



Gender-Health-Education Council (GHEC): Global pedagogies for practitioners

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Gender-Health- Education Council (GHEC): Global pedagogies for practitioners

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“As a collaborative, culturally-relevant pedagogical approach, council provides an opportunity for participants to co-create their own knowledge and learn from the sharing of each other’s experiences”

Project overview

The Gender-Health-Education Council project (the “Project”) is a trans-national project commenced in 2017 that uses the pan-cultural practice of ‘council’ to address global inequalities at the intersection of gender, health and education. The “Project” takes place in five countries and languages: China (English), the Philippines (Filipino and English), Côte d’Ivoire (French), Tanzania (Swahili), and Malawi (Chichewa). It is the first multi-country research project for international students at Beijing Normal University and the first virtual, global training project of Circle Ways – a US-based consulting group which provides training and facilitation for educational organizations to implement a circle-based pedagogy including council and restorative justice. This resource reflects on the first phase of two to three council circles per country and a resulting second phase of virtual council training.

The method: Council

Council circles are indeed what they sound like – participants and facilitators coming together in circles to listen to each other. As a relational practice, council is a powerful social and emotional learning strategy. When practiced in schools, council invites students (and other stakeholders) to share stories from their personal lives that establish connections and appreciation of differences among and between students, teachers, parents and other adults at the school. The group uses a “prompt”, that is, a sentence used to elicit stories of participants’ experiences with a topic. Using a “talking piece” to focus attention and intentions to listen and speak “from the heart”, council circles promote an environment of trust and respect that encourages participants to access and value the truth of their own experiences. Given the trans-national nature of the “Project”, it is significant also that council incorporates oral, visual and movement aspects of storytelling present in many of the world’s cultures.

Before “opening” a council, it is important to have a conversation with the group about the topic of the council and to be sure participants have a clear understanding of the “prompt” (often with a few examples given by the facilitator). When everyone in the circle is ready, council is opened – perhaps with the lighting of a candle or offering of dedications – and the group crosses a threshold into a shared intention of deep listening and honest expression. In council, the facilitator must also be a full participant and show their own vulnerability, presenting as Freire’s “teacher–student”. Sometimes this takes the form of the facilitator providing a “facilitative story” from their personal experience before the council begins, or as the first to share once the council has opened.

Pre-council activities can diminish anxiety about sharing stories. One example is a brainstorming recall of difficult or uncomfortable conversations. This can be done in writing and then when the council begins, the facilitator can call for a “speed round” where everyone (following facilitator examples) simply shares the person, place or event where that conversation took place, not the whole story. This makes it easier for everyone to share such stories in that it sparks memory and creates safety by

knowing that everyone has had to deal with such discomfort, as they are likely to hear many commonalities with their own experience. After the speed round comes the “story round”. That is followed by a “witnessing round”, where people share “one thing you heard another person in the circle say”. That highlights resonances in what has been shared so that after the council a meta-question can be posed: “Given the stories we heard in the circle, what can we say about such difficult conversations?” We call this a ‘harvesting’.

People and groups find council useful for varied reasons. As a *mindfulness practice*, council helps students (and all school stakeholders) become more aware of themselves and others. As an instructional approach, council creates a context for exploring academic curricula and bringing about relevance by having students connect their lived experience to the concept being explored. As a *leadership strategy*, council provides opportunities for educators to mine the collective wisdom of groups and take informed, considered action. As a *community-building tool*, council serves as the foundation for Circle Ways’ approach to restorative justice and discipline. Finally, as a *collaborative, culturally-relevant pedagogical approach*, council provides an opportunity for participants to co-create their own knowledge and learn from the sharing of each other’s experiences, sometimes referred to as “braided knowledge”.

(For more information about council and restorative justice, visit Circle Ways’ website: www.circleways.org).

According to Provisor (2009), there are four primary intentions of council:

- *Speaking from the heart*: To speak as honestly as you can what is true for you in the moment, with a fullness not bound by the desire to project a certain image of self.
- *Listening from the heart*: To listen devoutly. Listeners are encouraged to suspend judgment and to focus on what the speaker is saying, as opposed to listening to respond.
- *Spontaneity*: To practice not pre-planning what you will say, but rather trust you will know what to share when you receive the talking piece. This supports the first two intentions, speaking and listening from the heart by liberating participants to listen without dividing their attention between listening and planning.
- *Being lean of expression*: To be succinct when speaking. This allows sufficient time for all participants to share.

