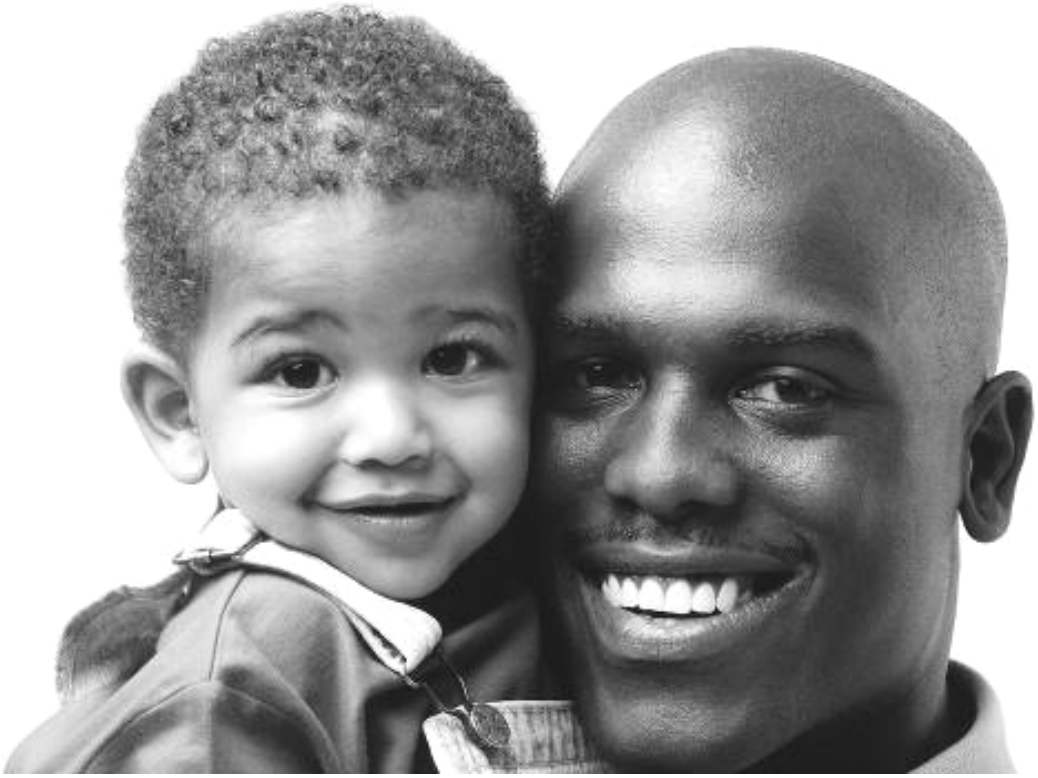

Healthy Images of Manhood:
A Facilitator Training Manual

USAID
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esd REACHING FURTHER
extending service delivery

Healthy Images of Manhood:
A Facilitator Training Manual
for Public and Private Sector Workplaces
May 2011

About ESD

A five-year Leader with Associate Cooperative Agreement, the Extending Service Delivery (ESD) Project is managed by Pathfinder International in partnership with IntraHealth International, Management Sciences for Health, and Meridian Group International, Inc. Additional technical assistance is provided by Adventist Development and Relief Agency International, the Georgetown University Institute for Reproductive Health, and Save the Children.

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- Instituto Promundo's *Project H- Working with Young Men Series*
- Raising Voices *Rethinking Domestic Violence: A Training Process for Community Activists*
- EngenderHealth *Men as Partners: A Program for Supplementing the Training of Life Skills Educators*
- Family Health International Tanzania *Bringing Program H to Tanzania: Adapted Manual for Field Testing*
- ACQUIRE Project/EngenderHealth and Instituto Promundo *Group Educational Manual*

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Table of Contents

List of Acronyms

ARV/ART	Antiretroviral/Antiretroviral Therapy
BCC	Behavior change communication
CHW	Community health worker
COC	Combined oral contraceptive
CSR	Corporate social responsibility
ESD	Extending Service Delivery
FGC/M	Female genital cutting/mutilation
FP	Family planning
HIM	Healthy Images of Manhood
HIV/AIDS	Human immunodeficiency virus/Acquired immune deficiency syndrome
HTSP	Healthy timing and spacing of pregnancy
IUD	Intrauterine device
MOH	Ministry of Health
NGO	Non-governmental organization
PE	Peer Educator
PMTCT	Prevention of mother to child transmission
PLWHA	People living with HIV/AIDS
RH	Reproductive health
SGBV	Sexual and Gender-Based Violence
STI	Sexually transmitted infection
USAID	United States Agency for International Development
VCT	Voluntary counseling and testing
WHO	World Health Organization

Introduction to Healthy Images of Manhood in the Workplace: Overview

There is no question that the way women and men are socialized to behave –often referred to as gender roles – affect their health and wellbeing. We know this from research and practical experience. Men's health is particularly affected by their lifestyle choices and individual behaviors. The 2008 WHO Global Burden of Disease Report [1] found that in all regions of the world, men had higher mortality rates than women due to lifestyle, infection, illness and injury.

Despite a desire to be healthy and caring individuals, husbands and fathers, many men are raised with expectations to be "real men." Research shows that many men express these expectations by gambling with their health. "Real men" are often expected to have multiple sex partners, take little responsibility for their health and the health of their families, and control the behavior and decisions of women. Such behaviors undermine not only men's health, but the health of the entire community. Health programs that only inform but fail to address attitudes and behaviors among men risk weakening the effectiveness of their activities.

The last decade has seen an increase in the numbers and types of programs that address gender, particularly the behaviors of men that contribute to their poor health and the health of their families. The HIV/AIDS epidemic triggered a greater focus on addressing the specific needs of men and women, as well as the importance of engaging men to address prevention as well as care and treatment. So was the increasing recognition of the widespread nature of sexual harassment of women, and gender-based violence.

In South America and Africa, a handful of successful gender programs have emerged, showing the way to engage men and change unhealthy cultural practices, attitudes and behaviors. These promising and best practices serve as the foundation for the Healthy Images of Manhood (HIM) approach.

Implementing HIM: the Extending Service Delivery Project

The mission of the Extending Service Delivery Project (ESD) is to expand access to reproductive health and family planning services for poor and underserved communities. In addition to improving the availability and quality of RH/FP services, ESD works to integrate RH/FP into a range of health (HIV/AIDS, postpartum care, maternal and child health) and non-health activities (workplace, religious leaders) by identifying, adapting and disseminating promising and best practices. A focus on gender is an important component in its overall approach.

ESD designed HIM to meet the diverse health issues of workplaces and workers, while still being relevant for other community-based organizations and programs. Although based on successful gender programs, it incorporates ESD's experience creating integrated RH/FP programs and its expertise with workplace programs, religious leaders and family planning projects around the world.

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[1] http://www.who.int/healthinfo/global_burden_disease/GBD_report_2004update_part2.pdf , retrieved August 4 2009

The HIM approach is unique in that:

(1) It is designed for workplaces and the specific operational realities facing companies and employers. The modules in the HIM manual can be tailored to unique workplace contexts and issues.

(2) It comprehensively integrates gender, reproductive health, family planning, HIV/AIDS, and maternal and child health so that participants can understand how these health issues are interlinked and connected.

(3) It addresses gender throughout the sessions on knowledge development, reflection, and skills building sessions, avoiding much of the academic or technical "gender vocabulary" in the trainings. It uses terms with simple and specific language to discuss how culture norms around gender affect the behavior and health of men and women.

In particular, HIM seamlessly integrates gender and RH/FP into existing health education efforts. A key element of HIM is its focus on the use of existing resources and personnel; HIM not only strengthens the health education program, but also builds the capacity of the workplace program staff – management, health care providers and health educators, which contributes to an improved and expanded health program.

HIM may be applied cost effectively within an existing program that includes a focus on health education, training or outreach, and can easily be incorporated into new or ongoing programs in any number of settings.

The Application of HIM in the Workplace

Increasingly, workplace wellness is a concern for businesses and companies. As the AIDS epidemic unfolded around the world, targeting the most productive members of the labor force, companies began to implement workplace HIV/AIDS education and services, from the provision of basic information to support for peer education and outreach programs to clinical services

HIM aims to build on and strengthen these efforts by introducing fresh content related to reproductive health and family planning, the influence of cultural norms of masculinity and femininity (gender) and skills development opportunities in communication. The HIM manual presents a series of 90 minute activities that can easily be added to an employer's existing program of health education and services.

To reap the full benefits of the HIM approach, we recommend that employers plan for a year-long activity to ensure that this integrated approach is well-integrated, sustained and institutionalized. We suggest you adopt the following goals that will improve:

1. ***Individual knowledge and behavior:*** An emphasis on basic health information dissemination and personal reflection can reach a wide range of employees or participants.
2. ***Management skills:*** HIM's emphasis on best practices in communication and participatory methodologies can improve the skills of company trainers, counselors, managers and even health care providers in communication and facilitation.

3. ***Community support:*** In the workplace and in the community. Participants not only go through the process of gaining new knowledge, adopting new attitudes and learning new behaviors, but also learn how to use participatory outreach techniques to influence co-workers and their community.

If your time or resources are limited, however, you can easily select specific activities or modules from the manual for a few hours, a full day or several days of training in that will help you meet more modest goals.

If you choose a more comprehensive application of HIM, we recommend including these components and activities in your program:

- ***A training workshop*** that launches the program and builds a foundation of knowledge and skills on gender, health (especially reproductive health/family planning and HIV/AIDS), communication and facilitation skills.
- ***The development of action plans*** that allow opportunities to apply learning by setting goals and targets for peer outreach activities that enables participants to evaluate their work individually and as a group.
- ***A regular schedule of follow-up sessions*** and refresher training(s) that provide an opportunity to monitor participant activities, collect and analyze relevant data, plan new activities and continuously upgrade participant knowledge and skills.
- ***Supportive supervision by a designated coordinator*** to track the progress of action plans and help participants apply their skills and solve problems both individually and as a group. This role includes overseeing data collection and analysis to help participants assess their own progress. We know from experience that **one of the biggest challenges** for peer health educators is **applying new participatory methods** of education and outreach. Most people come from a tradition of didactic education in which the recipient receives information passively and is "told" what to do. This classroom approach, however, is ineffective for community education and peer outreach. Monthly learning sessions and supportive supervision are an important component in the HIM approach, because these sessions provide participants the opportunity to both learn new information and practice new interactive skills

Access to Health Services is Important!
However you choose to apply HIM and the educational sessions contained in this manual, it is important to ensure that health services are available for participants so they can act on new knowledge and skills When HIM is linked to existing health services, this provides added benefits to both the peer educator and the individual. Health care providers, whether within the company or in the community should be prepared to handle the potential increase in clients through a simple orientation. As resources permit, it is ideal to provide some training in how to provide "male friendly" services.

Below is an illustrative schedule for implementing a comprehensive HIM program.

Comprehensive HIM Program	Activities
Initial HIM Training (4-6 days)	*Introduction to the HIM Approach*: • Gender knowledge/skills • Essential health knowledge (RH/FP; HIV +) • Communication/Outreach skills (participatory methods) *Development of Action Plans* *Linkages to Service Providers*
Health Education Activities by HIM Peer Educators	*Application of learning and techniques* • In the workplace, home and community *Implementation of action plans* *Supportive Supervisions by Coordinator*
Regular (Monthly) Meetings (2-6 hours facilitated by HIM coordinator)	*Review of Progress* • Problem solving, sharing successes • Data review and analysis • Revision of action plans *Skills/Knowledge Development* • Refresh/review skills/knowledge • Learn new skills/knowledge *Follow-up on program issues*
Evaluation/Assessment after 9-18 months	*Program Data and Analysis* • Participant outputs • Service/Other statistics kept *HIM program maintenance, adjustment or expansion*

The specific content and design for a **Refresher Training** has not been specifically mapped out in this manual because the refresher training should be tailored to needs of participants after six months of applying HIM or to participants in an existing program.

A refresher may need to address any new health, social, or other relevant issues that have arisen at the workplace. However, *as a practical matter, the initial training is not expected to cover every session in the manual.* Unused training sessions or modules can be selected, as appropriate, for the refresher as well as for the monthly meetings.

It may make sense to build new skills in the refresher that complements HIM for more experienced peer educators. For instance, Save the Children's *Community Action Cycle* [2] is an effective approach for companies to work with their surrounding communities to address health issues together.

[2] http://www.hcpartnership.org/Publications/comm_mob/htmlDocs/cac.htm

Using the Manual

This manual is part of a package of tools for implementing a comprehensive HIM program at the workplace. The package includes:

- The HIM Guide to Corporate Managers
- HIM Coordinator's Guidebook
- HIM Peer Educator Workbook
- HIM Assessment tool
- Auxiliary Tools and Best Practices (Healthy Timing and Spacing of Pregnancy materials, Balanced Counseling Strategy for Family Planning and HIV/AIDS, Community Action Cycle)

The manual is designed for facilitators and the company training team that will design the HIM program for a specific company. *We assume that the facilitators and company staff with **adapt the manual** and individual sessions according to the time available, the workplace context, and the knowledge and skills of the participants.*

It can be applied in many ways based on need, available resources, audience and time. Overall, the manual provides a range of 90 minute sessions that address gender, reproductive health, family planning, HIV/AIDS and communication skills.

The core HIM content for the initial training should provide 20-25 hours of learning roughly divided into three content areas to develop participant knowledge and skills in:

- Gender with a focus on changing cultural and gender attitudes.
- Health including reproductive health, family planning and family health as part of addressing specific diseases and health problems.
- Communication and outreach methods using best practice "interactive" approaches in that are most successful in achieving behavior change.

The HIM approach asks the training facilitator to present **training content as an integrated whole**, and not as separate, unrelated areas of knowledge. Each module should build upon the previous module. Gender skills and knowledge should inform participant learning about health and all should be taught through the lens of applying new knowledge using effective communication skills.

Each company will determine how much time they can devote to the initial training and how the training will be completed – either at one time (3-5 days) or spread out over a longer period (several weeks or more).

Evaluation tools, including pre and post-test questions for all modules, are contained in the ***Appendix***.

We encourage users to modify the sessions and materials needed, since context is critical to the success of any health related program. Wherever possible, the manual provides a reference to the original source(s) so that you can return to these materials, and adapt further as needed.

MODULE AND SESSION ("S") CONTENT

Module One: Getting Started (3.5 hours plus 30 minutes for pre-test)

Participants are introduced to the workshop and basic health issues:

S1 Welcome and Overview (with optional pre-test)
S2 Understanding Definitions of Sex and Gender
S3 Understanding Health and Sources of Services in Your Community

Module Two: Understanding Men and Women (9 hours plus an optional 1.5 hours)

Participants explore the concept of "being a man/being a woman" with a special focus on how men and women use/don't use power in relationships and how traditional notions of manhood/womanhood prevent men and women from engaging in positive sexual and reproductive health and general health behaviors.

S1 Cultural Expressions of Masculinity and Femininity
S2 Masculinity, Femininity and Reproductive Health
S3 Power and Relationships
S4 Power and the Roles of Men and Women
S5 Men and Caregiving
S6 Child Care in the Daily Life of Men and Women
S7 Understanding Social Pressures on Men and Boys (Video: *Once Upon a Boy*)

Module Three: Health and Sexuality (10.5 hours)

Participants discuss sexuality, address the importance of healthy timing and spacing of pregnancy, family planning and contraception and learn the importance using HIV/AIDS prevention, care and treatment services.

S1 Understanding Sexuality
S2 Sexuality and Health
S3 Healthy Timing and Spacing of Pregnancy (HTSP) and Family Planning
S4 Family Planning
S5 Sexually Transmitted Infections
S6 HIV/AIDS
S7 Stigma and HIV: Root Cause Analysis
S8 Male Friendly HIV/AIDS Services
S9 Barriers to HIV Prevention, Treatment and Care

Module Four: Communication Skills (7.5 hours)

Good communication is essential to health outreach and education. In these sessions, participants focus specifically on interactive skills for communicating effectively, but facilitators should have participants practice communication skills during all sessions.

S1 Importance of Clear Communication
S2 Effective Communication Skills Part 1
S3 Effective Communication Skills Part 2
S4 Effective Communication Skills Part 3
S5 Effective Communication Skills Part 4

Module Five: Sexual and Gender-Based Violence (7.5 hours)

Sexual and gender-based violence has a dramatic effect on the reproductive health of women and men. As part of being more aware of cultural norms of masculinity and femininity, these sessions look at how these cultural norms can sometimes lead to violence against women and children.

S1 Sexual and Gender-Based Violence
S2 Child Abuse
S3 Consequences of SGBV
S4 Domestic Violence
S5 Health and Social Consequences of Violence Against Women

Module Six: Action Plans and Wrap Up (7 hours)

Participants are asked to apply new knowledge and skill in activities in the community and the workplace by developing action plans and wrap up the training by completing a post-test and workshop evaluation.

S1 Action Plans
S2 Data Collection and Analysis
S3 Reflection and Wrap up

Appendix: Evaluation Tools

Experience from the Field

HIM was first implemented in collaboration with **Unilever Tea Tanzania,** Ltd., a leading tea producer in Tanzania. ESD partnered with the company to include HIM as part of its workplace health program, with the goal of increasing men's use of company provided health services including family planning and HIV/AIDS prevention, care and treatment. ESD piloted the HIM in January 2008 with 29 peer health educators (PHEs) who already had peer education training to educate their co-workers on HIV/AIDS prevention. Adding the HIM training improved their abilities to reach their co-workers, families and community members with appropriate information to motivate change, which was reflected in the development of action plans. Following the training, ESD worked with Unilever to incorporate a supportive supervision system with a project coordinator, who implemented a schedule of follow-up sessions and a refresher training.

HIM helped increase employee use of the company's free HIV/AIDS and reproductive health services and changed men's and women's behaviors (See ESD "HIM Case Study). UTTL then trained all 160 male and female PHEs in HIM, scaling up the program throughout the company. UTTL reports transformation in gender relations between spouses as well as between managers and employers. Several managers said they are now gender equitable in assigning tasks to workers. One noted: "We want to eliminate that some jobs are to be done by women and some jobs to be done by men." UTTL's sister company, **Unilever Tea Kenya**, Ltd., replicated HIM for its 350 peer educators to reach 70,000 employees and dependents in 2010. ESD partner, Meridian Group International Inc., negotiated HIM partnerships with the Central and East Africa office of **Global Business Coalition** on HIV/AIDS, TB and Malaria, the **National Organization of Peer Educators**, **Kenya HIV/AIDS Business Council**, and the **Federation of Kenya Employers** to replicate the HIM approach in more than 25 companies and workplaces.

Healthy Images of Manhood

Module One: Getting Started

Module One, Session 1

Welcome and Overview

This session introduces participants to the training you will conduct. Adapt as needed to the timeframe of your training, whether one hour, one day or one week.

Objective:
At the end of the session, participants will understand goal, objectives, training methods, expectations, and responsibilities of the training (as defined by the trainer).

Time: 1.5 hours
(Includes: an additional 30 minutes for an optional pre-test)

Materials:
- Newsprint
- Markers
- Notebooks/pens for participants
- (Optional) Copies of pre-test

Process:

a. Welcome (10 minutes)

Welcome all participants to the training. Introduce yourself, any special guests and provide a brief overview of what you intend to do and what participants will learn.

b. Introductions and Icebreaker (20 minutes)

Ask participants to pair up with someone they don't know or don't know well. Each person takes **two minutes** to tell the other person about themselves such as their name, where they are from, etc. *Time the exchange and tell people when they need to switch.*

Next have each pair take two minutes to discuss the following:

- What is one thing he (or she) does not like about being a man (or a woman)
- When you were young, what is something you had to do because you were a boy (or a girl) that you didn't like doing?

Next, gather everyone together in a group. Have each person to introduce his/her partner and tell the others what he/she said about being a man/woman. Summarize participant comments, looking at similarities and differences.

c. Workshop or Session Overview (25 minutes)

Provide overview of workshop goals, objectives, and activities. You can use ***Trainer's Resource 1: Goals and Objectives*** as a sample**.** Note that the participants will be developing action plans later in the training to guide their efforts at the company.

Solicit and record participant expectations, ideas and concerns about the workshop or session by asking questions such as:

- What do you expect to learn?
- How do you expect this training will help you do your job?
- Is there anything you would like to add?
- Is there anything that was not clear?

Mark the expectations that will not be addressed by the session or workshop and record them on a separate newsprint. Inform participants that these may not be addressed during the workshop or session, but that you will make every effort to address them either now or in the near future.

Explain to participants that to have an enjoyable and productive interaction certain 'ground rules' have to be agreed upon and observed.

Ask participants to make suggestions for the ground rules. List the rules on the flip chart. Make sure the following are included:

- Participants will keep to time.
- Participants will respect each others' opinions and contributions.
- Participants will pay attention to each other and to the trainer (s).
- Participants will actively take part in discussions and activities.

Post the rules. Answer any questions

d. Wrap up and Summary (5 minutes)

Takeaway messages

- ✓ **This training will help you understand the ways society's rules governing the roles men and women influence our behaviors and choices.**
- ✓ **You will be able to use the knowledge, tools, and techniques learned in this training to help men (and women) obtain information or care related to their health and wellbeing.**

Note to the Facilitator: Participants may have questions that cannot not be addressed in the time available during the training. Be prepared to help people find answers to their questions, whether through directly answering them or referring them to other sources of information.

Make a **"question box"** available to participants. Participants can write down questions that they may not be comfortable asking out loud. If you do use a "**question box"** be sure to check the box regularly and provide answers to questions.

Suggested (Optional) Pre-Test (30 minutes)

It is recommended that you administer a pre-test and GEMW scale to establish a baseline on knowledge and attitudes and inform your training activities. If you choose to administer a pre-test, explain the reasons. (You may also give participants the pre-test before the training starts and ask them to fill it out before they arrive.) Also let participants know you will give a post-test and ask them to complete a workshop evaluation at the end of the workshop.

You can use the pre-test and GEMW scale that is included in the ***Appendix,*** or develop your own. (An answer key is also provided.) Allow 30 minutes to complete the test. Be sure to share the results of the pre-tests with participants. Also share the cumulative results, so that participants see how well they have done against the results of the group.

Trainer's Resource 1

ILLUSTRATIVE Goals and Objectives

Note to the Facilitator: As needed, you will adapt these goals and objectives to the length of the workshop or the number of sessions you will conduct. You will also adapt each session – lengthen, shorten, remove or change activities, add local content and illustrations – according to the training goals and objective, needs of the participants, and time available for training.

Illustrative Goals for a HIM Training:

Improve the health and wellbeing of people in the workplace or other community through improved knowledge and understanding of:

- The influence of gender on efforts to improve health, and
- The importance of addressing reproductive health and family planning along with HIV/AIDS.

Learning Objectives:

By the end of the training, participants will:

1. Increase their awareness of the effect of cultural norms and gender stereotypes about men and women on the health behavior of men and women.
2. Increase their knowledge of health in the community, especially reproductive health, (including as appropriate healthy timing and spacing of pregnancy (HTSP), family planning, sexually transmitted infections and/or HIV).
3. Improve their practical skills in interpersonal communication to provide health information and referral for health services.

After the training:

After completing the HIM training, participants will be better able to inform and educate their colleagues, friends and families to protect and improve their health by:

- Addressing responsible sexual behavior, HIV prevention, care and treatment, and the importance of men's involvement in health.
- Discussing reproductive health (RH), family planning (FP) and HTSP.
- Facilitating open communication and decision-making about health.
- Understanding cultural norms of masculinity and femininity and their effect on health.
- Modeling healthy masculine and feminine attitudes and behaviors.

Module One, Session 2

Understanding Definitions of Sex and Gender[3]

Objective:
By the end of the session, participants will be able to:
1. Define the difference between the terms sex and gender and
2. Explain the concept of gender roles being determined by society, not one's sex.

Time: 1.5 hours

Materials:
- Newsprint
- Markers
- Masking tape

Advance Preparation:
- Using **Trainer's Resource 2**, write the fragments of the proverbs and sayings onto index cards. Resource 2 splits the proverbs/sayings into two columns ("First Half" and "Second Half") that are not matched.
- Review **Trainer's Resource 3** to see the complete proverb or saying and the explanation about their intended meaning.
- Copy ***Handout 1: Definitions of Sex and Gender.***
- Copy the activities listed in the **Small Group Activity** in **Section C** below onto 2 or 3 pieces of newsprint. *(**Note**: the answers provided should not be copied.)*

Process:
This session offers a series of exercises to introduce participants to the idea of gender roles as determined by society and the different values society places on those roles. *The facilitator may decide not to use all the exercises below depending on the knowledge or skills of the participants or the time available*.

a. Large Group Activity: Proverbs (15 minutes)

Distribute the index cards to participants. Some may receive more than one.

Tell the participants that these cards have proverbs or sayings from around the world that talk about men and women. But each card has **only part** of each proverb. The proverbs have been split in half, and each half of the proverb is on a different card. The participants are to match up the proverbs correctly.

Ask the participants to circulate among each other and compare cards. When they think they have matched the two halves of a proverb, they should post them on the wall. Once all the cards have been matched to form complete proverbs or sayings, have each pair of participants say what they think the proverb means.

b. Discussion (15 minutes)

Using **Trainer's Resource 3,** discuss the proverbs and what they mean:

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[3] Adapted from "Gender or Sex: Who Cares," skills building resource pack on gender and reproductive health for adolescent and youth workers, IPAS, 2001

- How do these sayings promote negative norm for women, men, girls and boys?
- Are there more negative sayings about men or women? Why?
- What do these proverbs say about the intelligence abilities or behaviors of women and girls? What do they say about how society values women's roles as compared to men's roles?
- Does anyone have any other examples of local proverbs or sayings?

c. Small Group Identification of Gender Roles (30 minutes)

Divide the participants into two or three groups and give each group a sheet of newsprint with the following phrases:

- Breastfeeding (F)*	- Changing diapers (F)	- Earning an income (M)
- Wearing trousers (M)	- Playing football (M)	- Driving a truck (M)
- Feeding children (F)	- Washing clothes (F)	- Initiating sex (M)
- Giving birth (F)*	- Ejaculation (M)*	- Taking children for vaccination (F)
- Menstruation (F)*	- Cooking dinner (F)	- Getting a vasectomy (M)*
- Going to a bar (M)	- Tending a garden (F)	- Going to school (M)

Ask the groups to discuss each activity. They should put an **F** next to those activities that are considered *female activities* and an **M** next to those activities that are considered *male activities*. **(10 minutes)**

Note to the Facilitator: We have provided the answers in parentheses (M or F) and asterix* (for ONLY exercise below) for the activities. Push the group to assign only an F or an M to each activity based on how society traditionally or commonly views the activity. If a group cannot agree or really believes the activity should be assigned to both, they may mark an "M/F" next to it.

When completed, ask each group to circle the letters (F or M) for those activities that can ONLY be done by a man and those that can ONLY be done by a woman. **(5 minutes)**

Convene the full group for report outs (15 minutes):

Ask the first group to present their answers. Then have a representative of the second (and third) group note those activities that they marked differently from the first group. If there are disagreements, discuss briefly why each group made the choices it did.

Next, ask the second group to identify those activities they marked as ONLY applicable to *men* or ONLY applicable to *women* and explain why they made their choices. Again, where there is disagreement, have participants discuss and come to agreement.

d. Full Group Definition of "Sex" and "Gender" (15 minutes)

Introduce the activity by saying that the group will define the terms "Sex" and "Gender."

Write the word "Sex" as a column heading on a sheet of newsprint.

Ask the group what other words come to mind when they hear the word "sex" Encourage the group to come up with as many words as they can that relate to "sex." Write their answers underneath the word "sex."

Now write the word "Gender" as a second column heading.

Ask the group to say what words come to mind when they hear the word "gender." Write their responses on the newsprint.

Have them discuss why they put words under the "sex" and "gender" columns. Now ask them to consider the previous **Small Group exercise** and decide:

- In which column ("Sex" or "Gender") they would put all the activities they circled as Male or Female ONLY (Note they can choose only one column for all the circled letters.); and
- In which column they would put all the activities they did not circle.

If the participants have given mostly "physical" words when referring to sex and mostly "social concepts" when referring to gender, compliment them on their understanding of the difference between sex and gender.

After reviewing the two columns, ask participants to define "Sex" and "Gender" in their own words.

Note to the Facilitator: Some participants may think that the term "gender" only refers to women or programs for women. Or they will think sex and gender mean the same thing. In fact, gender refers to social norms for both men and women.

You should help them reflect on their column choices. This activity introduces the idea that the roles and norms society assigns to men and women are NOT based on the biological fact of their being a man or woman. *These roles and social norms are learned*. And thus these social norms can change – and participants can help make that change.

More broadly, the concept of gender allows participants to distinguish between the biological fact of our sex (that is, we are born as either a man or a woman) and the rules and roles for each sex that men and women are raised and expected to follow.

Distribute ***Handout 1: Definitions of Sex and Gender*** and compare with the group's definition:

- Sex has to do with whether we are born male or female. Sex refers to a person's physical or biological traits. Sex determines the different biological functions for men and women.
- Sex is related to the types of genitals (penis and testicles for men, vagina, uterus and breasts for women) the types of hormones that are produced (testosterone for men, estrogen for women), the ability to produce sperm or eggs, the ability to give birth and breastfeed.
- Gender has to do with widely shared ideas and expectations (norms) and roles that society decides men and women should play. These include ideas about "typical"

feminine or "typical" masculine characteristics, abilities, and behaviors. These ideas are learned from family, friends, opinion leaders, religious leaders, culture, schools, the workplace, the media and advertising. For example, men are typically expected to be strong and unemotional while women are expected to be soft and nurturing.

Point out that gender roles are "learned." We are born with certain sex characteristics, but we are not born with our gender roles. Social expectations are not based on sex, but on ideas that society has about boys and men, girls and women.

d. Group Discussion on Gender Roles (25 minutes)

Have the group reflect on the exercise and discuss gender and gender roles using the following questions as a guide:

- What do you think are the reasons for assigning the female activities to women and the male activities to men? Why are men expected to play these roles? And why are women expected to play their roles?
- How does society determine the roles men and women should play?
- Does society give equal value to men's and women's roles, and if not, why?
- What happens when men or women do not follow their assigned gender roles? How does the community reward a woman who plays her role? How does the community punish a woman that does not play her role?
- How does the community reward a man who plays his role? How does the community punish men who do not play their role?
- Why does society place different values on the work that men and women do?

e. Wrap up and Summary (5 minutes)

Tell the participants that the discussion in this session on gender roles and their effect on men's and women's health will be explored in greater depth in upcoming sessions.

Reiterate the points raised in discussion: Many people think that our roles are determined by our biology – our sex – and cannot be changed. In fact, from the time boys and girls are born they are taught how to behave appropriately in their culture. This means that these behaviors are *learned*.

