

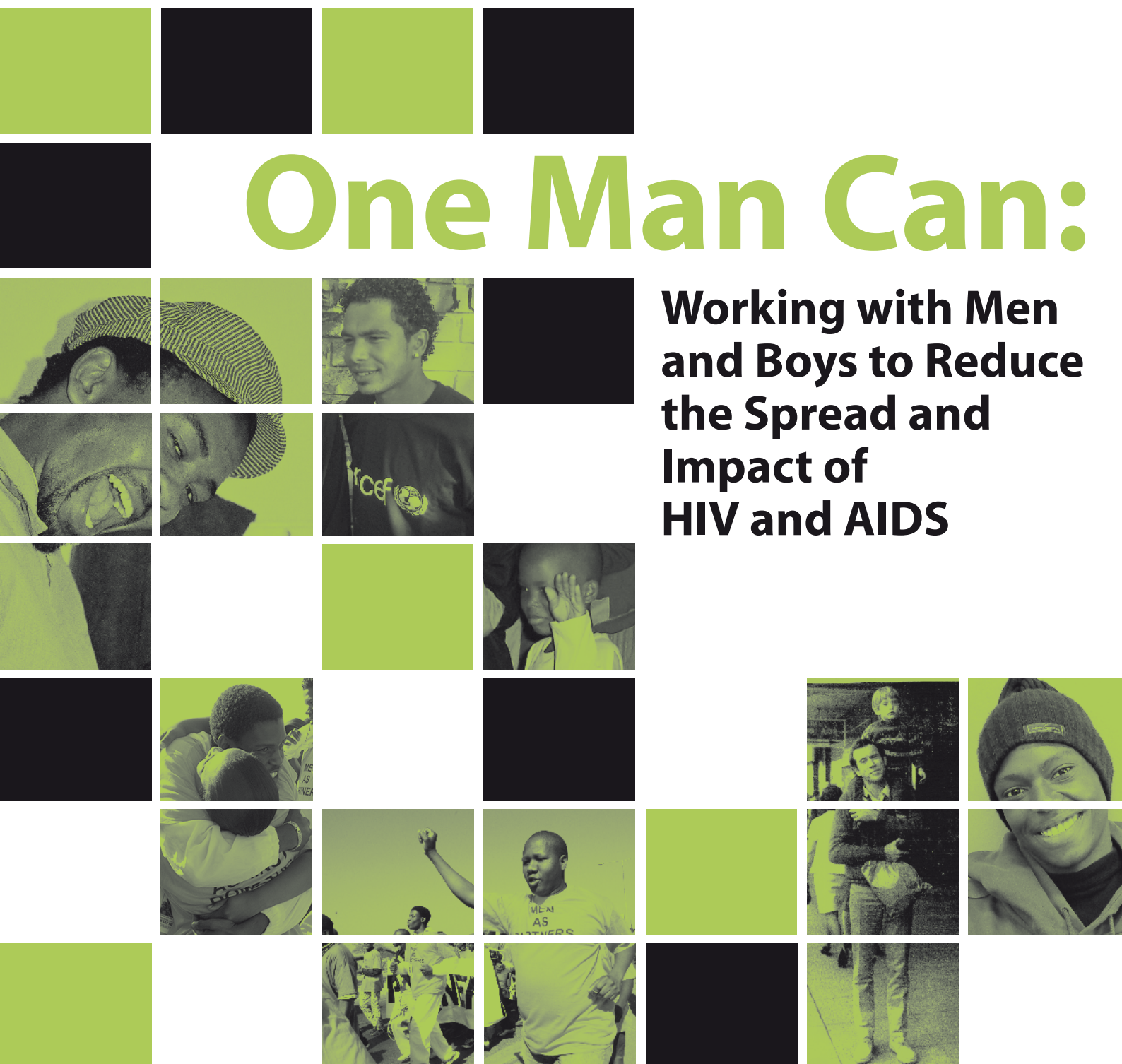


love passionately
stop aids
end domestic violence
break the cycle
demand justice
stop rape



One Man Can:

Working with Men
and Boys to Reduce
the Spread and
Impact of
HIV and AIDS





One Man Can:

Working with Men and Boys to Reduce the Spread and Impact of HIV and AIDS



**Sonke Gender
Justice Network**
HIV/AIDS, Gender Equality, Human Rights

Sonke Gender Justice Network strives to build a southern Africa in which men, women, youth and children can enjoy equitable, healthy and happy relationships that contribute to the development of just and democratic societies. To achieve this, Sonke Gender Justice Network works to build government, civil society and citizen capacity to achieve gender equality, prevent gender-based violence and reduce the spread of HIV and the impact of AIDS.

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Acknowledgments

Materials used in this manual have been drawn from the following sources:

1. Introduction

Key Terms

Masibambisane SANDF HIV/AIDS and Gender Equity Training Project: A Training Manual for Peer Educators in the South African National Defence Force; EngenderHealth, PPASA and Women's Health Project (2003) (GEP)

Taking Action: The Action Chart

Adapted from Men as Partners: A Program for Supplementing the Training of Life Skills Educators, 3rd Edition, EngenderHealth, and used by permission. (EHMAP)

2. Gender, Power and Health

2.1 Learning from men who have been role models

Sonke Gender Justice Network, previously unpublished

2.2 Act Like a Man, Act Like a Woman

Adapted from Helping Teens Stop Violence: A Practical Guide for Counsellors, Educators, and Parents, Creighton A. and Kivel P. (Alameda, USA, Hunter House: 1992)

2.3 Power, status and health

Adapted from "Manual for men working with men on gender, sexuality, violence and health" developed by Men's Action to Stop Violence against Women in Uttar Pradesh, India; and from EHMAP

2.4 Gender values clarification

GEP

2.5 Gender Fishbowl

GEP

2.6 Gender Roles (The 24-hour day)

GEP & developed by Women's Health Project adapted from Oxfam

3. Gender and Violence

3.1 Risk and Violence: Tests of Courage

Instituto Promundo & Project H Alliance Manual, "From Violence to Peaceful Co-existence" (IPPHA)

3.2 A Live Fool or a Dead Hero: Getting "Respect"

IPPHA

3.3 Violence against Women in Daily Life

Jackson Katz – adapted for MAP Network by Dean Peacock with PPASA staff (unpublished other than in GEP manual)

3.4 Consent vs. Coercion

GEP

3.5 Violence Clothesline

IPPHA

4. Gender, HIV and AIDS

4.1 Taking Risks, Facing Risks: HIV and Gender

EHMAP

4.2 Sexual Vulnerabilities

EHMAP

4.3 Levels of Risk

Adapted from Men as Partners Manual, 2nd Ed., unpublished, EngenderHealth, and used by permission.



4.4 Alcohol Abuse: Risks, Violence, HIV and AIDS

Adapted from An Action Oriented Training Manual on Gender, Migration and HIV, International Organization for Migration and Sonke Gender Justice Network, 2008.

4.5 “To drink alcohol is to be a man”: Values around gender and alcohol use

Adapted from An Action Oriented Training Manual on Gender, Migration and HIV, International Organization for Migration and Sonke Gender Justice Network, 2008.

4.6 Intervening with Friends in Taverns

Adapted from the Curriculum for Sahwira Educator Training. September 2004.

4.7 Impacts of HIV and AIDS

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4.8 The HIV Handshake

Adapted from Men as Partners Manual, 2nd Ed., unpublished, EngenderHealth, and used by permission.

4.9 HIV Case Studies

Adapted from An Action Oriented Training Manual on Gender, Migration and HIV, International Organization for Migration and Sonke Gender Justice Network, 2008.

4.10 Getting Tested and Staying Negative

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4.11 Condom Steps

Adapted from Men as Partners Manual, 2nd Ed., unpublished, EngenderHealth, and used by permission.

5. Healthy relationships

5.1 Body Mapping

Stepping Stones

5.2 Defining the Ideal Partner

EHMAP

6. Taking Action for Change

6.1 Developing Leadership for a CAT

Adapted from International HIV/AIDS Alliance - Keep the best, change the rest: participatory tools for working with communities on gender and sexuality.

6.2 Meeting with Community Leaders

Adapted with permission from unpublished training materials by Janey Skinner and Lisa Hoffman, Consulting Services for Community Health, Oakland, CA.

6.3 New Kinds of Courage

Adapted from Nan Stein’s Bullyproof: A Teacher’s Guide on Teasing and Bullying for use with Fourth and Fifth Grade Students

6.4 Working for Gender Justice in the Community

Adapted with permission from unpublished training materials by Janey Skinner and Lisa Hoffman, Consulting Services for Community Health, Oakland, CA.

6.5 Taking Action: Making a Difference

Adapted with permission from unpublished training materials by Janey Skinner and Lisa Hoffman, Consulting Services for Community Health, Oakland, CA.



1. Introduction

Manual Overview

This manual is intended to be a resource for those working with men and boys on issues of citizenship, human rights, gender, health, sexuality and violence. The content of the activities is informed by a commitment to social justice, gender equality and engaged citizen activism.

The activities are intended to encourage men to reflect on their own experiences, attitudes and values regarding women, gender, domestic and sexual violence, HIV, AIDS, democracy and human rights, so that they can take action to help prevent domestic and sexual violence, reduce the spread HIV and the impact of AIDS, and promote gender equality. The activities are generally simple to use and don't require lots of prior facilitation experience.

This workshop manual is just one of a number of different tools available. Other materials have been designed to support men who've been through an OMC training workshop in taking action. Materials can be requested from Sonke Gender Justice Network by phone or email (onemancan@genderjustice.org.za) or downloaded from the campaign website at www.genderjustice.org.za/onemancan.

Background

South Africa has amongst the highest levels of domestic violence and rape of any country in the world. Research conducted by the Medical Research Council in 2004 shows that every six hours, a woman is killed by her intimate partner. This is the highest rate recorded anywhere in the world. Violence against women in South Africa is a betrayal of our new democracy and a violation of women's human rights.

Even though domestic and sexual violence are so widespread, arrest and conviction rates for perpetrators are amongst the worst in the world. In South Africa, it is estimated that only 10% of rapes are actually reported. Even more shocking is that, according to an October 2008 report from Tshwaranang Legal Resources and the Centre for the Study of Violence and Reconciliation, only 4.1% of reported rapes lead to conviction.

This violence and the unequal power it reflects between men and women is one of the root causes of the rapid spread of HIV in South Africa. Almost one-third of sexually experienced women (31%) reported that they did not want to have their first sexual encounter and that they were coerced into sex. As a result, young women in South Africa are much more likely to be infected than men and make up 77% of the 10% of South African youth between the ages of 15-24 who are infected with HIV.

These levels of violence are a threat to our new democracy and undermine our ability to enjoy the rights enshrined in our widely respected Constitution, especially Section 12, subsection 2 of the Bill of Rights which makes clear that "Everyone has the right to bodily and psychological integrity, which includes the right (a) to make decisions concerning reproduction; and (b) to security in and control over their body".

The "One Man Can" Campaign¹

The One Man Can Campaign has been developed by Sonke Gender Justice Network and promotes the idea that each one of us can create a better, more equitable and more just world. In addition to taking action in our personal lives, the campaign encourages men to work together with other men and with women to take action in

¹ See the One Man Can Fact Sheet for statistics and research findings on domestic and sexual violence, HIV and AIDS and the effectiveness of programmes working with men to promote gender equality (www.genderjustice.org.za/onemancan)

our communities – to build a movement, to demand justice, to claim our rights and to change the world.

Men are socialised into violence and commit the vast majority of violent acts. Men learn violence as a result of experiencing it in childhood or as adults. But violence is a learned behaviour that can be unlearned. Men can choose not to behave violently toward women, children, and other men.

Saying that men choose to use violence, rather than that men lose control and become violent, is the first step in holding men accountable for their decisions and actions. This principle of accountability is central to any program focussed on stopping gender-based violence. Choosing not to use violence and to live in equal relationships with women will involve men in “breaking the gender rules” and they need support as well as the pressure of accountability to do this. Support from women and other men can help men break the gender rules and end gender-based violence.

In conducting formative research for the campaign, we learned that while many men and boys do worry about the safety of women and girls – their partners, sisters, mothers, girlfriends, wives, co-workers, neighbours, classmates and fellow congregants – and want to play a role in creating a safer and more just world, they often do not know what to do about it. Our research also told us that many men are beginning to live more gender equitable lives with their partners and with their families. As gender roles continue to change in South Africa, a growing number of men are realising that relationships based on equality and mutual respect are far more satisfying than those based on fear and domination.

Men have many roles to play in stopping the violence. In their official capacity as community leaders and decision-makers, men can set the policies and budgets that can provide more help to prevent and intervene in cases of violence. As family and community members, men can intervene with perpetrators to stop the violence and can provide support to those children with whom they are in contact. Men can also serve as role models of gender equality for other men and can work with women as allies for gender equality.

The One Man Can Campaign activities and materials are intended to support men to act on their convictions that violence against women is wrong and must be stopped. The materials are designed to help men take action in their own lives and in their communities to promote healthy relationships based on a commitment to gender equality and to supporting women to achieve their rights to health, happiness and dignity.

The One Man Can Action Kit provides men with resources to act on their concerns about domestic and sexual violence. It will be useful for any man concerned about these issues, as well as for representatives from government, NGOs, CBOs and community groups who work with men and women to address issues of gender-based violence and HIV and AIDS.



How to use this manual

Getting Started

Read through this manual before you use the activities. Read through each activity again before you start it. The manual provides the following information for each activity:

Objectives: This describes what participants should learn as a result of doing the activity. It is a good idea to begin each activity by telling participants about its learning objectives. This helps participants to understand why they are doing the activity and what they can hope to get out of it.

Time: This is how long the activity should take, based on experience in using the activity. These timings are not fixed and may need to be changed because of the group you are working with or because of issues that come up.

Materials: These are the materials you will need for each activity. You will need to prepare some of these materials before the workshop begins.

Steps: These are the steps you should follow in order to use the activity well. These instructions are numbered and should be followed in the order in which they are written.

Facilitator's notes: These notes will help you to facilitate the activity better by identifying issues about the process of the activity for you to think about and prepare for. Make sure you have read these notes before you begin.

Key points: These are the key points that participants should learn as a result of doing the activity. These key points will be useful while you are facilitating the discussion during the activity as well as in summing up the discussion at the end of the activity. This manual includes words and terms that you may not use often. It is important to know what these words and terms mean when you are facilitating the activities in this manual. Here is a list of such words/terms and their definitions:

Guiding Principles

The following principles have been used in conceptualizing and designing the activities, and should guide the use of the activities in order to ensure that

- **Domestic and sexual violence are against international and national laws and violate the South African Constitution and international human rights.** The South African Constitution makes it clear that the South African government has a responsibility to protect all South Africans from domestic and sexual violence. Section 12, subsection 2 of the bill of rights states that "Everyone has the right to bodily and psychological integrity, which includes the right (a) to make decisions concerning reproduction; and (b) to security in and control over their body"
- **Domestic violence and dating violence is everyone's business-it is not a "private matter".** Too many people still say that domestic and sexual violence are private matters and argue that "it is not my business to intervene". Sexual and domestic violence are, of course, all of our business. Violence affects all of us and we each have a role to play in stopping it. There are many opportunities in our daily lives to take action when we witness someone being mistreated, disrespected or abused. We have to find the courage to act on our convictions that violence is wrong.

- **There are no accurate stereotypes when it comes to men's violence against women.** Domestic violence and sexual violence against women occur in all communities: Black, White, Coloured, and Indian, as well as rich, poor, religious and non-religious.
- **No one is safe until everyone is safe.** If violence against one group or individual goes unchallenged, then it allows violence to be justified against all of us. We all have a responsibility to ourselves and to each other to take a stand against violence. Remember, silence can be interpreted as approval.
- **There are lots of reasons why dating violence, sexual violence and domestic violence are issues that boys and men should care about and take action to prevent.** Men are often deeply affected by dating violence and domestic violence-as individuals by the pain suffered by victims they know and care about-their daughters, mothers, sisters, friends, colleagues, and as a group, by the fear and suspicion all men encounter as a result of violence committed by other men. Increasingly men are recognizing this and choosing to play a critical role in constructing a healthier world for women and men, free of violence and founded on principles of equity and compassion.
- **Violence is learned; it can be unlearned.** No one is born violent or abusive. These behaviors are learned and they can be unlearned. We can work together to promote the changes needed to build healthy relationships and healthy communities where we do not have to fear violence or worry about our loved ones.
- **Violence is a choice and is a strategy for gaining power and control.** Violent and abusive behaviors are strategies used to gain power and control over others. People who become violent may try to excuse their behavior by saying that they "lost control," "couldn't stop themselves," "snapped," or "blacked out." In reality, people who commit acts of domestic violence do know how to manage their anger. After all, they rarely assault their bosses or their co-workers. And when they do use violence they are often careful not to leave bruises in visible places.
- **Always promote victim safety and perpetrator accountability.** Domestic and sexual violence have devastating impacts on millions of women each year. Addressing this problem requires protecting victims from abuse and holding perpetrator's accountable for their actions. Counseling services for victims and abusers can help people heal from past abuse and learn to live violence-free lives.
- **Make sure the group is safe for all participants.** In almost any group there will be people whose lives have been affected by dating, sexual or domestic violence. Chances are that you will have members in your group who have witnessed or experienced violence at home or in a dating relationship. Be aware that these members may feel self-conscious, ashamed, or worried that they will be singled out in the group. Allow members to share as much or as little as they wish about their experiences. Invite members to speak with you privately after group sessions if they choose. Remind all members of their group agreements including confidentiality.
- **Model equality in the group with equitable gender dynamics between facilitators, staff and group participants.** Group participants will learn about healthy relationships from the activities and from their relationship with you and the other participants. Therefore, the facilitators must model the behaviors promoted in this program by being fair and respectful at all times. The facilitators must never harm or intimidate a group member or allow any other member to do this in the group. If conflict occurs, the facilitator must deal with it in a firm but non-abusive manner.

