



POUVOIR
pour les droits et la santé
des travailleuses du sexe



PRACTICAL GUIDE: SELF-GYNECOLOGY WORKSHOPS LESSONS LEARNED AND PRACTICAL FACTSHEETS: FEEDBACK FROM THE POUVOIR PROJECT



INTRODUCTION

This document was produced as part of the POUVOIR project, implemented by Solthis and its partners Covie, Espace Confiance and Arc en Ciel +. The project aimed to improve the sexual and reproductive health and rights (SRHR) of cisgender¹ and transgender sex workers (SWs)². The purpose of this document is to share experiences and key learning from self-gynecology workshops carried out with cisgender women between February 2023 and March 2025.

WHAT IS A SELF-GYNECOLOGY WORKSHOP?

Self-help, also known as self-care, emerged within American feminist movements of the 1970s, with the aim of taking back ownership of knowledge and understanding in relation to their own bodies. In particular, the practice involved non-mixed discussion groups with no hierarchy between participants, most of whom were from economically or intellectually privileged backgrounds. Self-help is defined as «a process that enables individuals to have a better understanding of determinants of health and therefore improve their health». Self-gynecology is part of this. **Self-gynecology workshops take place in three stages:**

- **experience-sharing stage** (women's circle),
- **knowledge contribution stage**,
- **cervix self-examination stage**, to help overcome barriers that might exist between women and their bodies.

This structure enables women to feel comfortable and confident, to speak freely and as a result have an interest in self-examination - this is encouraged for those who want to do it.

In this way, participants are supported **to develop an awareness of their body, to acquire the necessary knowledge to manage their health** and to share and strengthen knowledge acquired through experience.

1 Cisgender: people whose gender identity matches their sex assigned at birth

2 Transgender: a person whose gender identity does not match their sex assigned at birth



WHY IS IT RELEVANT TO USE THIS APPROACH WITH SEX WORKERS?



Sex workers (SWs) health is particularly volatile due to the stigma and discrimination surrounding their profession.

This leads to discriminatory practices by care providers, and restricts women's ability to safely express their needs during consultations. As a result, they become further removed from health information and services, and more exposed to risky situations.

It was against this backdrop that these SWs self-gynecology workshops aimed to:

- **recognise the value of their knowledge, which is often impacted by the stigma** they experience at a social level or medical personnel,
- **enhance empowerment in relation to their bodies, their sexuality and their access to SRHR,**
- **rebalance power relationships with care providers** by facilitating access to information and services

Module 1. Female anatomy and pleasure

Module 2. Menstrual health and dignity

Module 3. Our cycles and contraceptive choices

Module 4. Negotiating condom use

Module 5. HPV and cervical cancer

Module 6. STIs / HIV

Module 7. Breast health

Module 8. Gender-based violence

HOW WERE THE WORKSHOPS ADAPTED TO THE IVORIAN CONTEXT?



Solthis and partner Conscience et Vie (COVIE), an Ivorian SW organisation, rolled out the approach in Abidjan. The process of adapting the workshops **began by carrying out a community assessment** with a small group of SWs to identify their needs, barriers to accessing care and different beliefs in terms of SRHR. Modules and educational tools were then developed to make the workshops as accessible as possible. A 3D anatomical box and boards inspired by drawings reviewed by feminist groups, who wanted them to be shared as much as possible, were introduced over the course of the sessions.

The first adapted materials, inspired in particular by the feminist self-health manual «Our Bodies, Ourselves»³ and adapted to the Ivorian context, were tested with a group of peer educators, in order to hone the content. Peer educators were then trained in facilitation techniques related to this workshop approach and content. **Feedback from peer educators made it possible to identify topics to be addressed during the workshops. Significant changes were made to the original modules.**

In terms of the self-examination component, this was initially planned together in the same room, so that women could share their feelings and experiences with each other. The plan was also that the facilitator would demonstrate self-examination.

Feedback from peer educators highlighted the need for confidential spaces (a separate room) for this practice. This was therefore provided for SW groups. Demonstrating

3 «Our Body, Ourselves» Feminist manual published in 1973 in the United States, written by a women's collective and completely updated in 2022 by the Faits et Idées collection.

self-examination was also not included in response to the feedback. However, facilitators demonstrated inserting a speculum using the anatomical box. They described the different positions that can help when inserting it (laying down and raising the pelvis, squatting, etc.) and offered to help women who were struggling with self-examination, in the separate room.

The European workshops focused on demedicalising the approach, while the Ivorian workshops focused in part on sharing medical knowledge, at the request of SWs. As they are further from the healthcare system than the European participants, their primary interest was in access to information. Therefore, a midwife joined the facilitation team, enabling accurate and precise medical information to be communicated to sex workers, in the most horizontal way possible.

The final version of the content was spread across 8 modules, which was rolled out to 86 sex workers aged 15 to 50, who were split into groups that attended 4 sessions of 3 to 4 hours. Each group comprised around ten women.

WHAT ARE THE OUTCOMES?



