

# **The Bushbuckridge One Man Can Community Mobilisation Programme**



## **Booklet 1: Community Mobilisation Workshop Manual**

## Acknowledgements

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Sonke Gender  
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HIV/AIDS, Gender Equality, Human Rights

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Materials in this booklet have been drawn from different sources. The list of source documents is provided on page 174.

Welcome to the second booklet in the package of materials that support the Bushbuckridge One Man Can Community Mobilisation Programme. This package offers a range of useful content, for general community mobilisation for gender justice, but in this case especially for a research programme called the Swa Koteka Project.

### **The Swa Koteka Project**

The Swa Koteka Project is a 3-year research programme being implemented in the Bushbuckridge area in Mpumalanga. Swa Koteka means: 'It is possible!' The programme has two components. The first component aims to reduce girls risk of HIV by keeping them in school by providing a cash transfer paid to the young women and their families conditional on school attendance. There is quite a lot of research showing that young women who stay in school and complete school are at lower risk of acquiring the HIV virus compared to young women who do not complete school. Economic barriers are a major reason why young people in South Africa report dropping out of school thus the aim of the cash transfer is to help alleviate both financial and personal barriers to school attendance.

The second component of the programme aims to change negative gender norms and HIV risk behaviours of men in the communities in which young women live through community mobilisation. Given that young women are put at risk of HIV not only through their own behaviours but also due to factors beyond their control, in particular, the behaviours of their partners, boyfriends or men in their community, it is important that programmes also focus on men. This programme, to mobilise around changing negative gender norms and creating a safer context for girls to thrive, is called the Bushbuckridge One Man Can Community Mobilisation Programme.

We know that HIV risk in our communities is caused by multiple factors and thus programmes that work to reduce risk must work to reduce risk at multiple levels. Thus Swa Koteka aims to keep young women and men safe by aiming to keep young women in school and working to mobilise communities to engage men and boys for gender equality.

### **The Bushbuckridge One Man Can Community Mobilisation Programme**

This programme uses the One Man Can Campaign, developed by Sonke Gender Justice, to mobilise communities to engage men and boys in practicing gender equality.

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

Men are often socialised into behaviour that compromises gender equality, health and human rights. Men commit the vast majority of violent acts. Men can choose to maintain gender equality and health, and not to behave violently toward women, children, and other men. Men are also socialized into believing that they do not need to communicate about health, medical assistance, and specifically about reproductive health and child bearing, which are often framed as feminine concerns. This understanding keeps men from staying healthy, from getting tested for HIV, from engaging in reproductive health and reproductive

rights, and from taking on their roles as caring fathers. But these are learned behaviours that can be unlearned. The problem of men being socialized to avoid health services also affects the delivery of service to men, and health service providers often also need to be educated about reaching men more effectively.

In conducting background research for the campaign, we learned that many men and boys do worry about the health and 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 healthier, safer and more just world, but 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, more and more 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 violence and improving their own health and the health of their partners and families. 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, and improve health service delivery. As family and community members, men can intervene with perpetrators to stop the violence, promote healthy lifestyles and 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 short name for the programme in which you are involved is '**The One Man Can Programme**'. Whenever you refer to the programme, when talking to friends and community members about it be sure not to call it anything else. The brand of the programme is '**One Man Can**' and it is important that people identify the logo and the programme name as '**The One Man Can Programme**'.

### **Monitoring our work**

It's very important in the context of a research study like Swa Koteka to document all of the programme efforts that take place. The different monitoring forms and documentation in this project will help investigators understand why the OMC programme is impacting the

community or not. The forms will also help mobilisers and CATs keep track of their efforts, reflect on their experiences, and become better at what they do. Keeping detailed documentation means keeping your monitoring forms with you and documenting the activity as it is happening and immediately after it ends, to make sure that information is not lost. The monitoring plan and details on completing monitoring forms can be found in the Standard Operating Procedures (SOP) for Community Mobilisation.

### **The Swa Koteka Randomized Control Trial**

The Swa Koteka Project investigates the success of the cash transfer system combined with the One Man Can Community Mobilisation Programme through a research design called a Randomized Control Trial (RCT).

The RCT design has been recognized worldwide as the best way to test if an intervention works or not. In this type of study design there are two groups, one group that will get the intervention and one group that will not. The decision on who will be assigned the intervention is done randomly, much like the flip of a coin. The group or individual who gets the intervention is often called the intervention group or intervention arm and the group or individual who does not get the intervention is often called the control or comparison group or control arm. Both groups are monitored before, during and after the intervention to see if there are any changes in the desired outcomes (e.g. gender norms or condom use). If a difference is seen between the two groups on the desired outcome it can be attributed to the intervention because the intervention was implemented randomly. In this study, households of young women who are enrolled in grades 8-11 attending High Schools in the study area are randomly assigned to receive the CCT or not. For the One Man Can Community Mobilisation Programme 22 villages within Bushbuckridge have been randomly selected to receive the intervention or not.

Eleven villages have been randomly selected for implementation of the Community Mobilisation Programme. In order to know whether the programme worked to change gender norms, we will compare differences we find in gender norms between intervention and control communities. We can only make this comparison and know that the differences are due to the intervention, if the One Man Can Community Mobilisation Programme is ONLY implemented in the eleven selected intervention villages. If the Programme is implemented in control villages it means that the intervention and control groups/ become more like each other. This could result in researchers seeing no differences between the intervention and control villages at the end of the study, which would suggest that the intervention did not work. The 11 intervention villages are listed on the opposite page.

## IMPORTANT NOTE

TO ENSURE THAT THE STUDY SUCCEEDS, IT IS IMPORTANT THAT THE  
ONE MAN CAN CAMPAIGN AND PACKAGE OF MATERIALS ONLY BE  
IMPLEMENTED IN THE VILLAGES THAT HAVE RANDOMLY BEEN SELECTED.  
THESE ARE:

Cunningmoore A  
Cunningmoore B  
Dumphries A  
Dumphries B  
Croquetlawn B  
Kildare A

Kildare B  
Justicia  
Khayalami  
Newington C  
Somerset

I HEREBY DECLARE THAT I WILL ONLY IMPLEMENT THE OMC CAMPAIGN  
AND USE MATERIALS FROM THE COMMUNITY MOBILISATION PROGRAMME  
IN THE ABOVE VILLAGES FOR THE PERIOD 1 APRIL 2012 TO 31 MAY 2015

MOBILISER SIGNATURE:.....

DATE.....

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## Terms

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

<b>Abuse</b>	Improper, harmful or unlawful use of something
<b>AIDS</b>	Acquired Immune Deficiency Syndrome
<b>Attitudes</b>	Our views, opinions, and feelings about something
<b>Beliefs</b>	Firm opinions normally based on religious and cultural principles
<b>Breadwinner</b>	The person who is responsible for earning money to support the family
<b>Class</b>	A set of people grouped together by their level of wealth and/or the jobs they do in the economy
<b>Culture</b>	The beliefs, customs and practices of society or group within society (such as, youth culture) and the learned behaviour of a society
<b>Division of labour</b>	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)
<b>Ethnicity and Race</b>	<p>Ethnicity refers to a grouping of people according to their common cultural traditions and heritage, for example Zulu, British or Greek.</p> <p>Race refers to a group of people unified by shared interests, or characteristics, for example, Black, White, and Coloured.</p>
<b>Gender</b>	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.
<b>Heterosexual</b>	Sexual desire for person of the opposite gender
<b>HIV</b>	Human Immune Deficiency Virus
<b>Homosexual</b>	Sexual desire for person of the same gender
<b>Norms</b>	Accepted forms and patterns of behaviour that are seen as 'normal' in a society or in a group within society
<b>Patriarchy</b>	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
<b>Power</b>	The ability to do something as well as control and influence over other people and their actions
<b>Rape</b>	Forcing a person to have any type of sex (vaginal, anal or oral) against their will
<b>Resources</b>	A supply of something (for example, abilities, money, time, people) that can be used
<b>Sex</b>	The biological differences between the male and the female
<b>Sexual and Reproductive Health and Rights</b>	Sexual and Reproductive Health and Rights (SRHR) can be understood as the right for all to make choices regarding their own sexuality and reproduction, this includes people that are young or old, women, men or transgender, straight, gay, lesbian or bisexual, HIV positive or negative, and providing these choices respect the rights of others to bodily integrity. This definition also includes the right to access information and services needed to support these choices and optimise health.
<b>Sexual responsibilities</b>	The ethical obligations that a person has to others with whom he/she engages in penetrative sexual activity.
<b>Socio economic group</b>	A group that shares similar social and economic circumstances.
<b>Status</b>	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)
<b>STIs</b>	Sexually Transmitted Infections
<b>Values</b>	Accepted principles and standards of an individual or group
<b>Violence</b>	The use of force or power to harm and/or control someone

## The OMC Bushbuckridge package of materials

This version of the Workshop Manual is one of a number of different materials that have been developed for use in the Swa Koteka project in the Bushbuckridge area of Mpumalanga, South Africa. Effort has been made to tailor the activities to fit in terms of the rural location, and the local cultural and economic factors. This manual, Booklet 2: The Community Mobilisation Workshop Manual is part of a package of materials for the OMC Bushbuckridge Community Mobilisation project for work in rural South Africa and is designed to be used in conjunction with *Booklet 1: The Community Mobilisers Handbook* and *Booklet 3: The Community Mobilisation Tool Kit*.

Document	Readers	Purpose
Booklet 1: Community Mobiliser's Handbook	Community Mobilisers	The Community Mobiliser Handbook provides guidelines to community mobilisers for initiating and coordinating community mobilisation activities and Community Action Teams (CAT).
Booklet 2: Community Mobilisation Workshop Manual	Community Mobilisers CAT Members	This is a guide to facilitating the OMC workshops. The Workshop Manual contains the most important learning activities for community action team members and community participants to engage with in order to learn about gender equality, HIV prevention and human rights.
Booklet 3: Community Mobilisation Toolkit	Community Mobilisers CAT Members	The toolkit is a complementary resource to the Workshop Manual and Mobiliser's Handbook. It provides a set of instructions for community mobilisation activities that mobilisers, CATs and community members can conduct.
Booklet 4: CM Standard Operating Procedures (SOPs)	Community Mobilisers	This document sets the Standard Operating Procedures for the research study in place. It defines each aspect of the CM strategy and lists guidelines that should be adhered to.

Additional copies of materials can be requested from Sonke Gender Justice Network by phone or email ([onemancan@genderjustice.org.za](mailto:onemancan@genderjustice.org.za)) or downloaded from the campaign website at [www.genderjustice.org.za/onemancan](http://www.genderjustice.org.za/onemancan).

## Overview of the Community Mobilisation Workshop Manual

### Who is this manual for?

This manual is intended to be a resource for those working with men, women, boys and girls on issues of citizenship, human rights, gender, health, sexuality and violence. The manual is a compilation of activities, grouped into five separate two day workshops. The content of the activities is informed by a commitment to social justice, gender equality and engaged citizen activism. A participant can attend only one workshop, or ideally all five. Each workshop has a different set of activities, but the same themes are addressed in all of the workshops.

### Why this manual?

The activities are intended to encourage men and boys 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 do not require lots of prior facilitation experience.

### How to use this manual

The activities have been grouped together as workshops 1 to 5. Each workshop will be conducted for two days, and the workshops can be combined or tailor-made to suit different audiences. Read through the entire manual, including the summaries of the activity themes, before you use the activities. Read through each activity again before you start it, and make an effort to translate some key words into the local language.

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 to remember:** These are the key points to bear in mind 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.

## How to recruit for workshops

It is important to be able to find the right participants for your workshops. In addition to educating participants, and maybe changing their attitudes or behavior, workshops can also help to identify potential CAT members.

Remember that participants should be aged between 18 and 35, and that you should always have a mix of male and female participants. Gender roles are maintained by both genders and it is therefore important to have both present when attempting to change the roles. The main target population for the workshops is male, however, and you should strive to have no less than half of the participant number be male.

When you recruit participants it may be useful to look for people in your community that have already taken some kind of community action. They will then be more likely to be interested and concerned about gender and health issues in their community. Examples are people who have started small community projects such as a crèche, or a women's economic empowerment project, or who are known to be helpful in the neighborhood.

You may also want to advertise, or promote your workshops in spaces where men that are likely to engage in risky behavior hang out such as taverns. Be sure to get permission from a tavern owner however, before you promote your workshop.

Once you have recruited a group of participants – consult them on the best times to host the next workshops. Bear in mind that many men in the community may be migrants, and will only be home during work holidays. Try and book workshops during times when these men are available.

Another method that may be helpful is 'meerkat-nest' recruitment. Every tunnel in a meerkat nest branches into two more tunnels. Ask participants that have shown interest, or attended one workshop, to ask two friends to come along to the next one. If these ask two in turn, it is already six more participants, from one person!

Remember also that participants, who attend one workshop, should attend all the others if they are available. Remind participants at each workshop that the next workshop in the series is different.

## Guiding Principles

### Principles of HIV programming<sup>i</sup>

- Our HIV programmes raise awareness and build the capacity of communities to respond to HIV.
- We advocate for an enabling environment that protects and promotes the rights of PLHIV and affected communities and supports effective HIV programmes.
- We provide and/or advocate for voluntary counseling and testing services that are accessible and confidential.
- We provide and/or advocate for comprehensive HIV prevention programmes to meet the variety of needs of individuals and communities.
- Our HIV prevention programmes enable individuals to develop the skills to protect themselves and/or others from HIV infection.

- Our HIV prevention programmes ensure that individuals have access to and information about the use of commodities to prevent HIV infection.
- Our HIV programmes are integrated to reach and meet the diverse needs of People Living with HIV (PLHIV) and affected communities.
- We provide and/or advocate for comprehensive harm reduction programmes for people who inject drugs.
- We provide and/or advocate for comprehensive treatment, care and support programmes.
- We enable PLHIV and affected communities to meet their treatment, care and support needs.
- We enable PLHIV and affected communities to understand their rights and respond to discrimination and its consequences.
- We monitor and respond to systemic discrimination.
- We enable communities to understand and address HIV-related stigma.
- We foster partnerships with human rights institutions, legal services and unions to promote and protect the human rights of PLHIV and affected communities.

#### **Principles of addressing gender norms**

- Gender equality is a complex, complicated, and wide-ranging issue involving a multitude of factors embedded in culture, economy, law; and most intractably our cultural constructions of femininity and masculinity.
- Accordingly women and men must be *addressed* and *involved* in the effort in order to make the comprehensive social changes necessary to achieve gender equality.
- Gender equality is neither a women's only or men's only issue but a society wide issue.
- This work with women, girls, men and boys should be gender transformative, i.e. seeking to transform gender norms towards more equitable behavior.

#### **Principles of non-violence**

- Domestic and sexual violence are against international and national laws and violate the South African Constitution and international human rights.
- Domestic violence and dating violence is everyone's business - it is not a "private matter". There are no accurate stereotypes about women when it comes to men's violence against women.
- No one is safe until everyone is safe
- 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. Violence is learned; it can be unlearned.
- Violence is a choice and is a strategy for gaining power and control.
- Survivor safety and perpetrator accountability should be upheld.
- In learning activities, participants should feel safe.
- Violence, inequity, and conformity to gender norms also hurt men by limiting their range of experiences.

We encourage all staff, trainers, community mobilisers and CAT members to model equality with equitable gender dynamics with participants at all times. Community members will learn about healthy relationships from the activities and from their relationship with you. Therefore, community mobilisers and CAT members must model the behaviours promoted in this programme by being fair and respectful at all times. The community mobilisers and CAT members must never harm or intimidate a community member.

## **Beyond training - Community Mobilisation**

This workshop manual, and the broader package of community mobilisation materials suggest 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 undertaking. Rather, it is a vision that can be realized only through determined social action involving many communities, sectors of society, and institutions. Social change usually requires the work of several kinds of social movements working together to create a bigger impact than any one individual or organization can have in isolation. Individuals, small groups, and social organisations taking action at a grassroots level play an important part to effect change.

Activists working for gender justice are encouraged to influence many different levels – starting with us! Yet we need also to think about the social structures that influence the behaviour of individuals, and the powers that maintain gender inequality, gender-based violence, poor access to health, increased risk of HIV infection, and poverty itself. In selecting a focus for our activism, we can expect resistance, opposition and difficulty. Yet we can also expect that when there is enough demand for change, even the most entrenched institutions will give way.

To date, most work with engaging men and boys for gender justice has involved running workshops. This is important work. However, to be effective and to bring about change at the society level, it is necessary to go beyond running workshops. Even if organisations working with men are well resourced and have large staff they are never likely to reach more than a few thousand men a year. There are however millions of men and boys in the world who need to be reached.

Community workshops should be seen as the starting point, not the end goal. Workshops raise consciousness about gender inequalities, but workshops alone will not promote sustained individual or social change. Instead, workshops should be seen as a step towards taking action. Real community level change rarely occurs without a community dialogue and consciousness raising through discussion and debate. This seed of discussion can be planted with a workshop, but many levels of action are needed to truly create change.

This Workshop Manual provides an introduction to the goals, activities and values that Community Action Teams (CATs) will act upon and use. More importantly, it gives an opportunity to learn about gender equality, health and human rights. As mentioned above, this manual will be utilized with the other materials in the Community Mobilisation package, especially Booklet 3: The toolkit for Community Mobilisers, which describes a series of community activities that CAT members and community mobilisers can conduct, after they have completed the workshop activities.

### **General guidelines for conducting OMC activities**

Activities should only be carried out by trained Mobilisers, CAT members, or other pre-approved OMC programme staff. It is hoped that CATs will become more and more involved in conducting these activities, and others they come up with, by themselves over time.

General rules for conducting non-workshop activities include:

- Activities should happen **ONLY** in the 11 intervention villages, not in control villages or even on roads that separate the intervention and control villages. Also avoid conducting activities in any places or at events where community members from multiple villages will be (e.g. radio, district municipal public areas).
- Activities should not be political in any way: they should not be associated with a political party or a political candidate.
- Mobilisers/CAT members should keep community leaders informed about day-to-day activities in their villages, by meeting with them at least once a month.
- Before inviting participants to attend an activity, make sure that permission is granted to use the venue.
- Mobilisers/CAT members should continuously encourage community members - especially men - to engage in self-reflection, seek further education, and forge networks with their peers in order to increase and maintain more gender equitable norms in each community. Change can be slow, but it is possible and it does happen!

During or immediately after each activity, the facilitators must fill out the monitoring form “CM Activity Form” according to the procedures listed in the **CM Activity Form SOP**. The lead facilitator (who can be either a Mobiliser or CAT member, chosen on each occasion by the Mobilisers and/or CAT members involved) should then submit these forms at the weekly OMC meeting (if the lead facilitator is a CAT member, he/she should give this form to a Mobiliser to turn in).

## The Activity Themes

In this section we lay out the key concepts that we will teach through workshop activities. First we introduce the major themes you will explore. Following the introduction of themes we will layout materials for workshops 1 to 5. Each workshop includes at least one module on each major theme. The workshops are designed to be appropriate for any audience, male or female, of sixteen years and above.

### THEME 1: Gender, Power and Health

#### Introduction

This theme gives an overview of key concepts related to gender, power and health. 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.

#### Key objectives

Through the activities in this theme we aim to:

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

#### Fostering Action

The workshops aim to foster positive action and change and empower participants to become change agents in their own lives and community. This theme aims to encourage action related to gender, power and health at different levels as follows.

At the community and interpersonal 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.
- Draw attention the attention of community leaders to issues of gender based violence and HIV prevention.

At the societal 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 HIV prevention 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.

## **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. 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.

## **Power, privilege and HIV prevention**

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.

## **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, stay in control because of ideas about their superiority and use violence to maintain control. This theme of activities provides the basic information and experience to be able to challenge these ways of maintaining control.

## **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:* This power is about having power on the basis of collective strength 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 and 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.

## **THEME 2: 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 gender-based 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 against women. The purpose of this system is to maintain the current gender order, in which men have power over women.

This theme 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
- Strategies for engaging men to respond to violence

### **Key Objectives**

Through the activities in this theme 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 workshops aims to foster positive action and change and empower participants to become change agents in their own lives and community. This theme aims to encourage action related to gender and violence at different levels as follows.

At the community and interpersonal 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 societal level taking action to:

- Demand that laws related to violence against women are fully enforced.
- Pressure for implementation of Southern African Development Communities (SADC) and national 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.

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.

### **Impacts of violence**

Women are the main victims of male gender based 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

## **THEME 3: 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 the attitudes and practices of men 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 medical male circumcision, 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 workshops 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 as follows.

At the community and interpersonal level taking action to:

- Hold local stakeholders such as police, health service professionals and local leaders to their promises about upholding human rights and applying the stipulated people first principles.
- 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 societal 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.

## **HIV and AIDS**

Human immunodeficiency virus, or HIV, is the virus that causes acquired immune deficiency syndrome (AIDS). The virus weakens a person's ability to fight infections and cancer. People with HIV are said to have AIDS when they develop certain infections or cancers or when their CD4 count is less than 200. CD4 count is determined by a blood test in a doctor's office.

Having HIV does not always mean that you have AIDS. It can take many years for people with the virus to develop AIDS. HIV and AIDS cannot be cured. Although people with AIDS will likely one day die from an AIDS-related illness, there are ways to help people stay healthy and live longer.

### *How Does HIV and AIDS Cause Illness?*

HIV attacks and destroys a type of white blood cell called a CD4 cell. This cell's main function is to fight disease. When a person's CD4 cell count gets low, they are more susceptible to illnesses.

### *What Is AIDS?*

AIDS is the final stage of HIV infection. When the immune system CD4 cells drop to a very low level, a person's ability to fight infection is lost. In addition, there are several conditions that occur in people with HIV infection with this degree of immune system failure - these are called AIDS-defining illnesses. According to Avert, an estimated 5.6 million people were living with HIV and AIDS in South Africa in 2009, more than in any other country. It is believed that in 2009, an estimated 310,000 South Africans died of AIDS. Prevalence is 17.8

per cent among those aged 15-49, with some age groups being particularly affected. Almost one-in-three women aged 25-29, and over a quarter of men aged 30-34, are living with HIV. Marking a welcome change from South Africa's history of HIV the South African Government launched a major HIV counselling and testing campaign (HCT) in 2010. Since implementation in 2010, the HCT campaign has had a notable impact on the availability and uptake of HIV testing and treatment

#### *How Do People Get HIV?*

A person gets HIV when an infected person's body fluids (blood, semen, fluids from the vagina or breast milk) enter his or her bloodstream. The virus can enter the blood through linings in the mouth, anus, or sex organs (the penis and vagina), or through broken skin.

Both men and women can spread HIV. A person with HIV can feel okay and still give the virus to others. Pregnant women with HIV also can give the virus to their babies.

Common ways people get HIV:

- Sharing a needle to take drugs.
- Having unprotected sex with an infected person.
- Maternal to child transmission during delivery and breastfeeding, if the mother is not on treatment.

You cannot get HIV from:

- Touching or hugging someone who has HIV/AIDS.
- Public bathrooms or swimming pools.
- Sharing cups, utensils, or telephones with someone who has HIV/AIDS.
- Bug bites.