Key Terms²

The manual includes words and terms that you may not use often. It is important to know what these words and terms mean when you are facilitating the activities in this manual. Here is a list of such words/terms and their definitions:

Abuse	Improper, harmful or unlawful use of something
AIDS	Acquired Immune Deficiency Syndrome
Attitudes	Our views, opinions, and feelings about something
Beliefs	Firm opinions normally based on religious and cultural principles
Breadwinner	The person who is responsible for earning money to support the family
Class	A set of people grouped together by their level of wealth and/or the jobs they do in the economy
Culture	The beliefs, customs and practices of society or group within society (such as, youth culture) and the learned behaviour of a society
Division of labour	The way that different tasks and jobs are given to different persons and groups (in the household, in the community, in the workplace) according to the characteristics of the persons/groups (for example, in South Africa there is a clear division of labour between men and women, with home care tasks given to women and technical tasks that may include fixing electrical appliances given to men)
Ethnicity	A grouping of people according to their common cultural traditions and characteristics
Gender	The socially-defined differences between women and men (society's idea of what it means to be a man or woman). These definitions of difference change over time and from society to society.
Heterosexual	Sexual desire for person of the opposite gender
HIV	Human Immune Deficiency Virus
Homosexual	Sexual desire for person of the same gender
Norms	Accepted forms and patterns of behaviour that are seen as 'normal' in a society or in a group within society

² Masibambisane SANDF HIV/AIDS and Gender Equity Training Project: A Training Manual for Peer Educators in the South African National Defence Force; EngenderHealth, PPASA and Women's Health Project (2003) (GEP)

Patriarchy	A social system in which men are seen as being superior to women and in which men have more social, economic and political power than women
Power	The ability to do something as well as control and influence over other people and their actions
Rape	Forcing a person to have any type of sex (vaginal, anal or oral) against their will
Resources	A supply of something (for example, abilities, money, time, people) that can be used
Sex	The biological differences between the male and the female
Sexual Rights	“Equal relations between men and women in matters of sexual relationships and reproduction, including full respect for the integrity of the person, require mutual respect, consent and shared responsibility for sexual behaviour and its consequences” (Fourth World Conference on Women, Beijing, 1995)
Sexual responsibilities	Being accountable to someone or something for promoting and protecting sexual rights
Socio economic	Involving social and economic factors
Status	The position or standing of a person in a society or group in relation to others (for example the social and economic status of women in most societies is regarded as lower than that of men)
STIs	Sexually Transmitted Infections
Values	Accepted principles and standards of an individual or group
Violence	The use of force or power to harm and/or control someone



Taking Action

The Action Chart³ (see example below) can be used throughout the workshop to help participants focus on concrete steps they and others can and should take to address issues that arise through the activities and discussions. Use it at the end of every activity to keep a record of the different suggestions for action made by participants. The Action Chart is also used in the last activity of the workshop to help participants in making commitments to actions that they will take after the workshop. Create the Action Chart by drawing it on a sheet of newsprint. Remember that you will probably need more than one sheet during the workshop.

Action Chart - Example:

Actions that I can take:
Actions that we can take:
Actions that others should take (say who):

³ Adapted from Men as Partners: A Program for Supplementing the Training of Life Skills Educators, 3rd Edition, EngenderHealth, and used by permission.

2. Gender, Power and Health

Introduction

This section gives an overview of key concepts related to power, health and human rights. Specifically, it explores:

- The relationship between power, privilege and access to rights
- The interconnectedness of different forms of power and powerlessness.
- Different forms of power.
- The nature and importance of human rights.

Key objectives

Through the activities in this section we aim to:

- 1) Assist participants to understand the role they can play in addressing the power inequalities contributing to gender based violence and HIV and AIDS.
- 2) Help participants understand their own relative power or powerlessness and examine the way they make decisions that can prevent HIV and GBV

Fostering Action

The workshop aims to foster positive action and change and empower participants to become change agents in their own lives and community. This section aims to encourage action at different levels such as:

At the environmental level taking action to:

- Help participants to understand and develop strategies for challenging power inequalities in their communities.
- Hold local stakeholders such as police, health service professionals and local leaders to their promises.
- Encourage community leaders to speak about gender based violence and HIV

At the broader structural level taking action to:

- Draw attention to the structural drivers of the HIV epidemic and encourage participants to think about ways they can collaborate with other organisations working for social justice.
- Advocate for improvements in health care services and increases in the number of health care personnel.
- Identify clear goals and objectives related to AIDS and gender advocacy.
- Join or form advocacy networks focusing on holding governments to their commitments.
- Engage in media advocacy to inform the media and to put pressure on government.
- Participate in official government delegations to United Nations meetings like the Commission on the Status of Women (CSW) or the UN General Assembly Special Session on AIDS (UNGASS) held every 5 years.
- Submit shadow reports to or attend the annual United Nations Commission on the Status of Women or
- Communicate with United Nations appointed investigators known as special rapporteurs who are tasked with investigating whether governments have complied with their commitments.



Understanding power and privilege

It is important to understand the difference between feeling powerful as an individual and belonging to more powerful groups in society. Membership in more powerful groups in society means having more economic, political and social power relative to others in the same society. Powerful groups can derive their power from a multitude of sources: belonging to a group that is privileged by race, class, ethnicity and religion, or combinations of these, is the most common source of such power.

Power can also come from a person's sex and/or sexual identity. While we know that sex isn't the only piece of a person's identity that confers or removes power, gender ideologies that uphold men are a universal source of men's power. Some individual women may feel powerful in their own lives, but as a group, women lack economic, political and social power in southern Africa and everywhere in the world. Having economic power means having access to and control over economic resources, such as money, credit and land. Political power is the ability to make decisions, or influence the decisions made, about public policy. Having social power means having an influence over community and cultural life, including, most importantly, decisions over your own body. When we look at the facts, it is clear that men have more of these types of power than women, especially the power to dominate women through sexual violence.

Because the situation is complicated by other factors – by how old people are, by how rich or poor, by their racial or ethnic group, by their sexual orientation, by the ways in which they understand and use violence – it is important always to understand how gender identity fits into other sources of identity, which has important impacts on how people choose to organise themselves. It is increasingly common to think of people working together in groups bound by shared gender oppression – such as “women's groups” – but in reality, that group may also be bound by other shared oppression: when we look closely, the “women's group” may actually be composed of women who are also poor and also of an ethnic minority, and these women may consider themselves to have more in common with poor, minority men than with rich women. Gender oppression, or gender inequality, tends to be an important organising category, all the same, because in most communities, women who share with men similar economic circumstances and other factors that determine privilege will still generally have less power than the men in their community.

Because of this, we need both a magnifying lens, to see the small details of how power works in everyday life, and a very broad perspective, to understand how inequalities intersect, both to cripple people's choices and to enable them. Gender is one universal form of oppression, but on a broader scale, other inequalities may also become significant. The vast majority of people in southern Africa remain disempowered by poverty. Women and men from poor communities share this oppression in common, and need to work together to build their access to power. We must understand gender power inequalities in the context of broader inequalities – gender justice is a part of social justice, which can only be tackled by understanding the multiple sites of power and powerlessness and recognising how these work together to keep people oppressed.

Power, privilege and HIV

The imbalance of power between women and men affects all aspects of men and women's social roles and sexual lives. Many of the conditions that allow HIV to spread result from a systematic misuse of male power and range all the way from interpersonal violence and coercion to institutional abuse: there is a continuum between women's lower status, men's sexual entitlement, men's violence against women and women's inability to make and act on reproductive health choices because of a lack of access to economic power and proper



healthcare. To prevent HIV from spreading further, we need to create a more equal balance of power between men and women, we need to make sure that individuals understand and work towards this change, and we need to change the institutions that should help us stop HIV and protect those who are already infected.

In order to make a difference to HIV it is important to talk about both the big, institutional picture and the small, intimate one: we need to carefully examine the connections between economic, political, social and sexual kinds of power. This analysis can help in identifying ways to balance the power between women and men in sexual relations by balancing power in the economy, community and family more equally.

Promoting gender equality by challenging male power and privilege

In order to challenge male power and privilege, it is important to understand how such privilege is established and maintained.

- **More powerful groups control more resources than less powerful groups.** People who control resources have greater power in society than those who do not. These resources include: economic resources (work, credit, money, social security, health insurance, housing); political influence (positions of leadership, influence over decision-making); education (formal/informal education/non-formal); time (hours available to use for a person's own advancement, networking, flexible paid hours, time to rest); and internal resources (self esteem, self confidence, bodily autonomy). Above, we discussed how gender norms and roles give men more control over all these things than women are allowed.
- **More powerful groups stay in control because of ideas about their superiority.** In South Africa, apartheid taught black people to think that they were inferior to white people. In the same way, men maintain their power over women because of patriarchy – a social system based on the idea that men are superior to women.
- **More powerful groups use violence to maintain control.** Violence against women, actual or threatened, is not about men losing control, but is a tactic men use to maintain their power over women.

Promoting gender equality by practicing power differently

It is also important to look at the different meanings and practices of power. It is helpful to think about different ways that power can work:

- **Power Over:** To have control over somebody or a situation in a negative way. This is usually associated with repression, force, corruption, discrimination and abuse. This kind of power is taken from somebody else and then used to dominate and prevent others from gaining it. This kind of power comes about because it is seen as a finite resource: people are forced to believe that there is only a limited amount of power in the world and that they have to fight to take and keep their share of it.
- **Power To:** This kind of power refers to the ability to be able to shape and influence one's life and the lives of others who share your vision. It refers to having the ideas, knowledge, skills, money and ability to convince yourself and others to do something. Together with lots of other people with this kind of power we can create "power with." This kind of power can be used both selfishly, to block outsiders from power, or generously, to make more power for all.
- **Power With:** Power with is to have power on the basis of collective strength and/or numbers. It is to have power with people or groups, to find a common ground among different interests and to build a common goal to benefit all those in the relationship. This power is based on support, solidarity and collaboration. This kind of power is seen as an infinite resource: the more you share power equally among all, the more power there is to share.



- **Power Within:** This kind of power is related to a person's feeling of self worth and self-knowledge. It is related to a person's ability to imagine a better life for her/himself and being able to see how to share this power with others and in the process, empower everyone. It is about having hope and a sense of being able to change the world. It is about the feeling of having rights as a human being and respecting the rights of others. It involves having a sense of self-confidence and a feeling that "I have value because I exist and I make a contribution".

Promoting gender / social justice by holding the powerful accountable

Having power means both taking responsibility and making space for others to take responsibility. It is essential to remember this in order to avoid "blaming the victim." We often hear this blaming, for example, when a woman is blamed for being raped by a man. An important goal in working with men on the imbalance of power is to challenge and support men to take responsibility for their actions. It is also important to help men to hold their peers accountable for their behaviour. Finally, it is important to help men respect women's decisions, especially their power to say no.

Additional Resources

- **Transforming Communities** and their work with Community Action Teams (www.transformcommunities.org)
- **Women on Farms** (www.wfp.org.za), especially their Sikhula Sonke project, an independent women-led trade union for farmwomen who have organised against evictions and for wage increases using community mobilisation and international networking to assert their demands
- **Treatment Action Campaign** has successfully used advocacy and activist strategies to win their demands for access to treatment from the International Pharmaceutical Manufacturers Association and the South African Government (www.tac.org.za).
- **The François-Xavier Bagnoud Center for Health and Human Rights** is the first academic center to focus exclusively on health and human rights. The Center combines the academic strengths of research and teaching with a strong commitment to service and policy development (www.hsph.harvard.edu/fxbcenter/)
- **AIDS Rights Alliance for Southern Africa (ARASA)** is a regional partnership of non-governmental organisations working together to promote a human rights approach to HIV and AIDS in southern Africa through capacity building and advocacy. (www.arasa.info)
- **Men's Action to Stop Violence Against Women (MASVAW)** mobilise men across the Indian state of Uttar Pradesh to educate men and women about the new Indian Domestic Violence Act and to demand its speedy implementation (www.sahayogindia.org/masvaw.htm)

Activity 2.1

Learning from men who have been role models⁴

OBJECTIVES

- Invite men to talk about positive experiences with men and in so doing, set a tone for the workshop that encourages men to participate actively and to reflect on their own lives.
- Promote the notion that men can play an important role in promoting gender equality by identifying gender equitable men who have served as role models

TIME

30-45 minutes

MATERIALS AND ADVANCE PREPARATION

- Flip-chart, masking tape/ prestik
- Brightly coloured 8 by 11 pieces of paper
- Enough markers for all participants to use

Steps

1. Ask participants to think of a man they know who is or was a role model to them.
2. Ask participants to identify the qualities this man possessed that made him a role model.
3. Ask participants to write two qualities that describe their male role model on a piece of coloured paper and attach it to the wall.
4. Encourage those who're comfortable doing so to draw a simple sketch of this person on the same piece of paper.
5. Ask how it feels to have the qualities and sketches up on the wall. Encourage them to see this as a way to bring these people and their qualities into the room.
6. Ask if anyone has a hard time identifying a male role model. Ask the group how it makes them feel to not be able to identify male role models and why they think so many men have a hard time identifying male role models.
7. If it is difficult for participants to name male role models, explore their reactions. Ask what thoughts or emotions come up in response to not being able to name a man. Quite probably they will feel sad, angry, surprised. Note their reactions.
8. Ask men to identify ways in which they serve as role models and to whom. Ask what qualities they would like to develop and how they plan on doing this.

Facilitators Notes

Many men have a hard time identifying positive male role models. In South Africa many men were removed from their families by the migrant labour system and spent very little time with their children. For other men their fathers were absent and often abusive. For white men, they often grew up with fathers who were racist and with whom they had conflict or now feel ashamed of. Explore with the group what effect they think "father absence" or violent fatherhood has had on contemporary society.

Refer to the list of positive qualities and help the group see that most of these qualities have to do with being responsible, respectful, compassionate, caring, dependable etc. Point out that these qualities are not the standard ones that people associate with men. Those are usually qualities like "strong, dominant, successful, independent, tough" etc. Make the point that the qualities they identified in their role models are the ones that society really values. Encourage them to think about what they need to do to honour their role models and to serve as role models themselves.

⁴ Sonke Gender Justice Network, previously unpublished

Activity 2.2

Act Like a Man, Act Like a Woman⁵

OBJECTIVES

- To recognize that it can be difficult for both men and women to fulfil the gender roles that are present in society.
- To examine how messages about gender can affect human behaviour, and influence relationships between men and women.

TIME

2 hours

MATERIALS

- Flip chart paper
- Markers
- Tapety policing forum

KEY POINTS

The messages that men get about “acting like a man” include:

- Be tough and do not cry
- Be the breadwinner
- Stay in control and do not back down
- Have sex when you want it
- Get sexual pleasure from women

These messages and gender rules about “acting like a man” have the following effects in men’s lives:

- Men are valued more than women.
- Men are afraid to be vulnerable and to show their feelings.
- Men need constant proof that they are real men.
- Men use sex to prove that they are real men.
- Men use violence to prove that they are real men.

Steps

1. Ask the participants if they have ever been told to “act like a man” or “act like a woman” based on their gender. Ask them to share some experiences in which someone has said this or something similar to them. Why did the individual say this? How did it make the participant feel?

2. Tell the participants that we are going to look more closely at these two phrases. By looking at them, we can begin to see how society can make it very difficult to be either male or female.

3. In large letters, print on a piece of flip chart paper the phrase “Act Like a Man.”

4. Ask the participants to share their ideas about what this means. These are society’s expectations of who men should be, how men should act, and what men should feel and say. Draw a box on the paper, and write the meanings of “act like a man” inside this box. Some responses might include the following:

- Be tough.
- Do not cry.
- Yell at people.
- Show no emotions.
- Take care of other people.
- Do not back down.
- Be the boss
- Earn money
- Have more than one girlfriend/spouse
- Travel to find work.

5. Once you have brainstormed your list, initiate a discussion by asking the following questions:

- **How does it make the participants feel to look at this list of social expectations?**
- **Can it be limiting for a man to be expected to behave in this manner? Why?**
- **Which emotions are men not allowed to express?**
- **How can “acting like a man” affect a man’s relationship with his partner and children?**
- **How can social norms and expectations to “act like a man” have a negative impact on a man’s sexual and reproductive health?**
- **Can men actually live outside the box?**
- **Is it possible for men to challenge and change existing gender roles?**

6. Now in large letters, print on a piece of flip chart paper the phrase “Act Like a Woman.” Ask the participants to share their ideas about what this means. These are society’s expectations of who women should be, how women should act, and what women should feel and say. Draw a box on the piece of paper, and write the meanings of “act like a woman” inside this box. Some responses may include the following:

- Be passive.
- Be the caretaker.

⁵ Adapted from Creighton A & Kivel P (1992) Helping Teens Stop Violence: A Practical Guide for Counselors, Educators, and Parents; Hunter House.

The messages that women get about “acting like a woman” include:

- 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
- Keep your man – provide him with sexual pleasure
- Don’t complain

These messages and gender rules about “acting like a woman” have the following effects in women’s lives:

- Women often lack self-confidence.
- Women are valued first as mothers and not as people.
- Women depend on their partners.
- Women have less control than men over their sexual lives.
- Women are highly vulnerable to HIV and AIDS and to violence.

- Act sexy, but not too sexy.
- Be smart, but not too smart.
- Be quiet.
- Listen to others.
- Be the homemaker
- Be faithful
- Be submissive

7. Once you have brainstormed your list, initiate a discussion by asking the following questions:

- **Can it be limiting for a woman to be expected to behave in this manner? Why? What emotions are women not allowed to express?**
- **How can “acting like a woman” affect a woman’s relationship with her partner and children?**
- **How can social norms and expectations to “act like a woman” have a negative impact on a woman’s sexual and reproductive health?**
- **How can social norms and expectations to “act like woman” have a negative impact on a woman’s economic independence? (given that it is not expected of a woman to leave home and seek employment or other economic opportunities)**
- **Can women actually live outside the box?**
- **Is it possible for women to challenge and change existing gender roles? Could you see this community having a female leader?**

8. Ask participants if they know men and women who defy these social stereotypes. What do they do differently?

9. How have they been able to challenge and redefine gender roles?

10. Ask if any of the participants would like to share a story of a time they defied social pressure and rigid stereotypes and acted outside of the “box”. What allowed them to do this? How do they feel about it?

