of trauma.</td>
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<td></td>
<td>• It is natural to be affected by someone else’s</td>
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<td></td>
<td>traumatic experience. Don’t overburden the survivor</td>
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<td></td>
<td>with your feelings, as this may make them feel guilt.</td>
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<tr>
<td></td>
<td>However, do recognize your own limits on how much</td>
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<td></td>
<td>support you can offer, take care of yourself, and,</td>
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<tr>
<td></td>
<td>if necessary, seek professional help with dealing</td>
</tr>
<tr>
<td></td>
<td>with secondary trauma.</td>
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Appendix D: Taking Action

- You can LEARN more about adolescent sexual health. Listen to those affected by sexual and reproductive health issues and how they have been affected. Seek additional information and resources, if necessary.

- You can TALK to family, friends, members of your community, and co-workers about what you have learned during the event and share any resources you have been given.

- You can CHALLENGE friends, family members, and co-workers if they act in ways that discriminate against people based on biological sex, gender identity, sexual orientation, language, culture, race/ethnicity, etc. Challenge them to think about what they’re saying or doing. Don’t let them use cultural justifications to excuse discrimination or violent behavior. Remind them that culture is fluid and changes all the time. Promote the idea that a society with greater equality and less rigid roles for men and women will benefit both women AND men.

- You can SUPPORT young people who have experienced discrimination, trauma, or problems related to maintaining their sexual and reproductive health.

- You can ADVOCATE for...
  - Equality for women, indigenous communities, and LGBT communities;
  - Comprehensive sexuality education for young people;
  - Improved sexual and reproductive health service for adolescents;
  - Safe, accessible, and legal abortion;
  - Access to HIV testing and treatment for all.

Meet with your peers and co-workers to talk about what isn’t working right and what needs to happen to change the situation. Write letters to media outlets, leaders within local organizations and institutions, and government representatives. This can help bring adolescent sexual health issues to the attention of officials and the broader public and make them aware that you think changes need to take place. Compile and send petitions. Long lists of signatures shows that there is broad public support for what you are advocating for/against. Hold demonstrations and protests. Marching in the streets with banners and music is another way of making demands for change.

- You can VOLUNTEER with local organisations that work to improve adolescent sexual and reproductive health and rights.

- You can BE A ROLE MODEL. Men and women can be powerful role models for boys and girls in their communities. Children and youth are watching how you relate to others to figure out how they should relate. **Teach young people early and often that equality for all is crucial.**
## Appendix E: Action Chart

Actions that I can take at the individual and interpersonal levels to advocate for policies that will improve adolescent sexual and reproductive health and rights.

<table>
<thead>
<tr>
<th>What skills/strengths do I have that I can use in taking these actions?</th>
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<tbody>
<tr>
<td>What support do I have?</td>
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<td>What support do I need?</td>
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</table>

Actions that WE can take at the community level to advocate for policies that will improve adolescent sexual and reproductive health and rights.

<table>
<thead>
<tr>
<th>What skills/strengths do I have that I can use in participating in these actions?</th>
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<tr>
<td>What support do I have?</td>
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<tr>
<td>What support do I need?</td>
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</table>
Appendix F: Researching National and International Laws and Treaties

The following web sites will help you research relevant laws at the national level in your country, as well as international laws and treaties related to adolescent sexual health and rights.

Mexico


2. [http://www.diputados.gob.mx/LeyesBiblio/pdf/185.pdf](http://www.diputados.gob.mx/LeyesBiblio/pdf/185.pdf) (Document that explains, article by article, laws dedicated to protecting children and adolescents; pages 5-8 focus specifically on health related issues; SPANISH)


Guatemala


Honduras


Belize

1. [http://www.belizelaw.org/lawadmin/](http://www.belizelaw.org/lawadmin/) (Belize Legal Information Network, includes link to .pdf Belize)


4. http://www.winbelize.org/ (Women’s Issues Network of Belize website providing information, contacts, and resources related to women who are involved in a variety of issues ranging from teenage pregnancy and family planning to policy and advocacy work; ENGLISH)

International

1. http://www.who.int/topics/human_rights/en/ (World Health Organization Constitution, includes links to technical information, publications, multimedia, and human rights programs and activities in different regions; ENGLISH)


5. http://reproductiverights.org/es/programas-regionales/am%C3%A9rica-latina-y-el-caribe (Website with access to information and resources about laws related to reproductive health for many Latin America countries; SPANISH)

6. http://www.glin.gov/search.action (Search engine that provides abstracts of laws, judicial decisions, and legal literature; ENGLISH)

Advocacy Toolkits

1. http://www.ippfwhr.org/es/publicaciones (International Planned Parenthood Federation site with information pertaining to Central and South American countries about holding governments accountable to their commitments related to reproductive health rights and gender equality; ENGLISH and SPANISH).

2. http://resourcecentre.savethechildren.se/content/library (Save the Children’s Resource Center on Child Protection and Child Rights Governance, including a digital library of publications related to child’s rights around the world; ENGLISH)

Appendix G: Creating a Policy Advocacy Fact Sheet

**What is a fact sheet?**

A fact sheet is a brief document (typically one page in length) that contains meaningful, up-to-date information about a specific topic. Fact sheets provide an overview of an issue and highlight the most important facts for particular audiences. It is important to consider which facts to include, when trying to reach the general public, media representatives, or policymakers. For more information about how to make a fact sheet (considering audience, framing the issue, finding reputable sources, and properly citing sources), please refer to The Community Toolbox’s “Creating Fact Sheets on Local Issues”: [http://ctb.ku.edu/en/tablecontents/sub_section_main_1073.aspx](http://ctb.ku.edu/en/tablecontents/sub_section_main_1073.aspx) (ENGLISH).

**What makes a good fact sheet?**

- Brief, one page in length
- Correct, up-to-date information
- Citations for all sources
- Specific results or actions you would like to see realized
- Eye-catching and visually appealing
- Includes accurate contact information

**Sample sexual and reproductive health-related fact sheets:**