#### **The Feminization of AIDS**

Throughout sub-Saharan Africa, young women are at extremely high risk of HIV acquisition and in many African countries more than 30% of young women are infected with HIV. In South Africa, young women are infected with HIV at 3-4 times the rate of young men; by the time a woman reaches age 21, she has a 1 in 3 chance of being infected. Preventing HIV infections in young women is essential to both stopping the cycle of new infections and dramatically reducing the cost of HIV treatment and its impact on society.

Women's Issues are key to HIV prevention. There are many programs aimed at the empowerment of women as key strategy to remove the burden of HIV and AIDS on women. Unfortunately, one might still argue that at broader societal levels, women are still not more empowered. It is imperative that women's lack of economic and social empowerment be prioritized as key issues in HIV prevention.

#### **Prevention of new HIV infections**

In the early phases of the response to the HIV epidemic, many programmes in South Africa implemented the 'abstain, be faithful and condomize' (ABC) strategies of HIV prevention. The ABC approach was problematic in terms of gender as many women did not have the power to negotiate sex or condoms within their relationships. In the last decade, we have seen a shift towards comprehensive prevention strategies. These include combining prevention with treatment, considering and addressing economic milestones, medical male circumcision and complementing mass media with evidence based interventions.

## **THEME 4: Alcohol**

### **Introduction**

This module examines the relationship between alcohol use, gender-based violence and HIV and AIDS. It makes the case that social drinking can serve as a healthy way for men and women to enjoy time together.

However, it also asks participants to reflect on the ways in which gender socialization, ideas about masculinity and other social factors such as boredom, loneliness often put men at risk of unhealthy drinking and drug use. Although the module looks primarily at alcohol many of the issues raised also apply to other types of substance abuse.

This module explores:

- What constitutes problem drinking? The relationship between gender socialization, alcohol abuse and vulnerabilities to violence, HIV and AIDS, and other health problems.
- Knowledge and tools to challenge problem drinking.

### **Key objectives**

Through the activities in this module we aim to:

- 1) Encourage participants to understand the link between alcohol consumption and increased risk behaviours such as violence and unprotected sex.
- 2) Encourage participants to develop harm reduction strategies that minimize their own and their friends alcohol related risk-taking behaviours.
- 3) Encourage participants to drink responsibly.

### **Fostering Action**

This alcohol use, gender-based violence and HIV and AIDS theme aims to foster positive action and change and empower participants to become change agents in their own lives and community. The theme aims to encourage action at different levels.

At the community and interpersonal level, taking action to:

- Educate shebeen/bar owners, servers and patrons about safe drinking strategies.
- Establish support groups for people with alcohol and drug problems within communities.
- Increase access to other healthier forms of entertainment and leisure.
- Working with shebeen/bar owners so that they have a regular supply of condoms on their premises.
- Engaging shebeen/bar owners on how they can help address issues of violence.

At the societal level, taking action to:

- Lobby for local and national policies that might be effective in reducing alcohol consumption.
- Raise awareness on laws pertaining to alcohol use.
- Ensure that these laws are enforced.

## **Men, Alcohol and Risk**

Globally, men are likely to drink more heavily than women and more likely to be habitual heavy drinkers. Men are more violent after drinking, and have more acute and chronic problems related to alcohol. Men's drinking often impacts others. Women are more likely than men to suffer not only from their own drinking behaviour but also from the harmful consequences of their partners' drinking behaviour. Alcohol use both reflects and reinforces contemporary gender socialization. Typically men are socialized to suppress emotions and are often taught to drink alcohol as a way to manage difficult feelings. Used in this way, alcohol consumption is a risk factor for gender-based violence and for the loss of sexual inhibition that contributes to the spread of HIV. In South Africa, the Medical Research Council's National Trauma Research Programme reported that 67 percent of domestic violence in the Cape Town Metropolitan area was alcohol-related. In another study of women abused by their spouses, 69 percent identified alcohol/drug abuse as the main cause of conflict leading to the abuse.

Studies in South Africa have shown a connection between alcohol consumption and the likelihood of men and women engaging in unprotected casual sex, particularly in spaces associated with alcohol consumption such as shebeens or taverns. Migrants often do not have access to recreational facilities and activities and may tend to resort to alcohol as a means of entertaining themselves. This may lead to increased alcohol consumption leading to an increase in high-risk sexual behaviour.

## **THEME 5: Healthy relationships**

### **Introduction**

People often think of their interpersonal relationships as shaped by individual (or personal) factors only. Human relationships, however, are also influenced by societal factors, for example, by power differences between people, and by the way that relationships are portrayed in the media. With adolescence, young people may experience different, often intense, feelings as aspects of their relationships undergo marked change.

The workshops raise a number of sensitive related topics. This section aims to help participants to openly discuss issues relating to physical, sexual and emotional relationships.

This theme particularly focuses on:

- The differences between healthy and unhealthy relationships.
- Participants' own perceived sources of power and powerlessness, and how they bring these perceptions into their interpersonal relationships.
- The difference between love and infatuation, including in participants' lives.
- The nature of participants' relationships and the kind of relationships that they want to have in their own lives.
- The importance of rights, skills and support to address or terminate a troubled relationship.

## **Key Objectives**

Through the activities in this theme we aim to:

- 1) Help participants talk openly about physical, sexual and emotional issues, in order to distinguish between healthy and unhealthy relationships.
- 2) Appreciate the importance of rights, skills and support to address or terminate a troubled relationship.
- 3) Introduce fatherhood and encourage male participants to be positive role models as fathers.
- 4) Describe basic rights to form relationships and to be treated with respect and dignity.
- 5) Discuss elements of satisfying long-term relationships.
- 6) Describe personal and societal factors that may contribute toward, or impede, having satisfying and mutually respectful relationship.

## **Fostering Action**

This theme supports participants to define what healthy relationships means to them, and promotes action on various levels.

On the individual and interpersonal level the theme supports participants to:

- Communicate effectively with their partners, especially regarding sexual and reproductive health.
- Present role models to other adults and children of healthy relationships.
- Develop negotiating skills.
- Become conscious of the gender driven behaviour in their relationships, and ways to overcome harmful stereotypes.

On the societal level this theme supports participants to:

- Advocate for community and policy environments in which healthy relationships are possible.
- Challenge leaders that portray or advocate harmful messages about relationships.

## **Healthy relationships**

Gender based violence often occurs between partners, within households. In 2006, the Medical Research Council found that one woman was killed every six hours by her partner. While harmful gender norms are systemic and lead to widespread gender inequality economically, politically and socially, the impact of these norms is also felt on a personal level between partners in a relationship, or children in a household. This theme attempts to introduce ways in which healthy relationships can be created and maintained between adults, and between parents, or caregivers and the children in their care.

In the context of the current HIV epidemic, decisions and communication about sexual health becomes life saving: healthy relationships play an important part in preventing HIV infection. In a healthy relationship, sex is negotiated, and not coerced, and protection methods such as condoms can be negotiated and used. The theme assists participants to understand assertiveness in relationships, but also the societal and community norms that may affect their interpersonal relationships.

A healthy relationship is a non-violent relationship. Participants begin to learn how to address their relationship needs, and build a relationship where violence no longer is necessary. Violence is often used as a strategy to control over a long term, and in a healthy relationship, this power imbalance moves towards a more equal platform of negotiation. One example is that participants begin to distinguish between using threatening demands, and using requests.

The other aspect of healthy relationships that promotes health and prevents violence is parenting. Parents are firstly role models to their children of healthy behaviour, non-violent relationships and ways to remain HIV negative. Secondly, when men take a non-violent, active role in their children's lives, the children are more likely to succeed at school, have greater self-esteem, and have better relationships with others themselves. This theme introduces the notion of healthy fatherhood, and promotes men's involvement in the care of children. It should be noted that it is not necessary for an adult to be a biological parent to a child in order for the adult to play a parenting role, and this theme encourages all adults in children's lives to act in caring and responsible ways.

## THEME 6: Human Rights

### Introduction

Every person is connected to others through individual and family relationships, as members of society, and as part of humanity. This connectedness to each other means that every person has responsibilities for the way we treat each other. It also means that all people are entitled to certain rights because they are human beings, but also that all people therefore have their own beliefs and values about what is right or wrong. Some values are considered universal -- for example, that every single person has basic rights to dignity and to the safety of their own body, regardless of gender, age, sexual orientation, race/ethnicity, or physical ability.

This theme particularly focuses on:

- The way gender norms impact on human rights.
- How interpersonal relationships, and community networks contribute to community members, particularly women, accessing their rights.
- How men and boys can become engaged in improving access to human rights, especially in terms of gender related human rights.

### Key Objectives

Through the activities in this theme we aim to:

- 1) Assist participants to explore the gendered nature of human rights.
- 2) Increase understanding of the connections between human rights and gender equality.
- 3) Motivate and equip participants to contribute to engaging men and boys for human rights enhancement.
- 4) Name and know basic rights of every human being.
- 5) Name at least two sexual and reproductive rights.
- 6) Discuss at least two circumstances in which people are able to exercise their sexual or reproductive rights, and two in which they are not able to.
- 7) Describe an example of a change in a law or policy affecting people's sexual or reproductive lives.

*In terms of participants' feelings, this theme aims to assist participants to:*

- Discuss their own feelings about whether it is fair for people in a society to be treated unequally
- Discuss their own feelings and attitudes about a sexual or reproductive rights violation (and its consequences) that they care about
- Debate effectively issues related to equality, discrimination, or other aspects of human rights.

## Fostering Action

The theme of human rights aims to foster positive action and change and empower participants to become change agents in their own lives and community. This theme aims to encourage action at different levels.

At the community and interpersonal level, taking action to:

- Respect and act within human rights in interpersonal relationships.
- Ensure that communities are aware of the rights of all of their members, and to ensure that all members can access and practice these rights.
- Promote the responsibility that men and boys carry to achieve gender equality, and reduce gender based violence, in order for all to access their rights.
- People can reflect on their own lives and values, asking such questions as: What do I want? What do I need to do to live better with others? What are my biases and prejudices?
- Confronting one's own biases and prejudices can be difficult, but everyone should realize that they are capable of self-reflection, growth, and change in their lifetime.
- Everyone must help educate and organize to change people's attitudes, and to ensure that everyone enjoys equal justice.
- A first step to helping oneself and one's community is to know one's own rights. When people know their rights, they may feel more empowered to resist injustice and demand that their rights, and the rights of others, be respected.
- Standing together when rights have been violated. When people identify a practice that they believe is a violation of human rights, they can advocate for change.

At the societal level, taking action to:

- Lobby for local and national policies that might be effective in improving citizens' access to human rights.
- Raise awareness on policies that guide human rights frameworks.
- Highlight human rights infringements with the goal of improving human rights for all.

## Human rights

If people learn about and can begin to exercise their rights, it can have a profound effect on their wellbeing. For example, men and women who believe in gender equality tend to have fewer problems with unwanted pregnancy, violence against females, and HIV. Research shows that individuals with very conservative views about male and female roles tend to have more of such problems.

It is fitting therefore that a gender based violence and HIV prevention programme should give attention to human rights. Consider why some people remain so vulnerable to rape, unwanted pregnancy, violence, and HIV, or suffer stigma because of their sexual orientation. To protect ourselves, we all need equal opportunity to exercise our basic rights – for example, to dignity, safety of the body, and access to services.

All human beings need and are entitled to certain basic protections:

- Food, water, and shelter
- Treatment with respect and dignity.
- Equal treatment under the law.
- Health care, including information, counselling, and services for sexual and reproductive health.

These rights are called “human rights.” They are universal, which means they apply to everybody, regardless of gender, age, sexual orientation, race/ethnicity, political beliefs, religious beliefs, health status, or physical ability. These rights have been established by the community of nations via the United Nations, formalized in international agreements, and formally endorsed by most governments. In doing so, these governments have acknowledged their obligation to protect, respect and fulfil these rights.

Although all human beings share these rights, in many societies not all persons are treated equally. In reality, some people have more privilege or power in society. Belonging to a group that enjoys greater privilege or power (by virtue of their religion, social caste, or economic status, etc.) makes it more likely that a person:

- Can meet basic needs for food, shelter, education, and health;
- Will be treated with respect and dignity;
- Will receive equal and trust treatment under the law;
- Can achieve his or her dreams.

In some cases, people are denied their basic rights just because they are perceived as associated with a particular group, or groups, in the society. This group may represent a certain nationality, gender, race, religion, age, political view, sexual orientation, health (including HIV) situation, or physical ability.

- Sometimes people attribute a set of limited characteristics to a certain group of human beings; this is called “*stereotyping*.” Stereotyping is typically inaccurate or highly distorted and makes us less able to see others as full human beings and more likely to condone unfair treatment of those people.
- When people are treated unfairly because of their presumed identity, it is called “*discrimination*.” People have a right to live free of discrimination. Discrimination occurs in families, at school, at work, in the community, and in society at large.
- All of us grow up exposed to stereotypes and discriminatory attitudes about certain people and groups, and we all learn to act in certain ways toward specific groups. Such stereotypes are harmful and can lead to the violation of human rights.

One mechanism for protecting people’s rights is through agreements and laws. For example, governments, and religious legal systems can pass laws specifically governing the rights of those persons in society who are most marginalized.

Our country, South Africa, fortunately has one of the most progressive constitutions in the world; its laws are aimed at promoting and protecting each and every individual’s rights and dignity. Sadly though, what is on paper does not always translate to what is happening on the ground. Some people and government official tend to ignore these beautiful laws; It is from this type of disconnect that activities from this unit aim to create and build awareness on human rights, but also to encourage citizen participation to uphold these rights.

Many community based organizations and individuals work formally and informally to fight for justice and human rights in their communities, countries, and internationally.

## **THEME 7: Taking Action for Change**

This workshop 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. Towards this, all the other themes have specific sections called: ‘fostering action’ that describes the kinds of actions participants can take in each theme.

### **Key Objectives**

Through the activities in this theme we aim to:

1. Identify actions that participants can take to prevent HIV, improve gender equality and enhance human rights.
2. Assist participants to plan for such action in their communities.
3. Equip participants with the basic skills to take the actions they planned.

Each workshop, and most activities, direct participants to defining the actions that they will take to enact upon their newfound insights. The message of the One Man Can campaign also emphasises this call to action. This workshop manual, is therefore only one part of the package of materials required for the community mobilisation programme. As mentioned above, Booklet 1: The Community Mobilisers Handbook assists community mobilisers to work with a small team of motivated individuals called a Community Action Team, or CAT. Booklet 3: The Community Mobilisation Toolkit, offers a directory of community mobilisation focused activities, that can be implemented by such a CAT. To this end, community mobilisers are directed to visit and use these other resources, in conjunction with the actions identified and encouraged in the current booklet.

## WORKSHOP ACTIVITIES

### Introduction to the workshop section of the manual

All workshops will be conducted for two days. Each workshop activity has an easy-to-follow agenda that states the duration of each activity and provides facilitators with preparatory and end notes. Effort has been made to make sure that each workshop agenda covers most of the 7 activity themes. This table lists the activities per theme and workshop.

	Workshop 1	Workshop 2	Workshop 3	Workshop 4	Workshop 5
<b>1. Gender, Power and Health</b>	Sex and Gender.  Act Like a Man, Act Like a Woman.  Gender fishbowl.	Gender socialization: The socialization of masculinity.  Power, Status and Health.	Power statues.	Gender Roles (The 24-hour day).	Caring for oneself, men, gender and health.
<b>2. Gender and Violence</b>	Violence against women in a daily life.  Violence used and received.	How we learn violence.  Violence clothes line.	Continuum of Harm to Women.  Consent vs. Coercion: Exploring Attitudes towards Rape.	A Live Fool or a Dead Hero: Getting "Respect".  Men's use of violence and abuse.	Risk and violence, tests of courage.
<b>3. Gender, HIV and AIDS</b>	HIV case studies.  Getting tested for HIV.	The HIV Handshake.  Taking Risks, Facing Risks: HIV and Gender.	Levels of risk.  All about condoms.  Impacts of HIV/AIDS.	HIV risk field.  Know the facts about HIV and AIDS: facts/nonsense	Medical male circumcision.  Negotiating condom use.
<b>4. Alcohol</b>	Talking about alcohol and alcoholism.	Alcohol Abuse: Risks, Violence, HIV and AIDS	Alcohol and Decision Making.	To drink alcohol is to be a man": Values around Gender and Alcohol Use.	Why Adults Drink, Why Youth Drink.
<b>5. Healthy Relationships</b>	It's about me: Developing a personal ad.	From violence to respect in intimate relationships	Exchanging sex for goods.	Body Mapping.	Effective communication.
<b>6. Human Rights</b>		Sexual Harassment	HIV treatment as a human right.	Working for Gender Justice in the Community.	Thinking about Fatherhood.  Men caring for boy, men caring for girl
<b>7. Taking action</b>	Taking Action: Making a Difference.	New Kinds of Courage.	Learning from men who have been role models.	Intervening with Friends in Taverns.  HIV / AIDS activism.	Men as positive role models in health promotion.  Influential community members speak out.

## General guidelines for conducting 2-day workshops

The workshop should be conducted for a minimum of 2 days, and a maximum of 4 hours each day, unless all participants agree to more time. Only trained Mobilisers or other OMC staff/CAT members approved by the OMC Programme Manager should facilitate the workshop. CAT members should be invited to assist with the workshops whenever possible. Each workshop will include a minimum of 10 participants and a maximum of 25 participants.

The agenda for each 2-day workshop should be chosen from the list of 5 possible workshop agendas included in the **CM Workshop Manual**. Facilitators should not add other activities than those that are listed in the Workshop Manual unless discussed with the group ahead of time.

All planning for the workshop should be conducted by the workshop facilitators well before the day the workshop is to begin. Workshop facilitators should look for a suitable venue for the workshop and obtain permission from appropriate authorities to use this venue on the two days the workshop is to be held. Facilitators can recruit potential participants using a range of strategies, for example, during door-to-door outreach, community presentations and activities, or at CAT meetings. Whenever possible, facilitators should have a sign-up sheet at these community events, and should ask potential participants for their telephone

## Activities that happen in all workshops

While activities are focused on the particular themes, each workshop includes activities that happen in every workshop. The purpose is to introduce participants to each other, set groundrules, and evaluate each workshop, as well as completing an Action Chart in order for participants to have a clear focus on steps to take when they leave the workshop.

Activities that happen in all workshops include:

- Checking in and out
- Groundrules and expectations
- Action chart
- Plus delta

Each of these is briefly explained below.

### Checking in and out

Checking in is a good way to start a day together. It can be as simple as going around a circle and letting each participant briefly say who they are and how they are feeling. One can also check in during the day or check out at the end of the day. You can also ask participants:

- How they are doing
- If anything new has happened for them since the previous session
- If they have realized anything new since the previous session
- One word that describes their state of being
- Their reflection on the discussions so far

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

## Groundrules and Expectations

You will be spending two days together as facilitators and participants. It is very useful to establish some groundrules at the beginning, and refer to them when necessary throughout the day. This is a simple process of asking everyone for agreements that they need the group to make. Some examples are:

- Punctuality, sticking to agreed times.
- No smoking indoors.
- Mobile phones off.
- One person speaks at a time.

At the same time, it is useful to set some expectations. These can then be reviewed at the end, in order to see if they were achieved, but they can also give you an indication if any participants have unrealistic expectations, in which case you can alert the participants that their expectations are not possible. A familiar unrealistic expectation is that participants expect to be employed after attending. Examples of familiar (and realistic) expectations are:

- To learn about the One Man Can Campaign
- To discuss gender based violence
- To meet new colleagues
- To have fun!

## Action Chart

The Action Chart 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 Sample

**Actions that I can take:**

**Actions that we can take:**

**Actions that others should take (say who):**

### **Plus or Delta?**

Every day should close with the Plus or Delta session. Divide a flipchart into two columns, at the top of the first make a '+' symbol, for plus, and for the other make a small triangle 'Δ' for delta.

Plus refers to aspects of the workshop that participants liked, and found positive.

Delta refers to aspects of the workshop that participants felt needs to change, and they suggest new ways of doing them in future.

Ask participants to contribute Plusses or Deltas and capture them on the chart.

This quick evaluation can guide you and the group into better ways of facilitating the various activities.

### **Completing the CM Workshop Monitoring Form and Workshop Register**

During and at the end of each 2-day Workshop, the lead facilitator should take the time to complete the CM Workshop Form, with input from any other community mobilisers and CAT members who assisted with the workshop. More instructions for how to complete this form can be found in the Workshop Form SOP in Booklet 4.

<b>WORKSHOP 1 AGENDA</b>		
<b>DAY 1</b>		
<b>Session</b>	<b>Activity</b>	<b>Theme</b>
Check in time	Introductions/ Pre test questionnaire, Expectations & Ground rules	
Morning 1	Sex and Gender	1
Morning 2	Act Like a man, act like a woman	1
Morning 3	Violence against women in a daily life	2
Afternoon 1	HIV case studies	3
Afternoon 2	Getting Tested for HIV	3
Check out time	Plus and Delta	
<b>DAY 2</b>		
<b>Session</b>	<b>Activity</b>	<b>Theme</b>
Check in time	Introductions/ Pre test questionnaire, Expectations & Ground rules	
Morning 1	It's about me: Developing a Personal Ad	5
Morning 2	Gender fishbowl	1
Morning 3	Violence used and received	2
Afternoon 1	Talking about alcohol and alcoholism	4
Afternoon 2	Taking Action: Making a Difference	7
Check out time	Plus and Delta	
Wrap - up	Workshop facilitator completes a Workshop Monitoring Form	

## WORKSHOP 1

### ACTIVITY 1: Sex and gender

#### THEME: Gender, Power and Health

#### Objectives

- To illustrate the difference between sex and gender.
- To ensure participants understand what is sexual orientation and all its variations.
- To illustrate the difference between sex/gender and sexual orientation

**Time:** 1.5 hours

#### Materials required:

- 2 flipchart sheets with outline of male and female figure with headings: I was born this way
- 2 flipchart sheets with outlines of male and female clothed figures with headings: I was taught to be like this
- Flipchart and markers

#### Steps

- 1) On one side of the room, put up the two newsprints, one with a drawing showing the outline of a male figure and the other, the female figure. Both have the heading: 'I was born this way'. On the other side of the room, put up two newsprints, one with an outline of a clothed male figure, and the other a clothed female figure. Both have the heading: "I was taught to be like this".
- 2) Divide the participants into four groups. Tell them you will give each group two minutes to work with each drawing. They must rotate amongst the four drawings.
- 3) With the "I was born this way" outlines, ask them to write words and to fill in the outline with drawings of the body parts that show what a man and a woman is like physically. With the "I was taught to be like this" outlines, ask them to write words and to add to the drawing images that describe how men and women are expected *to act, think and feel* on the drawing. Ask them to think of what your culture or society sees as a real boy/man and real girl/woman. What are they allowed to do/not allowed to do? What are they allowed to feel/not feel?
- 4) Discuss the drawings "I was born this way". Ask the participants what they have drawn?

Possible responses:

*Female:* Breasts (mature and can be used to breastfeed a baby), vagina, vaginal fluids, womb, uterus, ovaries, round hips, round legs on the female.

*Male:* Breasts (do not grow and cannot be used to breastfeed a baby), penis, testicals, testosterone, sperm on the male figure.

- 5) Ask the questions:

- a) How did we get these body parts?  
*We were born with them.*

b) Can we change them?

