

Working with Men and Boys

Gender and Sexual & Reproductive Health Manual



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

 **Pathfinder**
INTERNATIONAL
a global leader in reproductive health



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Reproductive Health Manual

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Marie Stopes

Training Notes from Workshop conducted

Ipas

Abortion Attitude Transformation: A Values Clarification Toolkit for Global Audiences

Sonke

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

Migration, Gender and HIV

Xenophobia

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Contents

Acknowledgments	4
Contents Page	1
Introduction	3
Manual Overview	4
The “One Man Can” Campaign	4
Background	5
Organisations involved in developing this manual	7
Manual Contents	9
How to Use this Manual	10
Defining acronyms and terms used in this manual	14
Hints on Being a Good Facilitator	18
Section 1 Knowing Yourself	25
Activity 1.1: Act like a Man	27
Activity 1.2: New Kinds of Courage	31
Activity 1.3: What Would You Do	35
Activity 1.4: Gender Values Clarification	39
Activity 1.5: Looking at Stereotypes and Stigmas	42
Activity 1.6: Cross the Line	45
Activity 1.7: Facilitating Dialogue with “Trigger” stories	48
Handouts	50
Section 2 Healthy Relationships	53
Activity 2.1: Defining the Ideal Partner	55
Activity 2.2: Thinking About Fatherhood	57
Activity 2.3: Comfort Continuum	60
Activity 2.4: Reasons Why	63
Activity 2.5: Communication and Listening in a Relationship	66
Activity 2.6: Feeling the Shoe Pinch: Relating to Difficult Decisions	68
Section 3 “Under the Influence”	69

Men, alcohol and risk	71
Activity 3.1: "To Drink Alcohol is to Be a Man": Values around Gender and Alcohol Use	73
Activity 3.2: Alcohol abuse: risks, violence, unwanted pregnancy, HIV and AIDS	76
Handouts.....	78
Section 4 Gender, Power & Health.....	84
Activity 4.1: Impacts of Unwanted Pregnancy	87
Activity 4.2: Sexual Rights and Responsibilities.....	89
Activity 4.3: Why Did She Die?.....	91
Activity 4.4: The Last Abortion.....	93
Section 5 Taking Action for Change.....	100
Activity 5.1: Talking about Abortion: Prep for Door to Door Campaign	102
Activity 5.2: Exploring our Physicality.....	105
Tools.....	106
Evaluation Forms	108

Introduction



Manual Overview

This manual is intended to be a resource for those working with men and boys on issues of sexual and reproductive health, specifically increasing access to safe and stigma free abortion services, as well as gender and health on a broader scale. It was developed for use in workshop settings and also as a **resource and facilitation guide** aimed at building the capacity of individuals and organisations to address specific sexual and reproductive health issues with men and boys. As such, the manual is divided into five sections. It is designed in such a way that the facilitator can choose topics and activities from the various sections depending on the background and needs of the participants, rather than needing to cover the entire manual. The content of the activities is informed by a commitment to social justice, positive gender transformation, and engaging men and boys as positive agents of change in their communities.

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

The “One Man Can” Campaign

The One Man Can Campaign was launched in late 2006 by Sonke Gender Justice Network in partnership with a variety of South African and international organisations. The OMC campaign promotes the idea that each one of us can create a better, more equitable and just world. The primary goal of OMC is to support men to advocate for gender equality, including taking active stands against domestic and sexual violence, and to promote and sustain change in their personal lives and communities. The OMC workshop activities and materials are designed to help men take action in their own lives and in their communities to promote healthy relationships based on a commitment to gender equality and to supporting women to achieve their rights to health, happiness and dignity.

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

Background

Abortion on a National and Global Scale

Why is access to Termination of Pregnancy such an important right and public health issue?

In South Africa alone, more than half of all pregnancies are reported as unplanned or unwanted, while 98% of teenage pregnancies are unintended. 39% of girls aged 12-17 have been forced to have sex, one in four women are physically abused by their partner. Every six seconds a woman is raped. Incidences of abandoned babies have also reached alarming rates; weekly cases of abandoned children under the age of three are common across South Africa, and in 2007, nearly a thousand cases of abandoned babies were dealt with in the Gauteng province. Many of these are the result of teenage pregnancies.