Results of evaluations with SWs who participated in the self-gynecology workshops show that 81% of them felt more empowered.

The most significant progress observed related to improving their knowledge (significant improvements around menstrual health issues, contraception and beliefs around consent). Improvements in knowledge can be explained in particular by workshops including

time for sharing information and experience sharing, during which the facilitators emphasised the range of choices that women have in terms of their sexual practices and even in their interactions with care providers.

In addition, **an evaluation of the self-care approaches** (self-examination, checking your breasts, using menstrual discs, etc.) discussed in the self-gynecology workshops showed that participants were using and taking ownership of them.

With regard to menstrual health, the workshops made it possible to break down certain beliefs:



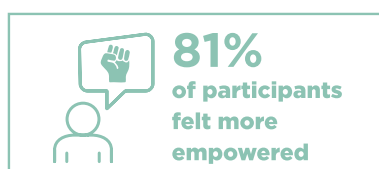
I also learned that menstruation is not dirty. I thought that when you menstruate you lose a lot of blood. But it's just a small amount.



The workshops also made it possible to promote menstrual discs, which are particularly suitable for SWs. During the workshops, we observed that menstrual discs were received even more positively when other factors (anatomical knowledge, awareness of menstrual health, guidance on inserting / removing the disc, etc.) were also covered when they were being distributed. 56% of participants said that they use the disc to “manage” (have sex) with clients during menstruation, meeting one of the project’s objectives, which was to provide SWs with a menstrual health product that allows them to continue working and reduce harmful practices (e.g. inserting ice cubes or foam into the vagina to stop discharge, as they did previously).



We used to put a cloth in there. We would leave it there from morning to night.



When using the disc:

“
I can't feel anything. I had a few problems with it, but then I remembered what we were told. I got to stay in position and not move. I found it practical in any case.”

With regard to self-examination, 95% of women reported that since they self-examined, they feel able to go to a health provider if they need to. This does not mean that they are able to manage all their symptoms, but that they feel more comfortable talking with care providers about health issues related to their vulva or reproductive system.

“
I like being able to see my cervix with the speculum (...). I put my finger in there once and touched something, but I didn't actually know what it looked like. Out of curiosity, I had a look. I was happy to be able to do that.”

Various beliefs have also evolved and changed regarding contraceptive methods:

“
For example, we used to say that when you put an implant in, it gets lost. But through the workshop, I learned that this is not the case. It's just that the flesh that covers it. And then you can take it off easily.”

Finally, the women highlighted positive developments in their mental health, in particular through speaking freely in the workshops:

“
I also learned to look at my own «toto»⁴. I told my story and I felt relieved.”

“
I am very happy. It was weighing heavily on me. Today I feel freer.”

4 Toto» means vulva.



GOOD PRACTICES



These workshops provide women with an alternative space to traditional health education activities. They allow them to relax and be more self-confident. Horizontal and non-judgmental discussions between facilitators and participants enable people to speak freely. The workshop methodology enables women to tell their stories. For example, it encourages them to share how to deal with violent situations.

Two years of delivering self-gynecology workshops have made it possible to draw out several good practices:

► **Developing and adapting workshops:**

- **Carry out an assessment** to fully understand the needs of the target group, to ensure workshops are well adapted.
- **Involve peer educators** in workshop adaptation and facilitation.
- **Gather feedback at the end of each workshop**, either individually or as a group with participants, to continuously improve the workshops. At this stage, listening to and observing women's reactions is essential.

► **Workshops content:**

- **Using visual and kinaesthetic facilitation tools to support the sharing of information** and experiences (anatomical box with actual size genitals, anatomical plates).
- **Using activities that involve the body and are sensory** (touching, manipulating, feeling) is really appreciated by women as it helps them to quickly connect with their own body (e.g. model of a vulva, handling a menstrual

speculum or disc, self-examination of the cervix).

► **Facilitation:**

- **Develop and deliver these workshops with organisations representing the group you are working with**, that identify with a feminist approach.
- **Facilitate in pairs - one person with strong facilitation skills for this type of workshop and one person with a medical background** (e.g. a midwife). Avoid pigeon-holing roles - both facilitators and participants should be able to share their experiences and knowledge.
- Plan to have a psychologist join for the gender-based violence (GBV) session.
- **When conducting skills transfer using this method, put in place close support through training**, debriefings and experience-sharing to ensure a strong understanding of the workshop approach.

► **Facilitator viewpoint and advice:**

- **Approach topics in a way that goes beyond the medical**, making the link between the topics and participants' experience to make it more engaging.
- **Create a non-hierarchical rapport** by sharing your own experiences and emphasising the value of participants experiences:
 - › use active and empathetic listening;
 - › be non-judgemental and ensure participants are too;
 - › observe participants' reaction and adapt to their needs;
 - › ensure that discussions are confidential.



- **During self-examination time:**

- › do not force people to do it;
- › have a separate, confidential room available;
- › arrange a mat, cushions, a medium-sized mirror and hand cleaning equipment;
- › if women ask for support, the midwife can help them;
- › support women to do self-examinations at home if they don't want to do it in the workshop (e.g. provide a speculum).