11. Close the activity by summarizing some of the discussion and sharing any final thoughts. A final comment and questions could be as follows:

- **The roles of men and women are changing in southern African societies. It has slowly become less difficult to step outside of the box. Still, it can be hard for men and women to live outside of these boxes.**
- **What would make it easier for men and women to live outside of the boxes?**
- **How can you support this change?**
- **How can government support this change?**
- **How can community leaders support this change?**
- **How can workplaces support this change?**

Facilitator’s notes

This activity is a good way to understand the idea of gender norms. But remember that these gender norms may also be affected by class, culture, ethnic and other differences.

Acting outside of the box

There can be serious consequences for both women and men if they try to act outside of their box. Ridicule, threats and violence are used to keep women and men in their boxes.

Activity 2.3

Power, Status and Health⁶

OBJECTIVES

- Understand the power that different individuals and groups have in society and how this power can determine their ability to access their rights
 - Understand how power structures operate in society and are kept in place by caste, class and gender
- Identify strategies for challenging power inequalities

TIME

60 minutes

Steps

1. Explain to the participants that this exercise will help them to understand how gender and people's access to resources can contribute to positive or negative reproductive health outcomes.
2. Ask the participants to stand in one straight line. Give each of the participants one of the pieces of paper that you prepared earlier that provide descriptions of different people in society.
3. Introduce the activity by asking all the participants to read out the "role" that has been given to them.
4. Explain to the participants that for this activity you want them to assume the "role" that has been written on the piece of paper you gave them. You will read a series of statements. For each statement, you would like them to consider whether that statement applies to the "role" they have been given. If it does, they should move forward one step. If it doesn't, they should stay where they are. For example, one of the participants has been asked to assume the role of a member of parliament. You then read the following statement – I can protect myself from HIV. Since it is likely that the Member of Parliament can protect himself or herself from HIV, the person playing this role would move forward one step.
5. Continue reading each of the following statements:
 - *I can negotiate safer sex with my partner.*
 - *I can find the time to read the newspaper each day*
 - *I can get a loan when I need extra money*
 - *I can read and write*
 - *I can refuse a proposition of sex for money, housing or other resources.*
 - *I don't have to worry about where my next meal will come from.*
 - *I can leave my partner if s/he threatens my safety.*
 - *If I have a health problem, I can get the help I need right away.*
 - *I have had or will have opportunities to complete my education.*
 - *If my sister were pregnant, I would have access to information to know where to take her.*
 - *I can determine when and how many children I will have.*
 - *I can protect myself against HIV.*
 - *If I become HIV positive, I can access anti-retroviral treatment when I need it.*
 - *If I have a crime committed against me, the police will listen to my case.*
 - *I can walk down a street at night and not worry about being raped.*
 - *I can travel around the city easily.*
 - *I could find a new job easily.*
 - *I am respected by most members of my community.*

⁶ Adapted from "Manual for men working with men on gender, sexuality, violence and health" developed by Men's Action to Stop Violence against Women in Uttar Pradesh, India; and from EngenderHealth, Men as Partners Manual, 3rd edition

MATERIALS AND ADVANCE PREPARATION

This activity requires a large open space to facilitate, ideally indoors so conversation can happen easily.

On individual pieces of paper, write the following descriptions of different types of people in society:

- Advertising Executive, Female
- Refugee from DRC, Female, 35 years old
- Female migrant farmworker
- Taxi Driver, Male
- Unemployed 25 year old woman.
- Grandmother taking care of seven orphaned grandchildren with her pension
- Commercial Sex Worker, Female
- Young Girl, 12 years old living in informal settlement
- Male corporate executive
- Young Boy, 14 years old, living in security complex in the suburbs
- Married Mother of 3, employed in town in as domestic worker
- Female Nurse
- Male Doctor
- Street Kid, 10 years old, male
- Unemployed AIDS Activist living openly and positively
- Male teacher, 30 years old
- Widow with 2 children, living with late stage AIDS
- Farm supervisor
- Woman active in a stokvel
- Woman, mid 60s, active in community policing forum

6. After finishing all the statements, ask the participants the following questions

- **Do the participants agree with the steps that different people took? Why or why not?**
- **Why did the participants get distributed in this way even though they had started at the same place in the game?**
- **How do the participants feel about where they have ended up?**
- **Ask people what social forces caused them to have the options they did.**
- **Ask different people to explain if the character they assumed would be at high risk of HIV and the reasons why.**
- **Ask different people to explain if the character they assumed would be at high risk of violence and the reasons why.**
- **Ask what impact it had to be a member of a community organization or activist group.**
- **Ask what community groups people are members of or would like to join. Encourage them to make a commitment to explore this before the next meeting.**

Facilitators Notes

Point out that individuals are discriminated against on the basis of their class, caste, age, sex, educational levels, physical abilities and so on. Power structures operate to keep discrimination in place and very often use violence to achieve this. Our position, or status, in society, plays a big role in determining how vulnerable we are to poverty, violence, HIV and other health problems. Point out that those who are involved in community structures and know their rights are more likely to have greater control of their lives and be able to access rights and services.



Activity 2.4

Gender Values Clarification⁷

OBJECTIVES

Explore values and attitudes about gender.

TIME

45 minutes

MATERIALS

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

Steps

1. Before the activity begins, put up the four signs around the room, leaving enough space between them to allow a group of participants to stand near each one. Review the statements provided in the facilitator's notes section, and choose five or six that you think will lead to the most discussion.
2. Explain to the participants that this activity is designed to give them a general understanding of their own and each other's values and attitudes about gender. Remind the participants that everyone has a right to his or her own opinion, and no response is right or wrong.
3. Read aloud the first statement you have chosen. Ask participants to stand near the sign that says what they think about the statement. After the participants have moved to their sign, ask for one or two participants beside each sign to explain why they are standing there and why they feel this way about the statement.
4. After a few participants have talked about their attitudes toward the statement, ask if anyone wants to change their mind and move to another sign. Then bring everyone back together and read the next statement and repeat steps 3 and 4. Continue for each of the statements that you chose.
5. After discussing all of the statements, lead a discussion about values and attitudes about gender by asking these questions:
 - ***Which statements, if any, did you have strong opinions and not very strong opinions about? Why do you think this is so?***
 - ***How did it feel to talk about an opinion that was different from that of some of the other participants?***
 - ***How do you think people's attitudes about the statements might affect the way that they deal with male and female colleagues?***
 - ***How do you think people's attitudes about the statements help or do not help to improve gender equality, reduce violence against women or reduce the spread of HIV and AIDS?***
6. Use the Action Chart to ask participants about what actions they think are needed in order to change harmful attitudes, noting their answers on the chart.
7. Ask participants what they think they'll do differently as a result of this exercise.

⁷ Adapted from HIV/AIDS and Gender Equity Training Project: a training manual for peer educators in the South African National Defence Force, Masibamisane SANDF, EngenderHealth, PPASA and Women's Health Project (2003).

Facilitator's Notes

Choose statements from the following list on the basis of which are most likely to promote lively discussion. Experience shows that the statements marked with stars have been good for starting discussion:

- ***It is easier to be a man than a woman.****
- ***Women make better parents than men.****
- ***A woman is more of a woman once she has had children.***
- ***Sex is more important to men than to women.****
- ***Women who wear short skirts are partly to blame if men sexually harass them.***
- ***A man is entitled to sex with his partner if they are in a long term relationship.****
- ***Domestic violence is a private matter between the couple.***
- ***Women would leave an abusive relationship if they really didn't like the violence.***

For the sake of discussion, if all the participants agree about any of the statements, play the role of "devil's advocate" by expressing an opinion that is different from theirs.

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

Activity 2.5

Gender Fishbowl⁸

OBJECTIVES

By the end of the activity, participants will have:

- *Spoken out and been listened to on their experience of gender issues; and*
- *Developed a better understanding of and empathy for the experience of the other gender.*

TIME

60 minutes

MATERIALS

None

Steps

1. Divide the participants into a male group and a female group.
2. Ask the women to sit in a circle in the middle of the room and the men to sit around the outside of the circle facing in.
3. Begin a discussion with the women by asking the questions listed below (facilitator's notes). The men's job is to observe and listen to what is being said. They are not allowed to speak out.
4. Once the women have talked for 30 minutes, close the discussion. Then ask the men to switch places with the women and lead a discussion with the men while the women listen. The questions for the men are also listed below.

Discuss the activity after both groups have completed the discussion.

Facilitator's Notes

This activity works best with a mixed-gender group of participants. However, you can run it with an all-male group. Simply divide the male participants into two smaller groups. Ask the first group to answer the first three questions from the list of questions for men. You might also ask a fourth question: "What do you think is the most difficult part about being a woman in South Africa?" Then ask the second group to answer the final four questions from the list of questions for men.

Questions for Women

- *What do you think is the most difficult thing about being a woman in South Africa?*
- *What do you think men need to better understand about women?*
- *What do you find difficult to understand about men?*
- *How can men support women?*
- *What is something that you never want to hear again about women?*
- *What rights are hardest for women to achieve in South Africa?*
- *What do you remember about growing up as a girl in South Africa? What did you like about being a girl? What did you not like? What was difficult about being a teenage girl?*
- *Who are some of the positive male influences in your life? Why are they positive?*
- *Who are some of the positive female influences in your life? Why are they positive?*

Questions for Men

- *What do you think is the most difficult thing about being a man in South Africa?*
- *What do you think women need to better understand about men?*
- *What do you find difficult to understand about women?*
- *How can men support women?*
- *What do you remember about growing up as a boy in South Africa? What did you like about being a boy? What did you not like? What was difficult about being a teenage boy?*
- *Who are some of the positive male influences in your life? Why are they positive?*
- *Who are some of the positive female influences in your life? Why are they positive?*

⁸ Adapted from HIV/AIDS and Gender Equity Training Project: a training manual for peer educators in the South African National Defence Force, Masibamisane SANDF, EngenderHealth, PPASA and Women's Health Project (2003).

Activity 2.6

Gender Roles (The 24-hour day)⁹

OBJECTIVES

By the end of the activity, participants will:

- Be able to name the different roles of men and women in society
- Understand the different values associated with these roles.¹⁰

TIME

30 minutes

MATERIALS

Handout – The 24-hour day

KEY POINTS

Women and men have different roles.

- Women and men do different things during the day
- Women usually work longer hours
- Men usually have more leisure time
- Women have more varied tasks, sometimes doing more than one thing at a time
- A woman's role is that of caregiver, mother and a man's role is that of provider (breadwinner), protector and authority/head of the household

Women's roles carry a lower status – and are often unpaid.

- Women's work in the house is not seen to be work
- When women work outside the house, this is generally an extension of the work they do in the house. This work is usually paid less than men's work. Even when women work outside the home, they also do a substantial amount of household work as well
- Men's work is usually outside the home, is usually paid and is seen to be work.
- More of women's work is unpaid compared to men's work

Gender roles are not only different, they are also unequal.

Men's roles (breadwinner, authority figure, protector) carry a higher status and give men more power and privilege in society.

Steps

1. Distribute the handout to participants. Break participants in to groups of about 4- 6 people based on their ethnicity, first language or where their families live. Ask each group to choose a community that they know well – make sure that each group chooses a different community.
2. Ask each group to imagine a typical day in the lives of a wife and husband from the community that they have chosen. Using the framework provided in the handout, ask the group to list the tasks performed by women and men in a household over 24 hours on a sheet of newsprint. Tell the participants to fill in the activity that the person is doing at the time indicated and in the column next to it say if this activity is paid or unpaid work.
3. After about 10 minutes, ask each group to stick their newsprints on the wall. Ask participants to walk around the room and study the work of the other groups, looking for what is the same and what is different from theirs. Ask participants to talk about what they are learning about how men and women spend their days.
4. Use the following questions to lead a discussion about women's and men's roles and their status in society:
 - **What seem to be women's roles and men's roles?**
 - **How are these roles different?**
 - **Why do women's roles often become unpaid work? How does this affect women and their status in society?**
 - **Why do men's roles mostly become paid work? How does this affect men and their status in society?**
5. Discuss what actions need to be taken to make women's and men's roles more equal, noting these actions on the Action Chart.
6. Summarize this discussion, making sure that all the points in the **key points** section are covered.

Facilitator's Notes

The "24-hour day" activity is a good way to understand the idea of gender roles – that women and men are expected to play different roles in the family, community and workplace because of society's ideas about the differences between men and women. But remember that these gender roles may also be affected by class, caste, ethnic and other differences.

⁹ Adapted from HIV/AIDS and Gender Equity Training Project: a training manual for peer educators in the South African National Defence Force, Masibamisane SANDF, EngenderHealth, PPASA and Women's Health Project (2003).

¹⁰ Adapted from Williams, S., Seed J. and Mwau, A., The Oxfam Gender Training Manual, Oxford, Oxfam, 1994:181.

Handout 2.1: The 24-hour day

MAN'S ACTIVITY	Paid Yes /No	WOMAN'S ACTIVITY	Paid Yes /No
1 am		1 am	
2 am		2 am	
3 am		3 am	
4 am		4 am	
5 am		5 am	
6 am		6 am	
7 am		7 am	
8 am		8 am	
9 am		9 am	
10 am		10 am	
11 am		11 noon	
12 noon		12 pm	
1 pm		1 pm	
2 pm		2 pm	
3 pm		3 pm	
4 pm		4 pm	
5 pm		5 pm	
6 pm		6 pm	
7 pm		7 pm	
8 pm		8 pm	
9 pm		9 pm	
10 pm		10 pm	
11 pm		11 pm	
12 pm		12 pm	

Man - total hrs worked	Total day's earnings	Woman - total hrs worked	Total day's earnings

3. Gender and Violence

Introduction

Violence is neither blind nor random; its purpose is to control and manipulate. Violence is a tool of oppression used to claim and reinforce power and control. Gender-based violence can be defined as any form of violence that results from and contributes to gender inequality. Most people who use violence are men, and most victims of violence are women. We sometimes think of physical violence and aggression in individual terms, as a result of anger or a bad temper. But men's interpersonal violence takes place in a larger system of male violence. The purpose of this system is to maintain the current gender order, in which men have power over women.

This section provides an understanding of different forms of gender-based violence with particular focus on:

- The impact of gender-based violence on men, women and children;
- The gendered nature and purpose of men's violence against women;
- The role of violence in maintaining inequality;
- Skills and tools for stopping one's own violence; and
- Strategies for engaging men to respond to violence.

Key Objectives

Through the activities in this section we aim to:

- 1) Educate participants about the difference between sexual consent and coercion.
- 2) Challenge the notion that "no" ever means "yes"
- 3) Remind participants that rape is a criminal offence carrying a lengthy sentence.
- 4) Encourage participants, particularly men to take a stand against gender-based violence and for gender equality in their personal lives and in their communities.
- 5) Support participants, particularly men, to challenge the notion that domestic and sexual violence are personal matters and support them to act against abuse whenever they see it or know of it.

Fostering Action

The workshop aims to foster positive action and change and empower participants to become change agents in their own lives and community. This section aims to encourage action at different levels such as:

At the environmental level taking action to:

- Encourage participants to support and hold accountable their government officials and service providers – especially the police and health service providers – to enforce laws relating to violence against women.
- Encourage participants to educate and involve key stakeholders such as local political leaders, religious and traditional leaders, teachers etc.
- Mobilise community action against gender-based violence
- Facilitate access to support services and programmes for survivors of gender-based violence and other kinds of violence;



At the broader structural level taking action to:

- Demand that laws related to violence against women are fully enforced.
- Pressure for implementation of SADC wide commitments to prevent gender based violence.

Understanding the range of violence

People usually think of violence in terms of physical violence, but there are other forms of violence that are used to harm people and maintain power over them. Violence can also be psychological, sexual, emotional, or material (in terms of economic violence). It involves not only direct force, but also threats, intimidation and coercion. Violence does not have to be direct to be effective. The threat of violence has a devastating impact on lives and the choices and decisions people make.

Violence is an everyday experience for many people, especially women. Much violence is not even defined as a problem, but rather is accepted as a normal part of life. Street-level sexual harassment of women is one form of everyday violence that is not only widespread but also widely ignored. Everyday violence also includes the violence in relationships, especially those between young women and much older men. The power inequalities of both gender and age, and frequently economic status, within such relationships make violence almost an inherent part of them.

The reality and extent of violence is often minimized or denied. Some people may blame “bad” men for the violence, but say that it has nothing to do with them; others may blame women or argue that violence is justified. These attitudes are dangerous to women because they diminish the seriousness and pervasiveness of violence and allow it to continue. But there is no excuse for violence.

Men are, of course, negatively affected by domestic violence and rape as well. Boys who live in homes where their fathers abuse their mothers are often terrified by their fathers and the violence they commit; as a result they can experience problems with depression, anxiety and aggression that interfere with their ability to pay attention at school. Similarly, all men are affected when women they care about are raped or assaulted.

Men’s violence against women does not occur because men lose their temper or because they have no impulse control. Men who use violence do so because they equate manhood with aggression, dominance over women and with sexual conquest. Often they are afraid that they will be viewed as less than a “real” man if they apologise, compromise or share power. So instead of finding ways to resolve conflict, they resort to violence.

These definitions of manhood are a recipe for disaster. They lead to high levels of violence against women and they also contribute to extremely high levels of men’s violence against other men. South Africa’s National Injury Mortality Surveillance System tells us that the rate at which South African men kill each other is amongst the highest in the world.