Takeaway Messages

- ✓ **Gender refers to the rules each society makes about how BOTH men and women should behave and the roles they should play.**
- ✓ **Sex refers to the physiological characteristics of a person.**
- ✓ **People often mistakenly believe men's and women's roles are determined by their biology/physiology – that is their sex.**
- ✓ **The gender roles society creates can be changed as individuals and communities adopt and learn new ways of doing things.**

Trainer's Resource 2

Proverbs and Sayings:
Matching the First Half and Second Half of Each Proverb

First Half of Proverb/Saying:	Second Half of Proverb/Saying:
Men are gold	*They often become possessed by evil spirits*
Husbands of ugly women	*Are called slave of the wife*
Men are like cars	*Women are cloth*
Husbands who help their wives	*Always wake scared*
Women are like	*The kitchen*
A house without an owner	*Duikers dung*
He who listens to women	*A woman without a husband*
The kind of love between a husband and wife in the early days of marriage	*Suffers from famine at harvest time*
If the hours are long enough and the pay is short enough, someone will say	*Only break twigs*
A woman's place is in	*The dignity of the house*
It is believed that women are governed by weak stars so	*Women are like parking spaces*
A boy who is a coward	*Is absent after the birth of children*
Strong winds and ugly women	*Should wear bangles in his hand*
In the hands of women rests	*It's women's work*

Facilitators may also use proverbs or sayings from the participants' communities for this exercise. Below are additional proverbs from Africa:

- There will always be success in a home where there is a boy. (Kikuyu community)
- If a flock misses a leader, it misses the way (Kamba community)
- Women are like castor seeds.
- A woman is like a matatu (city bus) – if you miss one, you jump into the next one.
- A woman is like a maize cob – you chew it up and throw it away.
- A bad woman breaks her own home.
- A coward goes back to his mother.
- A good wife builds a home with her own hands.
- A good child is the father's praise and a bad child is a mother's grave.
- A house without an owner is like a woman without a husband.

Trainer's Resource 3

Proverbs and Sayings

- **Men are gold, women are cloth** (Cambodia) This means that women, like a cloth are easily soiled by sex, while men can have as much sex as they want and be polished clean like gold each time.
- **Husbands of ugly women always wake scared** (Brazil) This means that men think badly about women who are not beautiful.
- **Men are like cars, women are like parking spaces** (Asia) This means that men can choose their partners (parking spaces) while women have no choice (anyone can park in them)
- **Husbands who help their wives are called slave of the wife** (India) Men who help women are not "real men."
- **Women are like duiker dung** (Zambia) A duiker is a small antelope – women are as plentiful as duiker dung, so if your wife misbehaves, throw her away and get a new one.
- **A house without an owner is like a woman without a husband** (Summerian) A woman alone is not complete as a human being.
- **He who listens to women suffers from famine at harvest time** (Zambia) This means one should not put too much weight on women's words. It might lead to trouble later.
- **The kind of love between a husband and wife in the early days of marriage is absent after the birth of children** (India) Romantic love changes when parents have to take care of children.
- **If the hours are long enough and the pay is short enough, someone will say it's women's work** (Swahili) Women will work harder and earn less than men.
- **A woman's place is in the kitchen** (USA) Women should stay at home and only cook and clean.
- **It is believed that women are governed by weak stars so they often become possessed by evil spirits** ((India) Women are more unstable than men.
- **A boy who is a coward should wear bangles in his hand** (India) Boys who are afraid or do not like violence are like girls.
- **Strong winds and ugly women only break twigs** (Brazil) Both cause problems.
- **In the hands of women rests the dignity of the house** (India) What people think about a family depends on the behavior of the woman.

Handout 1

Definitions of Sex and Gender

Sex refers to the physiological characteristics that identify a person as male or female.

- The type of genitals (penis and testicles; vagina, breasts, uterus)
- The type of hormone in the body (testosterone for men, estrogen for women)
- Ability to produce sperm or eggs
- Ability to give birth and breastfeed.

Gender refers to the widely shared ideas, expectations and norms about men and women.

These include ideas about what are "typically" feminine or "typically" masculine characteristics, abilities and behaviors. These ideas are learned from family, friends, religious leaders, opinion leaders, cultural institutions, schools, the workplace, advertising, and the media. Ideas about gender reflect the different roles, status and power of men and women in society.

Module One, Session 3

Understanding Health and Sources of Services in Your Community

Objectives:

By the end of the session, participants will be able to:

1. Identify health-related concerns in the community.
2. Discuss causes and consequences of health problems related to reproductive health in the community for men and women.
3. Identify health and social services available to the community.

Time: 1.5 hours

Materials:

- Newsprint
- Markers
- Visual aids

Process:

This session will introduce participants to health in the workplace or community, with a focus on common reproductive health concerns. This session will enable participants to distinguish more clearly various health concerns, learn a tool for analyzing root causes, and identify services available to address these concerns.

a. Brainstorm (25 minutes)

Have participants identify all of the common health problems in the community they can think of. List their answer on newsprint.

Ask the participants which of these problems are related to reproductive health and why. Use the discussion to ensure that the participants understand that reproductive health is related to women's and men's ability to have children. You can invite participants to add any additional RH problems that come to mind.

On newsprint, create two columns – "general health problems" and "reproductive health problems", and write each the health issue identified in the appropriate column, as suggested below:

General Health Problems	Reproductive Health Problems
Pneumonia	Women dying in childbirth
Diarrhea	Infant death
Malaria	Fistula
Tuberculosis	HIV/AIDS
Malnutrition	Early pregnancy
Worms	Sexually transmitted infections
Injuries	Abortion
Etc.	Miscarriage
	Rape
	Female genital cutting
	Etc.

b. Mini-Lecture (5 minutes)

Summarize the brainstorm:

- Reproductive health (RH) is health that is related to women's and men's ability to have children.
- Many of the health problems in the community are related to reproductive health.
- Addressing community health adequately must include addressing reproductive health.

And present the following information:

- RH touches many basic elements of a person's life – sex, marriage, family, children.
- Ensuring good reproductive health is about:
  - The safety of mothers during pregnancy, delivery and motherhood; the survival of newborns and children; and the management of complications of unsafe abortion/miscarriage;
  - Ensuring women have access to antenatal care, safe delivery and postpartum care;
  - The practice of spacing pregnancies safely, preventing unwanted pregnancies and delaying first pregnancy until the age of 18, which requires access to and can use family planning;
  - The prevention and management of infections, including sexually transmitted infections and HIV/AIDS;
  - Treatment of infertility and sexual problems;
  - The prevention of violence against women;
  - Prompt care and treatment for illness or injury; and
  - Limiting harmful traditional practices that affect the RH of men and women.

c. Problem Tree Analysis (30 minutes)

Ask participants to look at all the reproductive health problems and identify the three problems that the group agrees have the greatest effect on the community. **(5 minutes)**

Divide the participants into two groups. Have each group pick one of the three problems identified to be analyzed**. (15 minutes)**

Using ***Trainer's Resource 4: Problem Tree – Roots and Consequences of RH Problem*** draw two large pictures of a tree on newsprint, including the trunk, roots and branches.

Instruct each group to write the RH problem it selected in the trunk of the tree. Next, ask each group to brainstorm and fill in the "Problem Tree" by:

- Identifying some of the ***main causes*** of the RH problem. (These causes are written at the roots of the tree.) Where possible, the group may wish to identify additional causes for each of the main causes. Show these as smaller roots coming off the larger roots.
- Discussing what happens as a result of the problem – the consequences. (These consequences are written on the branches of the tree.) Where possible, the group may wish to identify the consequences of the consequences and show them as smaller branches coming off the larger branches.

(For further suggestions to supplement the group's answers, refer to ***Trainer's Resource 5: Problem Tree – Roots and Consequences of RH Problem example.***)

Ask one person in each group to present its Problem Tree to all the participants. **(10 minutes)**

Note to the Facilitator: The Problem Tree is used again in Module Three, Sessions 5 & 7 for root-cause analysis on "STIs" and "Stigma and HIV".

d. Discussion (25 minutes)

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Lead a discussion that has participants making a fuller analysis of the Problem Trees, using these questions as a guide:

- What can we do to address the main causes of this problem? Who needs to be involved?
- Are the causes the same or different for men and women? How?
- What can we do to address the consequences?
- How do men deal with their health? And how do women deal with their health? Are there differences? Why do you think that is so?
- What types of services are available in the community to prevent these problems? What services are available to treat these problems?
- Do people use available services? Who is more likely to use available services, men or women? Why is that?
- What additional services are needed?

Write on newsprint key points made in the discussion: the services available or needed, ideas for addressing the consequences; and key differences for each sex.

Note to the Facilitator: It may be useful to save this newsprint saved for reference in later HIM sessions and action planning by participants.

d. Wrap-up and Summary (5 minutes)

Review the main points made by the group analysis of the Problem Trees. Restate the number of health problems that are related to reproductive health.

Tell participants that the Problem Tree is a useful tool for understanding root causes and consequences of health problems. Once the better understand causes and consequences, they can determine appropriate action to take to address the problem. Remind them that good reproductive health is about maintaining good health in all aspects related to women's and men's ability to have children.

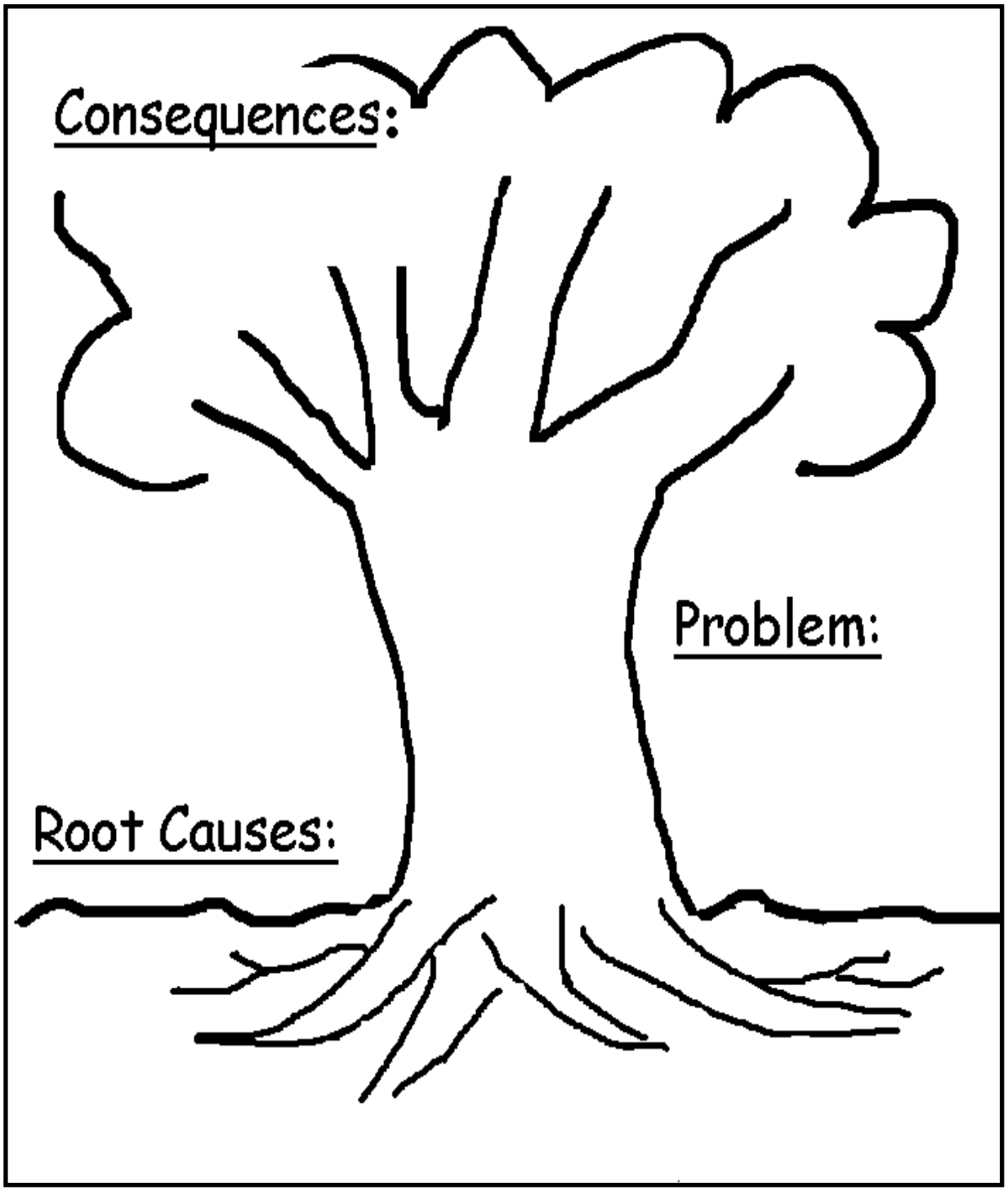
Takeaway Messages

- ✓ **Efforts to improve overall health in the community must address reproductive health and the different needs of men, women, and youth.**

- ✓ **Peer educators must be able to address the causes of problems as well as the consequences.**

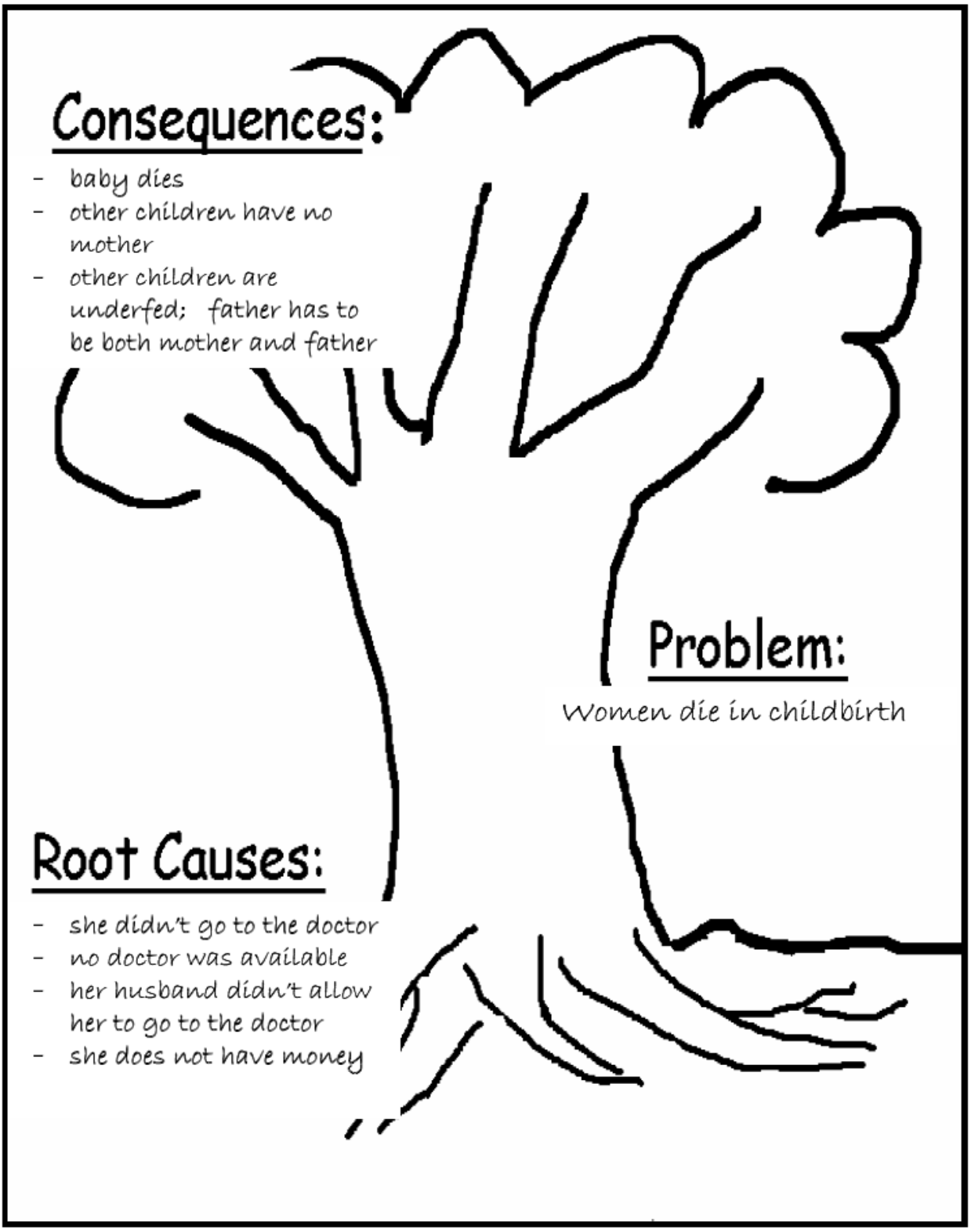
Trainer's Resource 4

Problem Tree – Roots and Consequences of RH Problem



Trainer's Resource 5

Problem Tree – Roots and Consequences of RH Problem
EXAMPLE



Healthy Images of Manhood

Module Two: Understanding Men and Women

Module Two, Session 1

Cultural Expressions of Masculinity and Femininity

Objective:
By the end of the session participants will be able to explain how cultural norms of masculinity and femininity affect health.

Time: 1.5 hours

Materials:

- Newsprint
- Markers
- Masking tape
- Signs "Agree" "Disagree" "Unsure"

Advance Preparation:

- Make three signs: "Agree", "Disagree", "Unsure."
- Review the statements on ***Trainer's Resource 6: Statements on Gender Norms and Behaviors*** and choose four or five that you think will most contribute to the discussion.
- Review ***Trainer's Resource 7: Examples of Male & Female Characteristics for Act Like a Man/Act Like a Lady*** in preparation for Activity: "Act Like a Man/Act Like a Lady."

Process:
This session presents two activities that help participants identify and understand their values and cultural norms about appropriate behavior for men and women (gender). The session concludes with participants examining how these norms affect the health of men and women and identifying ways to shift these norms and improve their health.

a. Values Clarification (30 minutes)

Post the three signs "**Agree**," "**Disagree**," and "**Unsure**," around the room. Leave enough space in between the signs for people to stand next to them.

This activity is designed to help participants gain a general understanding of the values and attitudes we have about how "real" men and "real" women should act. It challenges some of their thinking about what it means to be a man or a woman, and how they feel about health. Expectations of how men and women should behave are also called gender roles.

Remind participants: In this activity, everyone has a right to his or her own opinion. Everyone's opinions should be respected even if you don't agree with them.

Using ***Trainer's Resource 6: Statements around Gender Norms and Behavior,*** read aloud the first statement you have selected. After reading the first statement, ask participants to stand near the sign that reflects their opinion, that is, do they agree or disagree with the statement, or are they not sure?

After the participants have moved around the room, ask one or two participants beside each sign to explain his/her position and why s/he feels that way.

Note to the Facilitator: If all the participants agree (or disagree) with any of the statements, play the role of "devil's advocate" by walking over to another sign and asking: "Why might someone choose to stand here? What attitudes or values might they hold?"

After a few participants have talked about their opinions, ask if anyone has been convinced to change their mind, and encourage them to take up their new position. Then bring everyone back together to the middle of the room and read the next statement and repeat for each of the statements that you have chosen.

After reading all of the statements, ask the group the following:

- Which statements, if any, did you have strong opinions about? Were there others you felt less strongly about? Why?
- How did it feel to talk about your opinion when it was different from other participants?
- How do you think our opinions about gender affect our personal relationships?
- How do you think our attitudes contribute to our health? Is it different for men than for women?
- Some of these opinions may lead people to doing things that are bad for their health. What can you say or do to prevent that?

Conclude by emphasizing that to be effective peer educators it is important to understand our own values and attitudes of what it means to be a man and what it means to be a woman.

b. Activity: Act Like a Man/Lady (55 minutes)

This activity to examine the different rules society creates for how men and women are supposed to behave. These rules tell people what is "normal" and "correct" for men to think, feel and act and what is "normal" and "correct" for women. Sometimes these rules restrict the lives and behavior of both men and women.

Brainstorm/Discussion. Print in large letters on a sheet of newsprint the phrase "**Act Like a Man**." Have participants to brainstorm the different things men are told about how they should behave in the workplace or in their community. **(15 minutes)**

Print on another sheet of newsprint the phrase "**Act Like a Lady**." Ask participants to brainstorm the different things women are told about how they should behave in the workplace or in their community. **(15 minutes)**

(Use ***Trainer's Resource 7: Examples of Male & Female Characteristics for Act Like a Man/Act Like a Lady*** as needed to start or maintain the discussion.)

Ask the participants: Have you ever been told to 'Act like a man' or 'Act like a lady'? Why was this said to you? How did it make you feel?

Use the following questions to discuss further:

- How do these messages affect men's lives in general? How about their health?
- How do these messages affect those around men, such has their girlfriends, wives, children and/or family members?
- Which of these messages can be harmful?
- How are these messages harmful?

Brainstorm. Next, draw a table on newsprint that has one column for men and one for women. Label the first column **Acting Like a New Man** and the second column **Acting Like a New Lady. (10 minutes)**

Acting Like a New Man	Acting Like a New Lady

Have participants review each of the harmful messages in **Act Like a Man**, and have them to suggest examples of how a man can act in a positive and non-harmful way. List the responses under **Acting Like a New Man**. Once you have finished all the harmful messages men hear, repeat the same activity for women.

Discussion. Have the group reflect on the "Act Like a Man/Lady" exercise using the following questions:

- What are some ways that you see your male friends, family members or colleagues try to live up to expectation of how a "real" man should act?
- What are some ways your female friends, family members or colleagues try to live up to expectation of how a "real" woman should act?
- How are your views and actions affected by what your family and friends think?
- After this exercise, how, if at all, have your views changed about how a man/lady should behave?
- Think of a time when you had to **Act Like a Man** or **Act Like a Lady,** and you wished you could have behaved differently. What was it? What did you want to do? Would you do it differently today? How would you do it? Why?
- What are some the things you can say or do to help your friends or colleagues to deal with pressure to "act like a man" or "act like a lady" so that they don't hurt themselves or others?

c. Wrap up and Summary (5 minutes)

Review group comments about each activity. Reiterate the point that people receive many messages from family, media and society about how they should act as men and women, and how they should relate to women and men. People are taught different male and female behaviors are "normal."

Many of these expectations are harmless, and help us enjoy our lives as either a man or woman, but many can also be harmful. As peer educators, you have the **right** and the **responsibility** to challenge harmful messages and help people change the way they behave and do things.

It is also important to recognize that everyone has his or her own ideas about what it means to be a man or a woman. You should respect other people's beliefs, but you can challenge attitudes if they are harmful to you and to others.

Takeaway Messages:

- ✓ **Our own beliefs, attitudes and values of what it means to be a man or a woman influence how we act with others and how we take care of ourselves.**
- ✓ **People can change "learned" behaviors when they are given an opportunity to reflect on the harmful effect of certain beliefs and actions.**
- ✓ **As a peer educator, you have the <u>right</u> and <u>responsibility</u> to challenge harmful messages and help people change the way they behave and do things.**

Trainer's Resource 6

Values Clarification
Statements around Social Norms and Behaviors

- A real man cares about his health and the health and wellbeing of his partner / wife
- Men are equally responsible for raising children.
- Family planning is a woman's responsibility.
- A man does not need to inform his partner that he has a sexually transmitted infection.
- Men want sex more than to women.
- It is all right for a man to have sex with many women.
- Women should not carry condoms
- Real men do not go to the clinic if they are sick
- It is sometimes necessary to use violence to stop an argument

TRAINERS SHOULD ADD TO THIS LIST

Trainer's Resource 7

Examples of Male & Female Characteristics for Act Like a Man/Act Like a Lady

Act Like a Man	Act Like a Lady
• Be tough • Do not cry • Be the breadwinner • Stay in control • Do not back down from a fight • Have sex when you want it • Have sex with many partners • Get sexual pleasure from women • Have children • Take risks • Don't ask for help • Use violence to resolve conflicts • Drink alcohol • Smoke • Ignore pain • Don't talk about problems • Be brave • Be courageous • Make decisions for others	• Be passive and quiet • Be the caretaker and homemaker • Act sexy, but not too sexy • Be smart, but not too smart • Follow men's lead • Make your man happy • Provide your man with sexual pleasure • Don't complain • Don't discuss sex • Get married • Produce children • Be pretty • Be seen, not heard
Acting Like a New Men	**Acting Like a New Women**
• Loving • Caring • Communicate clearly • Express emotions appropriately • Faithful to one partner • Get tested for HIV • Use condoms • Use family planning • Delay sexual activities until both partners are ready • Speak out in favor of gender equality • Challenge others to recognize harmful messages about masculinity • Model new behaviors for the community	• Loving • Caring • Communicate clearly • Express emotions appropriately • Faithful to one partner • Get tested for HIV • Use condoms • Use family planning • Delay sexual activities until both partners are ready • Speak out in favor of gender equality • Challenge others to recognize harmful messages about femininity • Model new behaviors for the community

Module Two, Session 2

Masculinity, Femininity, and Reproductive Health

Objectives:

By the end of the session, participants will be able to:

1. Identify the effects of cultural norms of masculinity and femininity on health.
2. Describe the ways alcohol can reinforce negative social norms and create health problems.
3. Identify ways that men can improve their own health, including sexual and reproductive health.

Time: 1.5 hours

Materials:

- Newsprint
- Markers
- Masking tape
- Pieces of paper for each participant
- Handouts

Advance Preparation:

- Make copies of ***Handout 2A***: ***Stories***
- Prior to the session, review ***Trainer's Resource 8: Alcohol Abuse*** and identify services and supports in the community for men who may have problems with alcohol.

Process:

This session will introduce participants to the effect of cultural norms of masculinity and femininity on sexual and reproductive health behavior, including the use of family planning on the individual and family. It will also discuss how alcohol abuse can lead men and to behave in ways that are harmful to themselves and to their families.

a. Stories and Discussion (30 minutes)

Distribute Handout 2A: Stories. Read the stories out loud, and then use the following questions to start a discussion:

- In what ways are Henry and Thomas act like "real men."
- Why do they behave in the way they do?
- What factors enable Henry and Thomas to behave as they do?
- What factors cause the women to behave as they do?
- How are the men's behaviors hurting the female characters?
- What are the specific health risks that Henry and Thomas are exposing the female characters to?
- What are the social expectations for each character? Is it acceptable for Thomas to demand sex of his wife? Is it acceptable for Lolita to seek favors from older men?
- How does society judge each character's behavior? Does society judge men and women equally? Why or why not?
- If you were in the story, what would you say to Henry? To Thomas?

- What would you say to Lolita, Henrietta and Thomas's girlfriend?
- What could help men to behave more responsibly?

Conclude the discussion by asking participants about similar situations in their communities. How have they responded to harmful situations like this? What do they think they could do to create an environment that supports responsible behavior?

b. Discussion and Group Work: Alcohol Abuse, Gender and Health (*Adapted from the ACQUIRE Project)* **(35 minutes)**

Brainstorm. **(20 minutes)** Give participants a piece of paper and ask them to:

- Write down **three** ways that men like to have fun. Tell them that these can be situations that they have experienced or observed in persons around them.

- Read their cards out loud to the group. Write the answers on newsprint, and note the activities that are most preferred.

- Identify those "fun" activities that may lead to negative behaviors and health risks when all participants have answered, Mark those high risk activities on the newsprint.

Note to the Facilitator: If the group has not mentioned alcohol or drugs, ask them: "In which of these activities is alcohol or other drug use present?" Participants will typically name alcohol and/or drug use in their list of answers. In this case, you can note how often people mentioned them.

Tell the group that alcohol (and drug use) is a major factor in harmful social behavior by men (and women).

- Have the group answer this question: "Why do people drink alcohol?" Write the responses on another piece of newsprint for all to see.

  Possible answers might include:

  "to be accepted,"…"to have fun,"…"to show who can drink the most,"…
  "to not look bad in front of friends." …"To be tough."… "to be one of the boys."

  Note: All of these answers relate to what is socially expected of a man.

- On a piece of news print, write:

  "Effects of Alcohol Consumption", and under it write "**physical**," "**mental**," "**emotional**" and "**behavioral**" in four columns.

The participants will examine the overall effects of alcohol on people and the ways in reinforces negative behaviors. Ask the whole group to brainstorm all effects of drinking alcohol. Write in their responses for each category. (You can add to the list below using information contained in the box below.) **(5 minutes)**

EFFECTS OF ALCOHOL CONSUMPTION			
Physical	Mental	Emotional	Behavioral
Reduced coordination, reduced perception, reduction in reflexes, nausea, vomiting, loss of balance, numbness in the legs	Confusion, difficulty concentrating, thought disturbances, loss of memory and what one does under the effects of alcohol, altered judgment, bad recollections of personal experiences, obsession, bad dreams	Feeling of temporary well-being, relaxation, state of exaggerated happiness/sadness/ disgust, sensation of being omnipotent and invincible	Violence, anger, depression difficulty talking or speaking, uninhibited, tearful

Note to the Facilitator: It is important that you explain that these effects are not the same for everyone and 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.

Group Work/Report Outs. (15 minutes) Divide the participants in two groups to review the effects of alcohol and discuss the consequences of drinking alcohol on a person's sexual and social behavior, such as:

- How can use of alcohol and/or drugs lead to risky sexual behavior, unprotected sexual intercourse, situations of coercion or violence, etc.?
- What specific examples have they seen in their communities?

Remind them of the stories discussed in the first part of the activity.

Then ask each group to share their findings.

c. Group Discussion on Social Norms, Alcohol, and Reproductive Health. (20 minutes)

Facilitate a discussion about with the questions below:

- What are the cultural norms around alcohol in your community/country?
- Does the community excuse harmful behavior if a man is drunk? What about a woman?
- How do you see the community reinforcing social norms for men and alcohol? How can you change these norms?
- What happens if someone does not want to drink alcohol?
- What actions can you take if a friend is abusing alcohol? (as needed, use ***Trainer's Resource 8: Alcohol Abuse***)
- How can you help peers use alcohol responsibly? How can you help to create other forms of fun and social activity where alcohol is not the most important thing?

d. Wrap up and Summary (5 minutes)

Review the highlights from the various discussions that touched on cultural expectations of how men are supposed to act in their relationships with women and how this influences their own health and the health of their partners, their families and the community.

Cultural expectations around alcohol often encourage men to drink. 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.

The link between alcohol and drug use and unsafe and unhealthy behavior is very strong, including higher rates of unsafe sexual activity and STIs/HIV/AIDS. Long-term abuse of alcohol and drugs can lead to addiction and various other health problems (including death) that affect every aspect of a person's life as well as the lives of their friends and families.

Takeaway Messages:

- ✓ **You can question the norms around alcohol use and their health effect on individuals and the community.**
- ✓ **Promote new norms for leisure and entertainment that are not focused on (excessive) drinking.**
- ✓ **New real men and real women don't abuse alcohol or drugs and are concerned about their health and the health of others.**

Trainer's Resource 8

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 a genetically inherited lower 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 affects the part of the brain that controls judgment, resulting in a loss of inhibitions. This loss of inhibition can be linked to things like sexual decision making (e.g., having sex or not; using a condom/protection or not). Alcohol also affects physical coordination, causing blurred vision, slurred speech and loss of balance. Drinking a very large amount 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: Alcohol use can increase the risk of getting some 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 money spent on purchasing alcohol that could be spent on other items), family disruptions and public nuisances 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 very little control when abusing alcohol. Most people need assistance and support to recognize their problem and take action to learn the impact alcohol can have on their lives.