- ▶ **Workshop structure**

- **Adapt workshop logistics to the needs of the women by identifying,** with peer educators for example, authentic resource persons, and agreeing

the location and timing of workshops.

- **Conduct workshops in a discreet, secure and ideally spacious location,** with a separate room for self-examination - if this is being covered in the workshop.
- **If participants are sex workers, ensure you properly inform participants of the duration and content of the workshops.** Cover transport costs and a snack for participants. This can enable people in financially unstable situations to attend.
- **Ensure health orientation and referral pathways are in place** to facilitate access to services for people requiring care and support. These workshops can act as gateways to accessing the health system.

FACILITATING A WORKSHOP ON THE THEME

FACTSHEET 1

ANATOMY AND FEMALE PLEASURE



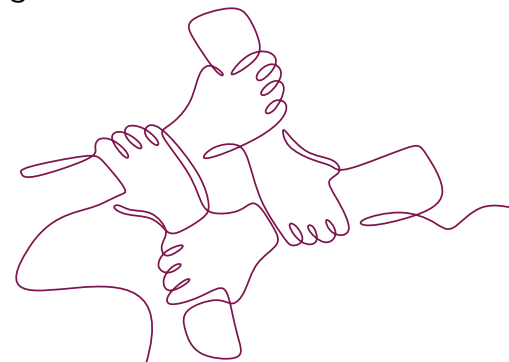
Duration
3-4 h



- **Co-create knowledge about our bodies by valuing each other's knowledge and experiences.**
- **Break down inequitable instilled and inherited beliefs** (break down clichés around female pleasure).
- **Foster a critique of how knowledge about our bodies is constructed and reclaim our bodies and our sexuality.**

INTRODUCTION

The facilitator introduces the workshops and how they are linked to access to care, empowering women and girls and taking back ownership of their bodies and their feminine knowledge.



WOMEN'S CIRCLE ON ANATOMICAL KNOWLEDGE

① Go around the circle

Say your name (or nickname), how you feel today, and if there is anything you need to get off your chest?