*No, not unless you have surgery and take required hormones to change your sex.*

c) What can we call these kinds of differences?

These differences between males and females are biological. We are born with them. They do not depend on our personality or our culture. They cannot be changed unless we have an operation and take hormones. Sex = biological differences, including different genes, chromosomes, sexual and reproductive organs.

These are called *sexual* differences between women and men. These biological or sexual differences are related to reproduction (how we make and have babies). Write SEX on the top of outlines.

- 6) Discuss the drawings “I was taught to be this way”. Ask the participants what they have drawn?

Possible Responses:

Women/girl	Men/boy
Have children	Make decisions – head of the family
Raise the children – be a mother	Be a leader in the community and government, business
Look after others	Protect his family and community
Cook and clean	Take part in community events
Listen and obey her husband, listen to others	Be active, give orders
Be submissive	Be in control, leader
Don't be too loud	Can be loud and outgoing
Be weak	Be strong
Always think of others	Think of themselves first
Act sexy but not too sexy	Can have sex from an earlier age
Be smart, but not too smart	Know all the answers, be clever.
Be tender, kind, caring	Aggressive
Can cry and show emotions	Can't cry and show 'soft' emotions

- 7) Go through two issues in the list written for women and ask: Can a man do this? The answer to all of them is yes, except for the ability to physically have a child.

If they say no, ask them what body part do you need to have to be able to do this? If for example they say a man can't cook and clean, ask them what do you need to be able to cook and clean? Two hands, a head, knowledge. Do men have two hands and a head? Yes and they can learn the recipes of how to cook from other people, in the same way that women did.

Go through two issues in the list written for men and ask: Can a woman do this? The answer to all of them is yes.

- 8) Ask them how we come to have these beliefs about what men/boys and women/girls can and cannot do, and how they should feel? Where do we learn these beliefs?

### Key points to remember

- We *are taught* from an early age what our different cultures and societies expect from men and women. We are *socialised* into being this way. We are socialised into gender roles (being a mother or being the head of the household) and there are rules for how men and women should behave.
- We learn these roles and rules from our families (mothers, fathers, aunties, uncles) from the school, from our friends, from our church, from watching television and reading magazines.
- We learn these gender roles and rules from the society in which we live in. They come from our culture and traditions, and from our religions.

Tell the participants that we do not just learn about our gender roles and rules, but that we also learn our **Gender Identity**: the socialization that we receive from the different institutions in society also contributes to our sense of ourselves as being a man or a woman i.e. our sense of self.

**Unequal power relations or male superiority:** Tell the participants that these differences between women and men do not just refer to complementary roles. Male privilege is basic to our society.

Material, political and every other advantage for men are made possible by a system of beliefs which involves the idea that men are superior to women. This is called the ideology of male superiority. These ideas are linked to patriarchy, which sees men as rulers, making decisions for women and children.

## WORKSHOP 1

### ACTIVITY 2: Act Like a Man, Act Like a Woman

#### THEME: Gender, Power and Health

##### 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 sheets
- Markers
- Tape

##### 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 flip chart sheet 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 flip chart sheet 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.*
    - *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 class, culture, ethnic and other differences may also affect these gender norms.

### Key points to remember

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.*

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.*

### Acting outside of the box

Note that 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. This activity allows participants to learn about the boxes, and then start to think about ways to change the forces that keeps men and women in these boxes.

## WORKSHOP 1

### ACTIVITY 3: Violence Against Women In Daily Life

#### THEME: Gender and Violence

#### 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.
- By the end of the activity, participants will identify some actions they can take to prevent violence against women.

**Time:** 1.5 hours

#### Materials

- Flipchart paper
- Markers

#### Steps

- 1) Draw a line down the middle of a flip chart sheet 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 them. 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?*
- 6) 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.

### Facilitator's Notes

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

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

Some people have strong emotional reactions to this activity. These reactions can include anger, outrage, astonishment, shame, embarrassment, and defensiveness, 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 to remember

***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.

**WORKSHOP 1****ACTIVITY 4: HIV Case Studies****THEME: Gender, HIV and AIDS****Objective**

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

**Time:** 45 minutes**Materials:**

Digital Stories and written case studies:

- Morapedi
- Anonymous male
- Thoko

**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:** View 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/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:** View 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 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?

### Facilitator’s 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.

### Key Points to remember

- **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 on-going 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.**

## WORKSHOP 1

### ACTIVITY 5: Getting Tested for HIV

**THEME: Gender, HIV and AIDS**

#### Objectives

- To discuss the importance of HIV and AIDS counseling and testing and its related benefits and challenges

**Time:** 1 hour

#### Advance preparation

Prior to the session, gather information on local centers for voluntary counseling and testing (VCT) and, if possible, arrange for a staff person to participate in this session and/or for the participants to visit the center itself. It is also important to be aware of policies and services related to the provision of antiretrovirals (ARV) for people who have HIV and AIDS.

#### Steps

- 1) Ask for two volunteers to do a role-play of a person arriving at a health center to get an HIV test and a counselor helping the person. The participants should decide what the scene is like, the expression on the person's face, their behavior, and the appearance of the counselor. Explain that it takes some time to receive the result of the HIV exam and that this is the person's first contact with the health center. The counselor should be friendly and create a rapport with the client. When you think it is appropriate, stop the scene with a command (e.g., "Freeze!").
- 2) Then, discuss the following questions with the participants:
  - What do you think made the person want to take the test?
  - How long do you think it took for them to decide to take the test?
  - How do you think they will cope with the result?
  - How is the person feeling? Afraid? Confident? Why?
  - Do you think their family or friends know what they came to do?
  - What would the differences be between a man and a woman going through the experience?
- 3) After discussing these questions, ask two other pairs of volunteers to role-play the same scene, but this time, they should begin just as the test result is given. Assign a positive result to one pair and a negative result to the other, and have each role-play the counselor giving the result and the person reacting. Do not let the other participants know which pair will act out the positive and negative results.
- 4) Prompt the group with questions about the two role-plays:
  - How did the person receive the news about being positive/negative?
  - Who do you think the first person they will talk to will be?
  - Why do you think the result of the test was positive/negative?
  - What is the person thinking of doing now that they know they have / do not have the virus?
- 5) Have the group discuss the realities of each of the role-plays.

6) Finally, ask for two more pairs to role-play what the future holds for the person who receives a positive result and for the person who receives a negative result.

7) Afterwards, prompt group discussion with questions about the role-plays:

- What initiatives should HIV-positive/HIV-negative people take?
- What are their expectations for the future?
- Are these initiatives and expectations different for men and women?

8) Wrap-up the discussion with the questions below.

- Do people in your community know where they can go for HIV counseling and testing?
- Do they trust it will be done safely and anonymously?
- How do you think people are treated when they seek HIV counseling and testing?
- How do you think they should be treated?
- Do you think men are more or less likely than women to seek out HIV counseling and testing? Why?
- What do you think are the biggest factors that hinder people from seeking HIV counseling and testing?
- What can be done to address these factors?
- What should a person do if their test result is positive?
- What should a person do if their test result is negative?
- How can you encourage more people in your community to be tested?

### **Where to get tested?**

Discuss with the group the different places where they can get tested, or where they can recommend community members to go to get tested. If the village has no health facility would it be possible to organize a visit by health service providers to provide counseling and testing?

### **Extra training option**

Invite the group to develop a role-play showing the two people meeting and talking before and after they receive the results.

## WORKSHOP 1

### ACTIVITY 6: It's About Me: Developing A Personal Ad

#### THEME: Healthy Relationships

#### Objectives

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

**Time:** 1 hour

#### Materials

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

#### Steps

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

#### Closing

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

## HANDOUT

### Developing a Personal Ad

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

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

<b>Physical:</b>	<b>Personality:</b>
Height: Short/Medium/Tall	Outgoing
Race/Ethnicity	Shy
Long Hair/Short Hair	Energetic
Male/Female/Transgendered	Artistic
Young/Old (use actual age if you desire)	Honest
Living Positively	Sincere
Athletic	Communicative
	Humorous
	Trustworthy
<b>You also may wish to list:</b>	
Hobbies and Interests	
Profession	
Educational Level	
Likes/Dislikes	
Religion/Political Affiliation	
Favorite Experiences	
<b>Personal Ad for Yourself (limit of 25 words):</b>	
<b>Personal Ad for your Romantic Partner (limit of 25 words):</b>	

## WORKSHOP 1

### ACTIVITY 7: Gender Fishbowl

#### THEME: Gender, Power and Health

#### Objectives:

- To allow participants to speak out and be listened to on their experience of gender issues; and
- To develop a better understanding of, and empathy for, the experience of the other gender.

**Time:** 1 hour

#### 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.
- 5) 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?*

## WORKSHOP 1

### ACTIVITY 8: Violence used and received

#### THEME: Gender and Violence

#### Objectives

- To comprehend the relationship between gender, power and violence, identifying types of violence, their causes and the consequences for women and for men themselves.

**Time:** 1 – 2 hours

#### Materials

- One sheet of A4 paper per participant
- Flipcharts
- Tape and markers

#### Steps

##### *Step 1: individual exercise (30 minutes)*

- 1) Give each participant a blank sheet of A4 paper and ask them to draw a picture or a graph that illustrates violence they have used against other people in their lives and violence that has been used against him. They can think of different stages of their development; infancy, childhood, adolescence, youth, adulthood. They should only include incidents of violence that they feel ready and able to acknowledge. No one should feel pressurised to draw anything they don't feel they want to at that particular time.
- 2) Make it clear to the participants that no one will be asked to stand up in front of the whole group and reveal the violence that they have experienced. However, the more they are able to share in small groups the richer and deeper the subsequent analysis and reflection will be.
- 3) Emphasize the importance of listening to each other, carefully and respectfully.
- 4) Tell the participants they have 25 minutes to complete their drawing. If they do not want to do a drawing they can create a graph or express themselves in words, or a mixture of the three.

##### *Step 2: Group work (45 – 60 minutes)*

- 5) Invite the participants to form small groups and give them a copy of the question guide below.
- 6) Choose a member of the group to facilitate discussion and another to take notes.
- 7) The facilitator of the group invites each member of the group to share their drawing, taking time to explain acts of violence used against others and that others have used against him.

- 8) Once all of the members of the group have shared their drawings, the group facilitator stimulates reflection in the group, using the following questions as a guide:

- How has the violence **we have used against other people** affected our growth and development as men, or as women?
- How has the violence **others have used against us** affected our growth and development as men, or as women?
- Thinking about the different acts of violence we have used and others have used against us, how many different types of violence can you identify?
- What do you think are the causes of these types of violence?

The group prepares a synthesis of their reflections on flipchart.

*Step 3: Plenary (45 – 60 minutes):*

- 9) Invite the groups to share their flipcharts, leaving time for questions to clarify points that are not apparent.
- 10) When all the groups have shared their flipcharts briefly summarize the types of violence they have highlighted, and their causes making links to the use of **power** in gender and generational relations.
- 11) Open up debate and discussion using the following questions as a guide.
- *Who did you identify as the main perpetrators of violence in your lives?*
  - *What are the consequences of these types of violence for women?*
  - *What are the consequences of these types of violence for men?*
- 12) Invite the men to share how they feel at this moment or how they have felt in other moments of the exercise.
- 13) Invite the women to share how they feel at this moment or how they have felt in other moments of the exercise.
- 14) Briefly summarise the consequences of interpersonal violence for women and for men, for couples, families and communities.

### **Facilitator's notes**

Be very sensitive to the participants as they work their way through this exercise as it entails remembering painful experiences from the past and acknowledging violent situations that they may be living currently that they have not been willing/able to recognise as such.

Be aware that most of the intimate sharing of personal experiences will take place in the small groups and try and spend some time with each of them. Encourage them to be as open and honest as possible in sharing their personal histories and to listen to each other with interest and empathy.

The plenary session is designed to depersonalise the issues to a certain degree and come to a collective understanding of the types of violence that exist in society, their causes and consequences for women, men, couples, families and communities. Do, however, encourage participants to share their feelings about the experiences they remember.

It is probable that sexual violence may be excluded/censored from personal histories, due to lack of knowledge and awareness of sexuality issues at this point. If so, bring the issue up without making the participants feel threatened.

**Key points:**

When summarising type of violence, the following categories can be useful: psychological, emotional, physical, sexual and economic.

You can also give brief definitions of other categories of violence like gender based violence, family violence, domestic violence, conjugal violence, social violence, institutional violence. Point out that one or all of the types of violence identified can manifest themselves between genders and within families, couples, and communities and society.

Make sure that you differentiate between hegemonic masculinity (patriarchy) as the primary cause of men's violence against women (and between men) and other secondary causes of men's violence such as poverty, underdevelopment, unemployment, lack of education, alcoholism, cultural alienation, war, displacement (refugees), etc., which when present can make an already violent situation worse. Do this by pointing out that even if we were to solve the problem of, for example, poverty or unemployment there would still be men using violence against women, as they are not the only ones who do so.

Some well-off middle and upper class men with no economic problems and secure jobs also use violence against women.

In dealing with the consequences of men's violence for women, emphasis the risks and dangers that it has for their mental, physical and sexual health and wellbeing and for their opportunities and rights to personal self-development and growth. Point out the increasing phenomenon of femicide, men who kill their female partners or other women.

Make sure that the participants have clearly understood the relationship between the use of violence by men to dominate and control women and to guarantee rights and privileges that are simultaneously denied to women. Gender based violence (violence used by men against women) is an expression of the power that men wield over women and which they have assimilated as a legitimate and necessary part of their masculinity during their childhood.

In dealing with the consequences of men's violence against other men deal with the issues of gangs, armies, wars etc. Also look at the issue of "self-violence": the restrictions that men impose upon themselves that cause mental and physical health problems as well as the excesses that we are expected to indulge in to prove our manhood (use of alcohol, cigarettes, other drugs, risk taking etc.)

## WORKSHOP 1

### ACTIVITY 9: Talking about alcohol and alcoholism

#### THEME: Alcohol

#### Objective

- To question various myths related to alcohol use and alcoholism

**Time:** 1 hour

#### Materials

- Ball,
- Flip chart and markers,
- Papers with phrases written on them (see below),
- Lively music and CD player

#### Steps

##### *Step 1: Breaking the ice (15 minutes)*

- 1) Ask the group to form a circle. Take the ball in your hands and show it to the group. Tell them you are going to put on some lively music and that whilst it is playing they have to throw the ball at random across the circle from one to another whilst simultaneously dancing to the rhythm of the music. Inform them that when the music stops the participant who has the ball in their hands will have to answer a couple of questions, but without telling them yet what the questions are.
- 2) Start the music and throw the ball to someone in the group and get them to throw it from one to another.
- 3) After a minute or so press the pause button on the CD player. Invite the person who has the ball in their hands to answer the following questions:
  - a) Name a type of alcohol that you know of.
  - b) Say what you think alcohol is for.
- 4) When the person with the ball has finished answering the questions, start the music again, asking him to continue with the exercise by throwing the ball to someone else in the circle, reminding the group to keep dancing whilst they continue to throw the ball from one to another.
- 5) Repeat steps 3 and 4 until all the participants have had a chance to answer the questions, making sure, as much as you can, that they do not repeat previous answers. Stop the exercise when all of the participants have had a chance to answer or when it is clear that there are no more new ideas on the questions.

##### *Step 2: Group work (30 minutes)*

- 6) Form three small groups and give each one a paper with the following phrases written on them:

*Group 1:*

1. *Alcohol is a drug/is not a drug...*
2. *Mixing drinks makes you drunk...*
3. *Having high alcohol tolerance means that the person will not become an alcoholic...*
4. *Alcohol is good for making friends...*

*Group 2*

1. *Alcohol is a drug/is not a drug...*
2. *Having a coffee or washing your face with cold water reduces the effects of alcohol...*
3. *Alcohol is sexually stimulating...*
4. *Alcoholism is an illness that affects older adults...*

*Group 3*

1. *Alcohol is a drug/is not a drug...*
2. *Beer does not make you drunk...*
3. *Alcoholics are people who drink daily...*
4. *Parties are not parties without alcohol...*

- 7) Explain that each group will read the phrases one by one and discuss if they agree or not with the statement and explain why, noting their answers on flipchart.

*Step 3: Plenary (40 minutes).*

- 8) Ask group 1 to presents its flipchart. Invite questions of clarification from the plenary without entering into debate at this stage.
- 9) Repeat the above step with groups 2 and 3.
- 10) Open up discussion and debate focussing on the first statement "*Alcohol is a drug/is not a drug...*" which all 3 groups had to discuss. Ask the participants where they see similarities and differences in the analysis carried out by the 3 groups.
- 11) Ask the participants to have a good look at the other statements on the flipcharts prepared by the three groups and to express where they strongly agree or disagree with the arguments presented.
- 12) Use the Key Points on '*Responding to Common Myths about Alcohol Use*' below to provide further details to participants and dispel common myths about alcohol consumption, taking care to cover all of the issues raised.

**Facilitator's notes**

It is important to reflect on these ideas and myths about alcohol use, which nearly all of us have believed at some point.

Remember that from their childhood men are under constant pressure to drink alcohol to show their manliness and most do so in order to have a sense of belonging, so as not to be excluded and to avoid ridicule.

Encourage the participants to reflect upon these common myths in relation to their own alcohol consumption, and the justifications they may have for alcohol abuse.

### Key points

#### ***Responding to Common Myths about Alcohol Use***

**MYTH 1: Alcohol is not a drug...** *Alcohol is a drug in the sense that it alters the functioning of the organism, particularly the central nervous system on which thoughts, emotions and behaviour depend. It can also cause dependence.*

**MYTH 2: Having high alcohol tolerance means that the person will not become an alcoholic...** *The truth is exactly the opposite; high tolerance means that the brain is becoming accustomed to the drug.*

**MYTH 3: Mixing drinks makes you drunk....** *What really gets one drunk is the quantity of alcohol and the speed that one drinks.*

**MYTH 4: Beer does not make you drunk...** *In the case of beer, the absorption of alcohol through the stomach is a little slower, but depending on the quantity consumed, it does cause drunkenness.*

**MYTH 5: Alcohol is sexually stimulating...** *Initially alcohol can reduce inhibitions and help people to become more outgoing, but since alcohol has a depressant effect on the nervous system it ends up reducing these sensations and can hamper sexual relations. Alcohol use is one of the most frequent causes of erectile dysfunction.*

**MYTH 6: Alcoholism is an illness that affects older adults...** *The majority of alcohol dependent persons are young men of working age.*

**MYTH 7: Alcoholics are those that drink daily...** *The majority of alcohol-dependent persons, in the initial and intermediate stage of the process, drink mainly on the weekend, and continue with their normal school and work activities, but with increasing difficulty.*

**MYTH 8: Having a coffee or washing your face with cold water reduces the effects of alcohol...** *The only thing that really reduces drunkenness is the gradual elimination of the alcohol from the organism, which means forcing the liver to work, which takes time.*

**MYTH 9: Alcohol is good for making friends...** *In reality, alcohol creates complicity around drinking, but true friendship includes much more than that.*

**MYTH 10: Parties are not parties without alcohol...** *The media often tries to convince us that parties need alcohol, and that alcohol must be at the centre of every social gathering. But is this really true? What makes a social gathering or a party – the alcohol or the people?*

**WORKSHOP 1****ACTIVITY 10: Taking Action, Making A Difference****THEME: TAKING ACTION****Objectives**

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

**Time:** Half an hour

**Materials**

- Commitment to Action handouts one 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 handouts.
- 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.

**Facilitator's 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 – Commitment to Action**

<b>What changes do I want to make in my personal life?</b>
<b>What change do I want to promote amongst my friends, family and community members? Are there specific people I want to promote change with?</b>
<b>What skills and/or strengths do I have that I can use to promote change?</b>
<b>What support do I have?</b>
<b>What support do I need?</b>

<b>WORKSHOP 2 AGENDA</b>		
<b>DAY 1</b>		
<b>Session</b>	<b>Activity</b>	<b>Theme</b>
Check in time	Introductions/ Pre test questionnaire, Expectations & Ground rules	
Morning 1	Gender socialization: The socialization of masculinity	1
Morning 2	Power, Status and Health	1
Morning 3	How we learn violence	2
Afternoon 1	Risk and violence, test of courage	2
Afternoon 2	The HIV Handshake	3
Check out time	Plus and Delta	
<b>DAY 2</b>		
<b>Session</b>	<b>Activity</b>	<b>Theme</b>
Check in time	Introductions/ Pre test questionnaire, Expectations & Ground rules	
Morning 1	Taking Risks, Facing Risks: HIV and Gender	3
Morning 2	Alcohol Abuse: Risks, Violence, HIV and AIDS	4
Morning 3	From violence to respect in Relationships	5
Afternoon 1	Sexual Harassment	6
Afternoon 2	New Kinds of Courage	7
Check out time	Plus and Delta	
Wrap - up	Workshop facilitator completes a Workshop Monitoring Form	

## WORKSHOP 2

### ACTIVITY 1: Gender socialization: The socialization of masculinity

THEME: Gender, Power and Health

#### Objectives

- Participants will understand the role of social institutions (family, school system, religion, mass media) in the development of masculinity (beliefs, attitudes, values, behaviour) and will have recognized the benefits and costs for their own personal growth.

**Time** 2 hours

#### Materials

- Flipchart paper
- Markers
- Masking tape

#### Steps

- 1) Participants form 3 groups. Groups should not be bigger than 6 or 7 participants.
- 2) Each group is given the following questions for reflection and analysis in the group.
- 3) Reflections are written on flip charts, each group has to assign a reporter to report back to the group.

#### *Group 1: Reflection questions*

- a) When we think about our fathers, uncles, older brothers, grandfathers and other male relatives and friends that have influenced:
  - The way we have to be as men, if we are male
  - The way men in our lives have to be, if we are female

What type of attitudes, values and behaviour do we associate with them? (for example, things they did, things they said and how they said them, how they related to women and other men, how they expressed feelings, etc.)

- b) Which of these do we consider were beneficial for their personal development and which do we consider were damaging and why?

#### *Group 2: Reflection questions*

- a) When we were children, what attitudes, values and behaviours (Note this refers to things we thought, said, did) were rewarded in us
  - As girls
  - As boys

At home by family members and at school by teachers and peers, and what ones were reprimanded or punished?
- b) Which of these do we consider beneficial for our personal development and which do we consider damaging and why?

### *Group 3: Reflection questions*

- a) When we were growing up, what attitudes, values and behaviour were considered by communities of faith and mass media (TV, radio, cinema, etc.) to be appropriate for men? (How men should be, what men should do and say, what men should think and feel?)
- b) Which of these do we consider beneficial for our personal development and which do we consider damaging and why?
- 4) Call a plenary session. Each group presents its reflections on flip chart to the larger group.

*Tip: Try not to read the words on the flipchart to the group, rather briefly discuss each point as your group discussed it.*

- 5) After the report backs, facilitate a group discussion and debate. Invite participants to share how they feel on remembering their childhood and influences on their development.
- 6) Do a brief synthesis of how people learn to be men and women, explaining the role of the family, schools, religion and the media, as well as the workplace and internal policing and external security (police, prisons, military).

