Engaging Boys and Men in Gender Transformation:

The Group Education Manual

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EngenderHealth
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the ACQUIRE project

PROMUNDO

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This publication was made possible by the generous support of the American people through the Office of Population and Reproductive Health, U.S. Agency for International Development (USAID), under the terms of cooperative agreement GPO-A-00-03-00006-00. The contents are the responsibility of the ACQUIRE Project and do not necessarily reflect the views of USAID or the United States Government.

Design and typesetting: LimeBlue
Cover design: LimeBlue
ISBN 978-1-885063-77-9

Acknowledgements

A number of individuals contributed to the creation of this manual. EngenderHealth staff members Kent Klindera, Andrew Levack, and Manisha Mehta and Promundo staff members Christine Ricardo and Fabio Verani wrote the manual. Many sections and activities were taken or adapted from the Program H Working With Young Men Series produced by Promundo, ECOS, PAPAI, and Salud y Genero and the Men As Partners: A Program for Supplementing the Training of Life Skill Educators, 2nd Edition curriculum produced by EngenderHealth.

We would like to acknowledge Megan McKenna and Dulcy Israel, who edited the manual, and LimeBlue in South Africa for designing the manual.

We also appreciate the assistance of Laura Skolnik, Sara Wilhemsen, and Patricia McDonald, who provided feedback on the manual. Finally, we would like to thank all the participants who attended the group education workshops in Namibia and Ethiopia, where we pretested this manual.

The U.S. President's Emergency Plan for AIDS Relief through the interagency Gender Technical Working Group's Male Norms Initiative led to the development of this package.

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Introduction

Why focus on boys and men?

For many years, we have made assumptions about boys and men when it comes to their health—that they are doing well and have fewer needs than women and girls. In addition, we have assumed that they are difficult to work with, are aggressive, and are unconcerned with their health. We have often seen them as the perpetrators of violence—violence against women, against other men, and against themselves—without stopping to understand how our socialization of boys and men encourages this violence. However, new research and perspectives are calling for a more careful understanding of how men and boys are socialized, what they need in terms of healthy development, and how health educators and others can assist them in more appropriate ways.

Furthermore, in the past 20 years, as numerous initiatives have sought to empower women and redress gender inequities, many women's rights advocates have learned that improving the health and well-being of adult and young women also requires engaging men and boys. The 1994 International Conference on Population and Development (ICPD) and the 1995 Fourth World Conference on Women in Beijing provided a foundation for including men and boys in efforts to improve the status of women and girls. The ICPD Program of Action, for example, seeks to "promote gender equality in all spheres of life, including family and community life, and to encourage and enable men to take responsibility for their sexual and reproductive behavior and their social and family roles."

There has also been increased recognition, in the past few years, of how dearly men and boys pay for rigid constructions of masculinity—including higher rates of death for men than for women from traffic accidents, suicide, and violence, as well as higher rates of alcohol and substance use. These problems confirm that rigid social norms simultaneously make men and women more vulnerable. In this context, addressing the health and development vulnerabilities of men and women requires applying a gender perspective to programming.[1, 2]

But, what does it mean to apply a "gender perspective" to working with men? Gender—as opposed to sex—refers to the ways that we are socialized to behave and dress as men and women; it is the way these stereotyped roles are taught, reinforced, and internalized. We sometimes assume that the way that men and boys behave is "natural," that "boys will be boys." However, many of men's behaviors—whether it's negotiating with partners about abstinence or condom use, caring for the children they father, or using violence against a partner—are rooted in the way they are raised. In many settings, men and boys may learn that being a "real man" means being strong and aggressive and having multiple sexual partners. They may also be conditioned not to express their emotions and to use violence to resolve conflicts in order to maintain their "honor." Changing how we raise and view men and boys is not easy, but it is a necessary part of promoting healthier and more equitable communities.

[1] World Health Organization. 2000. What about boys?: A literature review on the health and development of adolescent boys. Geneva, Switzerland.
[2] World Health Organization. 2002. World report on violence and health. Geneva, Switzerland.

Thus, applying a gender perspective to working with boys and men implies two major goals:

(1) Gender Equity: Engaging men [3] to discuss and reflect about gender inequities, to think about the ways that women have often been at a disadvantage and have often been expected to take sole responsibility for child care, sexual and reproductive health matters, and domestic tasks. Gender equity means fairness and justice in the distribution of benefits and responsibilities between women and men [4] —that is, it is the process of being fair to men and women. Working with men to be more gender equitable helps achieve gender equality, which means men and women sharing equal status and opportunity to realize their human rights and contribute to, and benefit from, all spheres of society (economic, political, social, cultural). In this way, gender equity leads to gender equality. For example, an affirmative action policy that promotes increased support to female-owned businesses can be considered gender equitable because it leads to ensuring equal rights between men and women.

(2) Gender Specificity: Looking at the specific needs that men have in terms of their health and development because of the way they are socialized. This means, for example, engaging men in discussions about substance use or risky behavior and helping them understand why they may feel pressured to behave in those ways.

This manual attempts to incorporate these two perspectives.

Men and HIV and AIDS

Worldwide, the behavior of many adult and adolescent men puts them and their partners at risk for HIV. On average, men have more sexual partners than women. HIV is more easily transmitted sexually from man to woman than from woman to man. An HIV-infected man is likely to infect more persons than an HIV-infected woman. Engaging men more extensively in HIV prevention has a tremendous potential to reduce women's risk for HIV.

In many other parts of the world, it is young and adult men who largely control when and under what circumstances sex will take place and whether a contraceptive method will be used. For many men worldwide, sexual experience is frequently associated with initiation into manhood.[5] Men may experience peer pressure to be sexually active and have multiple partners in order to prove that they are manly, which increases their risk of exposure to HIV. Recent data indicate that new HIV infections in high-prevalence countries often occur as a result of concurrent or overlapping sexual partnerships.[6] Research has shown that in both urban and rural areas, young men who choose to abstain may suffer ridicule from their peers. [7,8] Accordingly low levels of consistent condom use among sexually active men are associated with a variety of factors, including low self-risk perception, lack of, or limited access to, condoms, and the belief that unprotected sex is more pleasurable and that pregnancy is proof of masculinity and fertility.

[3] In this manual, for the sake of brevity, when referring to work with men, we are including all work with boys, young men, and adult men.
[4] World Health Organization. 2001. Transforming health systems: gender and rights in reproductive health. Geneva, Switzerland.
[5] Wight, D., et al. 2005. Contradictory sexual norms and expectations for young people in rural Northern Tanzania. Social Science & Medicine 62:987–997.
[6] Hayes, R. et H. Weiss. 2006. Understanding HIV epidemic trends in Africa. Science Feb3:311(5761):620-17.
[7] Ijumba, A., et al. 2006. Developing community-based behavior change communications (BCC) interventions for youth: a participatory assessment in Iringa region, Tanzania. Arlington, VA: Family Health International.
[8] Wight, D., et al. 2005. Contradictory sexual norms and expectations for young people in rural Northern Tanzania. Social Science & Medicine62:987-97.

It is also important to address men's use of violence and coercion in sexual relationships and its association with gender norms and risk behaviors. Research has shown that some men may consider the use of violence against women to be an extension of male authority in the private realm and an acceptable means of control or discipline, particularly in married and long-term relationships.[9,10] Moreover, research has shown that many men may hold narrow views of what can be defined as "forced sex" [11].That is, they may believe that only coerced intercourse would be categorized as forced sex, and that it is acceptable to use physical violence or gifts to "persuade" partners to have sex. All forms of violence and coercion, however, reinforce unequal power dynamics in relationships and limit the likelihood that a couple will negotiate preventive behaviors, such as abstinence or condom use.

In many settings, only a small number of men participate in HIV services (voluntary, counseling and testing, anti-retroviral treatment or preventing mother to child transmission). This is due to a variety of reasons, including limited access to health services and the common perceptions among men that clinics are "female" spaces and that "real men" do not get sick or do not participate in health care. Gender norms also place a disproportionate burden of HIV and AIDS-related care on women. Men generally do not participate as fully as women do in caring for children or for family members with AIDS. A review of studies worldwide concludes that fathers contribute about one-third as much time as mothers in direct child care. [12] Studies from the Dominican Republic and Mexico find that married women with HIV often return to their parents' home because they are unlikely to receive adequate care from their husbands. [13]

Men and Reproductive Health

In the socialization of men, reproduction is not considered as important as sexuality. A good example is the importance attached to menarche, the initiation of menstruation, versus semenarche—the first male ejaculation. Generally speaking, there is a lack of communication between mothers and daughters about the transformation of girls´ bodies and their fertility. The silence, however, is often even greater between fathers and their sons on the subject of semenarche. A few studies have shown that boys react to the semenarche experience with surprise, confusion, curiosity, and pleasure. Some boys are unaware of what seminal liquid is and think it is urine. It is important, therefore, that boys receive guidance during puberty, so that they can feel more secure in dealing with body changes, and understand their bodies as being reproductive. Even after semenarche, most young and adult men deal with their sexuality as if fertility did not exist. In many settings, contraception is considered to be a "woman's concern," and although condoms are often the best choice for male contraceptives, serving both to protect against STIs and as contraception, many men feel insecure using a condom, fearing they will lose their erection. With increasing awareness of HIV and AIDS, male condom use among men has increased in many settings, but continues to be inconsistent. The female condom, another option for HIV prevention and pregnancy prevention, has also been introduced to a limited extent in many settings and has been tested and adopted in various countries.

[9] Heidi, L., et al. 2004. Exploring the association between HIV and violence: young people's experiences with infidelity, violence and forced sex in Dar es Salaam, Tanzania. International Family Planning Perspectives 30(4):200–206.
[10] Barker, G. and Ricardo, C. 2005. Young men and the construction of masculinity in Sub-Saharan Africa: implications for HIV/AIDS, conflict and violence. Washington, DC: World Bank.
[11] Heidi, L., et al. 2004. Exploring the association between HIV and violence: young people's experiences with infidelity, violence, and forced sex in Dar es Salaam, Tanzania. International Family Planning Perspectives 30(4):200–206.
[12] Bruce, J., et al. 1995. Families in focus: new perspectives on mothers, fathers and children. New York: Population Council.
[13] Rivers, K. & Aggleton, P. 1998. Men and the HIV epidemic, gender and the HIV epidemic. New York: UNDP HIV and Development Program.

Increasingly, health educators are focusing on dual protection,that is, emphasizing that condoms are suitable for avoiding unintended pregnancy and for preventing STIs. Furthermore, most sex education programs have also seen the importance of promoting condom use within sexual games, as part of foreplay, and generally presenting condoms as an erotic and seductive stimulus in the sexual relationship. While the frank discussion of condom use has been hindered in some countries, increased condom use has been key in countries that have been able to reduce rates of HIV transmission. Promoting increased use of contraception by men is essential, but not enough. To become more involved in contraceptive use, men should also be sensitized to their role as procreative or reproductive individuals, who, along with the partner, should decide if, when, and how to have children.

Moving Into Action

This manual highlights the importance of linking educational activities to action. It introduces the Ecological Model.[14] This tool, often used during action-planning in workshops, allows the participants to take the knowledge and skills gained in the workshop and put them into action for social change. At the end of every activity, participants can make a record of their suggestions for addressing the issues they have raised.

The Ecological Model

Introduction to the Ecological Model

The Ecological Model provides a conceptual framework for a more comprehensive approach to working with men. The model emphasizes that to change individual behavior, programs need to not only work with individuals, but to also address the systems and groups—peers, families, communities, media, policies—that influence individuals. This model encourages men and mixed-gender groups to think about the:

- Changes that are needed across all sectors of society
- Range of different strategies across different levels of action that will be required to bring about these changes
- Roles of different social actors during such changes

The Ecological Model underlines the different levels of action that are required to make changes in sexual and reproductive health, gender equality, and violence.

The Levels of the Ecological Model[15]

1. **Strengthening Individual Knowledge and Skills**
   Helping men to understand how gender and social norms can put them, their partners, and families at risk and how to promote alternate, healthier behaviors

2. **Creating Supportive Peer and Family Structures**
   Educating peers and family members about health risks and ways they can support individuals to take actions that promote health and safety

[14] Adapted from the work of the Prevention Institute, Oakland, CA, USA focusing on violence prevention, including intimate partner violence.
[15] These have been adapted for work related to engaging men in sexual and reproductive health, HIV prevention, care and support, and violence prevention.

3. **Educating Health Service Providers**
   Educating providers about male engagement so they can transmit skills and knowledge to others. Teaching providers to encourage and support men to seek healthcare and support their partners' access to health information and services

4. **Mobilizing Community Members**
   Educating community members and groups about health risks and ways they can support individuals to take actions that promote health and safety. Mobilizing groups and individuals to develop coherent strategies for promoting constructive male involvement

5. **Changing Organizational Practices**
   Adopting policies, procedures, and organizational practices that support efforts to increase men's involvement

6. **Influencing Policy Legislation at the Societal Level**
   Developing strategies to change laws and policies to influence outcomes

Working across levels

When using the Ecological Model, it is important to pay attention to the links between the different levels. In other words, no level should be seen as independent of another. In this way, it becomes clear that policy work affects, and is affected by, community education. This, in turn, affects and impacts the ways individuals in a given community regard a particular issue.

Information to be recorded

For each level, the model can help participants to identify:

- WHAT actions to take
- WHO should take this action
- HOW the success of this action should be assessed. This final column is used to keep a record of group suggestions for indicators of success. These indicators answer the question: How will we know if actions are successful?

If you want to use the Ecological Model in action planning, create the following flipchart (see **example** below) or create a handout of the Model and pass it out to participants. Remember that you will probably need more than one sheet or handout during a workshop. If a particular training activity helps participants think about ways that they can engage men more in the work they do, ask them to use the Ecological Model to jot down those ideas. They can write them down in the chart according to the different levels of the Ecological Model. This will be useful for them as they develop their action plans after the training.

Example: The Ecological Model

	WHAT Action	**WHO** **Person or organization**
1. Strengthening Individual Knowledge and Skills		

2. Creating Supportive Peer and Family Structures		
3. Educating Health Service Providers		
4. Mobilizing Community Members		
5. Changing Organizational Practices		
6. Influencing Policy Legislation at the Societal Level		

Guiding Principles

EngenderHealth is an international reproductive health organization based in New York City. Through its Men As Partners (MAP) Program, it has integrated male involvement approaches and engaged men since 1996. Its groundbreaking program works with men to play constructive roles in promoting gender equity and health in their families and communities. EngenderHealth works with individuals, communities, health care providers, and national health systems to enhance men's awareness and support for their partners' reproductive health choices; increase men's access to comprehensive reproductive health services; and mobilize men to actively take a stand for gender equity and against gender-based violence. To date, EngenderHealth has developed Men As Partners programs in over 15 countries in Africa, Asia, and Latin America, and in the United States.

Promundo is a Brazilian non-governmental organization based in Rio de Janeiro. Since 2000, Promundo has led a global network of NGO and UN partners in developing, testing, implementing, and evaluating a set of interventions to promote gender equality—first focusing on young men (Program H – H for *hombres* and *homens*, the words for men in Spanish and Portuguese) and subsequently, incorporating work with young women (Program M - M for *mujeres* and *mulheres,* the words for women in Spanish and Portuguese). The Program H initiative, which consists of group educational activities to engage young men and adult men in gender equality, community campaigns, staff training, and an impact evaluation model, is now being implemented in more than 20 countries in Latin America, Asia, and sub-Saharan Africa.

Promundo and EngenderHealth's work with men recognizes that current gender roles often give men the ability to influence or determine reproductive health choices made by women. Current gender roles also compromise men's health by encouraging them to equate a range of risky behaviors with being "manly," while encouraging them to view health-seeking behavior as a sign of weakness.

However, we take a positive approach in working with men because we believe that men have a personal investment in challenging the current order, and can be allies in the improvement of their own health, and the health of the women and children who are so often placed at risk by these gender roles. We recognize that men, even those who are sometimes violent or do not show respect toward their partners, have the potential to be respectful and caring partners, to negotiate in their relationships with dialogue and respect, to share responsibilities for reproductive health, HIV prevention and care, and to interact and live in peace and coexistence instead of with violence.

About the Manual

Guide to Training Participants

Who is this manual for?

This is an educational manual for working with men to question non-equitable views about masculinity and develop more positive attitudes to prevent unhealthy behaviors that put them and their partners and families at risk. It can also be used to train facilitators who will implement workshop activities with groups of men.

The activities are intended for use with men of all ages, although some adaptations might have to be made depending on the ages of the men and the country and community context. These activities can also be adapted for use with groups of men and women.

How was this manual developed?

This manual is a compilation of the most frequently-used activities from two educational curricula—Promundo's Program H Manual and EngenderHealth's Men As Partners (MAP) Manual. It has been adapted for use with groups of men and with mixed groups in such diverse settings as schools, youth clubs, military settings, and community groups all over the world, including in Botswana, Brazil, Ghana, India, Kenya, South Africa, Swaziland, Tanzania, and Uganda.

The use of these educational activities with men has resulted in positive changes in knowledge, attitudes, and behaviors related to sexual and reproductive health, including HIV and GBV prevention.

How should this manual be used?

Before beginning the work with men, it is important that the facilitator and/or trainer read the entire manual to understand how it is organized and what it contains.

The manual contains the following sections:

Part II provides guidelines and exercises for facilitators to gain the basic skills and information needed to carry out workshop activities.

Part III provides sample agendas. The sessions in this manual can be conducted continuously over several days or can be spread out over time. You need to decide what is most appropriate for your program and its participants.

Part IV presents a range of male engagement (ME) workshop activities, organized into 10 thematic sections. The activities draw on an experiential learning model in which men are encouraged to question and analyze their own experiences and lives to understand how gender can perpetuate unequal power in relationships, and make both women and men vulnerable to reproductive health problems as well as HIV and AIDS. Most importantly, the activities engage men to think about how they can make positive changes in their lives and communities. This process of questioning and change takes time. Experience

has shown that it is preferable to use the activities as a complete set (or using groups of activities from the different sections), rather than using just one or two activities. Many of the activities complement each other and when used together, contribute to richer and more rewarding reflections than if used alone. Since most of the activities are participatory, they are most effective when carried out with small groups of 10 to 20 participants.

Part V contains the appendices for the manual, which include an observation and feedback form for facilitators of workshops and a pre and postest to administer to participants to assess the impact of the training.

The manual is written in plain English so that it can be used by a wide range of people. However, the manual does use a number of technical words, which some people may find difficult to understand.

What is included in this manual?

Part II looks at the following topics:

- **The Training Process:** This includes a guide to the basic elements that facilitators need to do their work, as well as a feedback exercise. It also includes answers to questions most frequently asked by workshop facilitators.
- **The Learning Process:** Making Male Engagement Work: This includes a guide to the principles and practices of adult learning.
- **Planning a Male Engagement Workshop:** This presents the key steps in planning a workshop.
- **Becoming a Better Facilitator:** This includes guidelines and exercises for improving facilitation skills and practice.
- **Dealing with Disclosure:** This presents information on how best to deal with disclosure during an educational activity.

Part IV of the manual provides a set of educational activities for use in ME workshops. These activities are presented in the following sections:

Introduction
The introductory activity provides an opportunity for men to share their expectations for the ME workshops and decide collectively on ground rules for discussion and participation.

1. Gender and Power
This section provides an introduction to the idea of gender as a social construct and how it influences power dynamics in relationships.

2. Sexuality
This section provides a comprehensive understanding of sexuality and how it can influence personal values and behaviors.

3. Men and Health
This section focuses on the links between men's socialization, behaviors and health, and the importance of emotional and physical well-being.

4. Substance Use
This section identifies the effects (physical, mental, emotional, and behavioral) of alcohol and substance use and discusses situations in which substance abuse increases risk for STIs, including HIV and AIDS.

5. Healthy Relationships
This section provides information on the differences between healthy and unhealthy relationships and ways to create a healthy relationship.

6. STI and HIV Prevention
This section focuses on men's vulnerability to HIV and AIDS and the importance of preventive behaviors and negotiation in sexual relationships.

7. Living with HIV
This section promotes a greater understanding of the lives and experiences of people living with HIV and AIDS (PLWHA), including the stigma and discrimination they face, and illustrates how people with HIV and AIDS can live positively.

8. Fatherhood
This section focuses on the role of men in caregiving and its associated benefits for men, women, children, and communities.

9. Violence
This section explores the many forms of violence that exist and the links to gender and power.

10. Making Change, Taking Action
This section engages men in individual and collective reflections on how they can make positive changes in their lives and communities on issues related to health, HIV and AIDS, and violence.

What information is included for each activity?

The manual presents information for each activity in a standardized format. This includes information on:

- **Objectives** of the activity
- **Audience** with whom the activity works best
- **Time** required for the activity
- **Materials** needed for the activity
- **Steps** for implementing the activity
- **Notes** on the process of the activity
- **Key learning** points to be made by the activity
- **Handouts** that may be given out during the activity
- **Examples** of teaching aids that may be used in the activity

Each element of this standardized format is discussed in more detail below:

Objectives

This describes what participants should learn as a result of doing the activity. It is a good idea to begin each activity by telling participants about its learning objectives. This helps participants to understand why they are doing the activity and what they can hope to get out of it. Unless otherwise specified in the directions, sharing the learning objectives with participants also helps in reviewing the activities at the end of each day. This review helps you to determine if the workshop is making progress in terms of what participants are learning.

Audience

This seeks to show to what groups and situations the activity, as presented in the manual, is best suited. Keep in mind that all of the activities can be adapted to fit different groups and situations. For example, an activity that requires a lot of resources can be adapted to work in a low-resource environment.

The categories are:
Age: Youth (14-24); adults (over 24); youth or adults (14 and over)
Sex: Men or mixed groups (works with either groups of only men or men and women); mixed groups (works with groups of men and women); men only (groups of only men)
Literacy: Any level (no reading or writing and no complicated terminology); medium (some reading and writing, in addition to slightly more complicated terminology, such as gender equity.)
Resources: Low (no need for flipchart, markers, or other resources outside of a few handouts that can be prepared in advance); medium (flipchart or writing surface and markers); high (PowerPoint projector or DVD player; large number of handouts)

Time

This is how long the activity should take, based on past experience. Depending on certain factors, such as the number of participants, the time for doing each activity could vary. The activities in the manual are designed for sessions as short as 45 minutes or as long as two hours, and in some cases, a range of time is provided. It is most important to work at the pace of the participants. But in general, sessions should not be longer than two hours. It is also important to remember that any agenda for a workshop is usually a full one. Taking too long with one activity may mean you do not have time to complete others. Try to stick to the time suggested.

Materials

These are the materials necessary for each activity. You will need to prepare some of them before the workshop begins. For the most part, these include basic materials, such as flipchart paper and markers. In cases where the materials listed cannot be easily accessed, you should feel free to improvise. For example, flipchart and markers can be substituted with chalkboard and chalk.

Advance preparation

This section will inform you about any preparation that needs to be done before the activity is implemented.

Facilitator's notes

These notes will help you to facilitate the activity better. They point out important aspects of the process and background information and tips to help you prepare for the activity. Make sure you have read these notes before you begin.

Steps

These are the steps you should follow in order to use the activity well. These instructions are numbered and should be followed in order. For the most part, the activities are written to be easily adapted to groups with different reading and writing levels, but you should be attentive to whether the steps are feasible and appropriate for the participants. For example, where the procedure calls for reading a text, you can instead read the text aloud.

The steps will often also include suggested questions to help guide the discussion on the activity topic. You should feel free to add to them or to rephrase them, based on the local context. Moreover, it is not necessary that the group discuss all of the suggested questions or that you adhere strictly to the order in which they are listed in the activity. Rather, you should focus on encouraging as many participants as possible to express their opinions. It is important to be patient, since some participants may be shy in the beginning or may not feel comfortable discussing these topics with each other. You should never force anybody to speak.

Closing

The section highlights the key points that participants should learn as a result of doing the activity. It may be helpful to refer to these key points while you are facilitating the discussion. You can also use them in summing up the discussion at the end of the activity.

Handouts

Some activities have handouts. These are included at the end of the activity. The handouts include information for participants to take away with them or for you to review with

them. If possible, you should make enough copies of handouts for all participants. Another possibility is to write out the information on the sheets of flipchart paper for the participants to refer to during the activity.

Resource sheets

This is additional information for the facilitator to review when preparing an activity. Not all activities will have resource sheets.

Examples

A diagram or chart is used during some activities. Use these examples as a guide for drawing such charts or diagrams.

Links

References to other activities in the manual that reinforce or further explore similar topics.

Guide to Training ME Facilitators

Introduction

This second part of the manual provides guidance for training ME facilitators to carry out educational activities with men and mixed-gender groups in the community.

Contents

This section discusses the importance of experience, practice, and feedback in training facilitators. The next section presents the main elements of an effective adult **learning process.** This includes a set of guidelines to help facilitators create a positive learning environment in their educational workshops.

The next section provides guidance on **planning a ME educational workshop** and the main steps involved, as well as issues to consider. It looks at the primary skills required for **becoming a better facilitator.** It includes exercises that potential facilitators can use to strengthen their skills. It also discusses how to deal with difficult people and situations within an educational workshop. This includes information on **dealing with disclosure** and how best to respond to the challenges of disclosure.

A. The Training Process

Providing background information

Training facilitators to implement ME activities usually begins with an introduction to the program itself and how the educational workshops fit into the overall program. It is especially important for facilitators to understand the male engagement philosophy as outlined above.

If the program is part of regional, national, or global male engagement efforts, it is also important for ME facilitators to see how their work fits into the larger picture. This will motivate them to learn during the training and to implement ME activities after the training. Their understanding of the wider scope of ME activities will also help them to think about possible future directions for this work in their organization and their community.

Components of the training process

Training facilitators in the use of ME group activities involves taking them through three main steps:

1. Experiencing the activity
2. Practicing the facilitation of the activity with a group
3. Receiving feedback on their facilitation of the activity

Experience

The first component to training someone to facilitate a ME educational activity is to have them experience it. This first-hand experience as a "participant" helps potential facilitators to better understand the strengths (and possible weaknesses) of an activity. It also helps them to think and learn more about the issues that the activity is addressing.

It is important that trainers model good facilitation skills when giving trainee facilitators an experience as a participant in a ME educational activity. When the activity is completed, trainers should debrief trainees on the activity. This will involve going through the written description of the activity in this manual and discussing each aspect of the activity (objectives, materials, steps, facilitator's notes, key points in the closing).

Practice

The second component is to practice facilitating the activity with a peer group. Many trainee facilitators will get nervous about the challenge of practicing in front of their peers. With that in mind it is helpful for trainers to focus on creating a relaxed atmosphere. Trainers should emphasize that the goal is to improve, and that trainees need not be perfect the first time.

Feedback

Good feedback is the third and last component. Trainee facilitators should expect constructive feedback on how they utilized the educational activities during practice.

Good feedback helps to develop skills and confidence. Feedback from peers is also an important way for trainee facilitators to build a community of support among each other. It is important that both positive aspects of facilitation as well as areas of improvement are offered. In addition, trainees should be given the opportunity to reflect on their own about what is working in their facilitation techniques, and what needs improvement.

How to give good feedback

Everyone has a different style of giving and receiving feedback. Some people are very open about providing feedback. Others are shy about it. Likewise, people are different in how they receive feedback from others. But despite these differences in style, there are some common elements to good feedback.

Focus on behavior: Feedback is helpful (and best absorbed) when it is specific. By contrast, feedback consisting of general statements about a person's personality or beliefs is much less useful. This puts the recipient on the defensive. As a result, the feedback is less likely to be used, regardless of how valid it is.

Focus on change: Effective feedback looks at behavior that is relatively easy to change. Giving feedback on behaviors that are difficult to change (such as personal habits) is not helpful. This often creates anxiety and self-consciousness about the behavior without changing it. It also creates defensiveness.

Be specific: Focusing feedback on specific behaviors or statements helps people understand what needs to be improved. This makes action on the feedback more likely.

Be constructive: People often don't want feedback because they expect it to be negative criticism. Good feedback is often critical, but in a constructive way that helps people to improve. Constructive criticism identifies what needs to be improved in the context of what was done well.

Take personal responsibility: Feedback is one person's view of another's performance. It is not the definitive truth or the final word. When giving feedback, it is important that you "own" it by beginning your statements with "I think that…" or "I felt that…"

Allow freedom to change or not to change: Feedback is intended to help people improve their work. However, it remains their choice whether they wish to act on such feedback. Good feedback skills will help people to choose their future actions based on the information that is being given.

How to receive feedback well

It is also useful to guide trainee facilitators on how to receive feedback in a way that best helps them. Good practice for receiving feedback includes:[16]

- Listen only
- Do not justify your behavior
- Ask only for clarification
- Acknowledge the feedback

An exercise on giving and receiving feedback is included here. Appendix 1 includes an observation and feedback tool that trainers can use when training facilitators.

Feedback exercise

In bold letters, print the names of the following four animals on four pieces of paper, one name per piece of paper: *"Dog," "Dolphin," "Lion,"* and *"Owl."* Use pictures of these animals, as well, if you can get them. (*Note:* The animals used for this exercise can be changed as the trainer sees fit.)

Place the name of a different animal in each of the four corners of the room. If you can provide actual pictures of the animals, you can use them instead.

Explain to the participants that you are going to lead an exercise on giving and receiving feedback. Ask them to share their ideas on why feedback is important to give and to receive from co-workers. Explain that this exercise will help in understanding personal styles of feedback.

Have all the participants stand in the middle of the room. Ask them to think about their style of providing feedback to their peers. Tell them that they must choose an animal that best represents their style of providing feedback. Allow the participants to think about this question. Then have them stand next to the animal that best represents their style.

Allow five minutes for the participants to discuss with their group why they chose the animal they did. Next, have the members from each animal group share some of their

[16] Solter, C., et al. 2007. Advanced training of trainers. Watertown, MA: Pathfinder International.

reasons for choosing their particular animal to the larger group. This should take about 10 minutes. For example, a participant might say, "I chose the dog because dogs are very loyal and kind. I never want to offend anyone, so I am very careful when providing feedback. My biggest concern is to make sure no one gets angry."

After all of the smaller groups have reported back to the large group, have everyone stand in the middle of the room again. This time, instruct the participants to stand next to the animal that best represents how they receive feedback.

Have the participants spend five minutes discussing this among themselves. Then, allow 10 minutes for them to report back to the larger group. A participant might respond to this situation by saying, "I am like a lion when receiving feedback because I can be very temperamental. If I hear too many negative comments at once, I become very aggressive and protective, a lot like the way a lion will protect its young."

After all of the groups have finished reporting back, ask the participants the following questions for discussion:

- Why is it important to know what our styles are for giving and receiving feedback?
- How has this activity changed the way you might give and receive feedback?
- What is the most important thing to remember when giving feedback?
- What is the most important thing to remember when receiving feedback?

Use the key points on giving and receiving feedback (see above) to summarize the key learning from this exercise.

B. The Learning Process: Making Male Engagement Work

Learning is central to Male Engagement (ME)

The activities presented in Part C (below) of this manual give men (and women) the opportunity to learn. Participants in the workshops will learn new information about sexual and reproductive health and about their own attitudes about gender and sexuality. They will also learn about skills for better health, better relationships, and safer lives. Workshop facilitators must understand the basics of the adult learning process and how best to promote effective learning.

Effective learning requires

Trainers can use the following information, including a handout on Adult Learning, to explain the basics of the learning process. Part C includes activities that facilitators can practice and then use to create a positive learning environment. People have different ways of learning, but some common teaching elements are essential.

Respect

There are likely to be disagreements between participants in a ME workshop. This is because the educational activities raise many issues about which people have strong opinions and feelings. Given this situation, it is important that all participants in a

workshop or event feel heard and respected. It is essential that the ground rules for any workshop include respecting other people's opinions.

Safety

Providing a comfortable and safe environment is essential. Any ME workshop or event should include ground rules on: confidentiality, open sharing of information, nonviolent communication (including rules on sexism, homophobia, and racism) and encouragement to participate.

Support

For some people, a ME workshop or event may bring back memories of a painful or harmful experience in their past (such as child sexual abuse). It may also put people at risk for immediate violence. It is essential that facilitators know about available support services and can refer participants to those services if needed. It is also important to explain to participants their legal obligations regarding reporting. This may include situations in which a facilitator is told of abuse by the victim or by the perpetrator, or when abuse or neglect is suspected.

Relevance

It is important that participants see how their learning is relevant to their work and lives. If they don't, they are unlikely to remain motivated to learn. It is helpful to explain the relevance of activities as they are happening. It is also a good idea to create opportunities for feedback from participants about the relevance of what they are learning.

Energy

Learning takes effort. It is essential to pay attention to the energy levels in a ME workshop or event. Facilitators should use energizer games if the energy drops. Workshop planning should also focus on the rhythm of activities and how well it keeps up the energy of the group.

By doing

Research has shown that we remember 20% of what we hear, 40% of what we see, and 80% of what we do. People learn best when they are active in their own learning. The ME educational workshop activities are interactive and require people to actively participate rather than just sit back and listen.

Handout 1:
Adult Learning

Adults (both young and old) learn differently from children. The table below defines the main differences.

Children	Adults
• Rely on others to decide what is important to be learned	• Decide for themselves what is important to be learned
• Accept the information being presented at face value	• Need to validate the information based on their beliefs and experiences
• Expect what they are learning to be useful in their long-term future	• Expect what they are learning to be immediately useful
• Have little or no experience upon which to draw; are relatively clean slates	• Have much past experience upon which to draw; may have fixed viewpoints
• Have little ability to serve as a knowledgeable resource to teacher or fellow classmates	• Have significant ability to serve as a knowledgeable resource to the trainer and fellow learners

Adult learning principles:

- Adults need to know why they should learn something.
- Adults need to be self-directing.
- Adults need to use their experience during learning.
- Adults are ready to learn when they need to know something.
- Adults prefer a task-centered approach to learning.

How to create a positive learning environment for adults:

Make time for breaks. People can't concentrate for long periods of time, especially when they are uncomfortable or have something on their minds. Breaks help people to focus.

Put the most important information first. People remember the beginning and end of events better than what happened in between. So, present the most important information first and summarize it at the end.

Make links. People remember information better when it is connected to something. So, link theory to practice. For example, after discussing the theory of gender roles, do an activity that connects this theory to people's real life experience.

Be unusual. People remember things that are outrageous, unusual, or unexpected. So, use humor, games, songs, poetry—anything that will provoke people's interest and attention.

Repeat information. Repeated information will stay with people. So, review often and remind participants of the key points of learning during a MAP workshop or event.

Use key words and concepts. Each activity in this manual includes a set of learning points; the key concept is in bold typeface.

C. Planning a Male Engagement Workshop

Here are some guidelines to help facilitators plan their workshops. Trainers can use this information as the basis for a presentation on planning a male engagement workshop.

Know the space

If you don't know what the room for the workshop is like, it is a good idea to look at it a few days in advance. This will help you create the most positive environment for the training. For example, you may need to move chairs and tables or improve the lighting. Try to avoid classroom-style arrangements. The space should also be private in the sense that participants should feel comfortable discussing sensitive topics and personal opinions. If the room is not suitable, you will have the time to look for another room before the workshop begins.

Know the status of the epidemic

It is important to find out how the HIV epidemic has evolved in the country and area in which you are working so that you can better adapt the workshop to the needs of the participants. For example, there maybe certain drivers in the country or area in which you are working that are contributing to the HIV epidemic, but that are not being addressed. Having more information about the epidemic can help you address these gaps.

Know your audience

Try to find out who will be attending the workshop, and if they are coming voluntarily or are being sent. This will give you an idea of how open they will be. If possible, find out what other training on HIV and AIDS, human rights, and related issues these participants have undergone. This will help you to "pitch" the activities to their level.

Know your role

Your role is to create an open and respectful environment in which the participants feel comfortable sharing and learning from their own experiences. It is important for you to be friendly and create a rapport with the participants. As discussed above, the activities are designed to generate a process of reflection and participatory learning, a process that is facilitated, not taught. Many of the themes—violence, sexuality, mental health, fatherhood, and HIV—are complex and sensitive. There may be groups of participants who open up and express their feelings during the process, while others simply will not want to talk. The key factor is you. You should approach the activities with no prior judgments or criticisms about the attitudes, languages, or behavior of the participants. It is up to you to pay attention to their comfort level and to be aware when particular participants need individual attention, and, in some cases, referrals to professional services or counseling.

Before you conduct a ME educational workshop, it is important that you feel comfortable discussing issues related to gender and "sexuality" and that you have undergone some degree of self-reflection regarding your own experiences and struggles around the themes of the manual. As a facilitator, you will become an important role model and source of information and support for the participants. For this reason, it is important that you have received sufficient training in working with participants on the themes discussed in this

manual and have a structure of support and resources from organizations and/or other educators and facilitators.

Know your co-facilitator

If you are running the ME workshop with another facilitator, it is important that you meet in advance to plan your work together. This will include dividing activities between you. You'll also agree on how to support each other during the workshop. For example, you may want to decide that when one of you is facilitating, the other stays in the room and helps by writing on a flipchart.

Read the manual

Read through the manual before you begin a workshop. Make sure that you have read through each activity again before you do it. If you are confused or concerned about any of the information in the manual, ask another facilitator about it.

Prepare materials

Prepare handouts and flipcharts in advance. Make sure you have enough copies of handouts for all the participants. Some activities require you write information on sheets of flipchart before beginning the activity. Make sure you have all the materials for each activity before you begin. A list of these materials is included in the description of each activity.

Find out about support

For some participants, a ME educational workshop or event may bring back painful memories, such as child sexual abuse. Some may face an increased risk for violence as a result of taking part in the workshop. It is important that facilitators identify available support services and be able to refer participants there if needed.

Check invitations

Make sure participants know the date, time, and place for the workshop. You may or may not be responsible for calling them to the workshop. Even if you are not, though, it is a good idea to check that people have received information about the workshop date, time, and place.

Help participants relax

Create a relaxed atmosphere in the training room. The educational activities outlined in this manual deal with some very serious and sometimes painful issues. It is important you create a relaxed atmosphere in the workshop from the beginning. This could include arranging chairs in a circle, taking the tables out of the room, putting posters on the walls, or providing snacks during the morning and afternoon breaks.

Help participants learn

Follow the guidance on adult learning principles and best practices described in the previous section and its accompanying handout on Adult Learning. Part D below includes a number of activities that facilitators can practice and use to create a positive learning environment. Remember that people respond well to educational activities that are participatory and entertaining. For example, role-play may allow participants to explore problems they might not feel comfortable discussing in other settings. Role-play also helps participants practice various skills, such as negotiation, refusal, and decision making, as well as how to use a condom correctly. An alternative to role-play is to stage debates in which participants can argue perspectives they might or might not normally consider.

Prepare for evaluation

Evaluation is an important element of any ME workshop or event. In planning a workshop, it is helpful to prepare for both short-term and long-term evaluation of the workshop's impact.

In the short-term, it is very useful to evaluate any male involvement workshop at its end in order to:

- Learn how to improve the workshop
- Build morale within the overall male involvement program by highlighting what went well
- Produce documentation on the program that will be useful in fund-raising and advocacy

Appendix 2 includes a tool for evaluating a male involvement workshop. This evaluation form is for participants to take both before and after the training. Ideally, you should carry out the post evaluation with the participants several months after the end of the training. This will allow you to assess whether your training has had a sustainable impact on participants' knowledge, attitudes, and behaviors.

If you are unable to carry out the post evaluation several months after the training, you can administer the questionnaire before and immediately after the training. If you are carrying out the sessions over time, this will still allow you to see if there has been a change in participants' knowledge, attitudes, and behaviors. If you are carrying out the sessions over several days, it will allow you to assess knowledge and attitudes, but not behavioral impact, since sufficient time will not have lapsed between the beginning and end of the trainings.

Longer-term evaluations are more useful in showing what impact a ME program has made. But these evaluations are also much more complicated. Practically, it may not be easy to get hold of workshop participants long after the workshop is over. Therefore, it is important to think about how possible it will be to follow up with workshop participants and what steps could be taken to make this easier.

It may be very hard to be sure if the change in knowledge, attitudes, or behaviors reported by participants after a workshop is the result of the workshop or something else. It is helpful to think about specific learning that you will want to evaluate after the workshop.

It is also helpful to think about specific methods for evaluating the learning produced by the workshop. For example, ask participants to keep a regular log of their reactions to the workshop and review this log with them some time after the workshop is over.

D. Becoming a Better Facilitator

Introduction

It is not hard to create a good learning environment, and you do not have to be an expert to do it. But it is important to work on becoming a better facilitator by developing certain attitudes and skills.

This is especially important for men who are training to be ME facilitators. When men take on this facilitation role, they are not only being asked to help groups of men discuss issues of gender, violence, and sexual health. They are also being asked to model the attitudes and behaviors that men will need to protect their own and others' health, safety, and well-being. It is very important that men who are training to become ME facilitators get an opportunity to talk with each other about the impact of their attitudes on their work and their capacity to model new ways of being men. See **personal preparation** (below) for more on this.

It is also important that facilitators develop skills in active listening, effective questioning, and leading group discussions. These skills will make better facilitators in any ME workshop or event. Trainers can use the following information and exercises to help develop such skills.

Personal preparation

As a facilitator preparing to do ME work, you will need to look at your own thoughts and feelings and how these may affect your work. For example, you may feel uncomfortable talking openly about certain topics (for example, such aspects of sexuality as masturbation). This will make it hard to facilitate a frank discussion. You may also have strong feelings about certain topics (for example, women carrying condoms). This may make it hard to facilitate an open discussion without imposing your own views. In doing this work, you may also be reminded of painful experiences from your own past, in which you suffered or caused others to suffer. Being reminded of these experiences may make it hard to talk about certain topics.

In order to help both men and women discuss these issues as openly as possible, it is important to make time to think about your own thoughts, feelings, and experiences. This could involve:

- Meeting with a colleague to discuss thoughts and feelings about the ME work. Talk about what you are looking forward to and what you are nervous or unsure about. Talk about any issues that make you uncomfortable and why. Make a plan for how you will deal with this discomfort while doing ME work.
- Making time during a team meeting to carry on the same discussions. If possible, bring in a skilled outside facilitator to help team members with this discussion.
- Choosing someone whom you trust and whom you think will be able to listen to you

and support you (colleague, friend, or family member). Tell them briefly about the past experiences you are concerned about. Share as much or as little detail as you're comfortable sharing.

Tell them how you think these memories may affect your work and how you would like to be supported in dealing with the memories. Make a plan for how to get this support. If you think you cannot get the support you need or that the memory of the experience is too strong and painful, remember that you have the choice not to do this work or any part of it.

Active listening

Active listening is a basic skill for facilitating group discussions. It means helping people feel that they are being understood, as well as heard. Active listening helps people share their experiences, thoughts, and feelings more openly. It's a way of showing participants that their own ideas are valuable and important when it comes to solving their problems. Active listening involves:

- Using body language to show interest and understanding. In most cultures, this will include nodding your head and turning your body to face the person who is speaking.
- Showing interest and understanding to reflect what is being said. It may include looking directly at the person who is speaking. In some communities, such direct eye contact may not be appropriate until the people speaking and listening have established some trust.
- Listening not only to what is said, but to how it is said, by paying attention to the speaker's body language.
- Asking questions of the person who is speaking, in order to show that you want to understand.
- Summing up the discussions to check that what has been said was understood. Ask for feedback.

You can use any one of the following activities with participants to practice listening skills:

Listening exercise 1

Active listening means listening with the eyes, as well as the ears. This exercise reinforces that message by helping people to experience the difference between listening to someone with their backs turned to them versus listening to someone who is facing them.

Break the group up into pairs. Ask each pair to sit back-to-back.

Ask one member of the pair to speak (about any subject) for three to four minutes while their partner listens. Then swap roles.

Debrief by asking what it was like to listen to someone they could not see. Ask how the listener responded to someone they could not see.

Break up into pairs again, but this time, ask each pair to sit facing each other. Repeat the exercise, with one person speaking and the other listening and then swap roles.

Debrief by asking the group what the differences were between listening to each other back-to-back and listening to each other face-to-face. Ask the group what these differences mean in terms of active listening.

Listening exercise 2

This exercise makes the contrast between "bad" listening techniques and "good" listening techniques. By doing so, it reinforces learning of the key points of active listening.

Give a brief presentation on the key points of active listening. Break into pairs. Ask one person in each pair to play the speaker and one person to play the listener.

Explain that the speaker is going to talk for three to four minutes (on any topic) and that the listener is to demonstrate bad listening techniques.

When the pairs have finished, debrief by asking the speaker what it felt like to be with a bad listener. Ask the speaker what the bad listener was doing or not doing.

Break up into pairs again and swap roles. This time, instruct the listener to practice good listening techniques. When the speaker has finished, debrief by asking the speaker what it felt like to be with a good listener. Ask the speaker what the good listener was doing or not doing. From this discussion, draw out the key points about active listening.

Listening exercise 3

It is important that everybody gets to practice active listening skills and gets to experience different styles of listeners in order to bring out its key points. This exercise is a fun way to do that.

Divide the group in half. Ask one half to form a circle facing outward in their chairs; ask the second half to form an outer circle facing inward, so that each person in the inner circle is facing a person in the outer circle.

Tell the people in the inner circle that they are the listeners. It is their task to demonstrate active listening skills with their partner in the outer circle.

Ask the people in the outer circle to talk for two to three minutes to their listener in the inner circle. When the time is up, ask the outer circle to move one person to the right, so that each speaker is speaking to a new listener. Repeat two or three more times.

Debrief by asking the speakers to compare each of their listeners and to identify what makes a good active listener. Ask the listeners what it was like to listen to different speakers and in what situations it was easier or harder to listen well. From this discussion, draw out the key points about active listening.

Being nonjudgmental

Remember that information should be provided in nonauthoritarian, nonjudgmental, and neutral ways. You should never impose your feelings on the participants.

Effective questioning

Being able to ask effective questions is also a core skill for a ME facilitator. Effective questions help a facilitator to identify issues, get facts clear, and draw out differing views on an issue. Skillful effective questioning also challenges assumptions, shows you are really listening, and demonstrates that the opinions and knowledge of the group are valuable. Effective questioning also increases participation in group discussions and encourages problem solving.

Ways to achieve effective questioning include:

- Ask open-ended questions: Why? What? When? Where? Who? How?
- Ask probing questions. Follow up with further questions that delve deeper into the issue or problem.
- Ask clarifying questions by re-wording a previous question.
- Discover personal points of view by asking how people feel and not just what they know.

Questioning exercise 1

Asking open-ended questions that cannot be answered simply with a "yes" or "no" is an important skill because it opens up discussion and gathers more information. This exercise practices that skill.

Prepare a brief (one paragraph) case history of a typical man in the local community, describing his life circumstances, attitudes, and behaviors. Divide the class into smaller groups of six people and give two copies of the case history to each group; explain that nobody should look at it yet.

Explain that each group of six will be divided into two teams (A and B) of three people. Each team will have a "local man" a questioner, and an observer. Ask each"local man" to read his case history but not to show it to team members.

Explain that the questioner in each A team is only allowed to ask closed-ended questions and that the role of the observer is to check that they do this. The questioner in each B team is only allowed to ask open-ended questions and the observer should once again monitor.

Explain that the questioners have five minutes to find out as much information as they can about the "local man" on their team.

At the end of the time, ask the questioners in the A teams to tell the rest of their group about what they learned, then ask the questioners on the B teams to do the same. Compare the information gathered from asking closed and open-ended questions and discuss.

You can use any one of the following activities with participants to practice questioning skills:

Questioning exercise 2

This exercise helps participants practice the skill of probing deeper into an issue by asking follow-up questions. ME facilitators will often begin a group discussion with a set of questions in mind, but it is essential that they are able to respond flexibly to the answers that they are given and can use other questions to probe more deeply.

Break into pairs. Ask one member of the pair to think of a story or incident that their partner does not know about. Explain that their partner is going to ask them questions about it. Their task is to answer these questions as briefly as possible.

Instruct their partner (the questioner) to try to use each of the six open-ended questions at least twice to find out about this story or incident.

After five minutes, end the questioning and debrief on what it was like to try to probe more deeply. Then swap roles and repeat the exercise.

Questioning exercise 3

Being able to reword questions in order to help someone understand what you are asking them is a useful skill.

Prepare a list of five complicated questions that might be asked in a ME group discussion. Ask each person in the group to think of two or three simpler ways to ask each of these questions.

Organize people into groups of three to compare their reworded questions.

Debrief by discussing what is involved in rewording or rephrasing questions and why it is important.

Facilitating group discussions

There is no single best way to facilitate a group discussion. Different facilitators have different styles. Different groups have different needs. But there are some common aspects of good group facilitation, described below.

Setting the rules

It is important to create "ground rules" with which the group agrees to work. Ensure that ground rules are established regarding respect, listening, confidentiality, and participation.

Involving everyone

Helping all group members to take part in the discussion is a really important part of group facilitation. This involves paying attention to who is dominating discussions and who is not contributing. If a participant is quiet, try to involve them by asking them a direct question. But remember that people have different reasons for being quiet. They may be thinking deeply! If a participant is very talkative, you can ask him/her to allow others to take part in the discussion and then ask the others to react to what that person is saying.

Encourage honesty and openness

Encourage participants to be honest and open. They should not be afraid to discuss

sensitive issues. Encourage the participants to honestly express what they think and feel, rather than say what they think the facilitator(s) or other participants want to hear.

Keeping the group on track

It is important to help the group stay focused on the issues being discussed. If it seems as if the discussion is going off the subject, remind the group of the objectives for the activity and get them back on track.

Checking In

Have regular check-ins. Check-ins usually occur at the beginning of each session. It is a time when you can ask participants:

- How has it been since we last met?
- Has anything new happened?
- Have you talked to anyone about the issues we discussed in our last session?

If important issues come up during the check-in, do not be too rigid about the planned agenda. Allow some space to deal with the participants' issues.

Managing conflict

Because a ME workshop looks at sensitive issues and difficult problems, there may well be disagreement between you and a participant or between participants. People have strongly-held views about gender and sexuality. This means that disagreement can easily turn into conflict. Disagreement is healthy and should be welcomed. It is often through disagreement that we come to better understand our own thoughts and feelings.

But conflict is not healthy. It distracts from the learning objectives of the ME work. Conflict drains energy away from an exploration of issues, putting energy instead into defending fixed positions. Managing such conflict is an important task for facilitators. A good way to deal with a participant challenging you is to turn the challenge into a question for the whole group or the participant.

Dealing with difficult people

As the exercises make clear, people often take on certain roles within groups. Some of these roles can interfere with the learning of the workshop. Facilitating a group discussion may mean dealing with negative or disruptive people or someone who continues to interrupt the discussion. Reminding the group of the ground rules and asking everyone to be responsible for maintaining them is a good way to deal with difficult people.

If someone is always complaining, you can ask for specifics, address the complaint, or refer the complaint to the group. If a participant is disruptive, you can involve the group by having its members ask the difficult person to help, rather than hinder, the group, or you can deal with him apart from the group.

Achieving agreement

It will not always be possible to achieve agreement. But a good facilitator will highlight areas of agreement within the group, as well as points of disagreement that need further discussion. The facilitator should also sum up the main points of the discussion and any action points that have been agreed upon, as well as thank the group for their contributions to the workshop.

You can use any one of the following activities with participants to practice facilitation skills:

Facilitation exercise 1

Trainee ME facilitators may well have more experience working with groups of people as a presenter rather than as a facilitator. They may be more used to giving information to a group, rather than facilitating a discussion. This exercise looks at the important differences in being a facilitator and a presenter.

Divide people into two groups. Ask the first group to brainstorm answers to complete the sentence, "A good presenter is able to…" Ask the second group to brainstorm answers to complete the sentence, "A good facilitator is able to…"

Bring the groups back together and compare the answers. Debrief by listing the skills of a good facilitator.

Facilitation exercise 2

People in groups often take on different roles, such as the silent member, the leader, the joker, the interrupter, the distracter, and so on. A good facilitator is aware of the roles people play and is able to work with them to ensure the objectives for the discussion are met.

Brainstorm a list of the roles that people can take on during a group.

Discuss the reasons why people take on different roles in group situations. Discuss the significance of factors such as age, gender, social/economic status, and ethnicity in influencing the roles people take on. Discuss the skills that a facilitator needs to be able to work with people in these various roles.

Write each role on a separate cards to use in the next exercise.

Facilitation exercise 3

One of the ways in which a good facilitator stays aware of the roles that people are playing is to pay attention to body language. This exercise helps facilitators achieve this awareness.

Distribute role cards to people in the group and ask them not to reveal their roles. Ask each person to think about how to communicate their role without speaking, just by using their body language. Explain that when the role-play begins, it should be done silently.

Ask for a volunteer to play the facilitator. Ask the volunteer to take his or her position in the group, and then start the silent role-play. The task of the facilitator is to guess who is playing what role. If he or she is struggling, bring in another facilitator.

Debrief by discussing the most important clues in body language. Discuss the ways in which a good facilitator can read body language and help people to shift their role in order to facilitate the group discussion.

Dealing with difficult situations

The ME manual addresses many topics that are very sensitive and difficult to discuss. The activities in this guide create ways for these topics to be discussed openly in a group setting. But it is likely that ME facilitators will have to deal with participants who make statements that are not in line with the views and values of the program. These could include sexist, homophobic, or racist remarks or opinions. Everyone has a right to their opinion. But they do not have a right to oppress others with their views.

For example, a participant might say, *"If a woman gets raped, it is because she asked for it. The man who raped her is not to blame."* It is important that ME facilitators challenge such opinions and offer a viewpoint that reflects the philosophy of the program. This can be difficult. But it is essential in helping participants work toward positive change. The following process is one suggestion for dealing with such a situation:

Step 1: Ask for clarification
"I appreciate you sharing your opinion with us. Can you tell us why you feel that way?"

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? Who here has a different opinion?"

Step 3: If an alternative opinion is not offered, provide one
"I know that a lot of people completely disagree with that statement. Most men and women I know feel that the only person to blame for a rape is the rapist. Every individual has the responsibility to respect another person's right to say 'no.'"

Step 4: Offer facts that support a different point of view
"The facts are clear. The law states that every individual has a right to say no to sexual activity. Regardless of what a woman wears or does, she has a right not to be raped. The rapist is the only person to be blamed."

Please note that even after the facilitator takes these four steps to address the difficult statement, it is very unlikely that the participant will openly change his or her opinion. However, by challenging the statement, the facilitator has provided an alternative point of view that the participant will be more likely to consider and, it is hoped, adopt later.

ME facilitators also need to be able to make presentations on a range of topics and issues during the course of a ME workshop. Here are some general tips on presenting to groups:

- Practice any presentation beforehand.
- Move out from behind the podium or table and into the audience.
- Look at and listen to the person asking a question.
- Be aware of the sensitivities of your audience.
- Use humor, but do not wait for laughs.

- Never give a generic presentation. Try to customize it for the group, as there are many ways to cover the same material.

E. Dealing with Disclosure

Introduction

The growth in the numbers of people getting infected and tested for HIV now means that many more participants at ME workshops know that they are HIV-positive. This makes disclosure of HIV status within a workshop a much more prominent issue than it used to be.

Stigma and discrimination toward people living with HIV and AIDS (PLWHA) is still a huge problem in many countries. The costs of revealing that one is HIV-positive remain very high. PLWHA have lost jobs, friends, and even the protection of their families, when their HIV status has become known. Some PLWHA have even been killed as a result of telling others that they are living with HIV.

A crucial component of training ME facilitators is to help them deal with the emotional and practical challenges created by disclosure of HIV status during a ME workshop. Such challenges are linked to the different reasons why a person may disclose. The following points are offered as a guide to dealing with disclosure.

Create the right environment

The first task for any ME facilitator is to create a safe and supportive environment within the workshop. This will enable participants to choose to disclose their HIV status if they wish to. Creating such an environment begins with the invitation to participants. This should explicitly encourage the participation of PLWHA. Ground rules will also play an important role in establishing this environment, as will the facilitator in making sure that the ground rules are followed.

Provide support

Some participants may choose to disclose because they want support from the group or from the ME program. Many PLWHA feel isolated and are afraid to tell those closest to them about their status, for fear of being rejected by them. Disclosure is a way to break this isolation and for PLWHA to share their stories. There may not always be enough time in a busy ME workshop agenda to have participants say much about their experience with HIV and AIDS. But it is important to encourage participants to share brief personal stories and offer the possibility of further discussion time after the workshop.