Impacts of violence

Women are the main victims of male violence, and their lives are damaged and destroyed in many ways by the range of men’s violence. Men are also the targets of male violence, especially those who do not stick to the gender rules. Men who have

sex with men are often the targets of male violence, for instance, because they break a perceived belief that says that men must only have sex with women. Gender-based violence victimizes all men, because it limits their ability to express all of themselves and their potential for healthy relationships with women, children and other men. Children, too, are heavily impacted by the physical, emotional and sexual violence of men in the home.

Dealing with gender-based violence

It is important to stress the value of a rights-based approach when dealing with gender-based violence. It is important to be specific about the rights of men, women, and children in relation to gender-based violence. These rights include:

- The right to sex free from coercion or violence;
- The right to life;
- The right to dignity;
- Freedom of movement and association;
- The right to decide where, when and under what conditions to have sex;
- The right to decide on the number and spacing of children.

A key principle of this rights-based approach is the indivisibility of rights – rights are inviolable: to be fully human, we need to have all of our rights recognized at all times. Violence is against the law, and anyone who witnesses violence has an obligation to do something about it.

Additional Resources

- **One Man Can toolkit** – www.genderjustice.org.za/onemancan
- **Family Violence Prevention Fund's Toolkit** for working with men and boys <http://toolkit.endabuse.org/Home.html>
- **UNFPA's Partnering with Men and Boys:** <http://www.unfpa.org/swp/2005/english/ch6/index.htm>
- **Raising Voices**, a Uganda based NGO working to end gender based violence: <http://www.raisingvoices.org/>

Activity 3.1

Risk and Violence: Tests of Courage¹¹

OBJECTIVES

- To reflect on “tests of courage” and exposure to risks to demonstrate courage, virility and masculinity, as a way of gaining acceptance by the peer group.

TIME

60-90 minutes

MATERIALS

A space to work and creativity.

Steps

1. Explain that the activity aims at talking about tests of courage and exposure to risk and danger.
2. Ask the group to divide themselves into smaller groups of 4 to 5 participants. Each of the groups will receive a sheet of paper with the start of a story which they will have to complete in any way they like and then present to the others, preferably by staging a short skit based on the narrative of the story.
3. Allow each group about 20 minutes to complete this task.
4. Ask each group to present their skit or ideas and then open up the discussion using the discussion questions below.

Discussion Questions

What tests of courage have we performed?

What did we want to prove and to whom?

What is it like to experience danger?

How did we feel?

Did you ever think something might have gone wrong?

And what if it left a mark on your body (a scar or something like that)?

And if we refused to perform one of these “tests of courage,” where would that leave us?

Does anyone know of a case like this that had a tragic end?

What would help you to avoid taking risks like this?

Facilitators Notes

Frequently, to be accepted by a group of friends, young men place themselves in risky situations to show courage and manliness. Anyone who refuses to do so is accused of being weak or a coward. Sometimes, the things men do to prove their manhood have a tragic ending, resulting in injury, sometimes serious and irreversible, and sometimes in death. Why do men feel they have to prove their courage and their manliness?

This activity seeks to encourage a discussion on this question, since often young men are too embarrassed to talk about it, or simply do not want to talk about the subject. The examples included here should be adapted to each setting, as “tests of courage” vary from place to place, depending on the country, town, social class, urban or rural environment, etc.

Ask the group what their impressions are about the stories, as well as their own personal stories. Point out how tests of courage and willingness to take risks can have negative consequences for men and for women – especially in a time of HIV and AIDS.

¹¹ From Violence to Peaceful Co-existence, Instituto Promundo's Project H Manual “From Violence to Peaceful Co-existence” developed for work with men in Brazil (2002).

Cases for Discussion

- *Rodney is crazy about motorcycles. After he bought his motorcycle that was all he could think about. He was invited by some school friends to go watch some guys playing “chicken” in a nearby neighborhood. When he got there, Rodney was challenged by another guy who was performing wild tricks on his bike to see who was the best. Luis refused and then...*
- *Mandla worked in an office and took the train downtown every day from the township where he lived. He loved to “surf” on top of the trains, dodging the high voltage cables. One day Mandla was distracted for a moment and....*
- *Khalid loves the beach, but he doesn’t know how to swim properly. Last weekend his oldest brother with his group of friends decided to go to the beach when the sea was rough and treacherous. Everyone rushed into the sea but Khalid was too afraid to go in. Egged on by his brother’s oldest friends, Khalid dived into the sea and almost drowned. Khalid was called a real loser by his friends and he...*
- *Gabriel used to go to a dance with his friends every weekend. Some of them liked to drink and take drugs before going out. They were always saying that Gabriel was a wimp because he never wanted to take drugs. One day, coming back from the dance, Gabriel decided ...*
- *Victor has seen family members die of AIDS related illnesses and has promised himself that he will not have sex until he and his partner have been tested together. His friends tease him constantly for not having sex with his new girlfriend and tell him he’s not a real man. One night after a few drinks and more teasing, he...*

Activity 3.2

A Live Fool or a Dead Hero: Getting “Respect” ¹²

OBJECTIVES

- To discuss how for men the idea of “getting respect” and feeling “disrespected” is often associated with conflict, confrontation and violence
- Identify alternatives to violence when we feel disrespected

TIME

2 hours (or 2 sessions of 1 hour each).

MATERIALS

A space to work and creativity.

PLANNING TIPS / NOTES

Some groups find it difficult to construct a story or choose the actors to dramatize it. It is important that the facilitator is aware of this and creates a suitable atmosphere to get things moving, emphasizing the fact that they do not need to be “real actors” and that they do not have to worry about having a sophisticated play or story.

One of the factors associated with violence among men is the question of respect and honor. Research suggests that many killings among young men begin with verbal discussions – whether about a soccer game, a girlfriend or an insult – and all too often escalate to violence and even homicide.

This activity tries to help men and boys understand why they sometimes act this way; how such behavior may give rise to violent incidents, and how it is possible to change such behavior.

Steps

1. Divide the participants into groups of 5 to 6 members. Explain that they have to create and present a short role play depicting an exchange of insults or an argument between men.
2. Once the groups are formed, hand out a sheet of paper to each group with one of the following situations:
3. Explain that the activity consists of developing a short skit based on what is written on the sheet handed out to each group. The skit should last from 3 to 5 minutes. Explain that they can add any details they like.
4. Give the participants about 20 minutes to discuss it among themselves and put on the play.
5. Ask the groups to perform their plays. After each one, allow time for discussion and comments.
6. Discuss the questions below.

Discussion Questions

- Are these situations realistic?
- Why do we sometimes react this way?
- When you are confronted with a similar situation, in which you have been insulted, how do you normally react?
- How can you reduce the tension or aggression in a situation like this?
- Can a man walk away from a fight?

Situations for Discussion

- A group of friends is in a bar. A fight begins between one of the men and another when...
- A group of guys are playing soccer after school. Trevor accuses Ronny of fouling him and pushes him in front of all the other players. Ronny responds by...
- A group of friends go out dancing. One of them, Teboho, sees that some guy is staring at his girlfriend. A fight begins when Teboho...
- A group of friends are at a soccer game. They are fans of the same team. A fight begins when another fan of the opposing team arrives and...
- Mathew’s new girlfriend wants to have sex. He’s not sure that he’s ready. She asks him “what kind of a man are you?” He responds by...

¹² From Violence to Peaceful Co-existence, Instituto Promundo’s Project H Manual “From Violence to Peaceful Co-existence” developed for work with men in Brazil (2002).

Activity 3.3

Violence against Women in Daily Life¹³

OBJECTIVES

By the end of the activity, participants will:

- Better understand the many ways in which women's (and men's) lives are limited by male violence and/or the threat of men's violence, especially sexual violence
- Identify some actions they can take to prevent violence against women

TIME

90 minutes

MATERIALS

- Newsprint
- Koki pens

Steps

1. Draw a line down the middle of a flip chart paper from top to bottom. On the one side draw a picture of a man and, on the other, a picture of a woman. Let the participants know that you want them to reflect on a question in silence for a moment. Tell them that you will give them plenty of time to share their answers to the question once they have thought it over in silence. Ask the question:

- **What do you do on a daily basis to protect yourself from sexual violence?**
- **What do you lack in order to be able to protect yourself?**

2. Ask the men in the group to share their answers to the questions. Most likely none of the men will identify doing anything to protect themselves. If a man does identify something, make sure it is a serious answer before writing it down. Leave the column blank unless there is a convincing answer from a man. Point out that the column is empty or nearly empty because men don't usually even think about taking steps to protect themselves from sexual violence.

3. If there are women in the group, ask the same questions. If there are no women, ask the men to think of their wives, girlfriends, sisters, nieces, mothers and imagine what these women do on a daily basis to protect themselves from sexual violence.

4. Once you have captured ALL the ways in which women limit their lives to protect themselves from sexual violence, break the group into pairs and tell each pair to ask each other the following question – explain that each person will get five minutes to answer the question:

- **What does it feel like to see all the ways that women limit their lives because of their fear and experience of men's violence?**

5. Bring the pairs back together after 10 minutes and ask people to share their answers and their feelings. Allow plenty of time for this discussion as it can often be emotional. Then ask each pair to find two other pairs (to form groups of 6 people) and discuss the following questions (write these out on newsprint) for 15 minutes:

- **How much did you already know about the impact of men's violence on women's lives?**
- **What does it feel like to have not known much about it before?**
- **How do you think you were able to not notice this given how significant its impact on women is?**
- **How does men's violence damage men's lives as well?**
- **What do you think you can do to change this situation and to create a world in which women don't live in fear of men's violence?**

Bring the small groups back together after 15 minutes and ask each group to report back on its discussion. Write down the groups' answers to the last question on the Action Chart. Sum up the discussion, making sure that all the key points are covered.

¹³ Adapted from a presentation given by Jackson Katz at UC Berkeley, 2003.



Facilitator's Notes

This activity is critical for setting and establishing a clear understanding of the extent and impact of men's violence against women. Be sure to allow ample time! This activity works best in mixed gender workshops where the ratio of men to women is reasonably balanced. But it can be included in any workshop.

If men are defensive, make sure to look more closely at their reactions. Make it clear that you're not accusing anyone in the room of having created such a climate of fear. Remind the group that you are trying to show how common and how devastating violence against women is.

Some people have strong emotional reactions to this activity. These reactions can include anger, outrage, astonishment, shame, embarrassment, defensiveness, amongst others. As workshop participants show their feelings, let them know that their reaction is normal and appropriate. Many people are shocked and become angry when they learn about the extent and impact of violence against women. Remind them that anger can be a powerful motivating force for change. Encourage them to identify ways to use their anger and outrage usefully to prevent violence and to promote gender equity.

Be aware that some men may think that they need to protect women from violence. If some men in the group say this, remind the group that it is important for each of us to be working to create a world of less violence. Men and women need to work together as allies in this effort. The danger of saying that it is up to men to protect women is that we take away women's power to protect themselves.

Key Points

Sexual violence and the threat of violence is an everyday fact for women.

Sexual violence against women is a huge problem in South Africa, across all parts of the country and all sectors of society. This violence against women damages women's lives in many ways.

Because men do not live with the daily threat of sexual violence, they do not realise the extent of the problem that women face. Men usually do not understand how actual and threatened sexual violence is such a regular feature of women's daily lives.

Men's lives are damaged too by sexual violence against women. It is men's sisters, mothers, daughters, cousins and colleagues who are targeted by this violence – women that men care about are being harmed by sexual violence everyday. Social acceptance of this violence against women gives men permission to not treat women as equals and makes it harder for men to be vulnerable with their partners, wives and female friends.

Activity 3.4 Consent vs. Coercion: Exploring Attitudes towards Rape¹⁴

OBJECTIVES

- To promote attitudes that foster consensual decision-making about sex.

TIME

One Hour

MATERIALS

- Four forced-choice signs (Strongly Agree, Agree, Disagree and Strongly Disagree).
- Flipchart, marker, tape.

Steps

1. Display the signs around the room, leaving enough space between them to allow a group of participants to stand near each one.
2. From the statements below select the ones you think will generate the most discussion.
3. Read aloud the first statement you selected and ask the participants to stand near the sign that most closely represents their opinion.
4. After the participants have made their decisions, ask for one or two volunteers from each group to explain their choice. Continue for each of the statements.

Statements

- **If a man is aroused it is very difficult for him to not have sex.**
- **It is okay when a woman I am in a relationship with does not want to have sex.**
- **If a woman has been drinking with me, I should expect to be able to have sex with her**
- **Women often make up allegations of rape**
- **Women who wear short skirts are partially to blame if they get raped**
- **Sex is more enjoyable when my partner also wants to have sex.**
- **It is okay for a man to pressure his partner when she doesn't want to have sex**
- **If I see a friend pressuring a woman to have sex, I should tell him to stop**

Facilitator Notes

Explain to the participants that rape is a violation of an individual's human rights. People often unfairly blame the survivor for rape and excuse the perpetrators behaviour. Often people blame the survivor because of something she did, said or wore. It is important to be clear that there is never an excuse for rape and that no-one ever wants to be raped. It is a deeply traumatic experience that scars people for life.

Many people believe that rape occurs because of strong sexual urges that men cannot control. But we know that men can control sexual urges and delay sexual gratification. Research has shown that rape is more associated with power than with sexual gratification. Most rapists commit their crimes so that they can feel powerful and in control. In fact, many rapists fail to get an erection or ejaculate. Combine this with the fact that most women who are raped show absolutely no sign of sexual response and a person can understand that rape would not be a very sexually gratifying act. Instead it is an act of violence.

¹⁴ Substantially adapted from HIV/AIDS and Gender Equity Training Project: a training manual for peer educators in the South African National Defence Force, Masibamisane SANDF, EngenderHealth, PPASA and Women's Health Project (2003).

Activity 3.5

Violence Clothesline¹⁵

OBJECTIVES

- To identify our own experiences with violence- both violence we have used and violence that has been used against us.

TIME

60-90 minutes

MATERIALS

- String or fishing line for clothesline
- Strong tape to attach string to wall
- Sufficient cards or half sheets of paper for all participants to write on
- Clothes pegs or tape to attach paper/cards to clothesline

It is especially worthwhile going over the description of violence (page 23) before this activity.

Steps

1. Put four clotheslines up-labelled
 - Violence I have used
 - Violence practiced against me
 - How I felt when I used violence
 - How I felt when violence was used against me
2. Explain to participants that we're going to be exploring our understanding of and experiences with gender based violence. Remind them that full participation is encouraged but that talking about violence can be difficult and that no-one should feel pressured to disclose anything they are not ready to talk about.
3. Ask participants to identify different types of gender-based violence. Begin to write the different forms of violence identified on the flip chart. Help the group to identify the following forms of violence: physical, verbal, psychological/emotional, financial and sexual.
4. Give participants four sheets of paper and explain that they should write on these the following:
 - Types of Violence that have been practiced against them
 - Types of Violence they have used against others
 - How you felt when violence was practiced against you
 - How you felt when you used violence against others
5. Ask them to put these on the clothesline that corresponds to each of these.
6. Ask people to walk around and read the cards/pieces of paper put up and reflect on their reactions to them.
7. Bring the group together and facilitate a discussion about their reaction. Be aware that some people will have strong reactions based on their own experiences with violence. Focus on some of the following issues:
 - How did it feel/what came up for people as they reviewed the statements?
 - How did it feel to have your experiences available for other people to read?
 - What did you learn from the activity?
 - How can we use our own experiences with violence to promote change and to increase men and women's health and safety?

¹⁵ From Violence to Peaceful Co-existence, Instituto Promundo's Project H Manual "From Violence to Peaceful Co-existence" developed for work with men in Brazil (2002).

4. Gender, HIV and AIDS

Introduction

This section examines the relationship between gender, HIV and AIDS. It pays particular attention to:

- Gender and the burden of care and support;
- Men's low utilisation of HIV services;
- The HIV vulnerability of women as related to their work and living conditions.

This section shows that men's attitudes and practices very often increase women's vulnerability to HIV. It calls for urgent attention to be paid to engaging men in trying to change both the gender and structural dynamics compromising the health of both women and men.

Key Objectives

Through the activities in this section we aim to:

- 1) Encourage participants, particularly men, to use health care services, especially HIV services such as HIV testing and treatment and to join support groups for psychosocial support.
- 2) Encourage participants to use condoms correctly and consistently every time they have sex – including in non-monogamous, long-term relationships.
- 3) Encourage participants to decrease the numbers of concurrent sexual partners they have and advocate HIV testing before each new sexual relationship.

Fostering Action

The workshop aims to foster positive action and change and empower participants to become change agents in their own lives and community. This section aims to encourage action at different levels such as:

At the environmental level taking action to:

- Hold local stakeholders such as police, health service professionals and local leaders to their promises.
- Encourage community leaders to speak about gender based violence and HIV
- Ensure that health services are accessible and friendly to men as well as to women, citizens, migrants and refugees alike.

At the broader structural level taking action to:

- Advocate for full access to treatment for all who need it – including full enrolment in prevention of mother to child transmission (PMTCT) programmes.
- Advocate for improvements in health care services and increases in the number of health care personnel.
- Encourage national governments to create a task force on men and HIV services, to dramatically increase the number of men using these services.
- Advocate for prevention activities.
- Encourage roll out of evidence-based methods to prevent HIV infection.



Activity 4.1

Taking Risks, Facing Risks: HIV and Gender¹⁶

OBJECTIVES

By the end of the activity, participants will:

- Understand the differences between women and men in the HIV risks they take and the HIV risks they face
- Be able to identify the main reasons why there are these differences in risk

TIME

75 minutes

MATERIALS

- Handout – Questions on Taking Risks
- Handout – Questions on Facing Risks

Steps

1. Ask the group to give some examples of situations in which people take a risk with HIV. Then ask the group to give some examples of situations in which people face a risk of HIV. Talk about the difference between taking a risk and facing a risk – see the key points for more on this.
2. Divide participants into two groups. Ask the first group to discuss “Taking Risks”. Give them the handout on taking risks and ask them to discuss the questions and be prepared to report back on their answers to the large group. Ask the second group to discuss “Facing Risks”. Give them handout on facing risks and ask them to discuss the questions and be prepared to report back on their answers to the large group.
3. After about 20 minutes bring the groups back together and ask them to present their discussions to each other. Then lead a discussion using the following questions:
 - What is the difference between taking risks and facing risks?
 - Why do men take more risks with HIV than women?
 - Why do women face more risks of HIV than men?
 - What other factors affect the risks of HIV that people take and that people face?
 - How can these risks be reduced?
4. Write down on the **Action Chart** any suggestions for action that the group makes. Then sum up the discussion, making sure that the key points are covered.