Council for gender and health education

Council can be a powerful tool to explore topics around gender and health education. The “Project’s” consultants, Circle Ways, are leaders in council training and have a history of successfully using council to address issues of gender, as well as community health. They have designed a protocol for gender councils across the spectrum of gender identity and expression and sexual orientation (forthcoming at www.circleways.org). In collaboration with the University of Southern California’s Keck Medical School, Circle Ways piloted a three-year, \$6 million study funded by the National Institute of Complementary and Alternative Medicine (NICAM) to determine the effect of council practice on adherence to healthy lifestyle choices for Latinx adolescents at risk for obesity-related adverse health outcomes. Students received health and nutrition education and then used council circles to create accountability within a context of care. Biometric measures looking at Cortisol production and averaged blood glucose levels were used to determine efficacy and outcomes (Weigensberg et al., 2019). Another study of council circles as a support, adherence and accountability measure in a trial of low-dose Naltrexone for patients with HIV/AIDS was conducted in Mali between 2007–2009. This study produced valuable insights into the acceptance of council as a practice in a traditional, primarily Muslim society, where attitudes about gender roles affect communication about health-related issues and disease prevention (Zimmerman and McCandless, 2009).

Process of implementing the method (The “Project” as a case study)

Drawing on insight gained from this previous work, the “Project” was designed to use council to address global inequalities at the intersection of gender, health and education. Each “Project” facilitator used council in their local community to discuss topics that included sex education, teen pregnancy and women’s health.

In the sections that follow, we invite you to engage with us around the country-based “Project” *themes*, *future needs* and, given our experiences with initial prompts, a *proposed future prompt* for our subsequent work with these groups that we hope will inspire your own work in circles.

“Council can be a powerful tool to explore topics around gender and health education. The Project’s consultants, Circle Ways, are leaders in council training and have a history of successfully using council to address issues of gender, as well as community health”

Exploring our country-based projects

CHINA

Project name

Speak Up! Creating safe space for Black women in Beijing to discuss sexual and reproductive health

Language of council

English

Themes

Black women in Beijing represent a unique group as many are expatriate women with perceived higher levels of education. However, there are many Black women in Beijing who do not experience Beijing as expats and therefore struggle to navigate the Chinese healthcare system and may not have the resources or knowledge to perform annual health screening tests. Many Black women in China are students or teachers without comprehensive health insurance who do not have access to international hospitals with English speaking staff. In addition, many of these women are from countries where reproductive and sexual health is not discussed openly and in which preventative healthcare is not practiced, despite them being at risk.

Council provided the opportunity for Black women to engage in group sharing, which can allow participants to not feel alone in their healthcare journeys. In addition, through seeing that other women who look like them have similar stories, there can be an increased feeling of comfort with sharing experiences.

Two council sessions were facilitated in Beijing as part of healthcare workshops targeted towards women. One session was held as part of a HPV awareness workshop at the Bookworm international bookstore in the area of Sanlitun, Beijing. In response to a prompt around accessing reproductive/sexual healthcare, a participant said that her most uncomfortable experience was during her first pap smear as she had never had anyone look at her vagina and she had to get a pap smear in China, which meant that she needed to use a second language to communicate with physicians. Another participant also recounted that her first pap smear was her most uncomfortable reproductive/sexual healthcare experience because she was afraid to tell her family doctor that she wanted to get a pap smear done out of fear that he would assume that she was sexually active and would tell her mother.

After the session ended, numerous women thanked the facilitators for creating an open space for dialogue on this subject. They recounted that they felt more

comfortable asking questions to the doctors during the workshop because they had heard other people talk about their experiences and felt less alone in their experiences. A participant who did not speak during the session or ask any questions said that she was still thankful because while she was afraid to speak during the workshop she felt comfortable asking questions afterward of her friend, who had shared during the circle, and sharing her experience with her friend.

Future needs

To offer more intimate spaces to practice council and work with the same group through an extended period of time to build trust and a sense of belonging.

Many participants lamented that they would like more opportunities to discuss their experiences with a familiar group of people. As with the Circle Ways, University of Southern California and NICAM studies noted above, group continuity will allow for a deepening of support for, and adherence to, healthy lifestyle choices. We believe an initial group, given training, will generate ongoing peer-led groups which are essential globally, where healthcare resources are limited and the need is great. Special effort should also be made to have sessions in smaller towns or provinces where Black women do not have access to international hospitals.

Proposed future prompt

Tell about a time when you had to have a conversation about something in your life (your own health or something else) that was outside of your comfort zone.