Deal with crisis

Some participants may disclose their HIV status because they are in a crisis and urgently need help. The task for the ME facilitator in this situation is to assess how urgently help is needed and where the participant might go to get such help. As already noted, it is really important that ME facilitators know about available support services in the local area. In a crisis, the facilitator may need to take time during a break or, in the most serious cases, during the workshop itself to deal with it. This would involve assessing the participant's situation, making a referral, or even taking the participant to the service directly.

Self-disclosure

Some ME facilitators may know that they are HIV-positive. Such facilitators will need to decide in advance when it might be useful to the learning objectives of the workshop to disclose their own status.

Sample Agendas

The following are sample training agendas based on the number of days you have or the number of sessions you want to cover with the participants (The manual is designed so you can pull out the sessions you will use with the participants.) You should select the sessions based on the needs of your program and participants' level of knowledge about different topics. For example, if your participants are well-versed in gender, but need more knowledge and skills-building related to gender-based violence (GBV), you can remove the gender sessions and add more activities related to GBV. You can also reduce the number of sessions to fewer than seven per day.

As mentioned earlier, depending on your programmatic context and the time availability of participants and facilitators, these sessions can be held several days in a row, or over time. If you are conducting them over time, it is important to not to have too much time elapse between sessions. It is ideal to do at least one session a week.

Sample Agenda: Two Days or 14 Sessions

DAY 1:

8:30–9:15	Welcome and Introductions
9:15–9:30	Review of Agenda and Workshop Objectives
9:30–10:00	Activity: *Looking at Our Attitudes*
10:00-10:15	TEA BREAK
10:15–11:00	Activity: *Learning About Gender*
11:00–12:00	Activity: *Act Like a Man*
12:00-1:00	Activity: *Understanding Sexuality*
1:00–2:00	LUNCH
2:00–3:00	Activity: *Risks of Alcohol Abuse and HIV*
3:00-4:00	Activity: *Facing Risks/Taking Risks*
4:00–4:20	TEA BREAK
4:20–5:20	Activity: *Multiple Sexual Partners, Cross-Generational Sex, and Transactional Sex*
5:20–5:30	Wrap-up

DAY 2:

8:30–8:50	Warm-up
8:50–9:50	Activity: *Alphabets of Prevention*
9:50–10:05	TEA BREAK
10:05–11:00	Activity: *Getting Tested for HIV*
11:00–12:00	Activity: *Positive Life*
12:00-1:00	Activity: *What is Violence?*
1:00–2:00	LUNCH
2:00-3:00	Activity: *New Kinds of Courage*
3:00-4:00	Activity: *Making Changes in Our Lives and Communities, Part 1*
4:00-4:20	TEA BREAK
4:20-5:20	Activity: *Making Changes in Our Lives and Communities, Part 2*
5:20–5:30	Wrap-up

Sample Agenda: Three Days or 21 Sessions

DAY 1:

8:30–9:15	Welcome and Introductions
9:15–9:30	Review of Agenda and Workshop Objectives
9:30–10:00	Activity: *Looking at Our Attitudes*
10:00-10:15	TEA BREAK
10:15–11:00	Activity: *Learning About Gender*
11:00–12:00	Activity: *Act Like a Man*
12:00-1:00	Activity: *Persons and Things*
1:00–2:00	LUNCH
2:00–3:00	Activity: *Understanding Sexuality*
3:00-4:00	Activity: *Pleasure Brainstorm*
4:00–4:20	TEA BREAK
4:20–5:20	Activity: *Caring for Oneself: Men, Gender and Health*
5:20–5:30	Wrap-up

DAY 2:

8:30–8:50	Warm-up
8:50–9:50	Activity: *It's About Them: Defining the Ideal Partner*
9:50–10:05	TEA BREAK
10:05–11:00	Activity: *Risks of Alcohol Abuse and HIV*
11:00–12:00	Activity: *Multiple Sexual Partners, Cross-Generational Sex, and Transactional Sex*
12:00-1:00	Activity: *Alphabets of Prevention*
1:00–2:00	LUNCH
2:00-3:00	Activity: *Defining Abstinence*
3:00-4:00	Activity: *Prevention of HIV in Infants and Children*
4:00-4:20	TEA BREAK
4:20-5:20	Activity: *Getting Tested for HIV*
5:20–5:30	Wrap-up

DAY 3:

8:30–8:50	Warm-up
8:50–9:50	Activity: *Positive Life*
9:50–10:05	TEA BREAK
10:05–11:00	Activity: *What is Violence?*
11:00–12:00	Activity: *What to Do When I Am Angry*
12:00-1:00	Activity: *Understanding the Cycle of Violence*
1:00–2:00	LUNCH
2:00-3:00	Activity: *New Kinds of Courage*
3:00-4:00	Activity*: Making Changes in Our Lives and Communities, Part 1*
4:00-4:20	TEA BREAK
4:20-5:20	Activity: *Making Changes in Our Lives and Communities, Part 2*
5:20–5:30	Wrap-up

Sample Agenda: Four Days or 28 Sessions

DAY 1:

8:30–9:15	Welcome and Introductions
9:15–9:30	Review of Agenda and Workshop Objectives
9:30–10:00	Activity: *Looking at Our Attitudes*
10:00-10:15	TEA BREAK
10:15–11:00	Activity: *Learning About Gender*
11:00–12:00	Activity: *Act Like a Man*
12:00-1:00	Activity: *Persons and Things*
1:00–2:00	LUNCH
2:00–3:00	Activity: *Understanding Sexuality*
3:00-4:00	Activity: *Caring for Oneself: Men, Gender, and Health*
4:00–4:20	TEA BREAK
4:20–5:20	Activity: *Expressing My Emotions*
5:20–5:30	Wrap-up

DAY 2:

8:30–8:50	Warm-up
8:50–9:50	Activity: *Taking Risks/Facing Risks*
9:50–10:05	TEA BREAK
10:05–11:00	Activity: *Pleasure Brainstorm*
11:00–12:00	Activity: *It's About Them: Defining the Ideal Partner*
12:00-1:00	Activity: *Risks of Alcohol Abuse and HIV*
1:00–2:00	LUNCH
2:00-3:00	Activity: *Multiple Sexual Partners, Cross-Generational Sex, and Transactional Sex*
3:00-4:00	Activity: *Alphabets of Prevention*
4:00-4:20	TEA BREAK
4:20-5:20	Activity: *Defining Abstinence*
5:20–5:30	Wrap-up

DAY 3:

8:30–8:50	Warm-up
8:50–9:50	Activity: *Prevention of HIV in Infants and Children*
9:50–10:05	TEA BREAK
10:05–11:00	Activity: *Getting Tested for HIV*
11:00–12:00	Activity: *Positive Life*
12:00-1:00	Activity: *Men As Caregivers for PLWHA*
1:00–2:00	LUNCH
2:00-3:00	Activity: *Gender Roles: Division of Labor and Childcare in Home*
3:00-4:00	Activity: *Thinking About Fatherhood*
4:00-4:20	TEA BREAK
4:20-5:20	Activity: *What is Violence?*
5:20–5:30	Wrap-up

DAY 4:

8:30–8:50	Warm-up
8:50–9:50	Activity: *What to Do When I Am Angry*
9:50–10:05	TEA BREAK
10:05–11:00	Activity: *Understanding the Cycle of Violence*
11:00–12:00	Activity: *Labeling*
12:00-1:00	Activity: *New Kinds of Courage*
1:00–2:00	LUNCH
2:00-3:00	Activity: *Don't Stand By, Take Action*
3:00-4:00	Activity: *Making Changes in Our Lives and Communities, Part 1*
4:00-4:20	TEA BREAK
4:20-5:20	Activity: *Making Changes in Our Lives and Communities, Part 2*
5:20–5:30	Wrap-up

Sample Agenda: Five Days or 35 Sessions

DAY 1:

8:30–9:15	Welcome and Introductions
9:15–9:30	Review of Agenda and Workshop Objectives
9:30–10:00	Activity: *Looking at Our Attitudes*
10:00-10:15	TEA BREAK
10:15–11:00	Activity: *Learning About Gender*
11:00–12:00	Activity: *Act Like a Man*
12:00-1:00	Activity: *Persons and Things*
1:00–2:00	LUNCH
2:00–3:00	Activity: *Understanding Sexuality*
3:00-4:00	Activity: *Caring for Oneself: Men, Gender, and Health*
4:00–4:20	TEA BREAK
4:20–5:20	Activity: *Expressing My Emotions*
5:20–5:30	Wrap-up

DAY 2:

8:30–8:50	Warm-up
8:50–9:50	Activity: *Taking Risks/Facing Risks*
9:50–10:05	TEA BREAK
10:05–11:00	Activity: *Pleasure Brainstorm*
11:00–12:00	Activity: *It's About Them: Defining the Ideal Partner*
12:00-1:00	Activity: *Risks of Alcohol Abuse and HIV*
1:00–2:00	LUNCH
2:00-3:00	Activity: *Pleasures and Risks*
3:00-4:00	Activity: *Positive or Negative*
4:00-4:20	TEA BREAK
4:20-5:20	Activity: *Levels of HIV Risk*
5:20–5:30	Wrap-up

DAY 3:

8:30–8:50	Warm-up
8:50–9:50	Activity: *Multiple Sexual Partners, Cross-Generational Sex, and Transactional Sex*
9:50–10:05	TEA BREAK
10:05–11:00	Activity: *Alphabets of Prevention*
11:00–12:00	Activity: *Defining Abstinence*
12:00-1:00	Activity: *Prevention of HIV in Infants and Young Children*
1:00–2:00	LUNCH
2:00-3:00	Activity: *Getting Tested for HIV*
3:00-4:00	Activity: *Male Circumcision as an HIV Prevention Strategy*
4:00-4:20	TEA BREAK
4:20-5:20	Activity: *Gender Roles: Division of Labor and Childcare in Home*
5:20–5:30	Wrap-up

DAY 4:

8:30–8:50	Warm-up
8:50–9:50	Activity: *Thinking About Fatherhood*
9:50–10:05	TEA BREAK
10:05–11:00	Activity: *What is Violence?*
11:00–12:00	Activity: *Sexual Violence in the Daily Routine*
12:00-1:00	Activity: *Sexual Consent*
1:00–2:00	LUNCH
2:00-3:00	Activity: *What to Do When I Am Angry*
3:00-4:00	Activity: *Understanding the Cycle of Violence*
4:00-4:20	TEA BREAK
4:20-5:20	Activity: *From Violence to Respect in Intimate Relationships*
5:20–5:30	Wrap-up

DAY 5:

8:30–8:50	Warm-up
8:50–9:50	Activity: *Reducing the Impact of Violence in Our Communities*
9:50–10:05	TEA BREAK
10:05–11:00	Activity: *New Kinds of Courage*
11:00–12:00	Activity: *Don't Stand By, Take Action*
12:00-1:00	Activity: *Men's Role in Health Promotion*
1:00–2:00	LUNCH
2:00-3:00	Activity: *Men Holding Men Accountable*
3:00-4:00	Activity: *Making Changes in Our Lives and Communities, Part 1*
4:00-4:20	TEA BREAK
4:20-5:20	Activity: *Making Changes in Our Lives and Communities, Part 2*
5:20–5:30	Wrap-up

Introductory Activity: Talking Stick

Objectives

1. To encourage dialogue based on respect and to establish ground rules for the group sessions

Audience

Age: Youth or adults; **Sex:** Men and mixed groups; **Literacy:** Any level; **Resources:** Low

Time

40 minutes

Materials

- A stick (preferably a staff or ceremonial stick carved out of wood)
- Flipchart
- Markers

Facilitator's notes

This session should include a general overview of the topics to be discussed in future sessions.

The History of the Talking Stick
The idea of the talking stick began with North American Indians, who used it in ceremonies. Groups of men from the tribe would sit in a circle at the end of the day to discuss any disagreements. The older Indians passed on information and oral traditions to the younger members. The talking stick represented the power of the tribal chief or leader. When he held the stick, it was a sign for the others to remain quiet and listen to his words. When another man wanted to speak, he asked permission to hold the stick. He was then acknowledged by the others as having the right to speak. Symbolically, passing the stick signified passing on the power and the right to be heard.

In many cases, the stick can also be used as a weapon. Often a heavy club or piece of wood, the stick can defend or attack a person or animal. The person holding the stick has a potential weapon in his hands. The group relationships and discussions have a similar power: Through our words and our bodies, we can offer respect or we can offend someone. The ability to express ourselves can bring people closer or it can be used to insult them. Likewise, the hand that caresses or embraces others can also hit them. The talking stick can be used by the group as a symbol of cooperation or as a weapon.

The objective of the talking stick is to promote understanding and dialogue and to distribute power. Each member of the group has the right to ask for the stick and must respect the person who is holding it, waiting for him to stop talking. And each person who holds the stick must also be ready to give it up.

This activity was used initially with a group of young men with whom Promundo works in a low-income area of Rio de Janeiro, Brazil. When Promundo started working with the young men, they were not used to waiting their turn to speak, and showed little respect when someone else was speaking, whether it was an adult or another young man. The conversation or discussion among them sometimes led to threats of force, albeit half-hearted, as well as criticisms or insults. With the use of the talking stick activity, Promundo observed a striking change in attitudes at the group meetings. They began to listen to one another, and the young men themselves began to insist on the use of the stick and compliance with the rules. After some time (over six months), Promundo stopped using the stick because the practice of listening and taking turns to speak had been incorporated into the group.

In many settings, Promundo has used a ceremonial stick used by indigenous groups. If one cannot be found, you can improvise. A piece of cane can be used, a baseball bat, a rolling pin, or a club made of wood or metal. Even a broomstick serves the purpose. While it is preferable to have an authentic talking stick or ceremonial staff, the most important thing is the meaning the group attaches to the stick. The group can also create its own stick, painting on it or writing their names or the name of the group on it.

"Patience was very much part of the culture...And this is why I sometimes find it very difficult to understand the African dictators of today because in traditional African society people discussed issues. They talked and talked—you know, the tradition of palaver, you go under the tree and you talk. If you can't solve the problem, you meet the next day and you keep talking till you find a solution..." —Kofi Annan

Steps

1. Ask the participants to sit in a circle.

2. Holding the stick in front of you, tell the story and rules of the talking stick.

3. Pass the stick around the group and ask each participant to briefly express one hope and one fear about the workshops. They should be encouraged to say, "I hope that..." and then, "I fear that…." Everyone should have the chance to hold the talking stick.

4. When the stick returns to you, ask the participants to think of other rules for the peaceful coexistence or functioning of the group. Participants who wish to speak should ask you for the stick. The next participant should address whoever has the stick at that moment and ask him for it, and so on. The stick should not return the facilitator each time. It should be passed directly from one member of the group to another, allowing them to control the discussion. When you, as the facilitator, want to speak, you should request the stick from whoever is holding it.

5. Write the rules that the participants suggest on the flipchart and ask if everyone understands and agrees with them.

6. Ask the participants if they liked using the talking stick and if they would like to continue using it. For some groups, the talking stick activity might seem too rigid and can only be used for one session. In other groups, it can be used throughout the other activities or returned to every now and then.

Closing

Encourage the participants to try to follow the ground rules they established in this workshop and to regularly remind one another to use them.

1.Gender and Power

1.1 Looking At Our Attitudes

Objectives

1. To explore attitudes about gender differences, roles, and inequalities

Audience

Age: Youth or adults; **Sex:** Men or mixed groups; **Literacy:** Any level; **Resources:** Low

Time

45 minutes

Materials

- Four signs ("Strongly Agree," "Strongly Disagree," "Agree," and "Disagree")
- Markers
- Tape

Advance preparation

Before the activity begins, place the four signs around the room. Leave enough space between them to allow a group of participants to stand near each one. Review the statements provided below. Choose five or six that you think will help the discussion most.

Statements

- It is easier to be a man than a woman.
- When a woman is pregnant, preventing HIV to her child is her responsibility since she carries the child.
- A man is more of a "man" if he has many sexual partners.
- Sex is more important to men than to women.
- It is okay for a man to have sex outside of relationship, if his partner does not know about it.
- A woman who carries a condom in her purse is "easy."
- Men are more intelligent than women.
- Women who wear revealing clothing are asking to be raped.
- Homosexuality is natural and normal.

Facilitator's notes

If all the participants agree about any of the statements, play the role of "devil's advocate" by walking over to the opposite side of the room and asking, "Why would someone be standing on this side of the room?" (i.e., what values would they have that would put them here?)

Some participants may say that they don't know whether they agree or disagree and don't want to stand beside any of the four signs. If this happens, ask these participants to say more about their reactions to the statement. Then encourage them to choose a sign to stand beside. If they still don't want to, let these participants stand in the middle of the room as a "don't know" group.

Steps

1. Explain to the participants that this activity is designed to give them a general understanding of their own and each other's values and attitudes about gender. It is designed to challenge some of their current thinking about gender issues and help them clarify how they feel about certain issues. Remind the participants that everyone has a right to his or her own opinion, and everyone's opinions should be respected.

2. Read aloud the first statement you have chosen. Ask participants to stand near the sign that says what they think about the statement. After the participants have moved to their sign, ask for one or two participants beside each sign to explain why they are standing there. Ask them to say why they feel this way about the statement.

3. After a few participants have talked about their attitudes towards the statement, ask if anyone wants to change their mind and move to another sign. Then bring everyone back together to the middle of the room and read the next statement.

4. Repeat Steps 2 and 3. Continue with each of the statements you have chosen.

5. After reading all of the statements, lead a discussion by asking the following questions:

   - What statements, if any, did you have strong opinions and not very strong opinions about? Why?
   - What benefits does gender equality bring to men's lives?
   - How did it feel to talk about an opinion that was different from that of some of the other participants?
   - How do you think people's attitudes about the statements might affect the way they deal with men and women in their lives?
   - How do you think people's attitudes about the statements help or do not help to reduce the spread of HIV and AIDS?

6. End the activity by reminding participants about the importance of thinking about their own attitudes towards gender. Encourage people to continue to challenge their own personal values and beliefs about gender throughout this workshop, and beyond.

Closing

Everyone has their own attitudes about gender. Often, our attitudes may be in conflict with others. It is important to respect other people's attitudes about gender, but to also challenge them if their attitudes and values can be harmful to them and to others. As you do gender-related work, it is equally important to challenge your own personal values and beliefs about gender.

1.2 Learning About Gender

Objectives

1. To understand the difference between the terms "sex" and "gender"
2. To understand the terms "gender equity" and "gender equality"

Audience

Age: Youth or adults; **Sex:** Men or mixed groups; **Literacy:** Low; **Resources:** Medium

Time

45 to 60 minutes

Materials

- Flipchart
- Marker
- Tape
- Enough copies of Handout 2: The Gender Game for all participants
- Resource Sheet 1: Answers to the Gender Game

Steps

1. Explain that this session will help clarify some of the terminology that we will be using in the workshop. It will also help us understand what these terms mean in our own lives.

2. Ask participants if they can explain the difference between "sex" and "gender." After getting feedback from the group, provide the following definitions:

   - **Sex** refers to physiological attributes that identify a person as male or female.

   - **Gender** refers to widely shared ideas and expectations concerning women and men. These include ideas about typically feminine/female and masculine/male characteristics and abilities, and commonly shared expectations about how women and men should behave in various situations.

3. Distribute the handout and ask the participants to indicate if the statements are referring to "sex" or "gender." After giving the participants a chance to read and answer the statements on their own, discuss each of the answers with the entire group.

4. Explain that there are several terms related to the word "gender" that also need to be explained. Ask the group if they have ever heard the term "gender equality." Ask them what they think it means. Allow plenty of time for discussion.

5. After getting their feedback provide the following definition:

   - **Gender Equality** means that men and women enjoy the same status. They share the same opportunities for realizing their human rights and potential to contribute and benefit from all spheres of society (economic, political, social, cultural).

6. Ask the group if the definition makes sense. Allow them to ask questions about it.

7. Ask the group to discuss whether or not gender equality actually exists in their country. As the group discusses this, write down any statements that explain why women do not share equal status with men in all spheres of society. Be sure to include some of the following points if they are not mentioned by the group:

   - Women in many countries are more likely than men to experience sexual and domestic violence.
   - Men are paid more than women for the same work (in most cases).
   - Men are in more positions of power within the business sector.
   - Women bear the brunt of the AIDS epidemic, both in terms of total infections and in care and support for those living with HIV.

8. Ask the group if they have ever heard the term "gender equity." Ask them what they think it means and how it is different from gender equality. Allow plenty of time for discussion. After getting their feedback provide the following definition:

9. **Gender Equity** is the process of being fair to men and women. Gender equity leads to gender equality. For example, an affirmative action policy that promotes increased support to female-owned businesses may be gender equitable because it leads to ensuring equal rights among men and women. After clarifying the definitions of gender equality and gender equity, ask the group the following questions:

   - Why should men work towards achieving gender equality?
   - What benefits does gender equality bring to men's lives?
   - How does gender inequity contribute to HIV infection?
   - How can gender equity contribute to preventing HIV?

10. Ask the group to identify gender-equitable actions that men can take to help create gender equality.

Closing

A major goal of a ME program is to encourage communities to be more gender sensitive, so that men and women can live healthier and happier lives, and to prevent HIV infection. To achieve this, we must encourage gender-equitable behaviors such as men and women making joint decisions about their health, men respecting a woman's right to say no to sex, men and women settling differences without violence, and men and women sharing responsibility for parenting and care for others.

Handout 2:
The Gender Game

The Gender Game:

Identify if the statement refers to gender or sex.

Gender	Sex	
		1. Women give birth to babies, men don't.
		2. Girls should be gentle, boys should be tough.
		3. Globally, women or girls are the primary caregivers for those sick with AIDS-related illnesses in more than two-thirds of households.
		4. Women can breastfeed babies, men can bottle feed babies.
		5. Many women do not make decisions with freedom, especially regarding sexuality and couple relationships.
		6. The number of women with HIV (human immunodeficiency virus) infection and AIDS (acquired immunodeficiency syndrome) has increased steadily worldwide.
		7. Four-fifths of all the world's injecting drug users are men.
		8. Women get paid less than men for doing the same work.

Resource Sheet 1:
Answers to the Gender Game

1. Sex

2. Gender

3. Gender

4. Sex

5. Gender

6. Sex and Gender

7. Gender

8. Gender

1.3 Act Like a Man

Objectives

1. To identity the differences between rules of behavior for men and for women
2. To understand how these gender rules affect the lives of women and men

Audience

Age: Youth or adults; **Sex:** Mixed groups; **Literacy:** Any level; **Resources:** Low

Time

45 to 60 minutes

Materials

- Flipchart
- Markers
- Tape
- Resource Sheet 2: Example of Flipcharts for Act Like a Man/Act Like a Woman

Facilitator's notes

This activity is a good way to understand perceptions of gender norms. Remember that these perceptions may also be affected by class, race, ethnicity, and other differences.

It is also important to remember that gender norms are changing in many countries. It is getting easier, in some places, for men and women to step outside of their "boxes." If there is time, discuss with the group what makes it easier in some places for women and men to step outside of the box.

Steps

1. Ask the male participants if they have ever been told to "Act like a Man." Ask them to share some experiences of someone saying this or something similar to them. Ask: "Why do you think they said this?" "How did it make you feel?"
2. Now ask the female participants if they have ever been told to "Act like a woman." Ask them to share some experiences of someone saying this or something similar. Ask: "Why do you think they said this?" "How did it make you feel?"
3. Tell the participants that you want to look more closely at these two phrases. Explain that by looking at them, we can begin to see how society creates very different rules for how men and women are supposed to behave. Explain that these rules are sometimes called "gender norms" because they define what is "normal" for men and women to think, feel, and act. Explain that these rules restrict the lives of both women and men by keeping men in their "Act like a Man" box and women in their "Act like a Woman" box.

4. In large letters, print on one sheet of flipchart paper the phrase "Act Like a Man." Ask participants what men are told in their community about how they should behave. Write these on the sheet. Check the examples in the resource sheet to see the kinds of messages that are often listed and introduce them into the discussion if they have not been mentioned.

5. When the group has no more to add to the list, ask the discussion questions listed below.

   - Which of these messages can be potentially harmful? Why? (Place a star next to each message and discuss one by one.)
   - How does living in the box impact a man's health and the health of others, especially in relation to HIV and AIDS?
   - How does living in the box limit men's lives and the lives of those around them?
   - What happens to men who try not to follow the gender rules (e.g. "living outside the box")? What do people say about them? How are they treated?
   - How can "living outside the box" help men to positively address HIV and AIDS?

6. Print on another sheet of flipchart paper the phrase "Act Like a Woman." Ask participants what women are told in their community about how they should behave. Write these messages on the sheet.

   Check the examples to see the kinds of messages that are often listed. Feed these in to the discussion if they have not been mentioned.

7. When the group has no more to add to the list, ask the discussion questions listed below.

   - Which of these messages can be potentially harmful? Why? (Place a star next to each message and discuss one by one).
   - How does living in the box impact a woman's health and the health of others, including in relation to HIV and AIDS?
   - How does living in the box limit women's lives and the lives of those around them?
   - What happens to women who try not to follow the gender rules? What do people say about them? How are they treated?
   - How can "living outside the box" help women to positively address HIV and AIDS?

8. Next, draw another table that has both a column for men and women. Label it "Transformed Men/Women." Ask the participants to list characteristics of men who are "living outside the box." Record their answers. Once you get seven or so responses, ask the same about women who are "living outside the box." Help the participants recognize that, in the end, characteristics of gender equitable men and women are actually similar.

9. Ask participants the following questions:

- Are your perceptions about the roles of men and women affected by what your family and friends think? How?
- Does the media have an effect on gender norms? If so, in what way(s)? How does the media portray women? How does the media portray men?
- How can you, in your own lives, challenge some of the nonequitable ways men are expected to act? How can you challenge some of the nonequitable ways that women are expected to act?

Closing

Throughout their lives, men and women receive messages from family, media, and society about how they should act as men and how they should relate to women and to other men. As we have seen, many of these differences are constructed by society and are not part of our nature or biological make-up. Many of these expectations are completely fine, and help us enjoy our identities as either a man or a woman. However, we all have the ability to identify unhealthy messages as well as the right to keep them from limiting our full potential as human beings. As we become more aware of how some gender stereotypes can negatively impact our lives and communities, we can think constructively about how to challenge them and promote more positive gender roles and relations in our lives and communities. Therefore, we are all free to create our own gender boxes and how we choose to live our lives as men and women.

Training options

The following additions can be added to the session, but will require more time.

• Role-play to begin session:

Divide the participants into three small groups and ask them to develop a short skit (one or two minutes) that portrays someone telling another person to "Act like a Man" or "Act like a Woman."

Resource Sheet 2: Example of Flipcharts for Act Like a Man/Woman

Act Like a Man	Act Like a Woman
• Be tough	• Be passive and quiet
• Do not cry	• Be the caretaker and homemaker
• Be the breadwinner	• Act sexy, but not too sexy
• Stay in control and do not back down	• Be smart, but not too smart
• Have sex when you want it	• Follow men's lead
• Have sex with many partners	• Keep your man, provide him with sexual pleasure
• Get sexual pleasure from women	• Don't complain
• Produce children	• Don't discuss sex
• Get married	• Get married
• Take risks	• Produce children
• Don't ask for help	• Be pretty
• Use violence to resolve conflicts	• Be seen, not heard
• Drink	
• Smoke	
• Ignore pain	
• Don't talk about problems	
• Be brave	
• Be courageous	
• Make decisions for others	
Transformed Men	**Transformed Women**
• Be loving	• Be loving
• Act caring	• Act caring
• Be an assertive communicator	• Be an assertive communicator
• Express emotions constructively and when appropriate	• Express emotions constructively and when appropriate
• Remain faithful to one partner	• Remain faithful to one partner
• Get tested for HIV regularly	• Get tested for HIV regularly
• Use condoms regularly	• Use condoms regularly
• Delay sexual activities until both partners are ready	• Delay sexual activities until both partners are ready
• Speak out in favor of gender equality	• Speak out in favor of gender equality
• Challenge others to recognize their harmful gender norms and change themselves	• Challenge others to recognize their harmful gender norms and change themselve

1.4 Persons and Things

Objectives

1. To increase awareness about the existence of power in relationships and its impact on individuals and relationships

Audience

Age: Youth or adults; **Sex:** Men or mixed groups; **Literacy:** Any level; **Resources:** Low

Time

45 to 60 minutes

Materials

None

Facilitator's notes

Some of the participants might not feel comfortable with the role-play in this activity. It is important to be sensitive to how participants react to being assigned the role of "persons" or "things" and to be prepared to make the necessary accommodations or changes. For example, rather than have the participants actually carry out the role-play, the facilitator might invite the participants to discuss in pairs how "persons" might treat "things" and the feelings that this might generate for the "persons" and "things." The facilitator should also be prepared to make referrals to counseling or other services for those participants who might be especially affected by the activity.

Steps

1. Divide the participants into three groups. Each group should have the same number of participants. (Note: If the number of participants does not allow for an even distribution, assign the "extra" participants to the third group which, as described below, will be the observers.)

2. Tell the participants that the name of this activity is: *Persons and Things*. Choose, at random, one group to be the "things," another to be "persons," and a third to be "observers."

3. Read the following directions to the group:

   - **THINGS:** You cannot think, feel, or make decisions. You have to do what the "persons" tell you to do. If you want to move or do something, you have to ask the person for permission.

   - **PERSONS:** You can think, feel, and make decisions. Furthermore, you can tell the objects what to do.

   - **OBSERVERS:** You just observe everything that happens in silence.

4. Assign each "person" a "thing" and tell them that they can do what they want with them (within the space of the room).
5. Give the group five minutes for the "people" and "things" to carry out their designated roles.
6. After five minutes, tell the persons and things that they will switch and that now the "persons" will be "things" and "things" will be "persons." Give them another five minutes to carry out the new roles.
7. Finally, ask the groups to go back to their places in the room and use the questions below to facilitate a discussion.

   - How did your "persons" treat you? What did you feel? Did you feel powerless? Why or why not?
   - How did you treat your "things"? How did it feel to treat someone this way? Did it make you feel powerful? Why or why not?
   - Why did the "things" obey the instructions given by the "persons"?
   - Were there "things" or "persons" who resisted the exercise?
   - In your daily lives, do others treat you like "things"? Who? Why?
   - In your daily lives, do you treat others like "things"? Who? Why?
   - For the "observers": How did you feel not doing anything? Did you feel like interfering with what was happening? If yes, what do you think you could have done?
   - In our daily lives, are we "observers" of situations in which some people treat others like things? Do we interfere? Why or why not?
   - If you had been given a chance to choose between the three groups, which would you have chosen to be in and why?
   - Why do people treat each other like this?
   - What are the consequences of a relationship where one person might treat another person like a "thing?"
   - How would being treated like a "thing" impact a person's vulnerability to HIV?
   - In your communities, do men most often belong to one of these three groups? Which group? Do women most often belong to one of these three groups? Which group? Why do you think this is?
   - How does society/culture perpetuate or support these kinds of relationships?
   - What can we do to make sure that different groups such as men and women live in an equitable world where they can enjoy the same opportunities, equal treatment, and equal rights?

Closing

There are many types of relationships in which one person might have more power over another. As you will discuss throughout many of the activities in this manual, the unequal power balances between men and women in intimate relationships can have serious repercussions for the risk for STIs, HIV and AIDS, and unplanned pregnancy. For example, a woman often does not have the power to say if, when, and how sex takes place, including whether a condom is used, because of longstanding beliefs that men should be active in sexual matters and women should be passive (or that women "owe" sex to men). In other cases, a woman who is dependent on a male partner for financial support might feel that she does not have the power to say no to sex. In cases of cross-generational sex, the age and class differences between men and women can further create unequal power relations that can lead to risk situations.

There are other examples of power relationships in our lives and communities. Think of relationships between youth and adults, students and teachers, employees and bosses. Sometimes the power imbalances in these relationships can lead one person to treat another person like an object. As you discuss gender and relationships between men and women, it is important to remember the connection between how you might feel oppressed, or treated like "objects," in some of your relationships and how you, in turn, might treat others, including women, like "objects." Thinking about these connections can help motivate you to construct more equitable relationships with women in your homes and communities.

1.5 I'm Glad I Am...If I Were...[17]

Objective

1. To develop a better understanding of the enjoyable and difficult aspects of being male or female

Audience

Age: Youth or adults; **Sex:** Men or mixed groups; **Literacy:** Any level; **Resources:** Medium

Time

60 minutes

Materials

- Flipchart
- Markers
- Tape

Steps

1. Separate the participants into same-sex groups of no more than eight. If the participants are all men, simply divide them into smaller groups. Tell the participants to pick one person to serve as the recorder, who will write for the group.

2. Give each group a sheet of flipchart paper and a marker. Ask the participants to write down as many endings as they can for the following sentences:

   - Male group: I'm glad I'm a man because…
   - Female group: I'm glad I'm a woman because… (If the group is all male, do not worry about this question.)

   Give an example of each to help the groups get started. Allow 15 minutes for completion.

   Note: Make sure that the responses from the participants are positive aspects of their own gender rather than responses that center on not having to experience something the other sex experiences. For example, instead of men in the group making statements like, "I'm glad I'm a man because I don't have a period," they should concentrate on statements like "I'm glad I'm a man because I'm strong."

3. Give the groups another sheet of flipchart paper and ask the participants to come up with as many endings as they can to the following sentences in 15 minutes:

   - Male group: If I were a woman, I could…
   - Female group: If I were a man, I could… (If the group is all male, do not worry about this question.)
   - Male group: I envy women because….
   - Female group: I envy men because…(If the group is all male, do not worry about this question.)

[17] Center for Population Options. 1985. Life planning education. Washington, D.C.

4. Tape the sheets on the wall and discuss the responses by asking the following questions:

Questions for a mixed-sex group:

- Were any of the responses the same for both sexes?
- Was it easier for the men or for women to come up with reasons they are glad about their gender? Why do you think this is?
- How does the first set of responses from one gender compare to the second set from the other gender? (Do the items the women list as things they are glad about overlap with what the men list as things they could do if they were women?)

Questions for an all-male group:

- How do you think a woman would finish the sentence, "I'm glad I'm a woman because…"
- How do you think a woman would finish the sentence, "If I were a man, I could…"
- Would it be easier for men or for women to come up with reasons they are glad of their sex? Why do you think this is?

5. Next, for either group, ask the following questions:

- What did you find challenging about discussing the advantages of being the other sex? Would any of these reasons help preventing HIV?
- Are any of the responses stereotyped? Which ones? Why do these stereotypes exist? Are they fair?
- What else did you learn from this activity?

Closing

There are major differences in gender that affect livelihood, as well as sexual and reproductive health. These differences should be discussed and celebrated, rather than debated or challenged. No one gender is better than the other. These differences are based on experiences, and no one's experience can be denied. Men and women should create safe spaces to share these differences and help each other understand one another. Such understanding will lead to healthier relationships and better health outcomes for individuals, families, and communities.

1.6 Gender Fishbowl

Objective

1. To share experiences related to gender issues
2. To develop a better understanding of and empathy for the experience of the other sex

Audience

Age: Youth or adults; **Sex:** Men or mixed groups; **Literacy:** Any level; **Resources:** Low

Time

60 minutes

Materials

- None

Facilitator's notes

This activity works best with a mixed-gender group of participants. However, you can run it with an all-male group. Simply divide the male participants into two groups. Ask the first to answer the top three questions from the list of questions for men. You might also ask a fourth question: *"What do you think is the most difficult part about being a woman in Namibia?"* (Remember to use the name of the country in which you are conducting the training whenever a country is mentioned.)

Then ask the other group to answer the last four questions from the list of questions for men.

In some communities (especially when both husbands and wives are attending the session), it might be difficult for women to truly express themselves because they're afraid to publicly speak in front of their husbands. It might be more appropriate to conduct these discussions separately and have someone take notes to later share with the other gender.

Questions for Women

- What is the most difficult thing about being a woman in Namibia?
- What do you want to tell men that will help them better understand women?
- What do you find difficult to understand about men?
- How can men support and empower women?
- Who typically makes decisions in your household? If men, how does it feel to have them making all the decisions?
- What is something that you never want to hear again about women?
- What rights are hardest for women to achieve in Namibia?

- What do you remember about growing up as a girl in Namibia? What did you like about being a girl? What did you not like? What was difficult about being a teenage girl?
- Who are some of the positive male influences in your life? Why are they positive?
- Who are some of the positive female influences in your life? Why are they positive?

Questions for Men

- What is the most difficult thing about being a man in Namibia?
- What do you want to tell women to help them better understand men?
- What do you find difficult to understand about women?
- How can men support and empower women?
- What do you remember about growing up as a boy in Namibia? What did you like about being a boy? What did you not like? What was difficult about being a teenage boy?
- Who are some of the positive male influences in your life? Why are they positive?
- Who are some of the positive female influences in your life? Why are they positive?

Steps

1. Divide the male and female participants.
2. Ask the women to sit in a circle in the middle of the room and the men to sit around the outside of the circle, facing in.
3. Begin a discussion by asking the women the questions listed in the facilitator's notes above. The men's job is to observe and listen to what is being said. They are not allowed to speak.
4. After 30 minutes, close the discussion and have the men and women switch places. Lead a discussion with the men, while the women listen. The questions for the men are also in the facilitator's notes.
5. Discuss the activity after both groups have taken a turn. Use the following questions:
   - What surprised you about this activity?
   - How did if feel to talk about these things with others listening?
   - What did you learn?

Closing

Often, our opinions and perspectives about the other sex are informed by stereotypes and gender and social norms that are reinforced over time by many sources, such as the media or our peers. This often makes it difficult for us to understand the other sex and their needs and concerns. By having a better understanding of the opposite sex and their needs and experiences, we are able to have greater empathy of how they experience gender and how it affects them.

1.7 Labeling (Diversity and Rights)

Objectives

1. To understand the different experiences of power among individuals in society
2. To explore how these inequalities can influence health outcomes, including those related to HIV and AIDS.

Audience

Age: Youth or adults; **Sex:** Men or mixed groups; **Literacy:** Any level; **Resources:** Medium

Time

60 minutes

Materials

Prior to the session, select phrases from below that you consider to be the most appropriate for the context in which you are working. Write these phrases on a small piece of paper (one phrase per paper). If you like, you can create other phrases, or repeat some, as required. There should be one phrase for each participant.

- I am HIV-positive.
- I am a father, and I take care of my children.
- I am a member of parliament.
- I am a criminal (member of a gang or a drug trafficker).
- I am a cocaine addict.
- I am a street kid.
- I do not sexually harass women.
- My father is in jail.
- My partner hit me.
- My partner cheated on me.
- My mother is a sex worker (a prostitute).
- I am an alcoholic.
- I am gay.
- I have AIDS.
- I am unemployed.
- I hit my girlfriend once.

- My parents died of AIDS.
- I once tried to kill myself.
- I am a street kid who exchanges sex for food.
- I am a boy who has been sexually abused by an uncle.
- I cheated on my partner.

Facilitator's notes

This activity generally causes considerable laughter or even discomfort as the participants are asked to play the role of individuals who are often marginalized or discriminated against in one form or another. Try to keep a light touch during the activity. It is important not to censure anyone, but to foster respect for these differences that exist. If time allows, you can ask the participants if they would be interested in repeating the activity with new phrases. The group can develop these new phrases, based on topics from previous sessions, and they can then be distributed randomly among the participants.

Steps

1. Ask the participants to sit in a circle and close their eyes. Tell them that they are going to participate in an activity in which they will put themselves in other peoples' shoes. Explain that a piece of paper will be placed in their hands containing a phrase about who they are. After receiving the paper, the participants should read the phrase without making a comment and reflect quietly on what they would do if they were the person described on their paper.
2. Ask each participant to take a piece of tape and stick the paper on the front of his shirt.
3. Ask everyone to stand up and slowly walk around the room, reading the phrases of the other participants, greeting each other, but without speaking.
4. Then ask the participants to form a circle and look at each other. Explain that each should impersonate their character and invent a story that is connected to the phrase they have received. Allow five minutes for them to come up with their story.
5. Ask for a volunteer to tell his "story." Then, either at random or by going around the circle, ask all the other participants to tell their stories until everyone has had a turn.
6. Once everyone has told their story, have the participants, while still in character, ask the others questions about their lives, their present situations, their problems, and their realities. Allow 20 to 30 minutes.
7. Discuss the following questions.
   - Do you know anyone who has faced a similar situation to that described on your paper?
   - What was it like for you to impersonate this character? How did you feel?
   - For the characters that did not have HIV and AIDS, were any of them at high risk for HIV? Why?

- Was your character at high risk of experiencing violence and abuse from others? Why?
- How can the fact that someone is "different" from us lead to violence?
- Do we react differently to certain people? Why? Are we more empathetic to some than to others? Why or why not?
- How can we treat people better? How can we be more empathetic towards those who are different? How can we reach out to these people?

Closing

All people have the right to be treated with respect. Judging a person without really knowing him or her, or the reasons for his or her situation, leads to discrimination. It is important to fight against discrimination in our society because this is what leads to people being treated unfairly, excluded from social circles, treated unjustly by law enforcement, fired from their jobs, or physically or emotionally abused. This kind of treatment can cause an individual great emotional, physical, and psychological harm. Everyone faces difficulties in their lives that are often misunderstood by others. Having a greater understanding of the unique experiences and challenges faced by different people is necessary for learning how to treat a person with respect and dignity and for upholding justice in society. It is also the first step toward thinking about how to best reach out to others in need.

1.8 Looking at Oppression

Objectives

1. To understand better how oppression works

Audience

Age: Youth or adults; **Sex:** Men or mixed groups; **Literacy:** Medium; **Resources:** Medium

Time

120 minutes

Materials

- Flipchart
- Markers
- Resource Sheet 3: Types of Oppression
- Resource Sheet 4: The Three I's of Oppression

Steps

1. Begin by reminding participants that you have been talking about power and how it can benefit some people and not others.

2. Explain that you want to look deeper at how oppression works. This is important because it helps us to know how to end it.

3. Draw three concentric circles on a flipchart (see Resource Sheet 4: The Three I's of Oppression). Ask participants to share examples of one person oppressing another—see Resource Sheet 3: Types of Oppression for some examples of interpersonal oppression. Write these examples in the middle circle and explain that these forms of oppression are called "interpersonal" oppression.

4. Ask participants how these and other forms of interpersonal oppression make the oppressed person think and feel; use, in these examples, non-white people, women, and poor people. Answers might include: "feel bad about themselves," "think they deserve it," "feel angry but powerless." Explain that it is common for people who are oppressed to "internalize" (take inside) what the oppressor says about them or does to them, which can reinforce their own oppression and what they think, feel, and do. Ask for some examples of this (see Resource Sheet 4: The Three I's of Oppression), write them in the central circle, and label these "internalized" oppression.

5. Ask for some examples of "Powerful" groups and "Targeted" groups. List them on a sheet of flipchart paper. Help the participants come up with examples of these two groups by suggesting categories that may have a powerful and a targeted group. These include sex, race, age, religion, class, and sexual orientation. The chart should look similar to the following example:

Powerful	Targeted
Men	Women
Whites	Non-whites
Adults	Youth
Wealthy	Poor
Heterosexuals	Homosexuals
Christians	Non-Christians

6. Explain that the oppressive behavior and attitudes of people on the left side of the power chart (those with more power) and the internalized oppression of people on the right side of the power chart (those with less power) are not just about individuals and what they think and do. In order to understand why individuals do this, we have to look at the context of people's lives. Explain that people's lives are heavily influenced by a range of powerful political, economic, and social institutions.

7. Ask the group for some examples of political, economic, and social institutions (see Resource Sheet 3: Types of Oppression). Now ask the group for examples of oppression that are created or sustained by these institutions (see Resource Sheet 3: Types of Oppression). Write these examples in the outer circle of the diagram, and label it "institutional" oppression.

8. Explain that for any experience of oppression, we can use the framework of the three I's to understand how this oppression is working. Divide participants into three groups: racial, gender, and economic injustice. Explain the group task as follows:

9. Work on a problem (not clear what task is) of oppression and HIV, as follows (and in this order): racial injustice (black people die sooner from AIDS than white people); gender injustice (women are more vulnerable to HIV than men); economic injustice (poor people lack access to quality health care services)

10. Apply the three I's framework to understand how oppression creates each of these problems. Use the framework to identify how oppression at each level (institutional, interpersonal, internalized) might be challenged. Make some recommendations for the Ecological Model.

11. Allow about 45 minutes for the subdivided groups to work, then bring them back together. In the same order, ask each group to report back, noting their recommendations on the Ecological Model. After each report, allow a few minutes for questions from the other participants.

12. When the reports are complete, facilitate a discussion with the whole group about what it has learned about the workings of oppression:

    - How do you see the three I's of oppression working in your own life? In the lives of your family and friends? In your community?
    - How do you see the three I's reinforcing each other?

- What are some examples (from your own life or those around you) of people fighting this oppression at each of the three levels? What can we learn from these examples?
- How can any of the three I's contribute to HIV?
- What can you do as individuals and as a group to challenge oppression?
- What should others be doing to challenge oppression?

Closing

Oppression is not just interpersonal (between people)—it is sustained by powerful institutions and by oppressed people internalizing the messages of the oppressor. People's experience with problems of HIV and AIDS and violence is directly affected by their experience of oppression across the three levels. Dealing with these problems of HIV and AIDS and violence must involve fighting the institutional, interpersonal, and internalized oppression experienced by groups on the right-hand side of the Power Chart.

Resource Sheet 3: Types of Oppression

Interpersonal oppression

Some possible examples:

- Racial injustice: white people using racially abusive language against non-white people
- Gender injustice: men sexually harassing female colleagues at the workplace
- Economic injustice: rich people blaming poor people for their poverty

Internalized oppression

Some possible examples:

- Racial injustice: non-white people feeling that they are not as capable as white people
- Gender injustice: women feeling that they can't refuse a man's sexual advances
- Economic injustice: poor people blaming themselves for their poverty

Institutional oppression

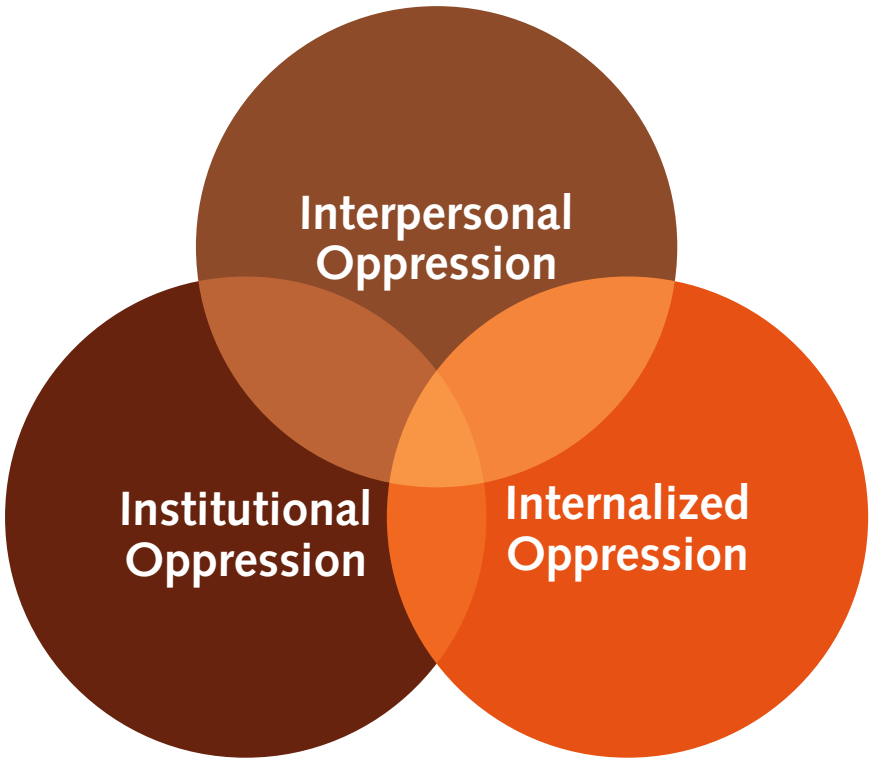
Some possible examples:

- Histories of institutionalized racial injustice—in employment, housing, health care provision
- Institutionalized gender injustice—lack of women in senior political positions (political), lower pay and lack of promotion for women (economic), images of women as sexual objects in the media (social)
- Institutionalized economic injustice—lack of credit for poor people, under-investment in poor communities

Examples of institutions include:

- Political: the government (central, provincial, local), traditional community leaders, the institutions that maintain political power (the military, the police)
- Economic: banks and other financial institutions (national and international), corporations
- Social: the church, the media, the family

Resource Sheet 4:
The Three I's of Oppression



2. Sexuality

2.1 Understanding Sexuality

Objectives

1. To discuss human sexuality in a holistic and comprehensive way
2. To provide a framework for further discussions on sexuality and HIV

Audience

Age: Youth or adults; **Sex:** Men or mixed groups; **Literacy:** Medium; **Resources:** Medium

Time

60 minutes

Materials

- Flipchart
- Markers
- Tape
- Enough copies of Handouts 3: Definitions and Questions for Small Group Discussions about Sexuality and Handout 4: Definitions for Circles of Sexuality for all participants
- Resource Sheet 5: The Circles of Sexuality

Advance preparation

Prepare a flipchart with the circles of sexuality as illustrated in Resource Sheet 5: The Circles of Sexuality.

Steps

1. Explain that this session will explore the concept of "sexuality." Ask participants to share what they think sexuality means to them.
2. Explain that there are many long and complicated definitions of sexuality, but that they are often confusing. Tell them we like to simplify the definition, by thinking of sexuality as comprising several circles (see Resource Sheet 5: The Circles of Sexuality).
3. Draw the diagram by referring to Resource Sheet 5: The Circles of Sexuality. When drawing the circles, label each, but do not add the information shaded in grey in Resource Sheet 5. Each circle represents one of the elements of sexuality. When all of the circles are placed together, they encompass the total definition of sexuality. Explain that one of the circles is in a different color and is not linked to the others (Sexuality to Control Others) because it is a negative element of sexuality, even if it exists in many situations.
4. Divide the participants into four groups. Explain that each will take on a circle of

sexuality and explore what they think it means (the Sexual Identity circle will be explained by the facilitator). Assign a circle to each group and ask them to describe what the circle entails using flipchart paper and markers. Pass out Handout 3: Definitions and Questions for Small Group Discussions about Sexuality and tell them to refer to the guiding questions related to their circle to help them with this activity.

5. Ask each group to present their four circles then explain the Circle of Sexual Identity. Once this has been done, pass out Handout 4: Definitions for Circles of Sexuality. Make sure the key points of each circle are covered by referring to Handout 4.

6. After all of the circles are presented, conclude the activity with the following discussion questions:

   - Is it easy to talk about sexuality? Why or why not?
   - Are the challenges of talking about sexuality different for men and women? Why? What makes it hard for men to talk about this? What makes it hard for women?
   - What would make it easier for men and women to talk about sexuality?
   - Where is "sexual intercourse" included within the definition of sexuality? Does the term play a large or small role in the definition of sexuality?
   - What are some similarities in how men and women experience sexuality?
   - What are some differences? Why do you think these differences exist?
   - What have you learned from this exercise? How can you apply this in your own lives and relationships?

Closing

Sexuality is an important component of human life and while the sexual act for reproduction is similar for nearly all living creatures, only humans attribute values, customs, and meanings to sexuality that go beyond procreation. Sexuality also includes how we feel about our bodies, how we give and receive pleasure, and how we express romantic feelings, among other things. Unfortunately, in many cultures, men and women receive different messages about sexuality. Men's sexuality is seen as impulsive and uncontrollable while women's sexuality is seen as passive and controllable. These contrasting messages often have negative implications for how men and women relate to each other in intimate and sexual relationships. It is therefore important that both men and women have opportunities to comfortably talk about sexuality and develop skills to communicate about sexuality with partners.

Handout 3:
Definitions and Questions for Small Group Discussions About Sexuality

Sensuality – Sensuality is how our bodies get and give pleasure.

- What senses do our bodies use to get and give pleasure?
- What types of activities involve pleasure?

Intimacy/relationships – Intimacy is the part of sexuality that deals with relationships.

- What is needed for a healthy relationship?
- Where do we learn how to love and care for a person?

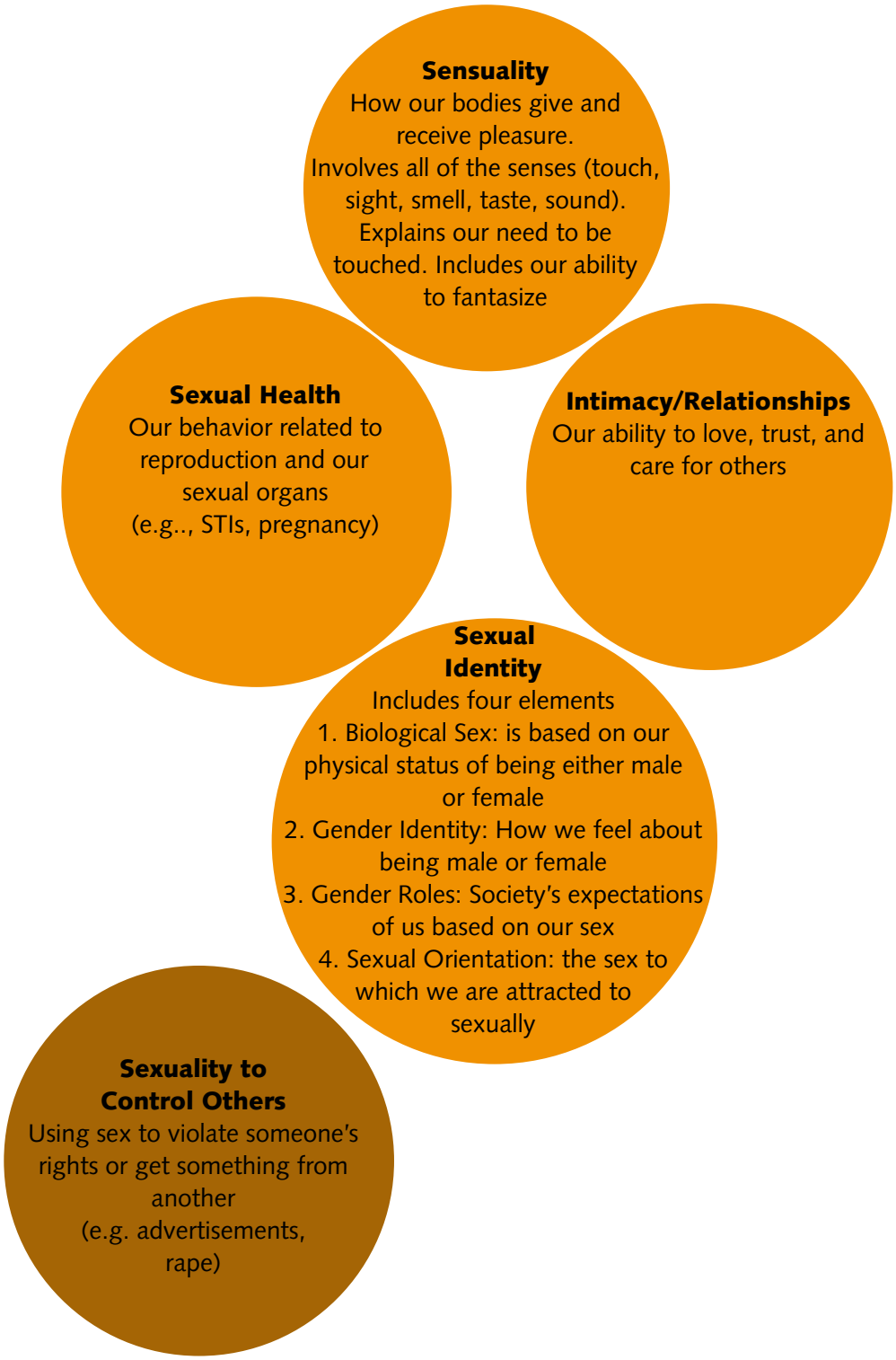
Sexual health – Sexual health involves our behavior related to producing children, enjoying sexual behaviors, and maintaining our sexual and reproductive organs.

- What sexual health issues do men and women face?