Facilitator’s Notes

Gender norms and roles, and inequalities in power, have a huge impact on the different HIV risks that women and men face and take. But remember that other factors are important too – age, wealth/poverty and location (village/town) can have a big influence on the risks of HIV that people take and face.

¹⁶ Adapted from Men as Partners: A Program for Supplementing the Training of Life Skills Educators, 3rd Edition, EngenderHealth, and used by permission.

Key Points

Women face more risks of HIV than men because of their bodies. Women are more likely than men to get HIV from any single act of sex because semen remains in the vagina for a long time after sex, thus increasing the chance of infection. There is also more virus in sperm than in vaginal fluid. The inside of the vagina is also thin and is more vulnerable than skin to cuts or tears that can easily transmit HIV/STIs. The penis is less vulnerable since it is protected by skin.

Very young women are even more vulnerable in this respect because the lining of their vagina has not fully developed. Forced sex also increases the chance that the vagina will tear or cut. As with STIs, women are at least four times more vulnerable to infection. Women often do not know they have STIs as they show no signs of disease. The presence of untreated STIs is a risk factor for HIV.

Women face more risks of HIV than men because they lack power and control in their sexual lives. Women are not expected to discuss or make decisions about sexuality; this is a man's job. The imbalance of power between men and women mean that women cannot ask for, let alone insist on using a condom or any form of protection. Poor women may rely on a male partner for their livelihood and, therefore, be unable to ask their partners or husbands to use condoms or refuse sex even when they know they risk becoming pregnant or infected with an STI/HIV.

Many women have to exchange sex for material favours. This could be as blatant as sex workers, but also includes women and girls who exchange sexual favours for payment of school fees, rent, food or other forms of status and protection.

The many forms of violence against women (as a result of unequal power relations) mean that sex is often forced which is itself a risk factor for HIV infection. Women who must tell their partners about STIs/HIV may experience physical, mental, or emotional abuse or even divorce. Women may give in to their partner's wishes to avoid being yelled at, divorced, beaten, or killed.

Men take more risks with HIV because of the way they have been raised to think of themselves as men. Men are encouraged to begin having sex as early as possible, without being taught about caring for themselves, thereby increasing the possible time for them to be infected. A sign of manhood and success is to have as many female partners as possible. For married and unmarried men, multiple partners are culturally accepted. Men can be ridiculed and teased if they do not show that they will take advantage of all and any sexual opportunities.

Competition is another feature of living as a man, including in the area of sexuality – competing with other men to demonstrate who will be seen to be the bigger and better man. Another sign of manhood is to be sexually daring, which means 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 infidelity and promiscuity. Using condoms also goes against one of the most **important signs of manhood - having as many children as possible.**

Men are seeking younger partners in order to avoid infection and in the belief that sex with a virgin cures AIDS and other diseases. On the other hand, women are expected to have sexual relations with or marry older men, who are more likely to be infected.

(Additional Source: WHO Fact Sheet No 242, June 2000 – Women and HIV/AIDS.)



Handout 4.1.a: Questions on Taking Risks

Who takes more risks with HIV? Women or men?

Why?

What can we do to help men and women reduce the risks that they take?

Handout 4.1.b: Questions on Facing Risks

Who faces more risks of HIV? Women or men?

Why?

What can we do to help men and women reduce the risks that they face?

Activity 4.2

Sexual Vulnerabilities¹⁷

OBJECTIVES

By the end of the activity, participants will:

- Understand the different aspects of sexual vulnerability; and
- Be able to identify ways to reduce people's sexual vulnerability.

TIME

90 Minutes

MATERIALS

Two 'decks' of "person cards" (see facilitator's notes)

Newsprint: "Vulnerability Grouping Chart" (see example)

Newsprint and koki pens

KEY POINTS

Greater exposure: Some people are more vulnerable to STIs (such as HIV) because of biological and environmental exposure.

Biological: Young women are more exposed because of their thinner vaginal lining; people with STIs are more exposed because of breaks in the skin in genital areas; people with other diseases of poverty are more exposed because of the impact of other infections on their immune system.

Environmental: Some people are more exposed to HIV because of where they live (high prevalence areas) or where they work (in occupational 'cultures' that create more opportunities for unsafe sex).

Steps

1. Divide the group down the middle of the room. Give the first 'deck' of "person cards" face down to the participants on your left. Give the second 'deck' face down to the participants on your right. Explain that this activity is going to be looking at what makes some people more vulnerable to STIs (such as HIV) than other people.
2. Instruct both groups that when you say "first card" they are to turn over the top card on their 'deck' and show it to the other group. Call out "first card". Wait for both groups to turn over their top card.
3. Now ask:
 - **Imagine a situation in which these two people have had sex together or are having a sexual relationship. In this situation, who is more vulnerable to STI/HIV infection? What makes this person more vulnerable?**
4. Allow time for the participants to discuss the vulnerability of the two people. Write up on newsprint the group's conclusion on who is more vulnerable. Write up the reasons that the group gives for this.
5. Call out "next card" and wait for both groups to turn over the next card on their 'deck'. Then repeat steps 3 and 4.
6. Repeat step 5 until all of the cards have been turned over. Then stick the newsprint of the "Vulnerability Grouping Chart" next to the reasons for vulnerability that the group has listed. Ask participants to try to place each of the reasons they have listed in one of the four different categories of the chart: Exposure, Choices, Abilities and Pressures (see the key points). Allow plenty of time for the group to discuss where each reason should be placed on the chart. When there is agreement, write the reason in the correct box on the chart. If the group cannot agree, write the reason in the Car Park and move on to the next reason that is listed.
7. Look at the "Vulnerability Grouping Chart". Discuss with the group whether there are any other factors affecting sexual vulnerability that should be listed in each of the four categories. Write up any other factors that the group suggests.
8. Ask the group which of these aspects of sexual vulnerability it will be easier to work on in order to reduce vulnerability. Use the Spectrum of Action to record the group's suggestions for actions at the different levels of the spectrum. If there is time, go back and discuss any items that have been listed in the Car Park.

Facilitator's Notes

Before the session, prepare these two 'decks' of cards by writing (and/or drawing) each person out on a separate piece of paper/card:

First 'deck' of cards:

Wealthy local politician
NGO worker
Factory worker
Unemployed youth
Doctor
Teacher

Second 'deck' of cards:

Shop assistant
Miner
Nurse
Widow
Traditional birth attendant
Student



Fewer choices: Some people are more vulnerable because of their lack of access to and control over 'external' resources, such as economic, political and social power and status. Less resources = fewer choices.

Lesser abilities: Some people are more vulnerable because of their lesser ability to deal with the risk of STI/HIV infection. People's ability to deal with this risk is related to their level of 'internal' resources. These include specific skills, psychological resilience, educational attainment, emotional intelligence, quality of relationships as well as self-esteem. It is important to remember that people's internal resources are affected by their access to and control over external resources (see above).

Greater pressures: People may also be more vulnerable because of specific pressures that they face. These pressures can limit their use of external and internal resources. These pressures include peer pressure, occupational 'cultures', specific crises (war, conflict, famine and so on).

Remind participants to be specific about each person in terms of their gender, age and economic status when describing the situation in which the two persons are having sex. Highlight any assumptions the participants make about these persons, especially in terms of gender. For example, the group may assume that the Doctor is a man and the Nurse is a woman.

The group may decide that both persons on their cards are male (or both female). In this case, discuss possible situations in which these two persons could have had sex. Participants may say that they cannot think of such a situation. This may be because such a sexual encounter could not happen (which is unlikely). More likely, participants' own attitudes toward homosexuality may make it hard for them to imagine these two men (or two women) having sex. In this case, you may need to talk more about sexual orientation and homophobia.

Example: Sexual vulnerability grouping chart

Greater exposure:	Fewer choices
Lesser abilities:	Greater pressures:

¹⁷ Adapted from Men as Partners: A Program for Supplementing the Training of Life Skills Educators, 3rd Edition, EngenderHealth, and used by permission.

Activity 4.3

Levels of Risk

OBJECTIVES

- To identify the level of HIV risk that various behaviours carry with them
- To identify sexually pleasurable behaviours that are classified as lower risk or no risk for HIV infection

TIME

30 minutes

MATERIALS

- Four forced-choices signs ("Higher Risk," "Medium Risk," "Lower Risk," and "No Risk").

• Flipchart paper • Markers • Tape

In large letters, print each of the following titles on cards (or pieces of paper), one title per card: "Higher Risk," "Medium Risk," "Lower Risk," and "No Risk." Tape the signs high on the wall.

In large letters, print each of the following sexual behaviours (or other behaviours that are applicable to your area or client population) on cards (or pieces of paper), one behaviour per card:

- Abstinence
- Masturbation
- Vaginal sex-no condom
- Vaginal sex with a condom
- Hugging a person who has AIDS
- Fantasizing
- Kissing
- Dry sex-no condom
- Thigh sex or ukusoma
- Massage
- Having sex with a woman if you are circumcised
- Having sex with a woman if you are not circumcised
- Performing oral sex on a man-no condom
- Performing oral sex on a man with a condom
- Performing oral sex on a woman
- Infant breastfeeding from an HIV-infected mother
- Anal sex-no condom
- Anal sex with a condom

Steps

1. Inform the participants that they are going to complete an activity that looks at the behaviours that carry a risk for contracting HIV.
2. Place the sexual-behaviour cards facedown in a stack. Ask the participants to pick a card and place it on the wall under the appropriate category ("Higher Risk," "Medium Risk," "Lower Risk," "Very Low Risk," or "No Risk") with respect to HIV transmission.
3. Once all of the cards are on the wall, ask the participants to review where the cards have been placed. Then ask for volunteers to state whether they:
 - Disagree with the placement of any of the cards
 - Do not understand the placement of any of the cards
 - Had difficulty placing any of the cards.
4. Discuss the placement of select cards, particularly those that are not clear-cut in terms of risk: or cards that are clearly misplaced. Begin by asking the participants why they think the card was placed in a certain category. Consult the categories below if you are unsure about where a certain behavior belongs.
5. Ask the participants to look at the behaviours in the "Lower Risk" and "No Risk" categories. Ask the group to identify other behaviours that could fit in these categories. Emphasize the idea that some pleasurable sexual behaviours involve low or no risk.
3. Conclude by emphasizing that risk depends on the context of the behaviour or other factors. These include gender, whether or not the partner is infected, whether or not the person is the "giver" or "receiver" of the sexual behaviour, and the difficulty of knowing whether or not one's partner is infected.

Categories of Behaviours

No Risk

- Abstinence
- Masturbation
- Hugging a person who has AIDS
- Kissing
- Fantasizing
- Massage
- Ukusoma

Lower Risk

- Vaginal sex with a condom
- Performing oral sex on a man with a condom

Medium Risk

- Performing oral sex on a man-no condom
- Infant breastfeeding from an HIV-infected mother
- Anal sex with a condom

Higher Risk

- Vaginal sex-no condom
- Anal sex-no condom
- Dry sex-no condom

Facilitator's Notes

The level of risk for many of these behaviours will vary based on a range of factors. These include gender, whether or not the partner is infected, whether or not the person is the "giver" or "receiver" of the sexual behavior, the sexual history and HIV status of each partner, and the proper use of condoms. For oral sex, the presence of sores or bloody gums could increase the risk of HIV infection.

Activity 4.4

Alcohol Abuse: Risks, Violence, HIV and AIDS

OBJECTIVES

- To recognise the links between alcohol, risk behaviour, HIV and AIDS.
- To explore ways to support family, friends and communities affected by alcohol abuse.

TIME

60 minutes

MATERIALS

- Flip chart paper and marker pen
- Cards with prepared case studies and questions.
- Pens

KEY POINTS

Excess drinking creates the risk of long term health problems, both physical and psychological. The body can be affected in many ways including liver cirrhosis, high blood pressure, fertility problems, impotence, and mental health disorders

There are other associated risks with excessive drinking. These include unsafe sex which may exacerbate the spread of STIs and HIV, aggressive or violence behaviour and the breakdown of relationships.

Heavy alcohol consumption whilst pregnant is very dangerous. Children born to women who have drunk heavily during their pregnancy are at great risk of developing Foetal Alcohol Syndrome (FAS). This means children are born with a number of physical and mental deficiencies.

Steps

1. Gather participants into one group so that they can see the flip chart paper. Write the word 'alcohol' in the middle of the piece of paper. Ask participants to shout out whatever comes in to their head when they think of the word 'alcohol'. Write these words/phrases around the word 'alcohol' on the flipchart paper. Words/Phrases that might come up:
 - **good time, • friends, • fighting • beer • socialising • abuse • hangover • weekends • fun • depression • relaxation**
2. Lead a discussion with the group about the words/phrases that have come up, by exploring the different ways the group feel about alcohol, including the positive aspects and negative aspects.
 - What are the positive/negative effects of alcohol consumption on individuals, groups of friends and communities?
3. Now split participants into groups of 4-5 people, giving each group a case study (see **Facilitator's notes**). Ask them to discuss the situation and answer the questions.
4. Reconvene the group after 20 minutes and ask each group to briefly summarise their case study situation and the responses to their questions.
5. After each group has presented, draw the following chart on a piece of flip chart paper and stick it up on the wall. Ask participants to think about the responses the groups have given and summarise:
 - The health risks associated with alcohol use; How to support a friend who is in a harmful alcohol-related situation; Community-level strategies which I can get involved in. See Handout – Alcohol abuse: risks, violence, HIV and AIDS.

Facilitator's Notes

Use, or adapt the following case studies:

Case study 1: A group of friends is in a beer-hall one evening. It is late and all of them have been drinking heavily since early evening. David is very drunk and starts flirting with a woman sitting at the next door table. She doesn't seem very interested but David keeps buying her drinks and boasts to his friends that he's going to take her home and have sex with her that night. Later, after more drinks, David convinces the woman, who is also drunk, to leave with him while his friends stay in the beer-hall. The tavern owner is worried by the number of times he has seen David take different girls home with him after drinking too much...

- **How might David's and the woman's alcohol intake affect the risks they take and face?**
- **Why might there be an increased HIV risk in this situation?**
- **What might be an effective way for David's friends to show concern about his wellbeing and approach him when drunk?**
- **In what ways might it be difficult to intervene?**
- **What action could the beer-hall owner take to encourage responsible drinking?**



There are ways of supporting friends affected by alcohol abuse:

- reach an agreement before you start drinking about how you will support one another if one friend drinks too much;
- help a friend seek alcohol-related support services;
- act as a role model to your friends by drinking responsibly.

Take action at the community level to combat alcohol abuse:

- encourage shebeen/tavern/bar owners to be more engaged in creating a safe drinking environment;
- start a shebeen-to-shebeen campaign and engage with patrons about the risks associated with alcohol consumption;
- start tavern associations;
- campaign for accessible information to be provided to pregnant women;
- campaign for changes in alcohol licensing laws.

Case study 2: A group of construction workers has had a long hard week and are in a local shebeen near to where they have been working. Two of the men have had too much to drink and get into an aggressive argument about one of the men's girlfriend. Just as they begin to become violent with each other, the shebeen owner throws them out - something he finds himself doing at least once every weekend.

- *How might the excessive consumption of alcohol affect the argument that the two men are having?*
- *The shebeen owner reacts by throwing the men out of his tavern. What do you think of this strategy?*
- *What other strategies could the shebeen owner use to control drinking in his tavern?*
- *What policies would help protect the broader community from alcohol-related violence and crime?*

Case study 3: Maria is talking to a close male friend at work. She confides in him that since her partner became unemployed last year he has started to drink much more heavily than usual and that their relationship is starting to suffer. She says it's impossible to speak to him when he's drunk. The following week the friend notices that Maria has got bruises on her arm and neck and she admits that her partner has been hitting her.

- *Why might Maria's partner have started to drink more alcohol when he became unemployed?*
- *What role has alcohol played in affecting Maria, her partner and their relationship?*
- *How might Maria's work colleague assist her or would it be easier to stay quiet?*
- *What might be some of the challenges that Maria's work colleague faces in trying to support Maria?*

Case study 4: Penny is pregnant with her third child. Having struggled to find work in their home town, her partner left last year to work in another part of the country. Penny misses her partner, and although he manages to send some money home and she herself is getting some work, there is still not enough money to support the family. Unaware that drinking while pregnant is dangerous, she has recently started to drink increasing amounts of alcohol at home to help her cope with her problems.

- What are the risks of Penny drinking heavily when she is pregnant? To her and to her unborn baby?
- Penny is unaware of the risks of drinking whilst pregnant: what action could be taken in her community to ensure that she has access to the right information?
- What could you do to make sure that action is taken?



Handout 4.4: Alcohol Abuse: Risks, Violence, HIV and AIDS

Alcohol-related health risks...

How to support a friend...

Taking action at the community level...

Activity 4.5 “To drink alcohol is to be a man”: Values around Gender and Alcohol Use

OBJECTIVES

For participants to explore their attitudes around gender and alcohol use.