*Emphasize the following:*

- What each social institution teaches us about being men or women.
  - The similarity on the messages conveyed by each of the social institutions and the collaboration that exists between them.
  - How each social institution helps to maintain the imbalance of power between women and men.
- 7) The participants return to the groups they were in previously in and reflect upon the following questions:
    - a) To promote gender equality within our own families what can we do to change the way that young boys and girls are brought up? (Each member of the group identifies one or two things that they can begin to do).
    - b) How can we influence similar changes in other social institutions that we take part in (Communities of faith, schools, workplaces etc.).
  - 8) Return to plenary and ask each group to add their action items to the action chart, and to explain to the larger group what the actions are intended to achieve.

### **Key points to remember:**

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 men, who hold positions of power, run them. 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 organizing 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.

## WORKSHOP 2

### ACTIVITY 2: Power, Status and Health

#### THEME: Gender, Power and Health

#### Objectives

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

**Time:** 1 Hour

#### Materials and Advance Preparation

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

On small individual pieces of paper, or cards, 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*
- *Male, 43 yr old professor in Sociology from Nigeria*
- *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*
- *Refugee, 21 years old from DRC, female.*
- *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*

## 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) 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.*
- *Ask what other strategies may be taken to gain equal power.*

### **Key Points to remember**

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.

## WORKSHOP 2

### ACTIVITY 3: How we learn violence

#### THEME: Gender and Violence

##### Objectives:

- To understand the relationship between some boy's games and the internalization of dominance, aggression and violence as male attributes.

**Time:** 1 – 2 hours

##### Steps

###### *Part 1: Brain storming exercise*

- 1) Participants call out names of games they played as children/youth or that they currently play, explaining how each game is played.
- 2) Facilitator supports a reflective discussion:
  - Why do/did we play these games and not others?
  - What do/did these games teach boys about being men?
  - From which games are/were girls excluded and why?
  - In which games do/did girls take part and why?
  - What do the games have in common?

###### *Part 2: Game play*

- 3) Facilitator forms groups of 5 or 6 participants.
- 4) Each group selects one game from the list to practice and then play it in front of the other groups.
- 5) After each group plays its game, the facilitator leads a reflection and analysis conversation:
  - What most caught your attention about the game and why?
  - Who was in charge/gave orders and how did he (they) do that?
  - In what ways were cooperation and solidarity present in the game?
  - In what ways did aggression and violence manifest themselves in the game?
- 6) Ask those who have just played the game:
  - How did we feel whilst playing the game?  
(This question can be directed at individuals in accordance with their level and quality of participation in the game)

###### *Part 3: Plenary discussion*

- 7) On finishing all the groups, the facilitator provokes further discussion and debate:
  - What other feelings did we have whilst playing or watching the games?
  - As children, what did these games teach us about being a man or a woman in society?
  - Why are these games loaded with elements of aggression, competition and violence, if they are?

*Optional questions for parents in the group:*

- How important are recreation and games for the development of our children?
- What can we do to promote non-violent, cooperative games and recreation for our children?

*Optional questions for adolescents and youth in the group:*

- How important are recreation and games for the development of our younger friends?
  - What can we do to promote non-violent, cooperative games and recreation for our younger friends?
- 8) Facilitator closes with a brief summary of the exercise linking men's power and violence to the processes of socialization.

## WORKSHOP 2

### ACTIVITY 4: Violence clothesline

**THEME:** Gender and Violence

#### OBJECTIVES

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

**TIME:** 1 – 1.5 hours

#### 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

#### Steps

- 1) Put four clotheslines up, labelled as follows:
  - Line 1: Violence I have used
  - Line 2: Violence practiced against me
  - Line 3: How I felt when I used violence
  - Line 4: 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 A4 sheets of paper each and explain that they should write on these the following:
  - Types of violence that have been practiced against me
  - Types of violence I have used against others
  - How I felt when violence was practiced against me
  - How I felt when I 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?*

## WORKSHOP 2

### ACTIVITY 5: The HIV Handshake

**THEME: Gender, HIV and AIDS**

#### 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 and Advance Preparation

- 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 shaking hands can spread HIV. 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?

## WORKSHOP 2

### ACTIVITY 6: Taking Risks, Facing Risks: HIV and Gender

THEME: Gender, HIV and AIDS

#### Objectives:

- To understand the differences between women and men in the HIV risks they take and the HIV risks they face.
- To be able to identify the main reasons why there are these differences in risk.

**Time:** 45 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.

### **Key Points to remember**

***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 often not expected to discuss or make decisions about sexuality; this is viewed as 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 clear 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.*** Men are often 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 myth 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.

## Handout

### 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

## Questions on Facing Risks

Who faces more risks with HIV –women or men?

Why?

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

## ACTIVITY 7: Alcohol Abuse: Risks, Violence, HIV and AIDS

### THEME: Alcohol

#### 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:** 1 hour

#### Materials

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

#### 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:

- |                      |                     |
|----------------------|---------------------|
| • <i>Good Time</i>   | • <i>Hangover</i>   |
| • <i>Friends</i>     | • <i>Weekends</i>   |
| • <i>Fighting</i>    | • <i>Fun</i>        |
| • <i>Beer</i>        | • <i>Depression</i> |
| • <i>Socialising</i> | • <i>Relaxation</i> |
| • <i>Abuse</i>       |                     |

- 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, write the following headings 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, summarize and add to the flipchart paper.

#### *Headings*

- 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.

### **Alcohol Abuse: Risks, Violence, HIV and AIDS 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 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?*

### **Alcohol Abuse: Risks, Violence, HIV and AIDS 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?*

### **Alcohol Abuse: Risks, Violence, HIV and AIDS 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?*

#### **Alcohol Abuse: Risks, Violence, HIV and AIDS Case Study 4**

Penny is pregnant with her third child. Having struggled to find work in Hoedspruit, her partner left last year to work in Johannesburg. 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?*

#### **Key Points to remember**

***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.

**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.*

## WORKSHOP 2

### ACTIVITY 8: From violence to respect in intimate relationships

#### THEME: Healthy Relationships

#### Objectives

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

**Time:** 1 - 2 hours

#### Materials

- Flipchart
- Markers
- Tape

#### Facilitator's notes

It is important to understand that men might feel a type of helplessness in responding to the violence that they see other men perpetrating. Many might believe that they should not interfere with the affairs of other men. Throughout this activity, it is important to explore the silence and lack of power that men might feel in witnessing domestic violence. This activity uses role-play with female characters. If you are working with a male-only group, some of them may be reluctant to act as a female character. Encourage the group to be flexible. For example, if none of the men want to act as a female character, you can ask them to describe the scenes using the flipchart.

#### Steps

- 1) Explain to the participants that the objective of this activity is to discuss and analyse the various types of violence that we sometimes use in our intimate relationships, and discuss ways of demonstrating and experiencing intimate relationships based on respect.
- 2) Divide the participants into small groups and ask them to invent a short role-play or skit.
- 3) Ask two groups to present an intimate relationship—boyfriend/girlfriend or husband/ wife that shows scenes of violence. Emphasize that the violence portrayed in the skits can be physical, but does not necessarily have to be. Ask them to try to be realistic, using examples of persons and incidents that they have witnessed or that they have heard about in their communities.
- 4) Ask the other groups to also present an intimate relationship, but based on mutual respect. There may be conflicts or differences of opinion, but the presentation should show what respect looks like in a relationship and should not include violence. Allow 15 to 20 minutes to develop the story or the scenes, and then ask them to present it to the group.
- 5) Each group should have about five minutes to present their skits, with the other groups being allowed to ask questions at the end.

6) When all the groups have had their turn, capture answers to the following questions on the flipchart:

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

7) Discuss the following questions:

- Were the examples of violence in the skits realistic? Do you see similar situations in your community?
- What do you think are the causes of violence in intimate relationships?
- In the skits depicting violence, how could the characters have acted differently?
- Why do you think some people stay in unhealthy relationships? Are these reasons different for women than for men? Why?
- Do only men use violence against women, or do women also use violence against men? How are they violent? How should men react to this violence?
- When you see couples using violence, what do you normally do? What could you do?
- Where can you go to seek help?
- What role do alcohol and other drugs play when it comes to violence in relationships?
- What are the consequences of violence in an intimate relationship?
- What is the relationship between violence and HIV?
- What is the social/community response to violence in relationships?
- What does a healthy intimate relationship look like? Do you see examples of respectful relationships in your families and communities?
- What can you do individually to construct healthy intimate relationships? How can friends and family help people in unhealthy relationships?
- What can you do in your community?
- What skills and support do men need to create healthier relationships?

Relationships

*Tip: Rather than follow the list of questions one by one, rather let the discussion flow, and use the list as a guide of all the questions to be covered.*

8) End the activity by making a note of any suggestions for action on **Action Chart**

### **Key Points to remember**

Conflict happens in all relationships. It is the way that you handle this conflict that makes all the difference. Learning how to take the time to think about your feelings and express yourselves in a calm and peaceful way is an important part of building healthy and respectful relationships. In healthy relationships, both partners are happy to be with the other person. In unhealthy relationships, one or both partners are unhappy because of continuing problems with the relationship that are not being addressed. Gender plays a role in who remains in unhealthy relationships. In general, women find it harder to leave unhealthy relationships than men. Women earn less money than men and have less control over economic resources (land, credit). This makes many women economically dependent on their husbands or partners.

Socially, women are more stigmatized for being divorced or separated. There is huge social pressure on women to preserve the family. It is important for men to reflect on how to react when someone has a different opinion than their opinion or when someone does something that makes hem angry.

It is not always easy, but it is important to take the time to think about your feelings BEFORE you react, especially when you are frustrated or angry. Sometimes, if you do not take the time to think about your feelings, you may react in a way that is hurtful or violent to another person or even yourself. Men need skills and support to talk with their wives and girlfriends about creating healthier relationships. There is little support for either men or women in making their relationships healthier. But gender roles for women allow them to ask each other for support and to talk about their feelings.

The gender roles for men make it difficult for them to ask for support on personal matters or to show their emotions.

The first step toward healthier relationships is to challenge these gender rules. Men need more opportunities and permission to ask for support. Men also need specific training on how to talk about their feelings and their relationships.

## WORKSHOP 2

### ACTIVITY 9: Sexual Harassment

#### THEME: Human Rights

#### Objectives

- To identify different kinds of sexual harassment.
- To define the elements necessary for behaviour to be sexually harassing.
- To distinguish flirting behaviour, uncomfortable behaviour, and assaulting behaviour from harassment.
- To learn about personal responsibility for ending behaviours that might constitute sexual harassment.

**Time:** 1.5 hours

#### Materials:

- Flipchart
- Pens
- Case studies and questions

#### Steps

##### *Part 1: Brainstorming 'flirting' and 'sexual harassment'*

Try to keep the first brainstorming activity short, by completing it in about 15 minutes.

- 1) Offer the following definition of sexual harassment and ask for comment.

*Any unwelcome: advances, requests for sexual favours or other verbal or physical conduct of a sexual nature. (Note that the word 'unwelcome' defines all behaviours listed.)*

- 2) Explain that sometimes it may be hard to distinguish between flirting and sexual harassment. Then conduct a brainstorm of examples of flirting and write the responses on the left side of a sheet of flipchart.
- 3) Draw a line to the right of this list and ask when do these behaviours cross the line and become sexual harassment. Write those answers to the right of the line.
- 4) Lead a brief discussion of what was learned from this exercise.
- 5) Return to the question of who defines harassment, similar to who defines abuse.

##### **Part 2: Is it sexual harassment?**

- 6) Divide participants into groups of 4 or 5 and give each one of the following scenarios:

- *Norman grabs Neo's bottom each time she passes by.*
- *Charlise tells Stefaan that if he does not have sex with her, she will make sure he never gets a raise.*
- *A border official often comments on what Maria a cross border trader is wearing and tells her she looks sexy.*
- *Teboho asks Tumi to come over for a drink every day, and she says 'no' every time.*
- *Marlon and Xoliswa are always kissing and hugging each other during work hours.*
- *Donald tells a new farm worker that he can get her a room for a 'small favor'.*
- *A tourist at a game lodge touches Brenda's breasts when she's cleaning his room.*
- *The head master of a school asks a female student out for lunch.*

- 7) In their groups participants should:
  - Decide whether the behaviour is sexual harassment
  - Provide the reasons for their conclusion
  - If it is not considered sexual harassment, what would make the behaviour cross over the line
  - Recommend what they as a bystander could do to challenge harassment when they see it.
- 8) Call participants back to the big group and ask each group to share their answers.

### **Facilitator's notes**

#### *Part 1: Brainstorming 'flirting' and 'sexual harassment'*

In some instances, the items to the right of the line may just require adding a qualifier such as excessive, repeated, after being told to stop or seeing that the person is upset, etc. The objective here is to help young people understand the division between acceptable and unacceptable sexual attention.

#### *Part 2 – Is it sexual harassment?*

Sometimes to understand exactly what behaviour is acceptable, you need a practical way to know whether behaviour can be seen as harassing. In order to figure this out, you can ask yourself four questions:

##### *1. Is there freedom to act?*

Explain that the freedom to act is one of the most important aspects of understanding harassment. It means having the freedom to object to the behaviour of the other person without feeling defensive or afraid to speak out.

##### *2. Is the relationship mutual and equal, or is there a difference in power?*

Ask the participants, "What gives people power?" (Money, size, gender, job security, popularity?) Discuss how power affects a relationship.

##### *3. Am I acting in a way that feels right to me?*

If you are acting in a way that goes against what you feel is right, against your values, you usually have a specific feeling inside at that time. How does that feeling differ from the way you feel when you are following your values and doing what you feel is right? Ask the participants to describe these two feelings.

##### *4. What kind of touching is involved in this interaction?*

Is the touching welcome or unwelcome? There are certain people with whom you are more comfortable being physically close and others with whom you are more comfortable being distant. For example, when you greet someone, do you give him or her a hug? Is this touch welcome?

Ask the participants to describe other situations in which touching is involved. After each description, ask if the kind of touch described is welcome or unwelcome. Ask the participants to describe a situation in which the touching involved is not welcome.

Tell the participants that in healthy situations, a person can answer all four of these questions positively. A person has the freedom to act, the relationship is mutual and equal, the interaction feels right, and the kind of touch is welcome. Participants should keep these questions in mind when thinking about sexual harassment.



## WORKSHOP 2

### ACTIVITY 10: New Kinds of Courage

THEME: Taking action

#### Objectives:

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

Time: 1 hour

#### Materials

- A set of action cards with statements written on them from the list below
- Signs with "Least Courage", "Some Courage" and "Most Courage" written on them
- Prepared flipcharts with Key Points
- Tape and markers
- Flipchart

#### 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** flipchart sheet 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/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 take action to end violence against women, prevent HIV/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**.

### **Facilitator's Notes**

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

### *Action Card Statements*

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.

#### **Key Points to Write on Flipchart**

***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/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.

<b>WORKSHOP 3 AGENDA</b>		
<b>DAY 1</b>		
<b>Session</b>	<b>Activity</b>	<b>Theme</b>
Check in time	Introductions/ Pre test questionnaire, Expectations & Ground rules	
Morning 1	Power statues	1
Morning 2	Continuum of Harm to Women	2
Morning 3	Consent vs. Coercion: Exploring Attitudes towards Rape	2
Afternoon 1	Levels of Risk	3
Afternoon 2	All about condoms	3
Check out time	Plus and Delta	
<b>DAY 2</b>		
<b>Session</b>	<b>Activity</b>	<b>Theme</b>
Check in time	Introductions/ Pre test questionnaire, Expectations & Ground rules	
Morning 1	Impacts of HIV/AIDS	3
Morning 2	Alcohol and decision making	4
Morning 3	Exchanging sex for goods	5
Afternoon 1	HIV treatment as a human right	6
Afternoon 2	Learning from men who have been role models	7
Check out time	Plus and Delta	
Wrap - up	Workshop facilitator completes a Workshop Monitoring Form	

### **WORKSHOP 3**

#### **ACTIVITY 1: Power statues**

##### **THEME: Gender, Power and Health**

**Objective:** To look at the emotions we associate with power and how they affect us.

**Time:** 30 Minutes

**Materials:** Space for participants to meet in separate groups and create human statues.

##### **Steps:**

- 1) Divide the group into pairs. Each pair is going to produce a still image, like a statue. The image will show one person in a position of power and the other in a powerless position. Allow them a few minutes to prepare, then ask them to swap around (so that the powerful figure becomes the powerless and vice versa).
- 2) Give each pair the opportunity to show them to the rest of the group. Ask for quick comments about what people observe. Ask both members of each pair to express what they are feeling in one word (proud, scared, humble, or whatever).
- 3) Ask which of the two positions felt more familiar to participants? Can they relate any of the emotions they felt to situations in their lives? What did they feel for the powerless person when they were in the powerful position, and vice versa?

##### **Facilitators Notes:**

This exercise can activate strong associations and emotions quickly, and it is recommended that you are conscious of this. Those who have strong emotional reactions might welcome an opportunity to talk about them, in which case it can be a good idea to have feedback in small groups.

## WORKSHOP 3

### ACTIVITY 2: Continuum of Harm to Women

#### THEME: Gender and Violence

#### Objectives:

- To identify the everyday attitudes and behaviours that contribute to men's violence against women.
- To recognize everyday opportunities to challenge these attitudes and behaviours and prevent men's violence against women.

**Time:** 1 – 2 hours

#### Materials:

- Continuum of Harm cards: 'Most Harmful to Women', 'Least Harmful of Women' and 'Not at All Harmful to Women'.
- Sticky tape
- Flip chart paper and marker pens

#### Steps:

##### *Part 1: Rescue at the river*

- 1) Place the continuum cards along a wall, with 'Most Harmful to Women' to the far right, and 'Least Harmful to Women' to the left. The 'Not at All Harmful' card should be placed close to the 'Least Harmful' but far enough away to distinguish it as a separate category.
- 2) Start by telling participants that this exercise aims to look at the cultural environment that contributes to and can 'normalize' men's violence against women.
- 3) Start off by asking participants to imagine the following scenario:

*"Picture yourself standing on the banks of a rushing river. It's a beautiful summer day. The sun is shining. There's a soft cool breeze blowing. You're relaxed, maybe daydreaming or reading a book. All of a sudden, you look up and notice a person floating down the river caught up in the current. This person is clearly in distress, bobbing up and down and gasping for breath."*

- 4) Ask participants, "What do you do?" and allow time for participants to provide responses. These might include various ways of helping the person, eg:
  - *Jumping in if you're a good swimmer*
  - *Finding a branch that the person can grab*

- 5) Carry on with the story:

*"OK, so let's assume that you're lucky enough to find some way of rescuing him/her. You get the person to safety. Your adrenaline is pumping. But then, no sooner than you lay the person on the river bank, you look up and there are two people coming downstream, equally distressed, also drowning."*

- 6) Ask participants, "Now what do you do?" and allow them time to provide responses.

7) Carry on with the story:

*"OK, maybe you go back in. Maybe you get help. In either case, you try to save them again. Let's say that by some miracle you manage to rescue this second person as well. Now you're exhausted, and the adrenaline is wearing off. You're slumped over, hands on your knees and all of a sudden, you look out of the corner of your eye at the river and here comes, not one, but a group of 100 drowning people all gasping for breath."*

8) Ask participants, *"What can you possibly do now?"* and allow them time to respond.

9) Explain to participants that it would be unlikely that you could save each and every one of those drowning individuals. So the best thing to do would be to go upstream and figure out where all these people in distress are coming from.

Discuss with participants that it works the same with the epidemic of sexual and domestic violence in Southern Africa. Helping survivors heal after the fact, after we have pulled them out of the river, is essential. But, if we're going to stop this violence, we also have to examine its origins. Preventing sexual and domestic violence, stopping them before they even start, requires us to go to the source, to go upstream and take a closer look at the culture in which this violence exists.

#### *Part 2: A culture of violence*

1) Explain that the next part of the activity will begin to look at some of the cultural origins of violence against women. There are a series of cards, and on each card is a behaviour, belief, assumption or attitude. Participants must place each card somewhere along the continuum from 'Most Harmful to Women' to 'Least Harmful to Women'. If there are some which participants feel cause no harm at all, they should be placed under the heading 'Not at All Harmful'.

#### *Sample of possible cards:*

- *Referring to one's girlfriend as 'my bitch'*
- *Using alcohol or drugs to 'loosen a woman up'*
- *Blaming a woman for being raped because she wore revealing clothes*
- *Beating up your girlfriend because your father beat up your mother*
- *Whistling at a woman walking down the street*
- *Believing that when a woman says no to sex, you just have to push a little harder*
- *Telling a man that he's behaving like a sissy*
- *Using 'he' in a situation that refers to both men and women*
- *Believing that a woman's place is in the home with the children*
- *Joking about how a woman deserves a good beating*
- *Refusing to wear a condom*
- *Grabbing a girl's bottom as she walks down the school corridor*
- *Shouting at your girlfriend for talking to another man*

Feel free to adapt these cards and come up with your additional ones of your own.

- 2) After you have discussed some of the cards, return to the river scenario.

*“Let’s say we go upstream and, when we get there, we find a man shoving people in the river, one after another. What do you imagine the man thinks of the people he’s throwing in the water? What’s his view of them?”*

- 3) Participants will probably give suggestions such as: ‘he thinks that they’re nothing’, ‘they’re inferior’, ‘that they’re less than him’. Discuss with participants that it is much easier to commit violence against people when we see them as less than fully human. Sexual and domestic violence depend on attitudes or assumptions or language or actions that dehumanize women.

Explain that all of the cards chip away at women’s full humanity. In isolation, each of these attitudes, behaviours and beliefs may not be extremely harmful, but taken all together they are part of a culture that supports sexual and domestic violence. Together they create an environment in which some men are more likely to harm young women and think it’s ok.

- 4) Ask participants:

*How do we then prevent sexual and domestic violence?*

During this discussion, emphasize that to prevent sexual and domestic violence we need to pull out its roots by standing up and speaking out against all the attitudes, assumptions and behaviours that we witness every day that dehumanize women and support the violence.

**Key points to remember:**

It is useful to look at the perspective of culture rather than the individual when exploring the roots of men’s violence against women. Certain attitudes, behaviours and beliefs form a culture that supports sexual and domestic violence. This culture, in effect, ‘normalizes’ the violence.

Speaking out together can create an environment where violence against women is less likely. In the same way that attitudes, behaviours and beliefs create an environment where violence is likely, speaking out together and challenging and changing the environment is also powerful and can create a culture in our communities where violence is reduced.

## WORKSHOP 3

### ACTIVITY 3: Consent vs. Coercion: Exploring Attitudes towards Rape

#### THEME: Gender and Violence

#### Objectives

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

**Time:** 1 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 in a relationship does not want to have sex.*
- *If a woman has been drinking with a man, he 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.

**The 2007 Sexual Offences Act** makes it illegal for a person to force another into sex against their will or to have sex in any situation where the other person does not freely consent. It is also illegal to have sex with a person under the age of 16 years. Under the Act, rape is a crime that can be perpetrated against both women and men. If a person has been forced into sex they can go to the police to open a case. If they do that the police will take them to a hospital for a medical examination and treatment. A person can catch HIV from rape as well as STIs and become pregnant, so it's important to go early to report the rape so PEP can be given for HIV and STI treatment and emergency contraception. If a person does not want

to open a case, rape can be reported to a hospital and treatment given without going to the police.

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*.