Sexuality to control others – Unfortunately, many people use sexuality to violate someone else or to get something from another person.

- How do people try to use sex to control other people?
- How do the media try to use sex to control others?

Resource Sheet 5:
The Five Circles of Sexuality



Handout 4:
Definitions for Circles of Sexuality

Sensuality – Sensuality is how our bodies derive pleasure. It is the part of our body that deals with the five senses: touch, sight, hearing, smell, and taste. Any of these senses, when enjoyed, can be sensual. Ask the participants to provide examples of how a person might enjoy each of the five senses in a sensual manner. The sexual response cycle is also part of our sensuality because it is the mechanism that enables us to enjoy and respond to sexual pleasure.

Our body image is part of our sensuality. Whether we feel attractive and proud of our bodies influences many aspects of our lives.

Our need to be touched and held by others in loving and caring ways is called *skin hunger.* Adolescents typically receive less touch from family members than do young children. Therefore, many teens satisfy their skin hunger through close physical contact with a peer. Sexual intercourse may result from a teen's need to be held, rather than from sexual desire. Fantasy is part of sensuality. Our brain gives us the capacity to fantasize about sexual behaviors and experiences, without having to act upon them.

Intimacy/relationships – Intimacy is the part of sexuality that deals with relationships. Our ability to love, trust, and care for others is based on our levels of intimacy. We learn about intimacy from relationships around us, particularly those within our families.

Emotional risk-taking is part of intimacy. In order to experience true intimacy with others, a person must open up and share feelings and personal information. We take a risk when we do this, but intimacy is not possible otherwise.

Sexual identity – Every individual has his or her own personal sexual identity. This can be divided into four main elements:

Biological sex is based on our physical status of being either male or female.

Gender identity is how we feel about being male or female. Gender identity starts to form at around age two, when a little boy or girl realizes that he or she is different from the opposite sex. If a person feels like he or she identifies with the opposite biological sex, he or she often considers himself or herself transgender. In the most extreme cases, a transgender person will have an operation to change his or her biological sex (often called gender "re-assignment" surgery) so that it can correspond to his or her gender identity.

Gender roles are society's expectations of us based on our biological sex. Ask the group to think about what behaviors we expect of men and what behaviors we expect of women. These expectations are gender roles.

Sexual orientation is the final element of sexual identity. Sexual orientation refers to the biological sex that we are attracted to romantically. Our orientation can be heterosexual

(attracted to the opposite sex), bisexual (attracted to both sexes), or homosexual (attracted to the same sex). People often confuse sexual orientation and gender roles. For example, if a man is feminine or a woman is masculine, people often assume that these individuals are homosexual. Actually, they are expressing different gender roles. Their masculine or feminine behavior has nothing to do with their sexual orientation. A gay man may be feminine, masculine, or neither. The same applies to heterosexual men. Also, a person may engage in same-sex behavior and not consider himself or herself homosexual. For example, men in prison may have sex with other men but may consider themselves heterosexual.

Sexual health – Sexual health involves our behaviour related to producing children, enjoying sexual activities, and maintaining our sexual and reproductive organs. Issues like sexual intercourse, pregnancy, and sexually transmitted infections (STIs) are part of our sexual health. Ask the group to identify as many aspects of sexual health as possible.

After discussing the four circles of sexuality, draw a fifth circle that is disconnected from the other four. This circle is a negative aspect of sexuality and can inhibit an individual from living a sexually healthy life. You can say that the circle can "cast a shadow" on the other four circles of sexuality. It is described as follows:

Sexuality to control others – This element is not a healthy one. Unfortunately, many people use sexuality to violate someone else or get something from another person. Rape is a clear example of sex being used to control somebody else. Sexual abuse and forced prostitution are others. Even advertising often sends messages of sex in order to get people to buy products.

2.2 The Erotic Body

Objectives

1. To reflect on how men and women experience sexual desire, excitation, and orgasm and the different messages they receive from society about sexuality and eroticism

Audience

Age: Youth or adults; S**ex:** Men or mixed groups; **Literacy:** Medium; **Resources:** High

Time

60 minutes

Materials

- Magazines and newspapers
- Scissors
- Paper
- Glue

Facilitator's notes

It is important this activity be carried out in the most open and informal way possible. It is okay if the participants laugh or joke about these issues. In fact, joking is one of the ways people "defend" themselves or express anxiety, particularly when faced with new information.

Steps

1. Distribute a sheet of paper to each participant and lay out some magazines, glue, and scissors in the middle of the room.
2. Explain that each participant should produce a collage on the "male erotic body" using pictures, words, and other images cut out from the magazines and newspapers.
3. Allow the participants 10 minutes to look through the magazines and newspapers and produce their collages.
4. Distribute a second sheet of paper to all participants and ask them to produce collages about the "female erotic body."
5. Allow the participants 10 minutes to produce the second collage.
6. Invite participants to volunteer to present and discuss their collages.
7. Use the questions below to facilitate a discussion.
   - How was the male erotic body depicted in the collages?
   - How was the female erotic body depicted in the collages?

- What were the similarities between the collages of the male and female erotic bodies?
- What were the differences between the collages of the male and female erotic bodies? How do you think these differences are linked to the way men and women are raised?
- What is sexual desire? Do both men and women feel sexual desire? Are there any differences in how they feel sexual desire? Do all men feel sexual desire the same way? Do all women experience sexual desire in the same way?
- How do we know when a man is excited? And a woman?
- How do men get excited? What excites a man sexually?
- How do women get excited? What excites a woman sexually?
- How can sexual desire influence decisions and behaviors related to HIV and AIDS prevention?
- What have you learned from this exercise? How can you apply this to your own lives and relationships?

Closing

Both men and women have sexual desires and can feel sexual excitement. This excitement depends on biological as well as social and psychological factors. Every part of the human body can produce pleasure when touched but, generally speaking, people have certain areas that are more sensitive to caressing than others. They vary from person to person, so only by talking or experimenting will you know what excites your partner most.

2.3 Messages about Sexuality

Objectives

1. To reflect on the different messages that men and women receive about sex and sexuality and how these messages influence personal values and behaviors

Audience

Age: Youth or adults; **Sex:** Men or mixed groups; **Literacy:** Any level;
Resources: Medium

Time

60 minutes

Materials

- Flipchart
- Markers
- Enough copies of Handout 5: Skit Ideas for all participants

Steps

1. Divide participants into four groups. Explain that each small group will be assigned an institution or population and asked to consider the messages about sexuality that this institution or population sends to both men and women.

2. Assign each small group to one of the following institutions or populations:

   - Group One: Peers
   - Group Two: The media: music, television, advertisements
   - Group Three: Parents and family
   - Group Four: Religious institutions

3. Ask the groups to develop a one to two-minute skit that shows how a population or institution sends messages about sexuality. Provide participants with Handout 5 and ask them to refer to it if they are having a difficult time deciding what to do. Allow 10 minutes for groups to prepare.

4. After completion, ask each group to present their skit. After each presentation, ask others to note the messages conveyed in the skit and to write them on a flipchart. Ask the observers to include any other messages not shown in the skit that come from this population or institution.

5. After all skits have been completed, facilitate a discussion using the following questions:

   - How did it feel to watch these skits?
   - How are messages about sexuality the same for men and women?

- How are messages about sexuality different for men and women? Why do you think these messages are different?
- How are messages about sexuality different for youth and adults? For gay and straight people? For attractive and unattractive people? Why are these messages different?
- What messages about sexuality can be harmful? How?
- What messages about sexuality can be beneficial? How?
- Are certain messages more influential than others? Which? Why?
- How can these messages impact HIV transmission?
- What messages about sexuality do you want to pass on to your children? Why?
- What have you learned from this exercise? How can you apply this in your own lives and relationships?

Closing

We are continually exposed to messages about sexuality from a young age. These messages come from diverse sources and often differ in content depending on where they come from. Often, family and religious institutions will have certain views about sexuality that may differ from those communicated by peers and the media. Messages about sexuality, regardless of the source, communicate different attitudes and expectations depending on whether the subjects are women or men and whether they are homosexual or heterosexual. Often messages, whether from parents, peers, religious institutions, or the media, communicate traditional gender norms and stereotypes regarding sexuality. It is important that you critically assess the messages you are exposed to and seek out information that is reliable.

Training option

Ask small groups to write the name of their population/institution on the top of a flipchart paper. Divide the rest of the paper with a line down the center. Ask the participants to write the messages about sexuality that this population/institution gives to men on the left side. Ask them to write the messages it gives to women on the right side. If participants struggle with the answers, remind them of the four circles of sexuality, and ask them what these organizations say about issues related to each circle. Allow 10 minutes for completion.

Handout 5:
Skit Ideas

Group One: Peers

- Show a group of men talking with each other about sex issues.
- Show the type of advice a man gives another man about sex.
- Show a group of men pressuring somebody to have sex or making fun of somebody about their sex life.

Group Two: The media: music, television, advertisements

- Create a commercial that sends a message about sex.
- Sing a song that sends a message about sex.
- Show a scene from television that sends a message about sex.
- Preview television programming for the evening, depicting brief scenes with sexual messages from the shows.
- Show two people talking about sex from a television show or in a piece of music.
- Put on a skit in which a person makes all of his decisions about sex based on what celebrities or characters from television shows would do.

Group Three: Parents and family

- Role-play the different messages about sex that parents communicate to sons and daughters.
- Role-play a parent who is afraid of communicating about sexual issues with his or her children.

Group Four: Religious institutions

- Role-play a sermon about sex from a religious leader.
- Role-play a discussion about sex between a religious leader and a follower of that faith.
- Role-play a television interview with a leader of a faith-based organization that believes people should not have sex until marriage.

2.4 Common Concerns about Sexuality

Objective

1. To discuss men's common concerns about sexuality

Audience

Age: Youth or adults; **Sex:** Men or mixed groups; **Literacy:** Medium; **Resources:** Medium

Time

Part 1—45 minutes; Part 2—45 minutes

Materials

- Part 1: Enough copies of Handout 6: Common Questions and Answers about Sexuality for all participants; three index cards, each with one of the three questions from the participant handout.
- Part 2: Small bag of balloons, pieces of paper with questions about sexuality (see facilitator's notes)

Facilitator's notes

This activity is designed to be informal and fun. The facilitator should try to create an environment in which the participants feel comfortable expressing themselves and asking questions. In Part 2 of the activity, the participants will be asked to propose their own questions about sexuality. As a backup, the facilitator should prepare a list of five to 10 commonly-asked questions about sexuality and write them on small pieces of paper.

Some possible questions include:

- What is masturbation? Is it true that masturbation can make the penis smaller or make hair grow in the palm of your hand?
- Can a man urinate inside a woman during sexual intercourse?
- What is a man most afraid of during the sexual act?
- What kinds of problems can a man have during sexual intercourse?
- What can a man do when he ejaculates too quickly?
- Why does a man sometimes "come" while sleeping?
- Do men need sex more than women? Why?
- Does the size of the penis really matter? Why?
- How does a man feel when someone says he has a small penis? How does he react?
- Why do we sometimes say that a man "thinks with his penis"? Can a man control his sexual desire?

- What do you think about virtual or computer sex?
- How do you perform a preventive exam for cancer of the testicles?
- How do you perform a preventive exam for cancer of the penis?
- What is a preventive exam for prostate cancer?

Steps

Part 1 – 45 minutes

1. Divide the participants into four groups and assign each group one of the four questions listed in the handout.
2. Ask each group to imagine that they are a sexual-advice columnist and think about how they might respond to the question. Allow each group five to 10 minutes to discuss and write a response.
3. Ask for a volunteer from each group to read aloud the group's question and response. Invite participants from the other groups to suggest other responses.
4. Distribute Handout 6 and review the suggested responses.
5. Facilitate a discussion by asking the following questions:
   - How did it feel to try to answer some of these questions?
   - Do men usually have access to information about sexuality? From where? Do women?
   - How can not having correct information about sexuality put someone at risk for HIV infection?
   - What have you learned from this exercise? How can you apply this in your own lives and relationships?

Part 2 – 45 minutes

1. Pass out blank index cards or pieces of paper and ask the participants to write a question they have about sexuality.
2. Collect the cards, shuffle them, and then pass them out to the small groups to work on.
3. Ask the participants to sit in a large circle. Tell them they are going to pass a balloon containing a question around the circle. When the facilitator says stop, the person who has the balloon should pop the balloon, read the question, and try to answer it.
4. If there is not enough time to answer all the questions, the group can agree to set aside time during the following session or sessions to address them.

Closing

It is normal for men to have questions about sexuality, since they usually have few opportunities to discuss the issue with others. It is also common for men to feel uncomfortable discussing sexuality. It is important to keep in mind, however, that questions or concerns about sexuality is perfectly normal and that other men often have the same questions or concerns.

Handout 6:
Common Questions and Answers about Sexuality

Dear Dr. Love,

I am a 30-year-old man. I recently went out drinking and met a girl at a party. We were about to have sex but when I tried to put on a condom, I lost my erection. I tried to get excited again, but it didn't work. Have I lost my magic touch?

Sincerely,
Lost My Mojo

Possible response:
Dear Lost My Mojo,

Most men experience your problem at some point in their lives. This could have happened for any number of reasons. It is very likely that your use of alcohol contributed to the problem. Alcohol is a depressant and causes disruptions in the sexual response cycle, especially if a person drinks a lot. The problem also could have been due to stress or anxiety about a sexual encounter. It is unlikely that this is caused by a physical problem. Sometimes an injury or older age can cause problems with a man's sex drive and circulation of blood, which leads to "impotence" or the inability to achieve an erection. If that is the case, men can receive medical treatment for impotence. However, if you are able to achieve erections at other times of the day or while you are sleeping, then you will know that the problem is not physical. If that is the case, just relax and your mojo will be back before you know it. By the way, I'm happy that you used condoms, especially after you had been drinking, which is when people often forget to use them.

Dear Dr. Love,

I am a 25-year-old man. I wish I could last longer when I have sex. I always get overexcited and have an orgasm within the first minute of sex. What can I do to stop this cruel joke?

Please help,
Minute Man

Possible response:
Dear Minute Man,

Many men share your challenge and it is usually easy to address. There are several possible reasons for your problem. Some men have a lot of nervousness about a sexual encounter, which leads to "premature ejaculation." Other times this is caused by a conditioned rapid response to sexual stimuli. You can do several things to last longer, if you wish. A good start is to make sure you wear a condom to reduce sensitivity. Other things to do include stopping stimulation when you feel you are getting close to orgasm. You can also squeeze the tip of the penis and wait for the sense of orgasm to end. If you relax and try these strategies your sexual life will probably improve dramatically.

Dear Dr. Love,

I am a 22-year-old woman who has been sexually active for the past three years. I am writing because I have never achieved an orgasm through sexual intercourse. Is something wrong with me?"

Sincerely,
Looking for my Groove

Possible response:

Dear Looking for My Groove,

Many women have raised concerns about the same thing. There are many reasons for not being able to achieve orgasm. Some reasons are physical. The clitoris usually requires stimulation in order to achieve orgasm. During vaginal sex with men, the clitoris sometimes does not receive adequate stimulation, therefore making orgasm unachievable. Some women find that certain sexual positions can resolve this. Others find that manual or oral stimulation of the clitoris helps achieve orgasm. Limiting alcohol use may also help. In other cases, the problem may be based on psychological factors. Some women may be resentful of, or not attracted to, their partner. If a person is nervous, afraid, or distrustful, they will not be able to experience pleasure completely. Previous trauma from sexual experiences can also limit pleasure. In some of these cases, it may be important to seek professional counseling in order to adequately address such problems. Good luck on getting your groove on.

Dear Dr. Love,

I am 32-year-old woman who has been married for about five years now. I have two children. Recently, I stopped getting excited about having sex. My husband and I used to have sex regularly (at least two times a week), but lately, I just have not been "in the mood." He is getting very frustrated with me, but I just don't feel like doing it! I am afraid I may be telling him to go find someone else to have sex with and I really don't know what is wrong with me. Is this normal?

Sincerely,
Not in the Mood

Possible response:
Dear Not in the Mood,

Many people, from time to time in their lives, lose sexual feelings. For some, this can be a passing issue that goes away on its own, and for others it may be a condition reflecting some other stress in their lives. You need to think about how long you have been feeling this way. If it has been more than six months, it is best to seek professional assistance. It also may mean that your husband is not satisfying you enough, so perhaps you both need to talk about what you are feeling, what you like sexually, and potentially experiment with some new things. Sit down with him alone (with some candles on) and talk about what you feel, need, and want. Perhaps you two can solve your issues on your own. If not, you may need to go talk to a counselor. Good luck!

2.5 Pleasure Brainstorm

Objectives

1. To identify ways to give and receive pleasure that do not involve sexual intercourse

Audience

Age: Youth or adults; **Sex:** Men or mixed groups; **Literacy:** Any level; **Resources:** Medium

Time

45 minutes

Materials

- Flipchart
- Markers

Steps

1. Open the session by explaining that when people talk about sexual pleasure, they often think immediately about vaginal, oral, or anal intercourse. While these can all be pleasurable experiences, they represent only a small number of ways people give and receive sensual pleasure. This activity will explore the other ways individuals can give and receive pleasure, often in a manner that carries much less risk for infection and pregnancy.

2. Divide the participants into three teams and provide each team with several sheets of flipchart paper and markers.

3. Explain that each team will be asked to make a list of as many ways they can think of to give pleasure, WITHOUT vaginal, oral, or anal intercourse. Remind the teams of the comprehensive definition of sensuality, which includes pleasure from all the five senses: touch, smell, sight, sound, and taste. Encourage the participants to be as creative as possible. Any method of providing pleasure of the senses counts. Feeding someone strawberries counts! Cooling off someone with a fan counts!

4. Explain that the teams will be competing against each other, and that they will have five minutes to write their lists. The team with the highest number of pleasurable activities wins.

5. Ask the teams to post their lists on a wall and to read the activities aloud. Allow participants from the other teams to ask any clarifying questions.

6. Count the total number of activities for each team and announce the winner.

7. Inform the group that a few additional awards will be given. Ask the group to make nominations for the best responses. The categories for awards can include:

    - Most creative activity
    - Most romantic activity

- Funniest activity
- Most appropriate activity in a public place
- Most inappropriate activity in a public place
- Sexiest activity

8. Conclude the session with the questions below

- How did it feel to do this activity?
- Why do you think pleasure is often only associated with sexual intercourse, rather than a wide variety of sensual activities?
- Is it easy to talk about pleasure? If not, are the challenges of talking about pleasure different for men and women? Why? What makes it hard for men to talk about this? What makes it hard for women?
- Do couples usually talk about pleasure? If not, why not?
- How could a broader understanding of ways to give and receive pleasure positively impact the HIV and AIDS epidemic?
- What have you learned from this exercise? How can you apply this to your own lives and relationships?

Closing

There are many types of pleasure we can feel, sensual or otherwise. Sensual pleasure is not limited to sexual intercourse and, in fact, what gives pleasure can vary a lot from person to person and can include things we may not think of. Talking to your partner about what gives him or her pleasure and what gives you pleasure, as well as what does not, is an important part of communication in a relationship, though it may be difficult. At times, sexual intercourse is not desired or is not possible, and it is important to keep in mind that there are many other ways to give and receive pleasure.

2.6 Want...Don't Want...Want...Don't Want

Objectives

1. To discuss a variety of reasons why individuals choose to have or to not have sex
2. To discuss the challenges and strategies related to negotiating abstinence or sex in intimate relationships

Audience

Age: Youth or adults; **Sex:** Men (with adaptation) or mixed groups; **Literacy:** Any Level; **Resources:** Medium

Time

90 minutes

Materials

- Flipchart
- Markers
- Resource Sheet 6: Why Men and Women Want to Have Sex

Facilitator's notes

During this activity, some men may be asked to role-play women. This is not always easy for men, and it should be presented as optional (one alternative is to involve the men in a debate based on the scenarios presented, rather than in role-play). It is likely some men will laugh during the role-playing exercise. It is important to understand that some of this laughter might be due to the awkwardness, or discomfort men may feel playing the role of women, or seeing other men play the role of women. The facilitator should be sensitive to these responses, and when appropriate, remind the participants of earlier discussions about gender roles. The facilitator should also encourage the men to reflect on why they might respond in certain ways when they see men taking on traditional female roles or characteristics.

If the facilitator feels it is more relevant, this activity can be adapted so that the group role-plays the negotiation of condom use in an intimate relationship (as a form of preventing STIs and HIV and/or as a form of birth control). Or any remaining time can be used to role-play other issues, including condom use, planning the number of children to have, or how to spend household income.

Steps

1. Divide the participants into four groups and assign each group a topic of discussion from the table below. Two groups will represent men (M1 and M2), and two groups will represent women (W1 and W2).

Group	Topics of Discussion
M1	Reasons why men **want** to have sex in an intimate relationship
M2	Reasons why men **do not want** to have sex in an intimate relationship
W1	Reasons why women **want** to have sex in an intimate relationship
W2	Reasons why women **do not want** to have sex in an intimate relationship

2. Explain that the groups (or volunteers from each group) will be paired together to negotiate abstinence and sex. Allow the groups five to ten minutes to discuss and prepare for the negotiations.

3. The first negotiation:
Group M1 (men who want to have sex) negotiates with **Group W2** (women who do not want to have sex). Ask the group to imagine that the context is an intimate relationship in which the man wants to have sex, but the woman does not.

4. The second negotiation:
Group M2 (men who do not want to have sex) negotiates with **Group W1** (women who want to have sex). The role-play should be conducted in the same way as above. After negotiating, ask the participants how they felt and what they learned from the exercise.

5. In both cases, the facilitators should write on flipchart paper the most important arguments, both in favor and against.

6. Open up the discussion to the larger group.

- Were the role-plays realistic?
- How are these negotiations similar to what happens in real life?
- What positive communication strategies were used?
- What negative communication strategies were used?
- What are some other communication strategies that could have been used?
- What makes it easier to negotiate abstinence with an intimate partner? What makes it harder?
- What happens if the negotiation happens in the heat of the moment, rather than before? Does it become easier or more difficult?
- What are the reasons why a woman would want to have sex? To not have sex? (See Resource Sheet 6: Reasons Why Men and Women Have Sex.)
- What are the reasons why a man would want to have sex? To not have sex? (See Resource Sheet 6: Reasons Why Men and Women Have Sex.)
- How does a man react if a woman takes the initiative in asking for sex?
- Can men ever say no to sex? Why or why not?

- Can women ever say no to sex? Why or why not?
- Is it fair to pressure someone to have sex? Why or why not?
- How can men and women deal with pressure from peers and partners to have sex?
- How can this pressure influence someone's ability to be abstinent or to practice safer sex? How does this influence the prevention of HIV?
- Are certain individual's rights less respected when it comes to sexual decision making, in terms of gender, age, and class? Why do you think this is?
- If the couple decides to have sex, what should they discuss before they have sex?
- What have you learned from this exercise? How can you apply this to your own relationships?

Closing

People make decisions about sexual activity throughout their lives. Many factors go into making the decision to have or abstain from sex. In the case of women, the fear of losing their partner, societal expectations, or low self-esteem might lead them to agree to sex. Among men, the decision to have sex might come from peer or social pressure to prove their manhood. Furthermore, communication styles, emotions, self-esteem, and unequal power relations all play a role. It is important to be conscious of how these factors influence your own and your partner's desires and decisions. It is also important to remember that negotiation does not mean winning at all costs, but seeking the best situation for both parties. All individuals have a right to make their own decisions about sex and decide if and when they want to become sexually active with their partner. Under no circumstances should these rights be denied to an individual or should these decisions about sex be made by others. It is important to note that discussing sex is important but it is also important to discuss condom use as well, especially as a form of birth control in an intimate relationship and as a form of STI and HIV prevention.

Training options

Optional Step: The facilitator might want to develop "Problem" and "Solution" trees to help participants understand the causes and results of both good and bad communication about sexuality issues. Divide the participants into two groups. Each group will be given an assignment to draw a tree. Group One will draw a "Problem Tree" and Group Two will draw a "Solution Tree." Provide the following instructions for the groups:

Group One: The "Problem Tree" group will be asked to draw a tree trunk in the center of a flipchart. Ask the group to brainstorm some of the causes of poor communication about sexuality. Each of the causes should be depicted as a root of the tree. After noting each cause, the group should consider what else can contribute to that cause. For example, if one reason is "embarrassment," what causes embarrassment? One of the causes could be "social norms." This would then be depicted as a subroot of the original cause. The problem tree will also look at the outcomes of poor communication. Those outcomes will be depicted as the branches of the tree. As they did with the causes, the groups should brainstorm and identify the primary and the secondary outcomes of poor communication.

Group Two: The same process will be used for the "Solution Tree." Group Two will be asked to draw a tree trunk in the center of a flipchart. Ask the group to brainstorm some of the causes of healthy communication about sexuality. Each of the causes should be depicted as a root of the tree. After noting each cause, the group should consider what else can contribute to that cause. For example, if one reason is "sense of vulnerability," what causes that? Other causes might include "education" or "previous STIs." These would then be depicted as subroots of the original cause. The solution tree will also look at outcomes of healthy communication. These outcomes will be depicted as the branches of the tree. As they did with the causes, the groups should brainstorm and identify the primary and the secondary results of healthy communication.

Links

The discussion of negotiation in sexual relationships can be linked to the activity **"Persons and Things"** and to the unequal power relationships that often exist in male/female relationships. It can also be linked to the activity **"Talking About Using Condoms,"** which presents negotiations of condom use in a different format.

Resource Sheet 6:
Reasons Why Men and Women Have Sex[18]

REASONS WHY MEN AND WOMEN HAVE SEX

- ✓ Pressure from friends/partner
- ✓ To communicate loving feelings in a relationship
- ✓ To avoid loneliness
- ✓ To prove his/her manhood/womanhood
- ✓ For affection or to feel loved
- ✓ To receive pleasure
- ✓ The belief that everyone is doing it
- ✓ To hold onto a partner
- ✓ Not knowing how to say "no"
- ✓ To become pregnant or to become a parent
- ✓ To satisfy curiosity
- ✓ Nothing better to do
- ✓ To receive money or gifts
- ✓ Media messages make it seem glamorous
- ✓ The idea that it will cure them of HIV and AIDS

REASONS WHY MEN AND WOMEN DO NOT HAVE SEX

- ✓ Religious beliefs or personal/family values
- ✓ To avoid an unplanned pregnancy
- ✓ To avoid STIs and HIV infection
- ✓ To avoid hurting his or her reputation
- ✓ To avoid feeling guilty
- ✓ Fear that it will hurt
- ✓ To wait for the right partner
- ✓ Not ready
- ✓ To wait for marriage

[18] CEDPA. 1988. Choose a future:issues and options for adolescent boys. Washington, D.C.

2.7 HIV Related Rights and Responsibilities

Objectives

1. To discuss HIV related rights and responsibilities and how they are important in the prevention of sexual coercion and abuse and HIV/STI infection

Audience

Age: Youth or adults; **Sex:** Men or mixed groups; **Literacy:** Any Level; **Resources:** Medium

Time

90 minutes

Materials

- Flipchart
- Markers
- Pieces of paper or cards

Steps

1. Brainstorm rights and responsibilities with the participants. Start with the question, "What are some basic rights we have as individuals?" Some examples may include the right to free speech, the right to practice one's own religion, the right to live where one wants, etc. Then ask, "What are some basic responsibilities we have as individuals?" Some examples may include respecting the property of others by not stealing, providing for family, obeying laws, etc.

2. Write the heading "My Sexual Rights" on a piece of flipchart paper. Ask the participants to list their sexual rights and write their responses on the paper. Be sure the following rights are included:

   - The right to sexual enjoyment
   - The right to protect yourself from the risk for infection
   - The right to avoid unintended pregnancy
   - The right to refuse unwanted sex
   - The right to express sexual orientation
   - The right to obtain information on sexuality and sexual health

3. On another piece of flipchart paper, write the title "My Sexual Responsibilities." Ask the participants to list their sexual responsibilities and write their responses on the paper. Be sure the following sexual responsibilities are included:

- Respecting a person's right to say no
- Informing a partner if you are infected with a STI, including HIV
- Taking care of any children you have

4. Ask each participant to select the item on the "My Sexual Rights" list that is most important to him or her. Read aloud the items on the "My Sexual Rights" list, one by

one. Ask the participants to raise their hands when you call out the item they have selected as most important. Ask for a few volunteers to share their reasons for selecting the item.

5. Follow the same process with the "My Sexual Responsibilities" list.
6. Divide the participants into two groups. The first should develop a role-play in which a woman's sexual rights are not respected; the second should develop a role-play in which a man's sexual rights are not respected. Allow the groups 15 minutes to develop the role-plays.
7. Invite the groups to present the role-plays.
8. Ask the same groups to develop a role-play in which a woman's/man's sexual rights are respected. Remind the group of the discussion about sexual responsibilities and that their role-plays should depict sexual rights being respected in a way that is still within their sexual responsibilities. Allow the group 15 minutes to develop the role-plays.
9. Invite the groups to present the role-plays.
10. Complete the session with the discussion questions below:

- Were the role-plays realistic?
- In your communities, is it more common for women's rights to be respected or not respected? If not, why do you think this is?
- In your communities, is it more common for men's rights to be respected or not respected? If not, why do you think this is?
- What is the connection between sexual rights and sexual responsibilities?
- How can a person's right to express his or her sexual orientation be violated?
- How can a person's right to get information on sexuality and sexual health be violated?
- How can the violation of a person's sexual rights leave them more vulnerable to HIV and AIDS?
- How does someone neglecting their sexual responsibilities put them at risk for HIV and AIDS?
- What have you learned from this exercise? How can you apply this to your own relationships?

Closing

Respect for sexual rights is an integral part of respecting human rights in general. Though we are not obligated to agree with or approve of other people's choices, we do have to respect everyone's right to choose and to express their sexuality equally. When sexual rights are not respected, both women and men are more vulnerable to STIs and HIV and AIDS. It follows, therefore, that respecting sexual rights, as well as other rights, creates a more secure society for everyone.

2.8 Sexual Orientation

Objectives

1. To discuss homosexuality and the concept of sexual orientation

Audience

Age: Youth or adults; **Sex:** Men or mixed groups; **Literacy:** Medium; **Resources:** Medium

Time

60 minutes

Materials

- Flipchart
- Markers
- Enough copies of Handout 7: Questions about Homosexuality and Sexual Orientation for all participants
- Resource Sheet 7: Sexuality Continuum Diagram.

Facilitator's notes

Sexual orientation can be an extremely sensitive topic and it is important that the facilitator be accepting and comfortable with the topic. It might be helpful to first identify common myths and misunderstandings about sexual orientation that can be addressed and integrated into the discussion. Prior to the session, the facilitator should research local laws and movements that promote the rights of gay individuals and couples, as well as such resources as websites related to sexual orientation and local organizations supporting their rights. S/he should then share this information with the participants.

Steps

Part 1 – 40 minutes

1. Begin a discussion by asking the group to define sexual orientation. Provide the following definition after the discussion:

   Sexual orientation is the erotic or romantic attraction *(preference)* for:

   - Members of the opposite sex *(heterosexuality)*
   - Members of your own sex *(homosexuality)*
   - Members of both sexes *(bisexuality)*

   Explain that homosexual men are called "gay"; homosexual women are called "lesbians"; and heterosexual people are called "straight."

2. Acknowledge that some of the participants might have very strong values about sexual orientation. Tell the participants you will respect every individual's right to his or her opinion. However, sexual orientation is important to discuss because it is a human rights issue and also an important part of every individual's sexuality. Allow for any questions at this point, if needed.

3. Write "Sexual Orientation" at the top of a flipchart paper and draw a line immediately below it. Label one side of the line "Homosexual" and the opposite side "Heterosexual." Between them, write "Bisexual." (See Resource Sheet 7: Sexuality Continuum Diagram.)

4. Use this diagram to explain that sexual orientation can be seen as a continuum, from homosexuality to heterosexuality, and that most individual's sexual orientation falls somewhere along this continuum. While individuals say they cannot change their sexual orientation at will, sexual orientation might change throughout a person's lifetime. So an individual's orientation can move along the continuum as time passes. Most people, however, do not change much in their life.

   Explain that a person's sexual orientation is often confused with other aspects of his or her sexuality. People often mistake sexual orientation with gender roles. To make this point, draw a second line below the first and title it "Gender Roles." Label one side "Masculine" and the other "Feminine." Explain that gender roles are societal expectations of how men and women should act. Often, when a man acts in a feminine manner, he is assumed to be homosexual, but this may not be true because gender roles and sexual orientation are different. Explain that a person's gender roles can also move across the continuum over time or can change in a given situation.

6. Another distinction to make is that a person's sexual behavior does not always indicate his or her sexual orientation. To make this point, draw a third line below the other two and title it "Sexual Behavior." Label one side "Sex with Men" and the other "Sex with Women."

7. Explain that not all individuals who have had one or more sexual experiences with members of their own sex define themselves as homosexual or are considered homosexual by society. For example, some adolescent boys who experiment sexually with other boys (for example, masturbating in a group) and some men who have sex with other men in isolated settings, such as in prisons, do not consider themselves, and are not considered by others, to be homosexual. In addition, individuals who engage in same-sex sexual activity might not be exclusively attracted to members of their own sex and might not wish to engage in sex only with members of their own sex. Indeed, some married persons engage in same-sex sexual activity outside of marriage and still consider themselves to be heterosexual. People who have sex with both men and women might consider themselves to be bisexual, homosexual, or heterosexual.

8. Explain that another distinction is a person's biological sex. Most children are born male or female. But some people are born with full or partial genitalia of both sexes, or with underdeveloped genitalia, or with unusual hormone combinations. We say these people are "intersex," which challenges the assumption that there are only two biological sexes. Title the next continuum "Biological Sex." Label one side of the biological sex continuum "male," the other side "female," and place "intersex" in the middle. Also, explain that people can use surgery and hormonal injections to change their biological sex. Therefore, a person could move from one end of the continuum to another in their lifetime.

9. Explain that a person's gender identity is not always the same as their biological sex.

This was discussed during the Circles of Sexuality session. When a person feels that their personality, their inner self is different from their biological sex, we say the person is "transgender." A transgender person may decide to wear clothing of another gender, decide to change his or her biological sex (called "gender reassignment surgery"), or do nothing at all. Title a final continuum "Gender Identity," with one side labeled "male" and the other "female." "Transgender" should be in the center.

Part 2 – 20 minutes

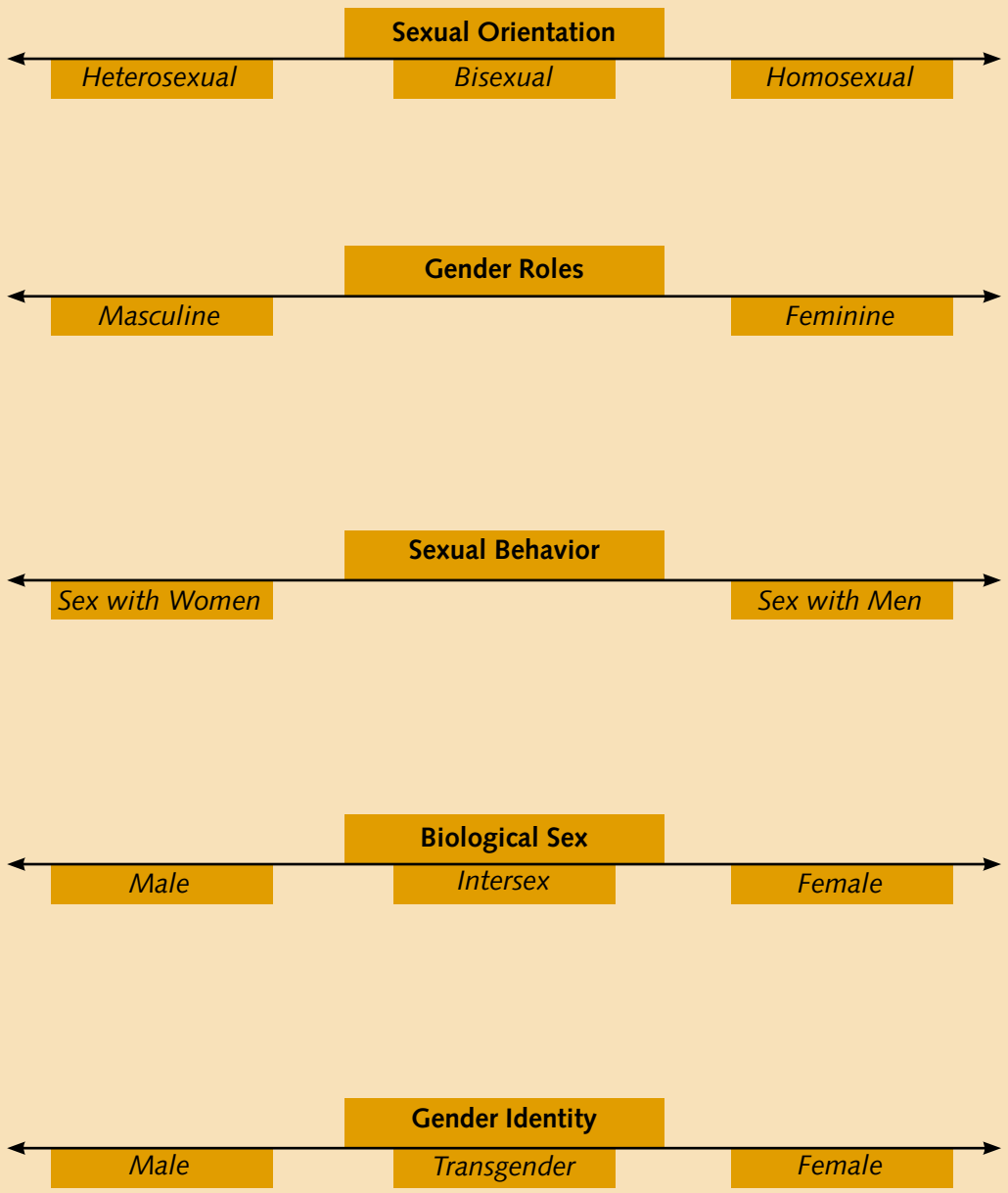
1. Explain that since we have had a basic introduction to issues of sexual orientation, we will open up the session for participant questions. Ask the group to write down any questions that they may have about sexual orientation.

2. Collect the questions, read them, and either answer them yourself, or ask the group to answer them. The handout has a list of questions you can ask in case the group does not come up with their own. Suggested answers are included as well. Pass out the participant handout as a reference at the end of the session.

Closing

Everyone has a sexual orientation, that is, you are romantically and sexually attracted to either men, women, or both. Although we do not know precisely what determines a person's sexual orientation, we do know that it is formed early in life, is not chosen by the person, and cannot be changed, although some may hide it because of social taboos and homophobia. Social taboos and homophobia can put gays and lesbians at particular risk for violence, discrimination, depression, and self-destructive behaviors, like drug and alcohol abuse or suicide. Also, stigma and fear can make it difficult for gays and lesbians to access sexual health information and services, putting them at greater risk for HIV and AIDS. It is important to work to dispel myths and promote respect for the rights of women and men to express their sexual orientation, free from discrimination.

Resource Sheet 7:
Sexuality Continuum Diagram



Handout 7:
Questions about Homosexuality and Sexual Orientation

What Causes a Person to Have a Particular Sexual Orientation?

How a person's sexual orientation develops is not well understood by scientists. Various theories have proposed differing sources for sexual orientation, including genetic or inborn hormonal factors and life experiences during early childhood. However, many scientists share the view that sexual orientation is shaped for most people at an early age, through complex interactions of biological, psychological, and social factors.

Is Sexual Orientation a Choice?

No, human beings cannot choose to be either gay or straight. Sexual orientation emerges for most people in early adolescence, without any prior sexual experience. Although we can choose whether to act on our feelings, psychologists do not consider sexual orientation to be a conscious choice that can be voluntarily changed. Homosexuals and bisexuals might want to live an honest life in the open, but because of social stigma, many choose to "live in the closet" hiding their true feelings.

Is Homosexuality a Mental Illness or Emotional Problem?

No. Psychologists, psychiatrists, and other mental health professionals agree that homosexuality is not an illness, mental disorder, or an emotional problem. Scientific research has shown that people who have sex with members of their own gender are as emotionally healthy as those who have sex exclusively with members of the opposite sex.

Can Lesbians, Gay Men, and Bisexuals Be Good Parents?

Yes. Studies comparing groups of children raised by homosexual and by heterosexual parents find no developmental differences between the two groups of children in four critical areas: intelligence, psychological adjustment, social adjustment, and popularity with friends. It is also important to realize that children of homosexual parents are no more likely to become gay than children of heterosexual parents.

Do Gay Men Hurt Children?

There is no evidence to suggest that homosexuals are more likely than heterosexuals to molest children.

Why Do We Need to Talk about This Stuff?

Educating all people about sexual orientation and homosexuality is likely to diminish anti-gay prejudice. Accurate information about homosexuality is especially important to young people who are first discovering and seeking to understand their sexuality—whether homosexual, bisexual, or heterosexual. Fears that access to such information will make more people gay have no validity—information about homosexuality does not make someone gay or straight.

3. Men and Health

3.1 Caring for Oneself: Men, Gender, and Health[19]

Objectives

1. To promote greater awareness of the links between how men are raised and the health risks they face

Audience

Age: Youth or adults; **Sex:** Men or mixed groups; **Literacy:** Medium; **Resources:** Medium

Time

60 minutes

Materials

- Small pieces of paper or cards
- Flipchart
- Markers
- Resource Sheet 8: Gender and Health Questions and Resource Sheet 9: Answers to Gender and Health Questions

Facilitator's notes

Global statistics related to men and various health outcomes are provided in Resource Sheet 9. It can be useful for the facilitator to complement these statistics with local and/or national ones, which can help the participants better contextualize the health risks men may face in their own communities.

Steps

1. Prior to the session, write each of the questions from Resource Sheet 8 on a small piece of paper or card. For groups with reading difficulty, the facilitator can read the questions aloud rather than distribute them.

2. Divide the participants into two or three small groups, and distribute the questions among them.

3. Explain to each group that there are three possible answers to each question: man, woman, or both. Ask them to discuss each of the questions they have received and to try to come up with the answer as a group.

4. Allow 20 minutes for the groups to discuss the questions.

5. Write the questions on flipchart paper and then read each question aloud; ask how the groups replied, and mark the answers with an "X" on the flipchart.

[19] Wilson, P and Johnson. J. 1995. Fatherhood development: a curriculum for young fathers. Philadelphia: Public/Private Ventures.

6. Explore the responses of the group, asking them to explain their answers.

7. After the groups have presented all of their responses, explain that the correct answer for each question is "Men." Review each question, presenting some of the statistics included in Resource Sheet 9 and using the following questions to facilitate discussion:

   - Did you know that men are more at risk for this health problem?
   - Why do you think this is true?
   - Is it possible for men to avoid this health problem? How?

Note: Facilitator should encourage the participants to reflect on the behaviors and lifestyles associated with the health problem and how they might be prevented or changed.

Procedure Note: Although the answers to the questions are most often men, in some settings, the answer to some of the questions might be women or both. If this is the case, the facilitator should focus the discussion on the fact that the majority of the questions had a response of men.

8. After discussing each question, ask the questions below to wrap up the session.

   - Do you see these patterns among men in your community?
   - Are there other health problems that men are more at risk for than women?
   - During what age range are men most at risk for some of these problems?
   - Why do men face these health risks? What is the relationship between these risks and how men are socialized?
   - What can you do to reduce these risks in your own lives? In the lives of other men?

Closing

Most causes of death for men are associated with the self-destructive lifestyle many men follow. Around the world, they are pressured to act in certain ways. For example, men often take more risks, have more partners, and are more aggressive or violent in their interactions with others-all of which put them and their partners at risk. As men, it is important to be critical about your lifestyles and the ways you put yourselves at risk. You might have been raised to be self-reliant, not to worry about your health, and/or not to seek help when you feel stress. But being able to talk about your problems and seeking support are important ways to protect yourselves against various negative health outcomes such as substance use, unsafe sexual behaviors, and involvement in violence. Through critical reflections of these norms, you can learn to appreciate how health is not merely a matter for women, but also a concern for men, and learn how to take better care of yourselves.

Resource Sheet 8:
Gender and Health Questions

Respond to each of the following questions with: "Men," "Women," or "Both."

1) Who has a shorter lifespan?

2) Who is more likely to die from homicide?

3) Who is more likely to die in road accidents?

4) Who is more likely to die from suicide?

5) Who is more likely to consume alcohol and get drunk?

6) Who is more likely to die from an overdose (excessive substance use)?

7) Who is more likely to have sexually transmitted infections (STIs)?

8) Who is more likely to have more sexual partners and more unprotected sex?

9) Who is less likely to seek health services?

* In rural settings, where certain questions might not be relevant, the facilitator should substitute another more applicable question and research correct answers.

Resource Sheet 9:
Gender and Health Answer Sheet

Who has a shorter lifespan?

- Globally, the life expectancy for men is 65 years and for women it is 69 years. [20]

Who dies more often from homicide?

- Globally, approximately eight out of every 100 deaths among men of all ages are due to homicide. Among women, two out of every 100 deaths are due to homicide. [21]

Who dies more often from road accidents?

- Globally, 28 of every 100,000 men and 11 of every 100,000 women die from road accidents. In other words, almost three times as many males as females die from road traffic injuries. [22]

Who dies more often from suicide?

- Globally males commit suicide at 3.6 times the rate of women. [23]

Who consumes more alcohol and gets drunk more often?

- Globally, men are ranked higher than women in percentages of episodic and binge drinking. [24]

Who dies more often from overdoses (excessive substance abuse)?

- Globally, among young men ages 15 to 29, males are more likely than females to die from alcohol use disorders. [25]

Who has more STIs?

- Globally, men represent a higher number of cases of gonorrhea and syphilis and women represent a higher number of cases of trichomonas and chlamydia.[26]

Who has more sexual partners and more unprotected sex?

- Globally, men report more multiple partners than women, except in some industrialized nations.[27]

Who is less likely to seek health services?

- Globally, men are less likely than women to seek health services.[28]

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[20] Population Reference Bureau. 2006. World Population Datasheet. Washington D.C.
[21] World Health Organization. 2002. World Report on Violence and Health. Geneva, Switzerland.
[22] Ibid.
[23] Bertolote,JM and Fleischmann, A. 2002. A global perspective in the epidemiology of suicide. Suicidologi, Arg. 7, No 2.
[24] World Health Organization. 2004. Global status report on alcohol. Geneva, Switzerland.
[25] Ibid.
[26] World Health Organization. 2001. Global prevalence and incidence of selected curable sexually transmitted infections. Geneva, Switzerland.
[27] Wellings, K., et al. 2006. Sexual behavior in context: a global perspective.The Lancet 368 (9548):1706-1728.
[28] Addis, M and Mahalik, J. 2003. Men, masculinity, and the contexts of help seeking. Am Psychol. 58(1):5-14.

3.2 Men's and Women's Bodies

Objectives

1. To increase awareness and knowledge of the male and female reproductive systems and genitalia

Audience

Age: Youth or adults; **Sex:** Men or mixed groups; **Literacy:** Medium; **Resources:** High

Time

90 minutes

Materials

- Small pieces of paper or cards, pens/pencils
- Resource Sheet 10: The Male Reproductive System and Genitalia; Resource Sheet 11: The Female Reproductive System and Internal Genitalia; and Resource Sheet 12: The Female Reproductive System and External Genitalia
- Enough copies of Handout 8: The Male Reproductive System and Genitalia; Handout 9: The Female Reproductive System and Internal Genitalia; and Handout 10: The Female Reproductive System and External Genitalia for all participants

Advance preparation

Prior to the session, write the following words on small pieces of paper or cards: vas deferens, penis, urethra, epididymis, testicle, scrotum, prostate, seminal vesicles, bladder, and prostate. On the same pieces of paper, write the definitions of each of these words, as presented in Handout 8: The Male Reproductive System and Genitalia. On another set of small pieces of paper or cards, write the following words: ovary, fallopian tube, uterus, cervix, vagina, outer lip, inner lip, vaginal opening, clitoris, and urinary opening. On the same pieces of paper, write the definitions of each of these words, as presented in Handout 9: The Female Reproductive System and Internal Genitalia and Handout 10: The Female Reproductive System and External Genitalia.

Facilitator's notes

The facilitator will need to determine the level of detail appropriate for the group. For some of the participants, this session will serve as a quick review. However, much of this information may be new to the audience. Also, many of the participants might have a basic understanding of anatomy and physiology, but they might never have had a chance to ask specific questions. If the information is too basic for some, encourage them to share facts with others who are less familiar with the material. It is important to keep in mind that some participants might not feel comfortable asking questions about men's and women's bodies and genitalia. If this is the case, invite them to write down their questions on small pieces of paper, which can then be collected and read aloud for discussion.

Steps

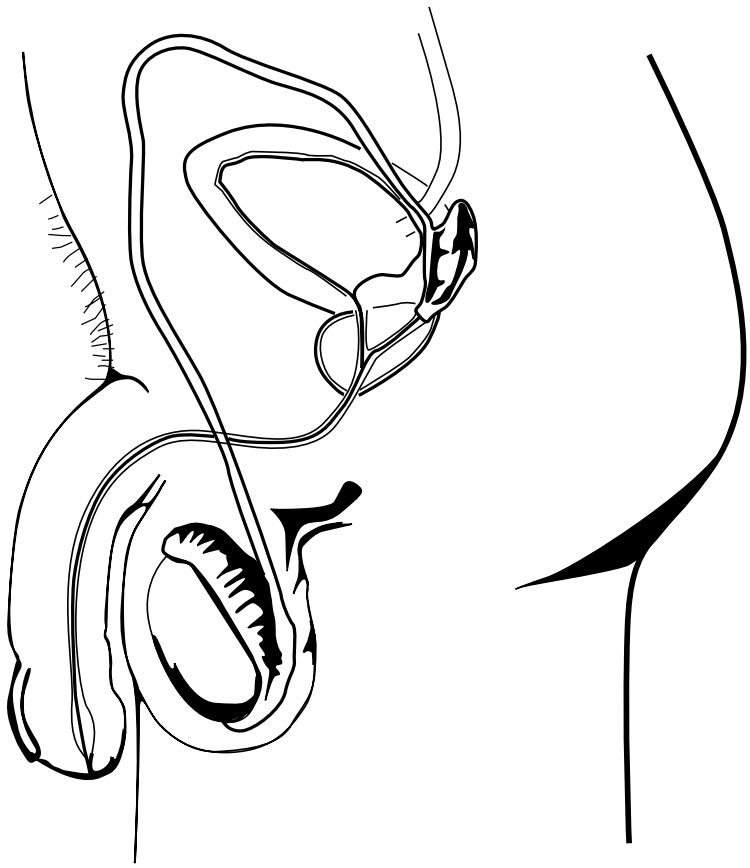
1. At the beginning of the session, divide the participants into two groups. Give one group a copy of Resource Sheet 10 and the set of papers with the names and descriptions of the Male Reproductive System. Give the other group a copy of Resource Sheet 11 and the set of papers with the names and descriptions for the Female Reproductive System.
2. Instruct each group to read the words and descriptions they have received and to try to label the different parts on the drawings of the male and female reproductive systems and genitalia.
3. Allow the groups 10 minutes to discuss and label the drawings.
4. Ask the groups to present their pictures and explain their answers. As each group does so, invite the others to ask questions and make corrections.
5. Distribute copies of Handouts 8, 9, and 10 to the participants and review the content with them.
6. Review Resource Sheet 12. Even if the participants do not ask these questions, it is important they have this information.
7. Wrap up the discussion with the questions below:
   - What were the most difficult genital organs to identify? Why?
     Do you think it is important for men to know the name and function of the male genital organs? Why?
   - Do you think it is important for men to know the name and function of the female genital organs? Why?
   - Do men generally have information about these topics? Why or why not?
   - What can you do to ensure that young people in your community have more accurate information about these topics?

Closing

Many men do not know much about their own bodies, nor do they believe it is necessary to devote the time to understanding them. As you will continue to discuss in other workshops, this lack of knowledge about one's own body and how it functions often has adverse effects on hygiene and health. It is also important to have information about women's reproductive systems, so that they can be more involved in discussions and decisions about family planning and related matters.

Resource Sheet 10:
The Male Reproductive System

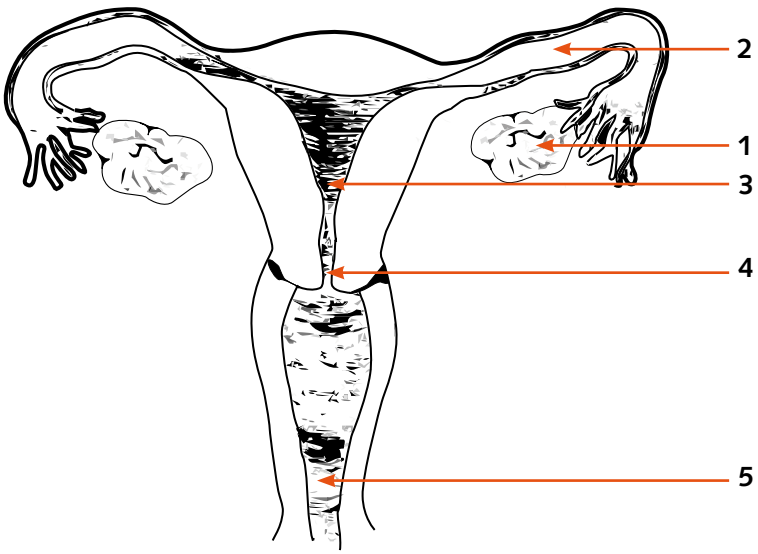
The Male Reproductive System



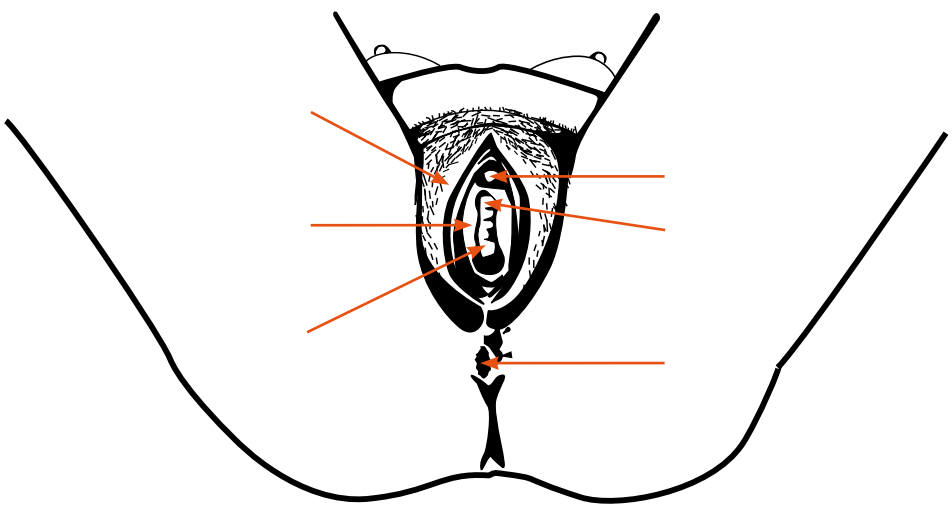
Resource Sheet 11:
The Female Reproductive System

The Female Reproductive System

Internal Genitalia

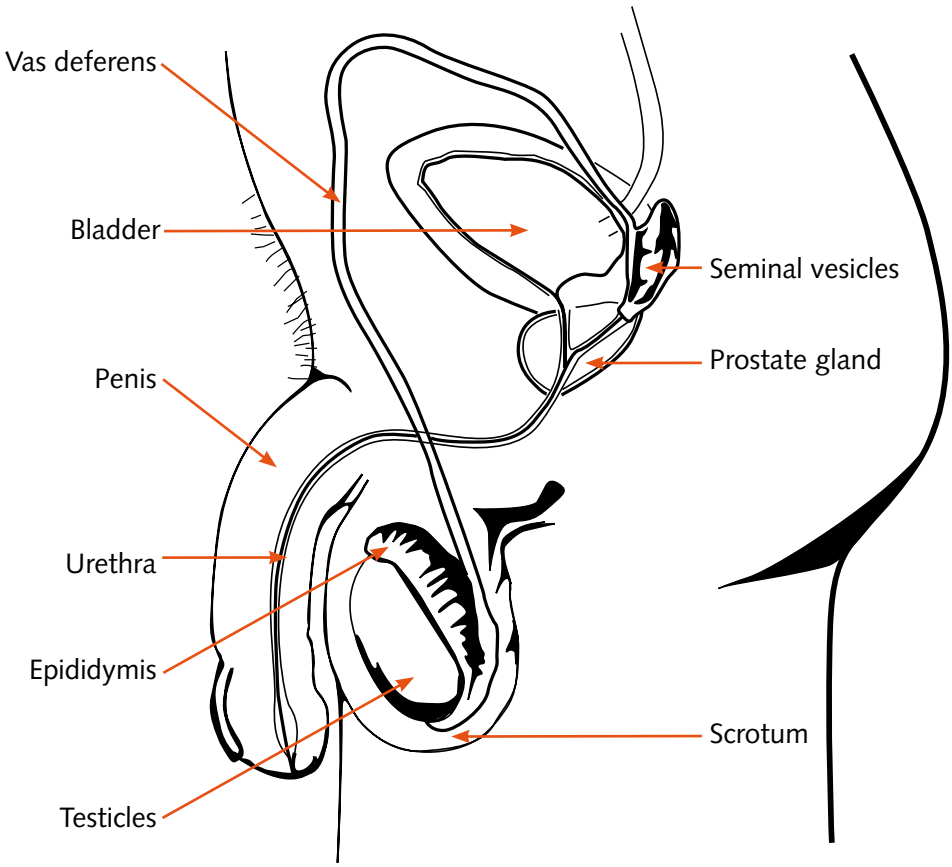


External Genitalia



Handout 8:
The Male Reproductive System and Genitalia[29]

The Male Reproductive System and Genitalia



From puberty on, **sperm** are continuously produced in the **testicles** (or **testes**), which are found inside the **scrotum.** As the sperm mature, they move into the **epididymis,** where they remain to mature for about two weeks. The sperm then leave the epididymis and enter the vas deferens. These tubes pass through the **seminal vesicles** and the **prostate gland**, which releases fluids that mix with the sperm to make **semen.** During ejaculation, the semen travels through the **penis** and out of the body by way of the **urethra,** the same tube that carries urine. The **urethral** or **urinary opening** is the spot from which a man urinates or ejaculates.