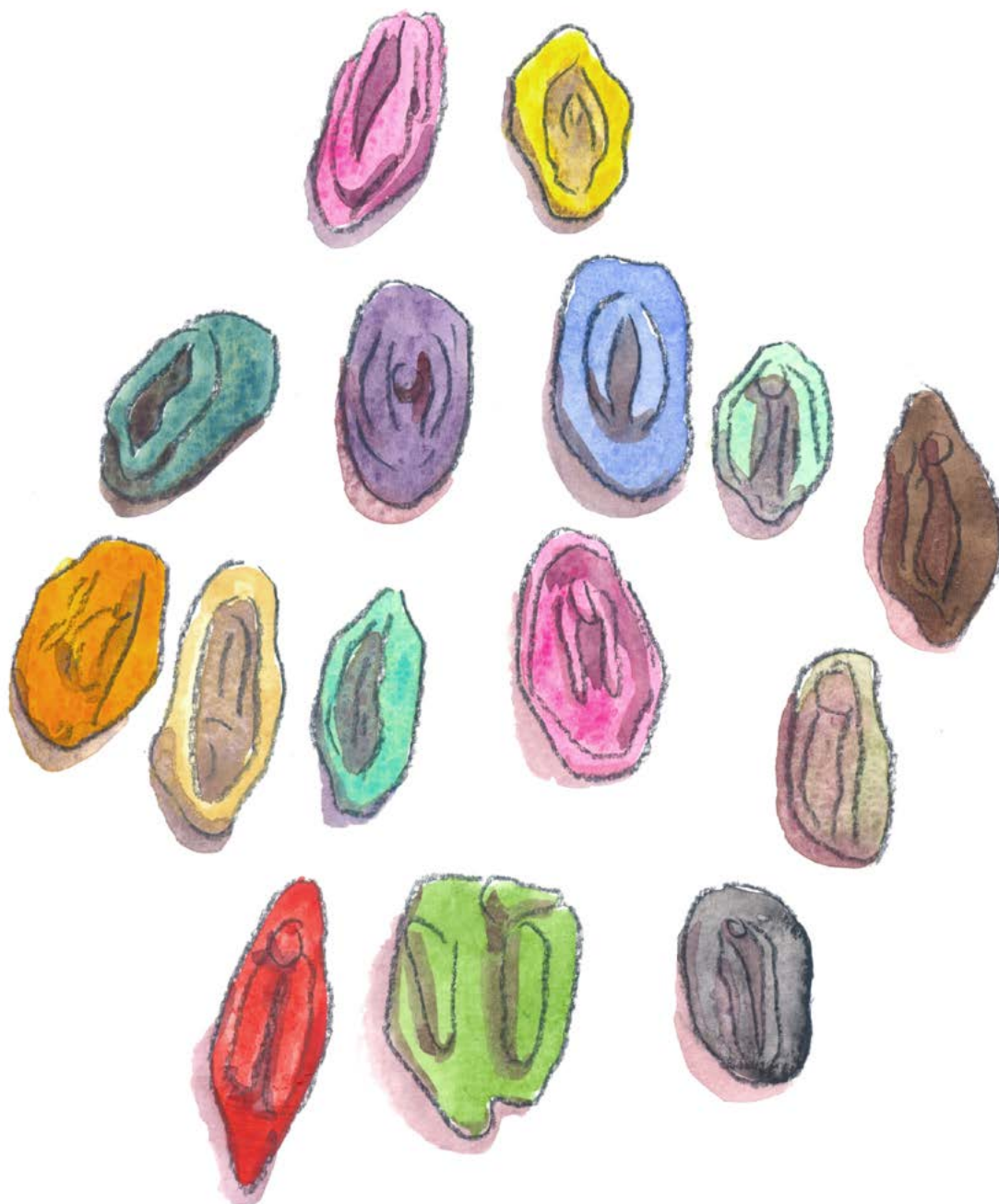
② Setting the scene

-> See Appendix: Preparation sheet

③ **Encourage participants to become aware of their internal organs, to locate the uterus and ovaries** on their belly, below the navel, using their fingers in the shape of a triangle.

④ Drawing or creating an anatomical model to co-produce our knowledge

Encourage participants to create a model of their vulva, showing the different parts that they know. Then display the vulvas in the middle of the circle so everyone can see them: each participant presents their «masterpiece», what knowledge they have and any questions they have. Open up a discussion space to any gaps in information using the materials shared and make links between anatomy and the menstrual cycle. Explain the «mechanics» and the effect of hormones on the organs: perineum, vulva, vagina, uterus



and cervix, ovaries and tubes, clitoris, glands. It is important here to emphasise anatomical and physiological differences. This helps to challenge the idea of what is the norm (breaking down myths about the «perfect» vulva), what is «natural» and gender binarity.

⑤ Discussions with participants on their experiences related to anatomical knowledge

Anatomical boards are used in workshops to provide a better understanding of how our genitals are structured. The boards emphasise the complexity and uniqueness of women's bodies, and differ from

diagrams in medical dictionaries as they are inspired by drawings reviewed by feminist groups, who want to make the images more accessible.

⑥ Suggest doing a perineum awareness exercise with participants

Put on relaxing music and have the women lying or sitting to do perineal contraction exercises, using the image of a taut (as opposed to sagging) hammock. The perineum is fairly muscular naturally, and following physical trauma, such as childbirth. Several studies show that cis women who have been educated about the perineum experience improvements in their sex life:

stronger erections, clitoral mobility which then becomes more easily stimutable via the vagina and orgasms accompanied by perineal contractions through spasms. Perineal strength training also helps relieve incontinence problems, or prevent them, and also prevents organ descents.

⑦ Female fluids

Discussing this topic with participants educates them about the fact that there are different vaginal fluids, and break downs inhibitions for those who feel embarrassed during sexual intercourse.

Cyprine: secreted through the orifices of the clitoris glands (located at the bottom, on either side of the inner lips, in the folds of the orifice of the vagina) during sexual arousal. Its role is to prepare the vagina by lubricating it – ahead of sexual penetration. Not everybody secretes the same amount of cyprine during sexual arousal or during sex. And that's perfectly normal!

Cervical mucus: appears in girls during puberty. It is produced in the cervix and is usually white or whitish, creamy or transparent depending on the period of the menstrual cycle. Cervical mucus essentially helps to balance the vaginal flora. The vagina cleans itself using the cervical mucus, which rids it of bad bacteria and other impurities.

Ejaculate fluid: In the same way as men, women can ejaculate. At the point of ejaculation, women secrete a prostate fluid (women have a set of glands that make up the female prostate). This odourless fluid with a milky consistency can appear before, during or after an orgasm. The amount of fluid varies.

ON THIS TOPIC

- At the beginning of a woman's cycle, the cervical mucus becomes thick and closes the cervix to prevent sperm from entering.
- 48-72 hours before ovulation, cervical mucus is more fluid – because nature wants to procreate.
- During ovulation, cervical mucus helps sperm to be transported, protects them from the acidity of the vagina and leads the strongest ones to the uterus (if sexual intercourse without contraception takes place).
- After ovulation, the cervical mucus becomes dry and clogs the cervix.

To note: If your cervical mucus turns an unusual colour or has a strong odour accompanied by itching and burning, you should consult a medical professional.