Handout 2A

Stories

Story #1: Henry is a 37 year old man, and an owner of a bar. He lives with his wife and five children who are all under the age of 10. Lolita is a 16 year-old girl who attends the local high school and frequently comes to his bar to meet her friends. Lolita's mother and siblings live some distance from the town where Lolita goes to school. Lolita is in her last year of high school and has a 19 year-old boyfriend. However, she also sees other men in the community as way to make money to pay for her living and school expenses. One of the men Lolita is involved with is Henry. He often gives her free drinks and also helps to pay her school fees. Henry does not use condoms because he believes it interferes with his sexual pleasure. Henry's wife does not know about his Lolita and Lolita does not tell her boyfriend about Henry.

Story #2: Thomas is 32 years old and works as a truck driver delivering goods between the capital and rural communities. When he is in the capital, he spends his evenings with women he picks up at the bar. Sometimes, Thomas stays with a young woman in a small village outside the capital who cooks for him. His wife Henrietta is a schoolteacher, and she lives in another region about six hours from the capital. When business is slow, Thomas visits Henrietta and their four children – three little girls and their youngest child —a boy -- who is six months old. He also spends a fair amount of time at the bar drinking beer with his friends. Thomas is now visiting with his wife. He has been drinking, and he begins arguing with her because he wants another son and she wants to wait. He slaps her and forces his wife to have sex with him.

Module Two, Session 3
Power and Relationships

Objective:
By the end of this session, participants will be able to describe power in relationships and its effect on individuals, relationships, and health.

Time: 1.5 hours

Materials:
- Newsprint
- Markers
- Masking tape
- Visual Aids

Advance Preparation:
Transfer information from ***Trainer's Resource 9: Skit Scenarios*** onto newsprint

Process:
This session will help participants understand better how cultural norms that encourage men to act like "real" men give them certain privileges and power over women. These messages also prevent men from taking care of themselves in a healthy way and limit women's ability to care for themselves.

A discussion about the role of power in relationships will help participants understand the different types of relationships where power is used. Men will better understand the experience of many women who lack power. Finally, we will explore how these power imbalances affect decision making and health.

a. Role Play: Role Reversal (60 minutes)

Divide participants into three groups. Ask each group to choose four participants to play the following roles:

- Wife
- Husband
- Doctor
- Nurse

Each group will perform the same skit. However, each group will build on the previous group's work and observations to improve the skit. Have the groups decide who will go first, second and third.

Read the scenario out loud ***(Trainer's Resource 9: Skit Scenario).*** Ask that those playing the role of the wife to step aside. Privately read to them the description of role they will play. Repeat the same process for the other three characters. Use the information from ***Trainer's Resource 10: Skit Roles.***

Give the first group five minutes or so to prepare their skit and then perform for the larger group. Ask the other participants to pay close attention to how the four characters interact as they act out the skit. The skits should last no more than 10 minutes.

After the first group has finished, allow the larger group to discuss ways to change the skit to address the how power is used (both negatively and positively).

Give the second group a few minutes to discuss how they might revise their skit, using the suggestions from the group and have them perform. Repeat the discussion after the second performance and have the third group revise the skit and perform.

b. Group Discussion (25 minutes)

After all three groups have performed facilitate a discussion on the power and privilege in society, using these questions as a guide:

- In the first skit, why does the husband treat his wife in the way he does? Did he misuse his power? How?
- Why does the wife respond to her husband in the way she does?
- What did you think about her interaction with the doctor?
- Why does the doctor treat the woman the way he does? And the nurse?
- What happens when one person abuses his or her privilege and power?
- Were these issues of power resolved by the second performance? The third?
- What happens in a relationship, such as between a husband and wife or a doctor and nurse, where one person abuses power and privilege?
- How can you make changes in your own personal relationships to encourage men and women to treat each other with more respect?
- How can you help others make changes that make relationships more equitable and healthy?

c. Wrap-up and Summary (5 minutes)

Review the discussions, highlighting the participants' ideas about power relationships and ways to change them. Note that social rules that give men more power are often seen as normal, such as a man making decisions for his wife, and the doctor telling the nurse what to do. People usually don't question them. For example, the work that women do (as a trader or as a nurse) may not be considered as valuable as the work of a factory worker or a doctor, since it is just "women's work." Such views undervalue women's contribution to their community and give them less status and power.

Men are often seen by society as being more valuable and important, which gives them more power and privilege in the home, community and society. This power imbalance is often not recognized, but can hurt us and those we care for. For example, men who feel it is their right to have sex with many women puts everyone at greater risk of STIs, HIV/AIDS, and unplanned pregnancy. The community encourages this behavior if it excuses it as "normal" for men.

Takeaway Message

- ✓ **It is important to help the community question the social rules that give men more privilege and power and that excuse or accept harmful behaviors.**

Trainer's Resource 9

Skit Scenario

Scenario

You are a mother of four young children and you are pregnant with your fifth child. You work as a trader as well as care for your family and tending to your farm. Your husband works at a local factory. Your baby is sick and you need to take the baby to the clinic.

Trainer's Resource 10

Skit Roles

Wife – you are much younger than your husband. You are a little afraid of your husband because he is demanding, but doesn't help out much. He considers all your responsibilities at home your wifely duties. You are always tired because you have so much to do. He beats you if he wants to have sex and you say no because you are tired. You are sure he has another woman. You have heard about HIV and it worries you sometimes. You also don't want any more babies after this one. You feel stupid because you did not understand what the doctor told you after examining your baby. He spoke to you in a very rude manner and he used words that you never heard before and they did not make sense to you.

Husband: You work long hours at the factory. You expect your wife to cook, keep the house and children neat and take care of you. At night, you often go to town to drink and play draughts with your friends because you need a release from the stress. You sometimes spend time with your girlfriend. You get angry at your wife when she doesn't listen to you and you sometimes beat her, but only "if she deserves it."

Doctor at health center: You are a young doctor and this is your first posting. You can't wait to go back to the capital, and you think the people in this community are backward and uneducated, especially the women. Because you are a doctor and a man, you must always demonstrate that you are in charge and knowledgeable, but sometimes you are afraid that you don't know anything and that the nurse knows more than you. You are frustrated with the patients you see because when you tell them what to do they don't follow your orders.

Nurse at health center: You have worked at the health center for many years and you know this community well. You have delivered many of the babies, including the last one of this client you are seeing today. You are resentful that the doctor doesn't always treat you with respect, given your age, knowledge and experience.

Module Two, Session 4
Power and the Roles of Men and Women

Objective:
By the end of the session, participants will be able to identify the different roles that the community expects of female and male members.

Time: 1.5 hours

Materials:

- Newsprint
- Markers
- Tape
- Visual Aids

Advance Preparation:
- Transfer the information from ***Trainer's Resource 11: Gender Lifelines*** to newsprint

Process:
This session will allow participants to examine further gender roles and expectations and the power relationships between men and women.

a. Group Activity (15 minutes)

Display newsprint with following chart:

	Men	*Boys*	*Women*	*Girls*
Housework				
Work outside of the home				
Earn an income				
Go to school				
Make decisions on marriage and/or divorce				
Make decisions on health care				
Make decisions on sexual activity				

Ask the participants to identify which group is more likely to act in the above ways. Mark the appropriate group(s) with an X for each category.

b. Discussion (20 minutes)

Ask the participants to explain why certain groups perform some of the activities while other groups do not:

- Which of these activities are related to cultural norms of how men and women should behave? Are any of these activities related to just being a man or a woman?

- Why there is a difference in the way we socialize girls and boys? How are men and women and boys and girls expected to behave in the community? How are they treated by the community? What is the importance and value placed on men in the community? Women? Boys? Girls?
- What are the characteristics of men/boys and women/girls that determine who should perform each role/activity?
- Can men and women and boys and girls change their roles/activities within the community? Why or why not?

c. Group Activity – Game (30 minutes)

This activity will help participants to analyze the work women and men do for the family and community, and determine the value of the work.

Inform the participants that we will play the same game twice. The first time is for women's work and the second is for men's work. In the first round each participant will identify at least one activity that a woman does each day. In the second round each participant will identify at least one activity that a man does each day.

Round 1:
Begin by saying: "When I get up in the morning, I begin by____ (mention here a common activity that most women do, such as fetch water.)"

The person on your right should repeat your sentence and then add another thing that a woman does. So, for example, the next person may say, "When I get up in the morning, I begin by fetching water and lighting the fire."

Continue within the group, the third person will repeat the first and second contribution and continue by adding another task. The game can include what women do outside their home as well, such as "sell my goods at the market," "take a bus to work," etc.

Continue until all participants have had a turn. Then list all the activities that the participants mentioned on newsprint.

Round 2:
Conduct the second round of the game, identifying and listing work that men perform each day. Begin by saying, "When I get up in the morning, I_____ (and add a common activity that most men do)."

Continue until all participants have had a turn. Then list all the activities that the participants mentioned on newsprint.

d. Discussion (20 minutes)

After both rounds are finished, facilitate a discussion on the power and privilege in society, using these questions as a guide:

- How would life change if women and men switched roles? Or if women stopped doing all the work they do?
- Ask participants to name the characteristics that women and men need to be able to do their daily work. Compare these characteristics to those that were identified

for female and male roles/activities in the first activity**.** Are there differences? Similarities?

- Why is there a difference in the importance that the community places on the work that women and men do?

Note to the Facilitator: It is important to help participants see how the lack of importance given to women's work leads people to value women less. A person's value is often equated to their importance and status, which is in turn linked to the work that they do.

For example, caring for children is considered to be a woman's job. People may say that caring for children is highly valued, but it is not really if men will not do it. This belief actually limits men's abilities to be involved in the lives of their children and also limits the social importance of the work that women do, which is to raise children.

e. Wrap up and Summary (5 minutes)

Summarize the discussion by pointing out that in many cases society places a higher value on men's activities than women. Because of social and cultural expectations, girls and boys are raised to behave differently. As a result, their opportunities in life are different, and the resources they have available are different. This also affects their quality of life.

Takeaway Message

- ✓ **Social norms that undervalue women's work also undervalue women themselves.**
- ✓ **The social rules that define what men and women can and cannot do often prevent men from playing active roles in the health and care of their families.**

Trainer's Resource 11

Gender Lifelines

	Men	*Boys*	*Women*	*Girls*
Domestic Activities				
Work Outside of the Home				
Income Earning				
Education				
Marriage/Divorce Decision Making				
Health Care Decision Making				
Sexual Activity Decision Making				

Module Two, Session 5

Men, Women and Caregiving

(Adapted from Program H, Family Health International, Tanzania)

Objective:

At the end of the session, participants will be able to:

1. Analyze traditional divisions between men and women in caring for children and
2. Propose ways to increase men's participation in caregiving in their homes, relationships and communities.

Time: 1.5 hours

Materials:

- Two small empty boxes or baskets.
- Cut-outs, photos, or drawings of people, objects, animals, plants and other things that men and women care for.

Advance Preparation:

- Prepare around 10 images (either drawn or cut from newspapers or magazines) of babies, elderly persons, large and small animals, plants, houses, cars, clothing, nappies/diapers, garden tools and other persons/objects that men and women "care" for. If possible, collect a few actual objects to bring to the session.

Process:

a. Activity – Picture Game (45 minutes)

At the beginning of the session, present the two boxes to the participants and state that one of the boxes will be given to a man and the other to a woman.

Show the images and objects that you have prepared to the participants and ask the participants to place in the woman's box the images and objects that women know how to care for or care for better than men.

Then, have participants place the images and objects that men know how to care for or care for better than women in the man's box.

Now, take the images and objects out of the box, one by one, showing them to the group.

Explore with the participants how they came to the decision to group the images or objects as being more suitable for women or men, by asking the following:

- Why are some of the images and objects found only in the man's box?
- Why are some of the images and objects found only in the woman's box?
- Do some not appear in either box? If so, why?

b. Discussion (40 minutes)

After considering the specific groupings from the picture game, facilitate a discussion in which participants examine caregiving roles, using the questions below as a guide:

- What kinds of caregiving do women and men do?
- Who is better at caregiving, men or women? Why?
- Can men and women learn to care for things in different ways?
- Is the way we care for things part of our culture or our biology?
- 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?
- What do you think of the phrase: "Women take care of the children, and men help"?
- What do you think of the phrase: "Men work and women take care of the house."
- Do men take care of themselves? Why or why not?
- Do women take care of themselves? Why or why not?
- Who in general takes more care of 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?
- Have you ever taken care of a person? 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 chance you might like to make in your life around caregiving?
- How can you help the community promote caregiving by men?

c. Wrap up and Summary (5 minutes)

Review highlights from discussion, especially any interesting ideas about how to change personal or community views on caregiving. Note that it is common to assign women to the tasks of caring for people, animals, and plants, as well as daily housework. On the other hand, men are expected to care for objects or things, such as cars, electrical work in the house, painting the walls, repairing the roof, etc (depending on local culture). 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.

Many of these ideas about caregiving are ***learned.*** For example, girls may be encouraged from an early age to play with dolls, practicing what supposedly lies ahead for them: domestic life and caring for family members. Boys are generally discouraged from playing with dolls or helping out with domestic chores, and play with cars or other mechanical objects.

Takeaway Messages:

- ✓ **Promoting equity between men and women in our communities starts in the home with caregiving.**

- ✓ **It is important to question expectations that women do all the care giving and prevent men from participating in the care of children.**

Module Two, Session 6

Child Care in the Daily Life of Men and Women

(Adapted from Program H, Family Health International, Tanzania)

Objective:
At the end of the session, participants will be able to describe the challenges and benefits of caring for children.

Time: 1.5 hours

Advance Preparation:

- If there are fathers in the group, encourage them to reflect on their participation in caring for their children and how they could be more actively involved. For those who are not fathers, ask how they think they will participate in the future when they do have children.

Process:

a. Activity – STATUE (60 minutes)

Ask the participants to spread out and walk around the room.

Tell them that should imagine that they are all men. When they hear you say a time of day (i.e., One o'clock!) followed by the word "STATUE," they should freeze in a position that represents what most men would be doing at that time. For example, if you said "Noon, STATUE!" the participants should make themselves into a statue that represents what they would typically be doing at noon each day, such as eating lunch.

Now, say out loud another time of day followed by the word "STATUE!" using the following schedule:

⇒ 3:00 AM
⇒ 10:00 AM
⇒ Noon
⇒ 3:00 PM
⇒ 10:00 PM

Now, ask the participants to imagine what they would be doing at these times ***if they had a child to care for*** and repeat the same exercise.

Have the participants imagine what they would be doing ***if they were women with children*** and repeat the exercise.

b. Discussion (25 minutes)

Use the discussion questions to help participants explore the differences between the things they would be doing before having a child and after having a child, as well as the differences between men and women:

- Does daily life change when a man has a child to care for? In what way? Why?
- Does daily life change when a woman has a child to care for? In what way? Why?

- Are there times during the day when it is easier to care for a child? Why?
- Are there times during the day when it is more difficult to care for child? Why?
- Why don't men participate in caring for children? What types of things do fathers like to do with their children?
- What are the challenges of being a father? How can these challenges be addressed?
- What are the benefits of being a father? What are the benefits of being a mother?
- What are the benefits for a child who has an active father in their life?
- What are the benefits for a child to have parents who have a good relationship?
- Are there positive role models of fathers in your community? What can be learned from them?
- What have you learned during this activity? How can it help you make changes in your own life and relationships?

c. Wrap up and Summary (5 minutes)

Review the participants' comments in the exercise and discussion. In this and Session 5, we have seen that a father's lack of involvement in childcare is a not result of his being born biologically a man. It is mostly due to how people are raised as men and women and whether they are raised to believe that men can also take care of children.

Takeaway Message

- ✓ **Men can also learn to care for a child – and learn to do it well. Learning can start early – and late.**

- ✓ **Having boys help care for brothers and sisters and other children can help them practice the skills necessary to be good fathers in the future.**

Module Two, Session 7

Understanding Social Pressures on Men and Boys
Video: Once Upon a Boy

Note to the Facilitator: It is important to **prepare participants** for this video before they view since it explores and depicts sensitive issues **in cartoon form**. Some adults are not used to cartoons designed to address adult issues. Also the film moves very quickly, so giving participants an overview of what they will see can help them absorb the messages. The video is a good way to highlight all the themes raised in Module 2.

Once Upon a Boy is a story about a young boy and the challenges he faces as he grows to be a man. The young man experiences family problems, peer pressure to conform to cultural expectations of what it means to be a man, doubts regarding his sexuality, his first sexual experience, his girlfriend's pregnancy, a sexually transmitted infection and fatherhood. This video was produced by has been Instituto Promundo in Brazil, and used with many audiences around the world, including Latin America, the Caribbean and Africa. This session is based on the discussion guide from Instituto Promundo.

This video can be purchased from the Training Materials/Films section of the Instituto Promundo website (http://www.promundo.org). You can contact Instituto Promundo by mail at Rua Mexico, 1/1 502 Centro, Rio de Janeiro,- Rj, Cep.20031-144 Brazil; by telephone at +55(21) 2544-3114 or by email at promundo@promundo.org.br)

Objective: At the end of the session, participants will be able to identify the major social forces that cause boys and men to adopt gender roles and norms.

Time: 1.5 hours

Advance Preparation:

- Watch the video before the session and identify situations in your community that relate to the themes in the video:
    1. Note how the main character adapts his behavior to conform to societal norms.
    2. Pay particular attention to important passages and prominent themes for discussion.
- Confirm that the necessary equipment (television, video, sockets, extension cords, etc) is available and functioning properly, and that there is a source of electricity.

Process:

a. Activity (30 minutes)

Introduce and show the 20-minute video: "Once Upon a Boy." It is important to prepare participants for the viewing of the video – its basic themes, the cartoon style, the sensitive sexual issues depicted. Be careful not to make judgments or give your interpretation of the video content.

b. Discussion (55 minutes)

After the video, use the following questions to facilitate a discussion on social expectations on men and boys:

- What did you think of the video?
- What was the boy told about how he should act as a boy? As a young man?
- How were the women characters portrayed in the video?
- How did the boy feel when he witnessed the fight between his father and his mother? What went through his head?
- How did the boy feel when he saw his parents fighting? Do you believe fighting is normal behavior for men?
- What do you think the pencil meant? And the eraser?
- Why do you think that the pencil transformed the boy's friend into a girl? What happened when the boy wanted to play with the doll?
- What kinds of fears and expectations did the boy have regarding his first sexual experience? Is that the same or different for a man in your community?
- If the boy truly enjoys being with his girlfriend, why does he go out with his friends instead of staying with her?
- What do you think went through the minds of the boy and the girl about condoms? Is it true that many times young men don't use condoms? Why do you think they did not use a condom?
- What do you think the young man felt when he realized that he was having a problem and he needed to see a doctor? What does a man in your community do if he thinks he has an STI? Why does he do that?
- How does the boy feel when his girlfriend tells him that she is pregnant? What does he do? Is it different in your community? How?
- What happens to the young man when he is playing ball and sees his son in the bleachers?
- Do you find similar situations shown in this video in your community? In what ways?
- How does the story end? Do you like the way the story ends? What other endings could be possible?

c. Wrap up and Summary (5 minutes)

Summarize the video and main points raised during the discussion. Point out that watching a video or a skit is often a useful way to help people discuss sensitive and difficult topics.

Takeaway Message

- ✓ **Videos like "Once Upon A Boy" can be a good way to raise and discuss sensitive subject about sexuality and the roles that men and women are expected to play.**

Healthy Images of Manhood

Module Three: Health and Sexuality, including Family Planning, Healthy Timing and Spacing of Pregnancy and HIV/AIDS

Module 3, Session 1
Understanding Sexuality

Objective:
By the end of the session participants will be able to identify positive messages for men on sexuality, reproductive health and family planning.

Time: 1.5 hours

Materials:
- Newsprint
- Markers
- Tape
- Handouts

Advance Preparation:
- Make copies of ***Handout 2B: Skit Ideas*** for each participant.

Process:
This session will discuss local myths and misconceptions about health and sexuality and how they affect our personal values and behaviors. Participants will also identify the importance of seeking health care for health problems.

a. Brainstorm (10 minutes)

Brainstorm with the participants about how they are told to act like a man in relation to health and sex. Write down the ideas on newsprint – and be sure that all idea and thoughts are welcome and noted.

Next brainstorm about what women are told about health and sex.

*Then after the brainstorm, discuss which of the messages given by society are **facts** and which are **myths**.*

b. Small Group Work (45 minutes)

Divide participants into four small groups. Explain that each small group will discuss sex and sexuality from the perspective of the particular social group or institution presented below:

- Group One: Peers
- Group Two: Popular music
- Group Three: Parents and family
- Group Four: Religious institutions

Based on their discussions, each group will develop a ***five minute*** skit. Group one and two will develop a skit about how peers or popular music talk to men about sex and women. Groups three and four will develop a skit that shows how their parents and family or religious institutions talk to women about sex and men.

Have participants use ***Handout 2B: Skit Ideas*** to choose a skit or they can develop one of their own.

After each skit, ask the participants what messages they observed in the skit, and list them on newsprint. Are there any other common messages that were not shown in the skit?

c. Group Discussion (25 minutes)

Discuss, using the following questions:

- Do people talk differently to men than women about sex? In what way? Why?
- What messages about sexuality can be harmful? How?
- What messages about sexuality can be helpful? How?
- Which groups have the most influence on men? On women? Why?
- How might these messages from different groups affect relationships between men and women?
- How can you help men address the conflicting messages they get about sex, women, relationships and health?
- How might you help women address these conflicting messages?

d. Wrap-up and summary (5 minutes)

From a young age, boys and girls see and hear many different things about sexuality. The messages we get are often mixed—parents say one thing, friends say something else, our religious leaders say something different, the doctors say another thing.

The information we get about sexuality may also be different if we are men, women, young, old, married or unmarried, and is often related to how society expects a "real" man or woman to act.

Takeaway Messages

✓ **Society gives conflicting messages for men and women about sexuality.**

✓ **If you understand why you have certain beliefs and attitudes about masculinity, femininity and sexuality, you can then distinguish between facts and myths.**

Handout 2B

Skit Ideas

Group One: Peers

- Show a group of men talking with each other about sex.
- Show the type of advice a man gives another man about sex.
- Show a group of men pressuring somebody to have sex.
- Show a group of girls pressuring another girl to have sex

Group Two: Popular music

- Sing a song that gives messages about sex.
- Create a skit based on a song that discusses sex.

Group Three: Parents and family

- Act out the different messages that parents give daughters and sons about sex.
- Act out a parent who is afraid of communicating with his/her daughter and son about sex.

Group Four: Religious institutions

- Act a sermon given by a religious leader about sex and women.
- Act out a discussion between a religious leader and a woman about sex.
- Act out a radio interview with a leader of a faith-based organization that believes that women should not use family planning.

Module Three, Session 2
Sexuality and Health

Objective:
By the end of the session participants will identify constraints to adopting positive behaviors related to reproductive health and family planning.

Time: 1.5 hours

Materials:
- Newsprint
- Markers
- Masking tape
- Handouts

Advance Preparation:
- Make copies of ***Handout 3: Sam's Story***

Process:
This session will introduce participants to factors that prevent men from acting in healthy ways, especially in relation to sex, and will help participants think of ways to encourage other men to behave in healthier ways.

a. Role Play (40 minutes)

Ask the group to identify and select a few common messages to men and/or women that encourage unhealthy behavior, such as drinking, smoking, unsafe sex, drug use, etc. :

- Have participants form pairs. One member of the pair will play a young person in the community while the other one will play his/her friend.
- The "young person" should discuss with his/her friend how s/he acts in unsafe or unhealthy ways. The "friend" will try to convince the other person not to behave in that way.

After 5 minutes have pairs switch roles and start discussing another unhealthy behavior. Continue the role play for another 5 minutes.

After the role plays, return to the large group and ask:

- What was easy about the activity?
- What was difficult?
- Was there anything that the "friends" said that made you feel like you might be willing to change your ways? What was it? Why did it make you want to change?

b. Summarize (5 minutes)

Lecturing people and telling them what to do is usually <u>not</u> an effective way of convincing people to change their behavior. A more effective approach is to help your friend explore why he or she engages in a risky or unsafe behavior and to better understand how that behavior can affect his/her health and wellbeing.

c. Case Study (40 minutes)

The purpose of this activity is to discuss how peer pressure can make people do things that aren't safe or healthy. Distribute ***Handout 3: Sam's Story*** and read the story out loud.

Discuss the case study using the following questions:

- What do you think about Sam's behavior?
- Why do you think Sam did what he did?
- What are the consequences of Sam's behavior for himself?
- And for the young woman?
- If Sam had not had sex, how would his friends have treated him?
- How would Sam have felt about himself?
- Has anyone you know ever been in a similar situation to this? What did he (or she) do?
- If someone you know told you a story like this, what would you say?
- Would you do anything else?
- Can you prevent situations like this from happening? How?

d. Wrap-up and Summary (5 minutes)

Review the group's comments about Sam's story. Many young men experience pressure from their peers to have sex to prove their manhood. This pressure means that they may not consider the feelings and concerns of the woman or even their own fears and feelings. Unprotected sex is risky for both men and women. Unprotected sex without the consent of the other person is disrespectful and an abuse of power and privilege.

Takeaway Messages:

- ✓ **We can model healthy behaviors with our own partners and in our communities that help men learn positive ways to express their manhood and sexuality.**

- ✓ **You can help the community – and women – understand that a woman has a right to say "No" to unwanted sex. And NO means just that: not "maybe" or "yes" but NO.**

- ✓ **Friends and peer groups often influence men's negative behavior – and these are important targets for promoting positive sexual behavior and health.**

Handout 3

Sam's Story

Sam is 18 years old and likes to hang out with a large group of friends from school. He is very popular among his peers, and they love to go out and have fun. The group is always having great parties at Peter's house, with lots of music, beer, and women. Last weekend, there was another party. There were a lot of people there that Sam knew. He was already a bit late and had hardly arrived when Peter spoke to him:

Peter: Hi my craze! Give me five. Asha that gorgeous chick is here... She's totally high. There's only you that's missing.

Sam: Stop it man...

Peter: No, I mean it ... This is your chance. Don't be scared. Be a man! What are you afraid of? Make the most of it, while she's still drunk. Just go for it!

Sam could see that the girl was slumped in an armchair. She must have drunk too much, he thought, but with his friends pressuring him, Sam went over to where Asha was sitting.

Sam: Hi babe... It's me Sam. Maybe we should go somewhere.

Taking advantage of the girl having drunk too much, Sam took her up to Peter's bedroom. The girl was so drunk that she was half-asleep, almost passed out.

Sam ended up having sex with Asha, even though Asha kept saying "no" and "stop." He did not use a condom. A few weeks later he got really scared when one of his friends, who had also had sex with Asha, got a sexually transmitted infection.

Sam: Ahhh, what have I done? Could I have got it, too? And what if it is AIDS? What do I do???

Note: **Facilitators may select some participants to act out this story as a role play using their own words.**

Module Three, Session 3

Healthy Timing and Spacing of Pregnancy (HTSP) and Family Planning

Objectives:

By the end of the session participants will be able to:

1. Identify the health and social benefits of family planning for men, women, families and communities, especially for healthy timing and spacing of pregnancy,
2. Identify myths and facts about family planning.
3. Identify ways to improve men's participation in family planning and HTSP.

Time: 1.5 hours

Materials:

- Newsprint
- Markers
- Tape
- Visual Aids
- Handouts

Advance Preparation:

- Prepare a sheet of newsprint with four columns. The heading for column 1 is: Give birth at young age; for column 2: Give birth at older age, for column 3: Have many closely spaced pregnancies and for column 4: Get pregnant too soon after miscarriage or abortion.
- Review ***Trainer's Resource 12: Family Planning Myths or Facts***
- Transfer information from the following resources to newsprint:
  - ***Trainer's Resource 13: Score Sheet***
- Review ***Trainer's Resource 14: Benefits of HTSP vs Risks of Not Practicing HTSP***
- Make copies of the following handouts for each participant:
  - ***Handout 4: Three Pregnancy Spacing Messages***
  - ***Handout 5: Family Planning Myths and Facts***
- Obtain a prize for the winning team

Process:

During this session participants will link health problems with the incorrect use of family planning. Participants will discuss to the benefits of healthy timing and spacing of pregnancy (HTSP) and how the use of FP is important for HTSP and explore ways men can support the use of family planning for HTSP.

a. Overview and Benefits of HTSP (20 minutes)

Display newsprint and explain to participants that some of health problems that may exist in the community, such as maternal or infant illness or death are often related to women who:

- Give birth at a young age (before age 18)
- Give birth at an older age (over age 35)
- Have many, closely spaced pregnancies and births
- Get pregnant too soon after a miscarriage or abortion (before 6 months)

Ask participants to talk about what happens and the health and social implications related to these common situations. Participants should think about the effect on women, children, men, families and communities.

As needed, add to the discussion from the list below:

- Babies born too early
- Babies that are too small
- Children that are sickly
- Children who are more likely to die before their 5th birthday
- Mothers who get ill during and after pregnancy and childbirth
- Mothers who may die in childbirth or immediately after

Point out that these types of health problems among women and children can be made worse if the mother has another existing health problem, such as:

- Anemia,
- Malnutrition,
- Malaria
- Tuberculosis
- Diabetes
- Heart disease
- HIV/AIDS

b. HTSP Messages and Role Play (25 minutes)

Distribute ***Handout 4: Three Pregnancy Spacing Messages***

Have participants read each message aloud. Then ask participants use their own words to explain their understanding of each message.

Now break participants **into three gr**oups, and assign one pregnancy spacing message to each group.

NOTE to facilitator: HTSP is particularly important for **HIV+ women** who are under pressure to have children – especially when they start feeling better after treatment. HIV+ men and women need to know the HTSP messages, since HIV+ women are at risk for miscarriage, and pregnancy can harm their health. The HTSP messages can help them make good choices**.** *You may ask participants to do role plays giving HTSP messages specifically to HIV+ peopl*e.

Also, in communities **with early marriage** where girls may be married at a young age (for example, under the age of 17), be sure to ask participants how they might discuss the importance of helping a young woman wait until she is 18 before becoming pregnant – EVEN IF SHE IS MARRIED.

Each group must come up with a creative way of disseminating this information to the community. Groups can develop skits, posters, radio jingles, songs, poems, etc. Since the previous discussion focused on the problems and risks of too early or closely spaced pregnancies, participants should use this opportunity to discuss the benefits of helping women, men and families either delay, space or limit their pregnancies.

Allow each group **5-8 minutes** to prepare their presentation and then an additional 15 minutes for each group to present and discuss. As needed, use ***Trainer's Resource 14*** to help participants come up with some of the benefits.

c. Game: Myths and Facts about Family Planning (35 minutes)

Now divide participants into **two teams and have them meet separately**. Introduce this activity by saying:

> One *of the most important ways to help women and men practice healthy timing and spacing of pregnancy is to use a family planning method*. But many people still **believe common myths about family planning**, which prevents them from using it.
>
> In this session, we will talk about some of the common beliefs that people have about family planning and discuss which ones are true and which ones are myths. We will talk more specifically about family planning methods in another session.

Inform participants that the **facilitators will read each team a series of statements** (from ***Trainer's Resource 12: Family Planning Myth or Fact?),*** and each team must decide whether the statement is a myth or fact.

After the teams have decided on their answers, bring both teams together in plenary to review the answers. Mark the score on the prepared newsprint (***Trainer's Resource 13 – Score Sheet)***, correct any misinformation and move on to the next statement.