[29] Knebel, E. 2003. My changing body: fertilty awareness for young people. Washington, D.C: Institute for Reproductive Health and Research Triangle Park, North Carolina: Family Health International.

Key words:

Ejaculation: Forceful release of seminal fluid from the penis.

Epididymis: Organ where sperm mature after they are produced in the testicles.

Penis: External tubular male organ protruding from the body that is used for urination or for sexual stimulation. The size of the penis varies from man to man. It remains soft and flaccid most of the time. During sexual excitation, the spongy tissue in the penis fills with blood and the penis gets larger and harder, a process called an erection. In the sexual act, when highly stimulated, the penis releases a liquid called sperm or semen, which contains spermatozoa. The ejaculation of the sperm produces an intense feeling of pleasure called an orgasm.

Prepuce or foreskin: The skin that covers the head of the penis. When the penis becomes erect, the prepuce is pulled back, leaving the glans (or the "head" of the penis) uncovered.

When this does not occur, the condition is called phimosis, which can cause pain during sexual intercourse and hamper personal hygiene. Phimosis is easily corrected through surgical intervention, using a local anesthetic. In some cultures or countries, or in some families, the foreskin of boys is removed in a procedure called circumcision. When the foreskin is present, it is important to clean underneath it daily.

Prostate gland: Gland that produces a thin, milky fluid that enables the sperm to swim and become part of the semen.

Scrotum: Pouch of skin behind the penis that holds the testicles. Its appearance varies according to the state of contraction or relaxation of the musculature. In cold, for example, it becomes more contracted and wrinkled and in heat it becomes smoother and elongated.

Semen: Fluid that leaves a man's penis when he ejaculates.

Seminal vesicles: Small glands that produce a thick, sticky fluid that provides energy for sperm.

Sperm: A male sex cell. The Path of Sperm: Sperm travel from the testes to the epididymis, where they remain to mature for about 14 days. From there, sperm travel into the vas deferens, which carries the sperm towards the urethra. At this point, seminal vesicles produce a nourishing fluid that gives the sperm energy. The prostate gland also produces a fluid that helps the sperm swim. The mixture of sperm and the two fluids is called semen. During sexual arousal, the Cowper's gland secretes a clear fluid into the urethra. This fluid, known as pre-ejaculate or "pre-cum," acts as a lubricant for the sperm and coats the urethra. During sexual excitement, an ejaculation of semen may occur. The small amount of semen that is ejaculated (one or two teaspoons) can contain up to 400 million sperm.

Testicles (testes): Male reproductive glands, which are held in the scrotum and produce sperm. One of the hormones produced is testosterone, responsible for male secondary characteristics, such as skin tone, facial hair, tone of voice and muscles. The testes have the form of two eggs and to feel them, one only has to touch the scrotum pouch. They are positioned outside the body because sperm can be produced only at a temperature lower than the body's normal temperature. The scrotum actually relaxes away from the body when warm and shrinks toward the body when cold in order to regulate the perfect

temperature for sperm production. The left testicle usually hangs lower than the right. Testicular self-examination once a month is an important health safeguard. Roll the testes between the fingers. Any lumps, swelling, or pain should be examined immediately by a doctor.

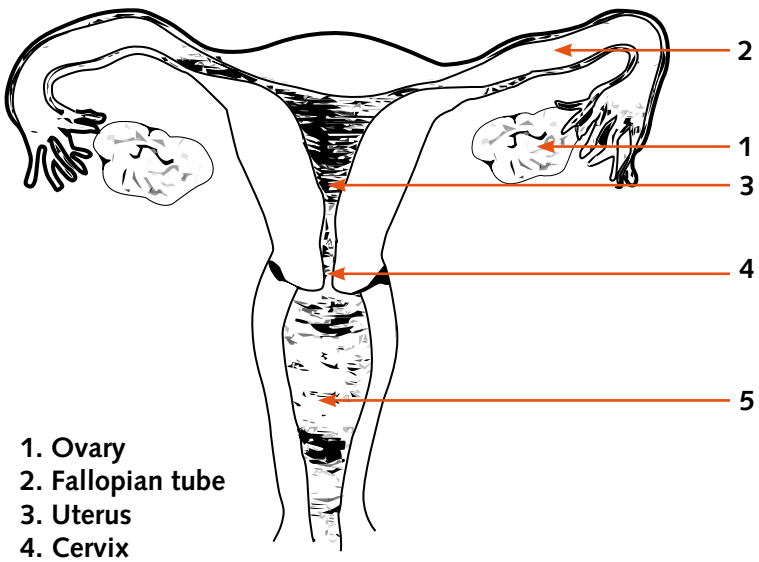
Urethra: Canal that carries urine from the bladder (the place where urine is collected in the body) to the urinary opening. In males, the urethra also carries semen.

Urethral (urinary) opening: Spot from which a man urinates.

Vas deferens: Long, thin tubes that transport sperm away from the epididymis.

Handout 9:
The Female Reproductive System and Internal Genitalia[30]

The Female Reproductive System and Internal Genitalia



1. Ovary
2. Fallopian tube
3. Uterus
4. Cervix
5. Vagina

Every female is born with thousands of eggs in her **ovaries.** The eggs are so small that they cannot be seen by the naked eye. Once a girl has reached puberty, a tiny egg matures in one of her ovaries and then travels down a **fallopian tube** on its way to the **uterus.** This release of the egg from the ovary is called **ovulation.** The uterus prepares for the egg's arrival by developing a thick and soft lining like a pillow. If the girl has had sex in the last few days before she ovulates, by the time the egg arrives in the fallopian tube, there might be some sperm waiting to unite with the egg. If the arriving egg is united with the sperm (called **fertilization**), the egg travels to the uterus, and attaches to the lining of the uterus and remains there for the next nine months, growing into a baby. If the egg is not fertilized, then the uterus does not need the thick lining it has made to protect the egg. It throws away the lining, along with some blood, body fluids, and the unfertilized egg. All of this flows through the cervix and then out of the **vagina.** This flow of blood is called the "period" or **menstruation.**

[30] Knebel, E. 2003. My changing body: Fertility awareness for young people. Washington, DC: Institute for Reproductive Health and Research Triangle Park, North Carolina: Family Health International.

Key Words:

Cervix: Lower portion of the uterus, which extends into the vagina. The cervix is a potential site for cancer. Therefore, it is important for women to be tested for cervical cancer, whenever possible.

Fallopian tubes: Tubes that carry the egg from the ovaries to the uterus. An ovum (an egg cell) passes through the fallopian tubes once a month. If sperm are present in the fallopian tubes, the ovum might become fertilized.

Fertilization: Union of the egg with the sperm.

Menstruation (menses): The monthly discharge of blood and tissue from the lining of the uterus.

Ovaries: Two glands that contain thousands of immature eggs. The ovaries begin to produce hormones and release an ovum once a month when a woman reaches puberty.

Ovulation: The periodic release of a mature egg from an ovary.

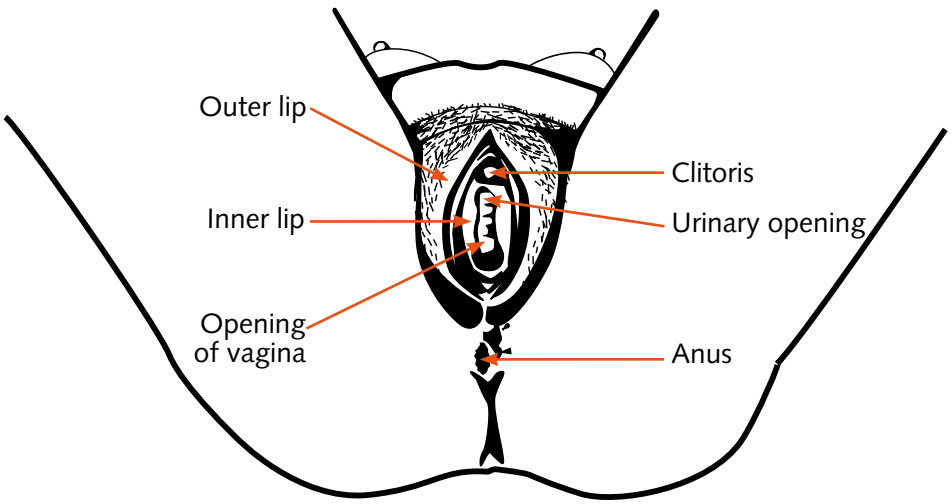
Secretion: The process by which glands release certain materials into the bloodstream or outside the body.

Uterus: Small, hollow, muscular female organ where the fetus is held and nourished from the time of implantation until birth. The uterus is also known as the womb and is about the size of a woman's fist. The lining in the uterus thickens each month as it prepares for a potential pregnancy. If an egg is fertilized, it will be implanted in the lining of the uterus. The womb is remarkably elastic and can expand to many times its original size during pregnancy.

Vagina: Canal that forms the passageway from the uterus to the outside of the body. It is a muscular tube about 7 to 10 cm long. The vagina is often referred to as the birth canal because it is the passageway for a baby during a normal delivery. The vagina is also where sexual intercourse takes place. If a woman is not pregnant, the menses will pass out of the vagina once a month. The menses consist of cells, mucus, and blood.

Handout 10:
The Female Reproductive System and External Genitalia[31]

The Female Reproductive System and External Genitalia



The external genitalia include two sets of rounded folds of skin: the labia **majora** (or **outer lips**) and the **labia minora** (or **inner lips**). The labia cover and protect the vaginal opening. The inner and outer lips come together in the pubic area. Near the top of the lips, inside the folds, is a small cylindrical body called the **clitoris**. The clitoris is made up of the same type of tissue as the head of the male's penis and is very sensitive. The **urethra** is a short tube that carries urine from the bladder to the outside of the body. Urine leaves a woman's body through the urethral or urinary opening. The **vaginal opening** is the place from which a woman menstruates. Both the **urethral** opening and vaginal opening form the area known as the **vestibule.** Altogether, the external genital organs of the female are called the **vulva.**

[31] Knebel, E. 2003. My changing body: Fertilty awareness for young people. Washington, D.C: Institute for Reproductive Health and Research Triangle Park, North Carolina: Family Health International.

Key Words:

Clitoris: Small organ which is sensitive to stimulation and found above the opening to the urethra, where the folds of the labia majora meet and surround it.

Labia majora (outer lips): Two folds of skin (one on either side of the vaginal opening) that cover and protect the genital structures, including the vestibule.

Labia minora (inner lips): Two folds of skin between the labia majora that extend from the clitoris on each side of the urethral and vaginal openings.

Urethra: Short tube that carries urine from the bladder (the place where urine is collected in the body) to the outside of the body.

Urethral (urinary) opening: Spot from which a woman urinates.

Vaginal opening: Opening from the vagina where menstrual blood leaves the body.

Vestibule: Area of the external female genitalia that includes the vaginal and urethral opening.

Vulva: The external genital organs of the female, including the labia majora, labia minora, clitoris, and vestibule.

Mons Pubis: The cushion of fat covering the pubic bone. Pubic hair grows on this area.

Resource Sheet 12: Common Questions about the Male Reproductive System and Genitalia[32]

Q. What is masturbation?

A. Masturbation is rubbing, stroking or otherwise stimulating one's sexual organs—penis, vagina, and breasts—to get pleasure or express sexual feelings. Both men and women can relieve sexual feelings and experience sexual pleasure through masturbation. There is no scientific evidence that masturbation causes any harm to the body or mind. Masturbation is only a medical problem when it does not allow a person to function properly or when it is done in public. However, there are many religious and cultural barriers to masturbation. The decision about whether or not to do it is a personal one.

Q. Can semen and urine leave the body at the same time?

A. Some boys worry about this because the same passage is used for both urine and semen. A valve at the base of the urethra makes it impossible for urine and semen to travel through this tube at the same time.

Q. What is the right length of a penis?

A. The average penis is 11–18 centimeters long when it is erect. There is no standard penis size, shape, or length. Some are fat and short. Others are long and thin. There is no truth to the idea that a bigger penis is a better penis.

Q. Is it normal to have one testicle hanging lower than the other one?

A. Yes. Most men's testicles hang unevenly.

Q. Is it a problem for the penis to curve a little bit?

A. It is normal for a boy or man to have a curving penis. It straightens out during an erection.

Q. What are those bumps at the head of the penis?

A. The bumps are glands that produce a whitish creamy substance. This substance helps the foreskin slide back smoothly over the glans. However, if it accumulates beneath the foreskin, it can cause a bad smell or infection. It is important to keep the area under the foreskin very clean at all times.

Q. How does one prevent having an erection in public?

A. This is normal. Even though you may think it is embarrassing, try to remember that most people will not even notice the erection unless you draw attention to it.

Q. Will wet dreams or ejaculation make a boy lose all of his sperm?

A. No. The male body makes sperm continuously throughout its life.

Q. Does male circumcision reduce the risk for men to acquire HIV?

A. There is now strong evidence that male circumcision reduces the risk of heterosexually acquired HIV infection in men by approximately 60%.[33,34] However, male circumcision does not provide 100% protection against HIV infection. Circumcised men can still become infected with the virus and, if HIV-positive, can infect their sexual partners. Male circumcision should never replace other effective prevention methods.

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[32] Knebel, E. 2003 My changing body: Fertility awareness for young people. Washington, DC: Institute for Reproductive Health and Research Triangle Park, North Carolina: Family Health International.

[33] Bailey, RC et al., 2007. Male circumcision for HIV prevention in young men in Kisumu, Kenya: a randomised controlled trial. Lancet 369 (9562):643-56.

[34] Gray, RH et al., 2007. Male circumcision for HIV prevention in men in Rakai, Uganda: a randomised trial. Lancet 369 (9562):657-66.

3.3 Men's Health

Objectives

1. To discuss how gender norms influence the most common health problems of men and review basic hygiene practices

Audience

Age: Youth or adults; **Sex:** Men or mixed groups; **Literacy:** Medium; **Resources:** Medium

Time

60 minutes

Materials

- Flipchart
- Small pieces of paper
- Tape
- Markers
- Enough copies of Handout 11: Good Hygiene Practices for Men for all participants

Facilitator's notes

If possible, it might be interesting to follow up this activity with a visit to a local health facility, where the men can meet and talk with health professionals.

Steps

1. Give the participants two small pieces of paper and ask them to write two **typical characteristics** of a man (one per piece of paper). Ask them to hold on to these pieces of paper until later in the exercise.

2. Tape two or three sheets of flipchart paper together, and ask for a volunteer to serve as a model to draw the outline of a body.

3. Once the volunteer has drawn the outline, ask the group to fill in the sketch with details to make him a young man; give him a face, clothes, and a personality. For example, what does he like to do for fun, or what does he do on the weekends? Everyone should take part in the drawing exercise. Ask the participants to give a name to the man that they have drawn.

4. Next, draw another outline of a body on two or three new sheets of flipchart paper. Ask for a volunteer to sketch the genitals on the body (see Handout 8 from previous activity). If the participants are too embarrassed to do this, the facilitator can do so.

5. When the two outlines are finished, give the participants two small pieces of paper and ask them to write two common **health problems/needs** men face (one per piece of paper).

6. When they have finished, ask each participant to read aloud the health problems/

needs, and place them on the part of the body where this health problem appears. It does not matter if some problems are repeated.

7. Next, ask the participants to read aloud the men's characteristics they wrote at the beginning of the activity and place the paper on the body next to the health problem/need with which the characteristic is associated. Remind them of the previous activity and what they discussed about socialization and the health risks men face. For example, the masculine characteristic of having many sexual partners might be stuck next to the groin area of the body to signify its association with risk for STIs.

8. Probe to see if the participants identify alcoholism, violence, suicide, HIV and AIDS, and substance use as health problems. If they have not mentioned them, ask if these are problems men face in their community.

9. Use the questions below to facilitate a discussion:

   - What are some health problems/needs men face?
   - What are the causes of these health problems? What are the consequences of these health problems?
   - Is there a relationship between men's health needs and the characteristics of being a man that we identified?
   - How does a man's role in his family or community affect his health?
   - Do men and women take care of their bodies and health in the same way? How do men take care of their health?
   - When men are ill or sick, what do they do? Do they usually look for help as soon as they feel ill, or do they wait? When women are ill or sick, what do they do? Do men get tested for HIV as frequently as women? Why?
   - What is hygiene? What kind of personal hygiene should men practice? (Review Handout 11)
   - Where can men in your community go to ask questions about their health or to seek services for health problems?
   - What can you do in your own lives to take better care of your health? What can you do to encourage other men to take better care of their health?

Closing

As discussed in this and previous sessions, there is a clear relationship between how men are raised and if, and how, they worry about their health. Many men, as a way of showing their masculinity, do not worry about their health and may believe that taking care of the body or being overly concerned about health are female attributes. These kinds of attitudes and behaviors are learned at early ages and impact men's health throughout their lives. For this reason it is important that men learn the importance of taking care of themselves, including basic hygiene practices. Doing so has positive benefits for both men and their partners. This will be further addressed in the activities on safer sex and HIV and AIDS.

Handout 11:
Good Hygiene Practices for Men[35]

Washing the Body

Washing the body helps one to stay clean, avoid infection, and avoid becoming sick. Bathe with water or soap and water once or twice per day. Wash hands before and after meals. Wash hands after using the bathroom to prevent the spread of bacteria and infection. Washing the face at least twice a day with soap and water can help keep acne away or make it less severe.

Smelling Good

Use deodorant, baby powder, or the most common product in your country for smelling good under your arms.

Hair

Shampoo your hair regularly to keep it clean. Every day or every two or three days or once a week is fine. Not all men and women shave. This depends on culture and choice.

Teeth and Mouth

Use what is most common in your country to clean the teeth twice a day, including before bed each night. Cleaning teeth helps avoid cavities or rotted teeth. Using toothpaste with fluoride can also help to strengthen your teeth.

Underwear

Wear clean underwear every day to avoid infection and keep the genital area clean.

Genital Area

It is important to wash and clean the penis every day. Wash the scrotum, between the scrotum and the thighs, in between the buttocks, and the anus with soap and water every day. For uncircumcised men, it is important to pull back the foreskin and gently clean this area. Being uncircumcised is not, in and of itself, unhygienic, but uncircumcised men do need to take extra care in their hygiene. For all men, it is important to wash and clean the penis and the area around the anus every day.

[35] Knebel, E. 2003. My changing body: fertilty awareness for young people. Washington, D.C: Institute for Reproductive Health and Research Triangle Park, North Carolina: Family Health International.

4. Substance Use

4.1 What Are Drugs?

Objectives

1. To discuss the different types of drugs that exist and how they are viewed and used by society

Audience

Age: Youth or adults; **Sex:** Men or mixed groups; **Literacy:** Medium; **Resources:** Medium

Time

90 minutes

Materials

- Four pieces of flipchart paper
- Tape
- Markers
- Resource Sheet 13: What are Drugs?

Advance preparation

Prior to the session, write each of the following questions on a piece of flipchart paper:

- What comes to mind when you hear the word "drugs"?
- Who uses drugs?
- What are some examples of drugs and where are they available?
- What are the risks associated with using drugs, especially related to HIV?

Place one sheet in each corner of the room.

Steps

1. At the beginning of the session, divide the participants into four groups.
2. Assign each group to one of the four questions. Explain that each group has 10 minutes to discuss the question and write out their responses on the flipchart paper. For low literacy groups, read aloud the questions and ask them to discuss among themselves.
3. Tell the groups to rotate clockwise. Give them another 10 minutes to discuss the new question and write their responses.
4. Repeat steps two and three until all of the groups have had an opportunity to discuss and respond to the each of the four questions.

5. Read aloud and summarize the responses provided on the flipchart papers. If the groups did not write out their responses, ask them to share with the larger group what they discussed.

6. Use the questions below to facilitate a discussion:

   - Did all of the groups have the same ideas about what drugs are, who uses them, and the risks related to their use? (See Resource Sheet 13: What Are Drugs?)
   - Do people in your community have easy access to alcohol and cigarettes? (Are they prohibited for minors under the age of 18? Are these laws enforced?)
   - Do people have easy access to other types of drugs?
   - What do you think determines whether the use of a drug is legal (licit) or prohibited (illicit)?
   - Are advertisements for cigarettes and alcohol allowed in newspapers, magazines, or television? How do these advertisements promote the use of these substances? What do you think of this?
   - How do these media advertisements portray the women who use their products? How do these media advertisements portray the men who use their products? Do you think these portrayals are accurate?
   - How do these media advertisements influence women's and men's attitudes about cigarettes and alcohol?
   - Are there campaigns where you live that try to reduce the use of drugs? What do you think of these campaigns?
   - How can drug use affect a person's risk for HIV?
   - How does peer pressure contribute to drug use?
   - What actions can you take to ensure that people in your community have accurate information about the consequences of using drugs and their relationship to HIV and AIDS?

Closing

Drugs touch the lives of most women and men. There are many types of drugs, some legal, some illegal, some more commonly used by women, some more commonly used by men. It is important to think about the personal and social pressures that lead people to use drugs, and to be aware of the consequences of their use on individual lives, relationships, and communities.

Resource Sheet 13:
What are Drugs?

What are drugs?[36]

A drug can be defined as any substance that is capable of producing changes in the functioning of living organisms, be it physiological or behavioral. There is a special category of drugs called psychoactive or psychotropical that alters the mood, perceptions, sensations, and behaviors of the user in accordance to the type and the quantity of drug consumed, the physical and psychological characteristics of the user, the moment and context of usage, and the expectations the person has in relation to the drug. These psychoactive or psychotropical drugs can be classified in three groups, according to their effect on brain activity:

a) Depressants: depress brain activity, causing sluggishness and disinterest. Examples include alcohol, sleeping medicines, and inhalants.

b) Stimulants: increase brain activity, causing wakefulness and alertness. Examples include appetite control medicines, cocaine, and caffeine.

c) Hallucinogenics: modify brain activity by altering how reality, time, space, and visual and auditory stimulants are perceived. Examples include Ecstasy and LSD.

Depressants	Sensations they provoke	Effects they can cause
Tranquilizers	Relieve tension and anxiety, relaxes the muscles and induces sleep	In high doses, they cause a drop in blood pressure; combined with alcohol, they can lead to a state of coma; in pregnancy, they increase the risk of fetal malformation; Generate tolerance, requiring an increase in dosage
Solvents or inhalants (glue, varnish, benzene, liquid paper)	Euphoria, hallucinations and excitation	Nausea, drop in blood pressure, repeated use can destroy neurons and cause lesions in the spleen, kidneys, liver and in peripheral nerves
Cough syrups and drops with codeine and zipeprol	Pain relief, feeling of well-being, sleepiness, floating sensation	Drop in blood pressure and temperature; risk of coma; convulsions; generate tolerance, requiring an increase in dosage; when withdrawn, dependent users experience cramps and insomnia
Sedatives	Relieves tension, calm and relaxing sensation	In association with alcohol, causes a drop in blood pressure and breathing rate, which can lead to death; generate tolerance, requiring an increase in dosage and dependence

[36] Text adapted from CEBRID - Brazilian Center for Information on Pyscho-tropic substance, Department of Psycho-biology, Federal University of São Paulo.

Opium, morphine, heroin	Sleepiness, pain relief, state of torpor, isolation from reality, sensation of wakeful dreaming, hallucinations	Cause dependence; reduce the rhythm of heartbeat and breathing and can lead to death; collective use of syringes can lead to HIV; difficult withdrawal
Alcohol	Euphoria, frees speech, feeling of anesthesia	Slight tremors and nausea; vomiting; sweating; headaches; dizziness and cramps; aggressiveness and suicidal tendencies

Stimulants	**Sensations they provoke**	**Effects they can cause**
Amphetamines	Resistance to sleep and tiredness; tachycardia; sensation of being "turned on;" full of energy	Tachycardia and increase in blood pressure; dilatation of the pupil; danger for drivers; high dosage can cause delirium and paranoia
Cocaine	Sensation of power; of seeing the world more brilliantly; euphoria; loss of appetite; sleepiness and tiredness	In high doses, causes an increase in temperature, convulsions and severe tachycardia, which can result in cardiac arrest
Crack	Sensation of power; of seeing the world more brilliantly; euphoria; loss of appetite; sleepiness and tiredness	In high doses, causes an increase in temperature, convulsions and severe tachycardia, which can result in cardiac arrest; causes a strong physical dependency and high mortality
Tobacco (cigarettes)	Stimulating; sensation of pleasure	Reduces appetite, can lead to chronic states of anemia; aggravates diseases such as bronchitis, and can perturb sexual performance. In pregnant women, increases the risk of miscarriage; is associated with 30% of all types of cancer
Caffeine	Resistance to sleep and tiredness	Excessive dosage can cause stomach problems and insomnia

Hallucinogens	Sensations they provoke	Effects they can cause
Marijuana	Calmness, relaxation, desire to laugh	Immediate loss of memory; some persons can have hallucinations; continuous use can affect the lungs and the production (temporary) or spermatozoa; loss of will
LSD	Hallucinations, perceptive distortions, fusion of feelings (sound seems to acquire forms)	States of anxiety and panic; delirium; convulsions; risk of dependence
Anticholinergics (plants such as the lily and some medicines)	Hallucinations	Tachycardia; dilation of the pupils; intestinal constipation and increase in temperature can lead to convulsions
Ecstasy (MDMA)	Hallucinations, perceptive distortions; fusion of feelings (sound seems to acquire forms); stimulant	Anxiety and panic; delirium; convulsions; risk of dependency

4.2 Drugs in Our Lives and Communities

Objectives

1. To discuss various situations in which men and women might use drugs and the consequences of this use in their lives and relationships

Audience

Age: Youth or adults; **Sex:** Men or mixed groups; **Literacy:** Medium; **Resources:** Low

Time

60 minutes to 90 minutes

Materials

- Resource Sheet 14: Effects of Different Substances and Resource Sheet 15: Types of Substance Users
- Enough copies of Handout 12: Case Studies on Drug Use for all participants

Facilitator's notes

Review the case studies from Handout 12 and make changes necessary to adapt to the local context. If these case studies are not applicable, you should create new ones more relevant to the reality and experiences of the participants.

Steps

1. Divide the participants into four small groups. Give each group a copy of one of the case studies from Handout 12. Have them discuss and analyze the case study and come up with a possible ending. For low literacy groups, you can read the situations aloud.
2. Allow the groups 10 minutes to discuss the case studies.
3. Ask the groups to present the case studies and endings they developed. These presentations can be done in the form of a narrative or a skit. The groups should address the following questions in their presentation:
   - Is the situation realistic? Why or why not?
   - What factors influenced the character's decision to use drugs?
   - What are some possible consequences that the character might face?
   - What other options did they have (other than using drugs)?
4. After the presentation of the case studies, use the questions below to facilitate a discussion about the various contexts in which people use drugs and the consequences of this use.
   - What are the most common reasons men use drugs? Are these different from the most common reasons women use drugs? In what ways?

- Are there different degrees, or levels, to which an individual can use a drug? What are these degrees? (See Resource Sheet 15.)
- Do women and men use alcohol and other drugs differently? In what ways?
- What effects do alcohol and other substances have on sexual decision making and behavior? (See Resource Sheet 14.)
- How can drinking alcohol or using other substances make someone more vulnerable to HIV and AIDS?
- How does the use of drugs affect relationships? Families? Communities?
- What actions can you take if a friend is abusing alcohol or other substances?
- What actions can you take to help prevent people from abusing drugs or alcohol?

Closing

It is difficult to generalize what factors lead a person to use drugs. Each person has his or her own reasons and sometimes they are not even clear to the individual. In the majority of cases, there might be a variety of reasons: curiosity, a desire to forget problems, an attempt to overcome shyness or insecurity, dissatisfaction with one's physical appearance, etc. It is important that family, friends, and peers offer support, without blame or judgment, to help the individual reflect on the harmful effects of drug use, to identify healthy alternatives, and to help them seek competent professional help, if needed.

Handout 12:
Case Studies on Drug Use

Case Study #1

Matt is a quiet boy who likes to hang out with friends and play football. On Saturday, some friends invited him to go to a bar to drink and hang out. When he got there he felt very shy and insecure and gave in to his friends' teasing and urging to drink. He ended up drinking four bottles of beer in a very short time.

Case Study #2

John loves soccer and was invited to participate in an inter-school championship. He had been training very hard. Hoping to improve his game, he decided to take some steroids a friend of his bought at a gym.

Case Study #3

Sarah and Fred have been dating for several months. On Fred's birthday, Sarah organized a surprise party for him. She invited all of their friends and even got her older brother to buy some beer for the party. Fred was indeed surprised and both he and Sarah drank and danced a lot at the party. That night they had sex without a condom.

Case Study #4

George is a truck driver and spends most of his time on the road, often for weeks at a time. When he is away, he spends his free evenings at roadside bars frequented by other truck drivers. He usually has a few beers during these evenings to help him relax and forget his loneliness from being away from his family.

Resource Sheet 14:
Effects of Different Substances

ALCOHOL

In small doses, alcohol can create a sensation of relaxation, calming, well-being, and sometimes even mild euphoria. When ingested in large quantities, it can cause sleepiness, mental confusion, slower reflexes, and a lack of motor coordination. These effects can lead an individual to engage in various high-risk behaviors, including unprotected sex, driving under the influence, and/or violence. When alcohol is consumed with high frequency, there is an increased risk for cirrhosis, memory loss and other chronic problems such as loss of appetite, and vitamin deficiencies.

Having one drink at a meeting, party, or get together with friends can be pleasant. One drink[37] is considered the following: **one can of be**er (±300ml) or **one glass of wine** (120ml) or **one shot of liquor** (36ml). **Two drinks** per day for men and **one drink** per day for women and older people is generally considered to be non-detrimental. However, for some people, even low quantities of alcohol can be extremely harmful. In general, women tend to have a lower tolerance for alcohol than men, in part because they typically have a higher proportion of fat and a lower proportion of water in their bodies; as a result, a woman will have a higher blood alcohol content than a man who of the same weight who drinks the same amount. Additionally, women have lower levels of an enzyme that breaks down alcohol in the stomach, so they absorb a higher concentration of alcohol than a man who drinks the same quantity.

A woman who drinks alcohol during pregnancy risks the health of her unborn child. Alcohol passes freely through the placenta, creating a level in the fetus almost identical to that in the mother. Babies whose mothers drink frequently or heavily during pregnancy may be born with serious birth defects, including low birth weight, physical deformities, heart defects, joint and limb deformities, and mental retardation.

PRESCRIPTION MEDICINES

The purpose of medicine is to cure disease, relieve pain or suffering, and promote well-being. However, if used by people who do not need it, or if used in high or inadequate doses, medicine can damage one's health.

For example, amphetamines are often misused, which can lead to heart problems, paranoia, or convulsions, among other things. Because amphetamines are stimulants, and therefore increase one's stamina and physical energy, they are sometimes used by students to pull all-nighters. Additionally, varying perceptions of beauty often lead women to endanger their health by taking amphetamines to lose weight in pursuit of the "perfect" body.

Tranquilizers, also known as "downers," cause the brain (the central nervous system) to act more slowly. They are often used to treat anxiety and some sleep disorders. As the body becomes accustomed to tranquilizers, the initial symptoms can disappear and the user can develop a tolerance to, and dependency on, the substance. When combined with other drugs—such as alcohol—tranquilizers have more intense effects, which, in turn, can increase certain health risks, such as respiratory depression or cardiac arrest.

[37] Adapted from Dialogue Series nº 06. 2003. Álcool: o que você precisa saber (translation: Alcohol, what you need to know). 4ª ed., Brasília: SENAD (National Secretariat Against Drugs).

MARIJUANA

Marijuana is one of the most frequently used illegal drugs today. Its most common effects are the sensation of well-being and relaxation. Sometimes users can become very chatty, anxious, or hallucinate. While a young person experimenting with this drug may not become addicted, even innocent experimentation can have detrimental health effects, such as problems with memory, clear thought, and coordination, and an increased heart rate. It may also result in problems with the law, since it is an illegal substance. Long-term users who smoke marijuana have an increased likelihood of respiratory illness, such as a persistent cough or lung cancer. Users may also suffer from personality disorders, such as depression or anxiety. The drug most often causes the greatest risk during the intoxication period itself, because the user can lose the capacity to carry out such activities as driving a motorcycle or car.

COCAINE

Surveys indicate that cocaine use is much less common than the use of other drugs, such as alcohol and tobacco. Cocaine use can lead to dependency and can affect both mental and physical functions. Mental effects include euphoria, hyperactivity, visual and tactile hallucinations, and the sensation of being pursued. Some physical effects are an abnormally high heart rate, convulsions, and chills. Cocaine is particularly harmful when used with alcohol. Cocaine is also an appetite suppressant, which has led some women to use it to lose or keep off weight.

Cocaine can cause damage to the body at the time of use, as well as later. Some report heightened sexual stimulation at the beginning of use. However, regular use can decrease sexual desire and cause impotence.

Cocaine can be snorted or injected. When injected, there is the additional risk for HIV and AIDS and Hepatitis B and C.

STEROIDS

Steroids are most often used to accelerate the building of muscle. They are typically taken in pill form or injected. Steroids are artificial versions of testosterone, a naturally produced hormone in the body. In some cases, people use steroids not intended for human use. For example, there are reports of young people ingesting steroids intended for veterinary use, to rapidly increase their muscle mass.

Steroids have a variety of physical effects. They can decrease the function of the immune system, which is the body's defense system against germs. They can also damage the liver, cause cancer, and change normal hormonal function, i.e. interrupting menstruation in women and affecting the hypothalamus and reproductive organs. They can even cause death. Steroids can also have emotional effects, such as depression or irritability.

Steroids can have sex-specific effects. For women, these include: alteration of the menstrual cycle, deepening of the voice, decrease in the size of the breasts, excessive hair growth, and changes in disposition, including aggressiveness and anger. Common effects for men include: breast development, reduced sexual function and infertility, and testicular atrophy.

As with any injected drug, sharing needles for injecting steroids can lead to the transmission of HIV and AIDS and Hepatitis B and C.

Resource Sheet 15: Types of Substance Users

The United Nations distinguishes four types of substance users:

The Experimenter – Limits him or herself to experimenting with one or several substances, for various reasons, e.g., curiosity, desire for new experiences, peer pressure, publicity, etc. In most cases, contact with the substance does not go beyond the initial experiences.

The Occasional User – Uses one or several substances occasionally, if the environments are favorable and the substances are available. There is no dependency, or rupture in professional or social relations.

The Habitual User – Makes frequent use of substances. Still, the user can function socially, though in an unpredictable way, and runs the risk for dependence.

The Dependent or "Dysfunctional" User – Lives through substance use and for substance use, almost exclusively. As a consequence, all social ties are broken, which causes isolation and marginalization.

Substance Use and Sexual Behavior

Many people believe that certain substances can improve sexual performance. In reality, the effect of substance use varies from person to person, based on many factors, including: biological (the metabolism of the human body), frequency of use, environment and culture, and psychological aspects. Very often, the positive effects produced by substance use during sexual relations have more to do with what people believe will happen than the drug's pharmacological properties. For example, contrary to what many people believe, alcohol can initially make people feel less intimidated, but as the playwright William Shakespeare once said: "Alcohol provokes the desires, but puts an end to the performance." That is to say, it can hinder an erection. In the same way, marijuana reduces the production of the male hormone testosterone and can temporarily lead to a reduction in the production of sperm. Cocaine reduces desire and excitement, since users are more interested in using the substance than in having sex.

Moreover, when people are using drugs, it is more difficult to establish communication and negotiation at the time of sexual relations, as each person is often more concerned about his/her own immediate sensations than with their partner's sensations or possible risks for unintended pregnancy, STIs, or HIV and AIDS. Research has confirmed that a person under the effects of any substance is unlikely to to use a condom because his or her judgment and reflexes are impaired. It is also important to remember that even the rare or occasional use of alcohol or substances can still put individuals at risk, as it takes only one incident of drinking too much alcohol and having unprotected sex for an unintended pregnancy and/or STI/HIV and AIDS infection to occur.

4.3 The Risks of Alcohol Abuse and HIV

Objectives

1. To identify the effects (physical, mental, emotional, and behavioral) of alcohol
2. To discuss situations in which alcohol consumption increases risk for STIs, including HIV and AIDS
3. To reflect on how alcohol abuse can be reduced

Audience

Age: Youth or adults; **Sex:** Men or mixed groups; **Literacy:** Any Level; **Resources:** Medium

Time

60 minutes

Materials

- Flipchart
- Markers
- Tape
- Pieces of paper for all participants
- Resource Sheet 16: Alcohol Abuse
- Enough copies of Handout 13: Personal Attitudes and Experiences with Alcohol for all participants

Facilitator's notes

Prior to the session, it is important to identify services and supports in the community for men who may have problems with alcohol. It would also be helpful to research the minimum legal age for purchase and consumption of alcohol.

Steps

Part 1 – 30 minutes

1. Give all participants a piece of paper and ask them to write down three ways men can have fun. Tell them these can be situations they have experienced or observed in persons around them.
2. Ask the participants to read their cards out loud. Write the answers on flipchart paper, and note the activities that are most preferred.
3. If the group has not mentioned it, ask them: "In which of these activities is alcohol or other substance use present?"
4. Next ask: "Why do people consume alcohol?" Write the responses on another piece of flipchart paper. Possible answers might include "to be accepted," "to have fun," "to show who can drink the most," or "to not look bad in front of friends." All of these answers relate to what is socially expected of a man.

Next, ask the participants to list the effects of alcohol consumption (physical, mental, emotional, and behavioral). Write the responses on another piece of flipchart paper. You can add to the list using information contained in the box below. It is important you explain that these effects are not the same for everyone in every situation. They vary, depending on the amount of alcohol consumed, speed or length of time of drinking, the size and weight of the person, etc.

Effects of alcohol consumption			
Physical	**Mental**	**Emotional**	**Behavioral**
Nausea, vomiting, loss of balance, numbness in the legs, loss of coordination, reduction of reflexes	Confusion, difficulty concentrating, thought disturbances, loss of memory of what one does while under the influence of alcohol, altered judgment, bad recollections of personal experiences, obsessions, bad dreams	Feeling of temporary well-being, relaxation, state of exaggerated happiness/sadness/ disgust, sensation of being omnipotent and invincible	Violent, depressed behavior, difficulty speaking, uninhibited behavior, tearfulness

6. Divide the participants into two groups and discuss how alcohol use can lead to HIV —that is, how can use of alcohol and other substances lead to risky sexual behavior, unprotected sexual intercourse, situations of coercion, etc.? Then, ask each group to share their findings.

Part 2 – 30 minutes

1. Explain that participants will now have a chance to reflect on some questions that look at their personal experiences and attitudes about alcohol.

2. Provide a copy of the handout to every participant. Allow them a few minutes to think about the questions and respond to them.

3. Ask each participant to pair up with someone they feel comfortable with and discuss the questions. Explain that they are free to talk about any of the questions they find interesting or important.

4. Bring the group together and wrap up the discussion with the questions below:

   - What are the cultural norms around alcohol in your community/country?
   - What is the reaction when someone does not want to consume alcohol?
   - What actions can you take if a friend is abusing alcohol? (See Resource Sheet 16)
   - How can you help to create other forms of fun and social activity in which alcohol is not the most important thing?

Closing

The connection between alcohol use and HIV has long been confirmed. The use of substances in general is associated with higher rates of unsafe sexual activity, STIs, HIV and AIDS. Injecting drug use accounts for 10% of all HIV cases in the world. Additionally, in the long-term, substance abuse can give rise to dependency and various other health problems (including death) and can affect every aspect of a person's life. Men often use alcohol at higher rates than women, because they may believe that using alcohol helps prove their manhood or helps them fit in with their male peer group. It is necessary to question the norms around alcohol use and to think about how you and others can create forms of leisure and entertainment that do not place alcohol at the center.

Training options

1. Divide the participants into three or four small groups. Each will be given an assignment to draw a problem tree that looks at alcohol abuse.

2. Draw a tree trunk in the center of a flipchart and label it "Alcohol Abuse."

3. Ask the group to discuss some of the causes of alcohol abuse. Each cause should be depicted as one of the roots of the problem tree. After noting each cause, the group should think about what contributes to that original cause. For example, if one of the causes is "unemployment" then the group should think about what contributes to unemployment. One of the subcauses could be "lack of economic opportunities." This would then be depicted as a subroot of the original cause.

4. The problem tree will also look at the effects of alcohol abuse. Those effects will be depicted as the branches of the problem tree. As with the causes, the groups should brainstorm and identify the primary and secondary outcomes or effects. For example, domestic violence—which can result in serious harm or even death—is a secondary outcome of alcohol abuse.

Resource Sheet 16:
Alcohol Abuse

Causes: Many factors can contribute to the causes of alcohol abuse. These can include stress, depression, a disruptive home life, peer pressure, and job problems. Those with a family history of alcoholism may have inherited a genetically–lowered sensitivity to alcohol, which means they can drink more without feeling the effects. It is difficult to separate the effects of environment and heredity as a cause of alcoholism.

Short-term effects: There are numerous negative health consequences that result from alcohol abuse. In the short term, alcohol suppresses the part of the brain that controls judgment, resulting in a loss of inhibitions. This loss of inhibition can affect sexual decision making (e.g., having sex or not; using a condom/protection or not). Alcohol also affects physical coordination and causes blurred vision, slurred speech, and loss of balance. Drinking a very large quantity at one time (binge drinking) can lead to unconsciousness, coma, and even death. Alcohol is implicated in a large proportion of fatal road accidents, assaults, and incidents of domestic violence.

Long-term health effects: Long-term drinking can increase the risk of getting certain diseases and make other diseases worse. Excessive drinking over time is associated with: loss of brain cells, liver failure, irritated stomach lining and bleeding from stomach ulcers, high blood pressure (which can lead to stroke), certain types of cancer, nerve damage, heart failure, and epilepsy. Excessive drinking has also been linked to: vitamin deficiency, obesity, sexual problems, infertility, muscle disease, skin problems, and inflammation of the pancreas.

Additional long-term effects (beyond health) include loss of economic opportunities (e.g., unemployment based on inability to perform, as well as wasting money to buy alcohol that could be spent on other items), family disruptions, and becoming a public nuisance, which can lead to trouble with the police.

Intervention: Although defined as an illness, society has not quite accepted the fact that many individuals who abuse alcohol are addicted, and have little control when abusing alcohol. Most people need assistance and support to recognize their problem and take action to lessen the impact alcohol can have on their lives.

Handout 13:
Personal Attitudes and Experiences with Alcohol

	YES	NO
I believe it is possible for a person to lead an enjoyable social life without consuming alcohol.		
I would feel out of place at a party if my friends offered me an alcoholic drink and I decided not to have one.		
I would not be able to have fun at a party if there was no alcohol.		
If I were drinking and my friend was not, I would pressure him or her to drink.		
I have seen other people I care about harmed due to alcohol abuse.		
I have been personally harmed due to the alcohol abuse of others.		
I have personally harmed others due to my alcohol abuse.		
I have done things that I have regretted due to alcohol abuse.		

4.4 Pleasures and Risks[38]

Objectives

1. To reflect on the risks associated with pleasurable activities and to discuss strategies for reducing risks and harmful effects

Audience

Age: Youth or adults; **Sex:** Men or mixed groups; **Literacy:** Medium; **Resources:** High

Time

60 minutes

Materials

- Magazines and newspaper
- Scissors
- Glue
- Flipchart
- Resource Sheet 17: Example Table of Pleasures and Associated Risks and Harms and Protective Factors

Facilitator's notes

The discussion for this activity, as written here, is focused on risks related to using drugs. However, the questions can be easily adapted to the discussion of the risks and protective factors associated with other activities, including sex.

Steps

1. Divide the participants into two to three smaller groups.

2. Give each group a piece of flipchart paper and explain that they should create a collage of things that give them pleasure. Tell them that they can create by writing, drawing and/or pasting images cut out from magazines and newspapers.

3. Allow the groups 15 minutes to create these collages.

4. Give each group another piece of paper and ask them to divide it into three columns. Tell them to write the following headings to the columns: **Risks/Harm; Pleasures; Protection Factors.** In the middle column, the groups should write the things that give them pleasure. In the left column, the groups should describe risks/harmful effects associated with the pleasure. In the right column, the groups should write protection factors, that is, what they can do to ensure that the pleasurable activity does not cause harm, or how they can minimize harm. See Resource Sheet 17 for an example of how to organize and complete the table. For low-literacy groups, the participants can use drawing/collages to identify the risks/harms and protection factors associated with the pleasure they identified.

[38] Serra, A. 1999. Adolescência e Drogas: Andando se faz um caminho (translation: Adolescents and drugs: you make a path by walking). São Paulo:ECOS.

5. Allow the groups 20 minutes to fill out the table.
6. Ask each group to present their collages and tables to the other groups.
7. Use the questions below to facilitate a discussion about pleasure and risk and harm reduction:
   - Why is it important to think about the risks/harm associated with those things that give us pleasure?
   - Why is it important to think about the protective factors associated with those things that give us pleasure?
   - What is the relationship between drugs and pleasure?
   - What is the relationship between drugs and risk/harm?
   - What is the relationship between drugs and protection factors?
   - What is the relationship between drugs and HIV?
   - What information and support do you think people need to practice risk reduction in their own lives?
   - How can you engage other people in your community to reflect on risk reduction?

Closing

Many of the decisions in your lives come with pleasures and with risks. In terms of drugs, you can make the decision to drink alcohol or not. The decision to drink or smoke might bring some immediate pleasures, but it can also involve risks. For example, alcohol can reduce your reasoning and power, increasing your risk of accidents and injuries and your vulnerability to violence and HIV/STI infection, while long-term or sustained use can lead to serious health problems. While it may not be realistic to think that young people and others will stop using drugs altogether, it is important that you be aware of the risks associated with drug use and feel capable of minimizing the harm it might have on your lives and relationships.

Resource Sheet 17:
Example Table of Pleasures and Associated Risks and Harms and Protective Factors

Below is an example of how the groups should organize their tables. It also includes a description of the risks and protective factors associated with some common pleasures. If it is helpful, the facilitator can share these with the participants before they create their own tables.

RISKS/HARM	PLEASURES	PROTECTIVE FACTORS
Excess weight and health problems due to sweets or junk food		
Illness from not washing food that is dirty or eating food past the expiration date	Eating	Wash food well
Eat a balanced diet		
Conserve food well		
Verify the expiration date		
Driving while intoxicated		
Becoming injured in an accident		
Speeding		
Being part of a collision	Driving a car	Don't drink alcohol before driving
Use a seatbelt		
Obey the traffic laws		
Smoking too many cigarettes		
Bad breath		
Smelly clothes		
Lung problems	Smoking	Smoke fewer cigarettes per day/week
Stop smoking		

4.5 Decision Making and Substance Use

Objectives

1. To reflect on peer pressure and decision making related to substance use

Audience

Age: Youth or adults; **Sex:** Men or mixed groups; **Literacy:** Medium; **Resources:** Medium

Time

60 minutes

Materials

- Enough copies of Handout 14: Individual Questionnaire: Decision Making for all participants
- Flipchart
- Markers

Steps

1. Give each participant a copy of Handout 14 and ask them to complete it in five minutes. For low literacy groups, read the questions aloud and have them discuss in pairs.
2. Invite the participants to share their replies with each other. If the group is large, the participants can be divided into smaller groups.
3. After the participants have shared their responses, use the questions below to facilitate a discussion.
   - Is peer pressure a big factor in why men use substances?
   - Do women also experience peer pressure to use substances?
   - In what ways is this peer pressure similar? In what ways is it different?
   - Can peer pressure contribute to risky behavior? If so, what kind of risky behavior?
   - How does alcohol influence sex and decisions about sex? Does it help/hurt?
   - What other decisions or behaviors can alcohol or other drugs influence (e.g. driving, work, relationships, violence)?
   - How can you challenge some of the peer pressure men may face to use substances? How can you challenge some of the peer pressure women may face to use substances?
   - What have you learned from this exercise? How can you apply this to your lives and relationships?

Closing

In many settings, it is common for men and women to use substances (e.g., alcohol) as part of their social interactions and gatherings. It is important for individuals to know how to establish limits regarding substance use and to respect the limits of others. For example, some strategies for drinking responsibly include drinking a small amount and not mixing drinks with other substances. It is also necessary to create other forms of fun that do not put alcohol or other substances at the center, and to refrain from putting pressure on those who do not want to consume substances.

Handout 14:
Individual Questionnaire: Decision Making

Individual Questionnaire: Decision Making	Yes	No
1- Would you feel out of place at a party or gathering with your friends if they offered you a drink (with alcohol) and you decided not to have one? Explain		
2- Imagine that you are at a party or social gathering where they are serving alcohol and you are drinking, but one of your friends doesn't want to drink. Would you view your friend as an oddball, a drag, or a nerd? Explain		
3- Would you defend your friend's decision not to drink to the other friends? Supposing that you decided to defend him or her, how do you think the other friends would judge you? Explain		
4- Do you believe that to be accepted in a group you have to do what the other persons in the group want? Explain		
5- Do you think that it is possible for a person to lead an enjoyable social life without consuming alcoholic drinks? Explain		
6- Can a person feel good about himself even without drinking? Explain		
7- Can a man feel accepted without drinking? Explain		

5. Healthy Relationships

5.1 Its About Me: Developing a Personal Ad

Objectives

1. To understand that healthy romantic relationships start by knowing and loving oneself
2. To identify qualities that one can appreciate about oneself

Audience

Age: Youth or adults; **Sex:** Men or mixed groups; **Literacy:** Medium; **Resources:** Medium

Time

60 minutes

Materials

- Markers
- Pens
- Enough copies of Handout 15: Developing a Personal Ad for all participants

Steps

1. Open this activity by explaining that relationships are a two-way street. Many single people think that they are ready for a relationship, however, they often have not found out enough about themselves to truly be ready for a relationship. Healthy relationships are about knowing and loving oneself first, and then identifying qualities about others that are of interest.
2. Ask the participants if they know what a personal ad is. Ask for a volunteer to explain it, offering examples from what they know.
3. Next, pass out the handout and explain that you would like everyone to work on their own personal ad, in 25 words or less. After they have finished, ask them to develop a description of a potential romantic parner in 25 words or less. Explain that if participants are already in a relationship, they can still participate by describing what they like about their current partner or what they would like to change about their partner.
4. Give them about 15 minutes to complete both parts of the handout. When they are finished, have them find a partner to share their personal ads. Give them about 10 minutes for discussion, with each person sharing their ads with the other.
5. When they are finished, use the following questions to lead a discussion:

- Was this exercise easy or difficult? Why?
- How did it feel to do this exercise? Fun? Frustrating?

- What characteristics did you use to describe yourself?
- What characteristics are important for healthy relationships?
- What did you learn from this activity?

Closing

Before starting a relationship, it is important to know and love yourself and to figure out what you might give in a relationship. Many single people think that they are ready for a relationship, but often they have not found out enough about themselves to truly be ready. As a result, they can sometimes find themselves in unhealthy relationships. Healthy relationships are about knowing and loving oneself first, and then identifying qualities about others that are of interest.

Handout 15:
Developing a Personal Ad

For this exercise, you need to develop a personal advertisement for a newspaper or website. You need to think about your positive attributes and document them. You also need to think about what you are looking for in a romantic partner.

The following adjectives may be helpful in describing oneself/your romantic partner:

Physical:

Short/Medium Height/Tall
Long Hair/Short Hair
Race/Ethnicity
Male/Female/Transgendered
Young/Old (use actual age if you desire)

Personality:

Outgoing
Shy
Energetic
Artistic
Honest
Sincere
Communicative
Living Positively

You also may wish to list:

Hobbies
Interests
Profession
Educational Level
Likes/Dislikes
Religion/Political Affiliation
Experience

Athletic
Humorous
Trustworthy

Personal Ad for Yourself (limit of 25 words): _____

_____

_____

_____

_____

Personal Ad for your Romantic Partner (limit of 25 words): _____

_____

_____

_____

5.2 It's about Them: Defining the Ideal Partner

Objectives

1. To be able to name the personal qualities the participants would want in a romantic partner
2. To identify the differences between what women and men want from romantic relationships
3. To understand what women and men need to better communicate about what they want from each other in romantic relationships

Audience

Age: Youth or adults; **Sex:** Men or mixed groups; **Literacy:** Medium; **Resources:** Medium

Time

60 minutes

Materials

- Flipchart
- Paper
- Tape
- Pencils or pens

Facilitator's notes

This activity looks at men's and women's views on the ideal partner. In most cases, participants will assume this means heterosexual partner. But there may be some participants who say they are gay. There will also be many groups in which one or more of the participants has felt sexually attracted to, or has had sex with, someone of their own gender. It is important to be open with the group about these possibilities. In being open you can challenge the silence that surrounds homosexuality in many countries around the world. This silence is based on homophobia, and it helps to sustain the homophobia that damages the lives of gay men and women.

Steps

1. Divide participants into small groups of about five people each. If there are both women and men in the workshop, divide the groups by sex so that participants are working in same sex groups. If there are only one or two women, have some men join this group and take part in the discussion as if they were women. If there are no women in the workshop, ask one of the groups of men to do the activity as if they were women.
2. Give each participant a piece of paper and a pencil or pen. Ask them to write all of the qualities they would want in the ideal romantic partner. Give them five minutes. Check in with the groups as they write their responses, and make suggestions (concrete examples of qualities) when they get off track. If participants are only listing physical

characteristics, encourage them to think about other qualities that they would want in a partner.

3. When time is up, ask participants to share with their groups what they have written. Tell each small group to decide what they think the three most important qualities are, and write these out on a flipchart page.
4. When the groups are finished, have each group present its list to the rest of the participants. After each has presented its lists, discuss the activity with the following questions:
   - How similar are the qualities of the ideal romantic partner among the small groups?
   - Are there any differences between the ideal partner, as defined by the male groups and the female groups?
   - What are these differences? How do you explain them? Were there any positive differences? Any negative differences?
   - What are the differences between what men and women want in romantic relationships? How do these expectations influence romantic relationships?
   - How equal are the roles of men and women in relationships?
   - If the roles are not equal, why is this? Is this fair? If the roles are not equal, what could some of the consequences be?
   - How effectively/poorly do you think men and women communicate with each other about what they want from a romantic relationship? Why?
   - Why is it important to communicate about what we want from each other in romantic relationships?
   - What do women and men need in order to communicate better about what they want from each other in romantic relationships?
   - What have you learned from this activity? Have you learned anything that could be applied to your own life and relationships?
5. Ask the group for any suggestions for action to support women and men in forming and maintaining better romantic relationships. If you are using the Ecological Model for planning, then make a note of these ideas on the chart.