TIME

30 minutes

MATERIALS

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

Steps

1. Before the activity begins, put up the four signs around the room, leaving enough space between them to allow a group of participants to stand near each one. Look at the statements provided in the Facilitator’s notes and choose 5 or 6 that you think will lead to the most discussion. Alternatively, come up with some of your own ideas for statements that you think will generate discussion.
2. Explain to the participants that this activity is designed to give them a general understanding of their own and each other’s values and attitudes about gender and alcohol. Remind the participants that everyone has the right to his or her own opinion.
3. Read aloud the first statement you have chosen. Ask participants to stand near the sign that says what they think about the statement. After the participants have moved to their sign, ask for one or two participants beside each sign to explain why they are standing there and why they feel this way about the statement.
4. After a few participants have talked about their attitudes toward the statement, ask if anyone wants to change their mind and move to another sign. Then bring everyone back together and read the next statement and repeat steps 3 and 4. Continue for each of the statements that you chose.
5. After discussing all of the statements, lead a discussion about values and attitudes about gender and alcohol by asking these questions:
 - Which statements, if any, did you have strong opinions about?
 - Which statements did you not very have strong opinions about? Why do you think this is so?
 - How did it feel to talk about an opinion that was different from that of some of the other participants?
 - How did men and women respond differently to the statements?

Facilitator’s Notes

This exercise should normally only be done in conjunction with exercise 4.5 above.

Choose statements from the following list according to which are most likely to promote lively discussion:

Women who drink too much are irresponsible.

Alcohol increases men’s sexual drive and ability.

Women who drink too much are asking to be raped.

Men who drink too much are irresponsible.

Women who drink too much do not behave as women should.

Men and women respond to alcohol in the same way.

Women who drink sleep around.

Men who drink are manlier than men who don’t.

Alcoholics are usually poor or unemployed.

It is ok for a man to hit a woman if he’s drunk.

Men who drink sleep around.



Women are more likely than men to have unsafe sex when drunk.

Alcohol increases women's sexual drive and ability

Some participants may say they that they don't know whether they agree or disagree and don't want to stand beside any of the four signs. If this happens, ask these participants to say more about their reactions to the statement and then encourage them to choose a sign to stand beside. If they still don't want to, let these participants stand in the middle of the room as a "don't know" group. However, it is preferable to avoid using this option if at all possible; if you do use it, make sure to guard against participants using it too much.

Key Points

Alcohol affects men and women differently. Women become more intoxicated than men after drinking the same quantity of alcohol. Women have less water in their bodies as men, meaning that alcohol is less diluted and therefore has a stronger effect.

Alcohol does not increase men and women's sexual drive or performance. A small amount of alcohol may decrease sexual inhibition, but alcohol actually decreases sexual functioning.

The misuse of alcohol and alcoholism can affect anyone regardless of gender, age, class, race, or socio-economic status. It is important to challenge existing gender and cultural stereotypes related to alcohol use. Harmful stereotypes put both men and women at risk in relation to HIV and gender based violence.

Activity 4.6

Intervening with Friends in Taverns¹⁸

OBJECTIVES

- Identify HIV risk behaviours associated with tavern* patrons
- Identify strategies to reduce these risk behaviours through peer interventions
- * **For the purposes of this activity, the word 'tavern' is used. Use the most appropriate terminology according to the context you are working in, e.g. shebeen, bar, beer-hall etc.**

TIME

1 hour and 30 minutes

MATERIALS

Flip chart paper and marker pens

Steps

1. Explain to participants that this activity will look at ways of influencing behaviour change amongst our friends in relation to alcohol, risk and HIV. The first thing participants need to do is be aware of the situations that they and their friends find themselves in that put them at risk of HIV.
2. Divide participants into two groups. Each group is tasked to list on a piece of flip chart paper the risk behaviours associated with men. One group will focus on general risky behaviours and the other group will focus on risky behaviours in tavern settings.
3. Ask a member from each group to present their findings. Possible behaviours may include:
 - not listening to good advice from others
 - giving each other wrong advice or misinformation about HIV
 - traditional practices, e.g. inheritance of a deceased brother's wife
 - not seeking timely STI treatment
 - discouraging each other from being tested for HIV
 - sex while drunk
 - use of drugs
 - picking up a girlfriend while drunk
 - flashing money to impress your friends
 - friends connecting each other with girlfriends
4. Next, ask participants to perform role plays demonstrating ways of intervening with friends in risk activities. Split participants into groups of 3-5 people and ask each group to pick one of the tavern-related risk behaviours from those already discussed. Give groups 15 minutes to rehearse their role play.
5. Ask the groups to perform their role plays and then discuss some of the strategies that each group has come up with. Possible strategies might include:
 - giving facts about HIV and AIDS to a friend
 - initiate change of environment such as changing the tavern
 - discourage taking more beer or engaging themselves in other games so as to change the focus and intention
 - encourage the friend to know the HIV status of the girlfriend before engaging in sexual activities
 - remind and provide the friend with a condom
 - remind each other to avoid asking women out whilst drunk
 - advising friends to remain loyal to their wives or partners
 - advising friends to enjoy sex without taking drugs (and to always use a condom)
 - assisting a friend at the tavern to go and get condoms
 - advising a friend at the tavern to limit their alcohol use
 - advising a friend at the tavern to home early from the tavern
 - escorting someone home from the tavern
 - giving someone at the tavern informational material about HIV or other STIs
 - advising someone at the tavern to seek STI treatment and tell him where to go
 - encouraging someone at the tavern to go for an HIV test

¹⁸ Adapted from the Curriculum for Sahwira Educator Training. September 2004.



Key Points

To be effective at influencing behaviour change amongst friends men and women first need to identify the situations that they find themselves in that put them at risk of HIV in their daily lives and in taverns.

It is challenging for friends to intervene with each other about risk behaviours but good communication skills will be of great use.

- Some of these skills might include:
- Using your friend's current discussions to start talking about HIV and AIDS.
- Knowing when to and when not to engage your peers into discussions.
- Being part of the group. Use "I" or "We" statements rather than "You".
- Being honest. When you don't know the answer to a question, say "I don't know". Then try to find out the information.
- Using appropriate language and vocabulary depending on the situation, group and topic being discussed.
- Using good body language (e.g. do not point a finger to your audience)

These examples may help you overcome challenges that friends face in facilitating HIV and AIDS behaviour change:

- Give your peers information about HIV and AIDS in small quantities; don't overload them with too much information at once.
- Know what your friends want to know about HIV and AIDS. Answer their specific questions.
- Use examples that your friends understand to make sure that the information is easy to retain.
- Be creative in starting discussion e.g. using current affairs issues.
- • Lead by example-be a role model. Even if your behaviour in the past has been risky, show that you can change and therefore your friends can too.
- Respect your friends as adults.
- Use simple language.
- Throw back issues to the group. You are not there to solve their problems but to help your friends to see their own solutions.

Activity 4.7

Impacts of HIV and AIDS¹⁹

OBJECTIVES

By the end of the activity, participants will:

- Understand better the personal impacts of HIV and AIDS
- Be able to identify roles that men can play in reducing the impact of HIV and AIDS

TIME

75 minutes

MATERIALS

None

Steps

1. Divide the participants into pairs, and have them sit next to each other. Ask each person in the pair to speak for 2 minutes in answering the following question; after 2 minutes, ask the second person in the pair to speak: If you had HIV, in what ways would it change your life?
2. Then ask the pairs to take turns in answering the following questions, allowing each person 4 minutes to do so:
 - **What would be the most difficult part about being infected with HIV? Why?**
 - **If you had HIV, what changes would you want to make in your romantic and intimate relationships?**
3. Bring the group back together and lead a general discussion using the following questions:
 - **How did you feel answering the questions?**
 - **How do HIV positive people that you know or hear about deal with living with the virus?**
 - **How do people who do not know their HIV status think about what life would be like if they were HIV-infected?**
4. Explain that you want to look more closely at the differences between the impacts of HIV and AIDS on women and on men. Divide the participants into two groups. Ask the first group to discuss what it is like as a woman to live with HIV and AIDS and how women are affected by HIV and AIDS. Ask the second group to discuss what it is like as a man to live with HIV and AIDS and how men are affected.
5. Allow 30 minutes for this group work and then bring the groups back together. Ask each group to present the highlights of their discussion. Then lead a discussion using the following questions:
 - **What are the main differences between women and men in terms of living with HIV and AIDS?**
 - **What are the main differences between women and men in terms of being affected by HIV and AIDS?**
 - **How can men get more involved in caring for people who are living with HIV and AIDS and reduce the burden of care that women carry?**
 - **What other roles can men play in reducing the impact of HIV and AIDS on women and on other men?**

Make a note of any action suggestions on the **Action Chart** and sum up the discussion making sure that the **key points** are covered.

¹⁹ Adapted from Men as Partners: A Program for Supplementing the Training of Life Skills Educators, 3rd Edition, EngenderHealth, and used by permission.



Facilitator's Notes

This activity can be very personal and emotional. There may be participants in the group who are HIV positive or who have close friends or family members who are living with HIV and AIDS. Remind the group that it is OK to pass on a question and encourage the participants to only share the information that they feel comfortable sharing.

If the participants do not feel comfortable talking about this in pairs, another option is to ask individuals to think about the first set of questions on their own and then go on to step 3.

Remember that men's and women's experience of HIV and AIDS will also be affected by age, class, caste, ethnic and other differences.

Key Points

Women are more heavily affected by HIV and AIDS than men. They are responsible for the health care of all family members. Care is only one of the many activities that women must do in working to support and take care of the family. This care is provided free but it has a cost! During illness or caring for ill people, women cannot do their other work and this has a serious impact on the long term wellbeing of the household. Women bear a burden of guilt of possibly infecting their children. Living with the discrimination and stigma increases stress. Care does not end with the death of the husband/child/sister. Women are often blamed for not having cared for the husband enough, some even being accused of being a witch. Care of orphans lies with grandmothers and aunts. Women carers are often HIV positive themselves.

Gender roles affect the way that men deal with HIV and AIDS. Gender roles can harm the health and wellbeing of men living with HIV. For instance, research has shown that even when men might want to participate in care and support activities, they may choose not to because of fears that, if they did, other men might ridicule them for doing women's work. Similarly, gender roles encourage men to think of seeking help as a sign of weakness. This discourages men from getting tested, using ARVs or from using support groups. This belief can also limit the amount of support men provide to others dealing with HIV and AIDS. These same gender roles also increase the likelihood that, instead of seeking support, men might rely on alcohol, drugs or perhaps even sex to deal with feelings of despair and fear.

Men can play a greater role in reducing the impact of HIV and AIDS. We need to work with men to help them and challenge them to get more involved in care and support activities. Men can also talk with the women in their lives about sharing the tasks in the family or household more equally so that the burden is not all on women. Men have a critical role to play in supporting other men to deal with HIV and AIDS, both emotionally and practically.

Activity 4.8

The HIV Handshake

OBJECTIVES

- To help the participants understand the ways that HIV can be transmitted from one person to another
- To help the participants understand how HIV can spread rapidly in a community through sexual partners
- To help the participants recognize ways to prevent themselves from becoming infected with HIV

TIME

30 minutes

MATERIALS

- Cards (or pieces of paper) with various marks written on them (see below)
 - Pencils or pens
- Prepare enough small cards to distribute to all the participants. Mark the cards as follows: Mark one card with an "X," one third of the remaining cards with a "C," and one third of the cards with an "N." Leave one third of the cards blank.

Steps

1. Give a card to each participant in the room.
2. Ask the participants to sign their name in the top right-hand corner of the card. Their name identifies their card, and the participants should keep track of their card throughout this activity.
3. Ask the participants to go around the room, and shake hands with five other participants. (Note: If the group is smaller than 15 people, you should ask them to shake hands with only 3 participants.) Instruct the participants to sign each other's card after they shake each person's hand. Once each participant has shaken hands with five other people, he or she should have five signatures on his or her card. After the task is completed, ask the participants to return to their seats.
4. Inform the group that this is an exercise to demonstrate how quickly HIV can spread within a community. Ask the group if HIV infection can occur between two people who are uninfected. Acknowledge that it cannot and that HIV needs an infected host in order to spread. Therefore, for the purposes of this exercise, you will need a participant to represent a person infected with HIV. Remind the group that the person who is chosen to have HIV is not really infected, but instead is being used in this activity to make a point.
5. Ask the participants to look at their cards and see if there is an "X" on their card. Ask the one person with the "X" to stand up.
6. Inform the group that for the purposes of this exercise, you are going to say that the person standing up is infected with HIV. Make the point that you cannot tell if someone has HIV simply looking at the person. Most people who are infected with HIV do not show any visible signs or symptoms. In fact, many individuals with HIV do not even know that they are infected.
7. Next, ask the participants how HIV is spread. Make sure that the group agrees that HIV can be transmitted the following ways:
 - During unprotected sexual intercourse
 - By HIV-infected blood transfusions or contaminated injecting equipment or cutting instruments
 - From an HIV-infected woman to the baby during pregnancy, delivery, and breastfeeding
8. Ask the group if HIV can be spread by shaking hands. Acknowledge that HIV cannot be passed from shaking hands. However, for the purposes of this exercise, you will say that shaking hands represents having sex with another person. Therefore, the participants will be considered at risk for HIV from anyone with whom they shook hands.
9. Ask the participant with the "X" card to state the names of people on his or her card. Next, ask those who hear their names to stand up when called. Note that all of those standing are now also infected with HIV. Ask those standing to share the names of those with whom they shook hands. Those who hear their names should also stand when called. Continue to do this activity until all of the participants are standing. If a person's name is called more than once, remind the participants that this signifies a re-infection.



10. Explain that in a world of unprotected sex, HIV can spread very quickly through the social networks of a community. Remind the participants that a single handshake does not mean that every time a person has one act of unprotected sex with an infected person, the virus is passed, but the chances are high.
11. Introduce the idea of prevention. Remind the participants that HIV infection can be prevented several ways. Ask the participants to see if they have an "N" on their card. Inform the group that every person with an "N" on his or her card said "No" to sex and, therefore, is not infected with HIV. Those with an "N" may sit down.
12. Ask the participants if they have a "C" on their card. Inform the group that those with a "C" on their card used a condom consistently and correctly every time they had sex and, therefore, were protected from HIV. Those with a "C" may sit down.
13. Inform the group that those still standing did not say "No" to sex, did not use a condom, and, therefore, are infected with HIV. Remind the group that this is just a game, and allow everyone to sit down.

After the exercise, discuss the following questions:

- ***How many people started out being infected? (Remind the group again that the person who had the "X" card is not really infected with HIV.)***
- ***How many people ended up being infected? Did the original person who was infected directly infect every person in the room?***
- ***How does this exercise help explain how HIV can spread so quickly in a community?***
- ***Did anyone realize that he or she was infected before passing on HIV to someone else?***
- ***Does anyone think in real life that HIV is often passed from one person to another without someone realizing that he or she is infected? Why is this?***

Activity 4.9

HIV Case Studies

OBJECTIVES

To gain a better understanding of social issues that have an impact on HIV transmission

TIME

45 minutes

MATERIALS

Case studies

KEY POINTS

Many men oppose violence against women and wish they could do more to stop it. Morapedi's story makes this clear.

Cultural practices that encourage women to be submissive to men increase women's risk of HIV infection. Morapedi's story conveys this point clearly.

HIV related stigma leads to ongoing violations of the human rights of people infected and affected by HIV and AIDS. We have to challenge stigma whenever we notice it.

Men have a critical role to play in meeting the needs of orphans and vulnerable children in their roles as fathers, teachers, family members, political leaders etc.

Steps

1. Divide the participants into three smaller groups.
2. Assign a case study to each group, and ask the members to read the story and answer a set of questions afterward.
3. Ask the groups to present their case studies and answers to the entire group of participants.
4. Discuss the answers.

Case Study 1 – Morapedi: Review Morapedi's Digital Story: In his digital story Morapedi tells the story of his sister-in-law being abused by her husband who is his older brother and ultimately becoming infected with HIV and dying of AIDS due to her husband's infidelity. Morapedi writes:

"She was young and full of life...The worse day was when she agreed to marry my selfish, arrogant brother. He was 17 years older than her. After they married, the three of us lived outside of Johannesburg, in Rustenburg where my brother was working. At first, things were great...But after a few months, he changed. He was coming home late, expecting to find everything in place...He would beat her and force himself onto her. Worst of all, he started seeing other young girls. She hung on because our culture taught her never to disobey or challenge him. Our culture says, "Obey your man at all times. Never talk back or question how he comes and goes."...In 2004 she was diagnosed HIV positive. Still he continued to beat her over and over, with no remorse. He expected her to have dinner on the table each night, even when she grew weaker and weaker. She passed away in December of that year. So young and with so much potential. She had a whole bright future ahead. I want to share this story with everyone. People don't like to talk about it, but I believe that sexual and domestic violence and HIV and AIDS are everyone's business. Who doesn't know someone who has faced these things?"

Questions for discussion:

- What factors made Morapedi's sister-in-law vulnerable to HIV?
- What traditions increase women's vulnerability to HIV and AIDS in southern Africa?
- What factors might have made it difficult, if not impossible, for Morapedi's sister-in-law to leave his brother?
- What aspects of culture prohibited Morapedi's sister from leaving her husband or seeking help from family and friends?
- What cultural aspects prohibited Morapedi from challenging his brother about the situation?
- If it had been safe for Morapedi to talk to his brother about the situation, what do you think he could have said?
- If you were in his shoes, what would you say?
- How are women living with HIV treated in your community, and what might be done to improve their lives?
- What environmental factors, if any, affected Morapedi's sister in dealing with her status?



What role/contribution did moving to Rustenburg have on Morapedi and his sister-in-law, in terms of support from family and friends?

How do you imagine Morapedi felt about the situation while living in Cape Town far from his brother and sister-in-law?

Case Study 2 – Anonymous male: Review the story titled “Anonymous male” which describes a year in the life of an economic migrant from Zimbabwe living in South Africa.

“It is November 2005. I am at home in Zimbabwe for only three weeks, after being deported from Lindela, the repatriation centre. I am recovering from a strange flu that I contracted there. Money is out of my pocket, and my wife is suffering from the drought and food shortage. I don’t have an option other than going down to South Africa again....I am with four other guys now, travelling on foot to cross the border...A few weeks have gone by. I have found a job as a farm security guard. My work mate Jonas is the only other Zimbabwean. We are desperately looking for girlfriends to provide shelter, love, and belonging. We are having unprotected sex and contract STIs for the first time in our lives. Going for treatment is a challenge, because we do not know the local language, and we are afraid of being deported once again... Ten months later, and it is November 2006. So much, in only a year. I feel lucky now. I have brought my wife from Zimbabwe, and my working conditions have improved greatly. My friend has not been so lucky - he tested HIV positive.”