Each team that answers correctly will score a point, while the team that answers incorrectly will score zero.Add up scores and award a prize to the team that wins.

d. Wrap up and Summary (5-10 minutes)

Reiterate the three main messages of HTSP:

1. Wait **two years** after the live birth of a child before trying to get pregnant again.
2. Wait **six months** after a miscarriage or induced abortion before trying to get pregnant again.
3. Wait until **at least age 18** to have a first pregnancy.

With these three messages, participants need to inform people that **the most effective way to delay or space pregnancy is to use a <u>family planning method</u>**. It is also important to help people understand that family planning methods are **safe**. They are actually safer than pregnancy – and <u>contribute to the health</u> of women, men, children, families and communities.

<u>Application</u>: As part of the summary, you may select several participants to do 1-minute role plays on HTSP messages <u>without preparation</u> based on real-life situation they may face in the community (such as talking to parents who are supporting early marriage, a couples counseling session who just had a baby and/or who have had a miscarriage).

Takeaway Messages

- ✓ **Spacing and timing pregnancies is an essential way to protect the health of mothers, children and families.**
- ✓ **For a sexually active person, family planning is the only way to ensure that children are spaced for the health of the family.**

Trainer's Resource 12

Family Planning: Myth or Fact?

1. **Myth or Fact? A man does not need to use contraception after a certain age because he will lose the ability to father a child.**
   Myth. Most men will produce sperm throughout their lives and be able to father a child until they are old.

2. **Myth or Fact? A menstruating woman cannot ge pregnant**
   Myth. Even when a woman is menstruating, it is possible for her to become pregnant.

3. **Myth or Fact? If women wait two years after giving birth before getting pregnant again, she will have a healthier pregnancy**
   FACT. Some of the illnesses and deaths that mothers and newborns experience before, during and after childbirth are related to women having closely spaced pregnancies.

4. **Myth or Fact? A woman is protected against pregnancy on the day she is given her injectable.**
   Myth. Most doctors recommend that women either abstain from sex or use another method of contraception, such as abstinence or condoms for seven days after they are given their injectable. After this time, a woman is protected from pregnancy every day until her next injection.

5. **Myth or Fact? Withdrawal is a very effective method of preventing pregnancy**
   Myth. The effective use of withdrawal requires that a man have a high level of self-control during ejaculation.

6. **Myth or Fact? A woman only needs to take the pill on days when she has sex with her husband/partner.**
   Myth. A woman must take her pills every day to not become pregnant.

7. **Myth or Fact? If a condom comes off during sexual intercourse, it will get lost inside the woman's body.**
   Myth. This is not possible, because the opening to the womb is too small for a condom to pass through.

8. **Myth or Fact? Abstinence and condoms are the only contraceptive methods that protect against STIs and HIV.**
   FACT. Abstinence and condoms are the only contraceptive methods that protect against all STIs and HIV.

9. **Myth or Fact? The injectable causes cancer.**
   Myth. Available research shows that injectables do not cause cancer and are very safe to use.

10. Myth or Fact? A woman who uses contraception will become infertile
Myth. Contraceptives do not cause infertility. Sometimes after a woman stops using a method, it may take a few months for her body to return to a state where she can become pregnant, but this is only temporary and not permanent

11. Myth or Fact? The IUCD might travel inside a woman's body to her heart or brain.
Myth. The IUCD cannot pass from the uterus to the other parts of the body. It is not possible physiologically.

12. Myth or Fact? The pill makes you get fat
Myth. The pill does not make you gain weight.

NOTE to facilitator: You should *adapt or add to these myths* based on important local misunderstandings about family planning. For instance, in some places, women may say that condoms cause pain in their stomachs. If so, this concern can be addressed in this exercise.

Also **HIV/AIDS treatment and family planning** are important topics often surrounded with misunderstanding. If there is concern about whether some contraception methods, such as pills, injectables, and IUDS, interfere with ARVS, you should add this issue to the myth and fact game. You should consult with a medical professional – and possibly include them in the discussion – about the most current guidance.

Generally, HIV+ people can use most contraception methods, even on ARVS. FP counseling for HIV+ clients should include *dual method use*, that is, using a condom to protect against infection and a contraception method to further prevent pregnancy.

Trainer's Resource 13

Score Sheet

Question Number	✓ for correct X for incorrect	
	Team A	Team B
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
TOTAL SCORE		

Each correct answer is given a score of 1
Each wrong answer is given a score of 0
Range of possible scores is from 0 – 12

Trainer's Resource 14

BENEFITS OF HTSP VS. RISKS OF NOT PRACTICING HTSP

BENEFITS OF HTSP	RISKS IF HTSP IS NOT PRACTICED
For the Newborn Child	
• Newborns are more likely to be born strong and healthy. • Newborns may be breastfed for a longer period of time, which allows them to experience the health and nutritional benefits of breastfeeding. • Mother-baby bonding is enhanced by breastfeeding, which facilitates the child's overall development • Mothers who are not caring for another young child under the age of three may be better able to meet the needs of their newborns.	• Risk of newborn and infant mortality is higher. • There may be a greater chance of a pre-term low-birth-weight baby, or the baby may be born too small for its gestational age. • When breastfeeding stops before six months, the newborn does not experience the health and nutritional benefits of breast milk, and the mother-baby bond may be diminished, which may affect the baby's development.
For the Mother	
• The mother has a reduced risk of complications which are associated with closely spaced pregnancies. • She may have more time to take care of the baby if she does not have to deal with the demands of a new pregnancy. • She may breastfeed longer; longer duration of breastfeeding is linked to a reduced risk of breast and ovarian cancer. • She may be more rested and well-nourished so as to support the next healthy pregnancy. • She may have more time for herself, her children, and her partner, and to participate in educational, economic and social activities • She may have more time to prepare physically, emotionally, and financially for her next pregnancy.	• Women who experience closely spaced pregnancies are: o At increased risk of miscarriage; o More likely to induce an abortion; and o At greater risk of maternal death.

For Men	
• His partner may find more time to be with him, which may contribute to a better relationship. • Expenses associated with a new pregnancy will not be added to the expenses of the last-born child. • More time between births may allow a man time to plan financially and emotionally before the birth of the next child, if the couple plans to have one. • Men may feel an increased sense of satisfaction from: o Safeguarding the health and well-being of his partner and children; and o Supporting his partner in making healthy decisions regarding FP and HTSP.	• The stress from closely spaced pregnancies may prevent couples from having a fulfilling relationship. • If the mother is too tired from a new pregnancy and raising an infant, she may not have the time or energy to spend with her partner.
For the Family	
• Families can devote more resources to providing their children with food, clothing, housing, and education.	• A new pregnancy requires money for antenatal care, better nourishment for the mother, savings for the delivery costs and costs associated with the needs of a new baby. • Illness or a need for emergency care is more likely if the woman has closely spaced pregnancies • Unanticipated expenses may lead to difficult financial circumstances or poverty.
For the Community	
• HTSP is associated with reduced risk of death and illnesses among mothers, newborns, infants, and children, which can contribute to reductions in poverty and improvements in the quality of life for the community. • It may relieve the economic, social and environmental pressures from rapidly growing populations.	• Lack of HTSP may result in a poorer quality of life for community residents, including increased medical expenses. • Economic growth may be slower, making it more difficult to achieve improvements in education, environmental quality, and health.

Trainer's Resource 15

Problems Related to Closely Spaced Pregnancies

- Babies born too early
- Babies that are too small
- Children who are sickly
- Children who are more likely to die before their 5th birthday
- Mothers who may get ill during and after pregnancy and childbirth
- Mothers who may be more likely to die in childbirth

Trainer's Resource 16

Pregnancy Spacing Messages

For couples who desire a next pregnancy after a live birth	**For couples who decide to have a child after a miscarriage or abortion**	**For adolescents**
For the health of the mother and the baby, wait **at least 24 months**, but **not more than 5 years**, *before trying to become pregnant again.* Consider using a family planning method of your choice during that time.	For the health of the mother and the baby, wait **at least 6 months** *before trying to become pregnant again*. Consider using a family planning method of your choice during that time.	For your health and your baby's health, wait until you are **at least 18 years** of age, *before trying to become pregnant*. If you are sexually active, consider using a family planning method of your choice until you are 18 years old.

Handout 4

Pregnancy Spacing Messages

For couples who desire a next pregnancy after a live birth	**For couples who decide to have a child after a miscarriage or abortion**	**For adolescents**
For the health of the mother and the baby, wait **at least 24 months**, but **not more than 5 years**, *before trying to become pregnant again*. Consider using a family planning method of your choice during that time.	For the health of the mother and the baby, wait **at least 6 months** *before trying to become pregnant again*. Consider using a family planning method of your choice during that time.	For your health and your baby's health, wait until you are **at least 18 years** of age, *before trying to become pregnant*. If you are sexually active, consider using a family planning method of your choice until you are 18 years old.

Handout 5

Family Planning Myth or Fact?

1. **Myth or Fact? A man does not need to use contraception after a certain age because he will lose the ability to father a child.**
   Myth. Most men will produce sperm throughout their lives and be able to father a child until they are old.

2. **Myth or Fact? A man cannot get a menstruating woman pregnant**
   Myth. Even when a woman is menstruating, it is possible for her to become pregnant.

3. **Myth or Fact? For the health of the mother and the baby, wait a minimum of 2 years, but not more than 5 years, before trying to become pregnant again.**
   FACT. Some of the illnesses and deaths that mothers and newborns experience before, during and after childbirth are related to women having babies when they are too young (before age 18); having babies too often; having too many children; and having children when they are over 35 years old.

4. **Myth or Fact? A woman is protected against pregnancy the day she is given her injectable.**
   Myth. Most doctors recommend that women either abstain from sex or use another method of contraception, such as abstinence or condoms for seven days after they are given their injectable. After this time, a woman is protected from pregnancy every day until her next injection.

5. **Myth or Fact? Withdrawal is an effective method of preventing pregnancy**
   Myth. The effective use of withdrawal requires that a man have a high level of self-control during ejaculation.

6. **Myth or Fact? A woman only needs to take the pill on days when she has sex with her husband/partner.**
   Myth. A woman must take her pills every day so as not to become pregnant.

7. **Myth or Fact? If a condom comes off during sexual intercourse, it will get lost inside the woman's body.**
   Myth. This is not possible, because the opening to the womb is too small for a condom to pass through.

8. **Myth or Fact? Abstinence and condoms are the only contraceptive methods that protect against STIs and HIV.**
   FACT. Abstinence and condoms are the only contraceptive methods that protect against all STIs and HIV.

9. **Myth or Fact? The injectable is dangerous and causes cancer.**
   Myth. Available research shows that injectables do not cause cancer and are very safe to use.

Handout 5
Family Planning Myth or Fact?
Page 2

10. Myth or Fact? A woman who uses contraception will become infertile
Myth. Contraceptives do not cause infertility. Sometimes after a woman stops using a method, it may take a few months for her body to return to a state where she can become pregnant.

11. Myth or Fact? The IUCD might travel inside a woman's body to her heart or brain.
Myth. The IUCD cannot pass from the uterus to the other parts of the body.

12. Myth or Fact? Pills make you fat
Myth. Pills do not make you gain weight.

Module Three, Session 4
Family Planning

Objectives:
By the end of the session participants will:
1. Understand commonly used family planning methods, and
2. Identify ways to improve male involvement in family planning and HTSP.

Time: 1.5 hours

Materials:
- Newsprint
- Markers
- Tape
- Visual Aids
- Handouts

Advance Preparation:
- Make copies of:
  - ***Handout 6: Description of Contraceptive Methods***,
  - ***Handout 7: Benefits of HTSP***
  - ***Handout 8: Ways Men Can Support Or Prevent Contraceptive Use***

Process:

a. Mini lecture: Overview of Family Planning Methods (20 minutes)

From the time a woman starts menstruating, she can become pregnant if she has unprotected sexual intercourse. A woman is able to become pregnant only on certain days of each month: that is when she ovulates (or produces an egg). For most women (but not all), this usually happens around the middle of a woman's menstrual cycle, or about 14 days ***after*** her period begins. It is difficult to predict when a woman is fertile, however, because many things such as stress, illness, and nutrition can affect when ovulation occurs. Once women ***complete*** the process of menopause, they will no longer ovulate and cannot become pregnant. However, women who are going through menopause ***can*** get pregnant.

A man, however, beginning with his first ejaculation, is fertile every day and has the potential ability to father a child for the rest of his life.

For this and many other reasons, it is important that men and women use a family planning method to prevent unwanted pregnancy and to space and time pregnancies to keep mothers and babies healthy.

We will discuss different types of family planning methods that help people prevent unwanted pregnancy and also practice healthy timing and spacing of pregnancy

We will discuss abstinence, oral contraceptives (or pills), injectables, IUDs, male and female condoms, natural family planning or fertility awareness methods, breastfeeding (Lactational Amenorrhea Method) and sterilization.

b. Group Discussion (40 minutes)

Ask participants what they know about each method, correct any misinformation and provide correct information on the method.

Note to the Facilitator: Some participants may mention local traditional family planning practices and methods. Discuss these methods, including the pros and cons and effectiveness of each method.

Remind participants that men and women should also try to prevent sexually transmitted infections (STIs), and HIV. Male or female condoms are the only method that protect against both pregnancy and STIs/HIV.

Some men and women may choose to use only condoms to prevent pregnancy and STIs/HIV, or may decide to use a contraceptive method such as injectables for pregnancy prevention, along with condoms for STI and HIV prevention.

Facilitate a discussion about encouraging use of family planning by men and women:

- Who is usually responsible for using family planning? Why?
- Where do most people obtain family planning methods? Are most people satisfied with where they obtain their method? What are some ways to make it easier to get family planning?
- Do couples usually talk about using family planning? Why or why not?
- Why don't some people use family planning?
- Based on our discussion of the benefits of using family planning for healthy timing and spacing of pregnancy, what are some things we can do to help people use family planning? Are there other benefits we should promote?

Use ***Trainer's Resource 12: Benefits of Healthy Timing and Spacing of Pregnancy and Risks of Not Practicing HTSP*** to facilitate the discussion.

Distribute ***Handout 6: Description of Contraceptive Methods*** and ***Handout 7: Benefits of Healthy Timing and Spacing of Pregnancy for Infants and Mothers*** to participants.

c. Brainstorm: Involving Men in Family Planning (25 minutes)

Men are often raised to believe that family planning, pregnancy, childbirth and child rearing are women's responsibilities. Men may also believe that it is not "manly" to discuss these issues with their partners/wives.

Brainstorm on these questions:

- What are some of the beliefs men have about family planning?
- What could you do to encourage your co-workers, friends, family members, and neighbors talk about and use family planning?

Distribute ***Handout 8: Ways Men Can Support or Prevent Contraceptive Use***. Make sure to mention that one of the most common reasons women don't use contraception is because their partner does not support or approve the use of family planning.

d. Wrap-up and Summary (5 minutes)

Discussions about family planning are often not easy but are important to have to prevent illness and death in our families and communities.

Review the participants' comments. Note that even *though it takes two people to make a baby, family planning is usually considered a woman's responsibility*. Yet, in some cases, a woman may need her husband's agreement or approval to be able to use family planning. If a woman does not get her husband's permission, or if she is afraid to discuss it with him, she may secretly use family planning to prevent, space, or limit her pregnancies.

Many men lack information about pregnancy and contraception. Participants need to help inform men about family planning and the importance of HTSP. Well-informed men are more likely to help their partners/wives prevent unplanned pregnancies and space their pregnancies or limit their pregnancies.

Application: As part of the summary, you may select two participants to do a 1-minute role play without preparation on family planning and HTSP based on real-life situations they may face in talking with men.

Takeaway Message

- ✓ **Men have an important role in family planning, including using condoms.**
- ✓ **Men need to support their partners' use of family planning to prevent unplanned pregnancy and practice Healthy Timing and Spacing of Pregnancy.**
- ✓ **It is important for men (and women) to understand that family planning is safe and supports the health of the entire family.**

Handout 6

Description of Contraceptive Methods

METHOD	HOW IT WORKS
Abstinence	Abstinence is the total avoidance of sexual intercourse. It is the safest and most effective way to prevent pregnancy and STIs/HIV.
Breastfeeding **(Lactational Amenorrhea Method or LAM)**	If a woman exclusively breastfeeds her baby, has no menstruation and the baby is less than six months old, she is protected from pregnancy for the first six months postpartum. If any of the above conditions are not met, she will NOT be protected from pregnancy and should begin using another method that is safe for breastfeeding women. This method does not protect against STIs/HIV.
Oral Contraceptives **(Pills)**	Oral contraceptives (sometimes called birth control pills or "the pill") prevent pregnancy by preventing ovulation. They do not protect against STIs/HIV.
Injectables	Injectables work the same as the pill. A woman receives a shot every two to three months (depending on the type of injectable used) instead of taking a pill every day. Injectables protect against pregnancy, but they do not protect against STIs/HIV.
Intra-uterine Device **(IUD)**	IUDs (sometimes called IUCDs, coils, spirals, or the loop) are small devices that are placed in the uterus to prevent pregnancy. IUDs do not protect against STIs/HIV.
Male Condom	The male condom is a thin rubber tube. It is closed on one end so that when a man puts it on his penis, it stops the sperm from entering the woman's vagina. Male condoms protect against both pregnancy and STIs/HIV.
Female Condom	The female condom is a polyurethane sheath that fits inside the vagina and prevents sperm from entering a woman's vagina. Female condoms protect against both pregnancy and STIs/HIV.
Natural Family Planning **and Fertility Awareness Methods, such as CycleBeads**	These are methods by which couples avoid sexual intercourse during the days when a woman is fertile and can become pregnant. A doctor or nurse can help couples learn how to use these methods. These methods do not protect against STIs and HIV.
Male Sterilization **(Vasectomy)**	This is minor surgical operation performed on a man. Vasectomy protects against pregnancy, but it does not protect against STIs/HIV.
Female Sterilization **(Tubal Ligation)**	This is a minor surgical operation performed on a woman. Tubal ligation protects against pregnancy, but it does not protect against STIs/HIV.

Handout 7

Benefits of Healthy Timing and Spacing for Infants and Mothers

Benefits of Healthy Timing and Spacing for Infants and Mothers[4]		
For newborns/infants	**For all women**	**For adolescents**
▪ Lower risk of perinatal death. Infants of adolescent mothers are 1.5 times more likely to die before their first birthday than infants of older mothers.	▪ Lower risk of maternal death	▪ Adolescents aged 15 – 19 are twice as likely to die during pregnancy or childbirth as those over 20; girls under 15 are five times more likely to die.
▪ Lower risk of neonatal death	▪ Lower incidence of induced abortion	▪ Each year, at least 2 million young women undergo unsafe abortion.
▪ Lower risk of preterm birth	▪ Lower risk of pre-eclampsia	▪ Adolescents are more likely to experience pregnancy and delivery related complications such as pre-eclampsia and fistula.
▪ Lower risk of low birth weight	▪ Lower risk of miscarriage	▪ Adolescent mothers are more likely to delivery early or at low birth weight.
▪ Lower risk of small for gestational age	▪ Lower risk of anemia	▪ Unmarried adolescents who give birth may be forced to marry the father, drop out of school, become a single mother or have an unsafe abortion, leading to multiple social or health consequences.
▪ Increased benefits of extended breastfeeding	▪ Allows for two years of breastfeeding, which is linked with reduced risk of breast and ovarian cancer	▪ Delaying early childbearing saves lives.

4 DaVanzo, Julie, Lauren Hale, Abdur Razzaque, and Mizanur Rahman, "Effects of Interpregnancy Interval and Outcome of the Preceding Pregnancy on Pregnancy Outcomes in Matlab, Bangladesh," *BJOG*, 2007.

Handout 8

Ways Men Support or Prevent Contraceptive Use

Men support contraceptive use when they:

- Encourage their partner to use a method
- Pay for the method
- Go with their partner to the clinic
- Participate in counseling
- Support their partner's choice of method
- Help their partner to use the method correctly
- Use condoms
- Encourage exclusive breastfeeding for the first six months in postpartum women
- Abstain from sex when a woman is fertile

Ways men prevent contraceptive use:

- Discouraging, preventing and even forbidding women from using a method
- Withholding their support.
- Not allowing her enough time to use the method
- Complaining or criticizing her use of a method.
- Pressuring her to use a method that may be harmful to her health
- Pressuring her to have unprotected sex

Module Three, Session 5

Sexually Transmitted Infections *(Adapted from the ACQUIRE Project)*

Objective:
By the end of the session, participants will identify the causes and effects of STIs.

Time: 1 hour

Materials:
- Newsprint
- Markers
- Pieces of paper

Process:

a. Small Group Work (30 minutes)

Divide the participants into 3 or 4 small groups. Each group will be given an assignment to draw a problem tree (see p. 28 & 29). Give the following instructions to the groups:

- Draw a tree trunk in the middle of a piece of newsprint.
- Ask the group to brainstorm some of the causes of STIs. On the problem tree, each of the causes should be depicted as one of the roots of the tree. After mentioning each cause, the group should think about what else can contribute to that initial cause. For example, if one of the causes is "unprotected sex" then the group should think about what causes unprotected sex. One of the causes could be "dislike of condoms." This would then be depicted as a sub-root of the original cause.
- The problem tree will also look at the effects of STIs. In their picture of a problem tree, the 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.
- After all groups have finished, ask them to post the newsprint on the wall. Allow all of the participants to walk up to the wall and observe the trees.

b. Presentations and Group Discussion (25 minutes)

Bring the group back in together. Discuss, using the following questions:

- Did the groups identify the same causes and effects?
- Which of these causes do you think are the most important to address in order to reduce STIs?
- What have you learned from this exercise? *How can you apply this in your own outreach work, and personal lives and relationships?*

c. Wrap up and Summary (5 minutes)

Review the findings from group discussion. Highlight the gender aspects of the root causes of STIs. For example: A woman's inability to negotiate condom use may force her to have unprotected sex and possibly contract an STI; or men do not get tested or seek health services because they fear appearing weak.

Takeaway Message

✓ Many of the causes and consequences of STIs are related to gender norms and beliefs.

Module Three, Session 6
HIV/AIDS

(Adapted from the ACQUIRE Project)

Objective:
By the end of the session, participants will understand the basic facts about HIV and AIDS.

Time: 1.5 hours

Materials:

- Newsprint
- Markers
- Statement cards
- Handouts

Advance Preparation:

Review ***Trainer's Resource 17: Background Information on HIV/AIDS***
Make copies of ***Handout 9: The Facts About HIV and AIDS***

Write out the following statements on cards or pieces of paper:

1. You can become infected with HIV from mosquito bites.
2. Anal sex is the riskiest form of sexual contact.
3. People can get HIV if they perform oral sex on a man.
4. When used correctly, condoms can protect men and women from becoming infected with HIV.
5. Circumcised men do not need to use condoms.
6. HIV is a disease that affects only poor people.
7. If you stay with only one partner, you cannot get HIV.
8. People with STIs are at higher risk for becoming HIV-infected than people who do not have STIs.
9. A man can transmit HIV to his partner during sex, even if he withdraws before ejaculation.
10. A man can be cured of HIV by having sex with a virgin.
11. HIV is transmitted more easily during dry sex than wet sex.
12. You cannot get AIDS by living in the same house as someone who has the disease.
13. You can always tell if a person has HIV by his/her appearance.
14. Traditional Healers can cure HIV.
15. HIV can be transmitted from one person to another when sharing needles during drug use
16. People can live long lives if they get early treatment and continue to take their medications (ARVS) even when they are feeling better.

a. Group Work (70 minutes)

1. Give out the statement cards to the participants.
2. Draw two columns on newsprint. Write "True" at the top of the left-hand column and "False" at the top of the right-hand column.
3. Ask one of the participants to read out the statement on their card. Ask them to say whether they think it is true or false. Tell them to come up and stick it in the correct column on the flipchart. Ask them to explain their reasons. Then ask the group if they agree. As needed, discuss, using the Background Information.
4. Repeat step 2 for all of the cards. Then give out ***Handout 9*** and if there is time, review the information with the group.

b. Mini-lecture (15 minutes)

HIV stands for *human immunodeficiency virus*. This virus attacks the body's immune system, which protects the body against illness. HIV infects only humans. 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 who does not have HIV probably would not get.

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 get opportunistic infections. When an HIV-positive person gets one or more specific infections (including tuberculosis, rare cancers, and eye, skin, and nervous system conditions) she or he is defined as having "AIDS".

HIV is found in an infected person's blood (including menstrual blood), breast milk, semen, and vaginal fluids. Yet HIV cannot be transmitted through casual contact or such activities as brushing teeth. Early testing and treatment for HIV/AIDS is essential staying healthy once one is infected with HIV; and staying on the drugs even when feeling well is essential to staying healthy.

c. Wrap up and Summary (5 minutes)

Review any of the misconceptions that came up during "True" or "False" session. Remind participants that people in the community receive many false messages about HIV/AIDS that need to be confronted. These false ideas can make things worse for individuals and the community – they lead men and women to delay getting tested for HIV or come in for follow-up treatment if they test positive.

Takeaway Messages

- ✓ **Many people believe myths about HIV/AIDS that can put them and their partners at risk for infection and illness.**
- ✓ **It is important for men and women to seek early testing treatment and stay on their HIV/AIDS medications even when they are feeling well.**

Trainer's Resource 17

Background Information on HIV

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 who does not have HIV probably would not get.

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 get opportunistic infections. When an HIV-positive person gets 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 in each country, people blamed AIDS on certain groups. Often, people think the fault lies with people from "other places" or those who look and behave "differently." This leads to problems of blame and prejudice. It also means that many people believe that only people in those groups are at risk for HIV infection. They think that "it can't happen to me." Confusion about where AIDS comes from and who it affects also makes many people willing to deny that it even exists.

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;
- By HIV-infected blood transfusions or contaminated injecting equipment or cutting instruments; and
- To a baby 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.

A breastfeeding mother who has HIV can pass the virus to her baby through her breast milk. Studies show that 1/3 of babies who are breastfed by HIV-infected mothers will also become HIV-infected. However, breastfeeding is known to be good for the overall health of the baby because the mother's milk is nutritious and protects the baby from disease. The alternative to breastfeeding for HIV-infected women is formula feeding. However, for some women formula can be too expensive. Even when formula is affordable, clean water is needed to mix with the formula and to wash the bottles used to feed the baby. Dirty water can give a baby diarrhea, which often leads to death. Clean water is a problem in some communities, and sometimes families may not have the means to boil the water to purify it. If formula and clean water are not available, it is probably better for HIV-infected mothers to breastfeed. In these cases, the health benefits of breast milk probably outweigh the risk of HIV transmission to the baby. As well, it is also recommended that if an HIV+ mother is breastfeeding, she should do so exclusively (e.g. she should not use formula sometimes and breastfeed sometimes).

Handout 9

The Facts About HIV and AIDS

1. **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 from mosquito bites), the only people infected with HIV are sexually active men and women and babies born to HIV-infected mothers, and people who became infected due to blood transfusions or sharing needles.

2. **Anal sex is the riskiest form of sexual contact – TRUE**. Anal sex carries a higher risk of 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 as well.

3. **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 of transmitting HIV by wearing a condom and ensuring that no semen enters his partner's mouth.

4. **When used correctly, 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 that suggests that 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.

5. **Circumcised men do not need to use condoms – FALSE**. In the recent past, research has indicated that men who are circumcised may be a lower risk for HIV transmission than those who are uncircumcised. The research is not final, however it is looking promising. This does not mean, however, that circumcised men cannot get HIV; it only means their chances of infection are lower. They still need to use condoms correctly each and every time they have intercourse.

6. **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. how much money they have), but rather the behavior he or she engages in.

7. **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 only have sex with their partner now may have been infected with HIV from someone else in the past. Therefore, they may have the disease without knowing it and/or without telling their current partner. Only a long-term, faithful relationship with someone who has not been previously infected can be considered "safe."

8. **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.

Handout 9
The Facts about HIV and AIDS
Page 2

9. **A man can transmit HIV to his partner during sex, even if he withdraws before ejaculation – TRUE**. Withdrawal does not eliminate the risk of HIV. Pre-ejaculatory fluid from the penis can contain the virus and can transmit HIV to another person. However, withdrawing is better than ejaculating inside the sexual partner since it reduces the amount of exposure to semen.

10. **A man can be cured of HIV by having sex with a girl who is a virgin – FALSE**. Some people believe this misconception, but it is not true. Virgins do not have any power to heal HIV-infected individuals. There is no way to cure HIV once a person is infected.

11. **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 on the skin and mucous membranes of the genitals of both men and women. These cuts provide the virus with an easy way to enter the bloodstream.

12. **You cannot contract AIDS simply by living in the same house as someone who has the disease – 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., through the use of shared toothbrushes, razors, or douching equipment).

13. **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.

14. **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 done by traditional healers have proven to cure HIV infection. We often hear of other people who say they have developed a cure for AIDS. People with HIV are a very vulnerable group because they desperately want to get rid of their life-threatening illness and often will pay large amounts for even a small chance of a cure. Many people see them as a source of easy 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.

15. **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 of 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.

16. **People can live long lives if they get early treatment and continue to take their medications (ARVS) even when they are feeling better – TRUE**. Even though people with HIV/AIDS cannot be cured, they can live long, productive lives through treatment and consistent use of drugs. It is very important to get treatment early and keep with it. Some people make the dangerous mistake of stopping their HIV/AIDS drug treatment once when they start feeling better. The drugs are saving their lives.

Module Three, Session 7

Stigma and HIV: Root Cause Analysis

Objectives:

By the end of this session, participants will be able to:

1. Identify the root causes of stigma, and
2. Discuss strategies to address stigma in the community and the workplace.

Time: 1.5 hours

Materials:

- Newsprint
- Markers
- Tape
- Visual Aids
- Handouts

Advance Preparation:

- Using ***Trainer's Resource 18: Problem Tree*** draw a simple tree on newsprint, showing the roots, trunk and leaves/branches.
- Write "causes" next to the roots, "forms of stigma" next to the trunk, and "effects of stigma" next to the leaves/branches.
- Make copies of ***Handout 10: Stigma: Causes, Forms and Effects***

Process:

Participants will analyze the attitudes, fears, and discrimination that PLWHAs may experience and discuss ways to address stigma and to encourage friends, co-workers, family members, and community members to better understand the importance of HIV prevention, care and treatment as well as ways to reduce stigma.

a. Root Cause Analysis on Stigma and HIV (30 minutes)

Display the drawing of the tree. Ask participants:

- Why do people stigmatize people with HIV? (List their responses as the roots -- or causes)
- What do people do when they stigmatize people with HIV? (List their responses as the trunk -- or forms of stigma)
- How does this affect the person being stigmatized? (List their responses as the branches/leaves -- or effects of stigma)

b. Brainstorm and Small Group Work (55 minutes)

Select one of the most common forms of stigma from the list generated by participants. Have the group brainstorm some ways to address this type of stigma and record their responses. Allow 20 minutes for this activity.

Now ask participants to break into small groups of three to four participants. Ask each group "What specific things can you do to challenge stigma in your community?" Give each group 20 minutes to identify these actions.

Have each small group share their proposed actions with the larger group.