Closing

There are many cultural norms, or beliefs, about the distinct roles men and women should have in relationships. Some of these norms, such as "men should make all the moves in a relationship," can reinforce unequal power dynamics and create situations of vulnerability for both women and men. For example, this norm might lead men to assume they should make all the decisions about sex and prevention, even when they do not have adequate knowledge on these matters, and women might not feel comfortable trying to negotiate.

Maintaining a healthy and equitable relationship requires work from both partners. Both need to work to communicate their expectations, needs, and desires and to understand and listen to the other's needs and desires.

5.3 From Violence to Respect in Intimate Relationships

Objectives

1. To discuss the use of violence in intimate relationships and how to construct intimate relationships based on respect

Audience

Age: Youth or adults; **Sex:** Men (with adaptation) or mixed groups; **Literacy:** Medium; **Resources:** Medium

Time

90 minutes

Materials

- Flipchart
- Markers
- Tape

Facilitator's notes

It is important to understand that men might feel a type of helplessness in responding to the violence that they see other men perpetrating. Many might believe that they should not interfere with the affairs of other men. Throughout this activity, it is important to explore the silence and lack of power that men might feel in witnessing domestic violence.

This activity uses role-play with female characters. If you are working with a male-only group, some of them may be reluctant to act as a female character. Encourage the group to be flexible. For example, if none of the men want to act as a female character, you can ask them to describe the scenes using the flipchart.

Steps

1. Explain to the participants that the objective of this activity is to discuss and analyze the various types of violence that we sometimes use in our intimate relationships, and discuss ways of demonstrating and experiencing intimate relationships based on respect.

2. Divide the participants into small groups and ask them to invent a short role-play or skit.

3. Ask two groups to present an intimate relationship—boyfriend/girlfriend or husband/wife—which shows scenes of violence. Emphasize that the violence portrayed in the skits can be physical, but does not necessarily have to be. Ask them to try to be realistic, using examples of persons and incidents that they have witnessed or that they have heard about in their communities.

4. Ask the other groups to also present an intimate relationship, but based on mutual respect. There may be conflicts or differences of opinion, but the presentation should

show what respect looks like in a relationship and should not include violence. Allow 15 to 20 minutes to develop the story or the scenes, and then ask them to present it to the group.

5. Each group should have about five minutes to present their skits, with the other groups being allowed to ask questions at the end.

6. When all the groups have had their turn, make a list of the following on the flipchart:

   - What are the characteristics of a violent relationship?
   - When does violence usually occur in relationships? Encourage the participants to reflect on the various forms of violence in intimate relationships (control, coercion, shouting), as well as physical violence.
   - Why does violence usually occur in relationships?
   - What characteristics make a relationship healthy?
   - What is necessary to achieve a relationship based on respect?

7. Discuss the following questions:

   - Were the examples of violence in the skits realistic? Do you see similar situations in your community?
   - What do you think are the causes of violence in intimate relationships?
   - In the skits depicting violence, how could the characters have acted differently?
   - Why do you think some people stay in unhealthy relationships? Are these reasons different for women than for men? Why?
   - Do only men use violence against women, or do women also use violence against men? How are they violent? How should men react to this violence?
   - When you see couples using violence, what do you normally do? What could you do? Where can you go to seek help?
   - What role do alcohol and other drugs play when it comes to violence in relationships?
   - What are the consequences of violence in an intimate relationship?
   - What is the relationship between violence and HIV?
   - What is the social/community response to violence in relationships?
   - What does a healthy intimate relationship look like? Do you see examples of respectful relationships in your families and communities?
   - What can you do individually to construct healthy intimate relationships? How can friends and family help people in unhealthy relationships?
   - What can you do in your community?
   - What skills and support do men need to create healthier relationships?

8. End the activity by making a note of any suggestions for action on the Ecological Model.

Closing

Conflict happens in all relationships. It is the way that you handle this conflict that makes all the difference. Learning how to take the time to think about your feelings and express yourselves in a calm and peaceful way is an important part of building healthy and respectful relationships.

In healthy relationships, both partners are happy to be with the other person. In unhealthy relationships, one or both partners are unhappy because of continuing problems with the relationship that are not being addressed. Gender plays a role in who remains in unhealthy relationships. In general, women find it harder to leave unhealthy relationships than men. Women earn less money than men and have less control over economic resources (land, credit). This makes many women economically dependent on their husbands or partners. Socially, women are more stigmatized for being divorced or separated. There is huge social pressure on women to preserve the family.

As men, it is important to reflect on how you react when someone has a different opinion than yours or when someone does something that makes you angry. It is not always easy, but it is important to take the time to think about your feelings BEFORE you react, especially when you are frustrated or angry. Sometimes, if you do not take the time to think about your feelings, you may react in a way that is hurtful or violent to another person or even yourself. Men need skills and support to talk with their wives and girlfriends about creating healthier relationships. There is little support for either men or women in making their relationships healthier. But gender rules for women allow them to ask each other for support and to talk about their feelings. The gender rules for men make it difficult for them to ask for support on personal matters or to show their emotions. The first step toward healthier relationships is to challenge these gender rules. Men need more opportunities and permission to ask for support. Men also need specific training on how to talk about their feelings and their relationships.

Links

The activity **"Expressing My Emotions"** provides an opportunity for men to examine how easy or difficult it is for them to express anger and other emotions and reflect on how this impacts them and their relationships.

In the activity **"Want…Don't Want…Want…Don't Want,"** the men can practice how to resolve disagreements in intimate relationships. The activity is written in terms of negotiating abstinence or sex, but can be adapted to explore how to handle other differences of opinion or desire that might arise in a relationship.

"Persons and Things" encourages men to think about unequal power relations between men and women and the implications for relationships and communication.

5.4 Effective Communication

Objective

1. To develop skills to communicate assertively

Audience

Age: Youth or adults; **Sex:** Men or mixed groups; **Literacy:** Medium; **Resources:** Medium

Time

45 minutes

Materials

- Flipchart
- Markers

Advance Preparation

Before the session, prepare the following three flipcharts:

Flipchart 1:
Passive Communication
Aggressive Communication
Assertive Communication

Flipchart 2:Assertive Communication
"I" Statements—CLEAR (to the point) and CLEAN (free of blame or judgment)

Formula = ACTION + RESPONSE + REASON + SUGGESTIONS

The Action: "When…." Be specific and nonjudgmental

My Response: " I feel…." Keep it to your own feelings

Reason: "….because….." (optional)

Suggestions: "What I'd like is……" (ask but not demand)

Flipchart 2:
What do you say when someone tries to persuade you?

Refuse: Say no clearly and firmly, and if necessary, leave

- "No, no, I really mean no"
- "No, thank you"
- No, no—I'm leaving"

Delay: Put off a decision until you can think about it

- "I am not ready yet"
- "Maybe we can talk later"
- "I'd like to talk to a friend first"

Bargain: Try to make a decision that both people can accept

- "Let's do…. instead"
- "I won't do that, but maybe we could do…"
- "What would make us both happy?"

Facilitator's notes

Replace the names in the examples and questions with names that are appropriate to your local context.

When we teach people to be assertive, we need to also teach them to assess situations and to consider their personal safety. In some situations, speaking up and communicating assertively can be dangerous (if someone has a weapon, has been drinking or taking drugs, is extremely angry, etc.).

When you introduce the topic of assertiveness, keep in mind that communicating assertively, especially for women, is not considered the norm in some cultures. Individual cultural teachings regarding assertiveness will vary among participants. Some will come from families in which speaking up for oneself or refusing a request, especially from an adult or a male, is considered inappropriate.

You do not want to encourage people to behave in a way that could have unpleasant consequences for them in their culture or family circles. It is important, however, that all participants understand there are certain situations in which assertive behavior will often yield positive results (examples include resisting pressure from romantic partners or peers to have sex, use alcohol, or other drugs, etc.).

Steps

1. First, ask the group to describe "assertive communication." After a few responses, show participants the first flipchart and explain that there are three types of communication: passive, aggressive, and assertive.

2. Tell the group that it is very important that we assess a situation and consider our personal safety before using assertive communication. For example, if someone is on drugs, is drunk, or has a weapon, it probably is not the best time to speak up. However, in relationships, especially romantic relationships, it is important to be assertive.

3. Tell participants that one way to make communication more effective in difficult situations, is to choose the appropriate kind of communication. Read the following scenario aloud:

   Kagiso and Nomvula have been dating for three months. During that time, they never had sex. One afternoon, Kagiso wanted them to go out for a movie, but Nomvula suggested that they spend quality time at Kagiso's place. Kagiso thought at last Nomvula was ready to have sex, and started making sexual advances. Nomvula made it clear that she was not ready for sex, but Kagiso continued to pressure her.

Have the participants write one sentence describing what Nomvula should do in this situation.

Allow about three minutes, then ask participants to form three groups, based on the following criteria:
Group 1: Get angry at Kagiso and leave
Group 2: Submit to his advances and have sex
Group 3: Explain that you do not want to have sex but would like to continue spending "quality time"

4. Once the three groups have been formed, ask them to answer the following questions as a group:

   - Why do you think this response is appropriate?
   - What results may happen because of this response?

5. Allow five minutes for each discussion, then ask everyone to be seated.

6. Ask one participant from each group to share group responses to the questions. Record the major points in three separate columns on flipchart paper.

7. Use flipchart 1 and ask participants to match each term to the list of outcomes for the responses.

8. Review Nomvula's choices for action one more time, and illustrate why assertiveness is usually the best choice in a situation like this.

   - Passive Response: Behaving passively means not expressing your own needs and feelings, or expressing them so weakly that they will not be heard.
   - Aggressive Response: Behaving aggressively is asking for what you want or saying how you feel in a threatening, sarcastic, or humiliating way that may offend the other person(s).
   - Assertive Response: Behaving assertively means asking for what you want or saying how you feel in an honest and respectful way, so that it does not infringe on another person's rights or put the individual down.

9. Next, ask for two volunteers who can role-play the scenario in which Nomvula responds assertively.

10. Conclude the activity with the following discussion points:

    - Were you surprised by anyone's response in this exercise? Why or why not?
    - How did it feel to think about speaking assertively?
    - Would it have been different if the roles were reversed (Kagiso did not want to have sex and Nomvula was pushing Kagiso)?
    - Why is it so hard for some people to be assertive?
    - Do you think there are differences in gender that affect how assertive a person is?

- How can the lack of assertive communication put people at risk for unsafe sex and sexually transmitted infections?
- What have you learned from this exercise?

11. In closing this activity, review ways that participants can be assertive by reviewing flipcharts 2 and 3 with them.

Closing

Although being assertive may not come to you naturally, it is important to think about when it might be important for you to to be assertive since it can often yield important benefits. However, you need to determine when that behavior might be most appropriate, and you need to ensure that you can be safe. In some situations, speaking up and communicating assertively can be dangerous (if someone has a weapon, has been drinking or taking drugs, is extremely angry, etc.)

If you feel uncomfortable being assertive, you can practice being assertive in "mock" situations with people you feel safe with, such as friends or family members.

5.5 Sexual Consent

Objectives

1. To identify situations in which consent for sexual activity is not given
2. To identify ways men can better understand when consent for sex exists

Audience

Age: Youth or adults; **Sex:** Men or mixed groups; **Literacy:** Any level; **Resources:** Low

Time

60 minutes

Materials

- Two signs ("Consent" and "No Consent"). Review the scenarios provided below. Choose five or six that will produce the best discussion.

Advance preparation

1. A man has married a woman after paying a dowry. They have had sex regularly, but the woman tells her husband that she does not want to have sex on this occasion. The man forces sex with his wife anyway. (No consent)
2. A young woman gets drunk at a party. She is flirting with and kissing a young man. After dancing with him, she passes out in a bedroom. The young man has sex with her while she is sleeping. (No consent)
3. A woman and man are kissing on a bed with their clothes off. They have never had sex before. The man inserts his penis inside her vagina and she asks him to stop. He doesn't, even after she continually tells him to stop. (No consent)
4. A woman and man are kissing on a bed with their clothes off. They have never had sex before. The man inserts his penis inside her vagina and she does not say anything. (Not enough information—what would allow us to know that consent existed?)
5. A woman does not want to have sex. Her partner threatens to beat her if she does not sleep with him. She does not say anything as her partner has sex with her. (No consent)
6. A women and a man are kissing on a bed with their clothes off. They have never had sex before. The man asks if it is okay if he inserts his penis inside her vagina and she says it is okay. They continue and have intercourse. (Consent)

Steps

1. Before the activity begins, put up the two signs on either side of the room.
2. Refer participants to the earlier exercise on sexuality. Explain that the final circle, Sexuality to Control Others, often involves situations in which sexual activity is not agreed to. This activity is going to explore when consent exists and when it does not.

3. Tell the participants that the group will be discussing sexual consent. Review the definition of sexual consent: "Sexual activity that both people want and freely choose."
4. Ask the group to share why it is important that every human being have the right to consent to sexual activity.
5. Explain that you will be sharing some scenarios where the group will have to decide if a person wants and freely chooses sex.
6. Read aloud the first statement you have chosen. Ask participants to stand near the sign that says what they think about the statement. Then ask one or two participants beside each sign to explain why they are standing there. Ask them why they feel this way about the statement.
7. After a few participants have talked about their attitudes towards the statement, ask if anyone wants to change their mind and move to another sign. After each statement, share whether or not the scenario actually does demonstrate consent or not. The correct response is given in parentheses. Clarify any misconceptions from the participants.
8. Bring everyone back together and read the next statement. Do this for each of the statements you have chosen.
9. After discussing all of the statements, ask the discussion questions:
   - What statements were difficult to take a position on? Why?
   - What can men do in order to have a clear understanding of their partners' consent?
   - How can sex without consent contribute to the spread of HIV?
   - What are the effects on women if a man forces sex upon her?
   - What can a man do if it is unclear whether or not a woman wants to have sex with him?
   - What can be done to improve men's attitudes, understanding, and acceptance of a woman's right to say no to sex?

Closing

Forcing someone to have sex against their will is against the law, is a gross violation of human rights, and has a devastating effect on the person being raped. It is important to remember that consent is necessary for every sexual contact, even if the partners are married or have had sex before. Respect and good communication are the best strategies to ensure that sexual relations are consensual and enjoyable for both partners.

5.6 Sexual Harassment

Objectives

1. To identify different kinds of sexual harassment
2. To define the elements that need to exist in order for behavior to be sexually harassing
3. To learn about personal responsibility for ending behaviors that might constitute sexual harassment

Audience

Age: Youth or adults; Sex: Men or mixed groups; **Literacy:** Medium; **Resources**: Medium

Time

60 minutes

Materials

- Enough copies of Handout 16: Is it Sexual Harassment? for all participants
- Flipchart
- Markers

Advance preparation

Prepare the flipchart of the "Spectrum of Sexual Harassment as shown below

Flirting and Friendship	Borderline	Hostile Environment Harassment	"This for That" Harassment	Sexual Assault
Not Harassment Welcome behavior for both parties	**Not Harassment** Some level of behavior is unwelcome	**Sexual Harassment** Behavior is unwelcome and pervasive	**Sexual Harassment** Behavior is unwelcome and threatening	**More Serious than Sexual Harassment** Touch is forced

Steps

1. Ask the participants to define sexual harassment. Write their suggestions on the chalkboard or flipchart paper, and spend two to three minutes discussing them. Tell them that this session will help them see that harassment has many definitions.
2. Explain to the participants that sexual harassment is in the eye of the beholder. The way language or behavior makes a person feel is how harassment is defined. In most cases, sexual harassment involves a person using their sex to exert power or control over another person, making them feel uncomfortable, threatened, or harmed in some way.
3. Explain that sexual harassment is usually heard about in a school or work setting

because these are the two main places where sexual harassment is reported. It is important to remember that sexual harassment occurs in other places as well, and that it is never acceptable. In this way, sexual harassment is an issue fairly similar to racism. It exists everywhere, but schools and workplace settings are able to challenge this behavior more easily.

4. Show the participants the Spectrum of Sexual Harassment:

Flirting and Friendship	Borderline	Hostile Environment Harassment	"This for That" Harassment	Sexual Assault
Not Harassment Welcome behavior for both parties	**Not Harassment** Some level of behavior is unwelcome	**Sexual Harassment** Behavior is unwelcome and pervasive	**Sexual Harassment** Behavior is unwelcome and threatening	**More Serious than Sexual Harassment** Touch is forced

5. Explain that the first type of harassment is called *hostile environment harassment.* There are four factors that make up this scenario. Hostile environment harassment is behavior, displays, or language that is either (1) unwelcome, (2) pervasive, (3) gender-related; or that (4) interferes with a student or worker's opportunity to do work. Define each one:

6. *Unwelcome behavior* does not just refer to upsetting or offensive acts. The law forgives accidents and some insensitivity. A pattern of behavior is unwelcome if it makes someone feel dread, fear, anxiety, concern, or sadness. If someone you do not want to go out with asks you out on a date, is this unwelcome behaviour? How about if the person asks again and again after you have said "no"? At what point are the requests no longer welcome? The date might not be wanted, but the request is not necessarily unwelcome in the legal sense. It is not necessarily harassment.

7. *Pervasive behavior* includes offensive behavior that is around all the time. Telling one sexually-explicit joke is not harassing, but when such jokes are consistently part of the environment, sexual harassment occurs. How many times does something have to happen before it becomes pervasive? Pervasive behavior means that it is such a big part of the environment, that it is unavoidable.

8. *Gender-related behavior* means that the offensive behavior must be gender-based; i.e., it must incorporate sexual words, behavior, or graphic displays of sexual actions. It might also be a statement about a gender; e.g., "All boys are pigs."

9. *Interferes with the opportunity to study or work* means that the offensive behavior makes the victim feel that the school or work environment is so uncomfortable that he or she does not want to go there, avoids certain classes or meetings, or cannot do his or her work.

10. Explain that these elements of hostile environment harassment do not happen suddenly; they occur over a period of time. But a single outrageous act can also

fall into this category. If an action is so bad that any reasonable person would be offended, it can be defined as hostile environment sexual harassment.

11. Explain that *"this for that" harassment* occurs when someone uses his or her power to engage in sexual activity with someone else. It usually involves blackmail or bribery to force someone to have sex in exchange for a positive result (e.g., a better grade or another date). It can also be used to prevent a negative result (e.g., threatening to reveal someone's secret if he or she refuses a sexual advance).

12. Clarify what sexual harassment is not. Good-natured ribbing, sarcasm, competition, likes and dislikes, conflicts, and interpersonal disagreements are part of everyday life. These actions are not necessarily sexual harassment. No one gets through life without feeling mad, sad, or scared sometimes. Others may offend you or frighten you, but these feelings are not always caused by sexual harassment. They can be the result of other behavior.

13. Pass out Handout 16. Read aloud each of the statements, and have the participants determine if harassment is presented in each situation and, if so, what kind and why. Discuss each situation with the group. Whenever the participants are unsure, remind them of the two types of harassment and what each type entails.

14. Complete the session with the following discussion questions:

    - Why is it often difficult or impossible for the person being harassed to just tell the harasser to back off? What makes it so hard to speak up and protect one's boundaries?

    - What needs to be done to eliminate harassment? Who is responsible for making this happen?

Closing

Often people think that sexual harassment involves only unwanted physical touch. However, as this activity has illustrated, sexual harassment takes different forms. Sexual harassment is behavior that is unwelcome, pervasive, and/or threatening. Sexual assault is more extreme than sexual harassment; it involves unwanted physical behavior. If you have been sexually harassed or assaulted, it is important to tell someone you trust so you can figure out what to do to get help and support.

Handout 16:
Is it Sexual Harrassment?

1. Thabo slaps Neo's behind whenever she walks by.
2. Tonya tells Sipho that if he does not have sex with her, she will make sure he never gets a raise.
3. Anwar writes the words "I want to have sex with you" on Cheryl's desk at work.
4. Sello asks Brenda out on a date every day for five days in a row, and she says "no" every time.
5. Marlon and Xoliswa are always kissing and hugging each other during work hours.
6. Kim is teased about the size of her breasts.
7. Sheila walks by the break room and hears a group of guys talking about how much they want to have sex with her.
8. A pornographic magazine centerfold is posted on the wall of the break room.
9. Jane tells a sexually explicit joke that Carla finds offensive.
10. Mike tells Obed that he looks really attractive. Mike always stares at Obed's behind and whistles at him when he walks by.
11. As a going-away present, a group of co-workers buys Linda a birthday cake in the shape of a penis. While eating the cake, everyone makes jokes about watching the others putting a penis in their mouths.
12. A supervisor has a routine of hugging his female employees every morning when they arrive at work.
13. The only two male employees in an office composed mainly of women are always asked to handle any moving of furniture, heavy lifting, or loading that needs to be done.

5.7 Healthy and Unhealthy Relationships

Objectives

1. To be able to identify healthy and unhealthy behaviors that exist within relationships

Audience

Age: Youth or adults; **Sex:** Men or mixed groups; **Literacy:** Medium; **Resources:** Medium

Time

75 minutes

Materials

- Three "Relationship Range" cards (see advance preparation)
- A set of "Relationship Situation" cards (see advance preparation)
- Flipchart paper, pens, and tape

Advance preparation

Before the activity, write the following in large letters on separate pieces of paper: "Very Healthy," "Very Unhealthy" and "Depends." Also write each of the following Relationship Situations on a separate card (or piece of paper):

- The most important thing in the relationship is sex.
- You never disagree with your partner.
- You spend some time by yourself without your partner.
- You have fun being with your partner.
- Your partner is still close to his or her ex-boyfriend or ex-girlfriend.
- You feel closer and closer to your partner as time goes on.
- You will do anything for your partner.
- Sex is not talked about.
- One person usually makes every decision for the couple.
- You stay in the relationship because it is better than being alone.
- You are in control and you are able to do what you want to do.
- One person hits the other to make him or her obey.
- You talk about problems when they arise in the relationship.
- You argue and fight often.

If you do not have cards/paper, you can simply read aloud each situation to the participants.

Facilitator's notes

In healthy relationships, both partners are happy to be with the other person. In unhealthy relationships, one or both partners are unhappy because of continuing problems with the relationship that are not being addressed.

Gender has an impact on people staying in unhealthy relationships. In general, women find it harder to leave unhealthy relationships than men. Women earn less money than men and have less control over economic resources (land, credit). This makes many women economically dependent on their husbands. Socially, women are more stigmatized for being divorced or separated. There is huge social pressure on women to preserve the family.

Men need skills and support to talk with their wives and girlfriends about creating healthier relationships. There is little support for either men or women in making their relationships healthier. But gender rules for women allow them to ask each other for support and to talk about their feelings. The gender rules for men make it difficult for them to ask for support on personal matters or to show their emotions. The first step toward healthier relationships is to challenge these gender rules. Men need more opportunities and permission to ask for support. Men also need specific training on how to talk about their feelings and their relationships.

Steps

1. On the wall in front of the group, place the "Very Unhealthy" sign on the left and the "Very Healthy" sign on the right. Explain that this is the "Relationship Range" that will be used to discuss behaviors in relationships. Make clear that romantic relationships can be anywhere on this range between healthy and unhealthy.

2. Break the group into pairs. Ask each person to share with their partner an example of a healthy relationship and an unhealthy relationship. The examples can be from their own lives or from people that they know. Allow each person five minutes to share their examples.

3. Bring everyone back together. Ask the group to define healthy and unhealthy romantic relationships. Share the definition included in the facilitator's notes section. Ask the group to brainstorm the qualities of a healthy relationship. Write these under the "Very Healthy" sign. Emphasize these key qualities: respect, equality, responsibility, and honesty. Make clear that the qualities of an unhealthy relationship are the opposite of those for a healthy relationship.

4. Next to the Relationship Range put up another sign marked "Depends." Then give out the "Relationship Situation" cards to the participants. Choose one of the participants at random to read aloud what is on their card. Ask them to say how healthy or unhealthy this situation is in a relationship and why they think so. Tell them to place the card in the appropriate place on the Relationship Range, or in the "Depends" category.

5. Ask the group what they think about this placement. Allow time for discussion. If they don't agree, remind them of the qualities of a healthy relationship (respect, equality, responsibility, honesty). Ask them if the situation shows these qualities.

6. Repeat steps 4 and 5 for each of the "Relationship Situation" cards. Then lead a general discussion by asking the following questions:

   - Why do you think some people stay in unhealthy relationships?
   - Are the reasons different for women and for men? Why?

- How can friends and family help people in unhealthy relationships?
- What skills and support do men need to create healthier relationships?

Closing

Healthy relationships are based on communication and mutual respect. Decisions are made together and neither person dominates the relationship. Unhealthy relationships, on the other hand, can mean poor communication and unequal decision making, which makes open talk about sexual behavior and contraception extremely difficult, and thus puts one or both partners at greater risk for STIs and HIV.

5.8 Expressing My Emotions

Objectives

1. To recognize the difficulties men face in expressing certain emotions and the consequences for themselves and their relationships

Audience

Age: Youth or adults; **Sex:** Men or mixed groups; **Literacy:** Medium; **Resources:** Medium

Time

90 minutes

Materials

- Flipchart
- Markers
- Small pieces of paper
- Resource Sheet 18: Sample of Ranking Emotions

Facilitator's notes

Prior to the session, it is recommended that the facilitator review this activity and reflect on his or her own ways of expressing emotions.

Steps

1. Draw five columns on flipchart paper and write the following emotions as headings: **Fear, Affection, Sadness, Happiness, and Anger** (see Resource Sheet 18 for an example of how to arrange the words and ranking described below).
2. Explain to the participants that they will be thinking about and discussing how easy or difficult it is for men to express these various emotions.
3. Give all participants a small piece of paper and ask them to write down the five emotions on the flipchart, in the same order. Next, read the following directions:

   Think about which of these emotions you express with greatest ease. Put a number one (1) next to the emotion that is the easiest for you to express. Then think about the next easiest emotion for you to express and put a number two (2) beside it. Put a number three (3) next to the emotion that is third easiest; it is may not be too hard, but it also may not be very easy. Put a number four (4) next to the emotion you have even greater difficulty expressing. Finally, put a number five (5) next to the emotion that you have the most difficulty expressing.
4. After the participants have finished ranking their emotions, collect the papers and write down the rankings in the columns on the flipchart (see example in Resource Sheet 18).
5. With the entire group, reflect on the similarities and differences found among the participants. Explain that:

- The emotions that we numbered as one and two are the ones we have often learned to express in an exaggerated way
- Numbers four and five are those we haven't learned to express as well, or that we may have learned to repress or keep hidden
- Number three may represent an emotion we do not exaggerate or repress but probably deal with more naturally

Use the questions below to facilitate a discussion:

- Have you discovered anything new about yourself from this activity?
- Why do people exaggerate or repress certain emotions? How do they learn to do this? What are the consequences of exaggerating or repressing emotions?
- Are there similarities in how men express certain emotions?
- Are there differences between how men and women express emotions? What are the differences?
- Do you think women express certain emotions more easily than men? Why?
- How does the way we express our emotions influence our relationships with other people (partners, family, friends, etc.)? Why are emotions important? Give examples: Fear helps us handle dangerous situations; anger helps us to defend ourselves. Ask the participants for examples.
- How do you think expressing your feelings more openly can affect your well-being? Your relationships with other people (romantic partners, family, friends, etc.)?
- What can you do to express your emotions more openly? How can you be more flexible in expressing what you feel? NOTE: It might be interesting to have the entire group brainstorm different strategies for dealing with emotions and then encourage each participant to make a note of his personal reflections. If he desires, he can then share his reflections with the others in small groups.

Closing

Emotions can be seen as a form of energy that allows you to express what is oppressing you or bothering you. Different emotions reflect different needs, and it is best to learn how to deal with all your emotions. Expressing them, without causing harm to others, helps to make you stronger and relate better to the world around you. How each person expresses his or her emotions varies and is important to note that boys exhibit certain emotions related to how they are brought up. It is common for them to hide fear, sadness, even kindness, and to express anger through violence. Although you are not responsible for feeling certain emotions, you are responsible for what you do with what you feel. It is critical to distinguish between "feeling" and "action," in order to find forms of expression that do not cause damage to yourselves or to others.

Link:

It may be useful to connect this activity to **"From Violence to Peaceful Coexistence,"** in which the men use drama to practice nonviolent alternatives to dealing with anger and conflicts in relationships.

Resource Sheet 18:
Sample of Ranking Emotions

Below is an example of how to organize the columns of emotions and participant responses. During the discussion, the facilitator should help the participants identify similarities and differences in rankings. For example, the table below shows that there is an almost even split in the number of participants who find it easy to express anger and those who find it difficult. This could lead to a discussion about why these differences exist, and whether men generally find it easy or hard to express anger. It could also lead to a discussion on how this affects men's relationships with family, friends, and partners. Another interesting pattern in the table is that most find it difficult to express fear. Often, men are expected to be fearless; this example can serve as a basis for discussion about socialization and gender norms.

	Fear	Affection	Sadness	Happiness	Anger
Participant #1	5	4	3	2	1
Participant #2	2	3	4	1	5
Participant #3	4	1	3	2	5
Participant #4	4	3	5	2	1
Participant #5	5	1	3	2	4

Note: It is important to remember that the table's rankings should be anonymous. That is, each line should represent a participant's ranking, but not include his name. The facilitator can instead assign them a number to which the participants can easily refer during the discussion.

6. STI and HIV Prevention

6.1 Burning Questions About STIs

Objectives

1. To understand basic information about STIs and recognize ways in which individuals can prevent themselves from becoming infected with STIs

Audience

Age: Youth or adults; **Sex:** Men or mixed groups; **Literacy:** Medium; **Resources:** High

Time

30 minutes

Materials

- True and False Statements
- Nine large cards with an X marked on them
- Nine large cards with an O marked on them
- Enough copies of Handout 17: Burning Questions and Answers about STIs for all participants

Facilitator's notes

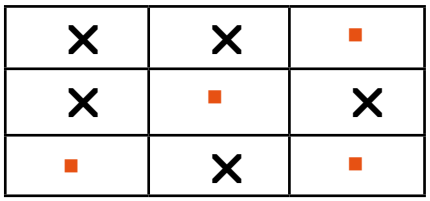
To simplify this activity, the facilitator can ask the participants to answer the questions themselves without using the participant handout. The advantage is that you do not need to make copies of the questions. The disadvantage is that participants may give answers that are partially correct, which may cause confusion when determining whether teams get credit for a correct answer.

Steps

1. Arrange nine chairs three rows deep and three rows wide to make a square. Assign or ask nine volunteers to sit in the nine chairs. Provide each of them with one of the nine cards with a true or false answer on it.

2. Divide the other participants into two teams to play Tic Tac Toe. One team will be Xs and the other will be Os. Each will take turns determining if the answers to the "True or False" questions that are read by the facilitators are correct. If they are right, they get their corresponding X or O in the square. If they are wrong, the other team's X or O goes in the square. The first team to make three Xs or Os in a row wins.

Draw a diagram of the Tic Tac Toe board to show how it should look after a team wins :



(In this example, the Os win because they have three in a row diagonally.)

3. Flip a coin to decide what team goes first. That team can decide what square to try first. The facilitator will ask the person in the square the question. The team will then decide if they agree or disagree with the answer. The correct answer will be given, and if the team is right, then the person in the square holds up that team's X or O. If the team is wrong, then the other team's X or O is held up. Take turns until one team gets three in a row or all the squares have been filled in.

4. At the end, pass out the handout so that participants have answers to each question.

Closing

STI stands for sexually transmitted infection. STIs are a group of infections that are passed from one person to another through sexual contact. STIs are most often passed via oral, vaginal, or anal sex. Some STIs, including HIV and syphilis, can be passed from a mother to her child during pregnancy, delivery, or breastfeeding. In order for an infection to occur, one person must be infected and pass the infection to his or her partner. The presence of other STIs can also increase the risk for contracting or transmitting HIV. It is important to get tested for STIs because you may not have symptoms of the infection and you can unknowingly pass it on to someone else.

Handout 17:
Burning Questions and Answers about STIs

Square 1: What are STIs and how do people contract them?

Square 1 Answer: STI stands for sexually transmitted infection. STIs are a group of infections that are passed from one person to another through sexual contact. STIs are most often passed via oral sex, vaginal sex, or anal sex. Some STIs, including HIV and syphilis, can be passed from a mother to her child during pregnancy, delivery, or breastfeeding. In order for an infection to happen, one person must be infected and pass the infection to his or her partner.

Correct answer? YES!

Square 2: What are the most serious STIs?

Square 2 Answer: Gonorrhea is the most serious of all STIs. A person must be treated with antibiotics; if left untreated, gonorrhea can kill you.

Correct Answer? NO! HIV infection, which causes AIDS, is deadly. Syphilis can be fatal, but it can be treated effectively with drugs. Gonorrhea and chlamydia, if left untreated, can cause infertility in both men and women. The human papilloma virus (HPV) is an STI with different strains. Some of these produce genital warts, some of which can lead to cervical cancer in women. The presence of any STI increases the risk for becoming infected with HIV.

Square 3: How do I know if I have an STI?

Square 3 Answer: Men will always know if they have any STI because it will either burn when they urinate, or they will have blisters on their penis. If these symptoms don't exist then the man is okay. When women contract STIs, they always get a wet discharge.

Correct Answer? NO! Many people with STIs have no symptoms. When symptoms appear, they may include unusual discharge from the vagina or penis, pain or burning with urination, itching or irritation of the genitals, sores or bumps on the genitals, rashes (including on the palms of the hands and soles of the feet), and pelvic pain for women (pain below the belly button).

Square 4: How can I protect myself from STIs during sex?

Square 4 Answer: Only have sex with an uninfected partner who only has sex with you. If this is not possible, or if you do not know if your partner is infected, use condoms every time you have vaginal or anal sex. For oral sex, place a condom over the penis or cut open plastic wrap or a condom to cover the vagina or anus. You can also engage in other kinds of sexual activity. This could include using your hand to stimulate your partner (always wash your hand immediately afterward).

Correct Answer? YES!

Square 5: Can someone without any symptoms of STIs still be contagious?
Square 5 Answer: Yes. Many people who have STIs have no symptoms. But they can still pass the infection on to others. For example, many people infected with chlamydia and gonorrhea have no symptoms. Individuals infected with HIV may show no signs of infection for many years, but they can still pass the virus on.
Correct Answer? YES!

Square 6: What should I do if I think I might have an STI?
Square 6 Answer: Go to a clinic, and have a medical professional check you as soon as possible. Do not wait and hope the STI will go away. If you have an STI, it is important to tell your recent sexual partners, if possible, so they can also get treatment.
Correct answer? YES!

Square 7: If I do have an STI, can it be cured?
Square 7 Answer: Yes, all STIs can be cured if you go to a clinic.
Correct Answer? NO! Many STIs can be treated with antibiotics. However, viruses like HIV, hepatitis B, and genital herpes cannot be cured. Genital warts can be removed, but they can return.

Square 8: If I ignore my symptoms, will the STI go away?
Square 8 Answer: All symptoms always go away after time. But if you get treated they will go away faster.
Correct Answer? NO! Sometimes the symptoms go away and sometimes they stay. Either way, the STI remains. If the STI is left untreated, it will continue to harm the body.

Square 9: Why are so many people contracting STIs?
Square 9 Answer: Many people who are infected do not realize that they have an STI. Many people have multiple sex partners, but do not use condoms. Because proper diagnosis and treatment of STIs is not always available, many people with STIs go untreated and pass the infection on to others.
Correct answer? YES!

6.2 STI Problem Tree

Objectives

1. To understand the causes and effects of STIs

Audience

Age: Youth or adults; **Sex:** Men or mixed groups; **Literacy:** Any level; **Resources:** Medium

Time

45 minutes

Materials

- Flipchart
- Markers
- Pieces of paper

Steps

1. Divide the participants into three or four small groups. Each group will draw a problem tree.
2. Draw a tree trunk in the center of a flipchart.
3. Ask the group to brainstorm some of the causes of STIs. Each should be depicted as a root of the problem tree. The group should then discuss what contributes to these initial causes. For example, if one cause is "unprotected sex," the group should think about what causes unprotected sex. One reason might be "dislike of condoms," which would then be drawn as a subroot of the original cause.
4. The problem tree will also depict the effects of STIs as the branches of the tree. As they did with the causes, the groups should brainstorm and identify the primary and secondary outcomes.
5. After all groups are finished, ask them to post the flipcharts on the wall. Allow each participant to walk up to the wall and look at the trees.
6. Bring the group back into a circle and discuss the following questions:
   - Did the groups identify the same causes and effects? What causes most urgently need to be addressed, in order to reduce STIs?
   - What have you learned from this exercise? How can you apply this to your own lives and relationships?

Closing

STIs are caused by a lot of factors, many of which are related to gender norms and the ways in which men and women are taught to behave. For example, women are often expected to be passive when it comes to sexual matters, making it difficult for them to negotiate condom use with a partner and thereby increasing their vulnerability to STI infection. Men, on the other hand, are often raised to believe that having multiple partners proves their manhood, thereby increasing the risk that they will be exposed to an STI. Gender norms can also exacerbate the consequences of STIs. For example, men may hesitate or be unwilling to get tested for STIs due to gender norms that stress men seeking health services are weak. This may lead to a man delaying the care he needs and suffering more serious health consequences than if he had sought out care earlier.

6.3 HIV and AIDS Myths and Facts

Objectives

1. To understand the basic facts about HIV and AIDS

Audience

Age: Youth or adults; **Sex:** Men or mixed groups; **Literacy:** Any level; **Resources:** Medium

Time

60 minutes

Materials

- Flipchart
- Markers
- Statement cards (see **Advance Preparation** below)
- Enough copies of Handout 18: The Facts About HIV and AIDS for all participants
- Resource Sheet 19: HIV Information

Advance preparation

Before you begin, write each statement on a separate piece of paper:

- You can become infected with HIV from mosquito bites.
- Anal sex is the riskiest form of sexual contact.
- People can contract HIV if they perform oral sex on a man.
- When used consistenly and correctly, condoms can reduce the risk of HIV transmission.
- Circumcised men do not need to use condoms.
- HIV is a disease that affects only poor people.
- If you stay with only one partner, you cannot contract HIV.
- People with STIs are at higher risk for becoming HIV-infected than people who do not have STIs.
- A man can transmit HIV to his partner during sex, even if he withdraws before ejaculation.
- A man can be cured of HIV by having sex with a virgin.
- HIV is transmitted more easily during dry sex than wet sex.
- You cannot contract AIDS by living in the same house as someone who has the infection.
- You can always tell if a person has HIV by his or her appearance.
- Traditional healers can cure HIV.
- HIV can be transmitted from one person to another when sharing needles during drug use.

Steps

1. Give out the statement cards to the participants. Draw two columns on a flipchart. Write "True" at the top of the left-hand column and "False" at the top of the right-hand column.

2. Ask one of the participants to read aloud the statement on his card. Ask whether he thinks it is true or false. Have him place it in the correct column on the flipchart and to explain his reasons. Then ask the group if they agree. Discuss, using the information in Resource Sheet 19.

3. Repeat step 2 for all of the cards. Then give out Handout 18, and if there is time, review its information with the group.

Closing

HIV stands for *human immunodeficiency virus*. This virus attacks the body's immune system, which protects the body against illness. HIV infects only humans. Becoming infected with HIV leads to a weakened immune system. This makes a person who has HIV vulnerable to a group of illnesses that a healthy person without HIV probably would not contract.

A person infected with HIV may remain healthy for several years with no physical signs or symptoms of infection. A person with the virus but no symptoms is "HIV-infected"or "HIV-positive." After a person has been infected with HIV for a period of time (often many years), symptoms caused by the virus begin to develop. At this stage, people with HIV are likely to contract opportunistic infections. When a HIV-positive person contracts one or more specific infections (including tuberculosis, rare cancers, and eye, skin, and nervous system conditions), she or he is defined as having Acquired Immune Deficiency Syndrome (AIDS),

HIV is found in an infected person's blood (including menstrual blood), breast milk, semen, and vaginal fluids.

Resource Sheet 19:
HIV Information

What is HIV? HIV stands for *human immunodeficiency virus.* This virus attacks the body's immune system, which protects the body against illness. HIV infects only humans.

What is AIDS? AIDS stands for *acquired immune deficiency syndrome.* Becoming infected with HIV leads to a weakened immune system. This makes a person who has HIV vulnerable to a group of illnesses that a healthy person without HIV probably would not contract.

What is the difference between HIV and AIDS? A person infected with HIV may remain healthy for several years with no physical signs or symptoms of infection. A person with the virus, but no symptoms, is "HIV-infected" or "HIV-positive." After a person has been infected with HIV for a period of time (often many years), symptoms caused by the virus begin to develop. At this stage, people with HIV are likely to contract opportunistic infections. When an HIV-positive person contracts one or more specific infections (including tuberculosis, rare cancers, and eye, skin, and nervous system conditions), she or he is defined as having "AIDS."

Where does HIV come from? Nobody knows where HIV came from. Nobody knows exactly how it works or how to cure it. When AIDS first appeared, people blamed AIDS on certain groups. Often, people from "other places" or those who look and behave "differently" were blamed. This leads to prejudice. Many believe that only the people in those groups are at risk for HIV-infection and that "it can't happen to me." Confusion about where AIDS comes from and who it affects also leads many people to deny its existence.

How is HIV transmitted?

- HIV is found in an infected person's blood (including menstrual blood), breast milk, semen, and vaginal fluids. HIV can be transmitted in the following ways:
- During unprotected vaginal, oral, or anal sex. HIV can pass from someone's infected blood, semen, or vaginal fluids directly into another person's bloodstream, through the thin skin lining the inside of the vagina, mouth, or backside.
- Through HIV-infected blood transfusions or contaminated injecting equipment or cutting instruments.
- During pregnancy, delivery, and breastfeeding. About one-third of all babies born to HIV-infected women become infected. But it can take 12 to 18 months until it is known whether or not the child has HIV.

Handout 18:
The Facts About HIV and AIDS

You can become infected with HIV from mosquito bites. – FALSE. It has been extensively researched and proven that HIV cannot be transmitted this way. In Africa, where malaria is common (and spread through mosquito bites), the only people infected with HIV are sexually-active men and women, babies born to HIV-infected mothers, and people who became infected due to blood transfusions or sharing needles.

Anal sex is the riskiest form of sexual contact. – TRUE. Anal sex carries a higher risk for HIV transmission than other types of sexual contact. During anal sex, the penis can tear the mucous membrane of the anus, which provides the virus with an entry point into the bloodstream. Dry vaginal sex also causes tearing of the mucous membrane and, therefore, is a high-risk behavior for HIV transmission.

People can become infected with HIV if they perform oral sex on a man. – TRUE. HIV is present in the semen of infected men. Therefore, HIV may be transmitted if semen enters the person's mouth. A man can reduce the risk for transmitting HIV by wearing a condom and ensuring that no semen enters his partner's mouth.

When used correctly and consistently, condoms can protect men and women from becoming infected with HIV. – TRUE. Latex condoms are not 100% effective, but after abstinence, they are the most effective way of preventing STIs, including HIV infection. Some groups have reported inaccurate research suggesting HIV can pass through latex condoms, but that is not true. In fact, standard tests show that water molecules, which are five times smaller than HIV molecules, cannot pass through latex condoms.

Circumcised men do not need to use condoms. – FALSE. In the recent past, research has indicated that men who are circumcised may have a lower risk for HIV transmission than those who are uncircumcised. The research is not final; however, it looks promising. But this does not mean that circumcised men cannot contract HIV. It only means their chances of infection are lower. **They still need to use condoms correctly every time they have intercourse.**

HIV is a disease that affects only poor people. – FALSE. Anyone can become infected with HIV. A person's risk for HIV is not related to the type of person he or she is (e.g., whether they're wealthy), but rather to the behavior he or she engages in.

If you stay with only one partner, you cannot become infected with HIV. – FALSE. Individuals who are faithful to their partner may still be at risk for HIV if their partner has sex with other people. In addition, individuals who have sex only with their partner may have been infected with HIV from someone else in the past. They may have the infection without knowing it, and without their current partner knowing it. Only a long-term, faithful relationship with someone who has not been previously infected can be considered "safe."

People with STIs are at higher risk for becoming HIV-infected than people who do not have STIs. – TRUE. Infections in the genital area provide HIV with an easy way to enter the bloodstream.

A man can transmit HIV to his partner during sex, even if he withdraws before ejaculation. – TRUE. Withdrawal does not eliminate the risk for HIV. Pre-ejaculatory fluid from the penis can contain the virus, which can then be transmitted to another person. However, withdrawing is better than ejaculating inside the sexual partner, since it reduces the amount of exposure to semen.

A man can be cured of HIV by having sex with a girl who is a virgin. – FALSE. This is a misconception. Virgins do not have any power to heal HIV-infected individuals. There is no way to cure HIV once a person is infected.

HIV is transmitted more easily during dry sex than wet sex. – TRUE. HIV can be transmitted more easily during dry sex because the lack of lubrication causes cuts and tearing of the skin and the mucous membranes of both men and women's genitals. These cuts provide the virus with an easy way to enter the bloodstream.

You cannot contract AIDS simply by living in the same house as someone who has the infection. – TRUE. HIV is transmitted through exposure to infected blood and other infected bodily secretions. Living in the same house with someone who is infected with HIV does not put those in contact with him or her at risk unless they share items that have been exposed to the infected person's blood or genital secretions (e.g., shared toothbrushes, razors, or douching equipment).

You can always tell if a person has HIV by his or her appearance. – FALSE. Most people who become infected with HIV do not show any signs of illness for years. However, the virus remains in their body and can be passed on to other people. People with HIV look ill only during the last stages of AIDS, when they are near death.

Traditional healers can cure HIV. – FALSE. Over the years, many indigenous healers have claimed to be able to cure AIDS. To this day, no treatments by traditional healers have proven to cure HIV infection. We often hear people say they have developed a cure for AIDS. People with HIV are a vulnerable group because they desperately want to get rid of their life-threatening illness and will often pay large amounts of money for what they believe is a chance at a cure. Many see these vulnerable people as an easy source of money and try to exploit them. People with AIDS often feel better and seem to recover a little after taking useless treatments just because they have the hope of a longer life. Unfortunately, there is no cure at the moment for HIV infection.

HIV can be transmitted from one person to another when they share needles while using drugs. – TRUE. Sharing needles during injection drug use carries a very high risk for HIV transmission. Infected blood is easily passed from one person to another via an infected needle or other equipment used to prepare or inject drugs.

6.4 Positive or Negative

Objectives

1. To discuss the factors that make men and women vulnerable to HIV and AIDS

Audience

Age: Youth or adults; **Sex:** Men or mixed groups; **Literacy:** Medium; **Resources:** Low

Time

90 minutes

Materials

- Small pieces of paper with selected profiles from Resource Sheet 20: HIV Profiles
- Pieces of paper with positive and negative symbols written on them

Advance preparation

Prior to the session, choose five profiles from the Resource Sheet or create five profiles that would best fit the context in which you are working. Write these phrases on small pieces of paper (one per paper). Note: The facilitator should not include the HIV and AIDS test results on these pieces of paper. These results are only to be revealed later in the activity.

Steps

1. Explain to the participants that this activity is to discuss men's and women's vulnerability to HIV and AIDS.

2. Review with the participants what HIV and AIDS is and how it is transmitted. Note: The time necessary for this review will be based on the background knowledge of the group related to HIV and AIDS. It is important, however, that the participants have a clear understanding of how HIV and AIDS is transmitted before they start this activity.

3. Ask for five volunteers. Distribute the profiles you have written on the small pieces of paper or for low-literacy groups, whisper a profile to each participant. Tell the volunteers they are going to put themselves in the shoes of the person whose profile they received.

4. Ask each volunteer to introduce herself to the larger group, according to the profile that s/he received. Each volunteer should give his or her character a name and feel free to incorporate mannerisms and behaviors into the presentation of the character.

5. Explain to the other participants that they should ask questions to get to know these five characters better. Emphasize to the volunteers playing the characters that they should be creative in answering the questions, while always keeping the profile descriptions in mind.

6. After approximately 20 to 25 minutes of introductions and questions, the facilitator

should tell the group that these five women have gone in for an HIV and AIDS test and are about to receive the results. Ask them what they think will be the results of each woman's test.

7. Distribute the test results to each participant playing a role (these should be based on the results provided in the Resource Sheet alongside each profile), and then share these with the larger group.

8. Use the questions below to facilitate a discussion about the group's reactions to the results and the complexities of men's and women's vulnerability to HIV and AIDS:

   - To the volunteers: How did you feel representing these characters? How did you feel when you received the test result? Was the result what you expected based on the description of your character? If not, why not?
   - Are these men's and women's experiences common? Does anyone know of any similar situations?
   - What characteristics are often associated with these men and women?
   - What are some explanations for the different results these men and women received?
   - Were men or women more vulnerable in the sexual situations discussed in the case studies?
   - How could the men in the case studies have used their privilege and power differently?
   - What kinds of factors (social, economic, political) make men and women more vulnerable to HIV infection?
   - How can men and women protect themselves from HIV?
   - Do couples generally talk about HIV and AIDS? Why or why not?
   - What factors might inhibit a man from talking to his partner about HIV and AIDS? What factors might inhibit a woman from talking to her partner about HIV and AIDS?
   - What support do couples need to protect themselves from STIs and HIV? Is this kind of support available in the community?
   - What have you learned in this activity? Have you learned anything that could be applied to your own life and relationships?

Closing

Men's and women's vulnerability to HIV and AIDS is largely determined by gender norms about sexuality. It is often assumed that "real men" have lots of sexual relations and that women should be coy and passive in sexual matters. As a result, women might not always have the power and/or skills to communicate and negotiate sexual behaviors and methods of prevention. Other factors, such as poverty, make it even less likely that men and women will be able to negotiate protection or even access important health information and services. Promoting women's rights to be free from discrimination, coercion, and violence is an important step toward reducing vulnerability to HIV and AIDS. It is just as important to involve men in discussions about the role of negative gender norms and encourage them to discuss HIV and AIDS prevention with their partners.

Resource Sheet 20:
HIV Profiles

Woman, 30 years old, homemaker. She is married and has a five-year-old daughter and a three-year-old son. Recently discovered that her husband has sex with other people.	POSITIVE
Woman, 18 years old, sex worker. She is married.	NEGATIVE
Woman, 17 years old, dropped out of school at 12 years old. She works to help her family pay the bills. Currently dating a man who is 26 years old.	POSITIVE
Woman, 15 years old, student. Likes to help her mom, has several friends, and is dating a 17-year-old guy. He is the first person with whom she has had sex.	POSITIVE
Woman, 26 years old, homemaker and wife of a gold miner. Her husband only visits a few times a year and in order to help feed her children, she began to have unprotected sex with a man who brought her food and a little money.	POSITIVE
Man, 32 years old, gold miner working 300 miles from his rural home. He lives in a hostel and sees his wife only a few times a year. After living away from his wife for a while, he starts to have sex with women in the nearby townships.	NEGATIVE
Man, 19 years old, vendor. He only has sex with men.	NEGATIVE
Man, 23 years old, student, who has been sexually active with girls his age and younger, and is currently in a monogamous relationship with a young woman.	NEGATIVE
Man, 25 years old, schoolteacher. He is married but still has other sex partners. He recently found out that he has a STI and decides to wait for it to go away before going to a doctor.	POSITIVE

6.5 Levels of HIV Risk

Objectives

1. To identify the level of HIV risk of various behaviors and sexually-pleasurable behaviors

Audience

Age: Youth or adults; **Sex:** Men or mixed groups; **Literacy:** Medium; **Resources:** Low

Time

60 minutes

Materials

- "Levels of Risk" cards ("Higher Risk," "Medium Risk," "Lower Risk," and "No Risk") – see facilitator's notes
- "Sexual Behavior" cards (16) – see facilitator's notes
- Enough copies of Handout 19: Levels of Risk for HIV Infection for all participants

Facilitator's notes

In large letters, print each of the following titles on cards (or pieces of paper), one title per card: "Higher Risk," "Medium Risk," "Lower Risk," and "No Risk."

In large letters, print each of the following sexual behaviors (or other behaviors that are relevant to your area or client population) on cards (or pieces of paper). Write one behavior per card.

- Abstinence
- Masturbation
- Vaginal sex without a condom
- Vaginal sex with a condom
- Hugging a person who has AIDS
- Fantasizing
- Kissing
- Dry sex without a condom
- Massage
- Anal sex with a condom
- Performing oral sex on a man without a condom
- Performing oral sex on a man with a condom
- Performing oral sex on a woman without protection
- Performing oral sex on a woman with protection
- Infant breastfeeding from an HIV-infected mother
- Anal sex without a condom

Steps

1. Explain to participants that they are going to do an activity about behaviors that carry a risk for HIV infection. Lay out the four "Levels of Risk" cards in a line on the floor. Start with "No Risk," then "Lower Risk," then "Medium Risk," and finally "Higher Risk."

2. Give out the "Sexual Behavior" cards to participants. Ask one of the participants to read his/her card and to place it on the floor under the correct category ("Higher Risk," "Medium Risk," "Lower Risk," or "No Risk") for HIV transmission. Ask the participant to explain why he/she has placed it there.

3. Repeat step 2 until all of the cards have been placed on the floor. Once all of the cards are down, ask the participants to review where the cards have been placed. Then ask whether they:
   - Disagree with the placement of any of the cards
   - Do not understand the placement of any of the cards
   - Had difficulty placing any of the cards

4. Discuss the placement of cards that are not clear-cut in terms of risk. Also discuss cards that are clearly in the wrong place. Use the information in the closing and the handout to guide you on the correct placement.

5. Ask the participants to look at the behaviors in the "Lower Risk" and "No Risk" categories. Ask the group to identify other behaviors that could fit in these categories. Emphasize the idea that some pleasurable sexual behaviors involve low or no risk.

6. Finish the activity by emphasizing that risk depends on the context of the behavior, and review the handout.

Closing

HIV risk depends on the context of the behavior.

This includes:

- How much HIV the infected person has in their body
- Whether or not the person is the "giver" or "receiver" of the sexual behavior
- How weak are the immune systems of the people involved
- The presence of cuts or openings on the skin where contact with HIV is likely (for example, as a result of STIs)
- The presence of sores or bloody gums during oral sex
- How well condoms and other protections are used

Handout 19:
Levels of Risk for HIV Infection

Level	Behavior
No Risk = No contact with infected body fluids. HIV is transmitted in body fluids. If there is no contact with such fluids, there is no risk for HIV being passed from an infected person to an uninfected person.	• Abstinence • Masturbation • Hugging a person who has AIDS • Kissing • Fantasizing • Massage
Lower Risk = The possibility of contact with HIV because of the failure of protection. Using a condom still carries some risk because no protective method is 100% effective.	• Vaginal sex with a condom • Anal sex with a condom (the chances of breakage are higher than for vaginal sex, so could be placed in next category.) • Performing oral sex on a man with a condom • Performing oral sex on a woman with protection
Medium Risk = Medium possibility of HIV transmission. This can be due to a lack of protection in situations where there is some chance of HIV-infected fluids entering another person's body (oral sex without a condom). Or it can be because protection is used, but there is a very strong chance that HIV-infected fluids will enter another person's body (anal sex with condom).	• Performing oral sex on a man without a condom • Performing oral sex on a woman without protection • Infant breastfeeding from an HIV-infected mother
Higher Risk = High probability of HIV transmission. This is because no protection is used and there is a very strong chance that HIV-infected fluids will enter another person's body.	• Vaginal sex without a condom • Anal sex without a condom • Dry sex without a condom

Many factors affect these levels of risk. The level of risk for many of these behaviors will vary, based on a range of factors. These include:

- How much HIV the infected person has in his or her body
- Whether or not the person is the "giver" or "receiver" of the sexual behavior
- How weak are the immune systems of the people involved
- The presence of cuts or openings on the skin where contact with HIV is likely (for example, as a result of STIs)
- The presence of sores or bloody gums during oral sex
- How well condoms and other protections are used

6.6 Taking Risks/Facing Risks

Objectives

1. To discuss situations that put men at risk for STIs, HIV and AIDS, and/or early parenthood
2. To identify sources of support to reduce these risks

Audience

Age: Youth or adults; S**ex:** Men or mixed groups; **Literacy:** Medium; **Resources:** Low

Time

90 minutes

Materials

- Selection of phrases from Resource Sheet 21: I Am at Risk When… written on small pieces of paper
- Enough copies of Handout 20: Taking Risks/Facing Risks for all participants

Steps

1. Begin the activity by asking participants to think about situations that may put them at risk for STIs or HIV. For example, if a person does not know that having sexual relations without a condom increases their risk for HIV, they are more vulnerable to contracting the infection than someone who has this information.
2. Next, ask the participants to divide into pairs. Give each a piece of paper with a phrase written on it from Resource Sheet 21. Every pair should have a different phrase. Each can also be given more than one phrase.
3. Ask each pair to read their phrase, discuss what it means, and decide if they agree or disagree with the statement and why.
4. When they have finished, each pair should read their phrase out loud and share their responses with the larger group.
5. Distribute and review the handout and then use the following questions to facilitate a discussion.
   - What is the difference between taking risks and facing risks?
   - Who takes more risks with HIV? Women or Men? Why?
   - Who faces more risks for HIV? Women or Men? Why?
   - What can we do to help men and women reduce the risks they are taking?
   - What are alternatives to some of the most common risk behaviors of men?
   - What can we do to help men and women reduce the risks they face?
   - What other type of support do men and women need to protect themselves from STIs and HIV? Is this kind of support available in the community?