FACTSHEET 2

FACILITATING A WORKSHOP ON THE TOPIC OF

MENSTRUAL HEALTH & DIGNITY



Duration
3-4 h

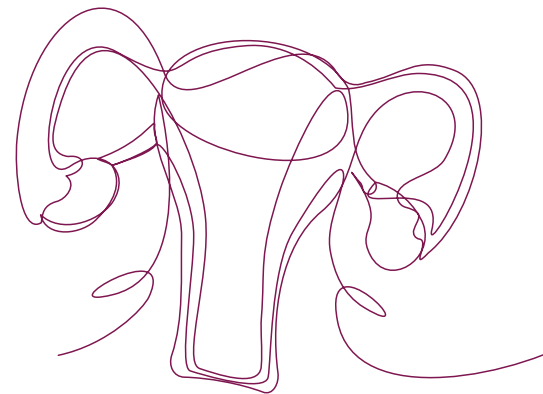


OBJECTIVES

- **Co-create knowledge about our bodies by valuing each other's knowledge and experiences.**
- **Break down inequitable instilled and inherited beliefs** (break down clichés around female pleasure).
- **Foster a critique of how knowledge about our bodies is constructed and reclaim our bodies and our sexuality.**

INTRODUCTION

The facilitator introduces the workshops and how they are linked to access to care, empowering women and girls and taking back ownership of their bodies and their feminine knowledge.



WOMEN 'S CIRCLE ON MENSTRUAL HEALTH

① Setting the scene

-> See Appendix: Preparation sheet

② Naming menstruation / periods

Compile a mural with different words for periods: what terms or expressions for periods do we know?

Participants write or draw on a large sheet of paper, placed in the centre of the circle by the facilitator, using markers and pencils.

Initiate a discussion on beliefs around menstruation in society and our beliefs in relation to the words used.

Initiate a more in-depth discussion on experiences of menstruation. Examples of guiding questions:

- What was your experience of your first period or non-period?
- How were periods approached or talked about in your family?
- Are you familiar with the term “pre-menstrual syndrome”? What do you think about it?

This makes it possible to break down the concept of premenstrual syndrome through what we know about the hormonal cycle.

③ Beliefs about menstruation

Facilitating «True or False»: Each participant is given a True card and a False card. After each statement, participants give their answer according to their personal beliefs.

See table on page 16

④ Discussing experiences around menstrual hygiene

The facilitator initiates a discussion about different hygienic protection that participants are aware of, ones they are used to using, ones they like the least, and then asks questions:

- Why do you prefer that specific type of protection?
- How many times a day do you change your protection?
- Why it is important?

The facilitator then addresses intimate hygiene issues by asking the women how they usually wash themselves, and then may ask if they are using any particular strategies to continue having sex with sexual partners or clients during the menstrual period.

⑤ Sharing knowledge on menstrual health and dignity

Depending on the discussions, the facilitator:

- adds any protection methods they haven't mentioned to the list, shows them examples of them if they are available at the workshop or shows them on the boards, or via an image or video. And demonstrates how they are used;
- if necessary, the facilitator discusses how to wash intimate parts and highlights things to avoid: irritating products, wet wipes, wearing thongs, etc. And advises good practices such as: washing with clear and clean water, washing external areas only, wearing cotton underwear, always wiping pri-

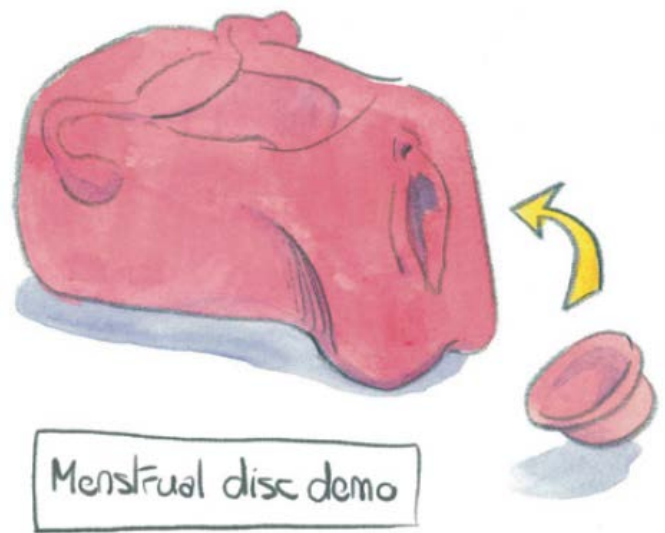


vate parts well from front to back and if problems appear, go to the doctors.

⑥ Menstrual discs

The facilitator takes a moment to explain what menstrual discs and how to use them:

- explain what menstrual discs are used for (a handy protective pad for having sex during menstruation without the risk of infection);
- demonstrate how to insert and remove it using the anatomical box and mimic it on themselves so that they can see the right hand movements and positions to adopt so it doesn't hurt. Provide time for participants to ask any questions they have about wearing a disc;
- using a portable stove/gas stove, a saucepan and a spatula, demonstrate how to sterilise the disc so that they can do it at home;
- invite participants to go to the self-examination room to try inserting a disc;



- wait until everyone who comes forward has done it, then debrief in the workshop room with all the other participants. Discuss their feelings and ask if they would want to do it at home. If so, hand out the menstrual discs.