Ask the larger group if they have anything to add.

c. Wrap-up and Summary (5 minutes)

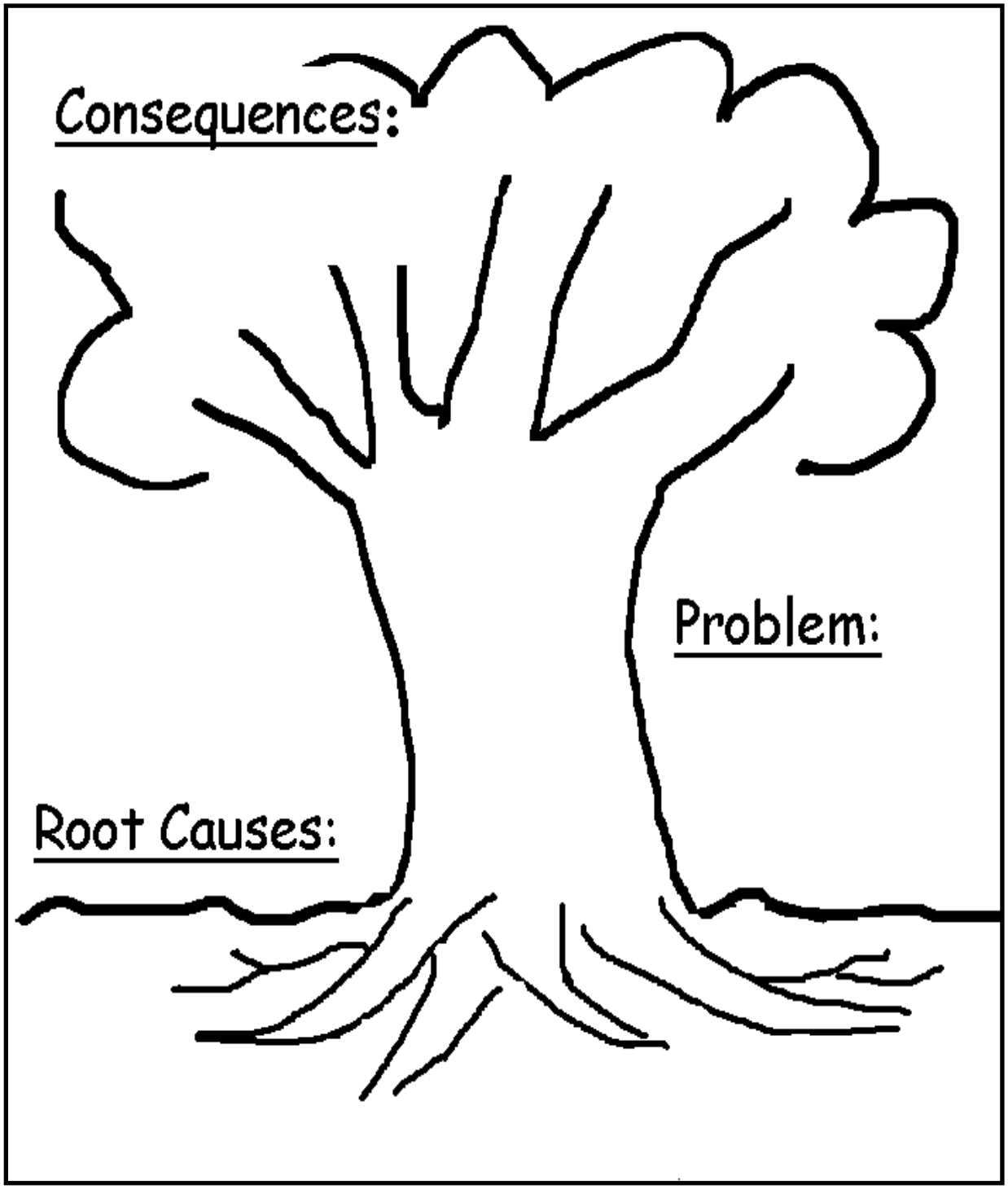
HIV-related stigma prevents people from finding out whether or not they have HIV and limits their ability to seek care and treatment. Stigma is caused by many things: lack of knowledge, fear of death, shame, guilt or prejudice. Stigma has a serious effect on a person's ability to be open and honest about his or her situation with family, friends and co-workers. We can model behaviors that are non-judgmental and supportive of PLWHAs to help reduce stigma.

Takeaway Messages

- ✓ **Be aware of the root causes of stigma and address stigma when we see it.**
- ✓ **A way to stop stigma is to be a role model and address stigma in your own lives.**

Trainer's Resource 18

Problem Tree



Handout 10

Stigma: Causes, Forms and Effects

Causes

- Just rewards of sin or promiscuity
- Religious beliefs
- Fear: of infection, of the unknown, of death
- Ignorance
- Discrimination
- Peer pressure
- Media exaggerations

Effects

- Shame
- Denial
- Isolation
- Loneliness
- Loss of hope
- Self-blame
- Self-pity
- Self-hatred
- Depression
- Alcoholism or drug use
- Anger
- Violence
- Suicide
- Feelings of uselessness
- Conflict
- Quarrels
- Family arguments
- Divorce
- Kicked out of family
- Fired from work
- Dropout from school
- AIDS orphans
- Abuse or poor treatment
- Deprived of medical care
- No treatment
- Don't take medicine
- 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 away
- Violence
- Abuse
- Self-blame
- Self isolation
- Stigma by association
- Stigma by looks

Module Three, Session 8
Male-Friendly HIV/AIDS Prevention

Objective:
By the end of the session participants will develop male-friendly HIV/AIDS prevention messages.

Time: 1.5 hours

Materials:
- Newsprint
- Markers
- Tape
- Visual Aids

Advance Preparation:
- Review
  - ***Trainer's Resource 19: Factors Affecting the HIV Risks Men and Women Face and Take*** and
  - ***Trainer's Resource 20: Ways to Prevent HIV***
- Prepare newsprint with two columns labeled ***What I do*** and ***What I say***.

Note to the Facilitator: This session will present masturbation as a safe activity. Be aware of the cultural views of masturbation and be prepared to discuss them as needed.

Process:
During this session participants will analyze current HIV prevention activities being implemented in the workplace and/or community, taking into consideration the cultural norms of masculinity and femininity. Participants will examine how these cultural norms may make it difficult for people to act in safe and healthy ways that prevent HIV and will discuss prevention messages.

a. Brainstorm and Discussion (20 minutes)

Ask participants to brainstorm some of the thing they say or do to address HIV prevention in the community or the workplace and list them on the prepared newsprint that has two columns labeled "what I do" and "what I say."

Example:

What I do	What I say
I use condoms	I tell my friends to use condoms
I get tested for HIV	I tell my wife she should get tested

Discuss with the participants their comments on "what they say" and "what they do." Ask the group:

- What has been effective?
- What has not been effective?
- Why do you think that is so?
- What things will you continue to say or do?

b. Group Discussion (20 minutes)

Remind participants that men and women may do certain things in their lives and relationships because of the ways they are raised and because of how society expects them to behave (gender roles).

Ask participants for some examples. After a few responses, ask participants which of these messages could put men and women at risk HIV/AIDS.

Ask participants: What are some things that you can do and say to encourage men to take action to decrease their risk and that of their partners for unwanted pregnancy, STIs and HIV/AIDS? List their responses on newsprint.

As needed, supplement the discussion using ***Trainer's Resource 19 – Factors Affecting the HIV Risks Men and Women Face and Take*** and ***Trainer's Resource 20 – Ways to Prevent HIV.***

c. Small Group Work (45 minutes)

Now that participants have identified some ways to talk about HIV/AIDS with their friends and coworkers, ask them to **create a radio "jingle" or advertisement**.

Divide the group into teams of 3 to 4 persons, and assign each group one of the messages that puts men and women at risk as identified by participants during the group discussion.

Have each group develop a short (30 – 60 second) "radio jingle" with a prevention message.

Allow the groups 15- 20 minutes to prepare and then three - five minutes to present their "jingle." After all the groups have presented, ask the large group the following:

- What did you find easy about developing your jingle? What did you find difficult?
- What are the messages that seemed most effective in the jingles?
- Would you change anything in your jingle after seeing the others? Why or why not?
- *How can you use this activity in your health outreach in the community?*

d. Wrap-up and Summary (5 minutes)

Many men feel pressure to be "real men," so they do not express their true emotions and feelings. They may experience health problems that don't get treated or do things that are bad for their health. Women may also experience health problems as well because they don't have enough information, are unable to use an available service or are just expected to accept their situation. Both men and women need to talk about health including reproductive health, family planning, HTSP and HIV/AIDS.

Takeaway Messages

- ✓ **Cultural expectations placed on men and women can prevent them from acting on health information, especially for HIV/AIDS.**
- ✓ **You can work with the community to create effective health messages**

Trainer's Resource 19

Factors Affecting the HIV Risks Men and Women Face and Take

Cultural messages about masculinity and femininity and who has the power in a relationship influence the behavior of men and women. Many people do not face their risks; even worse, they often make risky choices. Other factors such as age, economic status, where people live, religious beliefs, and culture play a role in the risks men and women take and face.

Key points:

- Women face more risk of HIV than men because of their bodies. Semen remains in the vagina for a long time after sex. There are also more viruses in men's semen than in women's vaginal fluid. This increases women's chances of infection from any single sexual act. The lining of the vagina is thin. This means it is more vulnerable than skin to cuts or tears that allow HIV to enter 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.
- Women are at least four times more likely to get an STI than men. Women often do not know they have STIs as they often have no symptoms of STIs.
- Many women they lack power and control in their lives. Women are often not expected to discuss or make decisions about sex. Women often cannot ask for or insist on using a condom or other forms of protection. Poor women may rely on a male partner for income, which may harder for them to ask their partners or husbands to use condoms. It also makes it difficult for them to refuse sex even when they know that might become pregnant or get infected with an STI/HIV.
- Some 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, clothes or other forms of status and protection.
- Violence against women increases women's risk of HIV. Rape occurs worldwide. Rape is not a sexual crime, but a crime that is linked to men's power over women. Forced sex increases the risk of HIV transmission because of bruising and cuts. Physical and emotional violence also increase women's risk. Many women will not ask their male partners to use condoms because they are afraid of the man's reaction. Women who must tell their partners about STIs/HIV may experience physical, mental, or emotional abuse or even divorce.
- Men may take more risks because of the way they have been raised. Men are encouraged to begin having sex early to prove themselves as men. In some cultures, a sign of manhood and success is to have as many female partners as possible, whether married or unmarried. Men can be ridiculed if they do not show that they will take advantage of all and any sexual opportunities.

Trainer's Resource 19
Factors Affecting the HIV Risks Men and Women Face and Take
(Page 2)

- Competition is another feature of living as a man. This includes sexuality. Men compete with other men to demonstrate who will be seen as the bigger and better man.

- Another sign of manhood is to be sexually daring. This can mean that you do not protect yourself with a condom, as this would be a sign of vulnerability and weakness. Many men believe that condoms lead to a lack of pleasure or are a sign of unfaithfulness. Using condoms also goes against one of the most important signs of manhood, which is having as many children as possible.

- Men often seek younger partners, and women are usually expected to have sexual relations with or marry men who are older than they are. Older and more sexually experienced men are more likely to be infected with an STI or HIV, which puts their younger partner at risk.

Trainer's Resource 20

Ways to Prevent HIV

- Abstain from sex
- Wait until you are older to start having sex
- Be faithful to your partner
- Have fewer partners
- Use a condom every time
- Do it yourself (masturbation)
- Ask if your partner has been tested for HIV
- Explore other ways of giving and receiving sexual pleasure
- Make sure you know your own HIV status so you can protect yourself and your partner

Module Three, Session 9

Barriers to HIV Prevention, Treatment, and Care

Objective:
By the end of the session participants will identify ways to encourage use of available HIV or other health services by the community, especially men.

Time: 1.5 hours

Materials:
- Newsprint
- Markers
- Tape
- Visual Aids

Advance Preparation:
- Invite staff from your local clinic or health center that provides family planning, HIV/AIDS and STI care and treatment services to the community to make a presentation on the services that are available and who uses the services. Ask the staff member to provide information on the following:
    - What services are provided, to whom, when and how?
    - Who are these services for?
    - How does the clinic ensure confidentiality and privacy?
    - Who uses the services?
    - Who would they like to better reach with services?
    - How can participants help?
    - Any other information the staff member thinks would be useful for the discussion.

Optional (if adequate time is available): arrange for a tour of the local health facility.

Process:
In this session participants will listen to a presentation from a local health care provider about available services. Participants will provide suggestions to the health care provider about reaching community members who don't currently use services, especially men.

a. Presentation by Local Health Care Provider (45 minutes)

After the presentation, be prepared to facilitate questions from the participants as well as discussion.

b. Group discussion (35 minutes)

Ask participants to brainstorm why community members may not use some of the available services. Use the following questions to facilitate discussion.

- Which members of the community are most likely to use services? Why is that?
- Why are some members of the community less likely to use services?
- What might encourage men to use services? What about PLWHAs?

- How could services be improved to better reach those who don't currently use services?
- What can participants do to encourage their families, friends and colleagues to use services?

c. Tour of facility (Optional)

If you have time and resources to organize a tour of the health center, this may be a good opportunity for participants to become more familiar with the health center and staff.

d. Wrap-up and Summary (10 minutes)

Review the main points of the presentation and group discussion. Note that *men are often less likely than women to seek health care of any kind*. They tend to believe that they won't get sick or that they should "tough it out" when they are sick or injured. Making use of available health services, however, is an important way for men and women to take better care of themselves. If we can get men to use services, we improve the health of the whole community. Participants must think about how best to influence men's behaviors as well as address barriers that stop men and women from seeking health care.

We should be sensitive to the different constraints that men and women may experience in seeking health care. For example, some men may not go for HIV testing because they are afraid of finding out their status. They think it is not manly, or they are afraid of being stigmatized. Some women may be fearful of learning their status because they are afraid of being beaten or abandoned or by their partner/spouse.

Women may not seek family planning services because they fear a lack of privacy and confidentiality, while men may not want to go to a clinic because it is more oriented towards providing care for women and children, not men.

Takeaway Messages

- ✓ **Social pressure to be a man may mean that men are reluctant to go for health services for fear of being seen as unmanly or not tough enough.**

- ✓ **Health services are available not only to treat illness and disease, but to help us prevent problems before they happen.**

Healthy Images of Manhood

Module Four: Communication Skills

Module Four, Session 1
Importance of Clear Communication

Objective:
By the end of the session, participants will learn communication skills as they practice the correct way to put on a condom.

Time: 1.5 hours

Materials:
- Newsprint
- Markers
- Penis model (note: if no model is available, use a cucumber, banana or other object.)
- Condoms (at least two per participant plus extras for demonstration)
- Handouts

Advance Preparation:
- Obtain a penis model and condoms
- Review
  - ***Trainer's Resource 21: Using Clear Communication to Instruct on Use of Condoms,***
  - ***Trainer's Resource 22: Common Questions about Male Condoms,*** and
  - ***Trainer's Resource 23: Myths and Facts about Condoms.***
- Make copies for each participant of
  - ***Handout 11: Instructions for Condom Use,***
  - ***Handout 12: What Condom Users Should Not Do,*** and
  - ***Handout 13: Correcting Misinformation about Male Condoms.***

Process:
This session will help participants understand the importance of clear communication. In addition, participants will learn about correct condom use. The session will also identify barriers to condom use and factors that promote condom use, including cultural challenges to talking openly about condoms. Participants will discuss messages that can encourage men use condoms consistently and correctly.

a. Brainstorm (30 minutes)

Draw three columns on the newsprint labeled "***Slang for male sexual organs" "Slang for female sexual organs"*** and ***"Slang for having sex."*** Ask participants to tell you some of the words that are commonly used in their community (slang) for male and female sexual organs (e.g., breast, vagina, testicles, anus), and for having sex.

Record them on the newsprint as follows:

Slang for male sexual organs	Slang for female sexual organs	Slang for having sex

Ask participants:

- How did you feel when I explained what to do in this activity?
- When do people use slang words? Medical/proper terms? Why do think that is so?
- What meanings do the slang words have for you?

Point out that the language we use when we communicate with others influences how people understand what it means to be a man or a woman. Help participants notice how slang words for male and female sexual organs reinforce traditional images of masculinity and femininity. For example words for penis may represent "hardness" while the words for the vagina suggest "softness" or may even have an insulting or dirty meaning. Words for having sex often suggest that it is something that a man does to a woman, rather than something that they do together. In some instances it may even bring up images of force and violence.

b. Group Activity – Demonstration (35 minutes)

Note to the Facilitator: Be sure you have reviewed ***Trainers Resource 21: Using Clear Communication to Instruct on Use of Condom*** before doing this activity!

Ask participants if they know how to use condom correctly. Ask for several volunteers to tell you how to put a condom on the penis model.

Ask the first volunteer to give you directions. Do EXACTLY what the participants tells you to do until you cannot go any further. Then ask another volunteer to do the same thing. Repeat this process one or two more times until it is clear that the instructions are unclear.

Ask the group the following questions:

- How easy is it to give clear directions to another person?
- Why is it sometimes hard to give clear directions?
- What can you do to make sure that you communicate information clearly? For example, take enough time, give step by step directions, give demonstrations, ask for feedback, and make sure that people understand.

Now give one condom (in its packet) to each participant. Ask the participants to check that the condom has not expired. Ask them to open the packet and take out the condom. Encourage them to stretch and play with the condom.

Have participants pair up. Ask one member of each pair to place a condom over their hand, taking care not to tear it with their fingernails. Next, tell them to close their eyes and to ask their partner to touch their hand with a finger. Ask the participants wearing the condoms over their hand:

- 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 have the participants stretch the condom as much as they can without breaking it. They can pull it over their hands 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? How easy was it to break?

Wrap up this session by demonstrate the proper way to put on and take off a condom. Distribute ***Handout 11: Instructions for Condom Use***.

Emphasize the following:

- Condoms are extremely strong and yet sensitive to the touch.
- Condoms are a good form of protection against pregnancy, STIs and HIV, and they don't take away the pleasure of sex.
- Condoms should be used at all times, even when a woman is using family planning, so as to be protected from STIs and HIV.
- Condoms should always be stored properly—in a cool, dry place.
- If you use a lubricant with the condom, make sure it is a water-based lubricant and not made from oil, like Vaseline, lotions, cooking oils, etc. Oils can cause the condom to break.

Use ***Trainer's Resource 21: Common Questions about Male Condoms*** and ***Trainer's Resource 22: Myths and Facts about Condoms*** to answer any other questions that may come up.

c. Brainstorm (20 minutes)

Ask participants:

- What are some things that keep men (or women) from using condoms?
- What are some things that help or encourage men (or women) to use condoms?

Distribute ***Handout 12: What Condom Users Should Not Do*** and ***Handout 13: Correcting Misinformation about Male Condoms.***

d. Wrap up and Summary (5 minutes)

Condoms are an excellent way of preventing pregnancy, STIs and HIV, but sometimes people don't understand how to use them correctly. In addition to providing good information about condoms, and demonstrating their use, take the opportunity to let people practice themselves. As people become more familiar and more comfortable with how condoms look and how to put them on correctly, they may be more able to use them.

Takeaway Messages

- ✓ **One of the best ways to help people learn new information and skills is have people do the activity themselves.**

Trainer's Resource 21

Instructions for Activity
"Using Clear Communication to Instruct on Use of Condoms"

Advance Preparation:

This activity will demonstrate how difficult it is to communicate clearly what you want another person to do. When you begin to demonstrate how to put a condom on correctly, do exactly what the participant tells you to do. For example, if he says put the condom on the model, pick up the unwrapped condom and place it on top of the model. ***Do not add any missing steps.***

Procedure:

Begin without any introduction. Ask participants if they know how to use condom correctly. Ask for several volunteers who will tell you how to put a condom on the penis model.

Ask the first volunteer to give you directions. Do EXACTLY what the participant tells you to do until you cannot go any further. Then ask another volunteer to do the same thing. Repeat this process one or two more times until it is clear that the instructions are incomplete.

In the event that the first person gives you clear and complete directions, ask the group what important information a person might leave out that would cause confusion in his listener.

Explain that communication is an everyday behavior that we often take for granted. We may not choose our words carefully enough to get our message across accurately.

Conclude with discussion points.

Questions for Discussion:

- How easy is it to give clear directions? Why is it sometimes hard to give clear directions?

- What can you do to ensure that you are communicating clearly? (For example, take enough time, give step by step directions, give demonstrations, ask for feedback to ensure people have understood.)

- How can this exercise help you be more effective in communicating health education messages?

Trainer's Resource 22

Common Questions and Answers About Male Condoms.

Q. **Are condoms effective at preventing pregnancy?**

A. **Yes,** male condoms are effective, but only if used correctly with every act of sex. When used consistently and correctly, only 2 of every 100 women whose partners use condoms become pregnant over the first year of use. Many people, however, do not use condoms every time they have sex or do not use them correctly. This reduces protection from pregnancy.

Q. **How well do condoms help protect against HIV infection?**

A. **On average, condoms are 80% to 95% effective** in protecting people from HIV infection when used correctly with every act of sex. This means that condom use prevents 80% to 95% of HIV transmissions that would have occurred without condoms. **(It does *NOT* mean that 5% to 20% of condom users will become infected with HIV.)**

The chances that a person who is exposed to HIV will become infected can vary greatly. These chances depend on the partner's stage of HIV infection (early and late stages are more infectious), whether the person exposed has other STIs (increases susceptibility), male circumcision status (uncircumcised men are more likely to become infected with HIV), and pregnancy (women who are pregnant may be at higher risk of infection), among other factors. On average, women face twice the risk of infection, if exposed, that men do.

Q. Does using a condom only some of the time offer any protection from STIs, including HIV?

A **For best protection, a condom should be used with every act of sex**. In some cases, however, occasional use can be protective. For example, if a person has a regular, faithful partner and has one act of sex outside of the relationship, using a condom for that one act can be very protective. For people who are exposed to STIs, including HIV frequently, however, using a condom only some of the time will offer limited protection.

Q. **Will using condoms reduce the risk of STI transmission during anal sex?**

A. **Yes**. STIs can be passed from one person to another during any sex act that inserts the penis into any part of another person's body (penetration). Some sex acts are riskier than others. For example, the risk of becoming infected with HIV is 5 times higher with unprotected receptive anal sex than with unprotected receptive vaginal sex. When using a latex condom for anal sex, a water- or silicone-based lubricant is essential to help keep the condom from breaking.

Trainer's Resource 22
Common Questions about Male Condoms
Page 2

Q. **Do condoms often break or slip off during sex?**

A. **No.** On average, about 2% of condoms break or slip off completely during sex, primarily because they are used incorrectly. Used properly, condoms seldom break. In some studies with higher breakage rates, often a few users experienced most of the breakage in the entire study. Other studies also suggest that, while most people use condoms correctly, there are a few who consistently misuse condoms, which leads to breaks or slips. Thus, it is important to teach people the right way to open, put on and take off condoms and also to avoid practices that increase the risk of breakage.

Q. **What can men and women do to reduce the risk of pregnancy and STIs if a condom slips or breaks during sex?**

A. **If a condom slips or breaks, taking emergency contraceptive pills can reduce the risk that a woman will become pregnant.** Little can be done to reduce the risk of STIs, however, except for HIV. Washing the penis does not help. Vaginal douching is not very effective in preventing pregnancy, and it *increases* a woman's risk of acquiring STIs, including HIV, and pelvic inflammatory disease. If exposure to HIV is certain, treatment with antiretroviral medications (post-exposure prophylaxis), where available, can help reduce HIV transmission. If exposure to other STIs is certain, a provider can treat presumptively for those STIs—that is, treat the client as if he or she were infected.

Q. **Can a man put 2 or 3 condoms on at once for more protection?**

A. **There is little evidence about the benefits of using 2 or more condoms**. It is generally not recommended because of concerns that friction between the condoms could increase the chance of breakage. In one study, however, users reported less breakage when 2 condoms were used at once, compared with using 1 condom.

Q. **Will condoms make a man unable to have an erection (impotent)?**

A. **No, not for most men**. Impotence has many causes. Some causes are physical, some are emotional. Condoms themselves do not cause impotence. A few men may have problems keeping an erection when using condoms, however. Other men—especially older men—may have difficulty keeping an erection because condoms can dull the sensation of having sex. Using more lubrication may help increase sensation for men using condoms.

Q. **Aren't condoms used mainly in casual relationships or by people who have sex for money?**

A. **No.** While many casual partners rely on condoms for STI protection, married couples all over the world use condoms for pregnancy protection, too. In Japan, for example, 42% of married couples use condoms—more than any other family planning method.

Q. **Is it common for people to be allergic to latex?**

A. **No.** Allergy to latex is uncommon in the general population, and reports of mild allergic reactions to condoms are very rare. Severe allergic reactions to condoms are extremely rare.

People who have an allergic reaction to rubber gloves or balloons may have a similar reaction to latex condoms. A mild reaction involves redness, itching, rash, or swelling of the skin that comes in contact with latex rubber. A severe reaction involves hives or rash over much of the body, dizziness, difficulty breathing, or loss of consciousness after coming in contact with latex. Both men and women can be allergic to latex and latex condoms.

Trainer's Resource 23

Myths and Facts About Condoms

MYTH: Condoms have tiny invisible holes through which both sperm and HIV can pass through.

FACT: 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).

FACT: 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.

FACT: 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.

FACT: 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.

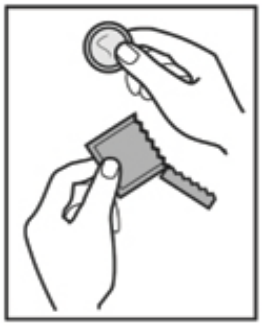
MYTH: A woman who carries a condom in her purse is "easy" or promiscuous.

FACT: A woman who carries a condom with her is acting responsibly and protecting herself against unplanned pregnancy, STIs, and HIV/AIDS.

Handout 11

Instructions for Condom Use

The 5 Basic Steps of Using a Male Condom

Basic Steps		Important Details
1. Use a new condom for each act of sex		• Check the condom package. Do not use if torn or damaged. Avoid using a condom past the expiration date—do so only if a newer condom is not available. • Tear open the package carefully. Do not use fingernails, teeth, or anything that can damage the condom.
2. Before any physical contact, place the condom on the tip of the erect penis with the rolled side out		• For the most protection, put the condom on before the penis makes any genital, oral, or anal contact.
3. Unroll the condom all the way to the base of the erect penis		• The condom should unroll easily. Forcing it on could cause it to break during use. • If the condom does not unroll easily, it may be on backwards, damaged, or too old. Throw it away and use a new condom. • If the condom is on backwards and another one is not available, turn it over and unroll it onto the penis.

Handout 11
Instructions for Condom Use
(Page 2)

The 5 Basic Steps of Using a Male Condom, continued

4. Immediately after ejaculation, hold the rim of the condom in place and withdraw the penis while it is still erect		• Withdraw the penis. • Slide the condom off, avoiding spilling semen. • If having sex again or switching from one sex act to another, use a new condom.
5. Dispose of the used condom safely		• Wrap the condom in its package and put in the rubbish or latrine. Do not put the condom into a flush toilet, as it can cause problems with plumbing.

Source: Family Planning: A Global Handbook for Providers. Accessible at:
http://www.infoforhealth.org/globalhandbook/book/fph_chapter13/fph_chap13_how_to_use.shtml

Steps:

1. Use a new condom for each act of sex
2. Before any physical contact, place the condom on the tip of the erect penis with the rolled side out
3. Unroll the condom all the way to the base of the erect penis
4. Immediately after ejaculation, hold the rim of the condom in place and withdraw the penis while it is still erect
5. Dispose of the used condom safely

Handout 12

What Not To Do When Using Condoms

Some practices can increase the risk that the condom will break and should be avoided:

- Do not unroll the condom first and then try to put it on the penis
- Do not use lubricants with an oil base because they damage latex
- Do not use a condom if the color is uneven or changed
- Do not use a condom that feels brittle, dried out, or very sticky
- Do not reuse condoms

Handout 13

Correcting Misinformation about Condoms

Condoms:

- Do not make men sterile, impotent, or weak.
- Do not decrease men's sex drive.
- Cannot get lost in the woman's body.
- Do not have holes that HIV can pass through.
- Are not laced with HIV.
- Do not cause illness in a woman because they prevent semen or sperm from entering her body.
- Do not cause illness in men because sperm "backs up."
- Are often used by married couples. They are not only for use outside marriage.

For further information go to:
http://www.who.int/reproductive-health/publications/fp_globalhandbook/index.htm

Module Four, Session 2
Effective Communication Skills, Part 1

Objectives:
By the end of the session, participants will be able to:
1. Identify essential elements of communication, and
2. Identify factors that support or limit effective communication.

Time: 1.5 hours

Materials:
- Newsprint
- Markers
- Tape
- Loose paper (one per person)
- Visual Aids
- Handouts

Advance Preparation:
- Prepare a short message for the "Whispered Messages" activity.
- Review and transfer information from the following documents to newsprint:
  - ***Trainer's Resource 24: Characteristics of Good Communicators***
  - ***Trainer's Resource 25: Learning Pyramid***
  - ***Trainer's Resource 26: Barriers to Good Communication***
  - ***Trainer's Resource 27: Body Language***

Process:
This session will help participants develop their communication skills. They will learn what to say and how to say it so that it is easy to understand. They will also look at what interferes with and facilitates communication.

a. Discussion (20 minutes)

Ask participants to think of a time when someone spoke to you in a way that made you feel badly. What did that person do? Next, ask participants to think of a time when someone spoke to you in a way that made you feel good. What did that person do?

The way we communicate with each other is very important. We need to be aware of not only what we say but also how we say it.

Ask participants:

- What are some ways in which people communicate?
- What do you think are the characteristics of good communication?
- Which of these characteristics do you need to use more in your work?

Summarize participants' main points and observations.

b. Activity – Whisper and Blind Instruction Game (30 minutes)

Introduce the activity by asking the group: How many of you have heard a rumor and when you went back to the source, you realized that the rumor was completely different from the truth? What happened?

Ask participants to stand up and get into a straight line. *Whisper the message* you have already prepared to the first person in the line and ask that person to whisper it to the next person and down the line to the end.

Have the last person to say the message out loud and compare it to the original message. What happened?

Now, give each participant **a piece of plain paper**. Ask them to close their eyes and follow your instructions:

- Fold the paper in half and tear off the top right hand corner.
- Unfold the paper and fold it in half the other way.
- Tear off the bottom left hand corner.

Have participants open their eyes and compare their pieces of paper with their neighbor. How many are the same? Even though the instructions were the same, everyone's paper is different.

Now discuss, using the following questions:

- When we did "Whispered Messages," how did the message change from the first person to the last? Why?
- What could you have done to make sure that the person at the very end got the correct information?
- Why did your papers end up differently from your neighbor's
- What would we have done to make sure that your paper turned out like everyone else's?

b. Group Discussion (35 minutes)

Point out that good communication is important to both activities and ask:

- What contributes to good communication and understanding?
- What helps you better understand when you are learning something new?

Refer to the prepared newsprint from ***Trainer's Resource 24: Characteristics of Good Communicators***.

Now display newsprint from ***Trainer's Resource 25: Learning Pyramid.*** The Learning Pyramid shows the effectiveness of different ways of communication. People remember:

- 5% of what they hear in a lecture
- 10% of what they read
- 20% of what they see in a play or movie or hear on the radio
- 30% of what they see in a demonstration
- 50% of what they discuss within a group
- 75% of what they practice doing
- 90% of what they teach others or use immediately

Tell participants they should keep the **Learning Pyramid** in mind when they communicate with others or plan education activities.