Closing

Many of men's risky sexual behaviors are rooted, to a large extent, in how boys and men are raised and socialized. These behaviors often put both men and young women at risk. It is important for men to be aware of how gender norms influence decisions and behaviors and to think critically about the impact of those decisions and behaviors.

Resource Sheet 21:
I Am at Risk When...[39]?

1. I am at risk when I think that nothing is going to happen to me.
2. I am at risk when I have no one that I can count on to help me in times of need.
3. I am at risk when I do something only to make someone like me.
4. I am at risk when I will do anything to have sex.
5. I am at risk when I am afraid to show how I feel.
6. I am at risk when I do not think for myself.
7. I am at risk when I do not take care of an STI symptom.
8. I am at risk when I do not take responsibility for my own sexual behavior.
9. I am at risk when I am under the influence of alcohol or drugs.
10. I am at risk when I have multiple sexual partners.
11. I am at risk when I do not talk to my partner about how to prevent an unintended pregnancy.
12. I am at risk when I have sex with someone who has not been tested for HIV and AIDS.
13. I am at risk when I do not use a condom consistently and correctly.

[39] Phrases adapted from Serial Album on Adolescence and Vulnerability. Project Trance esta Rede. Sao Paulo: GTPOS, 1998.

Handout 20:
Taking Risks/Facing Risks

Gender norms/roles and inequalities in power have a huge impact on the HIV risks women and men take. However, other factors are important too, such as age, wealth/poverty, and location (village/town). Key points:

- Women face more risks for HIV than men because of their anatomies. Semen remains in the vagina for a long time after penetrative sex. This increases women's chances of infection from any single sexual act. There are also more viruses in men's semen than in women's vaginal fluid. The inside of the vagina is thin. This means it is more vulnerable than skin to cuts or tears that can easily allow HIV into the body. The penis is less vulnerable because it is protected by skin.
- Very young women are even more vulnerable. This is because the lining of their vagina has not fully developed. With an STI, women are at least four times more vulnerable to infection. Women often do not know they have STIs, as they often show no signs of infection.
- Women face more risks for HIV than men because they lack power and control in their sexual lives. Women are not expected to discuss or make decisions about sexuality. The imbalance of power between men and women means that women cannot ask for, or insist on, using a condom or other forms of protection. Poor women may rely on a male partner for their livelihood. This makes them unable to ask their partners or husbands to use condoms. It also makes it difficult to refuse sex even when they know that they risk becoming pregnant or infected with a STI/HIV.
- Many women have to trade sex for money or other kinds of support. This includes women who work as sex workers. But it also includes women and girls who exchange sex for payment of school fees, rent, food, or other forms of status and protection.
- Violence against women increases women's risk for HIV. Men's rape of women occurs worldwide. This crime is linked to men's power over women. Forced sex increases the risk for HIV transmission because of the bruising and cuts it may produce. Other kinds of physical and emotional violence increase women's risk. Many women will not ask their male partners to use condoms for fear of men's violent reaction. Women who must tell their partners about STIs/HIV may experience physical, mental, or emotional abuse, and even divorce.
- Men take more risks with HIV because of how they have been raised. Men are encouraged to begin having sex early to prove themselves as men. A sign of manhood and success is to have as many female partners as possible. For married and unmarried men, multiple partners are culturally accepted. Men are sometimes ridiculed if they do not show that they will take advantage of all sexual opportunities.
- Competition is another feature of living as a man. This applies to the sexuality. Men compete withone another over who is seen as the bigger and better man. One symbol of manhood is to be sexually daring. This can mean not protecting oneself with a condom, as this would signal vulnerability and weakness. Many men believe condoms lead to a lack of pleasure or are a sign of unfaithfulness. Using condoms also goes against one of the most important symbols of manhood, which is having as many children as possible.
- Men are seeking younger partners in order to avoid infection. This is based on the belief that sex with a virgin cures AIDS and other infections. On the other hand, women are expected to have sexual relations with, or marry, older men, who are more likely to be infected.

6.7 Multiple Sexual Partners, Cross-Generational Sex, and Transactional Sex

Objectives

1. To define concurrent multiple sexual partnerships, cross-generational sex, and transactional sex
2. To explore how rigid gender norms drive these high-risk sexual behaviors
3. To identify risks and costs associated with these sexual behaviors

Audience

Age: Youth or adults; **Sex:** Men or mixed groups; **Literacy:** Medium; **Resources:** Low

Time

60 minutes

Materials

- Blank sheets of paper
- Pens/pencils

Steps

1. Explain that this session will explore three issues related to gender and sexual activity: 1) men with concurrent multiple sexual partners, 2) men engaging in cross-generational sex, and 3) men engaging in transactional sex.
2. Divide the participants into three groups and assign one of the following issues to each.
   - Group 1: Concurrent Multiple Sexual Partners
   - Group 2: Cross-Generational Sex
   - Group 3: Men Engaging in Transactional Sex
3. Ask each group to provide a definition of their term. If they prefer, they can simply provide an example of their term.
4. Ask someone from each group to share their definition and/or example. As each group presents its definition, ask participants to provide additional examples. The definitions should be similar to the following:
   - Concurrent Multiple Sexual Partners—This means a person is involved in more than one sexual relationship at the same time (for example, a man who is sexually active with his wife, but also has a girlfriend with whom he has sex).
   - Cross-Generational Sex—This refers to two sexually-involved individuals with at least a 10-year difference in their ages (for example, a 30-year-old man who is in a sexual relationship with a 15-year-old girl).
   - Transactional Sex—This refers to a sexual relationship or sexual act in which the exchange of gifts, services, or money is an important factor (for example, an older man buys a younger girl a cell phone or pays her school fees in exchange for sex).

5. After they have written their definitions, ask each group to discuss the following question:

   - Why does your issue put men, women, and communities at risk for HIV?

6. When they are ready, have someone from each group share their response to the question. Be sure to include the following points if they are not mentioned:

- Concurrent Multiple Sexual Partners—A person is much more likely to pass on HIV if he or she has more than one sexual partner. It is easiest to transmit HIV when a person is first infected. Therefore, if someone is infected by one person, and has unprotected sex soon after with a second person, that second person will likely become infected, too.
- Cross-Generational Sex—When a man has sex with a person who is at least 10 years younger than he, there is a major imbalance in power. As a result, the younger person may find it difficult to say no to sexual activity and may be unable to negotiate safer sex.
- Transactional Sex—A person who is receiving money, gifts, or services may find it difficult to say no to sexual activity and may be unable to negotiate safer sex.

7. After discussing the risk factors, ask the participants to return to their groups. Remind them of the "Act Like A Man" box that was discussed earlier in the workshop. Ask each group to explore how societal messages about masculinity perpetuate the issue they are examining.

8. Ask someone from each group to share their response. Allow other participants to make additional comments.

9. Conclude the activity with the following discussion questions:

   - Why do you think men are more likely than women to have multiple sexual partnerships?
   - Why do you think men are more likely than women to engage in sex with partners at least 10 years younger than they?
   - Why do you think men are more likely than women to provide gifts, services, or money for sex?
   - What are the costs and negative outcomes that come from men engaging in multiple sexual partnerships, cross-generational sex, and transactional sex.
   - How can men challenge other men to stop engaging in multiple sexual partnerships, cross-generational sex, and transactional sex?
   - What did you learn from this session?

Closing

Rigid gender norms often drive the HIV epidemic by facilitating unsafe behavior such as concurrent multiple sexual partnerships, cross-generational sex, and transactional sex. It is important for both men and women to realize this and identify ways that these norms can be changed and/or addressed.

6.8 Alphabets of Prevention

Objectives

1. To explore different HIV and AIDS prevention options

Audience

Age: Youth or adults; **Sex:** Men or mixed groups; **Literacy:** Medium; **Resources:** Medium

Time

60 minutes

Materials

- Flipchart
- Markers

Advance preparation

Write out the following on a flipchart:
A – Abstain, delay sexual debut, say no to sex
B – Be faithful, reduce number of partners
C – Condom use
D – Do it yourself (masturbation)
E – Enquire if your partner has been tested for HIV
F- Find other ways of giving and receiving sexual pleasure
G – Get tested

Steps

1. Begin by asking if everyone in the group if they have heard of the ABC's of HIV prevention? Have them explain what they know about abstinence, faithfulness, and condoms.
2. Explain that many people feel that ABC is a good strategy, but that it might not be sufficient. Ask if anyone can think of additional meanings for D, E, F, and G?
3. After a few people have shared, show them the flipchart you prepared before the session.
4. Discuss each "letter" and its key components as a group.
5. Divide the group into seven teams and have them develop a one-minute "commercial" advertising their form of the Prevention Alphabet. Allow the groups 10 minutes to prepare and then ask each group to perform its commercial.

6. Discuss the following questions with the whole group:

- How do messages about gender and masculinity make it difficult for men to carry out these strategies?
- How do messages about gender and masculinity make it difficult for women to carry out these strategies?
- What other factors (e.g., economic class, marital status, religious beliefs) can make it difficult to carry out these strategies?
- How can men and women be empowered to carry out HIV prevention in their lives and relationships?
- What have you learned from this activity? Have you learned anything that could be applied to your own life and relationships?

Closing

Many men put themselves in situations of risk because they feel pressure to be "real men." They feel they have to be masculine and that they cannot express their true emotions and feelings. Likewise, women may face situations of risk because of social norms that they be passive, or because of inadequate access to information and services. Both men and women need opportunities for open and honest discussions about HIV and AIDS and prevention strategies, as well as social supports that extend beyond mere information provision.

6.9 Prevention of HIV Transmission in Infants and Young Children[40]

Objectives

1. To understand what can be done to prevent HIV transmission in infants and young children
2. To explore barriers to the effectiveness of PMTCT programs

Audience

Age: Youth or adults; **Sex:** Men or mixed groups; **Literacy:** Medium; **Resources:** Medium

Time

90 minutes

Materials

- Flipchart paper
- Pens
- Tape
- Enough copies of Handout 21: Preventing HIV Transmission in Infants and Young Children

Steps

1. Ask participants to identify ways that HIV can be prevented from mother to child. Once people have offered their suggestions, explain that a comprehensive approach to prevent HIV in infants and young children involves:
   - Avoiding HIV infection in all women
   - Preventing unintended pregnancy in HIV infected women
   - Preventing transmission to infants and young children in pregnant HIV infected women
   - Providing care and support to HIV infected women, their infants and their family
2. Explain to the participants that we now know many ways to reduce the risk of passing HIV from a mother to her child. Distribute copies of Handout 21 to all participants, and clarify any questions they might have.
3. Once you have reviewed the handout, divide the participants into groups of four. Ask each group to identify ways that men can be engaged to support each of the four strategies listed to prevent HIV in infants and young children. After 20 minutes, ask each group to share their strategies.

[40] World Health Organization. 2002. Prevention of HIV in infants and young children: review of evidence and WHO's activities. Geneva, Switzerland and World Health Organization. 2003. HIV and infant feeding. Geneva, Switzerland.

4. Discuss the feedback and then explore the following question with the entire group:

   - What can you or your organization do to reach out to men, especially to carry out the four strategies?

5. Discuss the feedback from the trios with the following questions:

   - What can be done to help men become more supportive and open to learning that their pregnant partner is HIV positive?

6. Conclude the activity by discussing the questions below:

   - What did you learn in this activity?
   - What do you specifically plan to do in order to help prevent HIV transmission in infants and children?

Closing

Many people think that preventing HIV in infants and children is to prevent mother to child transmission of HIV. Although that is very important, it is equally important to think about preventing HIV transmission in infants and children in a more comprehensive way. This would include primary prevention of HIV infection; prevention of unintended pregnancies among HIV-infected women; prevention of HIV transmission from HIV-infected women to their infants; and provision of care and support to HIV-infected women, their infants and family. In each of these areas, men can play a critical role by ensuring support for their partners and children and taking care of their own health.

Handout 21:
Preventing HIV Infection in Infants and Young Children

A comprehensive approach to prevent HIV infection in infants and young children includes:

1. Primary prevention of HIV infection

- Avoiding infection in all women and their partners
- Since primary HIV infection during pregnancy and breastfeeding are an increased threat to mother to child transmission, HIV prevention efforts should also address the needs of pregnant and lactating women, especially in high prevalence areas

2. Prevention of unintended pregnancies among HIV-infected women

- Ensuring that women and their partners are aware of their HIV status
- Making family planning available so women and men can prevent unintended pregnancies

3. Prevention of HIV transmission from HIV-infected women to their infants

- There are three different times when a woman can pass HIV on to her child:
  - Antenatally, when the baby is still growing in the uterus
  - During labor and delivery
  - During breastfeeding

Interventions to prevent HIV transmission from an infected mother to her child involves the use of antiretroviral ARVs drug use, safer delivery practices and infant-feeding counseling and support as follows:

- A number of ARV regimens have been shown to be effective in reducing mother to child transmission of HIV. The choice of ARVs should be made locally based on availability, effectiveness, and cost.
- Elective Caesarean section can help to reduce mother to child transmission of HIV. This may or may not be appropriate in resource constrained settings because of limited availability or the risk of complications. Invasive procedures such as an episiotomy may increase the risk of transmission of HIV to the infant. They should only be carried out in cases of absolute necessity.
- Breastfeeding can increase the risk of HIV to the infant by 10-20%. Lack of breastfeeding, however, can lead to an increased risk of malnutrition or infectious diseases other than HIV. All HIV-infected mothers and their partners should receive counseling that highlights the risks and benefits of various infant feeding options, and guidance in selecting the most suitable option for their situation. When replacement feeding is acceptable, feasible, affordable, sustainable, and safe, avoidance of all breastfeeding by HIV-infected mothers is recommended.

4. Provision of care and support to HIV-infected women, their infants and family

- Services for HIV infected women, their infants and family can include the prevention and treatment of opportunistic infections, the use of ARVs, psychosocial and nutritional support, and reproductive health care, including family planning. Children will benefits with improvements in the mother's survival and quality of life.
- Access to care and support will also increase community support for programs to prevent mother to child transmission and increase the uptake of critical interventions, such as HIV testing.

6.10 Defining Abstinence

Objectives

1. To define abstinence and identify strategies for individuals who want to practice abstinence

Audience

Age: Youth or adults; **Sex:** Men or mixed groups; **Literacy:** Medium; **Resources:** Medium

Time

45 minutes

Materials

- Flipchart
- Markers
- Tape

Advance preparation

Prepare a flipchart of sexual and abstinence behaviors that includes the following:

- Thinking about sexual behaviors
- Dreaming about sexual behaviors
- Talking about sexual behaviors
- Flirting
- Holding hands
- Kissing
- Deep kissing
- Massage with clothes on
- Massage with shirt/blouse off
- Showering together
- Rubbing bodies with clothes on
- Rubbing bodies with clothes off
- Hands on partner's genitals
- Masturbation
- Mutual masturbation
- Oral sexual intercourse
- Anal sexual intercourse
- Vaginal sexual intercourse
- Reaching orgasm

Steps

1. Introduce the activity by pointing out that failure to make good decisions about sex is one reason individuals become infected with HIV or other STIs and/or experience an unintended pregnancy. Explain that one decision people can make about sex is to not have it—to abstain until a more appropriate time, especially for young people. Begin by writing the word abstinence on the flipchart.
2. Ask for ideas about what abstinence means. Be clear that you are talking about sexual abstinence.
3. Once two people have given answers, ask all the participants to write down their definitions of abstinence.
4. Give them two to three minutes to do so. When they are finished, ask them to share their answer with the person sitting next to them.
5. Once they have done this, have them form groups of five to six people and develop a common definition for the group. Give them five to eight minutes to prepare the group definition. [**Note:** This may prove difficult, given their various definitions, so push them to come up with one definition.]
6. Post the list of behaviors (the flipchart you prepared earlier) on the wall and ask the groups to use it to help them with their definitions. Give them five minutes or so to discuss what behaviors on the list would apply to their definitions and what behaviors would not.
7. Ask each group to share its definition—if any—and how it was arrived at.
8. Follow up with these questions:
   - What was difficult about this exercise?
   - Were you surprised by anything or by anyone's response?
   - Why is it hard to define abstinence?
   - Do you think it is important to define abstinence?
   - Is it harder for men or for women to abstain? Why?
   - Why did we do this exercise?
   - What can we do to help others abstain?
   - Did you learn anything? What?

Closing

Sexual abstinence means different things to different people. What is right for you may not be right for another. The decision to have sexual intercourse or to be sexually abstinent is a personal one that you make repeatedly in life. It is not a permanent, one-time decision, nor is it a decision that can be imposed on others. Like contraception, sexual abstinence is only effective when practiced correctly and consistently. It requires planning, commitment, and skill at being assertive. Knowledge of contraceptive options and how to protect oneself is extremely important, even for someone who is sexually abstinent and plans to remain so for the foreseeable future. It is also important to note that even if someone chooses to abstain from sex, they may be pressured or forced into unwanted sexual activity. Therefore, an environment in which one's sexual rights and choices—whatever they may be—are respected is the best environment to encourage sexual abstinence.

6.11 Learning About Condoms

Objectives

1. To discuss myths and truths about condoms and provide basic information about correct condom use

Audience

Age: Youth or adults; **Sex:** Men or mixed groups; **Literacy:** Medium; **Resources:** High

Time

60 minutes

Materials

- Small pieces of paper
- Pens/pencils
- Box or basket
- Penis Model
- Male and female condoms (if available)
- Resource Sheet 22: Myths and Truths About Condoms and Resource Sheet 23: Male and Female Condoms
- The following statements written on a separate piece of paper (one paper per statement):

1. Talk about condom use.
2. Buy or get condoms.
3. Store the condoms in a cool, dry place.
4. Check the expiration date.
5. The man has an erection.
6. Establish consent and readiness for sex.
7. Open the condom package.
8. Unroll the condom slightly to make sure it faces the correct direction over the penis.
9. Place the condom on the tip of the penis. Hint: If the condom is initially placed on the penis backwards, do not turn the condom around; throw it away and start with a new one.
10. Squeeze the air out of the tip of the condom but still leave a bit of room.
11. Roll the condom onto the base of the penis as you hold the tip of the condom.
12. The man inserts his penis for intercourse.
13. The man ejaculates.
14. After ejaculation, hold the condom at the base of the penis while still erect.The man removes his penis from his partner carefully.
15. Take the condom off and tie it to prevent spills
16. Throw the condom away.

Advance preparation

If available, try to bring a couple of male and female condoms to the session so that the men can see what they look and feel like. You may also provide the participants with information on where to get condoms in the community.

Steps

Part 1 – Myths and Truths About Condoms (One hour)

1. Give the participants several pieces of paper and ask them to write one statement (or phrase or idea) that comes to mind about condoms on each card. Encourage the participants to think of both positive and negative phrases.

2. Ask each participant to put his paper(s) in the box or basket, which should be placed in front of the group. Then, ask each participant to come forward, take a piece of paper from the box, read its statement out loud, and say if the statement is a myth or a truth.

3. As the statements are being read, use Resource Sheets 22 and 23 to complement or correct the information given by each participant. Be sure to talk about the female condom as an alternative to pregnancy and as STI/HIV prevention.

4. Give the participants an opportunity to touch the male and female condoms, if available. Reinforce the importance of correct AND consistent condom use during sexual intercourse.

5. Open the discussion to the larger group with the following questions:

   - Are condoms easily available in the community? Why or why not?
   - What are the reasons that lead men, including those who know the importance of using condoms, to not use them?
   - What do you think about the female condom (see Resource Sheet)? Do you think men would be interested in using it? Why or why not?
   - How can you help to dispel some of the myths among men and in the community about condom use?
   - How can you support the use of condoms in your community?

Part 2 – Correct Condom Use

1. Give one condom in its packet to each participant. Ask the participants to check that the condom is not past its expiration date. Then ask them to open the packet and take out the condom. Encourage them to stretch and play with the condom.

2. Divide participants into pairs. Ask one member of each pair to place a condom over their hand. (Tell them to beware of sharp fingernails!) Next, tell them to close their eyes and to ask their partner to touch their fist with a finger. Ask the participants wearing the condoms:

   - Can you feel the other person's finger touching you?

- How much can you feel through the condom?
- How thick do you think the condom is now?

3. Have the participants stretch the condom as much as they can without breaking it. Ask if they can pull it over their arms or feet or blow it up. Ask the participants:
   - How long did the condom get?
   - How wide did it get?
   - What happened to the condom when it was stretched? Did it break?
4. Ask participants to sum up what they learned from playing with the condoms. Emphasise two key points: The condom is extremely strong and yet sensitive to touch. This makes it a good form of protection from STIs (including HIV) without taking away the pleasure of sex.
5. Explain that you now want to talk about the correct steps in using a condom. Randomly distribute the "Condom Use Steps" cards. Then ask the participants to stand up and arrange themselves in the correct order of steps. Discuss these questions:
   - What was challenging about this activity?
   - Were you unsure of the order of any steps? Why? Could some of the steps have gone in more than one place? Could some of the steps been switched?
   - Do you think most people who use condoms follow these steps? Why or why not?
6. Give participants new condoms, and ask them to try putting it on the penis model themselves. If you have time after the participants have finished, ask for a volunteer to demonstrate the correct use of a condom on the penis model. Once the volunteer is done, ask the participants to comment on whether or not the demonstration was done correctly.
7. Remind participants that condoms should always be stored in a cool, dry place. Using a water-based lubricant like K-Y jelly will decrease the chance of the condom breaking and may make intercourse more pleasurable. Oil-based lubricants like Vaseline, creams, or oils will cause the condom to break and should never be used.

Closing

Simply knowing that condoms can help avoid pregnancy and STIs/HIV is not enough. It is important that you also know how to correctly use them and to understand the importance of consistent use. Moreover, you need to be able to engage your partners in discussions about the pros and cons of sexual intercourse, including the importance of abstaining before marriage. If you and a partner decide to have sexual intercourse, then you should discuss together how best to protect against unintended pregnancy or STI/HIV infection, including using a condom.

Resource Sheet 22:
Myths and Truths About Condoms

MYTH: Condoms have tiny invisible holes through which both sperm and HIV can pass through.

TRUTH: Condoms are tested for defects before they are packaged and sold. It is not possible for HIV to pass through a condom in any way. If someone uses a condom, but still contracts HIV or a pregnancy results, this is almost exclusively due to human error, such as using oil-based lubricants; using old, expired condoms; leaving the condom in the sun or a hot place (such as your pocket); or tearing them with your fingernails and teeth as you struggle to get them out of the package.

MYTH: If a condom slips off during sexual intercourse, it might get lost inside the women's body (womb).

TRUTH: Because of its size, a condom is too big to get through the cervix (the opening to the womb from the vagina).

MYTH: Condoms take away the pleasure of sex.

TRUTH: Using condoms does not reduce enjoyment or a man's or woman's ability to have an orgasm.

MYTH: Using two condoms at the same time means you are better protected.

TRUTH: Using two condoms can create a lot of friction, which can make the condoms break more easily. People should use only one lubricated latex condom for sexual intercourse.

MYTH: A woman who carries a condom in her purse is "easy" or promiscuous.

TRUTH: A woman who carries a condom with her is acting responsibly and protecting herself against unintended pregnancy, STIs, and HIV and AIDS.

Resource Sheet 23:
Male and Female Condoms

Condom information: Condoms should always be stored in a cool, dry place. Using a water-based lubricant like K-Y jelly will decrease the chance of the condom breaking and may make intercourse more pleasurable. Oil-based lubricants like Vaseline, creams, or oils will cause the condom to break and should never be used. Female condoms are more expensive than male condoms. It is unlikely that you will be able to obtain enough female condoms for the whole group.

Differences between the female and male condom: The female condom is a new method of contraception. It is not yet readily available in many countries. But you can buy it from some chemists. It is hoped that female condoms will be available at clinics worldwide in the near future. Female condoms are made from a special plastic called polyurethane. But male condoms are made from latex. Since the female condom is made of polyurethane and not latex (like the male condom), a water-based or oil-based lubricant can be used with it.

The female condom comes lubricated on the inside. The female condom can be inserted prior to sex. The male condom can only be used when the man's penis is erect.

Advantages of the female condom: In many places, women have no say in sexual matters and find it difficult to insist that their male partners use male condoms. The female condom is a method that gives women some control over their bodies. It uses a barrier method that can protect her from STIs, including HIV, and can prevent her from becoming pregnant. The female condom is inserted into the vagina before vaginal sex. So you do not have to stop during foreplay in order to use it. It is not dependent on the male erection, and does not require immediate withdrawal after ejaculation.[41]

Using the female condom: The inner ring of the female condom is used to insert the condom and helps to keep it in place. The inner ring slides into place behind the pubic bone. The outer ring is soft and remains on the outside of the vagina during vaginal sex. This ring covers the area around the opening of the vagina.

[41] UNAIDS and the World Health Organization. 1997. The female condom: an information pack. Geneva, Switzerland.

6.12 Talking about Using Condoms

Objectives

1. To understand the challenges of talking with partners about sex and to build skills related to communication about condom use

Audience

Age: Youth or adults; S**ex:** Men or mixed groups; **Literacy:** Any level; **Resources**: Medium

Time

60 minutes

Materials

- Flipchart
- Markers

Facilitator's notes

Sometimes participants are reluctant to participate in role-plays. One way to address this is for you to play one character and allow the participants to play the other. You can start the role-play by making a statement. Then anyone in the group can respond to this statement. Another way to make this activity easier is to have a group of three or four participants stand behind each person playing a character. This enables the people standing behind the character to give advice to the role player about what to say.

Some statements against using condoms include:

- "But I know I'm not infected with any diseases."
- "Are you suggesting that I'm cheating on you?"
- "But we have never used condoms."
- "Using a condom makes me lose all of the feeling…."
- "If you want me to use a condom, I'll just go somewhere else for sex."
- "My penis is too big for a condom."

Steps

1. Ask participants to brainstorm all of the things that a man might say when he does not want to use a condom. Write them on flipchart paper. Add to this from the list of statements in the facilitator's notes.

2. Break participants into groups of three people each. Explain that there are three roles in each group:
   - Person A is the man who does not want to use condoms.
   - Person B is his sexual partner.
   - Person C is an observer.

3. Explain that person A in each group will use one of the statements on the list and that person B, the partner, wants to use a condom, and will have to try to respond to the statement person A makes.

   "But I know I'm not infected with any diseases."

   "Are you suggesting that I'm cheating on you?"

   "But we have never used condoms."

   "Using a condom makes me lose all of the feeling…"

   "If you want me to use a condom, I'll just go somewhere else for sex."

   "My penis is too big for a condom."

   "Condoms have that sticky substance that actually spreads disease— so I don't want to use them!"

   "Condoms are unromantic."

   "Condoms are too much of a hassle."

4. Tell the A's and B's to continue their argument as long as feels right. Person C should listen closely to the conversation and note the arguments being used for and against condoms. When they have finished, ask the persons of each group to switch roles and try another statement from the list. Let the groups know that they will have about 15 minutes for this.

5. Once the role plays are completed, ask the questions below:

   - When you were person C, what did you notice about the arguments being used against condoms?
   - What were the best arguments used for condoms?
   - What did it feel like to be the person (B) who wants to use a condom and has to persuade their partner (A)?
   - What did it feel like to be the person (A) who did not want to use a condom?
   - If a couple decides to have sex, what are the advantages and disadvantages of using a condom?
   - When should a couple discuss condom use?
   - What if a woman does not want to use a condom?
   - What if the woman asks her partner to use a condom and he does not have one? What should he do?
   - Who should suggest condom use? What would you think about a woman who carried a condom with her?
   - What are the ways to overcome these difficulties in discussing condom use with a partner?

Closing

It can be difficult to negotiate condom use with a partner because of a variety of factors, including the fear that your partner may feel you don't trust him or her. That is why it is important to know the benefits of condom use and be prepared to discuss these benefits with your partner. It is important to also think about the arguments he or she might give against condom use and how you might respond to them.

Link The activity **"Want…Don't Want…Want…Don't Want"** can also be adapted to practice the negotiation of condoms in intimate relationships.

6.13 Getting Tested for HIV

Objectives

1. To discuss the importance of HIV and AIDS counseling and testing and its related benefits and challenges

Audience

Age: Youth or adults; **Sex:** Men or mixed groups; **Literacy:** Any level; **Resources:** Medium

Time

60 minutes

Materials

- Paper
- Scissors
- Markers
- Tape

Advance preparation

Prior to the session, gather information on local centers for voluntary counseling and testing (VCT) and, if possible, arrange for a staff person to participate in this session and/or for the men to visit the center itself. It is also important to be aware of policies and services related to the provision of antiretrovirals (ARV) for people who have HIV and AIDS.

Steps

1. Ask for two volunteers to do a role-play of a man arriving at a health center to get an HIV test and a counselor helping the man. The participants should decide what the scene is like, the expression on the man's face, his behavior, and the appearance of the counselor. Explain that it takes some time to receive the result of the HIV exam and that this is the man's first contact with the health center. The counselor should be friendly and create a rapport with the man. When you think it is appropriate, stop the scene with a command (e.g., "Freeze!").

2. Then, discuss the following questions with the participants:
   - What do you think made the man want to take the test?
   - How long do you think it took him to decide to take the test?
   - How do you think he will cope with the result?
   - How is he feeling? Is he afraid? Confident? Why?
   - Do you think his family or friends know what he has come to do?

3. After discussing these questions, ask two other pairs to role-play the same scene, but this time, they should begin just as the test result is given. Assign a positive result to one pair and a negative result to the other, and have each role-play the counselor giving the result and the young man reacting. Do not let the other participants know which pair will act out the positive and negative results.

4. Prompt the group with questions about the two role-plays:
   - How did the man receive the news about being positive/negative?
   - Who do you think the first person he talks to will be?
   - Why do you think the result of the test was positive/negative?
   - What is he thinking of doing now that he knows he has/does not have the virus?
5. Have the group discuss the realities of each of the role-plays.
6. Finally, ask for two more pairs to role-play what the future holds for the man who receives a positive result and for the young man who receives a negative result.
7. Afterwards, prompt group discussion with questions about the role-plays:
   - What initiatives should HIV-positive/HIV-negative men take?
   - What are their expectations for the future?
8. Wrap-up the discussion with the questions below.
   - Do people in your community know where they can go for HIV counseling and testing? Do they trust it will be done safely and anonymously?
   - How do you think people are treated when they seek HIV counseling and testing?
   - How do you think they should be treated?
   - Do you think men are more or less likely than women to seek out HIV counseling and testing? Why?
   - What do you think are the biggest factors that hinder men from seeking HIV counseling and testing?
   - What can be done to address these factors?
   - What should a man do if his test result is positive?
   - What should a man do if his test result is negative?
   - How can you encourage more men in your community to be tested?

Closing

Men are often less likely than women to seek health services, including counseling and testing for HIV, since they often see themselves as invulnerable to illness or risk, or may just want to "tough it out" when they are sick. However, as has been discussed, men face many risks, and HIV testing is an important part of taking care of themselves and their partners. It is important for men to know where in their community they can get these services and to seek them out, when appropriate. The participants should think together about how to support those men who test negative so that they continue to protect themselves and how to encourage those men who test positive so that they live positively, that is, to seek out appropriate services and protect themselves and their partners from reinfection.

Training options

Invite the group to develop a role-play showing the two men meeting and talking before and after they receive the results.

6.14 Male Circumcision as an HIV-Prevention Strategy

Objectives

1. To assist in the understanding of the health benefits of male circumcision to a man and his partner
2. To discuss the means and messages to promote male circumcision

Audience

Age: Youth or adults; **Sex:** Men or mixed groups; **Literacy:** Medium; **Resources:** Medium

Time

45 minutes

Materials

- Flipchart paper
- Markers
- Tape

Advance preparation

1. Prepare a piece of flipchart paper with the following definition:
   The removal of the foreskin that covers the head of the penis
2. Cover the definition with a blank piece of flipchart paper.
3. Write the following on sheets of flipchart paper:

   HIV/STI protective mechanisms:
   - Anatomic effect/keratinization (Skin on the head of the penis becomes less vulnerable to infection.)
   - Reduced HIV target cells
   - Reduced genital ulcer disease

   Other benefits:
   - Lower rates of urinary tract infections in male infants
   - Prevention of inflammation of the glans *(balanitis)* and the foreskin *(posthitis)*
   - Prevention of health problems associated with the foreskin, such as phimosis (an inability to retract the foreskin) and paraphimosis (a swelling of the retracted foreskin, resulting in the inability of the foreskin to return it to its normal position)
   - Circumcised men find it easier to maintain penile hygiene.
   - Two studies now suggest that female partners of circumcised men have a lower risk of cancer of the cervix.
   - Circumcision is associated with a lower risk of penile cancer.
   - Circumcised men experience a lower incidence of certain sexually transmitted infections, especially ulcerative diseases like chancroid and syphilis.

Steps

1. Write the term "Male Circumcision" on the blank piece of flipchart paper and ask the participants if they know what it means. After a few responses, remove the blank flipchart paper and reveal the definition underneath.
2. Explain that there is no age limit for male circumcision. Any male can be circumcised as an infant, a child, a young or older adult man. "Use the flipchart you prepared in advance listing the protective mechanisms of circumcision":
   - Anatomic effect/keratinization (Skin on the head of the penis becomes less vulnerable to infection.)
   - Reduced HIV target cells
   - Reduced genital ulcer disease
3. Research also shows that removing the foreskin is associated with a variety of other health benefits, including: (Use the flipchart you prepared in advance listing the other benefits of circumcision:)
   - Lower rates of urinary tract infections in male infants who have been circumcised
   - Prevention of inflammation of the glans *(balanitis)* and the foreskin *(posthitis)*
   - Prevention of health problems associated with the foreskin, such as *phimosis* (an inability to retract the foreskin) and *paraphimosis* (swelling of the retracted foreskin, resulting in the inability of the foreskin to return it to its normal position)
   - Circumcised men find it easier to maintain penile hygiene. Secretions can easily accumulate in the space between the foreskin and glans, making it necessary for an uncircumcised man to retract and clean the foreskin regularly.
   - Two studies now suggest that female partners of circumcised men have a lower risk of cancer of the cervix, which is caused by persistent infection with high-risk oncogenic (cancer-inducing) strains of human papilloma virus.
   - Circumcision is associated with a lower risk of penile cancer.
   - Circumcised men experience a lower incidence of certain sexually transmitted infections, especially ulcerative diseases like chancroid and syphilis.
4. Explain that if a man is circumcised, he must wait six to eight weeks before he can resume sexual activity. If he does not, he might actually increase his risk of infection with STIs, including HIV, and more easily transmit HIV or STIs to a partner.
5. Reiterate that while male circumcision reduces the risk of female-to-male heterosexual HIV transmission, it does not eliminate that risk. (It is believed that circumcision offers only a 60% protective effect against HIV transmission.) **Thus, circumcised men still need to use condoms.**
6. In some communities, male circumcision is a part of a manhood ritual. It is often performed outside a clinical setting, during a period when boys are "becoming men." In some of these communities, if a man is not circumcised in this ritual, he will never be considered a "man." Sometimes, circumcisions are performed under unhygienic conditions. When possible, it is important to promote "medical circumcision."

7. Conclude the activity by discussing the questions below:

   - Do you think it is important to promote male circumcision as an HIV-prevention strategy—why or why not?
   - Do you think men will understand that even if they are circumcised, they still need to use condoms?
   - Do you know where a man can go to get circumcised?
   - What have you learned from the exercise?
   - What can men do to encourage other men to think about circumcision?

Closing

Male circumcision is an important strategy for HIV prevention. However, even though it does reduce the risk of female-to-male heterosexual HIV transmission, it does not eliminate that risk. **Thus, circumcised men still need to use condoms.**

7. Living With HIV

7.1 Positive Life

Objectives

1. To understand better the personal impacts of HIV and AIDS

2. To be able to identify roles that men can play in reducing the impact of HIV and AIDS

Audience

Age: Youth or adults; **Sex:** Men or mixed groups; **Literacy:** Medium; **Resources:** Low

Time

75 minutes

Materials

• Enough copies of Handout 22: General Life Questions for all participants

Facilitator's notes

Prior to the session, research local and/or national laws and policies concerning PLWHA rights, existing support networks, and the most up-to-date information about sexual partnerships between HIV-discordant persons (when one person is HIV-positive and the other is not) and the question of PLWHA who want to have children (what implications and risks are involved).

It can be interesting to invite someone living with HIV and AIDS to come to the session and share his or her experiences with the participants. If someone is able to come, it will be important to help mediate the discussion between the guest and the participants, making them feel as comfortable as possible to ask questions. Another idea is to show and discuss a film that touches on experiences of PLWHA.

This activity can be very personal and emotional. There may be participants in the group who are HIV-positive. Others may have close friends or family members who are living with HIV and AIDS. Remind the group that it is okay to pass on a question. Encourage the participants to only share the information they feel comfortable sharing.

Participants may not feel comfortable talking about this in pairs. One option is to ask individuals to think about the first set of questions on their own and then go on to step 3.

Remember that men's and women's experience of HIV and AIDS will also be affected by age, class, caste, ethnicity, and other factors.

Steps

1. Divide the participants into pairs. Pass out the handout and ask each person in the pair to answer the following question in two minutes:

- If I had HIV, in what ways would it change my life?

Explain to the participants that they should refer to the questions in the handout when thinking about how their lives would change if they had HIV.

2. Then ask the pairs to take turns answering the following questions, allowing each person four minutes to do so:
   - What would be the most difficult part about being infected with HIV? Why?
   - What changes would I want to make in my romantic and intimate relationships?
3. Bring everyone back together and lead a general discussion using the following questions:
   - What ideas did people come up with?
   - How did you feel answering the questions?
   - How do HIV-positive people you know or hear about deal with living with the virus?
   - How do people who do not know their HIV status think about what life would be like if they were HIV-infected?
4. Explain that you want to look more closely at the differences between the impacts of HIV and AIDS on women and on men. Divide the participants into two groups. Ask the first group to discuss what it is like as a woman to live with HIV and AIDS. Ask the second group to discuss how men are affected by HIV and AIDS.
5. Allow 30 minutes for this group work and then ask each group to present the highlights of their discussion. Then lead a discussion using the following questions:
   - What are the main differences between women and men in terms of living with HIV and AIDS?
   - What are the main differences between women and men in terms of being affected by HIV and AIDS?
   - What are the main differences between women and men in terms of caring for someone with HIV and AIDS?
   - Who can a HIV-positive young man or young woman go to for help? Is there any support network for PLWHAs in your community or region?
   - How can men get more involved in caring for people who are living with HIV and AIDS?
   - What other roles can men play in reducing the impact of HIV and AIDS on women and on other men?
   - What impact does HIV and AIDS have on a community in general?
   - How can we be more accepting of people in the community who are living with HIV and AIDS?

6. Make a note of any action suggestions on the Ecological Model and sum up the discussion, making sure the key points in the closing are covered.

Closing

Nowadays, with advances in medicine and pharmacological resources and a greater understanding of HIV and AIDS itself, the quality of life of people with HIV and AIDS has increased considerably. This means that PLWHA can live lives that are similar to the rest of society. For example, they can continue to date, marry, have an active sexual life, bear children, and work.

However, PLWHA often suffer prejudice and discrimination in society and require special health treatments and medications. Above all, they require and want respect and dignity. There are more and more people who have been infected for a long time and who lead active and productive lives (try to find examples in your community, country, or region.) They are proof that a life with HIV and AIDS is not one that is "over," but rather one that "continues." To this end, it is fundamental that you and other people do your part to help build a community that is just and supportive of all people, including those living with HIV and AIDS.

Women are more heavily affected by HIV and AIDS than men. The health care of family members is only one of women's many responsibilities . This care is free, but it has a cost! If they are ill themselves or caring for ill people, women cannot do their other work. This has a serious impact on the long term well-being of the household. Women bear a burden of guilt, fearing the possibly of infecting their children. Living with the discrimination and stigma increases stress. Care does not end with the death of the person with AIDS. Women are often blamed for not having cared for the husband enough. Some are even accused of being a witch. Care of orphans fall on grandmothers and aunts. Women caregivers are often HIV-positive themselves.

Gender roles affect the way men deal with HIV and AIDS. Gender roles can harm the health and well-being of men living with HIV. Research has shown that men choose not to get involved in care and support activities because of fears of being ridiculed for doing women's work.[42] Similarly, gender roles encourage men to view seeking help as a sign of weakness. This prevents men from seeking counseling and support when they are infected and/or ill. This belief also prevents men from supporting each other in dealing with HIV and AIDS. These same gender roles also increase the likelihood that men might use alcohol, drugs, or sex to ease feelings of despair and fear.

Men can play a greater role in reducing the impact of HIV and AIDS. We need to help and challenge men to get more involved in care and support activities. Men can also talk with the women in their lives about sharing the tasks in the family or household more equally. This would reduce the burden on women. Men have a critical role to play in supporting other men to deal with HIV and AIDS, both emotionally and practically.

[42] For instance, in a 1998 UNAIDS study, the authors revealed that in Kyela, Tanzania "male heads of households would wish to do more when their partners fell ill but were curtailed by cultural definitions of maleness and the roles defined which determine masculinity." Aggleton, P., & Warwick, I. 1998. A comparative analysis of findings from multisite studies of household and community responses to HIV and AIDS in developing countries. UNAIDS: Geneva.

Handout 22:
General Life Questions

At home:
1. How many people live together in your home?
2. Do you do any housework?
3. What is the atmosphere like in your home?
4. How do you relate to the people that live in your home?

At school:
1. Do you go to school?
2. Where do you study?
3. What time?
4. How many hours a day?
5. What do you like most at school?
6. What do you like least at school?

Dating:
1. Do you have a girlfriend/boyfriend (wife/husband)?
2. How long have you been going out?
3. Do you generally see each other every day?
4. Where do you go?
5. What do you do together?
6. What do you like most about her/him?
7. What do you like the least about your relationship?

At work:
1. Do you work?
2. What do you do?
3. How many hours a day? What are your working hours?
4. How do you get along with your colleagues?
5. What do you expect from your job?

With friends:
1. When do you meet your friends (morning, afternoon, night)?
2. What do you do together?
3. Do you have a favorite place to go to (beach, bar, club, street, someone's house)?
4. Do you play any sport together?
5. What do you do to have fun?

Leisure:
1. What are your leisure activities?
2. Do you spend any time alone? How much? What do you generally do in this period?
3. Do you do any activities by yourself? What? How often?

7.2 Living Positively – Digital Stories

Objectives

1. To hear stories from PLWHA regarding living positively with HIV and AIDS

Audience

Age: Youth or adults; S**ex:** Men or mixed groups; **Literacy:** Any level; **Resources:** High

Time

45 minutes

Materials

- Flipchart
- Markers
- EngenderHealth/South Africa MAP Digital Stories DVD
- DVD player and sound system

Advance preparation

Before facilitating this session with the digital stories, be sure to view the stories yourself so you are familiar with the content. You also should review the discussion questions, as well as key messages the storytellers are conveying.

Facilitator's notes

If you do not have a copy of the digital stories, they are available online at www.engenderhealth.org.

There are additional MAP digital stories focusing on living positively with HIV and AIDS. Be sure to review Azola's, Thami's, and Msekeli's stories to see if they may be more appropriate for your audience.

Steps

1. Open this session by explaining that you would like to share two digital stories about men who are living positively with HIV. These two are men have chosen to disclose their status, in the hopes of reducing stigma and helping other men get tested and cope with their infections. Explain that each story is about three minutes long and that there will be a short discussion after each of them.

2. Start by sharing Jason's Story. Once it has ended, start a discussion with the following questions, and conclude with the key points Jason is making in his story:

Questions for Discussion After Viewing Jason's Story:

- What do you think Jason is saying in his story?
- How did Jason's story make you feel?

- Why do you think Jason felt ashamed?
- Have you ever felt isolated, alone, or rejected?
- What did you do to get over those feelings?
- Why do you think people with HIV and AIDS are so often stigmatized?
- What can you do to end the stigma against people living with HIV and AIDS? What can you do to support HIV prevention?

Key Points Jason is Making in His Story *(to be shared after the discussion):*

- People living with HIV and AIDS suffer from immense discrimination and stigmatization, as well as self-hatred, anger, and frustration.
- This discrimination is unfounded and needs to end.
- PLWHA do not need to be defined by HIV; they are simply people who are living with the virus. PLWHA have the power to define their own lives.

3. Next, share Bonile's Story. When finished, use the following questions and key points for discussion:

Questions for Discussion After Viewing Bonile's Story:

- What is Bonile staying in his story?
- How did it make you feel when he said he hated women? Why do you think he felt this way? Have any of you felt like this before? How did you deal with it?
- Why do you think people gossip and judge PLWHA?
- What can you do to stop the gossip and judgments?
- What do you think Bonile means when he says that he's responsible now?
- Where can you go to get more informed about HIV and AIDS?

Key Points Bonile is Making in His Story *(to be shared after the discussion):*

- Being hurt, disappointed and angry can hold a person back. You do not grow and do not lead a happy life.
- Being hurt by one person (e.g., his girlfriend) does not mean that everyone will hurt this you. Bonile formed the opinion that all women were not to be trusted, which is a harmful gender stereotype.
- It is important to know all you can about HIV and AIDS, including how to protect yourself. It is equally important to know your HIV status and to get tested if you have not done so already. Ignorance can harm and kil.
- Because a person is living with HIV and AIDS does not mean that he or she cannot enjoy healthy, loving relationships and achieve his or her dreams and goals in life.

Closing

As these stories illustrate, many people living with HIV and/or AIDS face tremendous stigma and discrimination. This stigma and discrimination has harmful consequences for these individuals, their families, and their communities, and it is important for it to end. PLWHA should not be defined by the fact that they have HIV; they are simply people who are living with the virus. PLWHA have the power to define their own lives and, like anybody else, they aspire to have healthy, loving relationships and can achieve their dreams and goals. As individuals living in communities where HIV and AIDS is present, we need to identify ways we can support those who are living with HIV and AIDS and help reduce stigma and discrimination.

7.3 Men Living Positively

Objectives

1. To understand the challenges faced by men living with HIV and to identify ways to support them

Audience

Age: Youth or adults; **Sex:** Men; **Literacy:** Any level; **Resources:** Medium

Time

90 minutes

Materials

- Flipchart
- Markers
- Tape
- Resource Sheet 24: Guidance on How to Deal with Disclosure

Advance preparation

This activity may be difficult for some participants who have tested positive or who may know someone who has. Make sure to follow Step 1 in introducing the activity to the participants. It may also be helpful to remind the group of the importance of following the ground rules. This will help participants to feel more comfortable in talking openly about their experiences and their feelings.

During this activity, some participants may reveal that they have are HIV-positive. See Resource Sheet 24: Guidance on How to Deal with Disclosure for some guidance on how to deal with participants' disclosure of their own HIV-positive status.

Before the activity, make sure to identify a list of resources (local and national) that can help men live positively with HIV and AIDS. This should include organizations, written materials, audio/video, and trainings.

Steps

1. Begin by saying that the topic of testing positive for HIV is a sensitive one to discuss in a workshop. Explain that there may be participants in the workshop who have tested positive. There may be others who have friends and/or family members who have tested positive. Explain that doing this activity may be upsetting for a number of reasons. Remind the participants that you want them to take care of themselves and that it is okay to sit out the activity.

2. Tell each participant to imagine that a friend has just told them that he is HIV-positive. Ask each participant to write down some of the things they would say to this friend in order to help them live positively.

3. Break the group into pairs. Tell each pair to take turns sharing the advice they would

give an HIV-positive friend. Each person should speak for no longer than five minutes, while the partner simply listens. Explain that after five minutes, you will clap your hands—a signal that they should switch roles and the other person should speak.

4. When the pairs have finished, bring the group back together. Lead a discussion using the following questions:

   - What does living positively mean to you?
   - What is the best advice you would give to your friend about living positively?
   - What makes it hard for men to ask for advice and get support?
   - What would make it easier for men to ask for advice and get support?

5. Divide the participants into five groups. Ask each group to choose one of the following areas:

   Family Life; Friends; Work; Play/Sports; Sexuality

   Ask each group to discuss what challenges men who are living positively with HIV and AIDS face in this area. Ask each to identify ways to support men so that they can live more positively in this area.

6. Allow 20 minutes for this group work. Then bring everyone back together. Give each small group five minutes to report on their discussion and take questions from the other participants.

   End the activity by presenting the group with a list of resources (local and national) that can help men live positively with HIV and AIDS. This could include names of organizations, as well as written materials, audio/video materials, and trainings.

Closing

Gender rules may make it hard for men living with HIV and AIDS to ask for advice and support, since it might be seen as a sign of weakness. Men trying to live positively with HIV and AIDS face a range of challenges. They can range from the practical (such as losing a job) to the deeply emotional (feeling suicidal). They may be short-term crises or long-term conditions. Men may find it hardest to cope in areas that are most closely tied to their identities as men, such as sexuality. Sex, therefore, may be one of the most difficult issues with which men struggle. There are many possible resources men can use to help them live more positively with HIV and AIDS. They include self-help groups, male-friendly services, and role models of men who are living positively and openly with HIV and AIDS.

Resource Sheet 24: Guidance on How to Deal with Disclosure

The growth in the number of people getting tested and who learn they are infected with HIV now means that many more participants at ME workshops know they are HIV-positive. This makes disclosure of HIV status within a workshop a much more immediate issue than before.

Stigma and discrimination toward people living with HIV and AIDS (PLWHA) is still a huge problem in many parts of the world. The costs of revealing you are HIV-positive remain very high. PLWHA have lost jobs, friends, even the protection of their families, when their HIV status has become known. Some PLWHA have even been killed as a result of telling others that they are living with HIV.

There are many emotional and practical challenges that can occur in ME workshops as a result of disclosure. Such challenges are linked to the different reasons why a person may or may not disclose. The following is a guide to dealing with disclosure.

Create the right environment

The first task is to create a safe and supportive environment within the workshop. This will enable participants who wish to disclose their HIV status to do so. Creating such an environment begins with the invitation to join the workshop, which should explicitly encourage the participation of PLWHA. Ground rules also play an important role in establishing the environment, as does the facilitator, who must ensure the ground rules are followed.

Provide support

Some participants may choose to disclose because they want support from the group or from the program. Many PLWHA feel very isolated, afraid to tell those closest to them about their status, for fear of being rejected. Disclosure is a way to break this isolation and for PLWHA to share their stories. There may not always be time in a busy workshop to have participants say much about their experience with HIV and AIDS. But it is important to encourage them to share brief personal stories and to offer the possibility of additional time after the workshop.

Deal with crisis

Some participants may disclose their HIV status because they are in a crisis and urgently need help. In this situation, a facilitator should assess how urgently help is needed and where the participant might go to get it. As noted, it is really important that ME facilitators know about available support services in the local area. The facilitator may need to deal with the crisis during a break or even during the workshop itself in the most serious cases. This would involve assessing the participant's situation, making a referral, or even taking the participant to the service directly.

Self-disclosure

Some facilitators may know that they are HIV-positive. They will need to decide in advance when disclosing their own status contributes to the learning objectives of the workshop.

7.4 Stigma Problem Tree

Objectives

1. To identify some of the root causes of stigma, different forms of stigma, and how stigma affects people

Audience

Age: Youth or adults; **Sex:** Men or mixed groups; **Literacy:** Medium; **Resources:** Medium

Time

45 Minutes

Materials

- Flipchart
- Markers

Advance preparation

On a flipchart, draw a simple tree with roots, a trunk, and leaves/branches. Write "causes" next to the roots, "forms" next to the trunk, and "effects" next to the leaves/branches.

Facilitator's notes

Below is a list of potential causes, forms, and effects of stigma:

Effects or Consequences
Shame. Denial. Isolation. Loneliness. Loss of hope. Self-blame. Self-pity. Self-hatred. Depression. Alcoholism. Anger. Violence. Suicide. Dying alone without love. Feeling useless/not contributing. Family conflict. Quarrels within the family over who is responsible and who will take care of the sick PLWHA. Divorce. Getting kicked out of family. Fired from work. Dropping out from school. AIDS orphans and street kids. Abuse or poor treatment by relatives. Deprived of medical care (health staff arguing that it's a "waste of resources"). Ceasing to make use of clinics, voluntary counseling and testing (VCT) program, and home based care and support program. Reluctance to take medication. Lack of treatment. Spread of infection.

Forms of Stigma
Name-calling. Finger-pointing. Labeling. Blaming. Shaming. Judging. Spreading rumors. Gossiping. Neglecting. Rejecting. Isolating. Separating. Not sharing utensils. Hiding. Staying at a distance. Physical violence. Abuse. Self-stigma, (blaming and isolating oneself). Stigma by association (family or friends also affected by stigma). Stigma due to looks/appearance.

Causes
Morality (the view that PLWHA are sinners, promiscuous). Religious beliefs.
Fear of infection, the unknown, of death. Ignorance that makes people fear physical contact with PLWHA. Gender (women are more stigmatized than men). Peer pressure. Media exaggerations.

Steps

1. Form five groups. Ask them to draw a tree similar to what you have prepared on the flipchart.
2. Ask them to consider the following:
   - Why do people stigmatize (e.g., lack of knowledge)? List their responses as the roots (or causes).
   - What do people do when they stigmatize people (e.g., name-calling)? List their responses as the trunk (or forms).
   - How do these actions affect the person being stigmatized (e.g., isolation)? List their responses as the branches/leaves.
3. Once they have completed the activity, have each group share their trees. Check the facilitator's notes for any additional causes, forms, or effects that were not mentioned.
4. Conclude with the following questions:
   - Do you think we focus more of our stigma reduction efforts on fixing the causes, forms, or effects? Why?
   - What can be done to address the causes of HIV-related stigma, and therefore reduce them?

Closing

HIV-related stigma is a major factor stopping people from finding out their HIV status. Stigma is caused by various factors, including lack of knowledge, fear of death, shame/guilt associated with a sexually transmitted disease and the moral judgment of others. Stigma has serious effects that can compromise an HIV-infected person's life. However, through education and disclosure, stigma can be reduced.

7.5 Disclosure Role-Plays

Objectives

1. To practice providing support to peers who disclose their HIV-positive status
2. To understand the potential benefits of disclosing one's HIV-positive status to a peer
3. To develop empathy for someone who discloses their HIV status

Audience

Age: Youth or adults; **Sex:** Men or mixed groups; **Literacy:** Any level; **Resources**: Medium

Time

60 minutes

Materials

- Flipchart
- Markers

Steps

1. Explain that this activity will allow participants to explore the disclosure process and understand the advantages and challenges it can bring. Explain that in this activity, everyone will be assumed to be HIV-positive. In reality, we may not know another person's status. That is something one has a right to keep confidential. However, this activity will help us become more comfortable about talking openly about being HIV-positive.
2. Ask participants to divide into groups of three.
3. Explain that in this activity, we will take turns asking each person to role-play an HIV-positive person disclosing his or her status.
4. Explain that the first role–play will involve the participant disclosing his or her status to a **close friend.** The third person in the group should observe.
5. After five minutes, ask a new participant to play the role of the person disclosing. In this role-play, the participant will disclose to a **family member.** The third person in the group should observe.
6. After five minutes, ask the third member of the group to role-play the person disclosing. In this role-play, the participant will disclose to his or her **partner.** The third person in the group should observe.
7. After all role-plays are completed, bring the participants together to discuss the following questions:

   - What was this activity like for you?