## WORKSHOP 3

### ACTIVITY 4: Levels of Risk

THEME: Gender, HIV and AIDS

#### 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:

- |   |   |
|---|---|
| • <i>Abstinence</i>                                     | • <i>Having sex with a woman if you are not circumcised</i> |
| • <i>Masturbation</i>                                   | • <i>Performing oral sex on a man without a condom</i>      |
| • <i>Vaginal sex without a condom</i>                   | • <i>Performing oral sex on a man with a condom</i>         |
| • <i>Vaginal sex with a condom</i>                      | • <i>Performing oral sex on a woman</i>                     |
| • <i>Hugging a person who has AIDS</i>                  | • <i>Infant breastfeeding from an HIV-infected mother</i>   |
| • <i>Fantasizing</i>                                    | • <i>Anal sex without a condom</i>                          |
| • <i>Kissing</i>  | • <i>Anal sex with a condom</i>                             |
| • <i>Dry sex without a condom</i>                       |   |
| • <i>Thigh sex or ukusoma</i>                           |   |
| • <i>Massage</i>  |   |
| • <i>Having sex with a woman if you are circumcised</i> |   |

#### 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 behaviour 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 behaviour involves low or no risk.
- 6) 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.

### **Correct 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 behaviour, 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. Note that abstinence, and condom use are often not choices that are available to women who are in coercive or violent relationships.

Also remember that if a mother is receiving antiretroviral medication, and her CD4 count is high, it is less likely that she will infect her baby with HIV.

## WORKSHOP 3

### ACTIVITY 5: All about condoms

**THEME:** Gender, HIV and AIDS

**Objective:** To enable participants to use a condom correctly, to know where to obtain condoms and to negotiate the use of condoms with a partner.

**Time:** 1 hour

*Materials:*

- Male and female Condoms
- Dildos or banana
- Water based lubricants
- Copy of “Protection” Documentary film DVD
- Television with DVD player or computer, data projector and screen to project “Protection” Documentary film

**Steps:**

*Part 1: “Protection” the film*

- 1) Explain that you are now going to show one another how to use a male condom and find out how much they know about condoms.
- 2) Show the clip from the film “Protection” entitled “A Condom Lesson in Cape Town” You can use the DVD, or if you have good internet connectivity watch it online: [http://protectionthefilm.com/the\\_film/extras/](http://protectionthefilm.com/the_film/extras/).
- 3) Ask 2-3 participants what they learned from the film and allow for 5-10 minutes discussion.

*Part 2: Condom Demonstration*

- 4) Hand out a male condom each and a dildo or banana and start the demonstration, asking the class the questions as you go and correcting any wrong or missing information.
- 5) **Why are condoms important?** A condom will stop a man’s sperm or other fluids (semen) coming into contact with a woman’s vaginal fluids. So she will not be able to get pregnant and, if either the man or the woman has a HIV, or another STI, it cannot be passed between them.
- 6) **How can you tell if a condom packet looks and feels good or not?** Condoms come in sealed wrappers and are lubricated so they should feel slippery from the outside of the packet. *(Help everyone to feel how the condom feels lubricated inside the still-sealed wrapper.)*
- 7) **How do you open the wrapper?** Carefully, so that the condom does not tear. *(Encourage everyone to do this.)*
- 8) **What can damage condoms?** Vaseline and other oil-based lubricants damage condoms. If you need lubrication, only use water-based ones, such as KY jelly, or glycerin or spermicides. If a woman is properly aroused and ready for sex before

penetration, then her vagina will be moist enough and no extra lubrication will be needed. *(You may need to add here an explanation about the importance of foreplay in enabling a woman to feel properly aroused.)*

- 9) **How many times can you use a male condom?** Once only. Each time you have sex, you must use a new, unused condom on the penis before it enters the vagina or anus.
- 10) **When do you put the male condom on?** Only when the penis is erect.
- 11) **How do you put the male condom on?** Pinch the top, closed end of the condom first. This leaves a small empty space, to hold the semen. Then unroll the condom down the length of the penis all the way to the base. *(Demonstrate this with your condom. Encourage everyone else to have a go.)*
- 12) **What happens if a condom tears during sex?** This is less likely to happen if the condom is good quality and if you have put it on properly. However, it does occasionally happen. The best thing to do is to withdraw the penis immediately and put on a new male condom. If the woman is using no other means of contraception she is at risk of pregnancy so must take emergency contraception to prevent pregnancy. If one of the partners is known to have HIV and the other one not to, antiretroviral drugs can be taken for a month in the same way as a person does after rape to prevent infection. If the condom breaks and you do not know your HIV status or your partner's it is a good time to have an HIV test and then you may take antiretroviral drugs if one of you has HIV.
- 13) **What do you do after ejaculation?** After ejaculation, before the penis goes soft, hold on to the bottom of the male condom as you pull the penis out, so that the condom does not slip off, then take off the condom carefully without spilling semen. *(Demonstrate this and encourage participants to copy you.)*
- 14) **How do you dispose of the male condom?** Tie the end of the condom in a knot to keep the sperm inside. Wrap the condom in toilet paper or newspaper until you can dispose of it in a pit latrine or dustbin. Then, if you wipe yourselves after sex, remember to use separate cloths. Condoms should be disposed of away from where children or animals can find them and play with them. Where is a suitable place here for you to dispose of them? *(Wrap up the condom in something easily available locally.)*
- 15) **What else can a condom protect against, as well as HIV?** Condoms protect against all kinds of STIs and because these can cause infertility, condoms also protect against infertility. They also protect against unwanted pregnancy.
- 16) **Female Condoms:** Take out the two female condoms and pass them round in the wrapper for everyone to feel. Then open one of the packets and take out the condom. Pass it round and ask everyone to notice that there are two rings. Mention a woman has to put the female condom in before sex and because she may not yet be aroused it is good to use lubricant and either a water or oil based lubricant can be used. The explain that in order to insert it a woman has to squeeze the inner ring and push it as far as it will go into her vagina. The outer ring stays on her vulva outside the vagina. During sex it's important to make sure the outer ring is not

pushed inside. If it is going inside or there is a squeaky noise during sex, it is a sign that more lubricant is needed. After sex the outer ring can be squeezed and the condom twisted a bit and then pulled out and the semen will remain inside and it can be discarded safely.

- 17) Open both condom packets and pass them round and suggest everyone tries squeezing the inner ring so they can imagine how it could be inserted. Mention that the Department of Health is committed to distribution female condoms through clinics and that it is important for women to ask for them in clinics if they are not available.

## WORKSHOP 3

### ACTIVITY 6: Impacts of HIV/AIDS

THEME: Gender, HIV and AIDS

#### Objectives:

- To understand better the personal impacts of HIV/AIDS
- To be able to identify roles that men can play in reducing the impact of HIV/AIDS

Time: 1 – 2 hours

#### 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/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/AIDS and how women are affected by HIV/AIDS. Ask the second group to discuss what it is like as a man to live with HIV/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/AIDS?*
  - *What are the main differences between women and men in terms of being affected by HIV/AIDS?*
  - *How can men get more involved in caring for people who are living with HIV/AIDS and reduce the burden of care that women carry?*
  - *What other roles can men play in reducing the impact of HIV/AIDS on women and on other men?*
- 6) Make a note of any action suggestions on the **Action Chart** and sum up the discussion making sure that the **key points** are covered.

#### 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/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/AIDS will also be affected by age, class, caste, ethnic and other differences.

### **Key Points to remember**

***Women are more heavily affected by HIV/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/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/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/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/AIDS, both emotionally and practically.

## WORKSHOP 3

### ACTIVITY 7: Alcohol and decision making

#### THEME: Alcohol

**Objective** To reflect on decision-making related to alcohol use

**Time** 1.5 hours

#### Materials and advance preparation

- Printed questionnaire for each participant
- Flip chart
- Markers.

#### Steps

##### *Part 1: Individual exercise*

- 1) Hand out the questionnaire to the participants and ask them to answer the questions as honestly as they can. It may be useful to read the questions out one by one and give the participants time to answer each one before moving on to the next one.

#### **Questionnaire**

1. *How old was I the first time I tasted alcohol?*
2. *Under what circumstances did I taste alcohol for the first time?*
3. *How much alcohol did I drink the first time and what happened next?*
4. *How did I feel the first time I drank alcohol?*
5. *Why did I start drinking alcohol?*
6. *Currently, how often do I drink and under what circumstances?*
7. *How many times have I been drunk in my life?*
8. *How important is alcohol to me? Why?*

##### *Part 2: Group work*

- 2) Having answered the questions, form small groups of 5 to 6 participants. Invite each member of the group to share his answers/reflections with the others in the group. The group prepares a synthesis of their answers on a flipchart, emphasising common elements and differences.

##### *Part 3: Plenary*

- 3) Ask the groups which one would like to present its flipchart first and after it does so, invite questions of clarification. Carry out the same procedure with all of the groups.

- 4) When all the groups have presented their flipcharts, open up discussion and debate, using the following questions as a guide:
- a) *How do we feel right now?*
  - b) *What aspects of the flipcharts most capture your attention? Why?*
  - c) *Would you feel out of place at a party, gathering or shebeen with your friends if you were drinking a non-alcoholic drink and they were all drinking alcohol? Why?*
  - d) *Imagine that you are at a party, social gathering or shebeen where you were drinking alcohol, but one of your friends doesn't want to drink. Would you (and/or others) view your friend as boring? Not a real man? Why?*
  - e) *Would you defend your friend's decision not to drink to the other friends? Supposing that you decided to defend him/her, how do you think the other friends would judge you? Why?*
  - f) *Do you believe that to be accepted in a group you have to do what the other persons in the group want? Why?*
  - g) *Do you think that it is possible for a person to lead an enjoyable life without drinking alcohol? Why?*
  - h) *Can a person feel good about himself even without drinking? Why?*
  - i) *Can a young person feel accepted without drinking? Why?*

#### *Part 4: Recognition of alcohol abuse or dependence*

Continue the discussion/debate by asking the group other questions.

- a) *What happens to someone who, to feel good in a social situation, needs to drink?*
- b) *Why would others (friends/family) be so concerned that you drink?*
- c) *How do we know if someone is already alcohol-dependent?*

*Tip: To provide some guidance to the group on recognising the early signs of alcohol dependency, use the information in "Key Points".*

#### *Part 5: Modifying my alcohol consumption*

- 5) Give a blank sheet of A4 paper to each participant and ask them to write themselves a letter expressing how they feel about their own alcohol use, what they feel they need to do to reduce/modify alcohol consumption and what steps they may need to take. What help might they need for other people (family, friends, health workers etc.)?

- 6) Invite participants (those who wish to) to read aloud their letters or share parts of them.
- 7) Close by asking all participants to suggest actions that they may take to reduce risky alcohol consumption, and write them on the action chart.

**Facilitator's notes** It is important to maintain an atmosphere of frankness with the group and respect towards different opinions and attitudes around alcohol.

Stress that to drink or not to drink is a decision that we make based on various factors: for example, personal beliefs, religious beliefs, health concerns, out of respect for certain family or social standards.

Work with the participants to consider alternatives where friendship and belonging to the group can be achieved without alcohol.

**Key points** The following criteria is useful for the early recognition of alcohol abuse or dependence:

1. To think about, talk about or plan when the next occasion to drink will be.
2. Tolerate a greater amount than the average.
3. Drink rapidly.
4. Drink to obtain some effect, as a tranquilizer or to have courage to do something.
5. Forget some detail or event of what happened while drinking.
6. To protect, store or ensure the supply of alcohol.
7. To drink more than planned or without having planned.
8. An additional highly sensitive criterion is: to express concern or regret to someone close about what you did (or did not do) while under the effects of alcohol.

Note: The presence of more than two criteria indicates a need to consider or assess the person's alcohol abuse risk.

## WORKSHOP 3

### ACTIVITY 8: Exchanging sex for goods

#### THEME: Healthy Relationships

#### Objective:

- To explore different kinds of exchanges that are carried out for sex, and identify ways to make them as safe as possible.

**Time:** 2 hours

**Materials:** Flip chart sheets, markers and pens

#### Steps:

##### *Part 1: Role Plays*

##### *Brainstorm*

- 1) Explain the objective of the activity to participants and ask them to identify the types of relationship in which sex might be exchanged for something. For example:
  - Married partners
  - School sweethearts ,
  - Teacher and student
  - Boss and employee
  - Older and younger person

Write these on a flipchart.

- 2) Support the participants to identify as list of 'goods' (things) that might be exchanged for sex. For example, food, transport, accommodation, money, jobs, school fees, border crossing, desirable objects and clothes. Write these on a flipchart.
- 3) Divide participants into 4 or 5 small groups and give one type of relationship to each. Ask each pair to prepare a short drama to show a situation where sex is being exchanged for the 'goods'. Try to ensure that in some cases males are exchanging sex for 'goods' from a female. Ask each pair or group to prepare to perform their role-plays to the whole group.

##### *Plenary*

- 4) Invite the groups to present their role-plays. After each one, discuss what they have learned and ask them to identify how exchanging 'goods' for sex affects HIV and AIDS. Ask participants questions such as:
  - *Why is this person exchanging 'goods' for sex?*
  - *Why does the other person accept these goods?*
  - *What are the advantages and disadvantages of this type of exchange for each of the two people?*
  - *What do you observe about the way power is used between the people in the role-play?*

- *How does this type of exchange in this type of relationship affect both people's risk of HIV?*
- 5) When all the groups have presented their role-plays direct the following questions to the plenary:
- *How did you feel watching these role-plays? How do you feel now? Why do you feel this way? (Note that this question asks about feelings like: encouraged, excited, disappointed, sad, happy, confused etcetera. It does not ask about what participants think.)*
  - *In the role-plays what characteristics do those who were "buying" sex have in common?*
  - *What characteristics do those who receive the goods share?*
  - *Is this exchange always risky and should it stop? Why?*
  - *How does the situation of migrant populations put them particularly at risk?*

### *Part 2: Discussing Risk Reduction*

- 6) Ask the participants to return to the groups they were in to discuss the following question:
- *What could individuals, men and women (including yourselves) and the community do to reduce the risks involved in exchanging goods for sex?*

The group should write each different suggestion on a blank card.

### *Plenary*

In plenary each group, one by one, posts its cards on the Action Chart on the wall. Ask for 2 volunteers to read out all the suggestions. When they have done so, ask for comments and reflections on the suggestions. Invite the group to share what they think needs to be done for these suggestions to be put into practice, at a personal, family, community and political level.

### **Facilitator's notes:**

Encourage the participants to discuss the many reasons behind exchanges for sex. For example, men may buy sex because they enjoy it, while women may sell sex to earn a living. On the other hand, girls may expect boys to give them a gift when they have sex to show that they value them, but do not see this as an exchange. Girls may also give presents to their boyfriends, which they buy with money obtained from older men.

If you are working with migrant populations, remind participants that many migrant women have little choice but to sell sex for survival, or to establish relationships with men in order to protect themselves whilst travelling.

Explore with the group the question of how aware both parties were of the fact that a transaction was happening. Was there any communication about the transaction? What about long – term transactional sex, where a partner exchanges sex for long term financial support?

Remember that many of us may have used our sexuality to make progress with our lives or our money to attract partners. Challenge people in the group who say stigmatizing things about exchanging sex for goods.

If the group is made up only of men, be aware that they may be reluctant or embarrassed to play women's roles in the sketches. This is an issue that can be reflected upon after each group presents its sketch.

## WORKSHOP 3

### ACTIVITY 9: HIV treatment as a human right

#### THEME: Human Rights

#### Objectives

- To understand that access to HIV and AIDS treatment is a basic human right;
- To be able to identify strategies for promoting and protecting this right to treatment.

**Time:** 1.5 hours

#### Materials:

- Handouts: *ARV's in our lives* and *What are the new ART treatment guidelines?*  
*NOTE: THESE ARE SEPARATE PAMPHLETS, AND NOT INCLUDED IN THE MANUAL*
- Three "Debate" cards (see Facilitator's notes)
- Flipchart sheet and markers

#### Steps

- 1) Before the session, in an earlier break, ask participants to read through summaries of the TAC pamphlets: 'ARV's in our lives' and 'What are the new ART treatment guidelines?'
- 2) Explain that you want to hold a debate about HIV treatment in Southern Africa. Tell the group that they are going to consider three arguments against HIV treatment. Explain that you want some participants to support these arguments and some to reject them. Remind the group that this is an activity that looks at the issues involved. It is not about participants' own opinions on HIV treatment.
- 3) Divide the participants into three groups. Give each group one of the "Debate" cards and have them read it. Now, ask each group to split into two sides: A and B. Side A will argue in favour of the statement. Side B will argue against the statement. Remind everyone that this is a debate about the issues and not about their own views. Tell the groups that they have ten minutes to prepare their arguments. Then they will hold the debate in front of the whole group.
- 4) When time is up, bring the groups back together. Call up the first debate group. Explain that each side will have five minutes to present their argument. They will then have two minutes each to respond to points made by the other side in their opening argument. Explain that you will then open up to the rest of the participants to ask questions for a further six minutes. At this point the debate will end.
- 5) Run the first debate. The whole process should last 20 minutes. Then run the second and third debates following the same process as the first.
- 6) When the debates are over, lead a general discussion using these questions:
  - *What was it like to make an argument that you did not agree with?*
  - *What was it like to make an argument that you did agree with?*
  - *Which were the strongest arguments? Why?*
  - *Why is it so important to discuss HIV treatment as a right and not just a need?*

- *What are the different roles that men can play in arguing for treatment as a human right?*

7) Use the key points to sum up with discussion. Record any suggestions the group makes for actions on human rights on the Action Chart.

**Facilitator's notes:**

Before the activity, write each of these statements on a different piece of paper or card (these are the "debate" cards).

*"This is a poor country. It cannot afford to pay for HIV treatment for its citizens."*

*"This country is still recovering from years of under-investment in its health facilities. It does not have the capacity in the health sector to provide its citizens with HIV treatment."*

*"The epidemic still rages. The priority has to be prevention not treatment."*

Debates can get very lively. Sometimes participants lose track of time in the middle of a debate. There is a real danger of running over time. It is important that you help the group to stick to time in order to make sure that each debate is given equal attention.

**Key points to remember:**

HIV treatment is a right and not just a need. HIV/AIDS is devastating individual lives and families and communities in southern Africa. The right to health is one of the most basic human rights, and AIDS poses one of the biggest threats to people's health. HIV treatment is a critical way to protect people's right to health. This makes access to such treatment a right, and not just a need. Defining treatment as a right highlights the responsibility of the government to provide such treatment. It also shifts the emphasis from proving a need to asserting a right. This is an empowering emphasis in that it gives disempowered people a way to make their claim for HIV treatment on the basis of their humanity and not merely their present situation.

Men can play several roles in promoting the right to HIV treatment. HIV positive men continue to play an important role in advocating for the right to HIV treatment. Men's leadership roles in the community, workplace and the government put them in a position where they can bring about changes in policy to expand access to treatment. As leading figures in business and the media, men can move public opinion to support the right to HIV treatment. At the community level, men can take part in organizing efforts to demand the right to treatment.

## WORKSHOP 3

### ACTIVITY 10: Learning from men who have been role models

#### THEME: Taking action

#### Objectives

- To invite participants 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.
- To 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.

#### Facilitator's Notes

Many people 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 people their fathers were absent and often abusive. For white people, 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 absent fathers or violent fathers have 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.

<b>WORKSHOP 4 AGENDA</b>		
<b>DAY 1</b>		
<b>Session</b>	<b>Activity</b>	<b>Theme</b>
Check in time	Introductions/ Pre test questionnaire, Expectations & Ground rules	
Morning 1	Gender Roles (The 24-hour day)	1
Morning 2	A Live Fool or a Dead Hero: Getting “Respect”	2
Morning 3	Men’s use of violence and abuse	2
Afternoon 1	HIV risk field	3
Afternoon 2	Know the facts about HIV and AIDS: facts/nonsense	3
Check out time	Plus and Delta	
<b>DAY 2</b>		
<b>Session</b>	<b>Activity</b>	<b>Theme</b>
Check in time	Introductions/ Pre test questionnaire, Expectations & Ground rules	
Morning 1	To drink alcohol is to be a man: Values around Gender and Alcohol Use	4
Morning 2	Body Mapping	5
Morning 3	Working for Gender Justice in the Community	6
Afternoon 1	Intervening with Friends in Taverns	7
Afternoon 2	HIV and AIDS activism	7
Check out time	Plus and Delta	
Wrap - up	Workshop facilitator completes a Workshop Monitoring Form	

## WORKSHOP 4

### ACTIVITY 1: Gender Roles (The 24-hour day)<sup>1</sup>

THEME: Gender, Power and Health

#### Objectives:

- To be able to name the different roles of men and women in society
- To understand the different values associated with these roles.

**Time:** 30 minutes

**Materials:** Handout – The 24-hour day

#### 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 flipchart sheet. 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 flipchart sheets 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.

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<sup>1</sup> Adapted from Williams, S., Seed J. and Mwau, A., *The Oxfam Gender Training Manual*, Oxford, Oxfam, 1994:181.

### Key Points to remember

Women and men often have different roles for example:

- *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.*

### HANDOUT: THE 24 HOUR DAY

From	To	Man's tasks	Woman's tasks
6 o clock	7 o clock		
7 o clock	8 o clock		
8 o clock	9 o clock		
9 o clock	10 o clock		
10 o clock	11 o clock		
11 o clock	12 o clock		
12 o clock	1 o clock		
1 o clock	2 o clock		
2 o clock	3 o clock		
3 o clock	4 o clock		
4 o clock	5 o clock		
5 o clock	6 o clock		
6 o clock	7 o clock		
7 o clock	8 o clock		
8 o clock	9 o clock		
9 o clock	10 o clock		
10 o clock	11 o clock		
11 o clock	12 o clock		
12 o clock	1 o clock		
1 o clock	2 o clock		
2 o clock	3 o clock		
3 o clock	4 o clock		
4 o clock	5 o clock		
5 o clock	6 o clock		

#### WORKSHOP 4

## ACTIVITY 2: A Live Fool or a Dead Hero: Getting “Respect”

### THEME: Gender and Violence

#### 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

#### 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 suggested 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?*

#### Suggested Situations

- *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...*

#### Facilitators 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 honour. 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 participants understand why men and boys sometimes act this way; how such behaviour may give rise to violent incidents, and how it is possible to change such behaviour.

## WORKSHOP 4

### ACTIVITY 3: Men's use of violence and abuse

#### THEME: Gender and Violence

**Objectives:** To encourage the group to think about sources of help for survivors of domestic violence, problems which they may encounter seeking help from these sources and ways of strengthening help for survivors of domestic violence.

#### Steps:

- 1) Explain that although you recognize that men and women both can hurt each other, men are much more powerful than women in our society and so the impact of men's violence against women is very much greater. For that reason we are now going to focus on situations in which violence against women by men occurs.
- 2) In this exercise we are going to reflect on the consequences that may follow physical and sexual violence for victims and perpetrators. Ask participants to divide into four groups and give each a flipchart and marker. Explain that we want to start by considering physical violence by men against women. Ask them to divide the page into two. On one side record all the consequences for female survivors of physical violence. On the other side record the possible consequences men may face if they physically harm women.
- 3) Ask the group to come together and for the small groups to report back their discussions. If the law on domestic or sexual violence is not raised, ask whether anyone knows whether there is a law against hitting your wife or girlfriend. Ask if anyone can tell you what it says?