Lead a discussion on the barriers to communication. Ask participants to suggest some barriers to communication. Make sure the following points are addressed:

- The *way* we communicate with others. Do we do all the talking? What tone of voice are we using? What does our body language say?
- Our values and attitudes may be barriers to communication.
- Cultural or language differences are barriers.
- A lack of trust between you and the other person.

Refer to the prepared newsprints from ***Trainer's Resource 26: Barriers to Good Communication*** and ***Trainer's Resource 27: Body Language.***

e. Wrap up and Summary (5 minutes)

Summarize the main points regarding good verbal and non-verbal communication, as well as the importance of using appropriate communication styles for most effective learning.

Takeaway Messages

- ✓ **The more active a person or group is – they more they participate – the better they will learn and remember new information**

- ✓ **You communicate with more than just your words, but with your body language, your attitude, and your facial expressions.**

- ✓ **Basic information and facts are learned better through group discussion, games, skits, and teaching others than lectures.**

Trainer's Resource 24

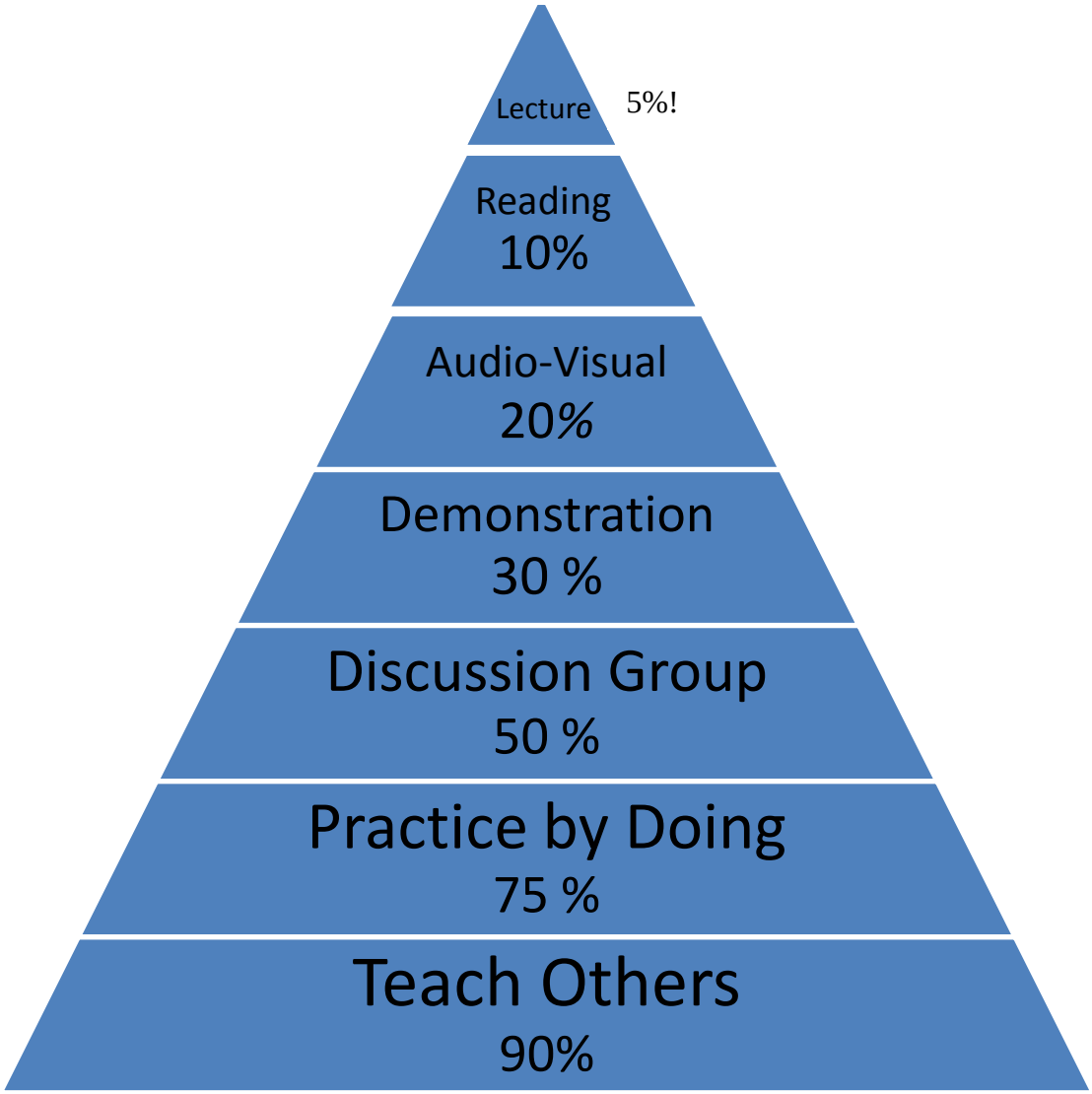
Characteristics of Good Communicators

Good communicators:

- Listen carefully to what people are saying.
- Are aware of themselves, (that is, what they feel, think, believe and value) and how they respond to others.
- Provide accurate information.
- Are not judgmental or critical of people or their opinions.
- Are honest and admit when they do not know something.
- Use effective body language to convey openness and trust.

Trainer's Resource 25

Learning Pyramid



Trainer's Resource 26

Barriers to Good Communication

These factors inhibit good communication:

- Not allowing a person to ask questions
- Not allowing a person to express their feelings and opinions
- Not listening to what someone is saying
- Not responding to what the person is really saying
- Not trusting the other person
- Feeling that you are being judged

Trainer's Resource 27

Body Language

Positive Body Language

- Leaning toward the other person = interest.
- Smiling = friendliness.
- Facial expressions that show interest and concern = paying attention.
- Maintaining eye contact = interest and respect.
- Encouraging, supportive gestures such as nodding your head = you want to know what the other person has to say.

Negative Body Language

- No eye contact = discomfort or disrespect.
- Glancing at one's watch = you do not think the person is important.
- Frowning =disapproval or disagreement.
- Fidgeting = discomfort or wanting to leave and want to leave.
- Sitting with arms crossed = a barrier between you and the other person.
- Leaning away from the other person = disinterest or a fear of being close.

Module Four, Session 3

Effective Communication Skills, Part 2

Objective:
By the end of the session, participants will be able to demonstrate the use of good non-verbal communication skills.

Time: 1.5 hours

Materials:

- Newsprint
- Markers
- Tape
- Loose paper (one per person)
- Visual Aids
- Handouts

Advance Preparation:
- Review ***Trainer's Resource 28: Tips for Effective, Active Listening***, and ***Trainer's Resource 29: Actions and Behaviors That Show a Caring and Uncaring Attitude***

Process:
This session will help participants integrate and practice new learning and skills.

a. Skit (30 minutes)

In the previous session, our discussions focused on verbal communication. Now we will address **non-verbal communication** by doing some skits.

Ask for four volunteers. The four volunteers who will work in pairs to present a skit. Take the volunteers aside privately, and tell them the roles they will play without the full group hearing your instruction.

In the first pair, "Albert" will tell his friend "Joseph" that he has a burning sensation when he urinates. "Joseph" should respond verbally to "Albert," but should not look at "Albert" while they are talking, and should lean away, and appear bored.

In the second pair, "David" should tell his friend "Rufus" that he is worried about his wife. She is seven months pregnant with their fourth child and unable to care for the other children because she has bad headaches. "Rufus" should listen carefully while maintaining good eye contact and nodding his head.

Allow five minutes for each group to prepare their skit.

Ask the first group to present its skit. After the skit, ask participants the following:
- Did "Joseph" seem to care about what "Albert" was saying?
- What did "Joseph" do or not do to facilitate communication?

Have the second group to present their skit and ask:
- Did "Rufus" seem to care about what "David" was saying?
- What did "Rufus" do or not do to facilitate communication?

Ask participants:

- Do our bodies sometimes say something different than our words? What are some examples of body language that support or prevent communication?
- How do you know when someone is really listening to you?

List their responses on newsprint. Then ask:

- Are there any other ways that people show they are actively listening? Supplement responses as needed with ***Trainer's Resource 28: Tips for Effective, Active Listening and Reflection***.
- What are some examples of caring attitudes that facilitate trust and rapport with friends, co-workers, families or community members? Supplement responses as needed with ***Trainer's Resource 29: Actions and Behaviors that Show a Caring and Uncaring Attitude.***

After a few minutes, tell participants that when someone demonstrates the qualities listed, it means he or she is "**actively listening"** to you. When you are an active listener, you facilitate communication with others. You put others at ease, hear their concerns, determine what they know, and help them solve problems. When you actively listen you can understand better the feelings of others.

Emphasize that nonverbal communication – that is, how we move our bodies, the expressions on our faces, and gestures we make – will express *how we really feel* even more than *what we say*.

b. Role Plays (30 minutes)

Now divide participants into groups of three, and read out loud the following scenario:

> Boniface found out yesterday that his wife, Maria, suspects that she is pregnant. She is 19 years old and this is her first pregnancy. Both are excited about the pregnancy. He mentions to his friend Michael that Maria is expecting a baby. But something in his manner tells his friend that Boniface is bothered.

Give the following instructions:

In each group one person will play the role of "Boniface." The next person will be his friend, "Michael." The third person will observe.

Give the following information only to the people who will play "Boniface":

> Tell your friend that your wife is pregnant. What you will not tell your friend is that you feel worried and anxious, because a few years ago your favorite sister, who was also 19, died in childbirth. It is will be the responsibility of your friend to find out why you are so anxious about your wife's pregnancy.

Next, tell the "Michaels" to use active listening and nonverbal communication skills to find out what is bothering "Boniface," despite his good news.

Allow them to role play for about **5 - 10 minutes** or until the "Michael" discovers what is bothering "Boniface."

Ask the "observers" to provide feedback with specific examples to both "Boniface" and "Michael." Did "Michael" show a caring attitude? Was he able to build trust and rapport? Did he help "Boniface" problem-solve? Did his body language agree with his words?

c. Group Discussion (20 minutes)

Come back together as a large group to discuss the role plays, using the following questions:

- What showed that the "Michael" had a caring attitude?
- What showed that the "Michael" did not have a caring attitude?
- Have any of you ever experienced a situation like this where you sensed a friend had conflicted feelings, but didn't know how to express them? What happened? Is it difficult for men to express concerns like this?

d. Wrap up and Summary (10 minutes)

Summarize the main points: Good communication skills help you in many ways – with your family, in the community, in your job. The skits helped demonstrate good and bad communication skills. Skits are also a good way to engage people to learn new information in a fun, participatory way. Good communication skills are needed when you:

- Give new information
- Teach skills
- Provide support
- Help people make decisions
- Help people solve problems
- Respond to people's concerns

Application: As part of the summary, you may select several participants to do 1-minute role plays on any messages learned earlier in the training (for example, on HTSP and Family Planning, Child Abuse or Sexual and Gender-Based Violence, or HIV/AIDS) without preparation demonstrating the communications skills participants have learned. The role plays should reflect real life situations they may face in the community.

Takeaway Messages

- ✓ **Body language and attitudes play a big part in whether people will want to talk to you as well as listen to what you say.**

- ✓ **Skits and other activities help people learn new information and discuss sensitive topics in a safe way.**

Trainer's Resource 28

Tips for Effective, Active Listening

Effective listeners:

- Show sincere interest
- Give your full attention
- Maintain eye contact (where appropriate)
- Demonstrate interest: nod, lean towards the person, smile
- Sit comfortably
- Avoid distracting movements
- Avoid interruptions
- Do not interrupt
- Repeat back what you think has been said
- Respect moments of silence
- Are honest if they don't have the answer or don't know what to say
- Ask open-ended questions
- Pay attention to body language.
- Encourage through words and body language

Trainer's Resource 29

Actions and Behaviors that Show a Caring and Uncaring Attitude

Actions and behaviors that show a **caring** attitude:

- Respect
- Gentleness
- Patience
- Smiling
- Paying attention
- Listening carefully
- Responding to what the other person says
- Asking open-ended questions
- Positive body language
- Treating each person as an individual
- Giving truthful information
- Using a tone of voice that conveys respect, interest, and concern
- Accepting people for who they are
- Finding answers to questions that you do not know
- Never sharing personal information with others

Actions and behaviors that show an **uncaring** attitude:

- Shouting
- Rudeness
- Blaming
- Ignoring
- Doing all of the talking
- Impatience
- Negative body language
- Telling others about a person's private information

Module Four, Session 3

Effective Communication Skills, Part 3

Objective:
By the end of the session, participants will be able to apply new communication skills.

Time: 1.5 hours

Materials:

- Newsprint
- Markers
- Tape
- Visual Aids
- Handouts

Advance Preparation:

- Review:
  - ***Trainer's Resource 30: Tips for Working with Men*** and
  - ***Trainer's Resource 31: Close-ended vs. Open-ended Questions.***
- Make copies of ***Handout 14: Communication Checklist***

Process:
During this session participants will learn and practice communication skills, including:

- Active listening
- Reflection
- Asking good questions
- Demonstrating caring attitudes
- Building rapport
- Facilitating trust
- Ensuring confidentiality

a. Small Group Activity: Open-Ended Questions (30 minutes)

Ask participants to give an example of how they begin a conversation with someone. After a few minutes, point out that the type of question(s) we ask affects the conversation you have.

A good way to start a question is to ask an "open-ended question" that gives the other person an opportunity to give a response, which starts a conversation.

Open-ended questions often begin with **how**, **why**, **where**, **who**, **what**, and **when**.

In contrast, a close-ended question is one that that leads to a short answer, like **yes, no** or **I don't know**. These types of questions don't really help begin a conversation, and can even cut a conversation short.

Ask participants to form pairs. Assign each pair three close-ended questions from ***Trainer's Resource 31: Close-ended vs. Open-ended Questions.*** Ask each pair to make these questions into open-ended questions.

After a few minutes, have the pairs report back to the large group by reading out the original close-ended question and then their suggested changes to make it an open-ended question.

Emphasize that open-ended questions invite a person to open up, show a caring attitude, and encourage better communication.

Sometimes, when someone comes to us with a concern or a problem, our initial reaction is to give them advice. This is especially true for men, who like to solve problems!

Instead of saying things like, "You should…" or "you ought to…" or "If I were you…." participants can better help our friends, family members or colleagues better solve problems through good communication skills, such as active listening and the asking of open-ended questions that help people analyze, problem solve and make decisions that are right for them.

b. Role Play (45 minutes)

Have participants break into groups of three. Distribute the ***Handout 14: Communication Checklist*** to each person.

Read the following scenario out loud:

> "Frank has just been tested for HIV. He leaves clinic feeling relieved because his test results were negative. He believes that it is all right for him to continue having sex without using a condom."

Give the following instructions:

- Each group will act out this scenario. Each person will take turns playing each role of "Frank," "friend" and "observer."
- We will act out this scenario three times.
- Each time we change roles, I will give the person playing "Frank" some new instructions.
- Each person playing the "friend" should use the basic communication skills that we have discussed: active listening, positive body language, and open-ended questions when talking to "Frank."
- The "observer" will watch the interaction between "Frank" and the "friend" and will use the ***Communication Checklist*** to monitor how well the "friend" uses good communication skills. The "observer" will then give feedback to the "friend" on how well s/he communicated with "Frank."

Now give the following instructions to those playing the role of "Frank" in the first round:

- You don't believe you can get AIDS. This happens to "others." You can tell by looking at someone if they are HIV +. You believe that you are safe.

For round two, give "Frank" the following instructions:

- You don't like using a condom because you believe that women think men who use condoms are not "manly."

For round three give “Frank” the following instructions:

- You believe that your partner(s) are faithful to you, and you are afraid that your friends will find out that you use a condom.

Allow about 10 minutes for each role play and about five minutes for feedback from observers.

c. Group Discussion (10 minutes)

Use the following questions to facilitate a group discussion

- What was it like being “Frank”?
- What was it like being the “friend”?
- How easy is it to talk someone without giving them advice or telling them what you think they should do? Why?
- What worked well?
- What didn’t work well?

e. Wrap-up and Summary (5 minutes)

Summarize main points of the discussions to include the importance of active listening, positive body language, and asking open ended questions.

Takeaway messages

✓ **Use open-ended questions (rather than “yes-no” questions) to encourage discussion.**

✓ **The most effective communication helps a person make good decisions or choices on their own rather than tells a person what to do.**

✓ **As needed, you can respectfully correct misinformation and misunderstandings.**

Trainer's Resource 30

Tips for Working with Men

Be aware of the following when working with men:

- Men may be reluctant to appear that they do not know something.
- Men may not feel comfortable going to a health facility, especially if it serves mostly women and children.
- Men may be more comfortable with thinking than with feeling, and may be reluctant to discuss their feelings.
- Men may want to know that they are "normal" and are as good as or better than other men.
- Men may be concerned about sexual performance.
- Men may have concerns that condoms or FP methods will affect their sexual pleasure and/or performance.
- Men may have less information or are misinformed about family planning methods, the human body and reproduction because they tend to talk less about these issues than women.
- Men may be concerned that women will become promiscuous if they use family planning.
- Men may not know how to use condoms correctly.

Trainer's Resource 31

Examples of Close- and Open-Ended Questions

	Close-Ended Questions	Open-Ended Questions
1	Is it normal for boys to cry when they fall down?	What did your parents say to you when you fell down and hurt yourself?
2	Do you use condoms?	How do you protect yourself from HIV?
3	Are you giving your partner the support he or she needs?	How do you show your partner that you care about him or her?
4	Are you feeling well?	How have you been feeling since we last talked?
5	Did you find the condom presentation helpful?	What aspects of the condom presentation were helpful?
6	Did you take your wife to the clinic?	What was it like when you took your wife to the clinic?
7	Does your child have a fever?	How does your child behave when she/he is not feeling well?
8	Did you take your child to the doctor?	What do you do when your child is not feeling well?
9	Do you talk to someone when you are feeling upset?	What do you do when you feel upset?
10	Are you taking your medicine?	How do you feel when you take your medicine?

Handout 14

Communication Checklist

Communication Skill	Good	Needs Practice	Not applicable	Comments
Listens carefully to questions and concerns				
Repeats back to make sure information is understood				
Asks open-ended questions				
Corrects misinformation				
Answers questions in a non-judgmental manner				
Admits when s/he does not have answers				
Tries to find out what other person knows				
Explains what to expect and where to go for help				
Is comfortable discussing sensitive topics				
Shows a caring attitude and respect				
Body language:				
Leans toward speaker				
Facial expressions show interest or concern				
Initiates and maintains eye contact (as appropriate)				
Maintains a relaxed and friendly manner				

Module Four, Session 4

Effective Communication Skills, Part 4

Objective:
By the end of the session, participants will be able to apply new communication skills.

Time: 1.5 hours

Materials:
- Newsprint
- Markers
- Tape
- Visual Aids

Process:
This activity will provide participants with practice using new communication skills.

a. Activity: Risky Neighbor (20 minutes)

Divide participants into groups of six. Ask individuals to pair up in each group to make three pairs. One member of the pair will play the role of a neighbor and the other member will play himself. Inform them that those playing the role of "neighbor" in each pair will be given separate instructions for their role play.

Read the following scenario to the group: Your neighbor bragged to you that he is having affairs with women in the community. Role-play how you would talk to him about safer sex and encourage him to get tested for HIV and/or STIs.

Give the following instructions to ONLY those playing the role of "neighbor":

- *Pair one*: You believe that a sign of masculinity is to have many sexual partners and have unprotected sex. You also believe that a "real" man does not see a doctor nor does he get tested for STIs/HIV.
- *Pair two*: You are reluctant to get tested and fear that you will have a positive result.
- *Pair three*: You resist going to VCT because your friend who got tested for HIV discovered his test result was shared with others in the community.

b. Discussion and Feedback (15 minutes)

Reconvene as a large group and discuss the following:

- What challenges did you face when you talked to your "neighbor?"
- Give examples of communication skills that were used.
- What did you learn from this exercise?
- How can you use this information in your community?

c. Role Play (20 minutes)

Ask participants to break into groups of three people. Inform them that one will play the role of himself, one will play the role of Mary, and one will be the observer.

Read the scenario:

> Mary is a community member who is HIV (+). She recently had a baby. Despite the fact that she participated in a PMTCT program, she has not gone for any follow up care and treatment for herself or for her baby. Role-play how you would encourage Mary to go for follow up care.

Give the following instructions to those playing "Mary":

> You are afraid that your partner will find out that you are HIV (+). You fear that he will accuse you of being unfaithful and hit you. Your worst fear is that he may abandon you, and you will be on your own trying to work and care for your baby

The "observer" will watch the interaction between the two. After 10 minutes, the observer will provide feedback to both actors on what they did well (e.g., how they communicated, read body language and non-verbal messages, asked open-ended questions, built trust, etc.) and how they could have communicated better. Allow five minutes for feedback and discussion.

d. Discussion (15 minutes)

Use the following questions to facilitate a large group discussion:

- What was easy for you in your role as "Mary," "yourself," or the "observer"?
- What was difficult for you, in your role as "Mary," "yourself," and the "observer"?
- What did you learn from this exercise?
- How can you use this information?

e. Wrap up and summary (5 minutes)

Remind participants that good communication is hard work. Highlight the main points of good communication skills that the participants demonstrated in their role play. Ask them to think about how they would use these skills in outreach and education activities in the workplace and in the community.

Takeaway messages

- ✓ **All the exercises that have been used in this training can be use by participants for their outreach to peers.**

- ✓ **Good communication takes lots of practice. It is like any skill – you get better at it the more you do it.**

Healthy Images of Manhood

Module Five: Sexual and Gender-based Violence

Module Five, Session 1

Sexual and Gender-based Violence (SGBV)

Objectives:

By the end of the session, participants will be able to:

1. Define and understand SGBV, and
2. Identify the various forms and signs of SGBV.

Time: 1.5 hours

Materials:

- Handouts
- Markers
- Newsprint
- Tape
- Post-it pads

Advance Preparation:

- Be aware of the different cultural, social and religious practices of the participants and consider how these practices may affect their attitudes towards and beliefs around sexual and gender-based violence.
- Make copies of: ***Handout 15: Definition of Sexual and Gender-based Violence***, and ***Handout 16: Rape: Myth or Fact.***

Process:

The participants will discuss the various forms of SGBV that are common in their community, with a particular focus on the many myths that are associated with rape.

a. Brainstorm (15 minutes)

Ask participants to brainstorm about violence in their community. What types of violent acts are common? List participant responses on newsprint.

What types of violent acts are committed against men? Against women?

Ask participants to compare and contrast the differences between violence against women and violence against men.

Distribute ***Handout 15: Definition of SGBV*** to participants. Give the participants a few minutes to read over the definition, then ask them if they would like to add anything to the list of violent acts that have already been mentioned.

b. Discussion (30 minutes)

Begin by telling participants that sexual and gender-based violence is a major health problem, and places a burden on the health system and the workplace. Women who have been victims of gender violence use health care services more often than women who have not, and many women who have been abused are unable to carry out their regular activities in the home, community and workplace.

If relevant, remind participants of the discussions held on Power and Relationships (Module 2 Session 3). Do participants see the links between power and gender-based violence? In what ways?

Ask participants:

- Is violence common in your community? Which is more common, violence against men or violence against women? Are women more at risk of violence? Why?
- How does the community where you live or work respond to violence against men? Against women? Is there a difference? Why or why not?
- What do you think are some ways that we can better address violence, especially violence against women in the community or the workplace?

c. Small Group Work: Myths and Misinformation about Rape (40 minutes)

Have participants break into small groups of four to five participants.

Distribute to each group ***Handout 16: Rape: Myth or Fact?***

Ask each group to decide whether or not each item is a MYTH or a FACT. Allow 15 minutes for groups to discuss, then reconvene as a larger group to review the handout.

After you have reviewed the myths and facts about rape, ask participants:

- What did you think about these myths?
- Why are these myths about rape so common in society?
- What can we do to help others understand that they are myths, and not facts?

d. Wrap up and Summary

Review the main topics that were discussed, and reiterate that gender-based violence affects the entire community, including families and the workplace. Gender-based violence can be difficult to talk about or address because it is often hidden, or it is accepted that men have power over women, even if they sometimes abuse that power.

Takeaway messages

✓ **Gender-base violence is <u>any</u> act that results in or is likely to result in physical, sexual or psychological harm or suffering to women or men.**

✓ **It is important to help the community members to recognize gender-based violence in all its forms and stop it.**

Handout 15

Definition of Sexual and Gender-based Violence

Sexual and Gender-Based Violence is:

- Any act that results in or is likely to result in physical, sexual or psychological harm or suffering to women or men. These include threats of such acts, coercion, or the deprivation of freedom (both in public and in private).

- Physical, sexual and psychological violence that occurs in the family including beating, sexual abuse of female and male children, marital rape, dowry related violence, female genital mutilation, violence committed by another person who is not her husband, and exploitation.

- Physical, sexual and psychological violence that takes place in the community, including rape, sexual abuse, sexual harassment, intimidation at work, in schools and elsewhere, trafficking in women, and forced prostitution.

(Adapted from the 1993 Declaration on the Elimination of Violence Against Women)

Handout 16

Rape: Myth or Fact?

	Myth?	Fact?
1. Rape is just sex		
2. Women encourage men to rape them		
3. A woman who has been raped should just "forget it"		
4. You can tell a rapist by the way he looks		
5. Women fantasize about being raped		
6. A man can't rape his wife		
7. Only "bad" women get raped		
8. Rape is just unwanted sex, so it really isn't a crime		
9. Rape only occurs outside and at night		
10. Rape is an impulsive, spontaneous act		
11. Rape is usually committed by a stranger		
12. Rapists are usually sick or insane		
13. Rape is an uncontrollable act of passion, because the rapist cannot control himself		
14. Women secretly enjoy being raped		
15. Women ask for rape by the way they dress or act		
16. Women often make false reports of rape		

Handout 16A

Answer Key to Rape: Myth or Fact

	Myth?	Fact?
1. Rape is just sex Rape is an act of violence. While sexual attraction may be influential, rape is often motivated by power, control and anger.	**X**	
2. Women encourage men to rape them The majority of rapes are planned. Opportunity is the most important factor as to when a rape will occur.	**X**	
3. A woman who has been raped should just "forget it" Women who have been raped should be offered an opportunity to talk about the assault with a close family member or friend and a knowledgeable professional. Women who are not allowed to talk about the rape have a more difficult time recovering.	**X**	
4. You can tell a rapist by the way he looks There is no way to identify a rapist. A rapist may appear friendly, normal and non-threatening. Many are young, married and have children. We can, however, categorize rapist types and traits.	**X**	
5. Women fantasize about being raped No. While women may fantasize about aggressive sex, these fantasies can be controlled and turned off if they become threatening. In rape, a woman can't stop the violence.	**X**	
6. A man can't rape his wife **NOTE: Laws on marital rape vary from country to country. Be clear what the law states in your country if you decide to use this example.**	**X**	
7. Only "bad" women get raped Women who have been raped are often viewed with suspicion and doubt. Some people prefer to believe that a victim is responsible because she puts herself in danger (such as being out late or drinking alcohol). This is, however, a feeling of self-protection to make one feel safer because he or she "doesn't do things like that."	**X**	
8. Rape is just unwanted sex, so it really isn't a crime Rape is not just unwanted sex, it is a violent crime. Many rapists carry a weapon and threaten the victim with violence or death.	**X**	
9. Rape only occurs outside and at night Rape can occur anytime and anyplace. Many rapes occur during the day and in victims' homes.	**X**	
10. Rape is an impulsive, spontaneous act Rapes are usually planned by the rapist. A rapist will rape again and again.	**X**	
11. Rape is usually committed by a stranger Many victims in fact know their rapist. It may be a relative, co-worker, date or friend.	**X**	
12. Rapists are usually sick or insane Few rapists are diagnosed as mentally ill. Most are well-adjusted, but may be more likely to express anger through violence and rage.	**X**	
13. Rape is an uncontrollable act of passion, because the rapist cannot control himself. Rape is a planned act of violence, not a spontaneous act of passion. Men can control their sexual impulses. Rapists are motivated by power, anger and control.	**X**	
14. Women ask for rape by the way they dress or act Rapists look for women who they think are vulnerable, not women who dress or act in a particular way. Assuming a woman provokes a rape by where she is or how she is dressed is "victim-blaming." No woman, whatever her behavior, deserves to be raped.	**X**	
15. Women secretly enjoy being raped	**X**	
16. Women often make false reports of rape	**X**	

Module Five, Session 2
Child Abuse

Objectives:
By the end of the session, participants will be able to:
1. Define and understand child abuse, and
2. Identify the various forms and signs of abuse.

Time: 1.5 hours

Materials:

- Handouts
- Markers
- Newsprint
- Tape
- Post-it pads or index cards

Advance Preparation:
- Be aware of the different cultural, social and religious practices of the participants and consider how these practices may affect their attitudes towards and beliefs around sexual and gender-based violence.
- Make copies of: ***Handout 17: Signs of Child Abuse.***

Process:
Participants will spend time discussing child abuse and will learn how to identify common signs of child abuse.

Introduce this activity by telling participants that the abuse of children is increasingly recognized as a common problem, even though child abuse has been around for many years. There are many reports of infanticide, mutilation, abandonment and violence against children that dates back to ancient times, as well as unkempt, malnourished and weak children who are cast out from their families to fend for themselves, or children who have been sexually abused.

Child abuse is deeply rooted in cultural, economic and social practices. This session will look at some of the common forms of child abuse that we see in our communities, help us begin to recognize signs of child abuse, and consider what types of actions we can take to address child abuse in our communities.

a. Activity (45 minutes)

Distribute four "post-its" (or index cards) to each participant.

Ask the participants to write down four examples of child abuse that he or she is aware of or has seen in the community (one example per post it or index card). Once each participant is finished, s/he should stick the post-its or index card on the wall or on a sheet of newsprint.

Now work with participants to group the responses. You can do this by having each participant select one of his/her examples and finding a similar example among the other post-its. After 10 – 15 minutes, you should have several groups of similar examples of child abuse. Have the group come up with a title or heading for each group of examples of child abuse.

Suggest to the group that the majority of child abuse can be organized as follows:

- Physical abuse
- Sexual abuse
- Emotional abuse
- Neglect

Physical abuse is defined as acts committed by a parent or caregiver that result in physical harm or have the potential for harm.

Sexual abuse is when an adult (who is sometimes a caregiver or parent) uses a child for sexual gratification.

Emotional abuse is the failure of a parent or guardian to provide a supportive, appropriate and nurturing environment, and includes acts that have a harmful effect on the emotional health and development of a child, such as restricting a child's movements, put-downs, ridicule, threats, intimidation, discrimination, rejection and other forms of hostility.

Neglect is the failure of a parent or caregiver to provide for the development of a child (when the parent is in a position to do so) in terms of health, education, emotional development, nutrition, shelter, and safe living conditions. Neglect is not the same as poverty, because neglect is deliberate.

b. Small Group Work (40 minutes)

Have participants form four small groups. Assign one form of child abuse to each group and ask them to list various signs that one might see if a child was suffering from this type of abuse. Remind them that some signs may be visible (such as bruises), but others may be less visible and obvious (such as behaviors). Allow 20 minutes for this activity. After 20 minutes, reconvene and have each group report back their findings.