<p>You're in a bad mood when you have your period... FALSE</p>	<p>Having your period can affect your mood but it should not be assumed that it is a given! Especially because sometimes your mood can be affected before menstruation rather than on the days when you're bleeding. There can be many other reasons to be in a bad mood.</p>
<p>Periods are dirty... FALSE</p>	<p>Some people think that periods are dirty, but it's important to understand that it is a bodily secretion like any other. Imagine if we thought that tears were dirty, wouldn't that be funny? This is why we talk more now about period protection rather than hygiene protection, because menstruation is not dirty.</p>
<p>It's shameful to have your period... FALSE</p>	<p>It is up to the individual if they want to talk about it or not, but periods are not shameful. We all know people who have their periods: our family members, other students in your class and even your sworn enemy! It is important to talk about it all together and to break down misconceptions that are often false. Challenging this taboo means allowing everyone to feel good about their own body or to understand what is happening in the other person's body without judgment. Whether we have them or not, periods relate to everyone.</p>
<p>A woman is unclean when she has her period... FALSE</p>	<p>Unfortunately, in many places, it is still believed that women are unclean when they bleed, forcing them to leave their homes when they have their periods and live in isolation during these times.</p>
<p>You can't exercise during your period... FALSE</p>	<p>It is quite possible to play sports when you have your period and is even sometimes a way to alleviate pain. However, there may be times when it is too painful to do so.</p>
<p>You don't get your period when you're pregnant... TRUE</p>	<p>True most of the time, but sometimes it isn't the case! During the first months of pregnancy, you can have «birthday periods»: it's as if the body remembers that normally something happens on that date. There is also pregnancy denial: the person is pregnant but does not have the typical signs of pregnancy (stopping menstruation, growing belly...). Such examples are very rare but remind us that it is better to check by taking a pregnancy test if you have had unprotected sex.</p>
<p>Having your period means being ready to have sex... FALSE</p>	<p>That has nothing to do with it! You may have been through puberty long ago and not want to have sex - everyone has their own pace.</p>
<p>You should not use a tampon if you have never had penetrative sex... FALSE</p>	<p>That's not true, you can use a tampon or a cup even if you have never had penetrative sex. Again, it has nothing to do with it! By the way, the hymen (which you may have already heard about) is a small thin and flexible membrane, located in the vagina, which can distend, rupture, disappear at puberty or may have never been there - it is not necessarily linked to penetration.</p>

FACTSHEET 3

FACILITATING A WORKSHOP ON THE TOPIC OF CONTRACEPTION



OBJECTIVES

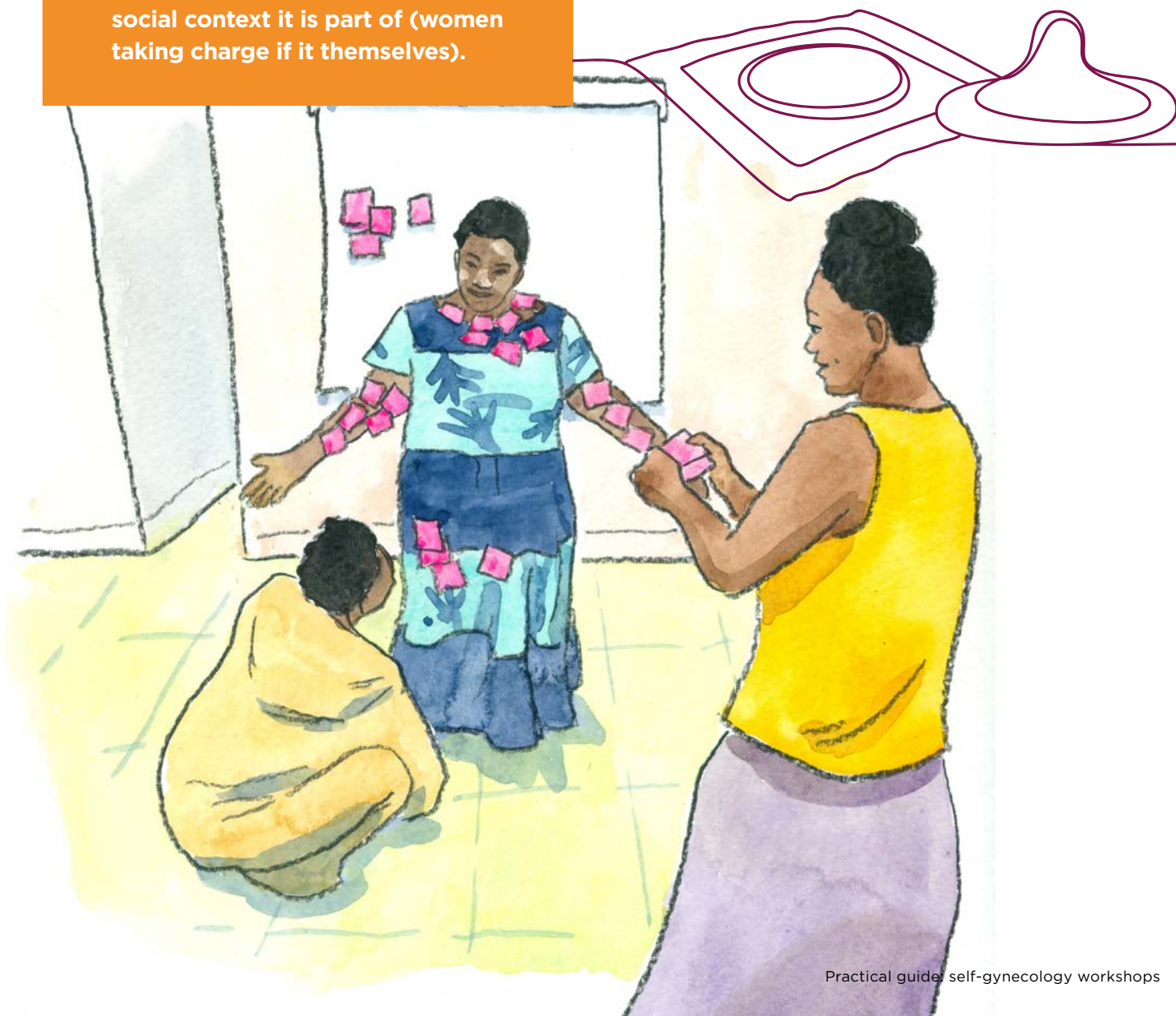
- Have autonomy around contraceptive choices.
- Raise questions about the purpose of contraception, and the personal and social context it is part of (women taking charge if it themselves).