Provide information on the law if no one knows about it.

- 4) Ask participants to return to their small groups and give each another piece of flipchart. This time ask them to consider the consequences that follow from sexual violence for women as survivors and men as perpetrators.
- 5) Call them together in the larger group and ask them to share their discussions. Ask if anyone knows about the law and rape. Ask what is defined as rape under the law, and if can anyone explain.

Provide information on the law if needed.

#### Facilitator's notes

**The 1998 Domestic Violence Act** makes violence against a partner a crime. It recognizes that domestic violence takes many forms and these can be physical, emotional or sexual, but also include intimidation, harassment, threats, damage to property and verbal or economic harm. The Act provides protect for all relationships including marriage and dating relationships. If violence is reported to the police, the perpetrator can be arrested and it is also possible for the police to help a person to get a Protection Order from a Magistrate which provides that the perpetrator will be arrested if conditions of the order are broken.

**The 2007 Sexual Offences Act** makes it illegal for a person to force another into sex against their will or to have sex in any situation where the other person does not freely consent. It is also illegal to have sex with a person under the age of 16 years. Under the Act, rape is a

crime that can be perpetrated against both women and men. The Sexual Offences Act broadens the definition of rape to include forced anal or oral sex, irrespective of the gender of either the victim or the perpetrator. It thus recognizes male rape, which was hitherto classified as indecent assault, and also widens the definition of rape to include sexual penetration with an inanimate object or animal genitalia. If a person has been forced into sex they can go to the police to open a case. If they do that the police will take them to a hospital for a medical examination and treatment. A person can catch HIV from rape as well as STIs and become pregnant, so it's important to go early to report the rape so PEP can be given for HIV and STI treatment and emergency contraception. If a person does not want to open a case, rape can be reported to a hospital and treatment given without going to the police.

In facilitating this exercise it is important to make sure participants consider the immediate consequences in terms of their feelings, and for the relationship, as well as help-seeking actions, possible punishments, and the long term implications of those punishments.

**Consequences from domestic violence may include:**

- **For women who survive:** physical injuries, depression, anxiety, fear, difficulty sleeping, being frightened of it happening again, hating him, divorce or leaving the relationship, death, taking another boyfriend who loves her, reporting violence to the police and getting a protection order, moving to a shelter, reporting to the family.
- **For men who perpetrate domestic violence:** feeling guilty, feeling bad about himself, fear he will get punished, being arrested and possibly jailed with implications for school completion and working life, divorce / relationship splitting up, losing her love, becoming more jealous, embarrassment caused by the family becoming involved, being shunned by friends or family.

**Consequences from sexual violence and rape may include**

- **For women who survive:** injuries, depression, anxiety, fear, difficulty sleeping, being frightened of it happening again, hating him, divorce or leaving the relationship, reporting to the police, reporting to the family, health problems including pregnancy, STIs and HIV unless treatment is taken, following a legal process after opening a case.
- **For male perpetrators of sexual violence:** feeling guilty, feeling bad about himself, fear he will get punished, being arrested and possibly jailed with implications for school completion and working life, divorce / relationship splitting up, losing love, embarrassment, being shunned by friends or family.

## HANDOUT

### A WOMAN YOU KNOW HAS SURVIVED DOMESTIC OR SEXUAL VIOLENCE. WHAT CAN YOU DO, AS A MAN, TO SUPPORT HER?

As a male partner, spouse, relative, friend or colleague of a woman who has survived sexual or domestic violence, you may feel it's easier to stay silent. You might be worried that you're going to say the wrong thing or upset her further. **DON'T** keep quiet! There are many different ways that you can support her both emotionally and practically, as well as taking action in your community. Here are a few ideas...

#### How to support her emotionally...

- **Listen and try to understand** - You may not know what it feels like to be a woman but you know how helpful it is when someone listens and supports you through difficult times. Learn about abuse and how it affects victims/survivors – there are many resources to read that will give you information on how she might be feeling, and what you can do to help.
- **Believe what she is telling you** - It will have taken a lot of courage for her to tell you what she has experienced or is continuing to experience. And respect her privacy: don't tell anyone else unless she has agreed to it.
- **Don't judge or blame her** - No matter the circumstances, no one ever has the right to abuse or rape, and no one deserves to be raped. Don't ask her questions about why she thinks it happened. You don't want her to feel that you are implying that the violence is her fault.
- **Allow her to express her emotions** - If she wants to cry, give her the space to do so. If she doesn't cry, don't take this as a sign that she wasn't raped; different people respond to rape in different ways. She could be dealing with delayed shock, or feelings of denial. If she experiences depression for a long time or seems suicidal, encourage her to see someone.
- **Give her time** - Try not to say things like 'try to forget what happened.' Particularly if she has been raped, she is not going to feel better immediately and may have good and bad days. If she's feeling scared at night, encourage her to have a friend stay with her until she falls asleep. You can also offer to accompany her to places if she isn't feeling safe.
- **Be available to talk** - Make sure she knows you are open to talking about the issue and want to listen to how she is feeling. At the time, she may feel that all men are potential perpetrators of violence. This is perfectly normal given what she has been through. Help her see that she can rely on you and other men in her life for support.
- **Let her take control of her own healing** - It's important that victims of violence recover a sense of control over their lives. You can't tell her what to do, but you can support her in what she does and offer her information, an ear and a shoulder!

- **Get support** - You might feel anger, frustration, sadness and pain because someone you care about has been hurt – get help so that you can deal with these feelings with someone equipped to help you, like a counsellor or a social worker. Speak to her about how you have been affected by what has happened to her. This is important so that she understands that you care. But don't burden her with too much, as she may then feel guilty and reluctant to share more.
- **Reach an understanding about sex** - *If you are a lover, husband or boyfriend of someone who was raped, is it okay to be sexually intimate again?* The answer to this question varies from person to person – but it is very important to be patient, and find ways to show you love her that aren't sexual. If you aren't sure how she feels, talk about it. Sometimes a particular touch or smell can initiate flashbacks to the rape. Flashbacks are very scary and extremely upsetting. Try not to take it personally; it's not about you. She might 'freeze up' during sex, so be aware of how she is responding, and stop if you are unsure. If your sexual attraction to your partner has been affected because of the rape, talk to someone about your feelings.

### How to support her practically...

- **Decide on a course of action together** and help her to seek different kinds of professional help - She might want to see a counsellor, get tested for HIV, or she might want to go to a women's shelter or advice centre, especially if she was abused by someone that she knows.
- **Help her to take action against the violence** she has experienced - In South Africa; there are laws in place that can be used to promote action and accountability. The South African Constitution, the Sexual Offences Act and the Domestic Violence Act make it clear that women have a right to live their lives healthily and free of violence. Read up on the issue, and take advantage of these laws!
- **Demand justice for survivors** - Demand that the government meet its obligations to safety and security. The South African Constitution and other laws make it very clear that the government has an obligation to ensure safety for all—and to arrest, prosecute and convict perpetrators of domestic and sexual violence. To date, the police and the criminal justice system often fail victims of violence. Accompany survivors to court and help them to access their human rights. Put pressure on the police and the courts so that they take decisive action.
- **Help her to access available services** - She doesn't have to suffer alone, or in silence. There are services – women's centres and places of safety she can contact in case of emergency, organisations that can give her legal advice and telephone counselling lines (e.g. Rape Crisis, People Opposing Women Abuse (POWA), NICRO Women's Support Centre). She may want you to go with her to visit these sources of support.
- **Support her to lay charges if she chooses to** - Remember, domestic violence is a crime. She has the right to lay a charge of assault against

the perpetrator. Ask her if she would like you to accompany her to the police station to lay the charge.

- **Help her to secure safety** - If she continues to be at risk from the perpetrator, help her to create a safe environment for herself. She has the right to apply for a Protection Order under the Domestic Violence Act. She can request this from a Magistrate's court near to where she or her abuser lives. This order stipulates what the abuser may NOT do. If the abuser commits an act of abuse, the protection order means the abuser can be arrested. The protection order is free and can also help the woman to access medical treatment and find shelter.
- **Hold the perpetrator accountable** - Talk with your friend to see whether she wants you or one of her other friends or family to talk to the perpetrator. Respect her decision if she says no. But also tell her that she can always change her mind.
- **Be careful and safe** - It is not uncommon for perpetrators to lash out against people who get involved. Be prepared for him to become violent and accuse you of getting involved in issues that are not your business. Be ready to resolve the conflict peacefully even if it means walking away. If he does admit to violent behaviour and is willing to talk about it, tell him about organisations that can support him (see contact information at the end). Warning signs NOT to intervene are: he has a gun, he has a criminal record for violence, he accuses her of having affairs, or he has threatened her with death before. Even if he doesn't suffer from irrational jealousy, intervening must not be taken lightly.

### In the case of rape:

- **Post Exposure:** Following a rape, it is critical that women access both the emergency contraceptive and a 28-day course of post-exposure prophylaxis (PEP) to prevent HIV infection, within 72 hours. Learn about these treatments and their possible side effects. This will help you understand what she is going through and how you might best support her to take PEP.
- **Insist the police take immediate action** - She has the right to report the rape to the police at any time and lay a charge. Discuss reporting the rape to the police, and if she agrees, accompany her to the police station. She could still be in a state of shock, so may welcome your company when making her statement.
- **If she wants another friend** there instead of you, respect her wishes and help her get in touch with that person. **At the police station, she should also be taken for a medico-legal examination by the District Surgeon.** She has the right to give her statement in a private place, and to have someone there when she makes it.
- **Familiarise yourself** with the court processes - If she does report the rape, she will have to go through a number of different procedures, particularly if the case goes to court. Take some time to learn about and understand these processes and support her through them.

### How to Take Broader Action

Despite our progressive constitution and our strong laws against domestic and sexual violence, the police and criminal justice system continue to fail women. Many police and court officers are compassionate and committed but are underpaid and overworked and don't get the training they need. Other police and justice department officials continue to treat women with contempt, sometimes even raping women and colluding with others to conceal the evidence.

## WORKSHOP 4

### ACTIVITY 4: HIV risk field

**THEME: Gender, HIV and AIDS**

#### Objectives:

- To be able to explain why multiple sexual partners, older sexual partners and sex for gifts are high risk behaviours
- To describe 3 consequences that HIV and AIDS have on an individual and his or her friends, family, and community
- To explain how alcohol abuse is associated with the major HIV risks

**Time:** 1 – 2 hours

#### Materials

- An open space, preferably a soccer field
- 3 or 4 soccer balls
- 15 to 20 cones
- Risk Field cards with the following words on them: (Multiple Partners, Older Partners, Sex For Gifts)
- Whistle

#### Preparation

- Depending on the size of the group and your materials, make the appropriate number of lines of cones for Risk Field with 2 metres between each cone.
- Prepare and pin the 3 Risk Field cards to the middle line of cones.
- If you do not have printed activity cards, use 1/3 piece of A4 paper and write each risk on the front of each paper.

#### Steps

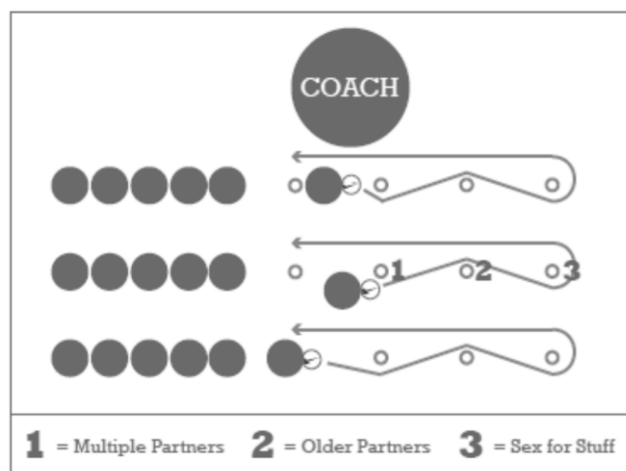
##### *SET UP THE GAME*

- 1) Divide players equally into the number of teams you decided to use. Try to keep friends together on the same teams.
- 2) Instruct each team to stand in a straight line behind the first cone.
- 3) Instruct each team to choose a team name.
- 4) Ask participants “What is a risk?” and make sure that the answer includes the following: “Something that can put you in danger”
- 5) Also ask them “What is a consequence?” and make sure that the answer includes: “A result or outcome”
- 6) Ask them “What are some risks in your lives?”

##### *PLAY WITH CONSEQUENCES OF GETTING HIV ON THE INDIVIDUAL*

- 7) Explain and demonstrate the rules:
  - In this game, you will practice avoiding risks in your life that can put you in danger of getting HIV.

- This game is a race between the different teams.
- Each cone represents an HIV risk in your lives:
  - **Multiple partners:** Having more than one sexual relationship at the same time.
  - **Older partners:** Having a sexual partner older or younger than you by 5 years or more.
  - **Sex for stuff:** Having a sexual partner because he or she gives you money or gifts, or you give them money or gifts.
- Each player must dribble the ball between all 3 cones and make a good pass to the next player on your team.



- Be careful to avoid touching the cones! If you touch a cone, stop and go to the previous cone before continuing to play.
- After you have passed the ball to your teammate, run to the end of the line and sit.
- The first team with all members sitting is the winning team.
- We are going to play 3 rounds.
- Support your teammates by clapping, calling their names, and cheering.
- *Play the game.*

*Facilitator's Tip: As they play, encourage players to support each other.*

8) Discuss the following questions with the group:

- *In this round, what was the consequence of touching a cone? (Going back one cone)*
- *In life, what are the consequences if you have multiple sexual partners, cross-generational sexual partners, or have to exchange sex for gifts? (HIV infection, STIs, Pregnancy)*

- *What can happen to you if you get HIV?*
  - *Sickness, lifelong medication and possibly even death, if you do not have access to treatment*
  - *Relationship complications*
  - *Depression and stress*
  - *Illness related loss of job, income, or schooling*
  - *Stigma and discrimination*
  - *Living positively*
- *Why are multiple sexual partners such a big HIV risk?*
  - *The more sexual partners you have, the greater chance 1 of them has HIV.*
  - *If you have more than 1 partner, they probably have more than 1 partner too!*
  - *People often don't always use condoms with all their partners.*
- *Why do some people have multiple sexual partners instead of just one?*
- *Why is it so dangerous to have a sexual relationship where someone gives you gifts?*
  - *You have less power than someone who gives you money or gifts.*
  - *If you are in a relationship where there is not equal power, you have less influence in making smart decisions like waiting for sex, going for HIV testing, or using condoms.*
- *Why are sexual partners that are much younger or older a bigger HIV risk?*
  - *Older partners are likely to have been sexually active for longer than younger partners. This means that they have had more sexual partners, which makes them more likely to have HIV and STIs.*
  - *Older partners more likely have other sexual partners.*
- *Why do men often date women or girls who are a lot younger than them?*
- *What are some of the benefits of dating someone your own age?*
  - *You can be close friends with someone your own age because you can have equal power.*
  - *You will understand someone your own age better than someone older because you know the same people, listen to the same music, watch the same movies, etc*
  - *Someone your age has less chance of having HIV.*

#### **Key Points to remember**

- *HIV affects ourselves, our friends, our family, and the whole community.*
- *Multiple sexual partners, older sexual partners, and sex for stuff put you at a high risk of getting HIV.*
- *Build your team with people who will support you and help you avoid risks.*

## WORKSHOP 4

### ACTIVITY 5: Know the facts about HIV and AIDs: facts/nonsense

#### THEME: Gender, HIV and AIDS

#### Objectives

- To name 2 myths and 2 facts about HIV and AIDS
- To name the 4 fluids that spread HIV
- To name 3 ways to avoid getting or spreading HIV

**Time:** 45 minutes

#### Materials:

- Fact/Nonsense Cards (1 per group)
- Fact/Nonsense Scorecard
- Pen

#### Steps

- 1) Review the Fact/Nonsense statements so you are familiar with the information.
- 2) Prepare Fact/Nonsense cards. If you do not have printed activity cards, write 'FACT' on 1 side of a ½ piece of A4 paper and 'NONSENSE' on the other.
- 3) Prepare a scorecard for Fact/Nonsense.
- 4) Record each team name on the scorecard.
- 5) Introduce the game by explaining that this game will help us to learn the facts about HIV so we can know how to protect ourselves.
- 6) Divide the group into teams of three people.
- 7) Instruct each team to select a spokesperson.
- 8) Hand out a FACT/NONSENSE card to each spokesperson.
- 9) Explain and demonstrate the rules:
  - *I am going to read a statement and you will have 30 seconds to discuss the statement with your team.*
  - *Everyone on your team needs to participate to decide if the statement is FACT (true) or NONSENSE (false).*
  - *When I say "1-2-3, answers up!" the spokesperson will raise the card to show either FACT or NONSENSE.*
  - *Your team will get 1 point for a correct answer and no points for an incorrect answer.*
  - *You will also get 1 minute for a breakout. A breakout is a discussion with your teammates where you can use your knowledge to talk about real life situations.*
  - *The team with the most points at the end of the game will be the Champion.*
  - *We will play for 8 statements.*

#### FACT/NONSENSE STATEMENTS:

*Play the game using each of the following statements.*

*Facilitators Tip:* Allow for breakout discussion to continue for as long as you think they are helpful for the players. However, always keep track of time and plan accordingly.

**STATEMENT: The most common way HIV is spread in South Africa is through blood-to-blood contact. (NONSENSE)**

**Explain:** The most common way HIV is spread in South Africa is through unprotected sex. There are 4 body fluids that can spread HIV: Blood, semen, vaginal fluid, and breast milk.

**Discussion question:** Why do people talk about blood-to-blood contact so much when HIV is mostly spread through sex?

**STATEMENT: Most 15 year-olds in South Africa are having sex. (NONSENSE)**

**Explain:** Less than half of all South Africans ages 15-19 are having sex. Sometimes it can seem like everyone is having sex, but in reality, many people of that age can choose to abstain.

**Discussion question:** How can you support a friend that wants to abstain from sex?

**STATEMENT: Condoms are the only way to protect you from HIV. (NONSENSE)**

**Explanation:** If used correctly every time you have sex, condoms are very effective at protecting you from HIV. However, they are not 100% safe. You can also protect yourself from HIV by abstaining from sex or having 1 uninfected, mutually faithful partner.

**Discussion question:** If condoms can protect you from HIV, why don't people use them all the time?

**STATEMENT: Men that have been medically circumcised are less likely to get HIV than men who are not circumcised. (FACT)**

**Explain:** Studies have shown that men circumcised by a professional health worker are less likely than uncircumcised men to get HIV from sex with an infected woman. However, studies have not shown that male circumcision protects women from getting HIV. Medical circumcisions are much more likely to protect a male from getting HIV than traditional circumcisions.

**Discussion question:** Should all men get medical circumcisions? Why or why not?

**STATEMENT: HIV is a big problem in South Africa because people have more sexual partners than people in other parts of the world. (NONSENSE)**

**Explanation:** People in South Africa don't generally have more sexual partners in their lifetimes than people in other parts of the world where HIV is less common. One major difference, though, is that people in South Africa tend to have multiple sexual partners at the same time, while people in other parts of the world are more likely to end one sexual relationship before starting another.

**Discussion question:** Why do people often stop using condoms with someone after they have been in a relationship for a while?

**STATEMENT: For teenagers, it is less dangerous to have sex with someone their own age than with someone older. (FACT)**

**Explanation:** People just 5 years older than fifteen year olds are much more likely to have HIV than people of that age. This is especially important for girls who tend to have older sexual partners. This puts them at a high risk of getting HIV.

**Discussion question:** Why do you think men often date women and girls younger than them?

**STATEMENT: A pregnant mother with HIV can protect her child from getting the virus. (FACT)**

**Explain:** A woman with HIV can protect her baby by frequently visiting her doctor during pregnancy and after birth. If a mother and child both take the right medication, the risk of transmission can be reduced to below 2%.

**Discussion question:** What can a father do to help protect an unborn child from getting HIV?

**STATEMENT: You are more likely to get HIV if you already have an STI. (FACT)**

**Explain:** An 'STI' is a sexually transmitted infection, which is an illness you can get through sex. STIs often cause sores on the genitals, which can make it easier for HIV to enter the body.

**Discussion question:** Why is it difficult to talk about STIs with a sexual partner?

### **Key Points to remember**

- In South Africa, HIV is mostly spread through unprotected sex.
- You can avoid getting or spreading HIV by abstaining from sex, having one mutually faithful, uninfected partner and using condoms every time you have sex.
- It is very dangerous to have more than 1 sexual partner at the same time or to have an older sexual partner.

### **Take home task:**

Listen to conversations you hear about sex this week. They can be conversations between friends or family members or even conversations on TV or the radio. Remember what people are saying so we can discuss them at our next meeting. Think about these key questions:

- Who was talking about sex? What did they say?
- Was their information accurate? Did you agree with what they were saying?
- Why do some people love talking about sex? Why are some people shy about talking about sex?

## WORKSHOP 4

### ACTIVITY 6: To drink alcohol is to be a man: Values around Gender and Alcohol Use THEME: Alcohol

#### 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?*

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.

## WORKSHOP 4

### ACTIVITY 7: Body Mapping

#### THEME: Human Rights

##### Objectives:

1. To identify what participants like and do not like about their bodies.
2. To feel more comfortable with our bodies.
3. To identify our own areas of pleasure and pain.
4. To understand the diversity of experiences of sexuality.

##### Materials

5. Large sheets of flip chart paper
6. Masking Tape
7. Markers (sets of 4 colours per group)

**Time:** 1.5 hours

##### Steps

- 1) Divide participants into small groups.
- 2) Create a large sheet of paper for each participant by joining two or three flipchart sheets together.
- 3) In the small group, one person lies on the sheets of charts joined together while the others draw that person's body outline.
- 4) Each person marks on the body outline, the part of his body that he likes, in green colour.
- 5) In the next round, each person marks on the body line the part of their body that they do not like, using red.
- 6) Each person then marks on the body outline, where they feel pleasure. Use purple to denote pleasure
- 7) 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.
- 8) In each small group, members discuss how this experience was for them and write a group report on a flip chart.
- 9) Each group then presents their body map and the process in the group and how they felt.
- 10) 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

Take care not to force participants beyond their willingness to share.

Media projects a view of the 'perfect' male body as being strong, 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 often clouded with negativity and secrecy.

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.

## WORKSHOP 4

### ACTIVITY 8: Working for Gender Justice in the Community

#### THEME: Human Rights

#### Objectives:

- To understand the main institutions that maintain gender inequality; and
- To be able to identify ways for participants to work with men inside and outside these institutions to promote gender equality.

**Time:** 1.5 Hours

#### Materials

- Flipchart sheet
- 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 Action Chart to make a record of any of the group's suggestions for actions that participants 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 to remember

***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 men, who hold positions of power, run them. 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.