Distribute ***Handout 17: Signs of Child Abuse*** to participants.

c. Wrap-up and Summary (5 minutes)

Provide a quick summary of the issues that were raised and discussed. A first step to helping address and eventually reduce child abuse is to be aware and recognize it when we see it.

Takeaway messages

- ✓ **Child abuse can take various forms: physical or emotional abuse, neglect, and sexual abuse.**

- ✓ **It is important to be aware of the signs of child abuse and inform the proper authorities if you see signs of possible abuse.**

Handout 17

Signs of Child Abuse

Here are some signs that a child may be abused by a parent, caregiver or other trusted adult in the community.

Emotional Abuse

A child who:

- Is apathetic and just doesn't care
- Is depressed
- Won't take part in school or other play activities
- Is hostile or aggressive
- Won't eat
- Overeats

Neglect

Any of the above signs, as well as a child who:

- Is hungry much of the time
- Is wandering outdoors unsupervised
- Is not suitably dressed
- Is continually dirty
- Shows up early or stays late at school

Physical

A child who has:

- Bruises or welts shaped like an object (a belt buckle or electric cord)
- Bruises in unusual places (back, eyes, mouth, buttocks, genitals, thighs, calves)
- Layers of different bruises in the same general area
- Burns like a sock or glove on feet or hands, or doughnut shaped burns on buttocks (from being forced into hot water)
- Small round burns from cigarettes.
- Burns in the shape of an object (iron, tool)
- Rope burns on ankles, wrists or torso
- Adult sized bite marks
- Suspicious broken bones

Sexual

A child who:

- Is withdrawn or has an anti-social attitude
- Refuses to undress for physical education or sports
- Has exaggerated interest in sex or acting out sex with other children
- Has unusually seductive behavior
- Has fear of intimate contact (hugging, sports)
- Has torn, stained or bloodied clothing

Module Five, Session 3

Consequences of Sexual and Gender-Based Violence

Objective:
By the end of the session, participants will understand the psychological, health and social consequences of Sexual and Gender-based Violence (SGBV).

Time: 1.5 hours

Materials:
- Handout
- Markers
- Newsprint
- Tape

Advance Preparation:
- Identify several sources of support for victims of SGBV, such as rape crisis centers, child abuse centers, legal assistance, and medical assistance.
- If possible, obtain a list of the types of support that are available in your community for women, men and children so that you can distribute this information to participants.

Process:
This session will introduce participants to the multiple effects and consequences of SGBV. Participants will identify existing resources including facilities and social support networks for survivors.

a. Brainstorm (20 minutes)

Draw three columns on a piece of newsprint. Label one column physical health, the second psychological (or mental) l health and the third family and community health.

Physical Health	Psychological Health	Family and Community Health

Ask participants to brainstorm the immediate effects of SGBV as well as the long-term consequences. Participants should consider the effect on the individuals who are victims of SGBV, as well as how SGBV affects the family and the community. As participants identify effects and consequences, decide whether or not the effect is related to the individual's physical health, mental health or the health and well being of the family and community.

b. Small Group Work (30 minutes)

Have participants break into three small groups. Assign one group consequences to physical health, the second group consequences to mental health and the third group consequences to the health and well-being of the family and community.

Have participants take 15 minutes to discuss ways that these consequences can be addressed and/or treated. After 15 minutes, have each group report back their findings to the larger group.

c. Discussion (20 minutes)

Summarize the small group work findings by pointing out that there are multiple consequences of SGBV that affect the health and wellbeing of women, children, men and the community at large. It is important for individuals to be treated for any physical or psychological injury they might suffer, and to get the support that they may need to prevent it from happening again. However, it is often difficult for people to get the treatment and support they need.

- What are some of the barriers that people (men, women and children) face to getting treatment or support for their physical or psychological injuries?
- Are the barriers different for people based on whether or not they are a child, a man or a woman?
- How do these barriers to treatment for individuals affect the family as a whole?
- What about the community?
- What are some ways that you can help people overcome some of these barriers?

d. Identification of Resources in the Community (10 minutes)

We all have a responsibility to recognize and confront SGBV when we see it happening to someone. We can also help by helping women, men and children who are victims of SGBV to get the assistance they may need, whether it is medical treatment for injuries, counseling for psychological trauma or legal assistance.

Take a moment to think about where you could refer a colleague, friend or neighbor who needed support. List responses on newsprint (you may have to initiate the discussion by naming a few places or individuals that you know about).

If you have a handout of local resources for victims of SGBV, distribute it now.

e. Wrap up and Summary (5 minutes)

Review the discussion: SGBV contributes to high rates of HIV, sexually transmitted infections, stress, injury, mental illness, and even death and injury to women – and sometimes men. Traditional gender norms that support male superiority, tolerate violence, particularly against women, and excuse perpetrators enables SGBV to exist.

While governments may address SGBV through policies, laws and programs, individuals must also to take steps in their home and communities to stop Gender-Based Violence and help victims get care and treatment.

Takeaway messages

- ✓ **Sexual and Gender-Based Violence is a community health problem that can lead to HIV/AIDS, STIs, mental illness and even death.**
- ✓ **It is important to help survivors get treatment and support, educate people of the consequences of SGBV, and work with the community to stop such violence.**

Module Five, Session 4

Domestic Violence

(Adapted from: Rethinking Domestic Violence: A Training Process for Community Activists, Raising Voices)

Objective:
By the end of the session, participants will be able to identify root causes that lead to domestic violence.

Time: 1.5 hours

Process:
This session will allow participants to further discuss cultural norms of male and female behavior, and how these gender expectations can sometimes result in domestic violence.

a. Role Play (80 minutes)

Divide the participants into **two groups**. Each group will create a role play that shows a **situation where a woman experiences domestic violence** from her partner, using their own experiences or what they have seen in their own community.

Ask the first group to create its role play from a ***woman's perspective***. They should address the following types of questions:

- What is her history?
- What do her parents say about the abuse?
- What did people say to her when she was experiencing violence?
- How does she cope with the abuse?

Ask the second group to create its role play from the ***man's perspective***, addressing the following types of questions:

- What was his life like, beyond the incidence of violence?
- What did people say to him when he was being violent?
- How did he treat other people?
- How did he feel when he was being violent?

It is important to **emphasize** the different perspectives from which the two groups are approaching the development of their role plays. ***Ask each group to truly imagine the perspective they are trying to portray.*** For example, the group role playing the male perspective has to imagine what is really going on inside the man they are portraying, not what they ***think*** he should do.

Encourage both groups to think of real people they know or have seen experiencing violence. Give the groups time to discuss, create and practice their role play before coming back into the main group.

Bring the two groups back together in plenary. Have the first group, portraying the female perspective, act out their role play.

Ask the participants to identify factors that made the woman vulnerable to violence from her partner. The participants may suggest the following:

- The woman's community said nothing
- Her parents told her it was to be expected
- She was dependent on her husband for money

Emphasize that, ultimately, the woman was vulnerable because the community assigned a low status to her and her worth as a human being. *Help the participants come to recognize that the woman is not responsible for the violence committed against her*.

Next, have the second group, portraying the male perspective, act out their role play.

Ask the participants to identify factors that contributed to the man being violent. The participants may suggest that:

- He felt entitled to do whatever he wanted to her
- He wanted to assert his authority where he could (i.e., over her)
- He was angry and took it out on his wife
- Nobody stopped him
- He was drunk

Explain that all of these ideas stem from the fact that the man wanted to feel powerful but he was attempting to feel this at the expense of someone he saw as less powerful than him – his wife or partner.

Discuss the major themes of each role play. Help participants see that despite the factors that may contribute to his frustration, ultimately he is responsible for his behavior. Men, like women, choose how to respond in different situations. A violent response is never acceptable. **No one can make another person be violent.**

b. Wrap up and Summary (10 minutes)

Review the themes from each role play and discussion. Domestic violence, which typically is against women, occurs because men feel entitled to have power over women and because the community may not value women equally to men.

Men are socialized to feel entitled to have control over women and some feel justified in demonstrating their power over women through violence. The difference in status between women and men is the root cause of domestic violence. Poverty, alcohol, unemployment (and other factors) may be the trigger for violence, but it is mainly the difference in status between women and men.

Takeaway messages

- ✓ **It is important to change the community norms that say violence is an acceptable way to solve conflict, particularly against women.**
- ✓ **You can help stop domestic violence by helping people and communities value women's roles and status in the family and the community as equal to men's.**

Module Five, Session 5

Health and Social Consequences of Violence Against Women

Objectives:
By the end of this session, participants will be able to:
1. Define the term Violence against Women (VAW), and
2. Explain the four types of Violence against Women and how these relate to their lives.

Time: 1.5 hours

Materials:

- Newsprint
- Markers
- Visual Aids
- Handouts

Advance Preparation:
- Read ***Trainer's Resource 32: Background Information on Gender-Based Violence***
- Make copies of:
  - ***Handout 18: Violence Against Women Throughout the Life Cycle*** and
  - ***Handout 19: Four Types of Violence against Women.***

Process:

a. Mini-lecture (20 minutes)

Use the ***Trainer's Resource 32: Background Information on Gender-based Violence***. The purpose of this session is to understand violence against women and how it affects the health and well-being of women and their families.

Around the world, countless number of women and girls and men and boys are victims and perpetrators of violence. The violence that women and girls experience differs from that of men and boys. The majority of men and boys experience violence ***outside*** the home, where as the majority of women and girls are more likely to be experience violence **inside** the home, a space that is usually considered to be safe. Research indicates that women who are abused (beaten or even killed) are hurt by someone known to them, often a family member such as their husbands.

Use the ***Handout 18: Violence Against Women Throughout the Life Cycle*** and/or other Visual Aids to support your statements.

Violence against women (VAW) occurs in every segment of society all over the world. Women are subjected to violence in a wide range of settings, including the family, the community, the state and as part of armed conflict and its aftermath. The cycle of violence can affect every stage of a woman's life, from before birth to old age.

VAW is a major cause of death and disability for women 16 to 44 years of age, and domestic violence is the most common form of violence against women worldwide.

b. Brainstorm (15 minutes)

On newsprint, draw a table with six columns. Label the table: "Six Stages of the Life Cycle."

Six Stages of the Life Cycle

Prenatal	Infancy	Childhood	Adolescence	Childbearing Age	Old Age

Ask participants to suggest examples of violence that can occur against women, and to note when these acts of violence are most likely to occur. Write them down in their appropriate place on the table.

d. Analysis of Life Cycle Table (15 minutes)

Now on a second piece of newsprint, draw four columns. Label each column as:

- Physical violence
- Sexual violence
- Emotional, mental, or economic violence
- Harmful traditional practices

Ask participants to help you categorize the acts of violence they have already identified as either physical, sexual, emotional/mental/economic or harmful practices. Ask participants if there are any other acts of violence they would like to add.

Distribute ***Handout 19: Four types of Violence Against Women***

d. Problem Tree Root Cause Analysis: Small Group Work (30 minutes)

Tell the participants that to be able to promote peace and harmony within the family and prevent the unjust treatment of women in society, we must understand the factors that lead to VAW.

Draw a simple tree on newsprint. (See examples from Module 1, Session 3 pp. 28 and 29.) Use the top 2/3 of the page to draw the trunk and five main branches. Show the roots of the tree reaching down in several directions.

Label the trunk of the tree as VAW and the branches as:

- Physical violence
- Sexual violence
- Emotional violence
- Economic violence
- Harmful practices

Make the bottom 1/3 of the paper the roots of the tree.

Divide the group into small groups of 5 to 7 people. Give each group a sheet of newsprint and markers.

Instruct each group to draw a similar tree to the one you have drawn.

Suggest that the problem of VAW is like a tree, and that the causes of VAW are like the roots reaching deep into the ground.

Ask participants to think of things that may be the cause of the problem of VAW, and to write those causes on the roots of their tree.

Once they have identified the causes, ask them to consider the consequences of the problem that are written in the branches of the tree. A problem can have several consequences that can be direct or indirect.

Have each group present their tree to the large group, then use the following questions for discussion:

- Why do you think women are the main victims of violence?
- Was this activity easy or difficult? Why?
- Were there any surprises?
- What can you do to address the causes or consequences of violence against women?

f. Wrap up and Summary (5 minutes)

Summarize the common findings from each of problem trees. Note that violence against women is linked to their status, their expected roles, their ability to make decisions, and cultural norms regarding masculinity and femininity.

Takeaway messages

✓ **It is important to educate peers and the community about all the harmful consequences that occur when violence against women takes place.**

Trainer's Resource 32

Background Reading on Gender-based Violence

Around the world countless number of women and girls and men and boys are victims of violence. However, the violence that women and girls experience differs from that of men and boys. The majority of men and boys experience violence outside the home, where as the majority of women and girls are more likely to be experience violence inside the home, a space that is considered to be a safe haven. Research indicates that women tend to be abused (beaten or even killed) by someone known to them, often a family member such as their husband.

Research by World Health Organization (WHO) indicates that globally:

- One in every three women has been beaten, coerced into sex, or otherwise abused in her lifetime[5]
- 30% to 60% of ever-partnered women have experienced physical or sexual violence, or both, by an intimate partner[6]
- 7% to 48% of girls and young women globally aged 10-24 years report their first sexual encounter as coerced[7]

Violence against women (VAW) is found in every segment of society — regardless of class, ethnicity, culture, country or whether the country is at peace or war. It includes rape, sexual mutilation, purposeful infection with HIV/AIDS and other sexually transmitted infections (STIs), forced impregnation, forced abortion, female genital mutilation/cutting (FGM/C), sexual harassment, trafficking, forced prostitution, dowry-related violence, acid attacks, domestic violence, and battering.

The cycle of violence permeates every stage of a woman's life cycle, from before birth to old age. It cuts across both the public and the private spheres. Women are subjected to violence in a wide range of settings, including the family, the community, state custody, and armed conflict and its aftermath. Below is a list which gives examples of the types of violence women face throughout their life cycle.

[5] Heise L., Ellsberg M., and Gottemoeller M. (1999). *Ending violence against women.* Population Reports, Johns Hopkins University School of Public Health, Center for Communications Programs L (11).
[6] García-Moreno, C., Jansen, Henrica A.F.M., Ellsberg, M., Heise, L. and Watts, C. (2005). *WHO Multi-Country Study on Women's Health and Domestic Violence against Women: Initial Results on Prevalence, Health Outcomes and Women's Responses*. Geneva, Switzerland: World Health Organization.
[7] Krug E.G. et al. eds. (2002). *World Report on Violence and Health.* Geneva, Switzerland: World Health Organization.

VAW throughout the life cycle

Prenatal phase: Battering during pregnancy; coerced pregnancy; deprivation of food and liquids; sex selective abortion

Infancy: Female infanticide; emotional and physical neglect and abuse; differential access to food and medical care for girl infants

Childhood: Child marriage; genital mutilation/cutting; sexual abuse by family members and strangers; differential access to food, medical care and education; limited play time compared to male counterpart; child prostitution

Adolescence: Forced marriage; denied access to education; differential access to food and, medical care; sexual assault; incest; forced prostitution; trafficking in women; courtship violence; economically coerced sex; sexual abuse in the workplace

Reproductive age: Abuse of women by intimate partners; coerced sex; dowry abuse and murders; partner homicide; psychological abuse; sexual abuse in the workplace; sexual harassment; rape; abuse of women with disabilities; legal discrimination

Old-age: Abuse and exploitation of widows

Violence against women is a major cause of death and disability for women 16 to 44 years of age. It is as serious a cause of death and incapacity among women of reproductive age as cancer, and a greater cause of ill-health than traffic accidents and malaria combined. It is estimated that:

- Globally, around 2 million girls are missing because they are aborted before birth.[8]
- In India it is estimated that about seven thousand fewer girls are born every day compared to the global average, largely because sex selected abortion (female fetuses are aborted after sex determination tests).[9]
- Worldwide, between 100 million and 140 million women have undergone some form of female genital cutting and suffer from its adverse health effects.[10]
- In Geneva, in a study of 1,200 randomly selected ninth-grade students, 20 per cent of girls revealed that they had experienced at least one incident of physical sexual abuse.[11]
- In Africa, schoolgirls face violence in their classrooms and on their way to school. For example, according to a national survey in South Africa, 32 per cent of reported child rapes were carried out by teachers.[12]

8 Vlachovi, M., and Biason, L. 2005. *Women in an Insecure World: Violence against Women. Fact, Figures and Analysis*. Geneva: Geneva Centre for the Democratic Control of Armed Forces.
9 Based on a report by UNICEF published in Reuters. *Foeticide means 7,000 fewer girls a day in India. Tuesday, December 12, 2006.*
10 UNICEF 2005. *Female Genital Mutilation/Cutting: A Statistical Exploration*. Accessible at www.childinfo.org.
11 Vlachovi, M., and Biason, L. 2005.
12 The African Child Policy Forum 2006. *Born to High Risk: Violence against Girls in Africa*. Accessible at www.africanchildforum.org

- Worldwide, it is estimated that somewhere between 700,000 and 4 million women per year have been forced or sold into prostitution. Approximately, 120,000 to 500,000 of them were sold to pimps and brothels in Europe alone.[13]

VAW increases during conflicts and natural disasters. Rape has been used as a deliberate weapon of war to brutalize and dehumanize civilians.[14] For example:

- In Rwanda, between 250,000 and 500,000 women were raped during the 1994 genocide.
- Across Africa - from Uganda to Liberia to Angola - girls as young as 12 have been abducted during conflicts and forced to fight, work as servants or become sexual slaves for combatants. [15]

VAW has serious consequences for women's health and well-being, ranging from fatal outcomes, such as homicide, suicide and AIDS-related deaths, to non-fatal outcomes such as physical injuries, chronic pain syndrome, gastrointestinal disorders, unintended pregnancies, pregnancy complications, and sexually-transmitted infections (STIs). See table 1 below.[16]

Social attitudes justifying VAW

VAW is justified by social and cultural norms as well as attitudes and beliefs by both men and women across many societies. Common attitudes include the following:

- The notion that men have the right to control wives' behavior and to discipline them
- The notion that there are just causes for violence
- Blaming the victim for the violence received

Myths and realities about VAW[17]

Myth—VAW happens only to poor and marginalized women.
Reality—Although some studies suggest that women who live in poverty are more likely to experience violence than women of higher status, the same studies show that VAW does happen among people of all socioeconomic, educational, and ethnic groups.

Myth—Men cannot help themselves. Violence is simply a part of their nature.
Reality—Male violence is not genetically based; it is perpetuated by a cultural model of masculinity that permits and even encourages men to be aggressive. Moreover, it is important to point out that men are generally able to refrain from violence in certain settings (such as the work place), while choosing to become violent in other places (such as the home).

Myth—Women who experience gender-based violence provoke the abuse through their inappropriate behavior.
Reality—Within many societies, there is a widespread belief that women often deserve or provoke the violence they receive. For example, that disobedient wives deserve to be beaten by their husbands or that women who were raped were probably "asking for it"

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13 Vlachovi, M., and Biason, L. 2005.
14 For further information refer to Rothschild, C., Reilly M., Nordstrom, S. 2006. *Strengthening Resistance: Confronting Violence against Women and HIV/AIDS*. New Brunswick, NJ. Center for Women's Global Leadership.
15 "Shattered Lives: Sexual Violence during the Rwandan Genocide and Its Aftermath." Human Rights Watch/Africa. (1996). http://www.hrw.org/reports/1996/Rwanda.htm.
16 Adapted from Velzboer, M., Ellsberg, M., Arcas, C., Garcia-Moreno, C. 2003. *Violence against Women: The Health Sector Responds.* Washington DC: PAHO.
17 Adapted from POLICY Project. 2006. *Responding to Gender-Based Violence: A Focus on Policy Change. A Companion Guide*, pp. 22-23.

because of the way they dressed or acted. As community leaders/advocates/health providers/educators/police, it is extremely important to examine our own individual values and beliefs about gender roles. Blaming the victim can cause great harm to a survivor and reflects a failure to acknowledge gender-based violence as a violation of human rights.

Myth—Most women are abused by strangers. Women are safe when they are home.
Reality—Studies consistently show that most women who experience GBV are abused by people they know; often the perpetrators are those they trust and love.

Table 1- Health consequences of VAW

Fatal outcomes	**Nonfatal outcomes**		
Physical injuries and chronic conditions	*Sexual and reproductive health complications*		*Psychological and behavioral outcomes*
-Murder of females -Suicide -AIDS-related illnesses and death -Maternal death	-Fractures -Chest injuries -Permanent disability -Gastrointestinal disorders -Lacerations and abrasions -Eye and ear injuries -Burns -Gynecological disorders	-Sexually-transmitted infections, including HIV -Unwanted pregnancy -Pregnancy complications -Miscarriage / low birth weight -Sexual dysfunction -Unsafe abortion	-Depression and anxiety -Eating and sleep disorders -Drug and alcohol abuse -Poor self-esteem -Post-traumatic stress disorder -Self harm -Unsafe sexual behavior

Handout 18

Violence against Women (VAW) Throughout the Life Cycle

Prenatal phase: Battering during pregnancy; coerced pregnancy; deprivation of food and liquids; sex selective abortion

Infancy: Female infanticide; emotional and physical neglect and abuse; differential access to food and medical care for girl infants

Childhood: Child marriage; genital mutilation/cutting; sexual abuse by family members and strangers; differential access to food, medical care and education; limited play time compared to male counterpart; child prostitution

Adolescence: Forced marriage; denied access to education; differential access to food and, medical care; sexual assault; incest; forced prostitution; trafficking in women; courtship violence; economically coerced sex; sexual abuse in the workplace

Reproductive age: Abuse of women by intimate partners; coerced sex; dowry abuse and murders; partner homicide; psychological abuse; sexual abuse in the workplace; sexual harassment; rape; abuse of women with disabilities; legal discrimination

Old-age: Abuse and exploitation of widows

Handout 19

Four Types of Violence against Women (VAW)

Type 1: Physical violence is the use of physical force against another in a way that ends up injuring a woman/girl or putting her at risk of being injured. Physical abuse ranges from physical restraint to murder. Examples include:

- Slapping, hitting, pushing, punching, kicking
- Grabbing, choking, shaking
- Pinching, biting
- Physically confining such as holding, tying up or locking in a room.
- Throwing objects
- Attacking with a weapon
- Burning or freezing
- Ripping off clothes

Type 2: Sexual violence includes forcing women/girls to participate in unwanted, unsafe, or degrading sexual activity. It also involves the use of unwanted sexual advances to gain power over women/girls and forcing them to look at pornography or participate in pornographic pictures or filmmaking. Examples include:

- Touching a girls'/woman's sexual body parts against her will
- Beating a girl/woman to force her to have sex
- Using vulgar and abusive language to coerce her into having sex
- Putting drugs into her drink so that it is easier to have sex with her
- Refusing to use contraceptives or condoms

Type 3: Emotional, mental or economic violence consists of more subtle actions or behaviors than physical abuse. Examples of emotional or mental (verbal or nonverbal) abuse include:

- Threatening or intimidating to gain compliance
- Damaging a woman's personal property and favorite possessions, or threats to do so
- Violence to an animal or object (such as a wall or piece of furniture) in the presence of a girl/woman, as a way of instilling fear
- Yelling, screaming, name-calling
- Shaming, mocking, or criticizing a girl/woman, either alone or in front of others
- Possessiveness, isolation from friends and family
- Blaming a girl/woman for how the abuser acts or feels
- Telling the victim that they are worthless on their own
- Making the victim feel that there is no way out of the relationship

Economic violence includes:

- Withholding economic resources such as money or credit cards to prevent victim's access to health care or ability to buy food and clothing for herself, her children, etc.
- Stealing from or defrauding a spouse of money or assets

- Exploiting her resources for personal gain
- Withholding physical resources such as food, clothes, necessary medications, or shelter
- Preventing her from having control over her income and property, and to be involved in financial decision-making

Type 4: Harmful traditional practices. These are customs that are considered 'normal' or 'acceptable'. Because they are often not perceived as hurtful, injurious or unsafe they tend to go unpunished and the community seems to tolerate them. Examples include:

- Female genital cutting/mutilation (FGC/M)
- Forced marriage
- Honor killing
- Acid throwing
- Dowry abuse
- Widow inheritance
- Forced divorce

Healthy Images of Manhood

Module Six: Action Planning and Wrap up

Module Six, Session 1
Action Planning

The training sessions you have conducted are intended to prepare participants to share new information and resources with colleagues, friends and family. This session is important time for help participants decide how to apply their new skills and knowledge as part of a concrete program or plan of outreach.

This session provides a large block of time for participants to propose and outline specific activities, and to obtain feedback from you, the trainer, as well as other key stakeholders and their peers. You may decide to break up this session into two parts.

Objective:
By the end of the session, participants will develop action plans to promote men's (and women's) access to and use of health services in the workplace and community.

Time: 3-4 hours

Materials:
- Newsprint
- Markers
- Tape
- Visual Aids

Advance Preparation:
- Transfer information from ***Trainer's Resource 33: Developing a Quarterly Action Plan*** to newsprint
- Post any flip chart items from other sessions such as "the problem tree analysis" and issues raised from brainstorming activities.

Process:
In this session participants will learn about the basic elements of an action plan.
As appropriate participants will work in groups to develop an action plan for applying new information and skills they have learned in the sessions and/or workshop in the workplace and the community.

> **Note to the Facilitator**: The length of any of these activities should be expanded or reduced according to the needs of the participants. They may want to review some of the newsprint items they developed in earlier sessions to refresh their thinking and remember ideas.

a. Select and Set Priorities (30-45 minutes)

Introduce this activity by saying that in earlier session(s) participants have identified a number of concerns, related to culture, gender, health, sexuality and communication. The purpose of this session is to think about what participants can do to improve their workplace and/or community by promoting change.

Based on any work done in earlier session(s), ask participants to identify what they think needs to be changed in the workplace and/or community. List their responses, and then work with participants to prioritize the top three needs. These needs will form the basis for coordinated action and action planning.

b. Review Communication Techniques and Opportunities (30-45 minutes)

Display the newsprint with information from ***Trainer's Resource 33: Developing a Quarterly Action Plan,*** which includes a list of participatory approaches and opportunities.

Display any flip charts from the **communication skills** sessions. Have the participants to review these techniques. Invite participants to identify any technique that remains unclear. Clarify, as needed.

Note to the Facilitator: any unresolved issues can be discussed further at the next wrap up session and during follow-up monthly meetings.

Ask the group to list on a flip chart any of the activities used in the HIM training that they found particularly effective and comment briefly why. Remind people to keep these techniques and activities in mind while developing their action plans.

c. Develop Action Plans (45-60 minutes)

Display the newsprint with information from ***Trainer's Resource 33: Developing a Quarterly Action Plan.***

Tell participants to use this format to develop a three month action plan. As they develop an action plan, they need to ask ourselves the following:

- What changes do we want to see happen in our workplace or community as a result of our activity?
- Who do we need to reach
- What do we need to tell them?
- What is the best way to communicate with them?
- How will we communicate with them?
- Who do we need to involve?

This influences the type of activity we will choose to address the priority need.

Have participants as individuals, pairs, or small groups to develop their action plan. Circulate among the groups and provide feedback and assistance as needed.

d. Present action plans for feedback (45-60 minutes)

Reconvene the large group. Ask individuals/small groups to present their action plans by discussing:

- The priority need
- The purpose of the activity
- Who is the activity is targeted to?

- Who will you involve?

Allow participants to give feedback on action plans, and assist participants to see opportunities for collaboration and partnership with other participants to achieve common goals.

d. Wrap-up and Summary (15 minutes)

Ask for final comments from the participants about their action plans – questions, concerns, new ideas.

Advise them that action planning is an ongoing activity. Their plans will change as each participant does outreach with peers and the community and learns what works and what does not.

Developing action plans takes time, but it's worth the effort. If possible, the participants will come together as a group regularly to review their work, revise their action plans and refine their skills and knowledge.

Congratulate them on great work! Wish them good luck in their efforts to make positive changes in their workplace or your community.

Trainer's Resource 33

Developing a Quarterly Action Plan

Priority Need	Activities	Month 1 Outreach Goals	Month 2 Outreach Goals	Month 3 Outreach Goals

Outreach Opportunities

- One-to-one discussions at work or during off hours
- Couples education
- Home visits with families
- Small group discussions
- Large group presentations
- Social Gatherings
- Community events such as sports matches, festivals, school events, church activities, and community meetings
- Other:

Communications Approaches

- Brainstorming
- Values Clarification
- Discussion tools
  - Case studies
  - Role plays
  - Games
  - Videos/drama
  - Energizers/Icebreakers
- Follow-up
  - Referral
  - Resources

Module Six, Session 2
Data Collection and Analysis

Objectives:
By the end of the session, participants will:
1. Improve their understanding of the importance of data collection for their own assessment and planning uses, and
2. Be able to fill out data collection forms and analyze data bar charts.

Time: 1.5 hours

Materials:

- Newsprint
- Markers
- Tape
- Visual Aids
- Data collection Form Handouts

Advance Preparation
- Make copies of data collection forms for each participant. (Note: we have included a sample data collection form as ***Handout 20***. You can use this or use copies of data forms you already using in your company. You may need to adapt the data collection forms further to meet the needs of your program or to incorporate the new activities that will be implemented following the HIM training.)
- Transfer information on ***Trainer's Resource 34: Fictional Chart of Peer Educator Activities Over 4 Months*** to newsprint.

Process:
In this session participants will learn about data collection, the use of data to assess their own performance, and to evaluate the success of the program.

Once participants have developed an action plan, it is important for them to know how to collect data and analyze it. The data collection process will enable them to assess how well they are doing as well as revise their action plans over time.

This session will help participants understand the types of data they will collect, how they will collect the data and how the data will be used.

a. Brainstorm (25 minutes)

Ask participants to look at their action plans. If their efforts are successful, what changes do they expect or hope to see in their peers and in the community?

Write down all their responses on news print. Explain that these types of changes in individuals and communities are measured by **"indicators.**"

Indicators can measure things like:

- Increases in knowledge about family planning
- Increases in knowledge about HIV transmission
- Reductions in domestic violence

- Increases in men involved in the health needs of children or sick family members
- Increases in the use of health services
- Decreases in the rate of HIV transmission
- Decreases in the rates of unplanned pregnancies
- Increased use of condoms

Work with participants to reach agreement on the "indicators" that we would like to use to measure our success. Identify those indicators that PHEs can realistically affect.

Note to the Facilitator: It can be very difficult to collect information for some these indicators. For example, it is hard for us to know if people are actually using condoms more often, or if people are more knowledgeable about how HIV is transmitted. However, we can work with the community and peers to find evidence, if not hard data, that can help indicate that these changes are indeed occurring in the community.

Based on the agreed upon indicators, ask participants what kind of information could be collected that could show change occurring?

- For example, for the indicator "Increased use of condoms," participants can collect information on the total number of condoms they have distributed.
- For the indicator "increases in the use of VCT services," participants can collect information on the number of people they have referred to services, as well as the number of people they have informed about VCT services.