Duration
3-4h

INTRODUCTION

The facilitator introduces the workshops and how they are linked to access to care, empowering women and girls and taking back ownership of their bodies and their feminine knowledge.



WOMEN'S CIRCLE ON CONTRACEPTION

① Go around the circle

Each woman says whether or not they are currently using contraception and shares a question they have.

② Setting the scene

-> See Appendix: Preparation sheet

③ Different beliefs and challenges in relation to choice

Activity 1

Ask participants to write different contraceptive methods they know on Post-its and then place on the diagram of a woman to show where that method is administered (a participant could be used a model to help create a positive atmosphere).

Activity 2

On Post-its of 2 different colours, write a positive idea or experience and a negative one regarding contraception. After a few minutes, invite participants to share what they've written. This makes it possible to show the different issues that intersect and for participants to be aware of everything that comes into play when we make «choices». Remind the group that it is worth experimenting with different contraception methods.

Activity 3

Participants to be split into five groups of 2 people. Each group selects a contraception method (photos and name of the method) and after 5 minutes of group discussion presents it to the others. Groups must ex-

plain how the method is used, advantages and disadvantages (side effects).

④ Knowledge building around contraception

Following the activities, the facilitators provide the correct information on contraception methods and provide additional information to strengthen the participants' knowledge. The following key messages are shared:

- the best form of contraception is one that a woman chooses knowingly, according to her lifestyle, her comfort levels and her immediate or long-term expectations;
- all women should be able to try the method(s) of their choice;
- there is no «right» and «wrong» method, but they can be more or less effective / adapted depending on the individual and their circumstances;
- all women must be able to access the method that suits her best and change the method if she wants to.
- all women must be able to choose in line with their personal circumstances and expectations at a given time. This is most important thing. This is why it is essential to have the full picture.

THE THREE LAWS OF CONTRACEPTION

1. **Any contraception method is better than no contraception at all.**
2. **You can change your contraception method - it is not forever.**
3. **The best form of contraception is one you select being well informed.**

PROVIDING AN OPPORTUNITY FOR SELF-EXAMINATION

INSIDE OF THE VAGINA AND THE CERVIX
AT EACH WORKSHOP



OBJECTIVES

- **Taking back ownership of your body**, especially your genitals, through individual and group examination.
- **Breaking down taboos and oppressive discourse.**

Relaxation session



① Facilitation: relaxation exercise + sharing a sound

Make a sound, for example an «Oh» sound, and with your right hand gently pass the sound to your neighbour, while continuing to sing it. The neighbour greets you with their right hand by starting to sing it, then passes it on to their neighbour to the right. The sound goes around the circle and eventually returns to the first participant.

Everyone sings the «Oh» sound together for a moment and then the facilitator leaves a moment of silence.

② Quickly set the scene

③ The facilitator gives an introduction and background information

Self-examination supports awareness and power.

④ Presentation on workshop proceedings and how to handle a speculum

The facilitator (and/or a participant who has already done it) demonstrates how to insert a speculum using the anatomical box. The other participants are invited to come and try inserting the speculum into the anatomical box in turn, to familiarise themselves with how to handle it and practice inserting it, to be able to locate the cervix.