Questions for discussion:

Why did he feel that he has no other choice than to leave Zimbabwe for South Africa?

What reasons do you think people have, for migrating between countries?

Why do you think Victor initially travelled to South Africa without his wife?

What traditions and practices has the migrant labour produced that contribute to HIV and AIDS?

What circumstances might force women to migrate on their own?

Anonymous says he and his friend looked for girlfriends “to provide shelter, love, and belonging.” What do you make of this statement?

What might be different about this story, if he were a woman?

Why is xenophobia against migrants so prevalent?

How are labour migrants viewed/treated in your community?

How can individuals, community groups, and government agencies protect the health and safety of labour migrants and advocate for their rights?

If you were in his shoes, how differently would you have handled the situation?

Case Study 3 – Thoko’s Story: In her digital story Thoko Budaza describes being raped by a man who breaks into her room. The following is excerpted from the longer narrative:

“I wake up disoriented and directly facing the sharp edge of the biggest knife I’ve ever seen. I know exactly what he wants. I have never seen the animalistic look that the man is giving me. After some failed negotiations for condom use, he proceeds to rape me. I guess the negotiations took some steam out of him. When he fails to get it up completely, he tells me I don’t taste nice and leaves with my purse. I reported the case to the police immediately, and I got a medical examination and HIV post exposure prophylaxis. I hate those pills; they made me so sick and so weak, while my rapist went around free. But I finished them, and I tested negative. Of course, like so many rape cases, mine never even got investigated. Nobody could tell me who the investigating officer was, or whether the sample that they took from my vagina held any clues to the rapist’s identity” She goes on to say “... I knew I had to continue to stand against gender-based violence... So I continue to march the streets demanding freedom. I continue to use pen and paper to highlight the plight of women and children.”

Questions for discussion:

Why do you think rape is so pervasive in South Africa?

How available is Post Exposure Prophylaxis (PEP) in your community?

What can you do to make sure PEP is available to all who need it?

Why do you think the police failed to pursue the case?

What do you think this failure suggests about the criminal justice system’s attitudes towards women in general, and about sexual assault as a crime?

What actions can friends and family members take, to support survivors of sexual violence?

What actions can be taken to ensure that rape survivors receive the support and services they need?

Facilitators Notes

Use these case studies to promote discussion about gender and migration. Gender roles leave women vulnerable to HIV infection, violence and to stigma and encourage men to take risks that put themselves and their partners at risk. The stories illustrate the general ways in which gender roles increase men’s risk taking thereby putting women at risk and they show clearly how migration compounds the vulnerabilities faced by men and women. The case studies should also prompt discussion about culture and tradition and the ways in which these social forces affect vulnerability to HIV and AIDS.

Activity 4.10

Getting Tested and Staying Negative²⁰

OBJECTIVES

To be able to identify ways to get more men to use VCT services; and

To be able to identify ways to support men in getting tested and staying negative.

TIME

45 minutes

MATERIALS

None

KEY POINTS

VCT - Voluntary Counseling and Testing.

VCT services offer people the chance to take an HIV test that will tell them if they are infected with HIV. This test is voluntary, meaning that it is an individual's decision to get tested or not. The test is also confidential. VCT services provide counseling. Before the test, counseling is used to help people decide whether to get tested. After the test, counseling is used to help people deal with the result of the test.

It is important to be clear about the reasons both for and against the HIV test. Although the HIV test is confidential, it can be difficult for people to keep their HIV positive result private, especially in small communities. Therefore, they run the risk of facing stigma and discrimination, which is still very common against people who are HIV positive. Another reason against going for an HIV test is that it is still difficult for most people in southern Africa to get treatment for HIV and AIDS. Without the prospect of treatment, some would argue that there is little point in finding out if you are HIV positive.

On the other hand, there is evidence that people who find out their HIV positive status earlier (before they get sick) are able to live longer. This is because they can change the way they live so that they protect their health. Another good reason to get tested is to make sure that you protect the health of the people you love. Getting tested also helps to make good decisions about family planning.

Steps

1. Ask the group to come up with all the reasons they can think of to go for an HIV test. Can they think of any reasons for not going for a test? Use the key points to assist this discussion
2. Ask participants to say what "VCT" means. Use the information in the key points to explain VCT. Ask participants if they know about VCT services in their area. If they don't, provide information on local VCT services
3. Break the group into pairs. Tell them they have five minutes for a discussion. Ask the pairs on the left side of the room to discuss the question: What makes it hard for men to go for VCT services? Ask the pairs on the right side of the room to discuss the question: What would help more men go for VCT services?
4. After five minutes, tell each of the pairs on the left side of the room to link up with one of the pairs on the right side. Ask them to share what they talked about with each other in these new groups of four. Give all the groups 15 minutes to make a list of actions that could increase men's use of VCT.
5. Bring the small groups back together. Ask participants to report back on their discussions. Use the Action Chart to keep a record of the suggested actions for increasing men's use of VCT.
6. Ask the participants to prepare a five minute role-play in their groups of four. It should begin with a man getting an HIV negative test result, and end with him getting infected with HIV.
7. Give the groups five to ten minutes to prepare their role-plays. Then call on each group to show their role-play to the rest of the participants.
8. After each role-play, allow a few minutes for a brief discussion, which could include questions from the audience about the behaviour of the characters. When all the role-plays are completed, discuss using these questions:
 - Why do some people get HIV after they have tested negative?
 - What can VCT services do to help men get tested and stay negative?
 - What can other services do to help men get tested and stay negative?
 - What can men in the community do to help men get tested and stay negative?

End by noting any suggestions for action on the Spectrum of Action.

Facilitator's Notes

Before the activity, find out where local VCT services are, when they are open, if they charge for the service and so on.

²⁰ Adapted from Men as Partners: A Program for Supplementing the Training of Life Skills Educators, 3rd Edition, EngenderHealth, and used by permission.

Activity 4.11

Condom Steps

OBJECTIVES

- To examine the correct steps for using a condom
- To identify places where people make mistakes using condoms

TIME

45 minutes

MATERIALS

30 minutes

In large letters, print each of the 16 following steps that are necessary for proper condom use on cards, one step per card. Note that the steps are in correct order. Randomly give each participant a card with a condom step on it.

Steps

1. Ask the participants to arrange themselves in the correct order of the following steps. If the group consists of more than 16 participants and some do not have a card or piece of paper, they can help the others arrange themselves in the correct order. If the group consists of fewer than 16 participants, ask them to place the cards on the floor in order (from first step to last):

Condom Steps:

- Talk about condom use.
- Buy or get condoms.
- Store the condoms in a cool, dry place.
- Check the date made or expiration date.
- The man has an erection.
- Establish consent and readiness for sex.
- Open the condom package.
- Unroll the condom slightly to make sure it faces the correct direction over the penis.
- Place the condom on the tip of the penis. Hint: if the condom is initially placed on the penis backwards, do not turn the condom around; throw it away and start with a new one.
- Squeeze the air out of the tip of the condom while leaving room.
- Roll the condom onto the base of the penis as you hold the tip of the condom.
- The man inserts his penis for intercourse.
- The man ejaculates.
- After ejaculation, hold the condom at the base of the penis while still erect.
- The man removes his penis from his partner.
- Take the condom off and tie it to prevent spills.
- Throw the condom away.

Discuss the activity using the following questions:

- ***What was challenging about this activity?***
- ***Were you unsure of the order of any steps? Why? Could some of the steps have gone in more than one place?***
- ***Do you think most people who use condoms follow these steps? Why or why not?***



Handout 4.11.a: HIV Quiz

Review each statement below, and indicate whether you think it is true or false.

1. _____ You can become infected with HIV from mosquito bites.
2. _____ Anal sex is the riskiest form of sexual contact.
3. _____ People can become infected with 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. _____ Special medicines can cure HIV infection.
6. _____ HIV is a disease that affects only sex workers and homosexuals.
7. _____ If you stay with only one partner, you cannot become infected with HIV.
8. _____ People with STIs are at higher risk for becoming HIV-infected than people who do not have STIs.
9. _____ South Africa has one of the highest rates of HIV infection in the world.
10. _____ A man can transmit HIV to his partner during sex, even if he withdraws before ejaculation.
11. _____ A man can be cured of HIV by having sex with a girl who is a virgin.
12. _____ HIV is transmitted more easily during dry sex than wet sex.
13. _____ You cannot contract AIDS by living in the same house as someone who has the disease.
14. _____ You can always tell if a person has HIV by his or her appearance.
15. _____ Sangomas can cure HIV.
16. _____ HIV can be transmitted from one person to another when sharing needles during drug use.

Handout 4.11.b: Answers to HIV: True or False

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. Special medicines can cure HIV infection. – FALSE

Currently, there is no cure or vaccine for HIV infection. Some drugs that can slow down the production of the virus in an infected person exist or prevent certain opportunistic infections in an infected person, but they are expensive and difficult to access.

6. HIV is a disease that affects only sex workers and homosexuals. – 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, 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 engages in sexual activity with other people. In addition, individuals who are monogamous with their partner now may have contracted 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, monogamous 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.



9. South Africa has one of the highest rates of HIV infection in the world. – TRUE

South Africa has one of the world's fastest-growing AIDS epidemics. A UNAIDS report estimates that as of the end of 1999, 4.2 million people in South Africa were infected with the virus.²¹

10. 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 minimizes the amount of exposure to semen.

11. 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.

12. 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.

13. 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).

14. 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.

15. Sangomas can cure HIV. – FALSE

Over the years, many indigenous healers (sangomas) have claimed to be able to cure AIDS. To this day, no treatments done by sangomas 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.

16. 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.

²¹ UNAIDS South Africa Epidemiological Fact Sheet on HIV/AIDS and sexually transmitted infections, 2000 update.

5. Healthy Relationships

Introduction

This training raises a number of sensitive topics. Topics that many people have difficulty talking about. This section aims to help establish a safe environment by helping participants to openly discuss issues relating to your physical, sexual and emotional self.

Key Objectives:

Through the activities in this section we aim to:

- make participants more comfortable with their bodies;
- help participants talk openly about physical, sexual and emotional issues; and
- create a safe training environment where participants feel free to express themselves

Emotional Intelligence

To be emotionally intelligent requires the effective awareness, control and management of one's own emotions and those of other people. Emotional Intelligence embraces two aspects of intelligence:

- Understanding yourself, your goals, intentions, responses, behaviour.
- Understanding others, and their feelings.

And within these you need to:

- Know your emotions
- Manage your own emotions
- Motivate yourself
- Recognise and understand other people's emotions
- Manage relationships i.e. managing emotions of others

This training is going to be a journey of self-discovery and personal growth, and it is important to keep note of areas where you need to grow as a person, and develop action plans for your own personal growth. The training programme already provides a framework for that through various activities and tools. You're also encouraged to keep a personal journal, so as to keep track of your growth process and regularly reflect on it.

Activity 5.1

Body Mapping²²

OBJECTIVES

The participants will be able to:

- Identify what they like and do not like about their bodies
- Feel more comfortable with their bodies
- Identify their own areas of pleasure and pain
- Understand the diverse experiences of sexuality

TIME

90 Minutes

MATERIALS

- Large sheets of flip chart paper
- Markers (sets of 4 colours per group)

METHODS

- Large sheets of flip chart paper
- Markers (sets of 4 colours per group)

Steps

1. Divide participants into small groups for the Body Mapping Exercise.
2. In the small group, one person lies on the sheets of charts joined together while the others draw that person's body outline.
3. Each person marks on the body outline, the part of his body that he likes, in green colour.
4. In the next round, each person marks on the body line the part of their body that they do not like, using red.
5. Each person then marks on the body outline, where they feel pleasure. Use purple to denote pleasure
6. After each person in the small group has marked out their pleasure areas, each person marks out where they feel pain with a fourth colour, e.g. yellow.
7. Group members discuss how this experience was for them and consolidate the group report. (45 minutes for body mapping in groups)
8. Each group then presents their body map and the process in the group and how they felt.
9. Facilitator summarises the main points from the group report.

Key Discussion Items

Facilitator points out that it is initially difficult for us to acknowledge our zones of sexual pleasure. Also sexual pleasure is not limited to just our sexual organs. Facilitator also emphasises that sexuality is diverse; people have different experiences/notions of pleasure and pain. We need to accept these and be sensitive to these.

Facilitator's Notes

Facilitator should take care not to force participants beyond their willingness to share.

Media projects a view of the 'perfect' male body as being fair, muscular, tall etc. This may not fit in with our own images of our body.

These are gendered images. They are also restrictive. They may influence our own images of our body. We need to view human beings as belonging to diverse cultures, races, shapes and sizes.

Being comfortable with our own bodies is an important aspect to accepting ourselves, as a whole (mind and body).

All human beings are sexual beings. However, discussions, sharing and experiences of sexuality are clouded with negativity and secrecy in the Indian sub-continent.

With men sexual pleasure is centred on the reproductive organs only. This also is a restriction, and we need to speak about sexual pleasure around the whole body.

What gives pleasure and what gives pain depends on individuals. For some people pain also is sexually pleasurable.

Sharing information on pleasure and pain with sexual partners is part of healthy sexual relationships. Acknowledging and respecting sexual partners' zones of pleasure and pain are also important to healthy sexual relationships.

²²Stepping Stones



Activity 5.2

Defining the Ideal Partner²³

OBJECTIVES

By the end of the activity, participants will:

- *Be able to name the personal qualities the participants would want in a romantic partner;*
- *Be able to identify differences between women and men in what they want from romantic relationships; and*
- *Understand what women and men need in order to communicate better about what they want from each other in romantic relationships.*

TIME

60 minutes

MATERIALS

- Newsprint and koki pens
- Paper, tape, pencils or pens

Steps

1. Divide participants into smaller groups of about five people each. If there are both women and men in the workshop, divide the groups up by gender so that participants are working in same-gender groups. If there are only one or two women, have some men join this group and take part in the discussion as if they were women. If there are no women in the workshop, ask one of the groups of men to do the activity as if they were women.
2. Give each participant a piece of paper and a pencil or pen. Ask each participant to write on a piece of paper all of the qualities they would want in the ideal romantic partner. Let them write as many possible qualities as they can for five minutes. Check in with the groups as they write their responses, and make suggestions (concrete examples of qualities) when they get off track. If participants are only listing physical characteristics, encourage them to think about other qualities that they would want in a partner.
3. When time is up, ask participants to share with each other in their groups what they have written. Tell each small group to decide what they think the three most important qualities are and write these out on newsprint.
4. When the groups are finished, have each group present its lists to the rest of the participants. After each group has presented its lists, discuss the activity with the following questions:
5. How similar are the qualities of the ideal romantic partner as defined by the different small groups?
 - ***Are there any differences between the ideal partner as defined by the male groups and the female group?***
 - ***What are these differences? How do you explain them?***
 - ***What are the differences between what men and women want in relationships?***
 - ***How equal are the roles of men and women in relationships?***
 - ***If the roles are not equal, why is this? Is this fair?***
 - ***How well/badly do you think men and women communicate with each other about what they want from a romantic relationship? Why?***
 - ***Why is it important to communicate about what we want from each other in romantic relationships?***
 - ***What do women and men need in order to communicate better about what they want from each other in romantic relationships?***

Ask the group for any suggestions for action to support women and men in forming and maintaining better romantic relationships. Make a note of these suggestions on the Spectrum of Action.

Facilitator's Notes

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

²³ Adapted from Men as Partners: A Program for Supplementing the Training of Life Skills Educators, 3rd Edition, EngenderHealth, and used by permission.

6. Taking Action for Change

Introduction

This training manual suggests that we can build a world of gender justice, free of violence, with access to healthcare for all, and shared power among men and women, migrants and non-migrants, and people of all backgrounds. This is not a small project. Rather it is a vision that can be realized only through determined social action involving many communities, sectors of society, and institutions.

Deep social change usually requires the work of several kinds of social movements allied together to create a bigger impact than any one individual or organization can have in isolation. Consensus-building and coalition work play a vital role in overcoming the many phases of confrontation, challenge, and protest impeding far-reaching policy changes. Individuals, small groups, and social organisations taking action at a grassroots level play an important part in this dynamic, and most of this section of the manual is dedicated to this type of grassroots action.

For activists working for gender justice, the “powers” to whom we may make a demand for change are everywhere – starting with ourselves! Yet we also need to think about the social structures that influence the behaviour of individuals, and the powers that help to keep gender inequality, gender-based violence, poor access to health, increased risk of infection, and poverty itself in place. In selecting a focus for our activism, we can expect resistance, opposition and difficulty. Yet we can also expect that given enough demand for change, even the most entrenched institutions will yield. In our lifetimes, we have already seen deep changes in our societies, and we have every right to expect to continue to be able to create change.

This section addresses the following issues:

- The importance of using workshops as an entry point for activism rather than an end goal;
- The nature, purpose and use of Community Action Teams;
- The role of leadership;
- New definitions of strength and courage;
- Ways to identify community resources that can support activism;
- Strategies for supporting a survivor of violence.

Key Objectives:

This section focuses on how you can take action in the community. It takes you through options and activities that can be used to stimulate action in your communities. It is through this action that we can:

1. Inspire a spirit of citizenship and community activism
2. Encourage participants to work for social justice and gender equality in their communities.
3. Provide participants with the skills and knowledge needed to support community institutions and local government to take urgent action to promote gender equality and health for all.
4. Sustain community action;
5. Mobilise leadership within the community;

6. Develop mechanisms of holding community leaders and politicians accountable to service delivery
7. Encourage participants to think about local and national policies that might be effective in reducing and responding to xenophobia, violence and HIV and AIDS.
8. Help participants think about how they might reduce alcohol outlet density in their areas.

What is a CAT?