## WORKSHOP 4

### ACTIVITY 9: Intervening with Friends in Taverns

#### THEME: Taking action

#### 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:** 1.5 hours

#### 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*

### **Key Points to remember**

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 related 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.*

## WORKSHOP 4

### ACTIVITY 10: HIV / AIDS Activism

#### THEME: Taking action

##### Objective:

- To explore ways in which individuals and groups can use activism to address HIV and AIDS-related challenges in their communities

**Time:** 1 hour

##### Materials:

- Case studies and questions.
- Flip chart paper and pens

##### Steps:

- 1) Start by asking participants what they understand by the term 'activism'. When you reach an agreed definition, write this up on the flip chart. You may come up with something resembling the following:

*Activism: taking action in order to achieve common goals or a specific cause, usually for social change.*

- 2) Split participants into groups of 4-5, giving each group a different case study and questions. Explain that each case study looks at examples of activism in relation to HIV and AIDS.
- 3) Ask groups to sit and discuss the situation on their card and then respond to the questions. Ask one group member to note the group's main points on a piece of flip chart paper.
- 4) Reconvene the group and ask each group to read out their case study and present the answers to their questions.
- 5) After each group has presented their case study, lead a discussion on the different strategies that individuals and communities can utilize to realize their HIV and AIDS activism aims. Think about covering some of the following questions:
  - a. *What types of activism strategies can be used to address HIV and AIDS related issues in your community?*
  - b. *What types of challenges might you face in pursuing your activism goals?*
  - c. *Why is it important to gain the support of key individuals / organisations when carrying out activism?*
  - d. *What types of skills might an activist need?*

## HIV and AIDS Activism CASE STUDIES

### Case study 1

A group of teachers are frustrated that the local school sports field is in a state of disrepair. They know that the learners are no longer able to use it to play soccer or other sports and so now instead have lots of time on their hands and drink and harass girls walking by, some of whom they are also in relationships with. The teachers have decided they are going to ask the municipality and the local businesses to build a new sports ground.

#### Questions:

- *Who should they involve in their organizing and advocacy efforts?*
- *Which particular individuals and groups should they approach to support their goal of building a sports field?*
- *What challenges might they face?*
- *What might they need to do to make their project a success?*

### Case study 2

Sam owns a popular tavern, and it is always packed with drinkers over the weekend. He often witnesses alcohol-fuelled arguments breaking out between patrons and worries that safe sex is the last thing on people's minds after a night of drinking with their friends. He decides to get some help from a local NGO to seek ways of encouraging more responsible drinking amongst his patrons.

#### Questions:

- *What strategies might Sam and the NGO come up with to encourage responsible drinking?*
- *What types of messages might Sam want to be communicating to his patrons?*
- *What difficulties might he face in carrying out his strategy(ies)?*
- *What other actions could he take, or what could he make available to his patrons?*

### Case study 3

Gordon and Busi have a sixteen year old daughter. She is beginning to date Bafana, an older man who works in Joburg but comes back to the community regularly with money and gifts for her and for other girls. Gordon and Busi know that their daughter is at risk for HIV and pregnancy. At a school governing body meeting, they start to talk to other parents who are also concerned about their daughters. They decide they want to make sure that men like Bafana understand how they put young girls at risk if they have unprotected sex with girls in the community.

#### Questions:

- *What actions might Gordon, Busi and other parents take to change the attitudes and practices of men in the community towards young girls?*
- *Which individuals / organisations might they need to approach to assist them with these actions?*
- *What difficulties might they face and how might they overcome them?*

### Facilitator's notes

Feel free to adapt the case studies depending on the composition of your group of participants. Think of other HIV and AIDS related issues that are relevant to your audience and compose case studies around these themes. For example,

- *Demanding access to post exposure prophylaxis (PEP)*
- *Ensuring VCT and sexual and reproductive health facilities are more user-friendly for men*
- *Challenging HIV and AIDS stigma and discrimination*

### Key points to remember:

**Activism is important to realizing rights in relation to HIV, AIDS, gender based violence and gender equality.** There are numerous strategies that individuals and communities can use, depending on their situation and their aims. Demonstrations, campaigns, marches, lobbying, presentations and drama are examples of just a few strategies.

**Activism isn't always easy.** It is important to gain the support of key community leaders and try to network with and work alongside other organisations. There may be a number of obstacles along the way, and it may take time to make any progress. Organisational skills, commitment and perseverance are important qualities in an activist!

<b>WORKSHOP 5 AGENDA</b>		
<b>DAY 1</b>		
<b>Session</b>	<b>Activity</b>	<b>Theme</b>
Check in time	Introductions/ Pre test questionnaire, Expectations & Ground rules	
Morning 1	Caring for oneself, men, gender and health	1
Morning 2	Violence clothes line	2
Morning 3	Medical male circumcision	3
Afternoon 1	Negotiating condom use	3
Afternoon 2	Why adults drink, why youth drink?	4
Check out time	Plus and Delta	
<b>DAY 2</b>		
<b>Session</b>	<b>Activity</b>	<b>Theme</b>
Check in time	Introductions/ Pre test questionnaire, Expectations & Ground rules	
Morning 1	Effective communication	5
Morning 2	Thinking about fatherhood	6
Morning 3	Men caring for boy, men caring for girl	6
Afternoon 1	Men as positive role models in health promotion	7
Afternoon 2	Influential community members speak out	7
Check out time	Plus and Delta	
Wrap - up	Workshop facilitator completes a Workshop Monitoring Form	

## WORKSHOP 5

### ACTIVITY 1: Caring for oneself, men, gender and health

#### THEME: Gender, Power and Health

#### Objectives

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

**Time:** 1 hour

#### Materials

- Small pieces of paper or cards
- Flipchart
- Markers

*Handouts: Gender and Health Questions and Answers to Gender and Health Questions*

#### Facilitator's notes

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

#### Steps

- 1) Prior to the session, write each of the questions from the Handout on a small piece of paper or card. For groups with reading difficulty, the facilitator can read the questions aloud rather than distribute them.
- 2) Divide the participants into two or three small groups, and distribute the questions among them.
- 3) Explain to each group that there are three possible answers to each question: man, woman, or both. Ask them to discuss each of the questions they have received and to try to come up with the answer as a group.
- 4) Allow 20 minutes for the groups to discuss the questions.
- 5) Write the questions on flipchart paper and then read each question aloud; ask how the groups replied, and mark the answers with an "X" on the flipchart.
- 6) Explore the responses of the group, asking them to explain their answers.
- 7) After the groups have presented all of their responses, explain that the correct answer for each question is "Men." Review each question, presenting some of the statistics included in the Handout and using the following questions to facilitate discussion:
  - *Did you know that men are more at risk for this health problem?*
  - *Why do you think this is true?*
  - *Is it possible for men to avoid this health problem? How?*

**Facilitator's note:** Encourage the participants to reflect on the behaviours and lifestyles associated with the health problem and how they might be prevented or changed.

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

- 8) After discussing each question, ask the questions below to wrap up the session.
- *Do you see these patterns among men in your community?*
  - *Are there other health problems that men are more at risk for than women?*
  - *During what age range are men most at risk for some of these problems?*
  - *Why do men face these health risks? What is the relationship between these risks and how men are socialized?*
  - *What can you do to reduce these risks in your own lives? In the lives of other men?*

**Closing**

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

## HANDOUT 1

### Gender and Health Questions

<b>Respond to each of the following questions with: Men, Women, or Both.</b>	<b>Men</b>	<b>Women</b>	<b>Both</b>
1) Who has a shorter lifespan?			
2) Who is more likely to die from homicide?			
3) Who is more likely to die in road accidents?			
4) Who is more likely to die from suicide?			
5) Who is more likely to consume alcohol and get drunk?			
6) Who is more likely to die from an overdose (excessive substance use)?			
7) Who is more likely to have sexually transmitted infections (STIs)?			
8) Who is more likely to have more sexual partners and more unprotected sex?			
9) Who is less likely to seek health services?			

## HANDOUT 2:

### Gender and Health Answer Sheet

- 1) Who has a shorter lifespan?  
*Globally, the life expectancy for men is 65 years and for women it is 69 years.*
- 2) Who dies more often from homicide?  
*Globally, approximately eight out of every 100 deaths among men of all ages are due to homicide. Among women, two out of every 100 deaths are due to homicide.*
- 3) Who dies more often from road accidents?  
*Globally, 28 of every 100,000 men and 11 of every 100,000 women die from road accidents. In other words, almost three times as many males as females die from road traffic injuries.*
- 4) Who dies more often from suicide?  
*Globally males commit suicide at 3.6 times the rate of women.*
- 5) Who consumes more alcohol and gets drunk more often?  
*Globally, men are ranked higher than women in percentages of episodic and binge drinking.*
- 6) Who dies more often from overdoses (excessive substance abuse)?  
*Globally, among young men ages 15 to 29, males are more likely than females to die from alcohol use disorders.*
- 7) Who has more STIs?  
*Globally, men represent a higher number of cases of gonorrhea and syphilis and women represent a higher number of cases of trichomonas and chlamydia.*
- 8) Who has more sexual partners and more unprotected sex?  
*Globally, men report more multiple partners than women, except in some industrialized nations.*
- 9) Who is less likely to seek health services?  
*Globally, men are less likely than women to seek health services.*

## **ACTIVITY 2: Risk and violence, test of courage**

### **THEME: Gender and Violence**

#### **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:** 1 – 2 hours

#### **Steps**

- 1) Explain that the activity aims to encourage talking about tests of courage, that young men take and the 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 that they will have to complete in any way they like and then present to the others, preferably by staging a short skit or role-play 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 similar tests of courage have we, or men that we know performed?
- What did they want to prove and to whom?
- What is it like to experience danger?
- How did it feel to them?
- Did they ever think something might have gone wrong?
- And what if it left a mark on their bodies (a scar or something like that)?
- And if a young man refused to perform one of these ‘tests of courage,’ where would that leave him?
- Does anyone know of a case like this that had a tragic end?
- What would help you to avoid taking risks like this?

#### **Key Points to remember**

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. It is also important to note that since men have been socialised into risk-taking, they are more likely to have high risk sex, for example without a condom without knowing their HIV status.

#### *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.

## HANDOUT

### Risk and violence, test of courage

<p>Buti 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, another guy, who was performing wild tricks on his bike, to see who was the best, challenged Buti. He refused and then...</p>
<p>Khoza worked in an office and took the bus downtown every day from the village where he lived. He loved to stand on the stairs of the buses against the driver’s pleas that he should go inside. One day Khoza was distracted for a moment and....</p>
<p>Fumani loves the river, but he doesn’t know how to swim properly. Last weekend his oldest brother with his group of friends decided to go to the river after it has just rained. Everyone rushed into the river but Fumani was too afraid to go in. Egged on by his brother’s oldest friends, Fumani dived into the river and almost drowned. Fumani was called a real loser by his friends and he...</p>
<p>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 take drugs. One day, coming back from the dance, Gabriel decided ...</p>
<p>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...</p>

## WORKSHOP 5

### ACTIVITY 3: Medical male circumcision

THEME: Gender, HIV and AIDS

#### Objectives

- To assist in the understanding of the health benefits of male circumcision to a man and his partner
- To discuss the means and messages to promote male circumcision

**Time:** 45 minutes

#### Materials

- Flipchart paper
- Markers
- Tape

#### Advance preparation

- 1) Prepare a piece of flipchart paper with the following definition:  
*The removal of the foreskin that covers the head of the penis*
- 2) Cover the definition with a blank piece of flipchart paper.
- 3) Write the following on sheets of flipchart paper:

#### HIV/STI protective mechanisms:

- Anatomic effect/keratinization (Skin on the head of the penis becomes less vulnerable to infection.)
- Reduced HIV target cells.
- Reduced genital ulcer disease.

#### Other benefits:

- Lower rates of urinary tract infections in male infants
- Prevention of inflammation of the glans (*balanitis*) and the foreskin (*posthitis*)
- Prevention of health problems associated with the foreskin, such as phimosis (an inability to retract the foreskin) and paraphimosis (a swelling of the retracted foreskin, resulting in the inability of the foreskin to return it to its normal position)
- Circumcised men find it easier to maintain penile hygiene
- Two studies now suggest that female partners of circumcised men have a lower risk of cancer of the cervix
- Circumcision is associated with a lower risk of penile cancer
- Circumcised men experience a lower incidence of certain sexually transmitted infections, especially ulcerative diseases like chancroid and syphilis

#### Steps

- 1) Write the term “Male Circumcision” on a blank piece of flipchart paper and ask the participants if they know what it means. After a few responses, remove the blank flipchart paper and reveal the definition underneath.

- 2) Explain that there is no age limit for male circumcision. Any male can be circumcised as an infant, a child, a young or older adult man. Use the flipchart you prepared in advance listing the protective mechanisms of circumcision:
  - Anatomic effect/keratinization
  - Reduced HIV target cells
  - Reduced genital ulcer disease
  
- 3) Research also shows that removing the foreskin is associated with a variety of other health benefits, including:  
 (Use the flipchart you prepared in advance listing the other benefits of circumcision:.)
  - Lower rates of urinary tract infections in male infants
  - Prevention of inflammation of the glans (*balanitis*) and the foreskin (*posthitis*)
  - Prevention of health problems associated with the foreskin, such as phimosis (an inability to retract the foreskin) and paraphimosis (a swelling of the retracted foreskin, resulting in the inability of the foreskin to return it to its normal position)
  - Circumcised men find it easier to maintain penile hygiene
  - Two studies now suggest that female partners of circumcised men have a lower risk of cancer of the cervix
  - Circumcision is associated with a lower risk of penile cancer
  - Circumcised men experience a lower incidence of certain sexually transmitted infections, especially ulcerative diseases like chancroid and syphilis
  
- 4) Explain that if a man is circumcised, he must wait six to eight weeks before he can resume sexual activity. If he does not, he might actually increase his risk of infection with STIs, including HIV, and more easily transmit HIV or STIs to a partner.
  
- 5) Reiterate that while male circumcision reduces the risk of female-to-male heterosexual HIV transmission, it does not eliminate that risk. (It has been shown that circumcision offers only a 60% protective effect against HIV transmission.) **THUS, CIRCUMCISED MEN STILL NEED TO USE CONDOMS.**
  
- 6) In some communities, male circumcision is a part of a manhood ritual. It is often performed outside a clinical setting, during a period when boys are “becoming men.” In some of these communities, if a man is not circumcised in this ritual, he will never be considered a “man.” Sometimes, circumcisions are performed under unhygienic conditions. When possible, it is important to promote medical circumcision. Some initiation schools now use medically standardized and hygienic procedures to conduct circumcision safely.
  
- 7) Conclude the activity by discussing the questions below:
  - Do you think it is important to promote male circumcision as an HIV-prevention strategy: why or why not?
  - Do you think men will understand that even if they are circumcised, they still need to use condoms?
  - Do you know where a boy or a man can go to get circumcised, in your vicinity?
  - What have you learned from the exercise?
  - What can men do to encourage other men to think about circumcision?

**Closing**

Male circumcision is an important strategy for HIV prevention. However, even though it does reduce the risk of female-to-male heterosexual HIV transmission, it does not eliminate that risk. Thus, circumcised men still need to use condoms.

## **FACT SHEET: MEDICAL MALE CIRCUMCISION**

### **Medical Male Circumcision**

Medical Male Circumcision (MMC) is the newer HIV prevention strategy that is now widely used in many Sub Saharan countries. What is medical male circumcision (MMC)? Medical male circumcision is the removal of all or part of the foreskin of the penis by a trained health professional. The term medical male circumcision differentiates circumcision that is performed by a trained health professional from traditional circumcision, which is performed as part of a religious ritual or cultural rite of passage.

Male circumcision works to help prevent HIV. Male circumcision for HIV prevention was evaluated in three large-scale randomized controlled clinical trials that enrolled in total about 10,000 men in Kenya, Uganda, and South Africa. Each of these trials used surgical techniques that had proven safe and effective over years of use in other contexts. Each participant received a standard prevention package including treatment for sexually transmitted infections, condoms, and behaviour change counselling. Some of the participants were randomly assigned to the experimental group, in which they received circumcision during the trial. Other participants were assigned to the control group and were asked to remain uncircumcised throughout the study. All participants were counselled at every study visit that they couldn't assume they would be protected. Over the course of the trial period, some participants got infected even though they were being counselled and receiving prevention services. This is consistent with what we know about the AIDS epidemic: even with information and services, not everyone can protect himself or herself all the time.

In the trials, participants who received circumcision plus the prevention package were estimated to have 60 percent fewer infections than those in the control group (who received the prevention package alone). Rates of condom use and risk behaviours were similar between the circumcised and uncircumcised groups. This led researchers to conclude that circumcision provided risk reduction beyond that provided by standard prevention (i.e., STI treatment, condoms and counselling).

There is no definite answer to why medical male circumcision reduces men's risk of HIV infection during vaginal sex, but there are several possible explanations. The foreskin of the penis has many cells of a type that are vulnerable to HIV infection. Removing the foreskin removes these "target cells" and makes the penile skin more durable, which might also reduce risk. Medical male circumcision also reduces the rate of genital ulcer disease. Genital ulcers can increase the risk of HIV infection.

Clinical studies to determine male circumcision's safety and efficacy in reducing risk of HIV transmission were undertaken between 2005 and 2007. A trial conducted in Orange Farm, South Africa found a 50 percent reduction in men's risk of HIV infection and released these data in 2005. Ugandan and Kenyan trials released similar findings in late 2006. Based on this evidence, WHO and UNAIDS issued a 2007 guidance document recognizing male circumcision as an additional important intervention to reduce the risk of heterosexually acquired HIV infection in men. The WHO/UNAIDS guidance document on male circumcision for HIV prevention states that the service should be offered along with HIV testing and counselling services, treatment for sexually transmitted infections, the promotion of safer-sex practices, and the provision of male and female condoms.

Three trials among HIV-negative men in Kenya, South Africa, and Uganda were completed, and these trial sites are also expanding male circumcision services to the broader community. The results were a major success in terms of prevention. Now that the trials are completed and there is guidance from the WHO, many countries are implementing large scale male circumcision campaigns as part of their prevention programs. The pace and the stage of effort vary among these countries. The WHO is tracking the progress in male circumcision scale-up.

### **Medical Male Circumcision in South Africa**

*Service delivery strategy:* A mix of delivery approaches has been used as services expand into all nine provinces. Fixed sites (mainly district hospitals) were used with MMC services integrated into these settings. Linked services were also used where HIV Counselling and Testing (HCT) and other elements of the minimum service package were provided at routine public health sites with links to a dedicated facility for the MMC procedure. Camps/campaigns have been organized in some provinces. As a means of strengthening the health system and minimizing the accumulation of biomedical waste, South Africa decided not to use disposable kits or medical devices for MMC in health facilities. All health facilities use the conventional surgical technique, forceps-guided method, for MMC.

*Service delivery statistics:* During 2010 over 130 000 MCs were performed at 143 sites. South Africa is moving towards scaling-up services with all provinces now initiating the provision of services. Funds have been provided by the Government to cover the costs of MMCs for the coming three years and additional funds are available from The Global Fund to Fight AIDS, Tuberculosis and Malaria. Inadequate commodities and human resources however still present major barriers to service delivery of MMC.

### **Men and women benefit from MMC**

Medical male circumcision reduces heterosexual men's risk of getting HIV from female partners. The future partners of these men are therefore also at less risk of infection. There may eventually be direct benefits to women if male circumcision coverage increases to where it reduces the number of HIV-positive men.

Some researchers have predicted that if male circumcision were to become widespread in sub-Saharan Africa, almost 6 million infections would be prevented over 20 years, as would 3 million deaths among both men and women. Much more information is needed about male circumcision and its impact on women and their ability to negotiate condom use and shared sexual decision-making.

It remains unclear whether medical male circumcision could have an impact on HIV transmission among gay men and other men who have sex with men. An analysis of available data found insufficient evidence of circumcision's protective effect in MSM. However, recent findings show that circumcision might help reduce transmission in MSM who report a preference for the insertive sexual role.

## WORKSHOP 5

### ACTIVITY 4: Negotiating condom use

**THEME: Gender, HIV and AIDS**

**Objective:**

- To encourage deeper reflection about obstacles to condom use and rehearse strategies for successful condom negotiation.

**Time:** 1.5 hours

**Steps:**

- 1) Divide into small groups of four.
- 2) Give each group a flip chart. Ask the groups to divide the page in two and on one side to write “What men say to women when they don’t want to use a condom” and on the other write “What women say to men when they don’t want to use a condom”. Ask the groups to then list things men and women say.
- 3) Call everyone back in the main group and compare what has been written. Then go through these one by one and ask the group ‘When a man/woman says this what do you think they really mean?’
- 4) Now explain that we are going to role-play responses to someone who presents one of these reasons not to use a condom. Ask for two volunteers, one to play a man and one a woman. Ask them to choose one of the reasons for no condom use and explain it is the role of the other partner to counter that reason. When it has been done, ask participants if they thought it was done well. What else could have been said? Ask a volunteer to demonstrate.
- 5) Then take another reason for no condom use and repeat the exercise. Do this for 3-4 of the main different reasons given, then ask the group to split into pairs and do the role plays on their own with each taking a turn to do the persuading.
- 6) Finally reconvene the big group and ask what they have learnt about condoms and what we can do to make condom use easier.

**Facilitator notes:**

This exercise calls for strong facilitation, as it is important to push participants to consider what underlies things that are commonly said about condoms. It is important to draw out the contradictions between what is said and the concern that we protect ourselves from HIV. So if we see “we don’t need condoms as we trust each other” as a facilitator push them to say what trust means here. Have the partners both had negative HIV tests? Do they know for sure they are monogamous? How can they be sure? Is it actually the case that they both trust each other or is it just used to try and manipulate the other?

This exercise aims to get participants to reflect on how we often say things about condoms that are not based on how we know things are in our relationships and then we take risks without health.

## WORKSHOP 5

### ACTIVITY 5: Why adults drink, why youth drink?

#### THEME: Alcohol

#### Objectives:

- To understand that young and old people drink alcohol for different reasons
- To show that young people today drink just as adults drink
- To identify harmful alcohol use practices
- To help participants identify strategies they can use to moderate their drinking habits

**Time:** 1 – 1.5 hours

#### Materials

- Markers
- Pens
- Cards or flipchart paper

#### Steps

- 1) Break large group into two or three smaller groups.
- 2) Ask the groups the question why they think young and old people drink, if you have three groups let the third group answer why men drink in general regardless of their age. Allow fifteen minutes for this process to complete.
- 3) Next, let the groups report their reasons in plenary and compare these.

**Facilitation note:** Ensure that there are positive and negative reasons. All aspects of drinking should be explored. Here are some of the answers you may want to explore with young and adults alike:

- |                             |                                   |
|-----------------------------|-----------------------------------|
| • Curiosity/experimentation | • Relieve boredom/something to do |
| • Enjoy the effects         | • Tastes good                     |
| • Builds confidence         | • Entertainment                   |
| • To relax                  | • Sleep better                    |
| • To feel good/be happy     | • Because of parents              |
| • Friends did it            | • To relieve stress               |
| • Peer pressure*            | • Isolation                       |
| • Escape problems           |                                   |

- 4) Next, using cards or flipchart paper draw the letters least harmful or most dangerous and put them clearly up. Using cards or A4 paper, write statements depicting drinking scenarios and give them to participants. Let them decide on where to place the statements. Explain that participants will be asked to rank situations involving alcohol from the least to the most dangerous.

On that card or paper is a drinking behaviour. Each participant in turn will lay their card or paper on the flipchart paper displayed. As each participant places their card or paper, they must explain why they chose that position for it. When they have their turn, they may

change the positioning of any other card or paper already placed, backing up this choice with an explanation.

- 5) Discuss in plenary the dangers of drinking and then ask participants if they think of any strategies they may employ to moderate their drinking or to help a friend do the same.