⑤ Check whether people want to participate

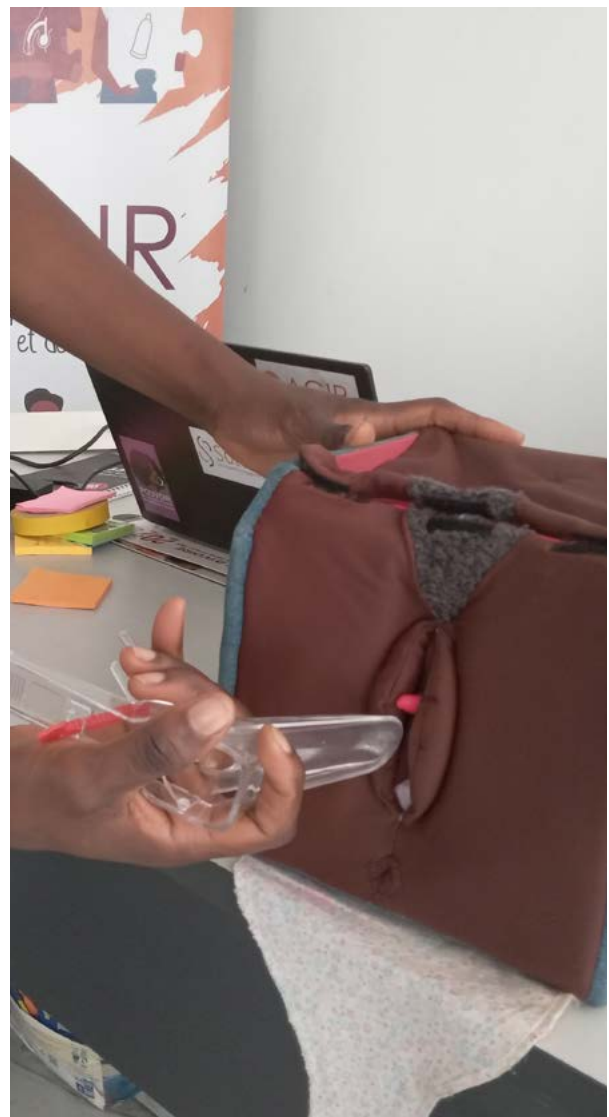
If people hesitate, give them time to make the decision. Then the self-examination can begin. To ensure participants feel comfortable, a separate room should be available for the self-examinations. A mat is laid out on the floor with the self-examination equipment: sterilised speculums, hand sanitiser, a medium-sized mirror, a torch, lubricating

gel, tissues, a binbag for waste. Participants who feel ready are invited to try self-examination one at a time in the other room. The midwife is available if participants request their help.

Assessing the self-examination: Take a moment to discuss how people felt about the self-examination.

⑥ Evaluate the workshop

How did everyone feel? Is there anything that you want to, or feel you can, leave behind now? Is there anything that is no longer useful to you, or maybe it is bothering you or creating a blockage? Explain what topics will be covered in the next session.





EQUIPMENT



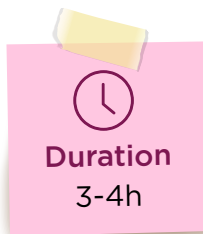
To make these workshops run as smoothly as possible, we recommended the following equipment for each workshop.

IT equipment	A projector, a screen
	Extension leads and multiple socket points
	1 computer
Office equipment	Flip chart
	Post-its
	5 red, 5 black, 5 green, 5 blue markers
	1 roll of Sellotape
	1 ream of paper
	Coloured felt-tip pens
Materials on health education and self-examination	Menstrual cups
	Anatomical boxes: penis, uterus
	Anatomical planks (between legs)
	Speculum, 15 in total for this workshop (ideally a few S and L, otherwise the M works for most women)
	Paper towels or tissues
	Medium size mirrors
	Pocket flashlights
	Water-based lube
	Internal and external condoms
Room ambiance	Modelling clay
	Water, soap and towel - everything needed to wash and dry hands
	Floor mat (gym mat)
Snacks during the workshop	Cushions (depending on the number of participants between 10 and 15), incense, relaxing music
	Water, coffee, juice, small treats
Feminine hygiene products	1 bag of «surprises»: a menstrual cup, a speculum, a washable sanitary towel, bar of soap, sterilisation kit for the menstrual disc (gas stove, dedicated saucepan, ladle) ... Be creative! Something to display the contraceptive methods in.

PREPARING FOR THE WORKSHOPS

**Target audience:**

Sex workers

**Duration**

3-4h

Number of participants:

Maximum 8-12 people (non-mixed groups)

Facilitation:

2 facilitators (one community and one midwife)



Workshop location and space: a closed off, secure room that is arranged so that it is clean and pleasant to foster discussion in an atmosphere of trust, non-judgment and confidentiality.

Workshop room layout: only a small number of chairs will be required as women will be seated on circular floor mats. Only 1 or 2 tables maximum.

① INTRODUCTION

The facilitator introduces the workshops and how they are linked to access to care, empowering women and girls and taking back ownership of their bodies and their feminine knowledge.

② SETTING THE SCENE:

- Be non-judgmental and kind, listen without interrupting: do not judge, analyse or psychoanalyse what is said.
- Use «I» when speaking
- Do not monopolise discussions
- Participants are not obliged to share or participate
- Confidentiality: keep what is said in the room. If you have to share an experience outside the group, do not give the person's name.