For some indicators, participants will realize that it is difficult to collect this type of information. Help them to focus on data that they can realistically collect.

b. Review/Adapt Data Collection Forms (30 minutes)

Tell participants that it is often hard to get information for the indicators, they can still track information about their own activities. These include:

- Number of people (by sex) contacted
- Subject discussed
- Number of referrals to services

Distribute copies of data collection forms (either ***Handout 20*** or the forms that you use in your company). Give participants a few minutes to read and review the forms.

Ask participants to look individually at their **action plans** and see whether the form tracks all the activities listed in the action plans. Have them note which activities are missing as well as which activities/data are on the form by not in the action plans. Ask participants to share their comments on the forms and write their answers on newsprint.

- What changes do they suggest making to the form to fit their needs?
- Was there any information on the form that you had not thought to collect but should collect?

Group discussion. After everyone has shared, ask the group:

- Why is it important/valuable to collect data about their activities?
- Who is information data for?
- What is the problem with just guessing about what they have done or making up data?
- How accurate will the information be if they try to remember what they have done a two week, a month, two months later?
- What difficulties do they see collecting the data? How can they solve those difficulties?
- How can the participants support each other in collecting the data?

Note that the most accurate information will be recorded on a daily basis or right after they have finished an activity.

Note to the Facilitator: Tell participants how often they will submit data and who they will submit it to, if there is a process in place for data collection by peer educators.

c. Analyzing and Using Data (20 minutes)

Introduce this activity by highlighting who the participants said a few minutes earlier they thought the information on their activities are for:

- Participants are likely to say that the data is for their management or supervisor to track what they are doing or make sure they are doing their job as peer educators.
- Note that it is true that the data participants collect is very useful to the company to be able to see how well the peer educators and the health education programs are doing.
- HOWEVER: Emphasize that information collected by participants is ALSO for the participants themselves.

This activity is to demonstrate how data collection can be used as tool for participants to assess their own performance and to plan their future outreach activities.

Show participants the newsprint where you have reproduced information from ***Trainer's Resource 34***.

Give participants a few minutes to look at the chart. Then ask what information the chart is giving them. Be sure they understand how to read the bars correctly.

Once they understand how to read the chart, asked them to analyze what they see happening over time for the various activities – what's going up or down, more or less:

- Referrals
- Condoms distributed
- Educational sessions
- Family planning discussions

Write down their answers on newsprint. For example, participants might say the following:

- Condom distribution went well, except that there was a drop off in April.
- Referrals are low compared to other activities.
- The number of educational sessions declined, but then went back up in April.
- Family planning discussions seem to be declining

Then ask participants to judge which activities seemed be going well and which ones do not seem to be going well. Write down the answers on newsprint.

Note to the Facilitator: Facilitators should probe to make sure the participants have noted all the possible trends and differences.

Now ask the participants **to pretend** this information was collected by them. If this were information they collected, how could they use it to change their action plans and improve their work? What might they decide to do or identify as a need based on the bar chart. Write down their responses on newsprint.

Possible responses might be:

- Referrals are continuing to be low. Maybe we need more skills training on how to make referrals. Or we may need to put more focus on making referrals.
- Condom distribution dropped off suddenly. We need to learn why distribution dropped after 3 months of increase. Was it because we lost focus or there were external factors out of our control (no supply, bad weather etc.)
- Family planning is clearly not going well. Maybe it is difficult to raise this issue with men/women? Maybe we are unsure about our family planning knowledge?
- Educational sessions may have declined because production demands were high.

d. Mini-lecture (5 minutes)

Analyzing data helps peer educators determine two things: 1) how well they have done their activities and, 2) what they should do in future based on past performance.

Participants should regularly collect their data as a group and have put it in the form of bar charts so they can look for trends. When looking at the information they need to ask: What is going up? What is going down? Which activities are we doing more of? Which less? What are the reasons for differences or changes in activities?

These "data analysis" questions enable peer educators to identify problems or weak spots, work together to identify needs and problem solve, and make new plans accordingly.

e. Wrap-up and Summary (5 minutes)

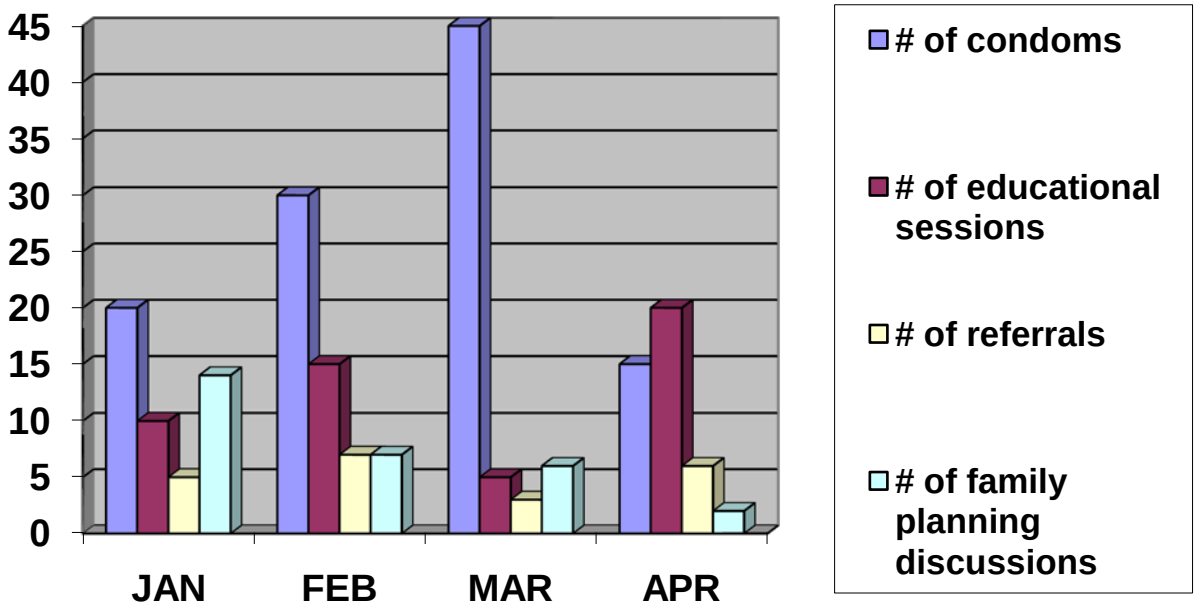
Ask for final comments about data collection. And reiterate the importance of collecting accurate data as participants do their activities.

Takeaway Message

✓ **Participants should use data collection and analysis as tools to improve their own work. The data collected is ultimately for them.**

Trainer's Resource 34

Fictional Chart of Peer Educator Activities Over 4 Months



Handout 20

Organized Events Form: 1							
Peer Educator Name: _____			**Position/Unit: _____**				
Organized events	**Date (MM/DD/YY)**	**Subject(s)/Topic(s)/Themes discussed (see box 1)**	**# Males**	**# Females**	**Total**	**# M condoms distributed**	**# F condoms distributed**
Video shows							
Drama shows							
Large meetings							
Seminar/Workshop							
Soccer							
Other (Specify)							

List any questions or situations you found difficult:

1.
2.
3.
4.
5.
6.
7.
8.
9.

Box 1: Topic(s) discussed

1. Basic knowledge on HIV/AIDS
2. Proper condom use and disposal
3. Safe sex practice
4. Misconceptions about HIV/AIDS
5. Sexually transmitted infections (STIs)
6. Women and HIV/AIDS
7. Family planning methods
8. Masculinity
9. Other (Specify)

Small Group Discussions Form: 2

Start date (DD/MM/YY): _____ End date (DD/MM/YY):_____ Peer Educator Name: _____ Position/Unit:_____

Topic(s) discussed (Select from list of topics in Box 1 below)	**Target group(s) (Select from box 2)**	**# Males**	**# Females**	**Total**	**# Condoms distributed (M)**	**# Condoms distributed (F)**	**Next steps for follow-up**

Summary:
Total # group discussions: _____ Total # Males:_____ Total # females: _____ Total # M&F:_____

Total # M condoms distributed: _____ Total # F condoms distributed:_____

List any questions or situations you found difficult:

1.
2.
3.
4
5
6.
7.
8.

Box 1: Topic(s) discussed

1. Basic knowledge on HIV/AIDS
2. Proper condom use and disposal
3. Safe sex practice
4. Misconceptions about HIV/AIDS
5. Sexually transmitted infections (STIs)
6. Women and HIV/AIDS
7. Family planning methods
8. Masculinity
9. Other (Specify)

Box 2: Target group(s)

1. Driver
2. Official workers
3. Leaders (management)
4. Dependants of employees
5. Farm workers
6. Industrial workers
7. Technical engineers
8. Hospital workers
9. Students
10. Village officer/Leader
11. Villagers

One-to-One and Couple Discussions/Counseling Form: 3

Start date (MM/DD/YY): _____ End date (MM/DD/YY):_____ Peer Educator Name: _____ Unit:_____

One-to-one/ Couple discussions	Topic(s) discussed (Select from list of topics in Box 1 below)	Target group(s) (Select from box 2)	# Males	# Females	Did you refer? (Y/N)	If you referred, to what service?						# Condoms distributed (M)	Condom distributed (F)	Next steps for follow-up
						FP	ANC	PP	STI	VCT	CTC			

Summary:
Total # One-on-one discussions: _____ Total # Couple discussions:_____ Total # Males:_____ Total # females: _____
Total # F&M:_____ Total # Referrals, by type: ____FP; ____ANC; ____PP; ____STI; ____VCT; ____CTC
Total # M condoms distributed: _____ Total # F condoms distributed

List any questions or situations you found difficult:

1.
2.
3.
4
5
6.
7.
8.

Box 1: Topic(s) discussed

1. Basic knowledge on HIV/AIDS
2. Proper condom use and disposal
3. Safe sex practice
4. Misconceptions about HIV/AIDS
5. Sexually transmitted infections (STIs)
6. Women and HIV/AIDS
7. Family planning methods
8. Masculinity
9. Other (Specify)

Box 2: Target group(s)

1. Driver
2. Official workers
3. Leaders (UTT management)
4. Dependants of UTT employees
5. Pluckers
6. Industrial workers
7. Technical engineers
8. Hospital workers
9. Students
10. Village officer/Leader
11. Villagers

Module Six, Session 3

Reflection and Wrap up

Depending on the amount of training you have been able to implement, you may wish to conduct a final session that evaluates the learning that has taken place.

Objective:
By the end of the session, participants will identify key learning that has taken place during the workshop.

Time: 1.5 hours

Materials:

- Newsprint
- Markers
- Tape
- Post-test
- Evaluation forms
- Certificate of Completion

Advance Preparation:

- As appropriate, identify and invite a guest to conduct the closing and present certificates to participants.
- As appropriate, make copies of the post-test
- Prepare certificates for each participant.

Process:

a. Small Group Work (25 minutes)

Divide participants into small groups of three to four participants. Have each group:

- List the three most useful things you learned during this workshop.
- List three things that you had the most difficulty with.

Participants should be specific and describe why these things were useful or difficult.

Each group may only identify ***three*** useful and ***three*** difficult things. If there is disagreement among the group, the members will need to negotiate to an agreement.

Each group will then report back to the larger group. Ask the entire group to prioritize topics or skills they will want help with in the coming months as they apply their action plans.

b. Discussion (10 minutes)

As part of discussion, look for similarities and differences among what each group has identified as useful and difficult.

It is normal to have difficulty learning a lot of new information in a very short period of time, especially when it deals with things we don't often talk about such as culture, the roles of men and women, sex and health.

As appropriate, discuss the expectations that were expressed on the first day and determine if participant expectations were met. Discuss any outstanding "parking lot" issues and determine if these are still issues or if they were addressed during the training. Decide with the group what to do if there are any outstanding issues that have not been adequately addressed by the training.

c. Post-test (30 minutes)

If you administered a pre-test, be sure to administer a post test. You can use the post test in the appendix, or develop your own.

Give clear instructions as to how to complete the post-test questions.

Allow 30 minutes to answer the questions.

d. Evaluation (15 minutes)

Ask for participant feedback on the sessions and/or workshop, using ***Trainer's Resource 35: Workshop Evaluation*** and record responses on newsprint.

e. Closing Ceremony (optional) & Next Steps. (10 minutes)

Trainer's Resource 35

Workshop Evaluation

Ask the participants to answer the following questions on a piece of paper without their names on it. This information should be use to identify areas the need to be reinforced after the trainig, to improve the training sesssions, and evaluate the overall training.

1. What did you like? What did you find useful?

2. What did you not like? What did you not find useful?

3. What activities used in the training do you think you can use in your outreach to family, friends, co-workers, and community members?

4. What topics or activities do you want or need more information or training on in order to feel comfortable using them in your outreach activities?

5. Were there any topics or areas that were unclear to you? If so what were they?

6. How can we improve this training for the next time?

7. Any other comments or suggestions?

References

The authors are indebted to the following organizations; their publications were invaluable in the development of the Healthy Images of Manhood approach.

Inner Spaces Outer Faces Initiative (ISOFI) Toolkit: Tools for Learning and Action on Gender and Sexuality. Published jointly by CARE and the International Center for Research on Women (ICRW), 2007.

Group Education Manual. ACQUIRE Project/EngenderHealth and Promundo, June 2007 (in draft).

Working with Young Men Series. Project H, 2002.

Bringing Program H to Tanzania, Adapted Manual for Field-Testing. Family Health International (FHI), March 2006.

Life Planning Education. Advocates for Youth, 1995. Accessible at www.advocatesforyouth.org/PUBLICATIONS/lpe/lpe.pdf

Healthy Timing and Spacing of Pregnancy (HTSP): A Reference Guide for Trainers. The Extending Service Delivery (ESD) Project, 2008. www.esdproj.org

Mobilizing Religious Leaders for Reproductive Health and Family Planning at the Community Level: A Training Manual. The Extending Service Delivery (ESD) Project, 2008.

Community Home-Based Care for People and Communities Affected by HIV/AIDS: Trainer's Guide. Pathfinder International,2006.

Healthy Images of Manhood

Appendix: Evaluation Tools

Appendix:

Tools for Evaluating Your Training

ESD has developed or adapted several tools for you to use to assess the impact of your training activities when using HIM, including a pre- and post-test and two scales that can be used to examine and track any changes in attitudes and behaviors.

Pre-Test and Post-Test

This test will measure any changes in knowledge that result from the training. The HIM pre-test should be administered before the training, and then given again at the end of the training as a post-test. The questions are organized by module, so that if you only use selected modules or sessions from the HIM manual, you can select appropriate questions to use. You can also develop your own questions, based on the knowledge your organization considers important to address in the training. An answer key is included as well as a score sheet template is included to help you tally up the responses.

Gender Equitable Men & Women Scale

This scale can be used to measure changes in gender attitudes that may result from the training. It should be administered ***before*** the training but it is ***not*** given at the end of the training, as attitudes take longer to change than knowledge. We recommend that you administer this scale periodically (for example, you could give this to trainees **every six months** during a meeting or a refresher training), and use it to determine if trainees' attitudes are becoming more gender equitable. An answer key and a score sheet are also included to help you score the responses.

ESD has adapted the Gender Equitable Male (GEM) scale developed by Instituto Promundo and Horizons Program. [18]

Behavioral Index

This tool can help you measure changes in behaviors among trainees that are healthier and more gender sensitive. There are two indexes: one for men and one for women. As with the Gender Equitable Men & Women (GEMW) Scale, this should be administered ***before*** the training, but not as a post test. We recommend that you administer the Index along with the GEMW scale at six month intervals, so that you can assess positive behavior changes among trainees.

ESD has adapted this index from the Intimate Partner Behavior Index, developed by the Academy for Educational Development and the University of Indiana.

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[18] For more information on the GEM scale please see www.popcouncil.org/pdfs/horizons/brgendernorms.pdf.

Healthy Images of Manhood: Pre- and Post- Test

Instructions to Participant: Read the question and circle the correct response.

Module 1: Getting Started	
1. Women's roles in society are determined by their biology.	True False
2. Gender refers to both men and women	True False
3. Since gender roles and behaviors are created by society, people and society can these roles.	True False
4. Reproductive health is related to men's and women's ability to have children.	True False
5. Reproductive health only affects women.	True False
Module 2: Understanding Men and Women	
6. People are taught that different male and female behaviors and roles are "normal."	True False
7. Sometimes, society's messages about how to be a real man can harm his health	True False
8. "Real" men do not need to use a health clinic when they are sick	True False
9. Men who abuse alcohol and drugs are more likely to get STIs and HIV/AIDS.	True False
10. The work that men do is more important than the work that women do	True False
11. Women are better at caring for children than men	True False
12. The lower value society gives to women's roles leads people to value women themselves less	True False

Module 3: Health and Sexuality, Family Planning, Healthy Timing and Spacing of Pregnancy and HIV/AIDS	
13. Peer pressure is always negative	True False
14. A woman should wait till she is at least l8 before she has her first baby.	True False
15. Condoms are the only method that prevents both unwanted pregnancy and sexually transmitted infections, including HIV	True False
16. The only way to ensure the healthy timing and spacing of pregnancies is to use a method of family planning	True False
17. Withdrawal is an effective method for preventing pregnancy	True False
18. Contraceptives can cause infertility	True False
19. Women should wait at least 2 years after giving birth before becoming pregnant again	True False
20. If I am faithful to my partner, I cannot get HIV	True False
Module 4 Communication Skills	
21. Lecturing is the best way to communicate information	True False
22. One's body language is important when communicating with others	True False
23. An open-ended question can be answered with a "yes" or a "no"	True False
24. If someone I am counseling is engaging in unhealthy behavior it is important that I tell them that they are bad for doing this.	True False
25. People learn best by doing.	True False

Module 5: Sexual and Gender-Based Violence	
26. Gender-based violence is a major health problem	True False
27. Child abuse include physical or emotional abuse, neglect and sexual abuse	True False
28. Women have a right say NO to unwanted sex.	True False
29. Rape is usually committed by a stranger	True False
30. Men are more likely to experience violence outside the home and women are more likely to experience violence in the home	True False

HIM Pre- and Post-Test Answer Key (for trainers use only)

Module 1: Getting Started	
1. Women's roles in society are determined by their biology	**False**
2. Gender refers to both men AND women	**True**
3. Since gender roles and behaviors are created by society, people and society can these roles	**True**
4. Reproductive health is related to men's and women's ability to have children	**True**
5. Reproductive health only affects women	**False**
Module 2: Understanding Men and Women	
6. People are taught that different male and female behaviors and roles are "normal"	**True**
7. Sometimes, society's messages about how to be a real man can harm his health	**True**
8. Real men do not need to use a health clinic when they are sick	**False**
9. Men who abuse alcohol and drugs are more likely to get STIs and HIV/AIDS.	**True**
10. The work that men do is more important than the work that women do	**False**
11. Women are better at caring for children than men	**False**
12. The lower value society gives to women's roles leads people to value women themselves less	**True**
Module 3: Health and Sexuality, Family Planning, HTSP and HIV/AIDS	
13. Peer pressure is always negative	**False**
14. A woman should wait till she is at least l8 before she has her first baby	**True**
15. Condoms are the only method that prevents both unwanted pregnancy and sexually transmitted infections, including HIV	**True**
16. The only way to ensure the healthy timing and spacing of pregnancies is to use a method of family planning	**True**
17. Withdrawal is an effective method for preventing pregnancy	**False**
18. Contraceptives can cause infertility	**False**
19. Women should wait at least 2 years after giving birth before becoming pregnant again	**True**
20. If I am faithful to my partner, I cannot get HIV	**False**

Module 4 Communication Skills	
21. Lecturing is the best way to communicate information	**False**
22. One's body language is important when communicating with others	**True**
23. An open-ended question can be answered with a "yes" or a "no"	**False**
24. If someone I am counseling is engaging in unhealthy behavior it is important that I tell them that they are bad for doing this	**False**
25. People learn best by doing	**True**
Module 5: Sexual and Gender-Based Violence	
26. Gender-based violence is a major health problem	**True**
27. Child abuse includes physical or emotional abuse, neglect and sexual abuse	**True**
28. Women have a right say NO to unwanted sex.	**True**
29. Rape is usually committed by a stranger	**False**
30. Men are more likely to experience violence outside the home and women are more likely to experience violence in the home	**True**

Score Sheets for Scoring Pre and Post-Tests

Date of Pre-test:_____
Number of respondents:_____

Date of Post-test:_____
Number of respondents:_____

This sheet will help you assess overall performance of the group at pre and post test.

Participant (name or number)	**Total Score at Pre Test** (= Total number of correct answers divided by total number of question x 100)	**Total Score at Post Te**st (= Total number of correct answers divided by total number of questions x 100)
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
21		
22		
23		
24		
25		
26		
27		
28		
28		
30		

This score sheet will help you better understand which topics were well understood and which might need to be addressed further.

Question Number	Number who responded correctly at Pretest	% who respond correctly*	Number who responded correctly at Post-test	% who responded correctly*
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				

*Divide the number of persons who respond correctly by the TOTAL number of respondents and multiply by 100. This will give you the actual percentage of participants who respond correctly. It is important to divide by the correct number of respondents as this number can vary at pre-test and at post-test.

Gender Equitable Men and Women (GEM&W) Scale

Adapted from Insitito Promundo's and Horizon Program's Gender Equitable Male (GEM) Scale

These questions can be used to measure changes in reported attitudes among men and women that may result from participation in HIM training activities.

These questions should not be administered as a pre/post test. Before you conduct a HIM training, ask participants to complete this form. To see if attitudes have changed, have the same participants complete again at six month intervals.

The results can be used by program managers and supervisors to identify areas where additional training or support may be needed. It will also help you see where there may be major differences in attitudes between men and women.

Gender Equitable Men and Women (GEM&W) Scale

I am a: Man_____ Woman_____

Instructions: Please read each statement and indicate whether you agree or disagree agree by placing an X next to the answer that best reflects your opinion.

1. You don't talk about sex, you just do it.
   _____ Agree _____ Disagree _____Unsure

2. Women who carry condoms on them are "easy."
   _____ Agree _____ Disagree _____Unsure

3. Changing diapers/nappies, bathing children and feeding children are the mothers' responsibility.
   _____ Agree _____ Disagree _____Unsure

4. It is a woman's responsibility to avoid getting pregnant.
   _____ Agree _____ Disagree _____Unsure

5. A man should have the final word about decisions in his home.
   _____ Agree _____ Disagree _____Unsure

6. A man needs other women, even if things with his wife are fine.
   _____ Agree _____ Disagree _____Unsure

7. I would be angry if my spouse/partner asked me to use a condom.
   _____ Agree _____ Disagree _____Unsure

8. It is all right for a man to hit his wife/partner if she won't have sex with him.
   _____ Agree _____ Disagree _____Unsure

9. In my opinion, a woman can suggest using condoms just like a man can.
   _____ Agree _____ Disagree _____Unsure

10. A man and a woman should decide together what type of contraceptive to use.
    _____ Agree _____ Disagree _____Unsure

11. Women should not initiate sex.
    _____Agree _____Disagree _____Unsure

12. A couple should decide together if they want to have children.
    _____Agree _____Disagree _____Unsure

13. If a man gets a woman pregnant, the child is the responsibility of both.
    _____Agree _____Disagree _____Unsure

14. Men have a responsibility to care for children just as women do.
    _____Agree _____Disagree _____Unsure

Score Sheet for the GEM&W Scale

Test Administrator:_____

Date of Test Administration: _____

Date participants attended the HIM training:_____

Number of respondents:_____ Number of men:_____ Number of women:_____

Fill in the number of men and the number of women who agree to question one in column one, and calculate the percentage of men and women who agree by dividing by the total number of participants. Then, fill in the number of men and the number of women who disagree to question one and calculate the percentages. Repeat for each question.

When you administer this scale in six months time, compare the responses.

Question #	**Agree**	**%**	**Disagree**	**%**	**Unsure**	**%**
1.You don't talk about sex, you just do it.						
Male						
Female						
2. Women who carry condoms on them are "easy."						
Male						
Female						
3. Changing diapers or nappies, bathing children and feeding children are the mothers' responsibility.						
Male						
Female						
4. It is a woman's responsibility to avoid getting pregnant.						
Male						
Female						
5. A man should have the final word about decisions in his home						
Male						
Female						
6. A man needs other women, even if things with his wife are fine.						
Male						
Female						

Question #	Agree	%	Disagree	%	Unsure	%
7. I would be angry if my spouse/partner asked me to use a condom.						
Male						
Female						
8. It is all right for a man to hit his wife if she won't have sex with him.						
Male						
Female						
9. In my opinion, a woman can suggest using condoms just like a man can.						
Male						
Female						
10. A man and a woman should decide together what type of contraceptive to use.						
Male						
Female						
11. Women should not initiate sex.						
Male						
Female						
12. A couple should decide together of they want to have children.						
Male						
Female						
13. If a man gets a woman pregnant the child is the responsibility of both.						
Male						
Female						
14. Men have the responsibility to care for children just as women do						
Male						
Female						

Scale Key:

The appropriate "gender equitable" responses are noted in below. If attitudes are gender equitable, the majority of participants will respond in this way.

Question #	Agree	%	Disagree	%	Unsure	%
1.You don't talk about sex, you just do it.						
Male			X			
Female			X			
2. Women who carry condoms on them are "easy."						
Male			X			
Female			X			
3. Changing diapers or nappies, bathing children and feeding children are the mothers' responsibility.						
Male			X			
Female			X			
4. It is a woman's responsibility to avoid getting pregnant.						
Male			X			
Female			X			
5. A man should have the final word about decisions in his home						
Male			X			
Female			X			
6. A man needs other women, even if things with his wife are fine.						
Male			X			
Female			X			
7. I would be angry if my spouse/partner asked me to use a condom.						
Male			X			
Female			X			
8. It is all right for a man to hit his wife if she won't have sex with him.						
Male			X			

Question #	Agree	%	Disagree	%	Unsure	%
Female			X			
9. In my opinion, a woman can suggest using condoms just like a man can.						
Male	X					
Female	X					
10. A man and a woman should decide together what type of contraceptive to use.						
Male	X					
Female	X					
11. Women should not initiate sex.						
Male			X			
Female			X			
12. A couple should decide together of they want to have children.						
Male	X					
Female	X					
13. If a man gets a woman pregnant the child is the responsibility of both.						
Male	X					
Female	X					
14. Men have the responsibility to care for children just as women do						
Male	X					
Female	X					

Behavioral Index

This tool can help you measure changes in behaviors that are more gender sensitive and healthy. These questions should not be administered as a pre/post test. Before you conduct a HIM training, ask participants to complete this form. To see if behaviors have changed, **have the same participants complete again at six month in**tervals.

The results can be used by program managers and supervisors to identify areas where additional training or support may be needed. It will also help you see where there may be major differences in attitudes between men and women.

One tool is to be used for MEN, and the other tool is to be used for WOMEN.

Behavioral Index for MEN

Instructions

Please read each statement and decide if you did this:

- Often
- Sometimes
- Never

in the last three months.

Place a check or mark next to the most appropriate answer for you:

1. In the past 3 months, how frequently did you ask your wife her opinion on important matters?
   _____ Often _____ Sometimes _____ Never

2. In the past 3 months, how frequently did you have sex with someone when they did not want to?
   _____ Often _____ Sometimes _____ Never

3. In the past 3 months, how frequently did you hit or slap your wife or main partner?
   _____ Often _____ Sometimes _____ Never

4. In the past 3 months, how frequently did you discuss family planning with your wife or main partner?
   _____ Often _____ Sometimes _____ Never

5. In the past 3 months, how frequently did you have sex with someone who is not your wife or main partner?
   _____ Often _____ Sometimes _____ Never

6. In the past 3 months, how frequently did you talk about HIV with your wife or main partner?
   _____ Often _____ Sometimes _____ Never

Behavioral Index for WOMEN

Instructions

Please read each statement and decide if this took place:

- Often
- Sometimes
- Never

in the last three months.

Place a check or mark next to the most appropriate answer:

1. In the past 3 months, how frequently did your husband or main partner ask your opinion on important matters?
   _____ Often _____ Sometimes _____ Never

2. In the past 3 months, how frequently did you have sex with your husband or main partner when you did not want to?
   _____ Often _____ Sometimes _____ Never

3. In the past 3 months, how frequently did your husband or main partner hit or slap you?
   _____ Often _____ Sometimes _____ Never

4. In the past 3 months, how frequently did you discuss family planning with your husband or partner?
   _____ Often _____ Sometimes _____ Never

5. In the past 3 months, how frequently did you talk about HIV with your husband or partner?
   _____ Often _____ Sometimes _____ Never

6. In the past 3 months, how frequently did you have sex with someone who is not your husband or main partner?
   _____ Often _____ Sometimes _____ Never

To analyze the Behavioral Index questions for Men, fill out the following table:

Test administrator:_____

Date of administration: _____

Number of **male** respondents:_____

Date participants attended the HIM training:_____

Question	Number who respond often	% who respond often	Number who respond sometimes	% who respond sometimes	Number who respond never	% who respond never
1. In the past 3 months, how frequently did you ask your wife her opinion on important matters?						
2. In the past 3 months, how frequently did you have sex with someone when they did not want to?						
3. In the past 3 months, how frequently did you hit or slap your wife?						
4. In the past 3 months, how frequently did you discuss family planning with your wife or partner?						
5. In the past 3 months, how frequently did you have sex with someone who is not your wife or main partner?						
6. In the past 3 months, how frequently did you talk about HIV with your wife or partner?						

The ideal behavior is noted below for Men's Behavioral Index

Question	Number who respond often	% who respond often	Number who respond sometimes	% who respond sometimes	Number who respond never	% who respond never
1. In the past 3 months, how frequently did you ask your wife her opinion on important matters?	X					
2. In the past 3 months, how frequently did you have sex with someone when they did not want to?					X	
3. In the past 3 months, how frequently did you hit or slap your wife?					X	
4. In the past 3 months, how frequently did you discuss family planning with your wife or partner?	X					
5. In the past 3 months, how frequently did you have sex with someone who is not your wife or main partner?					X	
6. In the past 3 months, how frequently did you talk about HIV with your wife or partner?	X					

To analyze the Behavioral Index questions for women, fill out this table:

Test administrator:_____

Date of administration: _____

Number of **female** respondents:_____

Date participants attended the HIM training:_____

Question	Number who respond often	% who respond often	Number who respond sometimes	% who respond sometimes	Number who respond never	% who respond never
1. In the past 3 months, how frequently did your husband ask your opinion on important matters?						
2. In the past 3 months, how frequently did you have sex with your husband when you did not want to?						
3. In the past 3 months, how frequently did your husband hit or slap you?						
4. In the past 3 months, how frequently did you discuss family planning with your husband or partner?						
5. In the past 3 months, how frequently did you talk about HIV with your husband or partner?						
6. In the past 3 months, how frequently did you have sex with someone who is not your husband or main partner?						

The ideal behavior is noted below for Women's Behavioral Index

Question	Number who respond often	% who respond often	Number who respond sometimes	% who respond sometimes	Number who respond never	% who respond never
1. In the past 3 months, how frequently did your husband ask your opinion on important matters?	X					
2. In the past 3 months, how frequently did you have sex with your husband when you did not want to?					X	
3. In the past 3 months, how frequently did your husband hit or slap you?					X	
4. In the past 3 months, how frequently did you discuss family planning with your husband or partner?	X					
5. In the past 3 months, how frequently did you talk about HIV with your husband or partner?	X					
6. In the past 3 months, how frequently did you have sex with someone who is not your husband or main partner?					X	