**Facilitation note:** participants may have limited experiences here, feel free to probe. Here are some of the strategies to include:

- Get a friend and agree to decrease the amount you drink.
- Drink for fewer hours per occasion.
- Drink on fewer occasions per semester.
- Alternate alcoholic beverages with non-alcoholic drinks.
- Take a water bottle with you to the party.
- Take a limited amount of cash, and when the money's gone, the drinking is done.
- Engage in alternative activities where alcohol is not a central focus or is not present.
- Social events without alcohol; e.g. singing, youth council
- Alter your mental and physical state
- Adventure: climbing, walking,

- 6) When they are finished, use the following questions to lead a discussion:

- *Was this exercise easy or difficult? Why?*
- *What did you learn from this exercise?*
- *What characteristics on alcohol were personal to you?*
- *What characteristics are important for healthy relationships?*
- *Are you willing to drink moderately from henceforth?*

### Closing

Many young people reject 'peer pressure' as a reason for drinking. In this label of 'peer pressure', they see adults alleging that youth are not responsible for their actions: that 'somebody else made them do it'. They reject this, and thus the notion of 'peer pressure' as a way of denying them respect for their decisions.

It may be more useful to look at the pressure to conform to media images.

The point to make is that young people drink in the same way that adults do and mostly for the same reasons. Some points that young people often make are:

- They are not influenced by advertising
- They drink to relieve boredom, because it tastes good and to sleep better
- Their choice of drink is affected by price and availability.

## WORKSHOP 5

### ACTIVITY 6: Effective communication

#### THEME: Healthy Relationships

#### Objective

- To develop skills to communicate assertively and effectively.

**Time:** 45 minutes

#### Materials

- Flipchart
- Markers

#### Advance Preparation

Before the session, prepare the following three flipcharts:

#### Flipchart 1:

- *Passive Communication*
- *Aggressive Communication*
- *Assertive Communication*

#### Flipchart 2: Assertive Communication

"I" Statements: CLEAR (to the point) and CLEAN (free of blame or judgment)

Formula for Communication: ACTION + RESPONSE + REASON + SUGGESTIONS

The Action:	"When...."	Be specific and non-judgmental
My Response:	" I feel...."	Keep it to your own feelings
Reason:	"....because....."	Optional
Suggestions:	"What I'd like is....."	Ask but not demand

#### Flipchart 3:

*What do you say when someone tries to persuade you?*

*Refuse: Say no clearly and firmly, and if necessary, leave.*

- "No, no, I really mean no"
- "No, thank you"
- "No, no—I'm leaving"

*Delay: Put off a decision until you can think about it*

- "I am not ready yet"
- "Maybe we can talk later"
- "I'd like to talk to a friend first"

*Bargain: Try to make a decision that both people can accept*

- "Let's do.... instead"
- "I won't do that, but maybe we could do..."
- "What would make us both happy?"

**Steps:**

- 1) First, ask the group to describe “assertive communication.” After a few responses, show participants the first flipchart and explain that there are three types of communication: passive, aggressive, and assertive.
- 2) Tell the group that it is very important that we assess a situation and consider our personal safety before using assertive communication. For example, if someone is on drugs, is drunk, or has a weapon, it probably is not the best time to speak up. However, in relationships, especially romantic relationships, it is important to be assertive.
- 3) Tell participants that one way to make communication more effective in difficult situations is to choose the appropriate kind of communication. Read the following scenario aloud:

*Beja and Nomvula have been dating for three months. During that time, they never had sex. One afternoon, Beja wanted them to go out for a movie, but Nomvula suggested that they spend quality time at Beja’s place. Beja thought at last Nomvula was ready to have sex, and started making sexual advances. Nomvula made it clear that she was not ready for sex, but Beja continued to pressure her.*

Have the participants write one sentence describing what Nomvula should do in this situation. Allow about three minutes, and then ask participants to form three groups, based on the following criteria:

- Group 1: Get angry at Beja and leave
  - Group 2: Submit to his advances and have sex
  - Group 3: Explain that you do not want to have sex but would like to continue spending ‘quality time’.
- 4) Once the three groups have been formed, ask them to answer the following questions as a group:
    - *Why do you think this response is appropriate?*
    - *What results may happen because of this response?*
  - 5) Allow five minutes for each discussion, then ask everyone to be seated.
  - 6) Ask one participant from each group to share group responses to the questions. Record the major points in three separate columns on flipchart paper.
  - 7) Use flipchart 1 and ask participants to match each term to the list of outcomes for the responses.
  - 8) Review Nomvula’s choices for action one more time, and illustrate why assertiveness is usually the best choice in a situation like this.
    - *Passive Response: Behaving passively means not expressing your own needs and feelings, or expressing them so weakly that they will not be heard.*
    - *Aggressive Response: Behaving aggressively is asking for what you want or saying how you feel in a threatening, sarcastic, or humiliating way that may offend the other person(s).*
    - *Assertive Response: Behaving assertively means asking for what you want or saying how you feel in an honest and respectful way, so that it does not infringe on another person’s rights or put the individual down.*

- 9) Next, ask for two volunteers who can role-play the scenario in which Nomvula responds assertively.
- 10) Conclude the activity with the following discussion points:
  - *Were you surprised by anyone's response in this exercise? Why or why not?*
  - *How did it feel to think about speaking assertively?*
  - *Would it have been different if the roles were reversed (Beja did not want to have sex and Nomvula was pushing Beja)?*
  - *Why is it so hard for some people to be assertive?*
  - *Do you think there are differences in gender that affect how assertive a person is?*
  - *How can the lack of assertive communication put people at risk for unsafe sex and sexually transmitted infections?*
  - *What have you learned from this exercise?*
- 11) In closing this activity, review ways that participants can be assertive by reviewing flipcharts 2 and 3 with them.

### **Facilitator's notes**

Replace the names in the examples and questions with names that are appropriate to your local context. When we teach people to be assertive, we need to also teach them to assess situations and to consider their personal safety. In some situations, speaking up and communicating assertively can be dangerous (if someone has a weapon, has been drinking or taking drugs, is extremely angry, etc.). When you introduce the topic of assertiveness, keep in mind that communicating assertively, especially for women, is not considered the norm in some cultures. Individual cultural teachings regarding assertiveness will vary among participants. Some will come from families in which speaking up for oneself or refusing a request, especially from an adult or a male, is considered inappropriate.

You do not want to encourage people to behave in a way that could have unpleasant consequences for them in their culture or family circles. It is important, however, that all participants understand there are certain situations in which assertive behaviour will often yield positive results (examples include resisting pressure from romantic partners or peers to have sex, use alcohol, or other drugs, etc.).

### **Closing**

Although being assertive may not come to you naturally, it is important to think about when it might be important for you to be assertive since it can often yield important benefits. However, you need to determine when that behaviour might be most appropriate, and you need to ensure that you can be safe. In some situations, speaking up and communicating assertively can be dangerous (if someone has a weapon, has been drinking or taking drugs, is extremely angry, etc.) If you feel uncomfortable being assertive, you can practice being assertive in "mock" situations with people you feel safe with, such as friends or family members.

## WORKSHOP 5

### ACTIVITY 7: Thinking about Fatherhood

#### THEME: Human Rights

#### Objectives

- To discuss values and opinions about the role of a father.

**Time:** 1 hour

#### Materials

- Flipchart
- Markers
- Paper
- Pencils and pens

#### Advance preparation

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

##### Ourselves and our fathers

- *What is your age?*
- *What are the names and ages of your children?*
- *Who raised you?*
- *How many children were in the family?*
- *How would you describe yourself as a child?*
- *What kind of parent was your father?*
- *What did you learn from your father about being a parent?*
- *How would you like to be a different kind of parent from your father?*

#### Steps

- 1) Put up the prepared flipchart on "Ourselves and Our Fathers." Ask participants to take a few minutes to answer these questions themselves. Explain that they can make notes, if they wish.
- 2) Ask participants to find two other partners to form groups of three. Explain that each person has six minutes to discuss their answers with their two partners. Ask the partners to simply listen and not interrupt. Tell the participants that you will keep time strictly so that everyone has the same time to speak. Explain that you will clap your hands when it is time for the next person to share his answers.
- 3) When each group of three has finished, bring everyone back together. Lead a general discussion using the questions below:
  - *What are the challenges of being a father? How can these challenges be addressed?*
  - *What is the positive side of being a father? What are the benefits of being a father?*
  - *What are the benefits for a child who has a father active in his or her life?*
  - *What are the benefits of a man having a good relationship with the mother of his child?*
  - *What do men need to become better fathers?*

- *Are there positive role models of fathers in your community? What can be learned from them?*

#### **Facilitator's notes**

This can be a difficult activity because it involves sharing a lot of personal information. As a facilitator, it will be important for you to share your own personal information so that the participants will feel comfortable doing the same. Explain that everyone has the right to say as little or as much as they want to. No one is required to disclose his story and everyone has the right to pass. The activity asks participants to think about their relationships with men, particularly their own fathers. This helps the group to talk about the meaning of fatherhood. Many people you will be working with have not had close relationships with their fathers. This may make it difficult for them to be loving fathers to their children, even though they want to be. At the same time, it is important that you do not assume all participants have had poor relationships with their fathers.

If any participants begin to express a lot of negative feelings about their fathers or other adults during this activity, remind them that they are survivors. The fact that they have made it this far is a testimony to their strength and resilience. If you are working with a mixed-gender group, it will be better to work in small same gender groups. This will help to create more safety for participants to be open up about their experience and feelings. It will also help you to look more closely at the experience of women and their relationships with their fathers.

Men who are more active in caring for their children report more satisfaction in their relationships with their partners and in their daily lives. It is important to consider that if boys interact with men (fathers, uncles, family friends, etc.) in a caregiving situation, they will more likely to view men's caregiving as part of the male role. They may also be encouraged to question gender inequality in the home. In other words, greater participation of men in caring for their children may have a dynamic impact on gender relations, insofar as children will be able to observe their parents' behaviour and learn a broader meaning of what it means to be men and women.

## WORKSHOP 5

### ACTIVITY 8: Men caring for boy, men caring for girl

#### THEME: Human Rights

#### Objective:

- To discuss the father's role in child socialization.

**Time:** 1 hour

#### Steps

- 1) Tell the participants the following story:

*Simphiwe, a 30-year-old man, decided to adopt a child. He didn't want to get married. He was happy, single, but wanted to have a child. While visiting an orphanage, Simphiwe saw two children: a boy and a girl. He applied for the adoption of two children. Unfortunately, he only received authorization to adopt one.*

*Tips: It is possible to take advantage of this moment to explore how to bring up a boy and a girl, identifying how gender affects how we raise children.*

- 2) Ask each participant which child Simphiwe should adopt. Count up the number of votes for the boy and the number of votes for the girl.
- 3) Open up the discussion, exploring the reasons underlying their choice and discussing the different implications for socializing and raising boys and girls and the implications of a child being raised by a single man.

#### Discussion questions

- Why do you think that the man wants to adopt a child?
- At what age do you think the man should adopt the child? Why?
- And if it was a woman that was going to adopt, which one should she choose? Why?
- Is it better for a child to be adopted by a man or by a woman?
- Is it easier for a man to raise a boy or a girl?
- Is it easier for a woman to raise a boy or a girl?
- Can a single father raise a child?
- Can a single mother raise a child?
- Is there a difference between a single father and a single mother?
- Is it appropriate to give a child a hiding, or spanking, when the child needs discipline?

#### Facilitator's Notes

In some settings, there is a common myth that any man who wants to care for a child or adopt a child is a potential abuser or molester. The facilitator may even use this activity to promote a discussion about gay couples adopting children. In all cases, the facilitator should emphasize that caring for children is something that all men can learn. It is also something that has become more necessary in South Africa, since many children live without the care of any adult, male or female.

Although girls and women are frequently brought up from an early age to care for children, men and boys can also learn to care for children.

## WORKSHOP 5

### ACTIVITY 9: Men as positive role models in health promotion

#### THEME: Human Rights

#### Objectives

- To identify key roles that men can play in promoting health.

**Time:** 1 hour

#### Materials

- Flipchart
- Markers

#### Advance preparation

On flipchart paper, write roles that men play in social and economic life, as follows:

- Partner or Husband or Boyfriend
- Brother or Cousin
- Father or Uncle
- Friend or Colleague
- Manager or Supervisor
- Community leader

#### Steps

- 1) Explain that this activity looks at what men can do in each of these roles to promote health and most importantly, how they can help prevent HIV and STI infection, including prevention of mother to child transmission—PMTCT.
- 2) Begin the session by drawing a problem tree.
  - *The roots of the tree are the causes of the problem.*
  - *The branch of the tree is the problem itself.*
  - *The branches and leaves of the tree are the effects of the problem.*
- 3) Explain that you would like to look at causes and effects of the problem: '*Men not being supportive of sexual and reproductive health services*'. Note the causes and effects on the problem tree as the discussion develops.
- 4) Once the causes and effects have been discussed, focus the group's attention on what men can do to affect those causes.
- 5) Divide into six groups. Give each group one of the following roles:
  - Partner or Husband or Boyfriend
  - Brother or Cousin
  - Father or Uncle
  - Friend or Colleague
  - Manager or Supervisor
  - Community leader
- 6) Ask each group to discuss what men in their specific role could do to prevent HIV and STI infection. Allow 15 minutes for this small group work. Ask the groups to write this list of possible actions on a sheet of flipchart paper.

- 7) Bring everyone back together. Ask each small group put up their flipchart and report back on their discussion. After each report, allow a few minutes for the rest of the group to ask questions and make comments.
- 8) Discuss the actions recommended by the small groups, using the following questions and the information in the closing to discuss the answers:
  - *How best can men use their privilege and power to promote health and prevent HIV?*
  - *What can men do to be more involved in caring for family and friends who are living with HIV and AIDS (e.g., home-based care and support)?*
  - *How do men's roles in promoting health and prevention link to gender equality?*
- 9) Make a note of the group's suggestions for action on men's roles in HIV prevention on the Action Chart.

### **Closing**

Men can use their privilege and power in several ways to prevent HIV and STI infections. The most immediate role men have in sexual health is in their own sexual lives. The privilege that men are granted because of their gender give them power over women in sexual decision-making. With power comes responsibility. Men can use this responsibility to protect themselves and their sexual partners from HIV. But men also have power in the family, the community, and the workplace. They can use this power to promote HIV prevention, and support gender equality in order to reduce women's sexual vulnerability.

Promoting gender equality must be central to men's roles in HIV prevention. Acting in their roles in the family and community, one of the biggest contributions men can make to HIV prevention, is to promote gender equality.

Women's lower social, economic, and political power is the basis of their greater vulnerability to HIV. Increasingly, HIV and AIDS is becoming a women's disease in Africa. In taking action on HIV, men need to listen to women, act as allies rather than protectors, and challenge sexist attitudes, behaviours, and policies.

## WORKSHOP 5

### ACTIVITY 10: Influential community members speak out

#### THEME: Taking action

##### Objective:

- To explore the ways in which different members of the community can speak out against gender-based violence and take action for gender equality.

**Time:** 1.5 hour

##### Materials:

- Flip chart and pen
- Cards with prepared role plays
- *One Man Can* action sheets
- James's digital story

##### Steps:

- 1) Start the activity by showing the group James's digital story (contained in the DVD with this package of materials). Then ask participants the following questions:
  - *How do you feel after watching this digital story?*
  - *What does this story tell you about the important role that fathers play in sons' lives?*
  - *What types of behaviours do sons learn from their fathers?*
- 2) Ask the group to suggest other types of people in their community who are potential role models and are in a good position to speak out against gender-based violence and take action for gender equality. Depending on whom you are working with and where, this may bring up a whole range of ideas. Write up the suggestions on the flip chart.
- 3) Participants may come up with a range of the following:
  - *Religious leaders*
  - *Teachers*
  - *Sports coaches*
  - *Youth leaders*
  - *HIV and AIDS Peer Educators*
  - *Traditional Leaders*
  - *Employers*
  - *Parents*
  - *Community Policing Forum representatives*
- 4) Inform the group that they will be performing role-plays. Divide the participants into two groups, telling Group 1 that they will need to form '*positive and constructive*' responses and Group 2 that they will be playing devil's advocate and will need to form '*negative and unsupportive*' responses. Group 1 will therefore need to think of ways in which members of the community can take positive and constructive action in relation to gender based violence and Group 2 will need to think of possible negative and unsupportive actions in relation to gender based violence and gender equality.
- 5) Give Groups 1 and 2 one of the scenarios (see **Facilitator's notes**).

- 6) Ask each group to sit for five minutes and brainstorm appropriate responses according to which group they are in.
- 7) Ask for 2-3 volunteers from Group 1 to start role-playing the scenario. After about 30 seconds, the Facilitator must shout "Freeze!" and pull out one of the actors. Someone from Group 2 must jump in and take the role-play in another direction (negative and unsupportive). After another 30 seconds, the Facilitator should shout "Freeze!" again, take out another actor, and someone from Group 1 should jump in and take the role play in another direction (positive and constructive).
- 8) Continue this for another minute or so and shout "Stop!" when the role play is being played out in a positive way (if possible).
- 9) After the role-play, ask participants what positive and negative roles they noticed being played out.
  - *What constructive responses did members of Group 1 demonstrate?*
  - *What negative and unsupportive responses did members of Group 2 demonstrate?*
  - *How did the positive and constructive responses benefit the situation/the people involved?*
- 10) Repeat steps 3 to 7 with some of the other scenarios, depending on how much time you have.
- 11) Sum up the activity with a discussion on the different ways that influential members of the community can speak out and take action against gender based violence and promote gender equality. Use the *One Man Can* action sheets as a resource. Ask participants to identify ways that they might convince the influential members of their community to speak up constructively.

### **Facilitator's notes**

Use or adapt some of the following scenarios for role plays:

#### *Scenario 1 (Fathers)*

*Lundi has just spent a few months on a construction project and is now back home with his family for a while. He has missed his wife and teenage son. The first few days are difficult; he argues a lot with his wife and insults her in front of his son. A couple of days after that his son has some friends round and Lundi overhears his son bragging about slapping his girlfriend...*

#### *Scenario 2 (Religious Leaders)*

*Prudence is being abused by her partner and it is starting to really affect her emotionally. She is very fearful when he arrives home in the evening. She feels embarrassed to seek advice, but plucks up the courage to go to her local pastor...*

#### *Scenario 3 (Teachers)*

*A pupil goes to a female teacher to tell her that one of the male teachers has been sexually harassing her and her friend and they're feeling scared and unsure what to do...*

*Scenario 4 (Sports coaches)*

*Two soccer coaches argue about what to do with their star player who has been accused of assaulting his wife...*

*Scenario 5 (Employers)*

*Michael is a supervisor on a farm. He overhears one of his fellow supervisors telling a woman he will give her a job and accommodation if she has sex with him...*

**Key points to remember**

Consider printing the *One Man Can* action sheets and distributing to participants at the end of the activity.

*Fathers can be positive role models to their sons.*

Sons will learn what respect means by observing how their father treats other people. Sons watch what their father says and does and take their cues from him, both good and bad. Fathers should be aware of how they express their anger. Fathers can let sons know how they define a healthy relationship and can show sons how to treat women and girls in a way that his son can admire.

*Religious leaders can use their influence to stop violence against women and girls.*

A religious leader can support a woman if she is being abused, by listening to and understanding her situation. A religious leader can support her practically by encouraging her to form a safety plan. They can make the place of worship a safe place for victims of violence: by displaying materials and referral numbers for survivors and ensuring the environment allows survivors of violence to discuss their experiences and seek healing. Religious leaders may also think about supporting men to form a men's discussion group.

*School environments should be physically and emotionally safe.*

Teachers should make it clear that they expect learners to speak out when they hear about, or experience violence or sexual harassment. Teachers should hold their fellow teachers accountable. Teachers have a legal and ethical obligation to speak out swiftly and forcefully and demand that teachers who violate the rights of girls be arrested, prosecuted and convicted.

*Coaches' roles go beyond the field.*

Coaches should address any suspected violence committed by a team member. Speak too to the rest of the team about the seriousness of the allegations and how it relates to their own future conduct. Coaches should encourage players to speak up if they think someone is involved in a situation that is disrespectful to women or girls. Coaches can remind players at practices that their behaviour off the field affects the team as a whole. Coaches can challenge sexual harassment, by making it clear that no woman 'asks' for sexual harassment or rape – no matter what they're wearing or how many drinks they've had.

*Places of employment should be free from sexual harassment*

Employers have a responsibility to their employees to maintain a safe working environment for men and women. If a worker suspects a colleague of sexually harassing a female worker, s/he should hold this colleague accountable.



## Further reading

- **One Man Can toolkit** – [www.genderjustice.org.za/onemancan](http://www.genderjustice.org.za/onemancan)
- **One Man Can Fact sheet** - [http://www.genderjustice.org.za/onemancan/images/publications/factsheet/factsheet\\_eng\\_lowres.pdf](http://www.genderjustice.org.za/onemancan/images/publications/factsheet/factsheet_eng_lowres.pdf)
- **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/>

## Source Materials

*The activities described in this manual were drawn from the following sources:*

<b>Introduction</b>	
<i>Key Terms</i>	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)
<i>Guiding Principles</i>	Adapted from the HIV Code of Good Practice: <a href="http://www.hivcode.org/search-the-code/programming-principles/">http://www.hivcode.org/search-the-code/programming-principles/</a>
<i>Taking Action: The Action Chart</i>	Adapted from <i>Men as Partners: A Programme for Supplementing the Training of Life Skills Educators</i> , 3rd Edition, © 2007, EngenderHealth, and used by permission. (EHMAP)
<b>Gender, Power and Health</b>	
Learning from men who have been role models	Adapted from <i>Helping Teens Stop Violence: A Practical Guide for Counsellors, Educators, and Parents</i> , Creighton A. and Kivel P. (Alameda, USA, Hunter House: 1992)
Act Like a Man, Act Like a Woman	
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.
Gender values clarification	GEP
Gender Fishbowl	GEP
Gender Roles (The 24-hour day)	GEP & developed by Women's Health Project adapted from Oxfam
<b>Gender and Violence</b>	
Risk and Violence: Tests of Courage	Instituto Promundo & Project H Alliance Manual, "From Violence to Peaceful Co-existence" (IPPHA)
A Live Fool or a Dead Hero: Getting "Respect"	IPPHA
Violence against Women in Daily Life	Jackson Katz – adapted for MAP Network by Dean Peacock with PPASA staff (unpublished other than in GEP manual)
Consent vs. Coercion	GEP
Violence Clothesline	IPPHA

<b>Gender, Sex and HIV/AIDS</b>	
Taking Risks, Facing Risks: HIV and Gender	EHMAP
Sexual Vulnerabilities	EHMAP
Levels of Risk	Adapted from <i>Men as Partners: A Programme for Supplementing the Training of Life Skills Educators</i> , 3rd Edition, © 2007, EngenderHealth, and used by permission. (EHMAP)
<b>Alcohol Abuse: Risks, Violence, HIV and AIDS</b>	
“To drink alcohol is to be a man”: Values around gender and alcohol use	
Intervening with Friends in Taverns	Adapted from the Curriculum for Sahwira Educator Training. September 2004.
Impacts of HIV/AIDS	EHMAP

## References

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