- What was it like to disclose? How did it feel? Do you think it is easier to disclose to some people than to others? Why?
- What was it like to have someone disclose to you? How did you react?
- If you were in this situation, would you really disclose? Why or why not?
- What are the advantages and disadvantages of disclosing?
- What are some strategies one can use to disclose to someone?
- What are some important things to consider when someone discloses to you?
- How can we encourage people to be tested?
- What have you learned from this activity? Have you learned anything that could be applied to your own life and relationships? Will you make any changes as a result of this activity?

8. After asking the questions, explain that this was only an exercise and does not reflect the participants' true HIV status. Participants should be encouraged to "de-role" from this exercise. In closing, make sure that the following points have been covered:

Closing

Knowing your HIV status is a key part of being able to protect yourself and your partners. When you know your HIV serostatus, you can disclose it to your partners and take the necessary measures to protect yourself and your partners from infection, or in the case where you or a partner are HIV-positive, protect yourselves from re-infection. It is important that you know where you can get tested in your community and share this information with others.

7.6 Mapping the Existing Services for PLWHA

Objectives

1. To identify what public services exist for PLWHA and map and list HIV services in the local area

Audience

Age: Youth or adults; **Sex:** Men or mixed groups; **Literacy:** Any level; **Resources:** Medium

Time

30 to 45 minutes

Materials

- Flipchart
- Paper
- Pencils

Steps

1. Ask the group to brainstorm all the local services that are part of the care and support continuum for people living with HIV. The following list of resources may be helpful information for the participants:
   - Government HIV clinic/hospital
   - NGO health center providing HIV care
   - Private hospital (nursing) for HIV care
   - Private doctor treating HIV
   - Other government facility addressing needs of PLWHAs
   - NGO facilities addressing needs of PLWHAs
   - Private hospital (nursing home) addressing needs of PLWHAs
   - NGOs assisting orphans and vulnerable children
   - Pharmacies offering ARVs
   - Laboratory services (e.g., CD4 count, viral load)
   - TB treatment/direct observation therapy (DOT) centers
   - ARV roll-out center
   - Pediatrician who specializes in HIV treatment
   - HIV voluntary counseling and testing (VCT) Centers
   - Prevention of Parent-to-Child Transmission center (with PPTCT ARV Services)
   - Nutritional support centers
   - Educational institutions providing services for children infected/affected by HIV
   - Care homes for PLWHA
   - Detoxification and de-addiction centers
   - Legal services for PLWHA

- Drop in centers
- Other

2. Add any items that were overlooked to the participants' list. Assign a color dot/number to each type of service delivery point on the list.

3. Participants will now draw a map of the services in their respective communities. Ask them to draw a map of their community and indicate the relevant streets, blocks, etc. Draw a demonstration map as you give these instructions. The map need not be perfect. Based on what they know about the services available in their area, ask participants to place the color dot/number of each type of service delivery point (from the numbers assigned at the end of Step 1) on the service delivery point in their district. For example: Write "12" near the town/city where an ARV roll-out center is located. Repeat the same process for all types of services available in their area.

4. The participants should now be encouraged to repeat this exercise with participants from the neighboring district, as they may have to refer people to services in other districts.

5. Discuss, asking the following questions. Tell participants that even though these questions focus on Antiretroviral Treatment (ART), you can use them to discuss any services for PLWHAs:

   - Where are ARV services provided locally?
   - What is the cost for people to travel to these services?
   - What is the process involved in accessing those services? Registration? How long one has to wait?
   - What are the criteria for one to receive ART? For example, if I am a person who has been recently diagnosed with HIV infection, and I have a CD4 count of 150, what is the likelihood that I will receive ART at these sites?
   - Will I have to pay for that treatment? If so, what do I do if I have no financial resources?
   - How are these services linked?
   - How do I contact these services? Who are the contact people?
   - Given that demand is higher than supply, how do programs decide who gets access to ART first?

6. Conclude the session by explaining that participants can use the mapping exercise they have just completed as a referral checklist in their workplace, and a similar mapping exercise for their neighborhood, as well.

Closing

There are now many community locations that provide services for those living with HIV and AIDS. If you don't know how you to access them, ask a local government representative, health provider(s) and/or NGO, or CBO representatives, who may be able to direct you to available services.

7.7 The Facts: Understanding ARVs From Someone Taking Them

Objective

1. To understand basic concepts about ARVs

Audience

Age: Youth or adults; **Sex:** Men or mixed groups; Literacy: **Medium; Resources:** Low

Time

60 minutes

Advance preparation

This session involves inviting a guest speaker to the training. Specifically, you will need to identify a person who is currently living with HIV, and is on ARVs. If you do not know someone, ask a local ARV treatment facility if they have suggestions. The handouts offered in this session cover many important issues and may be good to offer the guest speaker several days in advance, as he/she prepares for this session. On the day of the session, be sure to confirm that the speaker is coming and knows where to go.

Facilitator's notes

This session can be very powerful, with the right person. It is important, however, that the guest be a trained speaker/facilitator and not simply a PLWHA who is willing to talk. There are various issues related to confidentiality and disclosure that can prove challenging for some PLWHA.

Steps

1. Be sure the guest arrives on time.
2. After an introduction, allow the guest 30 minutes to tell his or her story about HIV and AIDS, focusing, on his or her own ARV intake. The guest should cover issues such as access, amounts, side effects, and referral to other services.
3. Once the guest speaker has finished, open the floor up for discussion and have participants ask questions.
4. Conclude this activity by thanking the guest speaker.

Closing

In countries around the world, ARVs are becoming more accessible and more and more PLWHA are taking them. However, there are lots of misconceptions and myths about ARVs, which make people unwilling to take them. It is important to ensure you and others have complete information about what ARVs are, when to take them, how often to take them, side effects, and where to go in case help is needed. Even if you yourself do not have HIV and AIDS, having accurate information about ARVs can help you to support family members, friends, and others in your community who might be living with HIV and AIDS.

7.8 The Facts: Understanding ARVs

Objectives

1. To understand how antiretroviral therapy (ART) delays the progression of HIV infection
2. To consider the advantages and challenges of ART
3. To understand the implications of ART in combating the HIV and AIDS epidemic

Audience

A**ge:** Youth or adults; **Sex:** Men or mixed groups; **Literacy:** Medium; **Resources:** Medium

Time

90 minutes

Materials

- Flipchart
- Markers
- Enough copies of Handout 23: Antiretroviral Therapy for all participants
- Enough copies of Handout 24: ART Specifics for all participants
- Flipchart on advantages/flipchart on challenges (see below)

Steps

1. Explain that the group will now talk more about how HIV-positive people can stay healthy. Ask the group to brainstorm a list of behaviors that will help HIV-positive people live longer (e.g., eat well, take ARVs when appropriate, reduces stress, lower alcohol intake, stop smoking.)

2. Review the list and circle any of the comments that involve ART. Tell the participants that they are going to talk more about ART in this session. Before starting, stress the following points:

   - There are a lot of important things HIV-positive people can do, both before and after they begin receiving ART.
   - Healthy behaviors such as a good diet, exercise, adequate rest, and abstaining from drugs/smoking/alcohol are important habits to adopt before beginning ART and can help delay the need for taking ART medications.
   - Just because a person is HIV-positive does not mean he or she needs ART immediately. However, over time, HIV diminishes a person's ability to fight off infections. When this occurs, a person will need to start taking ART for the rest of his or her life.

3. Explain that you are going to help the participants understand ART by having a discussion using a series of handouts. Pass out Handout 23 and 24 and discuss each page with participants.

4. After the handouts have been discussed, divide the group into two teams. Explain that starting ART is a big decision and that the groups will be asked to think about the things a person should consider when making a decision about starting ART. Provide each group with a sheet of flipchart paper. Ask Group One to identify the advantages of starting ART. Ask Group Two to identify the challenges of starting ART. Allow the groups 10 minutes to discuss and write down their answers. Bring the groups back together and review their responses. Ensure the following responses are included:

Advantages:

- You can live longer and have a better quality of life.
- You won't get sick as often.
- You will have more time to fulfill your dreams and goals.
- If you have children, you will see them grow up and experience life.
- You will have the opportunity to continue earning a living because you are well.
- You will have more time to do things you enjoy.

Challenges:

- ART is a lifelong treatment that must be taken every day at the same time and in the same way.
- In the beginning, ART seems complicated.
- Sometimes you have to adjust what you eat and when you eat it, according to the drugs you take.
- Some types of ART require you take several pills each day.
- Some types of ART may be harmful if taken with other drugs or during pregnancy.
- ART can have side effects. Some will go away after a few weeks, while others will need to be addressed by the health worker.
- If you do not take your ART regularly, the medicine will not work anymore. This means that you will have fewer options for ART in the future.
- It is difficult to start taking ART when one has TB.
- Only limited regimens are available in the government roll-out in some areas.
- There is a lack of clarity about when to really start the ARV medication and whether the doctor or the person taking it should make the decision.

5. Conclude the session by asking the following discussion question:

   - We know that ART can prolong a person's life and improve a person's quality of life. What other benefits does ART bring to families and communities?

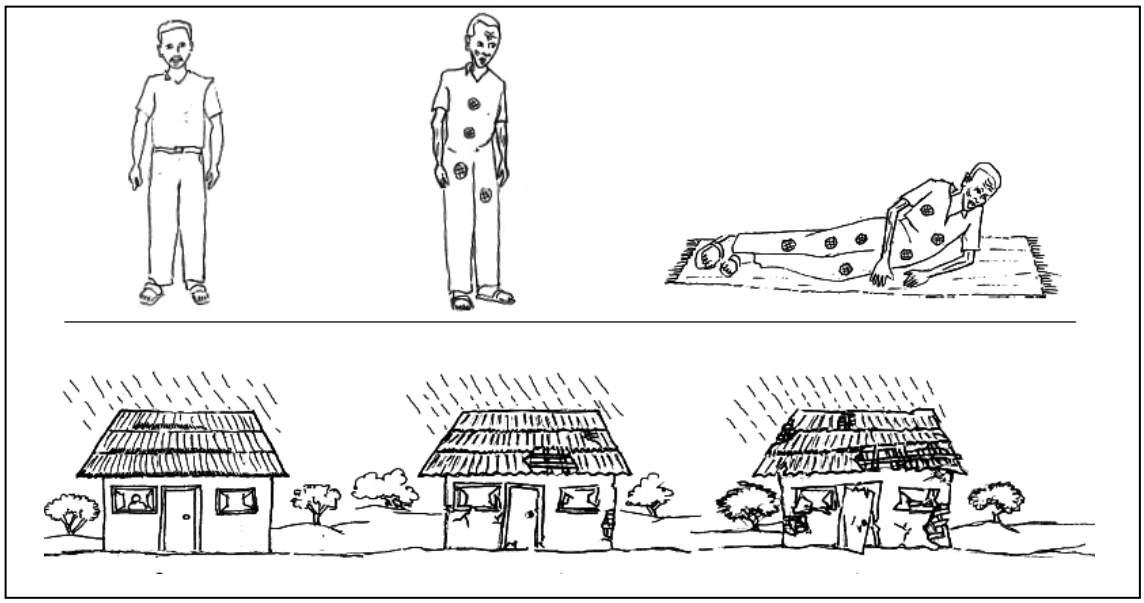
6. Raise the points listed in the closing, if they are not mentioned.

Closing

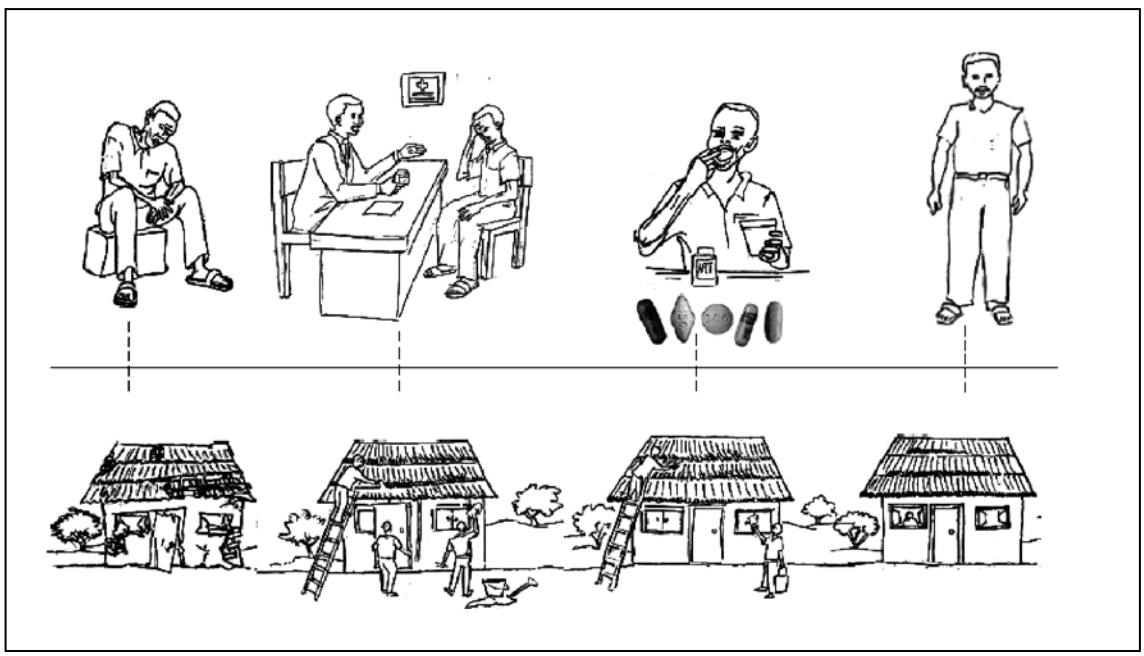
ART can bring many benefits to individuals, families, and communities. These include:

- Households can stay intact
- Decreased number of orphans
- Reduces mother-to-child transmission of HIV
- Increased number of people who accept HIV testing and counseling
- Increased awareness in the community since more people do the test
- Decreased stigma surrounding HIV infection, since treatment is now available
- Less money spent to treat opportunistic infections and to provide palliative care
- Increased motivation of health workers, since they feel they can do more for HIV-positive people
- Businesses can stay intact

Handout 23:
Antiretroviral Treatment (ART)[43]

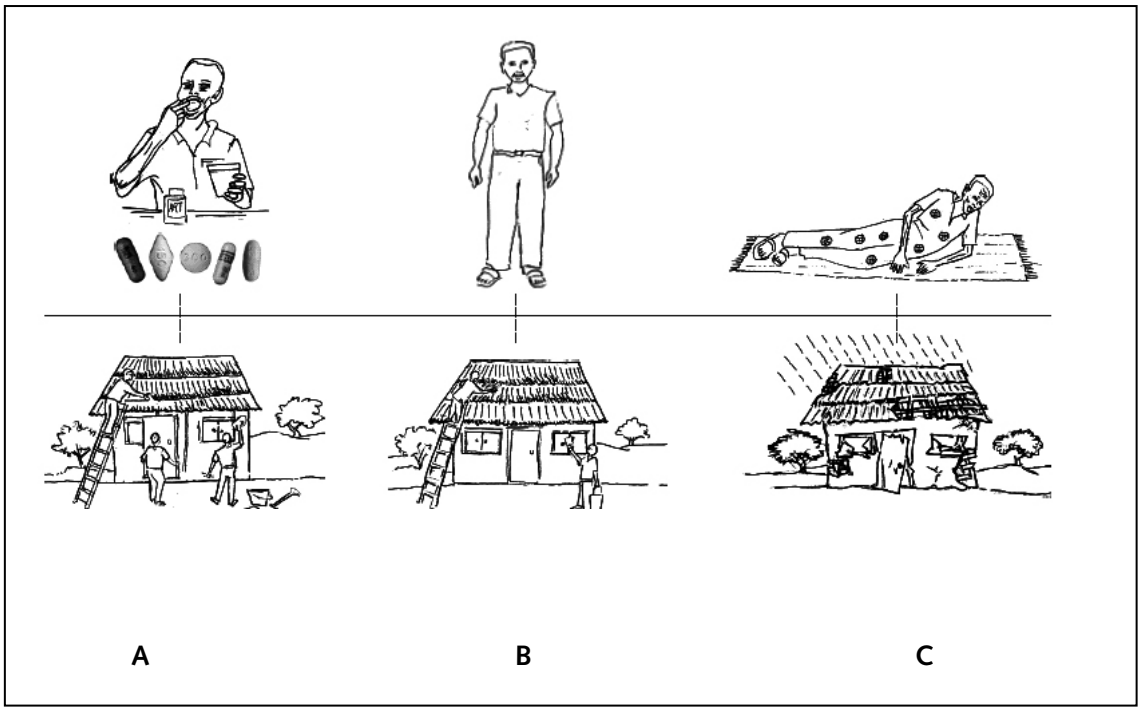


Our body has an immune system that protects us from getting sick, just like a house protects us from the rain and cold. If left untreated over time, the HIV virus will take over a body's immune system, leaving a person ill with opportunistic infections, just like a house that is left uncared for.



[43] Source: Family Health International (FHI): ART Basics Flip Chart

If a person is sick from HIV, he or she can begin taking medicines called antiretroviral treatment. These medicines reduce the amount of HIV in the body. As a result, the body's immune system can fight off disease and the person can become healthy again. Therefore, taking ART is like repairing a house. Based on several factors including the CD4 count, a doctor prescribes ART to such people. It is a choice, however, for individuals to decide if they want to take ART. There are many positive benefits; however, there can be side effects. It is important that individuals are given all the information.



A. ART is several different medications. A person must take all of them, every time, every day for the rest of his or her life for the treatment to be effective.

B. ART does not cure HIV. Therefore, the body will need the medications every day in order to stay healthy. Going without medications, even for a short time, is like not repairing the house.

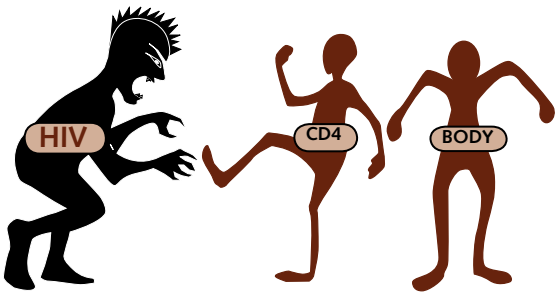
C. If a person does not take his or her medicine, HIV will multiply in the body and continue to damage the immune system—and taking ART in the future will not be able to stop it.

Handout 24:
ART Specifics[44]

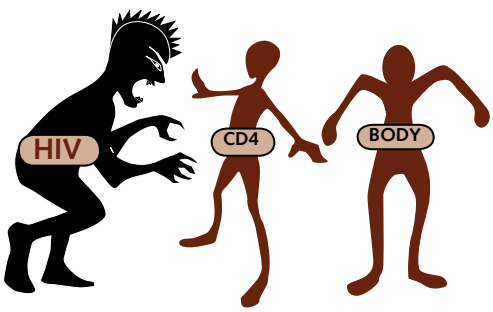
HOW HIV ATTACKS OUR HEALTH

1. CD4 cells are types of white blood cells. CD4 cells are friends of our body because they protect us from infection and illness such as pneumonia or the flu.

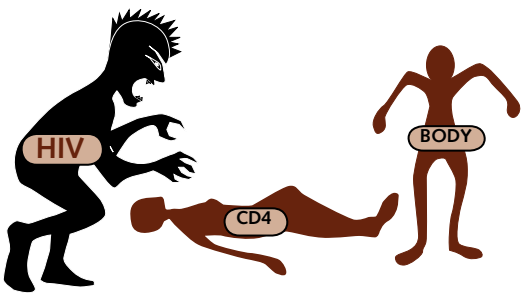
2. When a person gets the HIV virus, the virus starts attacking the CD4 cells.



3. The CD4 cells have a hard time fighting the HIV virus.

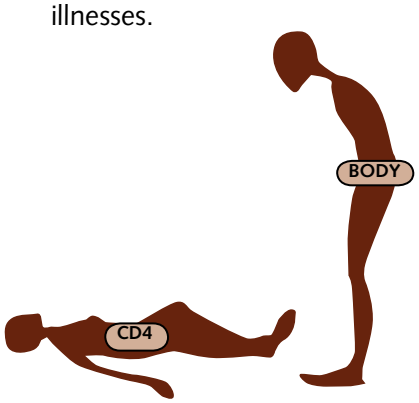


4. Soon, CD4 loses its force against HIV.

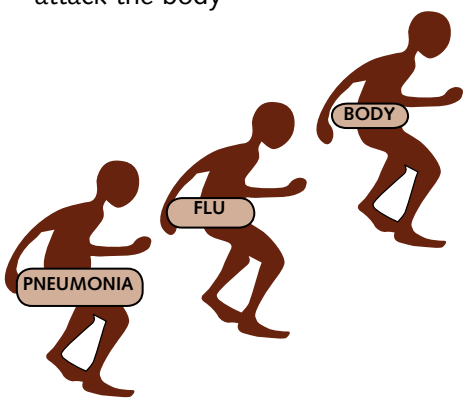


[44] World Health Organization. 2004. Chapter 2: introduction to HIV/AIDS and opportunistic infections. In Participant Manual for the WHO Basic ART Clinical Training Course. Geneva, Switzerland.

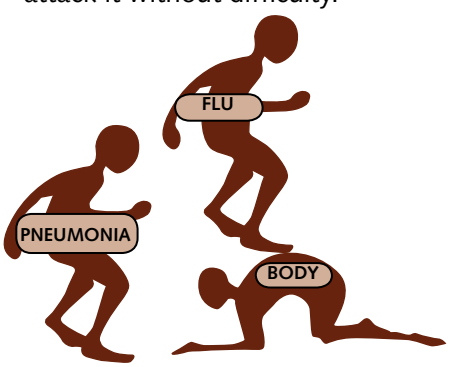
5. CD4 cells lose the fight. The body remains without a defence system to fight off infection and illnesses.



6. Now, the body is all alone, without a defence system. All kinds of illnesses such as pneumonia or the flu start to attack the body



7. In the end, the body is so weak that infection and illnesses can attack it without difficulty.



7.9 HIV Treatment as a Human Right

Objectives

1. To understand that access to HIV and AIDS treatment is a basic human right
2. To identify strategies for promoting and protecting this right to treatment

Audience

Age: Youth or adults; **Sex:** Men or mixed groups; **Literacy:** Medium; **Resources:** Medium

Time

120 minutes

Materials

- Flipchart paper
- Markers

Facilitator's notes

Debates can get very lively. Sometimes participants lose track of time during a debate. There is a real danger of running over time. It is important that you help the group stay within the time limit in order to make sure each debate is given equal attention.

Make sure that in the statements under Step 1, you replace the country name with the country in which you are conducting the training. You need to also ensure that the statements are applicable to the country in which the training is being conducted. You should also think about adding other statements related to treatment that are applicable to the country in which you are conducting the training.

In the steps, we have used Namibia as an example. Please replace this with the name of the country where the training is being conducted.

Advance preparation

Prepare the following messages on flipchart paper (Each one on a separate piece of paper):

- Namibia is a poor country. It cannot afford to pay for HIV treatment for its citizens.
- Namibia is still recovering from years of underinvestment in its health facilities. It does not have the capacity in the health sector to provide its citizens with HIV treatment.
- The epidemic still rages. The priority has to be prevention, not treatment.

1. Explain that you want to hold a debate about HIV treatment in Namibia. Tell the group that they are going to consider three arguments against HIV treatment. Explain that you want some participants to support these arguments and some to reject them. Remind the group that this is an activity that looks at the issues involved. It is not about participants' own opinions on HIV treatment.
2. Divide the participants into three groups. Give each group one of the flipchart papers

you prepared earlier and have them read it. Now, ask each group to split into two sides: A and B. Side A will argue in favor of the statement. Side B will argue against the statement. Remind everyone that this is a debate about the issues and not about their own views. Tell the groups that they have 10 minutes to prepare their arguments. Then they will hold the debate in front of the whole group.

3. When time is up, bring the groups back together. Call up the first debate group. Explain that each side will have five minutes to present their argument. They will then have two minutes each to respond to points made by the other side in their opening argument. Explain that you will then open it up to the rest of the participants to ask questions for a further six minutes. At this point, the debate will end.

4. Run the first debate. The whole process should last 20 minutes. Then run the second and third debates following the same process.

5. When the debates are over, lead a general discussion using these questions:

   - What was it like to make an argument that you did not agree with?
   - What was it like to make an argument that you did agree with?
   - What were the strongest arguments? Why?
   - Why is it so important to discuss HIV treatment as a right and not just a need?
   - What are the different roles that men can play in arguing for treatment as a human right?

6. Use the key points in the closing to sum up the discussion.

Closing

HIV treatment is a right and not just a need. HIV and AIDS is devastating individual lives, families, and communities. Health is one of the most basic human rights, and AIDS poses one of the biggest threats to people's health. HIV treatment is a critical way to protect people's right to health. Therefore, access to such treatment is a right, and not just a need. Defining treatment as a right highlights the responsibility of the government to provide such treatment. It also shifts the emphasis from proving a need to asserting a right. This is an empowering emphasis in that it gives disempowered people a way to make their claim for HIV treatment on the basis of their humanity and not merely their individual situation.

Men can play several roles in promoting the right to HIV treatment. HIV-positive men continue to play an important role in advocating for the right to HIV treatment. Men's leadership roles in the community, workplace, and the government put them in a position where they can bring about changes in policy to expand access to treatment. As leading figures in business and the media, men can move public opinion to support the right to HIV treatment. At the community level, men can take part in organizing efforts to demand the right to treatment.

7.10 Men, Women, and Caregiving

Objectives

1. To increase awareness about traditional gender divisions in caregiving
2. To promote men's increased participation in caregiving in their homes, relationships, and communities

Audience

Age: Youth or adults; **Sex:** Men or mixed groups; **Literacy:** Medium; **Resources:** High

Time

90 minutes

Materials

- Two empty boxes (a shoe box, for example)
- Cut-outs
- Photos or drawings of people, animals, plants, and other things men and women care for
- Resource Sheet 25: HIV and Caregiving
- Enough copies of Handout 25: Tshepo's Story for all participants

Steps

Part 1 – 45 minutes

1. Prior to the session, the facilitator should prepare up to 10 images (drawn or cut from newspapers or magazines) of babies, elderly persons, large and small animals, plants, houses, cars, clothing, diapers, garden tools, and other persons/objects that men and women "care" for. If possible, the facilitator can bring some of the objects themselves to the session. It is okay to have multiple copies of certain images or objects. When working with school groups, the figures can be replaced with words, but the use of images, even in these groups, makes the activity richer.
2. At the beginning of the session, present the two boxes to the participants, saying that one of the boxes will be given to a man and the other to a woman.
3. Present the images and objects to the participants and ask them to place the images and objects that women know how to care for. or are better at caring for, than men.
4. In the man's box, ask the participants to put the images and objects that men know how to care for, or are better at caring for, than women.
5. After they have done this, take the images and objects out of the box, one by one, showing them to the group.
6. Then, try to explore how the men grouped the images and objects together, using the following questions:

   - Why are some types of images and objects found only in the man's box?

- Why are some types of images and objects found only in the woman's box?
- Why do some images and objects appear in both boxes?
- Looking at the images and objects in the box for women, do you think that a man could properly care for these things?
- Looking at the images and objects in the box for men, do you think that a woman could properly care for these things?

7. Write the words "female carer" and "male protector" on flipchart paper. Ask participants what the differences are between being a "carer" and being a "protector." Use the information in Resource Sheet 25 to explain this difference and its impact on women.

8. Ask participants what they know about the burden of AIDS care carried by women. Look for and share further information on this from Resource Sheet 25. Make the point that AIDS makes it more important than ever that men share the burden of care.

9. Explain that you want to look at the pressures that prevent men from getting more involved in caring for others. Divide participants into three groups. Ask the first group to discuss the social pressures that make it hard for men to take on the role of "carer." Ask the second group to discuss the economic pressures that make it hard for men to take on the role of "carer." Ask the third group to discuss the psychological pressures that make it hard for men to take on the role of "carer." Ask each group to discuss ways to reduce these pressures, so that more men can become carers.

10. Allow 20 to 30 minutes for this group work. Then bring the groups back together. Ask them to take turns reporting back to the other two groups. Allow a few minutes for questions at the end of every report. When all have done so, lead a discussion with these questions:

    - What pressures (social, economic, psychological) have the biggest impact on preventing men from being carers?
      What opportunities are there for men to get more involved in caring for others?
    - What actions are needed to support men in being carers?

Part 2 – 45 minutes

1. Divide the participants into three smaller groups. Pass out the handout and ask each group to read it and discuss the set of questions afterward.

2. Bring the participants together and ask participants to share some of the issues they discussed in their small groups.

3. Conclude the session with the following questions:

    - Do you think men in your community face similar challenges to Tshepo? Why or why not?
    - What could be done in your community to help men play a greater role in care and support for people living with HIV and AIDS?

After considering the specific groupings,(what groupings?) open up the discussion with the questions below:

- Can men and women learn to care for things in different ways? Or, is the way we care for things part of our culture or our biology?
- Do men take care of themselves? Why or why not?
- Do women take care of themselves? Why or why not?
- Other than children, who else do men and women care for (siblings, grandparents, etc.)? Who, in general, cares more for these people, men or women? Why?
- Are there men in your families or communities who are good caregivers? What do other people in your family or community think of these men?
- Are there men in your families or communities who are good caregivers for PLWAs? In what way?
- Have you ever taken care of a person or object? How did it feel to be a caregiver? What did others think of you in this role?
- From what you have heard in this discussion, is there a change you might like to make in your life around caregiving?

Closing

It is common to assign the task of caring for people, animals, and plants, as well as daily housework, to women. On the other hand, men are expected to care for objects, such as cars, electrical work in the house, painting the walls, repairing the roof, etc (depending on local culture). It is important to stress that many of these ideas about caregiving come about as a result of learned behavior. For example, girls are encouraged, from an early age, to play with dolls, practicing what supposedly lies ahead for them: domestic life and caring for family members. On the other hand, boys are generally discouraged from playing with dolls or helping out with domestic chores. This lack of male involvement in caregiving often means that women carry a heavy burden and that men miss out on many of the pleasures involved in caring for children. As you think about promoting equity between men and women in your communities, it is important to start in the home and think about how you, as men, can participate more in caregiving tasks in your family, as well as how you can encourage other men to do the same in their homes.

Handout 25:
Tshepo's Story

Tshepo is a 23-year-old man. He matriculated five years ago, and now does construction work. Tshepo lives at home with his mother, his older sister Thembi, and her three young children ages 2, 6, and 12. Thembi is living with AIDS, and has been experiencing serious health problems for the past year. On many days, she is too weak to leave her bed. Thembi's husband died of an AIDS-related infection last year. Tshepo's mother is diabetic, and therefore has health concerns of her own. Nonetheless, she continues to work as a maid, and spends all of her free time caring for her three grandchildren. Thembi's youngest child Vusi, is HIV-positive, and therefore often requires special attention.

Tshepo has been noting the strain thatThembi's and Vusi's illnesses have placed on the rest of his family. His mother is so busy that she does not get adequate rest, further complicating her struggle with diabetes. Meanwhile, Thembi's oldest daughter has dropped out of school in order to help with care for the family. Tshepo has felt compelled to do his part, and initially tried to help in the house. Tshepo tried to help his mother and niece in caring for Thembi and Vusi, but there have been many challenges. Tshepo had never learned to cook or clean, and found he lacked the skills to do this. He felt embarrassed to ask. When he did try to wash clothes, his mother complained that he did it incorrectly, saying, "men are useless in these matters!" Tshepo also found little support from his peers. His friends tease him for cooking, and become annoyed when he doesn't join them for drinking on the weekends. They often say, "Why are you doing women's work? That is your mother's job!"

Discussion Questions

- What challenges does Tshepo face as he tries to play a role in the care and support for his family? What other challenges do you think he may be facing?
- What could Tshepo do to overcome these challenges?
- How could Tshepo's friends and family help him overcome these challenges?

Resource Sheet 25: HIV and Caregiving

Women bear the brunt of the burden of AIDS care: Research in many countries has found that the majority of the AIDS caregivers are women or girls—many of them younger than 18 years. School-aged girls are increasingly pulled out of school to take care of the sick and to assume household responsibilities previously carried out by their mothers. At the other end of the lifespan, elderly women are often required to take care of children orphaned by AIDS, finding themselves emotionally and physically taxed by tasks usually performed by much younger women.

The burden borne by women in areas without access to running water is enormous. Research shows that one in six AIDS-sick individuals in households cannot control their bowels and about the same number cannot control their bladders. Caring for a person sick with full blown AIDS requires 24 buckets of water a day to clean up diarrhea and vomitprepare for several baths a day, and to cook. This is an unbearable burden for many women who must walk miles to get the water, and still do all the other chores thatneed doing.

Social pressures on men: Strict gender roles saying that "real men" don't do household chores makes it hard for them to share the burden of AIDS care with their wives. Those men who do attempt to share the burden may face ridicule from other men and women.

Economic pressures: It remains true that men typically earn more than women for doing the same kind of work. This greater earning potential means that it can make economic sense for men to focus on their paid work and leave the unpaid caring work to women. However, the world of work is changing. New jobs are increasingly being taken by women and male unemployment is increasing. In this situation, it makes economic sense for the man to take on the role of carer at home.

Psychological pressures on men: These pressures come from men's own sense of themselves and their attitudes about what is appropriate for a man to do. These attitudes are based on the gender roles discussed above. They are the internal expression of the external pressure from society's ideas about the difference between being a man and being a woman.

Actions to increase men's role in AIDS care: There are many ways to help to get more men involved in AIDS care. Such actions need to change men's attitudes, build men's caring skills, and create a more supportive environment of policy and public opinion for men as "carers."

8. Fatherhood

8.1 Gender Roles: Division of Labor and Childcare in the Home

Objectives

1. To examine routine household duties and the gender stereotypes often associated with them, as well as the benefits of men sharing responsibility in the home

Audience

Age: Youth or adults; **Sex:** Men or mixed groups; **Literacy:** Any level; **Resources:** Medium

Time

45 to 60 minutes

Materials

- Flipchart
- Markers
- Paper
- Pencils and pens

Steps

1. Ask participants to name typical household duties that take place on a regular basis. To assist, ask them to think about what needs to be done in a household from waking up until going to sleep. List all of the activities on a flipchart, placing a number (beginning at 1) next to each activity. The list of activities should include some of the following:

    1. Cooking
    2. Upkeep and maintenance, including repairing household items
    3. Shopping for food, clothes, and household items
    4. Cleaning and washing
    5. Childcare
    6. Eldercare
    7. Safety
    8. School-related activities (transportation, homework, meetings at school, etc.)
    9. Paying the bills

Feel free to add these to the list, if participants do not mention them.

2. Distribute blank sheets of paper to the group. Ask the participants to look at the activities on the list and identify if they are usually done in their own households by a woman, man, or equally by both. The participants can simply write "woman," "man," or "both" next to the corresponding number on their sheet.

3. Ask the participants to tally the number of activities that women, men, and both sexes normally do. Ask them to share their results and list the totals on a new flipchart.

4. Facilitate a discussion using the questions below:

   - Did the tally of activities done by women and men in the household surprise you? Why or why not?
   - Was there a lot of variation among participants? Why do you think that is?
   - What factors contribute to men not participating in childcare?
   - Do you think the division of labor between men and women in the home is changing or remaining the same? Why?
   - How has the need to provide additional home-based care to family members living with HIV affected the division of household labor between men and women?
   - What are some of the benefits that come from men playing an active role in household duties?
   - What can be done to promote more equitable distribution of labor in households?
   - What have you learned from this activity? Have you learned anything that could be applied to your own life and relationships?

Closing

If, and how, a father is involved in childcare is not linked exclusively to biological characteristics, but depends more on whether men and women were raised to believe that men can also take care of children. Although girls and women are frequently brought up from an early age to care for children, men can also learn to care for a child and learn to do it well. Questioning gender roles is part of the process of challenging the gender inequities that increase vulnerability to HIV and AIDS.

8.2 Thinking About Fatherhood

Objectives

1. To discuss values and opinions about the role of a father.

Audience

Age: Youth or adults; **Sex:** Men or mixed groups; **Literacy:** Any level; **Resources:** Medium

Time

60 minutes

Materials

- Flipchart
- Markers
- Paper
- Pencils and pens

Facilitator's notes

This can be a difficult activity because it involves sharing a lot of personal information. As a facilitator, it will be important for you to share your own personal information so that the participants will feel comfortable doing the same. Explain that everyone has the right to say as little or as much as they want to. No one is required to disclose his story and everyone has the right to pass. The activity asks participants to think about their relationships with other men, particularly their own fathers. This helps the group to talk about the meaning of fatherhood. Many men you will be working with have not had close relationships with their fathers. This may make it difficult for them to be loving fathers to their children, even though they want to be. At the same time, it is important that you do not assume all participants have had poor relationships with their fathers. If any men begin to express a lot of negative feelings about their fathers or other adults during this activity, remind them that they are survivors. The fact that they have made it this far is a testimony to their strength and resilience.

If you are working with a mixed-gender group, it will be better to work in small same-gender groups. This will help to create more safety for participants to be open up about their experience and feelings. It will also help you to look more closely at the experience of women and their relationships with their fathers.

Advance preparation

Prior to the session write the following questions on a piece of flipchart paper:

Ourselves and our fathers

- What is your age?
- What are the names and ages of your children?

- Who raised you?
- How many children were in the family?
- How would you describe yourself as a boy?
- What kind of parent was your father?
- What did you learn from your father about being a parent?
- How would you like to be a different kind of parent from your father?

Steps

1. Put up the prepared flipchart on "Ourselves and Our Fathers." Ask participants to take a few minutes to answer these questions themselves. Explain that they can make notes, if they wish.
2. Ask participants to find two other partners to form groups of three. Explain that each person has six minutes to discuss their answers with their two partners. Ask the partners to simply listen and not interrupt. Tell the participants that you will keep time strictly so that everyone has the same time to speak. Explain that you will clap your hands when it is time for the next person to share his answers.
3. When each group of three has finished, bring everyone back together. Lead a general discussion using the questions below:
   - What are the challenges of being a father? How can these challenges be addressed?
   - What is the positive side of being a father? What are the benefits of being a father?
   - What are the benefits for a child who has a father active in his or her life?
   - What are the benefits of a man having a good relationship with the mother of his child?
   - What do men need to become better fathers?
   - Are there positive role models of fathers in your community? What can be learned from them?

Closing

Men who are more active in caring for their children report more satisfaction in their relationships with their partners and in their daily lives. It is important to consider that if boys interact with men (fathers, uncles, family friends, etc.) in a caregiving situation, they will more likely to view men's caregiving as part of the male role. They may also be encouraged to question gender inequality in the home. In other words, greater participation of men in caring for their children may have a dynamic impact on gender relations, insofar as children will be able to observe their parents' behavior and learn a broader meaning of what it means to be men and women.

8.3 You're Going To Be A Father

Objective

1. To explore a man's decision to assume paternity

Audience

Age: Youth or adults; **Sex:** Men or mixed groups; **Literacy:** Medium; **Resources:** Medium

Time

60 minutes

Materials

- Paper
- Pens
- Scissors
- A small box
- Resource Sheet 26: Messages

Facilitator's notes

It is vital for facilitators to write the messages in their own handwriting to make the activity more "realistic." The messages can be adapted to different cultural experiences, providing the same line of reasoning or storyline is maintained in each. The stories include: (1) persons with a long-lasting relationship, in which the pregnancy is unintended; (2) a couple with friends in common who have had an unintended pregnancy as a result of a one-night stand and (3) a couple who want to have a child and find out they are going to have a child.

Should the group have difficulty reading, the facilitator can read the messages out loud to each group.

Advance preparation

Before starting the activity, write, in your own handwriting, three messages (according to the model on Resource Sheet 26). Cut out the three messages, fold them, and place them in a small box.

Steps

1. Divide the participants into three groups.
2. Hand out one message to each group.
3. Instruct the groups to stage a short role-play that covers at least three items: (a) the place where the message was delivered; (b) who delivered it? (c) the reaction of the person receiving it.

4. Each small group should present its role-play to the rest of the group.
5. Open up the discussion, exploring the similarities and differences between the scenes.
   - How are the three situations similar? How are they different?
   - Is there any difference between pregnancy that occurs in a long-lasting relationship and one that occurs as a result of occasional sex?
   - What does it mean for a man to assume paternity? Is contributing financially enough?
   - To be a father, do you need to be a husband? Why or why not?
   - What have you learned from this activity? Have you learned anything that could be applied to your own life and relationships?

Closing

There are various feelings and expectations that a man may have about becoming a father. Many of these feelings may be influenced by existing gender norms. Often, men believe that to be a father means to be a provider, that is, to assume financial responsibility. However, being a father also means being a caregiver—participating in prenatal care, changing diapers, helping with homework, etc. It is important to remember that a man can and should be involved in caregiving, even if he is not married or romantically involved with the mother.

Resource Sheet 26:
Messages

#1
Hi, how are you?

It's Bette. Remember me?

We met three months ago at a club party. It was an unforgettable night, even if I don't remember very well what happened. The only thing I know is that I, or rather we, have a little problem and I would like to talk with you about it. My father always told me that drinking too much is for fools. I didn't believe him, but now see what happened! Well, I shouldn't have had sex on those days. I was ovulating. It was great to meet you. Our bodies spoke the same language from the word go. I even began to think that "love at first sight" really exists. I don't mean to say that I love you, but it was great meeting you and getting on together so well in bed! But we really should have used some contraception, don't you think? We were stupid!! And now I'm pregnant. I did the tests and there is no doubt. I hope you don't think I'm putting pressure on you, but I took the liberty of sending this note through Paula. I would like to meet you on Monday to talk about it personally. What do you think we should do?

Love, Bette

#2
Hi, baby!

Couldn't face talking to you in person, so I decided to write this note. Last week I started to feel a bit strange, a little bit sick with a feeling that something was happening. When you took me home after our party to celebrate our two years together, I almost called you, thinking that an accident or something like that had happened. I was really feeling paranoid. I don't know! I was feeling a bit crazy, anyway. Well, now I know the reason for all this. At least I'm feeling more relieved. I don't want to frighten you, but I'll get straight to the point. I did some tests and found that I'm pregnant. Since my period sometimes is not on time, at first I thought it might be a false alarm, so I didn't even say anything to you. Trying withdrawal was bound to lead to this. I'm not trying to put the blame on you, but I'm really confused. I don't know what to do now. I'm all mixed up. You're the first person I've talked to about this, and through a note! I know it's not the best way, but I didn't know how to say it to your face. What do you think we should do? I love you so much!

Marcia

#3
Hi love,

Hope you're enjoying the trip.

Have some great news. I went to the doctor. We did it!
Now we're no longer two. There are three of us.
Have to fly. See you tonight!

Love, Rita

8.4 Fatherhood (Digital Stories)

Objective

1. To hear stories from PLWHAs regarding fatherhood

Audience

Age: Youth or adults; **Sex:** Men or mixed groups; **Literacy:** Any level; **Resources:** High

Time

45 minutes

Materials

- Flipchart
- Markers
- EngenderHealth/South Africa MAP Digital Stories DVD
- DVD player and sound system

Facilitator's notes

Before facilitating this session with the digital stories, be sure to view the stories yourself so you are familiar with the content. You also should review the discussion questions, as well as key messages the storytellers are conveying. Additional stories that focus on fatherhood and masculinity include those of Jeffrey, Lillo, Msekeli, and Nkonzo.

Steps

1. Open this session by explaining that you would like to share three digital stories about fatherhood, and how some MAP activists have learned from their own fathers and grandfathers. Some of the stories explain how these activists were able to overcome some of the negative impacts their fathers had on them. Others, talk about how other positive male role models helped them to be better men and women themselves.

2. Start by sharing Andre's Story. Once it has ended, conduct a discussion with the following questions, and conclude with the key points Andre is making in his story:

Questions for discussion after viewing Andre's Story:

- What do you think are the messages in Andre's story?
- How did this story make you feel? Did anyone feel sad? Did anyone feel angry?
- Why do you think Andre's mom chose to stay with his father for so long, despite his drinking and violence?
- Why do we so often act like our parents when we grow up?
- What are some qualities of a good parent?
- If you are a parent, what can you do to be a better parent?
- If you are not a parent, what suggestions do you have for parents?

Key Points Andre is making in his story *(to be shared after the discussion):*

- You have a choice in life. You are not responsible for your parent's mistakes, nor do you have to repeat them.
- Parents can also make the choice to live their own lives. They can be trapped in unhealthy marriages, and at times, divorce is the best solution.
- Most parents have some good qualities, and these qualities are the ones that we, as their children, benefit from emulating.

3. Next, share Thoko's Story. Once complete, use the following questions and key points for discussion:

Questions for discussion after viewing Thoko's Story:

- What are the messages in Thoko's story?
- Did anyone feel angry after watching this story? Did anyone feel good about this story?
- Why do some men take advantage of young girls like this? Why wasn't Thoko protected?
- What are the qualities of a good father? Why is it so hard for some men to be good fathers?
- What can you do to be a good father?
- What can you do to help people in Thoko's situation?

Key Points Thoko is making in her story *(to be shared after the discussion):*

- Men need to understand what fatherhood means and take responsibility for the life they create. Fatherhood is not only about providing financial support. It includes a lot of other things, like being present, being a part of child's life, even when men have separated/divorced from the child's mother.
- There are a lot of good role-model fathers out there (e.g. Thoko's grandfather showed unconditional love).
- Rape and sexual abuse can destroy people's lives, especially when a child is raped. However, with support, rape survivors can come out strong (e.g.. becoming a ME activist) and help others to speak out against rape and reduce its impact.
- Men need to stop rape (e.g. what ME is all about).

4. Finally, share Thami's story, followed up by the following questions and key points:

Questions for discussion after viewing Thami's Story:

- What is Thami saying in his story?
- How did Thami's story make you feel? Did anyone feel sad? Did anyone feel empowered?

- Why do you think some say people or families are cursed?
- Why is it so hard to talk about HIV in one's family?
- What can you do to reduce the stigma of HIV?

Key Points Thami is making in his story (to be shared after the discussion):

- Many families are dealing with the impact of HIV (e.g., people dying, loss of economic support, etc.) HIV is not a curse; we all can make individual choices to avoid HIV.
- When people are in unhappy marriages, get divorced, or engage in unhealthy sexual behaviors, there may be significant implications for their children.
- We need to talk more about HIV, gender-based violence, and unhealthy sexual relationships (e.g., Thami's father cheating on his mother; Thami's uncle and his girlfriend having unsafe sex). We need to break the silence, as silence can lead to death.
- Young people do not need to follow the negative examples of their parents. We have a choice in defining ourselves and should not be stigmatized for our parents' behavior.
- Youth can be a part of social reconstruction: taking the good from what our parents' generation did, and discarding the negative. Youth can lead in developing a spirit of individuals helping each other. This is where social change starts.

Closing

Men need to understand what fatherhood means and take responsibility for the life they create. Fatherhood is not only about providing financial support. It also means providing emotional support and being there for your children. Even if your father was not a good role model, there are a lot of good role models out there whose qualities you can emulate. Also, many parents have some good qualities, and these qualities are the ones that we, as their children, should adopt and pass to our children. As individuals, we can make our own positive choices. We do not have to repeat our parents' mistakes. Social change can start from taking the good from what our parents' generation did, and discarding the negative.

8.5 Family Care

Objectives

1. To reflect on current concepts of family and highlight the importance of different caring figures in our lives

Audience

Age: Youth or adults; **Sex:** Men or mixed groups; **Literacy:** Any level; **Resources:** Low

Time

60 minutes

Materials

None

Facilitator's notes

In this activity, participants will be divided into groups of three except for one participant who will help to facilitate this activity. The number of trios can vary according to the size of the group. This activity can be used in large groups of up to 40 participants, although in such cases the presence of an additional facilitator is recommended. Generally speaking, this activity is popular among young people, insofar as it includes physical movement and a game. The atmosphere in the group during the activity is relaxed, and thus this activity is highly recommended for situations in which the group will meet only once. It is advisable at the start to include some music to get the ball rolling.

Steps

1. Divide the group into trios: two will be the walls of a house, one facing the other, hands raised, palms of the hands together, forming the roof of the house. The third will be the occupant (who will remain standing between the walls).

2. An additional person will be invited to remain outside This person will be neither a wall nor the occupant. Instruct this person to shout out "house," "occupant," or "house and occupant."

   a) When s/he shouts **house**, the **walls** should move and take up their position around another occupant.

   b) When s/he shouts **occupant**, the walls remain static and the occupants change houses.

   c) If the person shouts **house** and **occupant,** everyone should change place at the same time.

   d) The one who shouts should run and occupy an available place. The one that is "left out" should give a new order (shout) and try to occupy a place, and so on.

3. At the end, explore the following questions with the group:
   - Are all homes the same?
   - In what way are families the same?
   - Besides your parents, who else do you remember taking care of you?
   - In what way are families similar, and in what ways are they different?
   - What is family for you?
   - Who forms your family?
   - Is a family only made up of blood ties?
   - How are the families that you know constituted?
   - Is there any type of family that is better for a child?
   - Is there any type of family that is bad for a child?
   - What have you learned from this activity? Have you learned anything that could be applied to your own life and relationships?

Closing

There is no single family model, and although our cultural model associates family with the relationships between father, child and mother, there are different family structures that can provide a child with an equally healthy development. In principle, there are no family models that are better than others—only different from each other.

9. Violence

9.1 What is Violence?

Objective

1. To identify different types of violence that may occur in intimate relationships and communities

Audience

Age: Youth or adults; **Sex:** Men or mixed groups; **Literacy:** Medium; **Resources:** Medium

Time

90 minutes

Materials

- Flipchart
- Marker pens
- Resource Sheet 27: Case Studies on Violence and Resource Sheet 28: What is Gender-Based Violence?

Facilitator's notes

Prior to the sessions on violence, it is important to research locally-relevant information concerning violence, including existing laws and social supports for those who inflict and/or suffer from violence. It is also important to be prepared to refer a participant to the appropriate services if he reveals that he is a victim of violence or abuse.

As the facilitator, you can assist the group in this discussion by:

- Explaining that this is not a support group, but that you can talk to anyone afterwards to tell them about any support services you know about.
- Being aware of people's reactions and body language and reminding the group of the importance of people taking care of themselves (e.g., it is okay to take a break).
- Explaining that keeping full confidentiality is usually very difficult and that participants who want to talk about their own experience, but who do not want others outside the group to know about it, can choose to talk about the violence that "people like them" experience.
- Challenging participants who try to deny or reduce the significance of violence, in particular violence against women and children.

The case studies included in Resource Sheet 27 depict diverse examples of violence, including men's use of physical, sexual, and emotional violence against women in intimate relationships (case studies #1, 2, and 3); men's use of physical violence against

women outside the context of an intimate relationship (case study #3); physical violence between men (case study #4); and community-level, or institutional, violence against individuals and groups of people (case study #5). If necessary, you can adapt these case studies or create new ones to address other types of violence that also occur in intimate relationships, families, or communities.

Steps

Part 1 – What Does Violence Mean to Us? (30 minutes)

1. Ask the group to sit in a circle and to think silently for a few moments about what violence means to them.

2. Using the talking stick, invite each participant to share with the group what violence means to them. Write the responses on flipchart paper.

3. Discuss some of the common points in their responses, as well as some of the unique points. Review the definitions of violence below and tell the participants that there is not always a clear or simple definition of violence and that during the second part of the exercise, you will read a series of case studies to help them think about the different meanings and types of violence.

   Physical violence: Using physical force such as hitting, slapping, or pushing.

   Emotional/psychological violence: Often the most difficult form of violence to identify. It may include humiliating, threatening, insulting, pressuring, and expressing jealousy or possessiveness (e.g., by controlling decisions and activities).

   Sexual violence: pressuring or forcing someone to perform sexual acts (from kissing to sex) against their will, or making sexual comments that make someone feel humiliated or uncomfortable. It does not matter if there has been prior consenting sexual behavior.

Part 2 – Discussion of Different Types of Violence (One hour)

1. Read the case studies on violence and follow up each one with the following questions, using the talking stick.

- What kinds of violence most often occurs in intimate relationships between men and women? What causes this violence? (Examples may include physical, emotional, and/or sexual violence that men use against girlfriends or wives, as well as violence women use against their boyfriends or husbands.)

- What kinds of violence most often occur in families? What causes this violence? (Examples may include parents' use of physical, emotional, or sexual violence against children or other types of violence between family members.)

- What kinds of violence most often occur outside relationships and families? What causes this violence? (Examples may include physical violence between men, gang or war-related violence, stranger rape, and emotional violence or stigmatizing certain individuals or groups in the community)
- Are some acts of violence related to a person's sex? What is the most common type of violence practiced against women? (See Resource Sheet 28: What is Gender-Based Violence?) Against men?
- Are only men violent, or are women also violent? What is the most common type of violence men use against others? What is the most common type of violence that women use against others?
- Does a man or woman ever "deserve" to be hit or suffer violence?
- What are the consequences of violence on individuals? On relationships? On communities?
- What are the consequences of violence, in relation to condom usage? In relation to HIV transmission?
- What can you and other men do to stop violence in your community?

Closing

Violence can be defined as the use of force (or the threat of force) by one individual against another. Violence is often used as a way to control another person, to have power over them. It happens all around the world and often stems from the way individuals, especially men, are raised to deal with anger and conflict. It is commonly assumed that violence is a "natural" or "normal" part of being a man. However, violence is a learned behavior, and in that sense, it can be unlearned and prevented. As discussed in other sessions, men are often socialized to repress their emotions, and anger is sometimes one of the few socially acceptable ways for men to express their feelings. Moreover, men are sometimes raised to believe that they have the "right" to expect certain things from women (domestic tasks or sex, for example), and the right to use physical or verbal abuse if women do not provide these things. Men may also resort to violence to assert their views or decisions, thereby making communication among partners about condom-usage, sex, and HIV almost impossible. It is important to think about how these rigid gender roles regarding how men should express their emotions and how they should interact with women are harmful both to men and their relationships. In your daily lives, it is essential that you, as men, think about what you can do to speak out against other men's use of violence.

Links:

This activity can also be linked to the earlier one on **"Expressing My Emotions"** and to a discussion about how to handle anger.

Resource Sheet 27:
Case Studies on Violence

Case Study #1

Mtitu and Latifa are married. Mtitu's family is coming over to their home for dinner. He is very anxious that they should have a good time, and he wants to show them that his wife is a great cook. But when he gets home that night, nothing is prepared. Latifa has not been feeling well, and she has not started making the dinner yet. Mtitu is very upset. He does not want his family to think that he cannot control his wife. They begin to argue and yell at each other. The fight quickly escalates, and Mtitu hits her.

- Do you think that Mtitu was right to hit Latifa?
- How should Latifa react?
- Could Mtitu have reacted differently in this situation?

Case Study #2

You are dancing with a group of friends at the disco. When you are about to leave, you see a couple (presumably a boyfriend and girlfriend) arguing at the entrance. He calls her a bitch and asks her why she was flirting with another guy. She says, "I was not looking at him... and even if I was, aren't I with you?" He shouts at her again. Finally, she says, "You don't have the right to treat me like that." He calls her worthless and tells her to get out of his face, that he can't stand to look at her. He then hits her, and she falls down. She screams at him, saying that he has no right to do that.

- What would you do? Would you leave? Would you say anything? Why or why not?
- Would it be different if it were a guy hitting another guy?
- What can you do in situations like this one? What are your options?
- What is our responsibility to prevent others from using violence?