THE PHILIPPINES

Project name

Sex and health education in the Philippines

Language of council

Filipino and English

Themes

Sex and health education in the Philippines is a relatively new concept in the country's curriculum. This is to respond to the growing impacts of the social dilemmas its society is enduring. These include increasing rates of early and unwanted pregnancies, cybersex businesses and climbing rates of HIV infection. According to estimates by the United Nations Population Fund (UNFPA), from 2000–2010 more than 60 per cent of Filipino women became mothers before they reached the age of 20 (Loaiza and Liang, 2013). According to the results of the 2013 National Demographic and Health Survey (NDHS), one out of ten Filipino women aged 15–19 had begun childbearing, while eight per cent were already mothers and another two per cent were pregnant with their first child (Philippine Statistics Authority, 2014). A recent follow-up report by UNFPA and United Nations Children's Fund (UNICEF) depicted that an estimated number of 24 babies are delivered by teen mothers every hour (UNFPA and UNICEF, 2018).

The soaring number of youth pregnancies is usually attributed to the lack of information and the lack of avenues to inquire and ask questions regarding adolescence, physical and hormonal changes, practice of safe sex and use of contraception. The move to add sexual and reproductive health to the recent curricular reform was delayed until 2012 because of the largely conservative values that many in the country still hold. The target of the council sessions was life skills teachers who are responsible for carrying out instruction of this curriculum. Three council sessions were held over a period of six months with life skills teachers at a local secondary school in Manila. The sessions were generally well received.

Recounting their experiences as students, the teachers recalled that when confronted with sex-related questions, regardless of whether it stemmed from educational curiosity or not, their classmates (and sometimes even teachers) normally shied away from responding and the students who asked questions would normally be labelled as "horny" or "perverted" if they were boys, and "flirty" or "promiscuous" if they were girls. A participant recalled that female teachers were normally shy when

talking about body parts like the vagina and pubic hair, which were traditionally substituted with other words. For example, their teacher referred to the penis as “bird” and the vagina as “flower”. Making sense of their experiences, participants pointed out that these reactions were probably defence mechanisms for teachers because of teachers’ lack of knowledge about the subject matter.

Another participant shared what she described as a “traumatic” experience in school when she got her first menstrual period. She was a teenager whose mother worked abroad and lived with her father; she did not have anyone at home to talk to about menstruation and the changes that were happening to her body. She did not know how to use menstrual napkins or tampons as these were not discussed in class. So, when she knew she “had” it, she “froze” and did not know what to do. She pointed out that when her classmates found out, she was teased and labelled as “tagos” (roughly translated as “leaked”, a term used to demean girls). She believed that these things happened because her classmates were not well-informed, and the teachers were not trained to teach sex education.

Another participant said that during her time in school in the 1970s, the teacher told the girls in her class not to take a shower during their menstrual period for health reasons, which she later in life realised to be false. One participant shared that her teacher warned women not to use public toilets because they could get pregnant if they accidentally sat on a man’s urine, which was understood as potentially carrying sperm, which again was false.

There was a changing attitude towards the council experiences as the sessions progressed. Initially, participants found the sessions too formal. However, during the third session participants became more relaxed and shared their experiences in innovative ways, such as through the use of word games to talk about their experiences.

Future needs

To make the council circle more engaged.

The council circle seemed to be something new or different to educators in this context, which made participants anxious or uncomfortable at times. Although council is also about conscientious listening and attention, the circle will not work if only a few people are actively participating. Also, the dedication part (the offering of opening statements) seemed a bit strange for participants and it is something that participants need to get used to or understand more deeply. The research associate will work with the consultants to find a suitable way, with or without dedication, to indicate a beginning and ending, a time to cross into the heightened awareness of self and other, to be ‘in’ council, and then to return to normal discourse. Further, if teachers are to bring council into primary and secondary health education, they must be provided with an ongoing personal experience of the circles so they can bring the practice to students with authenticity.

Proposed future prompt

Tell about a time when you learned something (health-related or otherwise) that later in life turned out to be different than what you were first taught.

CÔTE D'IVOIRE

Project name

A critical analysis of pregnancy and schoolgirls' educational trajectories in economically poor areas of Côte d'Ivoire

Language of council

French

Themes

Over one million adolescent girls aged 10–14 give birth every year, and an estimated sixteen million aged 15–19 do so. Most of these pregnancies occur in developing countries, affecting primarily the poorest families and communities economically (World Health Organization, 2017). In many African countries, and particularly in sub-Saharan Africa, in addition to failures, repetition, and school dropouts or pushouts, adolescent pregnancy and its attendant social problems have become growing public concerns. Côte d'Ivoire is not an exception. Schoolgirl pregnancy has become a major concern of the entire Ivorian nation. In many Ivorian counties, large numbers of adolescent pregnancies and births are reported in Ministry of Education (MoE) health statistics. According to MoE Directorate of Planning, Evaluation and Statistics (DPES), 48 per cent of girls in Côte d'Ivoire do not complete primary school, compared with only 36 per cent of boys (MoE, 2015).