A Community Action Team or CAT is a group of volunteers who decide to do something about an issue that bothers them in their community. CATs choose different actions depending on their interest, purpose, resources, and community.

Usually a staff member or peer educator from an NGO or CBO gets the group started. (Sometimes the group continues on its own even if that NGO can no longer provide a facilitator). A CAT may come together for a single campaign or it may stay together for a long time and carry out a series of activities or campaigns. Of course, there are many models of small group organizing, and each community needs to work out how best to fit its needs, culture, and geographical context. A CAT generally:

- Has a defined focus and goals (these goals should be independent of the service provider or NGO engaging with the CAT; if the CAT is to be effective they should be independent);
- Is formed by community members who want to raise awareness and take action on issues that affect them;
- Brings people together regularly to learn about, discuss, and solve community problems;
- Carries out a series of actions and strategies to achieve certain goals;
- Creates community change in individuals' knowledge, attitudes and behaviours;
- Creates change in institutional policies and practices.

Who joins a CAT?

A CAT often starts with just five to ten community volunteers. The CAT may grow in size over time, or include some members who only attend sometimes. As many as 50 people may take part in a CAT activity or event. The core members of CATs meet weekly or monthly to plan activities

What are a CAT's goals?

- A CAT needs to establish its primary goals before it can plan an active campaign. Goals should be activism-oriented and give a focus to the direction the CAT takes in its work.
- Some possible strategic goals for a CAT are:
- Educating men and women to understand how the gender roles they have been socialized into limit their full potential as human beings.
- Providing education about HIV and AIDS and encouragement to use condoms, especially to people who aren't getting this information anywhere else.
- Encouraging community institutions like clinics, schools and churches to speak out regularly about HIV and AIDS and gender-based violence.



What can CATs do to promote gender equality?

CATs can do a wide range of things to promote gender equality, including:

- Run workshops with key constituent groups and use material in this manual to encourage action from teachers, faith based leaders, coaches and others who shape social norms about manhood and masculinity;
- Establish clubs at schools and youth centres to educate young men about responsible manhood and about healthy relationships;
- Use theatre to educate men about gender-based violence and HIV and AIDS during rush hour at taxi ranks and stations;
- Paint murals at community centres showing men preventing gender-based violence and supporting survivors of violence;
- Give presentations at community and sports events, in schools, places of worship, and at health clinics;
- Encourage activists to join local community structures;
- Promote advocacy, activism and community mobilisation to demand effective responses to domestic and sexual violence.

Additional Resources:

- Raising Voices, a Uganda based NGO working to end gender based violence: <http://www.raisingvoices.org/>
- Transforming Communities and their work with Community Action Teams available at: <http://www.transformcommunities.org/>
- Family Violence Prevention Fund: “No excuse for abuse” campaign and the “It’s my business” campaign at www.endabuse.org.
- One Man Can DVD with examples of men and women taking action at the community level to respond to gender based violence available from Sonke (info@genderjustice.org.za)
- Sonke Digital Stories on HIV and violence (info@genderjustice.org.za).

Activity 6.1

Developing Leadership for a CAT²⁴

OBJECTIVES

- Help participants interested in forming a CAT to identify the type of leadership they want and need;
- Help participants to begin to build that leadership.

TIME

60 minutes

MATERIALS

- Flip chart paper and pens

Steps

1. Explain to participants that this activity will involve debating statements about women and men's leadership roles, to help discussions about what makes 'good leadership' for a group taking action on gender, HIV and AIDS.
2. Ask the participants to share examples and stories about good leadership from their own personal and professional lives.
3. Discuss the qualities of a good leader for a group that wants to work on issues relating to gender, HIV and AIDS. Examples might include 'leads by example', 'is a good speaker' or 'accepts criticism in a positive way'.
4. Divide the participants into two groups – women-only and men-only. Ask each group to discuss the following statements:
 - Women communicate and show empathy better than men.
 - Men may think they are the leaders, but women really have the power.
 - Women have too much work to do at home to become leaders.
 - Women are most affected by gender and HIV - they should be the leaders.
5. Bring all of the participants back together. Ask the groups to share the key points from their discussions and note these on the flip chart paper. Encourage the participants to compare the similarities and differences between the women's and men's groups.
6. Explain that it is important that the leadership is shared between women and men in a group working on issues relating to unequal gender roles.
7. Divide the participants into two groups again, but this time with a mixture of women and men. Ask each group to discuss:
 - What leadership do we have in the group now and what leadership do we want in the future?
 - How can we, as women and men, share our leadership in the group?
 - How can we as a group put into practice the qualities of leadership?
8. Bring all the participants back together. Ask the groups to share the highlights of their discussions and note these on the flip chart paper. Encourage the participants to make an agreement among themselves about how they want the group's leadership to be and how they will put that agreement into practice.

Facilitator's Notes

Try to 'practise what you preach' – by being a role model for the type of leadership qualities that are discussed in this activity. Let the group know when you see examples of unequal and unjust roles being played out among them and how these affect their work in relation to group leadership.

²⁴ Adapted from International HIV/AIDS Alliance: Keep the best, change the rest: participatory tools for working with communities on gender and sexuality.



Activity 6.2

Meeting with Community Leaders²⁵

OBJECTIVES

- To have stronger contacts with community leaders, perhaps gaining access to more of the community
- To have a better understanding of community needs

TIME:

About 1 -2 hours total:
30-45 minutes for initial brainstorm and prioritising prior to the interviews with key community leaders.
45-60 minutes to debrief and analyse the interviews afterwards. The time for the actual interviews will vary

MATERIALS

- Paper and pen
- Small tape recorder (if appropriate and available)

Steps

1. Brainstorm the names of key leaders you would like to talk with about how you can gain their support to address violence against women and HIV and AIDS. Write down the names. Also write the names of people who could help you meet these leaders.
2. Prioritise which people to talk with first. You may want to have a few names on your "top priority" list, as they may not all be available right away. Also, if there are people on your list who are very difficult to contact, you may want to consider who else on your list might be able to open a door for you. Those are people you could meet with first.
3. Get each person to select people to interview using the questions on the handout, "Interview Community Leaders." Given the skills and knowledge of each person on your list of community leaders, you may want to add one or two targeted questions for each interview. For example, if you are interviewing the head of a clinic, you may want to ask what they have done already to outreach to men and boys for sexual and reproductive health services; if you are interviewing a police chief, you may want to ask a question about the investigation of rapes or domestic violence.
4. Interview community leaders. If you there are two or more of you during the interviews, you may want to alternate who asks questions and who takes notes.
5. Meet again and ask each person to report back on what they learned. Be sure to also collect the written notes from the interviews.

Facilitator's Notes

Early conversations with community leaders – such as elected leaders, traditional leaders, farm worker committee leaders, or religious leaders – can help you to have access to and support from within the community. Remember that leaders in the same community may have very different views about the community.

Key Points:

Interviews with key leaders are a good way to:

- Gain the support of key community leaders and other residents who will be able to contribute to ending violence.
- Gather information about the community's needs.
- Use this information as you plan your way forward.

²⁵ Adapted with permission from unpublished training materials by Janey Skinner and Lisa Hoffman, Consulting Services for Community Health, Oakland, CA.

Handout 6.2: Interview Community Leaders

Below are some suggested questions for interviews or conversations with community leaders and residents. You can make copies of this handout and fill in the answers directly onto this sheet (write on the back if you need more space). Or, you can make up your own questions. Depending on who the leader is, you will probably vary your approach. It is different, after all, to talk to a farm worker committee leader, traditional healer, a ward councillor, or the head doctor at a clinic!

- *In the interviews, it's usually good to begin by introducing yourself, and the idea of the One Man Can campaign. Explain briefly that you are trying to mobilize men in the community to take a stand against violence against women. Then ask:*
- *How do you think domestic violence and rape affect your community?*
- *What do you believe should be done about these issues? Of all the things that should be done, which do you think is most important? Which do you think is most achievable in the short-term?*
- *What are the best qualities or greatest strengths of this community? How do you see those strengths helping the community in dealing with HIV, AIDS and violence?*
- *Who are the people who might be interested in this issue and in joining the One Man Can campaign? Where do they spend time?*
- *Do you have any concerns about the One Man Can Campaign? How could those concerns be addressed?*
- *What might you be willing to do to support the One Man Can Campaign? How can we follow up with you about that?*
- *Who else would you suggest we meet with about this campaign? (If appropriate, you might ask them to provide contact information, or even to make a phone call for you to help set up an interview.)*



Activity 6.3

New Kinds of Courage²⁶

OBJECTIVES:

By the end of the activity, participants will:

- Be able to identify and encourage strategies for both men and women which promote equal and healthy relationships between them
- Understand ways to develop fairer and more responsible sexual practices
- Understand ways to challenge and take responsibility for men's violence against women

TIME:

75 minutes

MATERIALS

- A set of action cards (see facilitator's notes):
- Signs with "Least Courage", "Some Courage" and "Most Courage" written on them
- Prepared newsprint with Key Points
- Tape and koki pens
- Newsprint

Steps

1. Create a "Spectrum of Courage" on the wall by sticking the "Least Courage" sign on the left side of the wall, the some courage in the middle, and the "Most Courage" sign on the right.
2. Ask participants why they think men especially should be concerned about violence against women; promoting fairer and more responsible sexual practices and promoting more equal relations between women and men. Summarize the discussion that follows by sticking the key points newsprint up on the wall and going through each of the 4 points.
3. Explain that there are different actions that men can take to end violence against women, prevent HIV and AIDS and promote more equal and healthier relationships between women and men. Some of these actions will take more courage than others.
4. Deal out the action cards to all of the participants. Ask each participant to look at their card(s) and think about where the action described on the card would be on the Spectrum of Courage (from least courage to most courage) posted on the wall.
5. Ask each person to discuss with at least two others where they think their card fits on the spectrum of courage between "least courage", "some courage" and "most courage" and then to place it on the wall.
6. Discuss the placement of each card with the whole group. Ask whether they agree with where it is on the spectrum or would want to move it. If there's agreement that it's in the wrong place then move it where the group thinks it belongs.
7. Divide the participants into groups of five. Ask each group to choose one of the cards that has been placed toward the "Most Courage" end of the spectrum. Ask each group to come up with a role play that shows men taking the action described on their card. Allow 5-10 minutes for the role play preparation.
8. Ask the first group to present their role play – allow no more than 5 minutes for the role play and questions from the audience afterwards. Do the same for all the groups. Once all the role plays are finished, make sure to remind the participants that the role plays are over and that they are no longer in role. Lead a general discussion about the courage needed to take action by asking:
 - What was it like to be in the role play? What was it like to watch the role play?
 - Which situations felt harder/easier to imagine in real life?
 - What kinds of courage do men need in order to take these actions in the real world?
 - What kinds of support do men need to take these actions?
9. End the activity by reminding the group that they have identified ways for men to end violence against women, prevent HIV and AIDS and promote more equal and healthier relationships between women and men. Make a note of any new suggested actions that are not already listed on the Action Chart.

²⁶ Adapted from Bullyproof: A Teacher's Guide on Teasing and Bullying (for use with 4th and 5th grad students), Sjoström, L., Stein, N., Wellesley Centers for Women, Wellesley College (Wellesley, MA: 1996).

KEY POINTS

Men can play a critical role in setting a positive example for other men,

by treating women and girls with respect and by challenging other men's harmful attitudes and behaviours.

Most men care deeply about the women and girls in their lives, whether they are their wives,

girlfriends, daughters, other family members or colleagues, fellow parishioners or neighbours.

When men commit acts of violence, it becomes more difficult for the affected women to trust any man.

This is seen in how men follow the gender norms and gender roles that are set by society, which in turn benefit men. This exercise thus calls upon men to challenge those very norms and roles.

Men commit the vast majority of domestic and sexual violence and therefore have a special responsibility to end the violence.

Traditional ideas of what a man should be promote unequal relations between women and men and promote the spread of HIV and AIDS. It is, in other words, men's work to end male violence, lack of caring for the consequences of their sexual practises and for unequal relations between women and men.

Facilitator's Notes

Before the activity, write out the key points on a sheet of newsprint for presentation in step 2.

- ***Also, prepare the set of action cards by writing each of the following action statements on a separate card:***
- ***Ignore a domestic dispute that is taking place in the street in front of your house.****
- ***Tell a friend that you are concerned that she is going to get hurt by her partner.***
- ***Call a boy friend out on a date.****
- ***Tell a man that you don't know very well, that you don't appreciate him making jokes about women's bodies.****
- ***Walk up to a couple that is arguing to see if someone needs help.***
- ***Call the police if you hear fighting from a neighbour's house.***
- ***As a man, tell your female friend that her husband is cheating on her.****
- ***Keep quiet when you hear jokes that excuse or promote violence against women.***
- ***Tell your partner about your HIV positive status.****
- ***Tell a colleague that you think he's sexually harassing female co-workers.****
- ***Let your wife/girlfriend have the last word in an argument.***
- ***Encourage your son to pursue a career in nursing.****
- ***Put your arm around a male friend who's upset.***
- ***Tell your son that it's ok if he cries.***
- ***Defend gay rights while you are with your friends at the bar.****
- ***Tell a woman that you are not ready to have sex with her.***
- ***Gather wood or water to assist women in your village.***
- ***Wear a "men against violence" t-shirt.***
- ***Speak to your priest and ask him to include messages about HIV and gender based violence in his sermons.***
- ***Disclose an HIV positive diagnosis to your close friends.***
- ***Get circumcised to protect yourself from HIV infection.***
- ***Encourage the traditional leader in your area to speak out about HIV and violence against women.***
- ***Accompany a rape survivor to the police station to demand that the police take action.***
- ***Join a men's march to protest police inaction on violence against women.***



Activity 6.4

Working for Gender Justice in the Community

OBJECTIVES:

By the end of the activity, participants will:

- Understand the main institutions that maintain gender inequality; and
- Be able to identify ways for men to work inside and outside these institutions to promote gender equality.

TIME:

- 90 minutes
- Materials
- Newsprint
- Markers and tape

Steps

1. Ask the group to list the main institutions in society that teach men and women about gender roles. See key points for a list of six of the most important social institutions.
2. Ask the group to identify the most important institutions in teaching men about gender. Encourage participants to be clear about their reasons for saying that one institution is more important than another. Agree on a list of the six most important institutions in teaching men about gender.
3. Divide the group into six smaller groups. Tell each small group to work on one of the top six social institutions. Ask the small groups to discuss the following questions and prepare a report-back to the rest of the participants:
 - What does this social institution teach men about gender?
 - How does this social institution help to maintain the imbalance of power between women and men?
 - What could men within this social institution do to make sure that it promotes gender equality?
 - What could other men outside of this social institution do to make sure that it promotes gender equality?
4. Allow 20 minutes for this small group work. Then bring everyone back together. Ask each small group to report back to the rest on their discussion. Explain that each small group will have ten minutes to both report back and take questions from the rest of the group.
5. When all the groups have reported back, sum up the discussion using the key points. Use the Spectrum of Action to make a record of any of the group's suggestions for actions that men can take to change social institutions.

Facilitator's notes

Many people make decisions about priorities without being clear about their reasons. This activity asks participants to identify which are the most significant social institutions that teach men about gender and maintain gender inequalities. It is important that participants be clear about their reasons when choosing which are the most significant. You can help them be clear by asking them to explain their thinking and by discussing any assumptions they are making.

Key points

A number of social institutions play a role in teaching gender roles. They include:

- The family
- Schools
- The workplace
- Religion
- The media
- Internal policing and external security (police, prisons, military)

Some institutions play a key role in teaching men about gender. This is because they involve or reach a lot of men. It may also be because they are run by men, who hold positions of power. It may also be because they exclude women or treat men and women very differently.

Different institutions play different roles in maintaining gender inequality. Some institutions (such as the family, religion) teach men that it is natural that they have more power than women. Other institutions (such as the military and some workplaces) are dominated by men and express male power. Other institutions (schools and the media) send messages to men and women about men's superiority.

Men within these institutions can promote gender equality in policies and culture. Men in leadership positions within institutions make decisions on the policies and culture of the institution. These men have a key role to play in promoting gender equality through institutional policies and culture. Other men within the institution can try to influence policy and culture through arguing or pressuring for change. This could range from organising internal discussions to calling for strike action in solidarity with women who suffer from gender inequality within the institution.

Men on the outside can challenge the part played by these institutions in gender inequality. Depending on the institution, men on the outside may have many possible roles to play in challenging their gender inequalities. This can range from lobbying for change with leaders to being involved in protests against the gender inequalities produced by these institutions.

Activity 6.5

Taking Action: Making a Difference.

OBJECTIVES

- To identify goals, commitments and strategies for personal action
- To identify the skills and support we have and need to take action.

TIME

30 minutes

MATERIALS

- Commitment to Action handout per participant

Steps

1. Ask participants to break into pairs or small groups and take 5 minutes each to think about and fill out the commitment to action handout.
2. Bring the group back together and ask for a few volunteers to share the commitments and strategies identified. Facilitate discussion about themes and reactions
3. Divide participants into groups of no more than 6-8 and ask them to develop role plays that capture the ideas they've identified in their individual worksheets.
4. Explain that the purpose of this is to rehearse what they've committed to in their worksheets. Ask that people take enough time to really think through what they would say and how they would go about it and then depict this in the role play.
5. Have all groups present and then discuss themes and issues emerging.

Facilitators Notes

Remind people that it's always easier to make commitments than to implement them. Ask people what support they think they'll need to act on their commitments. Ask them to agree on a date when they'll meet with at least one other group member to discuss the progress to date.

Handout 6.5: Commitment to Action

What changes do I want to make in my personal life?

What change do I want to promote amongst my friends, family and community members? Are there specific people I want to promote change with?

What Skills and/or strengths do I have that I can use to promote change?

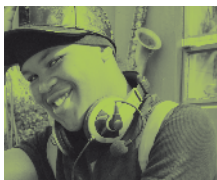
What support do I have?

What support do I need?



Notes:

Notes:



For more information about One Man Can contact :



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