Case Study #3

Michael is an older boy who comes from a wealthy family. He meets Pili one day on her way home from school and they chat a little. The next day, he meets up with her again. This continues until one day he tells Pili how much he likes her. They start to kiss, and Michael starts touching Pili under her blouse. But then Pili stops and says that she doesn't want to go any further. Michael is furious. He tells her that he has spent lots of time with her and says, "What are my friends going to say?" He pressures her to to change her mind. First, he tries to be seductive, then he yells at her in frustration. He begins pulling at her forcefully, pushing her down. He then forces her to have sex, even though she keeps saying, "No, stop!"

- Is this a kind of violence? Why or why not?
- What do you think Michael should have done?
- What do you think Pili should have done?

Case Study #4

A group of friends go dancing. One of them, John, sees that some guy is staring at his girlfriend. John walks up to the guy and shoves him and a fight begins.

- Why did John react this way? Do you think that he was right to shove the other guy?
- How else could he have reacted?
- What should his friends have done?

Case Study #5

In many communities, people who are living with HIV and AIDS are shunned. They are insulted. Sometimes their children are not allowed to go to school.

- Is this a type of violence?
- Do you think that this type of discrimination hurts people living with HIV and AIDS?
- What can be done to stop these types of things from happening?

Resource Sheet 28:
What is Gender-Based Violence?

In many settings, most laws and policies use "family violence" or "domestic violence" to indicate acts of violence against women and children by an intimate partner, usually a man. However, there has been an increasing shift toward the use of "gender-based violence" or "violence against women" to encompass the broad range acts of violence that women suffer from intimate partners, family members, and other individuals outside the family. These terms also draw focus to the fact that gender dynamics and norms are intricately tied to the use of violence against women[45].

Below is a definition of gender-based violence and violence against women based on the United Nations General Assembly Declaration on the Elimination of Violence Against Women in 1994:

> …any act 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 deprivation of liberty, whether occurring **in public or in private life.**
>
> …shall be understood to encompass, but not be limited to the following:

a. Physical, sexual and psychological violence occurring **in the family,** including battering, sexual exploitation, sexual abuse of children in the household, dowry-related violence, marital rape, female genital mutilation and other traditional practices harmful to women, non-spousal violence and violence related to exploitation

b. Physical, sexual and psychological violence occurring **within the general community,** including rape, sexual abuse, sexual harassment and intimidation at work, in educational institutions and elsewhere, trafficking in women and forced prostitution

c. Physical, sexual and psychological violence **perpetrated or condoned by the State and institutions,** wherever it occurs.

[45]Velzeboer, Marijke, Mary Ellsberg, Carmen Clavel Arcas and Claudia Garcia-Moreno, Violence against Women: The Health Sector Responds, Pan American Health Organization and World Health Organization, Washington, D.C., 2003.

9.2 Sexual Violence in the Daily Routine

Objectives

1. To better understand the many ways in which women's (and men's) lives are limited by male violence, especially sexual violence

Audience

Age: Youth or adults; **Sex:** Men (with adaptation) or mixed groups; **Literacy:** Any level; **Resources:** Medium

Time

60 minutes

Materials

- Flipchart
- Markers

Facilitator's notes

This activity is critical for setting and establishing a clear understanding of the extent and impact of men's violence against women. Be sure to allow ample time! This activity works best in mixed gender workshops where the ratio of men to women is reasonably balanced. But it can be included in any workshop.

If men are defensive, make sure to look more closely at their reactions. Make it clear that you're not accusing anyone in the room of having created such a climate of fear. Remind the group that you are trying to show how common and how devastating violence against women is.

Some people have strong emotional reactions to this activity. These reactions can include anger, outrage, astonishment, shame, embarrassment, and defensiveness. As workshop participants show their feelings, let them know that their reaction is normal and appropriate. Many people are shocked and become angry when they learn the extent and impact of violence against women. Remind them that anger can be a powerful motivating force for change. Encourage them to identify ways to use their anger and outrage usefully to prevent violence and to promote gender equity.

Be aware that some men may think that they need to protect women from violence. If some men in the group say this, remind the group that it is important for each of us to be working to create a world of less violence. Men and women need to work together as allies in this effort. The danger of saying that it is up to men to protect women is that we take away women's power to protect themselves.

Steps

1. Draw a line down the middle of a flipchart paper from top to bottom. On one side, draw a picture of a man and on the other, a woman. Let the participants know that you want them to reflect on a question in silence for a moment. Tell them that you will give them plenty of time to share their answers once they have thought it over in silence. Ask the question:
   - "What do you do on a daily basis to protect yourself from sexual violence?"

2. Ask the men in the group to share their answers to the question. Most likely, none of the men will identify doing anything to protect themselves. If a man does identify something, make sure it is a serious answer before writing it down. Leave the column blank unless there is a convincing answer from a man. Point out that the column is empty or nearly empty because men don't usually even think about having to protect themselves from sexual violence.

3. If there are women in the group, ask the same question. If there are no women, ask the men to think of their wives, girlfriends, sisters, nieces, and mothers and imagine what these women do on a daily basis to protect themselves from sexual violence.

4. Once you have captured ALL the ways in which women limit their lives to protect themselves from sexual violence, break the group into pairs and tell each pair to ask each other the following question. Each person has five minutes to answer:

   - What does it feel like to see all the ways that women limit their lives because of their fear and experience of men's violence?

5. Bring the pairs back together after 10 minutes and ask people to share their answers and their feelings. Allow plenty of time for this discussion, as it can often be emotional. Then ask each pair to find two other pairs (to form groups of six people) and discuss the following questions for 15 minutes:

   - How much did you already know about the impact of men's violence on women's lives?
   - What does it feel like to have not known much about it before? How do you think you were able to not notice this, given its significant impact on women?
   - How does men's violence damage men's lives as well?
   - What are the consequences of sexual violence in relation to HIV?
   - What do you think you can do to change this trend and to create a world in which women don't live in fear of men's violence?

6. Bring the small groups back together after 15 minutes and ask each group to report back on its discussion. Sum up the discussion, making sure all points in the closing are covered.

Closing

Sexual violence and the threat of violence is an everyday fact for women. Because men do not live with the daily threat of sexual violence, they do not realize the extent of the problem women face. Men usually do not understand how sexual violence—actual and threatened—is such a regular feature of women's daily lives. However, men's lives are damaged too by sexual violence against women. It is men's sisters, mothers, daughters, cousins, and colleagues who are targeted—women that men care about are being harmed by sexual violence everyday. Social acceptance of this violence against women gives men permission to treat women as unequal and makes it harder for men to be vulnerable with their partners, wives, and female friends. Sexual violence makes it impossible for a woman to negotiate condom use and eliminates any element of choice regarding the decision to have sex or not. Also, as mentioned in other activities, the tearing of tissue during rape dramatically increases the risk for HIV transmission. Therefore, the prevention of sexual violence is key to reducing HIV.

9.3 Men As Victims of Violence

Objectives

1. To explore issues and challenges faced by men who are victims of violence

Audience

Age: Youth or adults; **Sex:** Men or mixed groups; **Literacy:** Any level; **Resources:** Medium

Time

45 minutes

Materials

- Flipchart
- Markers

Steps

1. Open the session by asking participants to find a partner and discuss the following question:

   - What are examples of how men can be victims of violence?

2. Once the pairs have held discussions, list their ideas on a flipchart paper.

   Next, ask the participants to form groups of five to six people and discuss the following questions:

   - Why would it be hard for men to talk about being victims of violence?
   - What effects would these experiences have on men?
   - What resources are available in the community to assist men who are victims of violence?

3. After the groups have discussed the questions for about 15 minutes, have them present their ideas to the entire group. Sum up the discussion, making sure that all the points in the closing are covered.

Closing

Men and boys are often victims of physical violence. However, men are socialized to disregard pain and to not show weakness. Thus, men who are victims rarely discuss their problems with others. Men and boys can also be victims of sexual violence, which stigmatizes them. Few resources exist to assist, however. It is vital that men and boys are offered opportunities to share their experiences and work through their feelings.

9.4 Understanding the Cycle of Violence

Objectives

1. To discuss the relationship between the violence that men suffer and the violence they use against others

Audience

Age: Youth or adults; **Sex:** Men or mixed groups; **Literacy:** Medium; **Resources**: Medium

Time

120 minutes

Materials

- Flipchart
- Markers
- Pens/pencils
- Five small pieces of paper for each participant

Facilitator's notes

During this activity, you might notice that it is easier for participants to talk about the violence they have suffered outside their homes than the violence they have suffered inside their homes, or the violence they have used against others. They might not want to go into detail about these experiences, and it is important you do not insist they do. Being a victim of interpersonal violence is associated with committing acts of violence later in life. Moreover, in talking about violence they've committed, the participants might seek to justify themselves, blaming the other person for being the aggressor. Helping men grasp this connection and think about the pain that violence has caused them is a potential way of interrupting the victim-to-aggressor cycle of violence. If necessary, this activity can be extended to two sessions.

Prior to the session, consult local and national laws regarding mandatory reporting procedures in the case that a minor (or individual under a certain age) reveals that he is suffering violence or abuse. It is also important to clarify with your organization any ethical and legal aspects related to dealing with situations that might come up during the discussions on violence.

Advance preparation

Before the session, tape five pieces of flipchart paper to a wall. On each paper, write one of the five categories below:

- Violence used against me
- Violence that I use against others
- Violence that I have witnessed
- How I feel when I use violence
- How I feel when violence is used against me

Steps

1. At the beginning of the session, explain to the participants that the purpose of this activity is to talk about the violence in our lives and our communities. Review the flipchart with the meanings of violence from the previous activity.
2. Give each participant five sheets of paper.
3. Ask the participants to think for a while about the five categories from above and then to write a short reply to each on the pieces of paper that they have received. They should write one response on each paper, and they should not put their names on the paper.
4. Allow about 10 minutes for this task. Explain to them that they should not write much, just a few words or a phrase, and then tape it to the corresponding flipchart paper.
5. After taping their papers to the flipchart, read out loud some responses from each category.
6. Open up the discussion with the following questions. Use the talking stick, if appropriate.

   - What is the most common type of violence used against us?
   - How do we feel about being a victim of this type of violence?
   - What is the most common type of violence we use against others?
   - How do we know if we are really using violence against someone?
   - How do we feel when we use violence against others?
   - Is there any connection between the violence we use and the violence that is used against us?
   - Where do we learn violence?
   - Is any kind of violence worse than another?
   - Is there a link between violence and power? Explain. (See Training Option to explore other causes of violence)
   - In general, when we are violent or when we suffer violence, do we talk about it? Do we report it? Do we talk about how we feel? If we do not, why not?
   - How do media (music, radio, movies, etc.) portray violence?
   - What is the link between violence in our families and relationships and other violence that we see in our communities?
   - Some researchers say that violence is like a cycle, that is to say, someone who is a victim of violence is more likely to commit acts of violence later. If this is true, how can we interrupt the cycle of violence?

After the discussion, ask the group what it was like for them to talk about the violence they have experienced. If anyone in the group shows a need for special attention due to an act of violence they have suffered, you should consider referring the individual to appropriate services and discuss the issue with other staff at your organization.

Closing

When people talk about violence, they think mainly of physical aggression. It is important to think of other forms of violence besides the physical. It is also important to think about the acts of violence that you, as men, might perpetrate, because very often men think it is only other people who are violent, not themselves. It is important to also remember that violence is not about natural aggression and that it has many causes. All forms of violence share the same fundamental causes: the use of violence to maintain or claim power and control. Current social and economic problems are also an important context for understanding why violence happens, who suffers from it, and who commits it. However, as much as context may help to explain violence, it should not be used to excuse it. People, men mostly, still make a choice when they use violence. People need to be held accountable for the decision to use violence and for the suffering that they cause. The purpose of this session is to help you think about how you learn and express violence differently and how you can stop the cycle of violence in your lives and communities.

Training option

This step is designed to help participants think more broadly and deeply about the causes of violence.

1. Divide participants into small groups of about four people. Ask each group to choose a different form of violence (eg., domestic violence, rape, child sexual abuse) and write (or draw) it on the center of a large sheet of flipchart paper.

2. Tell each group to then: ask themselves, "But why does this happen?" and write each of the answers to this question around the circle in the center of the paper. Draw a circle around each of these answers.

4. Look at the first of these answers and ask the question "But why does this happen?" Then write each of the answers to this new question around the circle containing the answer to the original question. Draw a circle around each of these new answers.

5. Repeat this step for each of the answers to the original question. Keep asking, "But why does this happen?" until the groups can think of no more answers or when time is up.

6. Bring the groups back together to share diagrams and highlights from their discussions. Note similarities and differences between the causes of violence identified by the groups.

7. Ask the participants to group their causes of violence into categories. Then ask them to place their answers under one of the following headers, which answers the question, "What causes of violence are connected to…"

   - Individual knowledge, attitudes, and skills?
   - Community norms and conditions?
   - Availability and accessibility of services?
   - Organizational practices?
   - Laws and policies?

8. For each of these categories, brainstorm actions that the group or individuals can take to address these causes. Brainstorm actions that others should take to address these causes. Write these suggestions on the Ecological Chart.

9.5 What to Do When I Am Angry

Objectives

1. To help the participants identify when they are angry and how to express their anger in a constructive and non-destructive way

Audience

Age: Youth or adults; **Sex:** Men; **Literacy:** Medium; **Resources:** Medium

Time

60 minutes

Materials

- Flipchart
- Paper
- Pens
- Tape
- Enough copies of Handout 26: Reflection Sheet for all participants

Steps

1. Explain to the group that the purpose of the activity is to discuss how individuals express anger. Many men confuse anger and violence, thinking they are the same things. Anger is an emotion, a natural and normal emotion that every human being feels at some point in life, while violence is a way of expressing anger. But there are many other ways of expressing anger, better and more positive ways.
2. Pass out the handout. Read aloud each question and ask the participants to answer the questions individually, allowing two or three minutes for each question. For low-literacy groups, read the questions aloud and have the participants discuss in pairs or draw a picture.
3. After filling in the sheet, divide everyone into groups of four or five participants at the most. Ask them to briefly commentabout what he wrote to the others in the group. Allow 20 minutes for this group work.
4. With the small groups, hand out a flip-chart and ask them to make a list of:
   - Negative ways of reacting when we are angry
   - Positive ways of reacting when we are angry
5. Allow the groups 15 minutes to make their lists and then ask each group to present their answers to the whole group.
6. It is very likely that the "Positive Ways" list will include: (1) take a breath of fresh air, or count to 10 and (2) use words to express what we feel without offending. It is important to stress that to "take a breath of fresh air" does not mean going out and jumping into the car (if that is the case) and driving around at high speed, exposing oneself to risk, or going to a bar and tanking up on alcohol. If the two tactics proposed

here are not on any of the lists presented, explain them to the group. In short: To take a breath of fresh air is simply to get out of the situation of conflict and anger, to get away from the person towards whom one is feeling angry. One can count to 10, breathe deeply, walk around a bit, or do some other kind of physical activity, in an attempt to cool down and keep calm. Generally, it is important for the person who is angry to explain to the other person that he is going to take a break because he is feeling angry, something like, "I'm really fed up with you and I need to take a breath of fresh air. I need to do something like go for a walk, so as not to feel violent or start shouting. When I've cooled down and I'm calmer, we can talk things over." To use words without offending is to learn to express two things: (1) To say to the other person why you are so upset, and (2) to say what you want from the other person, without offending or insulting. For example:

Give an example for the group:
If your girlfriend arrives late for a date, you can react by shouting, "You're a bitch, it's always the same, me standing here waiting for you."

Or you can look for words that do not offend, such as,

"Look, I'm angry with you because you're late. I would like you to be on time;otherwise, let me know that you're going to be late."

7. Discuss the following questions.

   - Generally speaking, is it difficult for men to express their anger, without using violence? Why?
   - Often we know how to avoid a conflict or a fight, without using violence, but we don't do so. Why?
   - Is it possible "to take a breath of fresh air" to reduce conflicts? Do we have experience with this activity? How did it work out?
   - Is it possible "to use words without offending?"
   - What have you learned from this activity? How can you apply this to your lives and relationships?

Closing

Anger is a normal emotion that every human being feels at some point. The problem is that some people may confuse anger and violence, thinking they are the same thing and that violence is an acceptable way of expressing anger. However, there are many other ways of expressing anger, better and more positive ways. Learning to express our anger when we feel it is better than bottling it up inside. When we allow our anger to build up, we tend to explode.

Training option

If there is time, an interesting way of concluding this activity is to ask the group to produce some role-plays or think of other situations or phrases that exemplify the difference between shouting or using offensive words and using words that do not offend.

Handout 26:
Reflection Sheet

What do I do when I am angry:

1. Think of a recent situation when you were angry. What happened? Write a short description here of the incident (in one or two sentences).

2. Think about this incident and try to remember what you were thinking and feeling. List one or two thing that you felt in your body when you were angry:

3. We often react with violence when we feel angry. This can even happen before we realize we are angry. Some men react immediately, by shouting, throwing something on the floor, or hitting something or someone. Sometimes, we can even become depressed, silent and introspective. How did you demonstrate your anger during this incident? How did you behave? (Write a sentence or a few words about how you reacted and what you did when you were angry).

9.6 Reducing the Impact of Violence in Our Communities

Objectives

1. To determine resources available in the community for survivors of violence and examine ways that participants can assist survivors of violence

Audience

Age: Youth or adults; **Sex:** Men or mixed groups; **Literacy:** Any level; **Resources**: Medium

Time

45 minutes

Materials

- Flipchart
- Markers

Facilitator's notes

If participants come from different communities, form groups with people from the same communities. If people are on their own, pair them up to work together to develop services maps of their own communities (each person would do their own service map but they can help each other brainstorm about the different type of services that might be available.)

Steps

1. Begin this session by asking the participants where they would go in their community if they or a family member/friend were victims of violence. Ask them to think about resources available in their community.

2. Next, divide the participants into three groups, and ask them to draw a physical map of their community. Ask them to think carefully about specific resources that are available for survivors of violence. They should be creative and "map out" all resources that may apply.

3. Give each group about 15 minutes to map the resources, and then have each group share their maps. To save time, ask the second and third group not to repeat services mentioned by the first group.

4. Conclude this session with the following questions:

   - How accessible are these resources?
   - How does class or race or age affect one's access to these resources?
   - Are there any social networks (e.g., family, friends, faith communities, etc.) that could also be of assistance?
   - How can you be more a part of these services?

Closing

It can be very difficult for individuals who suffer violence to speak out and seek help. For example, some women may fear that their partner might take revenge if they seek help or try to leave. Others may feel that they need to stay in an abusive relationship, especially if they are married and/or if there are children involved. For some, the economic consequences of leaving an intimate male partner might outweigh the emotional or physical suffering. There are various factors that can influence a woman's response to violence. It is important to not judge individuals who do not leave relationships in which they are experiencing violence, but to try to think about how they can be supported to understand the consequences of violence and to seek the help they need. Additionally, it is equally important to think about ways of creating communities where women and men can live their lives free of violence.

10. Making Change, Taking Action

10.1 Men's Role in Health Promotion

Objectives

1. To identify key roles that men can play in promoting health

Audience

Age: Youth or adults; **Sex:** Men or mixed groups; **Literacy:** Any level; **Resources:** Medium

Time

60 minutes

Materials

- Flipchart
- Markers

Advance preparation

On flipchart paper, write six roles that men play in social and economic life, as follows:

- Partner or Husband or Boyfriend
- Brother or Cousin
- Father or Uncle
- Friend or Colleague
- Manager or Supervisor
- Community leader

Steps

1. Explain that this activity looks at what men can do in each of these roles to promote health and most importantly, how they can help prevent unintended pregnancies and HIV/STIs, including prevention of mother to child transmission—PMTCT.

2. Begin the session by drawing a problem tree. Explain that you would like to look at causes and consequences of **men not being supportive of sexual and reproductive health services.** Once causes and consequences have been discussed,focus the group's attention on what men can do to affect those causes.

3. Divide into six groups. Give each group one of the following roles:

   - Partner or Husband or Boyfriend

- Brother or Cousin
- Father or Uncle
- Friend or Colleague
- Manager or Supervisor
- Community leader

4. Ask each group to discuss what **men in their specific role could do to prevent unintended pregnancies and STI/HIV infection.** Allow 15 minutes for this small group work. Ask the groups to write this list of possible actions on a sheet of flipchart paper.
5. Bring everyone back together. Ask each small group put up their flipchart and report back on their discussion. After each report, allow a few minutes for the rest of the group to ask questions and make comments.
6. Discuss the actions recommended by the small groups, using the following questions and the information in the closing to discuss the answers:
   - How best can men use their privilege and power to promote health and prevent HIV?
   - What can men do to be more involved in caring for family and friends who are living with HIV and AIDS (e.g., home-based care and support)?
   - How do men's roles in promoting health and prevention link to gender equality?
7. Make a note of the group's suggestions for action on men's roles in HIV prevention on the Ecological Model.

Closing

Men can use their privilege and power in several ways to prevent HIV/STIs and unintended pregnancies. The most immediate role men have in sexual health is in their own sexual lives. The privilege that men are granted because of their gender give them power over women in sexual decision making. With power comes responsibility. Men can use this responsibility to protect themselves and their sexual partners from HIV. But men also have power in the family, the community, and the workplace. They can use this power to promote HIV prevention, and support gender equality in order to reduce women's sexual vulnerability.

Promoting gender equality must be central to men's roles in HIV prevention. Acting in their roles in the family and community, one of the biggest contributions men can make to HIV prevention, is to promote gender equality. Women's lower social, economic, and political power is the basis of their greater vulnerability to HIV. Increasingly, HIV and AIDS is becoming a women's disease in Africa. In taking action on HIV, men need to listen to women, act as allies rather than protectors, and challenge sexist attitudes, behaviors, and policies.

10.2 New Kinds of Courage

Objectives

1. To identify and encourage strategies that promote healthy relationships
2. To understand ways to develop fair and more responsible sexual practices
3. To understand ways to challenge and take responsibility for men's violence against women

Audience

Age: Youth or adults; **Sex:** Men; **Literacy:** Medium; **Resources:** Medium

Time

75 minutes

Materials

- Set of Action Sheets
- Signs with "Least Courage" and "Most Courage"
- Tape
- Markers
- Flipchart

Scenarios for Action Sheets:

- Ignore a domestic dispute taking place in the street in front of your house
- Tell a friend that you are concerned that they are going to get hurt by their partner
- Tell a man that you don't know very well that you don't appreciate him making jokes about women's bodies
- Tell a friend that you don't like it when they tell jokes about gays and lesbians
- Walk up to a couple that is arguing to see if someone needs help
- Call the police if you hear fighting from a neighbor's house
- Tell your partner about your HIV-positive status
- Encourage your son who is pursuing a career in nursing
- Keep quiet when you hear jokes that excuse or promote violence against women
- Defend gay rights when you are with your friends at a bar
- Walk up to a group of men and tell them to stop harassing girls when they walk by
- Tell a colleague that you think he is sexually harassing female co-workers
- Let your partner have the last word in an argument
- Put your arm around a male friend who is upset
- Encourage your son to always treat women with respect
- Encourage your daughter to pursue any career she chooses

- Speak to your cousin about using condoms
- Tell a male friend that you admire the way he looks after his children
- Cook for your partner and children after a long week at work
- Participate in a men's march protesting violence against women and children
- Tell your son that it is okay if he cries
- Cry in public when you feel like crying
- Encourage a neighbor to seek counseling for his abusive behavior
- Tell a sexual partner you are not ready to have sex with them
- Insist on using a condom even when your sexual partner does not want to

Advance preparation

Before the session begins, create a "Spectrum of Courage" on a wall in the training room by posting the "Least Courage" sign on the left side of the room and the "Most Courage" sign on the right.

Steps

1. To begin, ask the participants why they think men should be concerned about violence against women and children. During the discussion, review the key points and ensure that they are covered.

2. Next, ask the group to develop a short list of actions that men can take to prevent violence, especially against women and children, and to promote gender equity in their own relationships and in the community-at-large. Write these on a flipchart.

3. Pass out the cards to participants.

4. Ask the participants to examine the following situations and determine where they fall on the "Least Courage-Most Courage" spectrum posted on the wall.

5. After all the cards have been posted on the wall, review each and discuss with the entire group whether they agree or not with the placements of the cards.

6. Divide the participants into groups of six to seven people. Hand out three to four cards and ask each group to come up with a role-play that depicts one of these situations. Ask them to be clear about what they would say and do to promote gender equality, respect for others, and healthy relationships.

7. Once each group has presented its role-play, discuss the strategies used, and action taken, to prevent violence.

8. Summarize, by first asking participants what they have learned from the session, and if they think they can take action to end violence. End the session by reviewing the key points.

Closing

Men can play a critical role in setting a positive example for other men by treating all others with respect and challenging other men's oppressive attitudes and behaviors. Most men care deeply about the women and girls in their lives, whether they are their wives, girlfriends, daughters, cousins, other family members or friends, colleagues, fellow parishioners, or neighbors.

When some men commit acts of violence, it becomes more difficult for women to trust any men. In other words, as a result of the actions of some men, all men are seen as potential rapists and perpetrators. Men commit the vast majority of domestic and sexual violence and therefore have a special responsibility to end the violence. It is, in other words, men's work to end violence committed by men.

10.3 Don't Stand By, Take Action

Objectives

1. To identify the roles that men can play as active bystanders in stopping men's violence
2. To identify the support that will help men take on these roles as active bystanders

Audience

Age: Youth or adults; Sex: Men; Literacy: Medium; Resources: Medium

Time

75 minutes

Materials

- Flipchart
- Markers
- Enough copies of Handout 27: What Men Can Do As Active Bystanders and Handout 28: Scenarios for all participants

Facilitator's notes

Pay attention to participants' reactions to this activity. It may remind some people of experiences in their own lives—when they were a target of violence and bystanders did not do enough to stop the violence, or when they were a bystander and did not do enough to stop the violence. Remind participants that it is okay to step out of the activity to take care of themselves. Make yourself available at the end of the session if anyone needs support.

Be clear that the aim of this activity is not to make anyone feel guilty for not having done enough in the past to stop violence. Rather, it is to look to the future and to see what more we can do to help stop the violence in our communities.

Steps

1. Introduce the idea of the "active bystander." Use the definition in Handout 27, if needed. Ask participants to share examples of people taking on the role of being an active bystander and ask:
   - What did these active bystanders do?
   - Why was it important that they took some form of action?
2. Ask the group why it is so important that men take more action as active bystanders in trying to stop men's violence (see Handout 27).
3. Brainstorm with the group some of the things that men could do as active bystanders in their community to stop the violence (see Handout 27).
4. Explain that one of the challenges of men taking on the role of active bystander is that this role can get confused with the sexist idea that men are supposed to protect women. Ask the group and use the information in Handout 28 to discuss their answers:

- What problems do you see with the idea that men are supposed to protect women?

5. Brainstorm with the group some of the main reasons men give for not being more active as a bystander trying to stop men's violence (see the example in Handout 28).
6. Pass out Handout 28. Divide the participants into smaller groups and assign each group a scenario from Handout 28, to prepare as a short role-play. Each role-play illustrates a conversation between a reluctant bystander and a friend who persuades him to become active and take action.
7. Run the role-plays and then debrief, using these questions:
   - In the role-plays, what worked well and what didn't work so well when it came to persuading the person to become an active bystander?
   - How can we persuade more people to become active bystanders?
   - What stops men from being more active bystanders?
   - What is needed to help men become more active bystanders?
8. Ask participants to get back into their small groups and give each group one of the scenarios to discuss for 15 minutes.
9. Bring the groups back to share the highlights from their discussion and their answers to the questions.
10. Summarize the discussion by highlighting the need for men to become more active bystanders, what kind of action those men can take, and the support men might need to do so.

Closing

Violence occurs every day, but many people prefer to ignore it or deny it, especially men's violence against women. An active bystander is someone who chooses not to stand by and let the violence continue, but takes some form of action to help stop the violence. Reducing the level of violence in society will require many more men to step up as active bystanders. Most violence is committed by men, and many men are more likely to listen to another man than they are to a woman. These two facts make it essential that more men get involved as active bystanders intervening to stop other men from being violent. It is also important to mobilize mobilize men with power, including government, community, and business leaders, as well as policy-makers, to think of themselves as active bystanders in the effort to end violence. Taking steps as an active bystander is often not easy, especially for men who are taking action to stop other men's violence. It is important for men to identify ways they can support each other in their efforts to be more active bystanders.

Sexist gender norms expect men to be the protectors of women. One danger in the active bystander approach is that some men will think that their role as an active bystander is to protect women. But the male protector role only ends up reinforcing women's disempowerment, which is the goal of men's violence in the first place. A core principle of the active bystander approach is that it must strengthen rather than weaken the empowerment of those who are targeted by violence.

Handout 27: What Men Can Do As Active Bystanders[46]

There are many ways that bystanders can prevent, interrupt, or intervene in abusive and violent behaviors, and the majority carry little or no risk for physical confrontation. Since these interventions are not always apparent to people, work with men as active bystanders should introduce as many nonviolent, nonthreatening options as possible. A key element of the Active Bystander approach is facilitating a discussion of options that bystanders have in a variety of realistic scenarios.

Here are some examples of nonviolent options for bystander actions:

- Talk to a friend who is verbally or physically abusive to his partner in a private, calm moment, rather than in public or directly after an abusive incident.
- Talk to a group of the perpetrator's friends and strategize a group intervention of some sort. (There is strength in numbers.)
- If you have witnessed a friend or colleague abusing a partner, talk to a group of the victim's friends and strategize a group response.
- If you are a school or college student, approach a trusted teacher, professor, social worker, or health professional. Tell them what you've observed and ask them to do something, or ask them to advise you on how you might proceed.

Example: Reasons given for not being an active bystander

"It's a private affair—it's not my business."

"My friends will not take me seriously if I speak out against violence."

"I may get hurt myself if I get involved."

"That is the job of the police."

[46] Adapted from: Online Toolkit for Working with Men and Boys, Family Violence Prevention Fund, San Francisco, CA., USA.

Handout 28: Scenarios

Scenario 1 **Boys Will be Boys**

You are walking down a street and see a group of male construction workers verbally harassing a woman.

Questions for group to discuss:

- What can you do in this situation?
- What possible consequences may happen to you? To the woman? To the men?
- Could anything be done to prevent this situation?

Scenario 2 **Neighborliness**

Your neighbors are a married couple. You often hear your neighbors arguing with each other. One night, you are asleep and are woken up by the sounds of your female neighbor screaming as if she is being hurt and her husband shouting at her.

Questions for group to discuss:

- What can you do in this situation?
- What possible consequences may happen to you? To the woman? To the man?
- Could anything be done to prevent this situation?

Scenario 3 **Party**

You are with some friends at a house party. One of your male friends is talking about how he is always getting with "hot chicks." You have heard from other people that he doesn't always treat women with respect. You notice one of your female friends is very drunk and is being sweet talked by this guy. You see them leaving the party and go outside.

Questions for group to discuss:

- What can you do in this situation?
- What possible consequences may happen to you? To the woman? To the man?
- Could anything be done to prevent this situation?

Scenario 4 **Across the Street**

You are at a friend's house watching television. You hear a woman's voice screaming for help. You and your friends run outside and see a man forcing a woman to have sex in the park across the street. You are not sure if he has a weapon or not.

Questions for group to discuss:

- What can you do in this situation?
- What possible consequences may happen to you? To the woman? To the man?
- Could anything be done to prevent this situation?

10.4 Men Holding Men Accountable

Objectives

To identify ways in which men can hold each other accountable in being gender equitable

Audience

Age: Youth or adults; **Sex:** Men or mixed groups; **Literacy:** Medium; **Resources:** Medium

Time

60 minutes

Materials

- Flipchart
- Markers
- Enough copies of Handout 29: Case Studies for all participants

Steps

1. Begin by asking the participants the following question:
   - What does it mean for men to be gender equitable?
2. Ask participants to think about it on their own for two minutes and then turn to their neighbor and discuss the question.
3. After about five minutes, ask for volunteers to share what they discussed and record their answers on a flipchart.
4. Next, explain that this list is an ideal and that it is often challenging to live up to this ideal. A good way, however, to affect change is for individuals to keep each other accountable.
5. Divide the participants into four groups and pass out the handout. Assign each group a case study from the handout and ask them to discuss the situation and come up with solutions/answers to the questions.
6. Have them report back and conclude with the following questions:
   - What can men do to keep each other accountable?
   - Was this session helpful?
   - What did you learn from this session?
   - Do you think it's possible for men to develop individual "codes of conduct" for themselves?
   - What would be the components of that code of conduct?
   - How could the code be enforced?

7. Time permitting, give participants about 20 minutes to develop such codes of conduct. Once they have finished, they can share in pairs.

Closing

Changing your attitudes and behaviors is not always easy. It is important to keep this in mind and to think about how you can support each other to make these changes in your lives and relationships. Try to also think about how you can share the information you have learned in these activities with other men in your community, and engage them in the kinds of questioning and discussions you have had here. Remember, we all have a role to play in building more equitable and peaceful communities – an important first step is starting with our lives and relationships.

Handout 29:
Case Studies

Case Study 1:

Thabiso is a MAP peer educator who travels at times to conduct workshops. He has been dating Mpho for the past two years and they have a good relationship. Every once in a while, when Thabiso is traveling, he engages in sex with other people. He thinks this is harmless because his encounters are "one night stands" and he is honest with the other partners about how he is involved with someone (usually after he has had sex with them). Mpho thinks their relationships is monogamous and is proud to be dating Thabiso because he is such a good guy.

You are a friend to both Mpho and Thabiso. You know what Thabiso is doing and you are not sure if he is always using protection. What should you do in this situation?

Case Study 2:

Mike is a ME facilitator. Mike is married to Precious and they have two children. Mike is a really nice guy, very good-looking, and a bit of a charmer. Recently, he began dating another woman and fathered a child with her. This is the second time he has done such a thing— and he now has four children—two with Precious and one each with these other women. Recently, Mike hit Precious when they were arguing about his activities with other women. Mike apologized to her, but it was not the first time.

You are a friend of Mike's. At a recent MAP workshop, you hear some participants who know Mike gossiping about him and wondering how he can stand up there as a MAP facilitator when his personal life is not going so well. What should you do in this situation?

Case Study 3:

Hudson is a youth pastor. He is single and enjoys going out with friends, playing snooker, and drinking. Every weekend, he gets very drunk and tends to go home with a different woman. He says it is okay because he always uses condoms. You are his friend and a member of the same church. What should you do in this situation?

Case Study 4:

Kenneth is an accounting intern. He has a long-term girlfriend who is living far away at university. They are very much in love and trust each other. Kenneth enjoys going out to clubs and hanging out with his friends. From time to time, he flirts with other women and when they ask, he denies having a girlfriend. You trust Kenneth when he says he has never cheated on his girlfriend, but you have seen him kissing a few women. From Kenneth's point of view, it is all harmless, as he is not having sex with these women. When the other women push things, he backs off and does not return their phone calls.

10.5 Movements to End Violence

Objectives

1. To learn from examples of men's involvement in collective action to stop men's violence
2. To help participants identify ways that they can get more involved in movements to end men's violence

Audience

Age: Youth or adults; **Sex:** Men or mixed groups; **Literacy:** Medium; **Resources:** Medium

Time

60 minutes

Materials

- Flipcharts
- Markers
- Enough copies of Handout 30:Case Studies of Movements to End Gender-Based Violence for all participants

Facilitator's notes

Remember that the aim of this activity is to encourage men to get more involved in movements to end men's violence, not to shame them about what they have not done. Keep the emphasis on any positive changes that they can make in their own lives. Men taking small, concrete steps to get more involved is better than men having big, but impractical, ideas about what they could do as part of a movement to end men's violence.

It is important that you know what is going on locally in terms of movements against men's violence. This will help you to talk specifically about what men can do to get more involved, as well as helping you connect participants to contacts in such efforts. If there is little going on locally, then you can ask the group what they would like to see happening and what they can do to make this happen.

Steps

1. Explain that because the problem of violence is so widespread, it is important to think of men's collective action and participation in movements to end violence.
2. Divide participants into small groups of about three to four people. Pass out the handout and give half the groups the first case study, and the other half the second case study. Tell the groups to read the case study aloud to each other and then to discuss the questions.
3. Allow about 30 minutes for this group work, and then bring the groups back to share the highlights of their discussions and the answers to the questions.

4. From your discussion of these case studies, summarize the two key roles for men in movements to end violence as (1) good examples to other men, and as (2) allies to women. Discuss these roles, using the following questions:
   - What does it take for men to be a good example to other men in movements to end men's violence?
   - What does it take for men to be a good ally to women in movements to end men's violence?
5. Use the information in the Closing to lead a discussion on these questions.
6. Ask participants to pair up and discuss the question: What would help me to get more involved in collective action to end men's violence? Explain that each person should take turns answering the question, and that the role of the partner is to simply listen. Also explain that when participants come back into the large group, you will invite people to share what was discussed, if they want to.
7. Allow a little over 10 minutes for the pairs' work, and then bring participants back together. Ask for a few volunteers to share the contents of the discussion with their partner.
8. End the activity by asking the group to name the ways men can support each other to get more involved in collective action to end men's violence.

Closing

Being a positive example to other men in efforts to end men's violence includes:

- Practicing what we preach: being aware of, and accountable for, our own attitudes and behavior, and open to changing them based on the feedback we get
- Being patient and persistent: Sexist attitudes and harmful gender norms will not change overnight. They have been with us for many years. In order to work for the change we want to see, it is important that we are both patient and persistent.
- Being humble: When we take on the role of being a positive example for others, there can be a temptation to be righteous, to see ourselves as being right, and others as being wrong. This will put many people off. A positive example is also a humble example.

Being an ally to women in efforts to end men's violence: Because men have privileges that come with being male in a society that gives them more economic, political, and social power than women, the best way for men to work as allies is to use their gender privilege in whatever way they can to prevent violence. In particular, they can try to change the policies and conditions that contribute to gender-based violence and the oppression of women.

Men who work as allies in this way see the benefits of gender and social equality in their own lives and in the lives of the women around them. Being an ally also means being accountable to women and recognizing women's leadership in the violence-prevention field. As those who are most often targeted by gender-based violence, women must

continue to lead in this field and in the gender-justice movement. It is essential for men, as allies, to listen to and learn from women and to be accountable for how they use their privilege.

Gender-based violence also targets gay, bisexual, and transgender men. In this situation, straight men have the privileges that come with their heterosexual identity—and thus they can be important allies in ending the violence and homophobia experienced by gay, bisexual, and transgender men.

What does an ally do?[47]

- An ally listens. Pay attention to, believe in, and respect what the person who needs help says.
- An ally is present. Back the person up—by being a friend, by keeping your word, and by letting the person know when you can't be there.
- An ally opens doors. Help the person explore the available options, resources, and support. Provide useful information and share your resources and connections.
- An ally takes chances. Sometimes we don't reach out because we fear we will make a mistake or say the wrong thing. An ally is bold. If you mess up, fix it and try again. It's always important to take a chance and reach out.
- An ally gets support. When you are helping someone, remember to take care of yourself. Don't do it all alone. Above all, an ally is a peacemaker.

[47] Creighton, A. and P. Knivel. 1995. Young men's work. Oakland, CA: Oakland Men's Project.

Handout 30:
Case Studies of Movements to End Gender-Based Violence

Case Study 1. White Ribbon Campaign

In 1991, a handful of men in Canada decided they had a responsibility to urge men to speak out against violence against women. They decided that wearing a white ribbon would be a symbol of men's opposition to men's violence against women. After only six weeks of preparation, as many as one hundred thousand men across Canada wore a white ribbon. Many others were drawn into discussion and debate on the issue of men's violence.

Now, the White Ribbon Campaign (WRC) is the largest effort in the world of men working to end men's violence against women. It relies on volunteer support and financial contributions from individuals and organizations.

Each year, WRC urges men and boys to wear a ribbon for one or two weeks, starting on November 25, the International Day for the Elimination of Violence Against Women. Wearing a white ribbon is a personal pledge to never commit, condone or remain silent about violence against women. Throughout the year, WRC encourages men to:

- Do educational work in schools, workplaces, and communities
- Support local women's groups
- Raise money for the international educational efforts of the WRC

Questions:

- What are men's roles in this collective effort?
  [Being a positive example to other men]
- What helped men to get involved?
  [Simple message, easy to act, single focus on violence against women]

Case Study 2. Men As Partners (MAP) – One in Nine Campaign

The Men As Partners (MAP) Network in South Africa encourages men to take a stand against sexual violence in both their lives and in other men's lives. MAP focuses on giving men a platform to join with women in opposing violence, challenging stereotypes that men are the problem, and to help men be part of the solution.

In 2006, a rape charge was laid against the former deputy president Jacob Zuma. As the trial began, many supporters of Jacob Zuma who viewed this rape charge as a smear tactic by political adversaries, began to treat the complainant with contempt. Many men involved in the MAP network read newspaper articles and saw television reports about how the female complainant was being publicly condemned, and decided to show solidarity with the woman and her supporters by attending her court case daily and joining

the One in Nine Campaign. The MAP colleagues acknowledged that the law should be allowed to take its course without victimization of the complainant or the defendant; bullying and intimidation of the complainant and her supporters was seen as a gross violation of human rights!

The One in Nine Campaign was initiated in direct response to the abuse of the complainant, recognizing the need for coordinated sector-wide support for Khwezi[48] (the complainant). The campaign took its name from research conducted by the Medical Research Council of South Africa that found only one in nine cases of rape were reported in South Africa. The One in Nine Campaign aims to mobilize support for survivors of sexual violence, to educate and change attitudes about sexual violence, and to monitor the criminal justice system and court processes in rape cases. The campaign recognizes that survivors of sexual violence often face victim-blaming, secondary victimization, and social stigma when they speak out. Supporting survivors is essential to ensure thatthey are able to speak out in safety, and to decrease the impact of secondary victimization and the victim-blaming they are likely to experience when they do speak out.

MAP colleagues attended the trial until the court made the final judgment. One member was appointed to be a media spokesperson for the campaign, representing men's views on the case. In many ways, the actions of these men demonstrated that they are concerned about abuse in its all forms, but also that gender(should this be "gender-based violence"?) is not about women, but rather an issue that affects all citizens.

Questions:

- What were men's roles in this collective effort?
- What helped men to get involved?

[48] Not her real name

10.6 Making Changes in Our Lives and In Our Communities

Objectives

To have an opportunity to reflect on what participants have learned throughout the workshops and how that can help them make changes in their lives and in their communities

Audience

Age: Youth or adults; **Sex:** Men or mixed groups; **Literacy:** Medium; **Resources:** Medium

Time

90 minutes

Materials

- Paper
- Pens
- Markers
- Flipchart
- Enough copies of Handout 31: Developing a Community Project for all participants

Facilitator's notes

Part 2 of this activity involves the participants developing a community project to create awareness about an important social issue in their communities. It is up to the facilitator to decide if the group is ready to take on an activity of this kind, particularly in terms of time and resources. There might also be a need for other collaborators to help carry it out. Some organizations and facilitators are in a position to implement a community project, others are not. While it is important to engage the participants in this kind of exercise, it is also necessary to be realistic. A good starting point might be to collect examples of people who have mobilized themselves to promote awareness and change in their communities and discuss with participants the possibilities of doing something similar in their community.

In order to ensure that the project efforts are sustained over some period of time, it might be worth doing this activity at the onset of the group workshops so that the facilitator can provide support and follow up for at least the initial stages of the project. In that case, the last session can include Part 1 – Personal Reflections, as well as a discussion on how the project has progressed and how it can be sustained.

Steps

Part 1 – Personal Reflections (30 minutes)

1. Ask participants to reflect individually on what they have learned throughout the workshops and how it will help them to make positive changes in their lives and relationships.
2. Explain that they should create a collage, a short essay, a poem, or a drawing based on the problem they have identified,how it affects men and women differently, and how it affects them, if at all, in their daily lives.
3. Allow 15 minutes for the participants to complete this task.
4. Invite each participant to briefly present their reflections (in about two minutes) and their medium of representation.
5. Open the discussion to the larger group with the following questions:
   - What will be some obstacles you might face in making these changes?
   - What will be some benefits?
   - How can you support each other to make these changes?

Part 2 - Developing a Community Project (60 minutes)

1. Explain to the participants that they are now going to think about the changes they can try to make beyond their own lives and relationships.
2. Ask the participants to think of the most pressing social issues in their community and how they are related to the topics they have discussed in the sessions.
3. As a group, ask them to select one of these issues to be the focus of their project.
4. Divide them into small groups to brainstorm what they can do with other young men in their community or school about the social issue they have decided to address. Ask them to write down or sketch out their ideas on a flipchart paper. Tell them that the ideas do not need to be finished; they should simply list a number of first ideas, no matter how "raw" they may be. Allow about 30 minutes for the group work.
5. Invite each group to present its ideas.
6. Ask the participants to help identify the main types of ideas presented, dividing them into categories, for example: (1) political/advocacy action, (2) awareness campaigns in the community, (3) development of educational materials and information, and 4) implementation of a local plan in their schools and communities, etc.
7. Use the questions in the Handout to help the group focus and prioritize their ideas by asking them which ones they consider to be the most interesting and easiest to implement. Remember that it is important to leave the final decision to them.
8. Once the idea has been finalized, review Handout 31 and work with the group to answer the questions and determine an appropriate time to implement the plan. In other cases the group may wish to meet on their own to finalize the planning. The important thing for the facilitator is to assist the participants in developing a viable plan so that they have a sense of fulfillment and not frustration.

Handout 31: Developing a Community Project

1. Description (in two or three phrases, describe your plan)

2. Collaboration
- Who do you need to collaborate with in order to put this plan into operation?
- How can you obtain this support and collaboration?

3. Materials/Resources
- What resources do you need to carry out your plan?
- Where and how can you obtain such resources?

4. Time Schedule
- How long do you need to execute the plan?

List in order the steps required to carry out the planning.

5. Evaluation
- How do you know if your plan is working?
- What expectations do you have about the result of your activity?

6. Risks
- What things can go wrong?

Appendix 1: Observation and Feedback Tool for Facilitators of ME Workshops

On the following page is a copy of an observation and feedback form. This is a tool used when training ME facilitators on how to conduct ME educational activities. In order to train ME facilitators, trainers should first orient the facilitators to the ME manual and the activities within it. Once trainers do this, the facilitators should have an opportunity to see the activities modeled by an experienced trainer. The activities can be modeled with the facilitator acting either as a participant or an observer. Once the activity has been modeled for the facilitator, the trainer should give the facilitator a chance to conduct the activity in front of a group.

Note: It is important to give the facilitator plenty of time to practice and prepare for the activity. The trainer should serve as a resource for the new facilitator as he or she plans the session. When the facilitator conducts the new activity, the trainer and other facilitators should provide feedback on the facilitator's performance by using the following observation and feedback form. The form gives the facilitator valuable feedback on what he or she did well and how to improve on it.

Observation and Feedback Form

Presenter _____

Observer _____

Skill Components	**Ratings: 1 = low; 5 = high**
Use of Voice to Communicate (pronunciation, projection, rate)	**1 2 3 4 5** Comments:
Demeanor with Audience (humor, sincerity, energy, enthusiasm)	**1 2 3 4 5** Comments:
Use of Body to Communicate (facial expressions, eye contact, body movements, gestures)	**1 2 3 4 5** Comments:
Instruction-giving (concise, clear, simple, choice of language; checks the participants' understanding)	**1 2 3 4 5** Comments:
Process Skills (uses open-ended questions, validates the participants, seeks opinions, encourages group interaction)	**1 2 3 4 5** Comments:

Group Management
(controls disruptions, draws out the quiet participants, does not let one or two control the group)

1 2 3 4 5
Comments:

Management of Biases
(does not show biases re: gender, ethnicity, sexual orientation, other; addresses participant biases appropriately)

1 2 3 4 5
Comments:

What did this presenter do that you found particularly helpful?_____

_____

_____

_____

_____

_____

_____

_____

_____

What suggestions can you make?_____

_____

_____

_____

_____

_____

_____

_____

_____

Appendix 2: PRE and POST-TEST QUESTIONNAIRE

Facilitator's notes: This survey will help you assess the impact of your training. Ideally, it should be administered before and after the training. If you are able to follow up with the participants, you should carry out the post-training survey several months after the end of the training. This will allow you to assess whether your training has had a sustainable impact on participants' knowledge, attitudes, and behaviors.

If you are unable to carry out the postevaluation several months after the training, then you can administer the questionnaire before the training and immediately after the training. If you are carrying out the sessions over time, this will still allow you to see if there has been a change in participants' knowledge, attitudes, and behaviors. If you are carrying out the sessions over several days, it will allow you to assess knowledge and attitudes, but not behavioral impact, as sufficient time will not have lapsed between the beginning and end of the trainings to exhibit behavior change.

Depending on the participants attending the training, you may have to adapt this survey to meet their educational and literacy levels. If you adapt the survey, you must carefully note all of the changes that are made in order to ensure that all of the same questions are used for the posttraining surveys. If your participants are illiterate, you may consider having someone ask them the questions to get their responses.

When administering the survey, it is important to get the participants' informed consent and to reassure them that their all their responses will be held in confidence. Therefore, you will not be asking for their names on the surveys.

Knowledge, Attitudes, and Practices Survey

Instructions: All of your answers are confidential. The results of this survey will be used to adapt the training content and to evaluate the overall effectiveness of the training. Answer all of the questions to the best of your ability. Do not leave any questions blank. There are no "correct" answers—we would like your honest responses to the questions. If you have any questions about the survey, talk to the trainer.

PART 1 - BACKGROUND

Please answer the following questions about your background.

1. How old are you?

☐☐ years old

2. Do you have children?

1 ☐ Yes

2 ☐ No (Skip ahead to Question 4)

3 ☐ You don't know (Skip ahead to Question 4)

3. How many children do you have?

☐☐ children

4. What is your religion?

1 ☐ Christianity

2 ☐ Islam

3 ☐ Other _____

4 ☐ Do not have a religion (Skip ahead to Question 6)

5. Do you consider yourself a practicing follower of this religion?

1 ☐ Yes

2 ☐ No

3 ☐ Do not know

6. Do you work?

1 ☐ Yes

2 ☐ No

7. Do you currently attend school?

1 ☐ Yes

2 ☐ No

PART 2 – ATTITUDES ABOUT GENDER ROLES

Please read the following statements and decide whether you agree, partially agree, or disagree with each of the statements below. Check the answer that most closely matches your opinion about the statement.

8. Changing diapers, giving the kids a bath, and feeding the kids are the responsibilities of a woman only.

1 ☐ I agree

2 ☐ I partially agree

3 ☐ I disagree

9. If a woman betrays a man, he can hit her.

1 ☐ I agree

2 ☐ I partially agree

3 ☐ I disagree

10. A man must have many girlfriends before getting married.

1 ☐ I agree
2 ☐ I partially agree
3 ☐ I disagree

11. Men need more sex than women do.

1 ☐ I agree
2 ☐ I partially agree
3 ☐ I disagree

12. Women who carry condoms with them are "easy."

1 ☐ I agree
2 ☐ I partially agree
3 ☐ I disagree

13. Real men do not need to go to a doctor when they are sick.

1 ☐ I agree
2 ☐ I partially agree
3 ☐ I disagree

14.If someone insults me, I will defend my reputation, even if it means using violence.

1 ☐ I agree
2 ☐ I partially agree
3 ☐ I disagree

15. It is okay for a man to hit his wife if she will not have sex with him.

1 ☐ I agree
2 ☐ I partially agree
3 ☐ I disagree

16. It is a woman's responsibility to avoid getting pregnant.

1 ☐ I agree
2 ☐ I partially agree
3 ☐ I disagree

Part 3 – FAMILY AND INTIMATE RELATIONSHIPS

Please read the following questions and choose the responses that best reflect your actions. Remember, all of these responses will be kept in confidence.

17. In the last three months, have you helped out a woman in your family with household chores?

1 ☐ Yes
2 ☐ No
3 ☐ Do not remember

18. Do you currently have a partner[49]?

1 ☐ Yes, I have a girlfriend.
2 ☐ Yes, I have a wife.
3 ☐ No. *(Skip ahead to Question 27)*

19. In the last three months, have you hit your partner?

1 ☐ Yes
2 ☐ No *(Skip ahead to Question 21)*
3 ☐ Do not remember *(Skip ahead to Question 21)*

20. How many times did you hit your partner?

1 ☐ Once
2 ☐ Two to three times
3 ☐ More than three times
4 ☐ Do not remember

[49] In some contexts, the term partner may not be understood, so you may have to change it to whatever is appropriate, such as wife, girlfriend, etc.

21. Do you and your partner have sexual relations?

1 ☐ Yes

2 ☐ No *(Skip ahead to Question 25)*

22. Did you use a condom the last time you had sex with your partner?

1 ☐ Yes

2 ☐ No

3 ☐ Do not remember

23. In the last three months, has there been a time when you wanted to have sex with your partner but your partner did not want to?

1 ☐ Yes

2 ☐ No *(Skip ahead to Question 25)*

3 ☐ Do not remember *(Skip ahead to Question 25)*

24. What happened the last time this situation arose?

1 ☐ We did not have sex

2 ☐ I forced her to have sex with me

3 ☐ Other_____

_____

25. In the last three months, have you and your partner talked about the HIV test?

1 ☐ Yes

2 ☐ No *(Skip ahead to Question 27)*

3 ☐ Do not remember (*Skip ahead to Question 27)*

26. The last time you discussed HIV and AIDS with your partner, who initiated the conversation?

1 ☐ You

2 ☐ Your girlfriend/wife

3 ☐ Do not remember

27. Have you ever had an HIV test?

1 ☐ Yes

2 ☐ No

3 ☐ Do not remember

Part 4 – KNOWLEDGE AND ATTITUDES ABOUT HIV and AIDS

Please read the following statements and decide whether the statement is true or false. Check the answer that most closely matches your opinion about the statement.

28. A person who already has a sexually transmitted infection (STI) is at greater risk for contracting HIV and AIDS than someone who does not.

1 ☐ True

2 ☐ False

3 ☐ Do not know/remember

29. If I learn that someone I know has HIV and AIDS, I would avoid him or her.

1 ☐ Yes

2 ☐ No

3 ☐ Do not know

30. People living with HIV and AIDS are always skinny and look very sick.

1 ☐ True

2 ☐ False

3 ☐ Do not know/remember

Appendix 3: Gender-Based Violence Resources

South Africa

South Africa Medical Research Council Gender and Health Research Unit
http://www.mrc.ac.za/gender/gender.htm
Rape Outcry
http://www.rapeoutcry.co.za/

International

UNIFEM (Violence Against Women)
http://www.unifem.org/gender_issues/violence_against_women/

United Nations Global Campaign for Violence Prevention
http://www.who.int/violence_injury_prevention/violence/global_campaign/en/index.html

White Ribbon Campaign
http://www.whiteribbon.ca/

Stop Violence Against Women (Amnesty International)
http://web.amnesty.org/actforwomen/index-eng

16 Days of Activism Against Gender Violence
http://www.cwgl.rutgers.edu/16days/home.html

XY Men Masculinities and Gender Politics
http://www.xyonline.net/

United States

Family Violence Prevention Fund
http://www.endabuse.org/

National Resource Center on Domestic Violence
http://www.nrcdv.org/

National Coalition for the Prevention of Domestic Violence
http://www.ncadv.org/

American Psychological Association – Controlling Anger
http://www.apa.org/topics/controlanger.html#manage

Men Can Stop Rape
http://www.mencanstoprape.org/

Publications

Violence Against Women and HIV and AIDS Information Sheet, WHO
http://www.who.int/gender/en/infosheetvawandhiv.pdf
Violence Against Women and HIV and AIDS: Critical Intersections, Information Bulletin Series, WHO
http://www.who.int/gender/violence/en/vawinformationbrief.pdf

Best Practices of Youth Violence Prevention: A Sourcebook for Community Action
http://www.cdc.gov/ncipc/dvp/bestpractices/Introduction.pdf

The Physician's Guide to Intimate Partner Abuse
http://www.preventioninstitute.org/pdf/FINAL_Before%20It%20Occurs_scanned%20and%20formatted.pdf

Stepping Stones Training Manual
http://www.steppingstonesfeedback.org/index.htm

Soul City Violence Against Women Materials
http://www.soulcity.org.za/programmes/materials-training/the-violence-against-women-training-materials

Best Practice in Violence Prevention Work with Men
http://www.daphne-toolkit.org/DOCUMENTS/Bibliography/xy-Michael-Flood/Flood_Violence_prev_Home_Truth.pdf