Adolescent pregnancy is a new challenge in the Ivorian education system as it impedes the schooling of girls in primary and secondary schools. The phenomenon constitutes a major obstacle to sustainable development goals, as it contributes to poor health in young girls and results in social and economic costs to young mothers, their families and communities. This "Project" aims to examine the current situation of schoolgirl pregnancy to identify existing health problems specific to pregnant teenagers and to understand how they are supported with administrative and clinical management. Special attention is given to the social background of pregnancies and the prevention of early pregnancies in teenagers in order to propose the practice of health education through the council circle.

Three council sessions were facilitated with primary and secondary school teachers in Bingerville, a town 15 kilometres from Abidjan, the capital city of Côte d'Ivoire. Throughout the sessions the teachers shared their thoughts on the causes of adolescent pregnancy. Many stressed that socioeconomic factors were one of the causes of early pregnancy in girls. They highlighted that many of these girls live in poverty and the lack of financial means of parents leads their daughters to

accept propositions from men who can feed them and their family. The teachers also had open dialogue about sexually transmitted diseases and the steps to be taken to destigmatise these diseases in the country. Upon completion of the session the teachers in the session shared that they enjoyed the experience, saying it was “an exciting and pleasing moment, as they learned something new in a relaxed and calm atmosphere”.

Future needs

To keep the Ivorian team engaged in the “Project” training calls. This has been difficult due to time zone differences and connectivity issues. Ideally, a core group of educators would receive training on the ground in Côte d’Ivoire, continue as a peer group with mentoring from Circle Ways, and from that experience will be able to more deeply convey the practice to teachers and to support them as they begin offering the circles as a pedagogy in health classes at the public schools.

Proposed future prompt

Tell about a time when your role at work went beyond your official job requirements (this may be an every-day experience, a one time-experience, or something in between).

TANZANIA

Project name

Sexual harassment in higher education in Tanzania.
This was subsequently expanded to include:
Gender-based violence in Tanzanian households.

Language of council

Swahili

Themes

Sexual harassment in higher learning institutions in Tanzania is a problem that deserves special attention. Harassment takes many forms, the most common being male instructors demanding sexual favours from female students in exchange for grades. The hierarchical nature of instructor–student power relations reinforces the problem and at the same time creates conditions for silencing it. The research associate in Tanzania is close to this issue as he is as an academic staff in a public university in Tanzania and researched the topic in partial fulfilment of the requirements for his PhD research proposal on women’s under-representation in Science, Technology, Engineering and Mathematics (STEM) in Tanzania. The “Project” contends that, in order for these women to feel like they are fully human, a sensitisation campaign is needed for both female students and academic staff. Harassment issues are discussed during orientation programs in sessions that last for a few hours only. This time is often not enough for discussions around a topic which touches the lives of these students.

This “Project” therefore had two main goals: One goal was to bring together students and lecturers from two universities into a series of discussions about sexual harassment in higher learning institutions. On the part of students, the primary focus was female students, while for lecturers both men and women were involved. The discussions were intended to offer several learning experiences as well as recommendations for how efforts to deal with sexual harassment should be improved. The content of discussion included, but was not limited to, the following: gender issues, sexual and reproductive health, and student rights. As part of sustainability, this “Project” intends to institute active learning clubs in these two universities from which students will meet regularly to discuss harassment issues.

Three council sessions took place in Tanzania on university campuses in Dar es Salaam, Tanzania. During the council sessions, the participants talked about their personal experiences with sexual harassment. A participant expressed gratitude for finally being given the opportunity to discuss sexual harassment on

campus. Another participant almost cried when she recounted how she “escaped from an experience of sexual harassment” by changing her supervisor. The participants also had the opportunity to discuss the University’s policy on sexual harassment and how loopholes allow staff who commit harassment to go unpunished. They recommended seriousness on the part of the administration in enforcing the bylaws stated in the policy. One participant raised a question about the process of the council circle itself, asking if there is a difference between council circles and other student-centred teaching approaches. The topic of gender-based violence emerged in the sessions and became integrated into the sessions.

Future needs

To change the gender of participants – to discuss the issue with participants who identify as men. This is because, in the context of Tanzania, men seem to be the focus of all accusations as far as sexual harassment is concerned. Secondly, for both genders, the research associate would like to explore further the social construction of sexual harassment. Through the “Project”, it came to his attention that the way sexual harassment is construed in the West is different from the frameworks used by the participants to define it in Tanzania.

Proposed future prompt

Tell about a time when you needed to speak up on your own behalf, or someone else’s behalf.

MALAWI

Project name

Integrating council circle pedagogy in pre-teaching training of life skills teachers in Malawi

Language of council

Chichewa

Themes

With a focus on gender and sexual and reproductive health, this “Project” worked with lecturers who teach Life Skills Methods courses and final year trainees in the two colleges who are Life Skills Education majors, in order to integrate council as one of the methods of teaching the subject. The objective of the program is to equip the teacher-trainees with skills of council in the teaching of Life Skills Education, especially the component of sexual and reproductive health and gender. The participants were trainees from Domasi College of Education. Life Skills Education is a core subject both at primary and secondary levels of education, introduced with the aim of enabling school-going youth to acquire knowledge, values, attitudes and skills that will help prevent them from contracting sexually transmitted infections, especially HIV/AIDS, and cope with the physiological, psychological, social and economic challenges of everyday life.

Three councils were conducted under the facilitation of the lecturer responsible for the methodology course at the institution. The sessions opened with local songs to make all participants feel comfortable and get them in the mood to speak comfortably. Topics ranged from HIV/AIDS education and stigma to sexual health. A female participant shared openly that she contracted a sexually transmitted infection (STI) while she was 18 because she had unprotected sex with her boyfriend. Another participant recalled an experience he had when he was at school about his female friend who had HIV. He talked about how she faced discrimination from her schoolmates and how this had affected her education.

The facilitator also shared her experience, as is common in the practice of council wherein the facilitator is also a full participant. She spoke about a nephew who had not wanted to be tested for HIV/AIDS, but after being encouraged by family members (including the facilitator herself), he undertook the test. The result came back positive and eventually, after discussing it, he came to terms with and accepted his HIV status, and he started to live positively and feel better.

The council sessions were well-attended, and participants welcomed the opportunity to speak about their own lived experiences.

Future needs

To consider ways to embed council into the Life Skills Education program, with a particular focus on how to work around topics that might be perceived to be highly sensitive.

Proposed future prompt

Tell about a time when you had to encourage someone to seek help for themselves.

Reflection

The “Project” is currently working on writing stronger council prompts and understanding the effect of hierarchical and power dynamics in council sessions. The members of the group were challenged to use the topics they themselves were most interested in to come up with meaningful prompts to serve the training group in deepening their understanding of council process. They were also asked to observe the hierarchical dynamics they may encounter when facilitating sessions with teachers of varying ranks and to tailor their prompts to these observed dynamics in order to create a more meaningful experience for each participant.

In the future, research associates will be asked to initiate local peer groups to explore council practice so that the benefits can be conveyed to others authentically. Ultimately, considering the health education applications, the goal is for the circles to become peer-led. Returning to the idea behind the USC study, healthcare agencies provide *diagnosis* and *education*, but *care* is only provided in the context of community. With the extreme limitations of healthcare “providers” and the magnitude of need, doctors and health educators can only provide information. “Adherence” to medical advice requires support. Accountability for healthy lifestyle change, around all of these topics, is a product of the circle. Exploring personal and community agency as well as structural challenges and potentialities around the topics discussed in the circles will continue to be embedded in our praxis.

Within the framework of such potentially sensitive topics and connecting to the overall themes of this resource, council can be envisioned as a *feminist praxis*, as it gives space to explore and value overlapping questions around the following themes:

- collective wisdom
- language
- power
- communication
- breaking hierarchies
- forms of resistance to those in power
- whose voices get heard
- what knowledges are permissible/desirable
- challenging the managing/disciplining of the body
- ethics
- freedom
- subjectivities.

Who is involved in the circles, what is discussed and how to sustain the circles are ongoing issues for Praxis-based Pedagogical Ethically-oriented Methodologies (PPOEMs, Burke, 2020).

Questions for you

- What resonated with you from our experiences carrying out these council circles?
- Whether in gender, health or another field, how might you begin to explore the practice of council in your own work?
- What issues that might be perceived as sensitive or what other challenges might arise as you do this work?
- How might council help you work in these spaces of potential discomfort?
- How might you engage in council as a critical, feminist praxis?

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“Exploring personal and community agency as well as structural challenges and potentialities around the topics discussed in the circles will continue to be embedded in our praxis”