It is not new knowledge that the role of childbearing falls mostly upon women; however the support available for women to make the most appropriate reproductive decision for her health and wellbeing still leaves much to be desired. The life-changing decisions a pregnancy brings with it are momentous for any woman; facing an uncertain future for you and your child can be traumatic. There are just over 1.5 million women with children under the age of two; 53% of these women are single mothers. A mere quarter of these 1.5 million women are employed, while nearly 50% are looking for work (AMPS 2008RA).

In light of such disturbing figures, the reality for many women is that there are many factors outside of their control that contribute to an unexpected pregnancy as well as the environment a child would come into, and having the option to access safe and stigma free TOP is crucial to her health and well-being. Since the passing of the 1996 TOP Act, deaths from abortion have been reduced by over 90%.

Looking at Abortion, or TOP, on a Global Scale:

At the 1994 International Conference on Population and Development held in Cairo, Egypt, it was argued that each and every woman should have the right to manage her own sexual and reproductive health, and have the right to determine her own family planning preferences, including the right to TOP. A woman's right to terminate her pregnancy has thus been recognised under the umbrella of human rights for the last 25 years, yet most countries continue to greatly restrict access to legal and safe abortions. In countries where TOP is illegal, women are particularly vulnerable to seeking incompetent and

often life-threatening treatment at the hands backstreet abortionists, or may even attempt to terminate the pregnancy on their own. These dangerous and unsafe abortions drastically increase a woman's risk of infection, excessive bleeding, or even death. Even in countries where TOP is legal, many women find access to affordable safe abortion services limited, and unsafe backstreet abortions remain common. Complications as a result of unsafe abortion are a leading cause of maternal deaths, causing an estimated 14% of pregnancy-related deaths worldwide. These are almost entirely preventable.

The South African Context

The Choice on Termination of Pregnancy Act

The Choice in Termination of Pregnancy Act was passed in 1996, making South Africa the first country in sub-Saharan Africa to make it legal for women to obtain an abortion up to 20 weeks with relative ease. According to the TOP Act, any woman has the right to terminate her pregnancy without prior consent from parent, partner or medical practitioner until 12 weeks, and between 12-20 weeks she would need to first consult with a medical practitioner. A 'safe' and 'legal' abortion is one carried out (or overseen by) a Government approved medical facility. Up to 12 weeks a midwife can perform TOP, and from 12 weeks onward TOP can only be performed by a doctor.

How is safe and legal TOP performed in South Africa?

If a woman seeks TOP in the first 9 weeks of her pregnancy, she does not have to undergo a surgical abortion and can instead receive the Medical Abortion Pill. This can only be administered by a qualified medical health practitioner (i.e. midwife, enrolled nurse, doctor) at a Government approved medical facility, such as a Marie Stopes Clinic. The Medical Abortion (Pill) is a process that she completes at home. She is given one tablet to take at the clinic and then sent home with another four, which she will then take at home a day or two later. She can expect to bleed lightly for approximately two weeks, at which time she will take a pregnancy test to ensure the TOP was successful and she is no longer pregnant. For any problems or concerns she can refer herself back to the clinic.

For a woman between 9-20 weeks pregnant, she will undergo a surgical abortion at a Government approved clinic. The procedure takes 5-10 minutes to complete, and she can choose to be awake or asleep. After the procedure she will recover at the clinic for the next 30 minutes to an hour before going home. She will continue to bleed for a few days and will need to abstain from sex for 2 weeks after the procedure.

What are the obstacles women still face in accessing TOP?

Given South Africa's progressive provisions for safe access to TOP for all women, it might be easy to believe that women in South Africa have the freedom to make informed decisions in regards to their own reproductive health and have safe access to abortion services, should they opt to go that route. Sadly, this is not the reality for many women. Negative and hostile attitudes on behalf of health care workers, religious leaders, parents, husbands, boyfriends, and peers affect a woman's ability access these services. Geographical disadvantages, adverse economic circumstances, resistant male partners as well as a sheer lack of information available on a woman's legally protected options and rights also severely impact the accessibility to services. While the decision to terminate a pregnancy is never an easy one, the social and health consequences can and should be managed.

Why focus on men?

Educating men on the importance of supporting a woman's right to choose TOP is central to improving women's access to safe abortion services. As sexual partners, husbands, fathers, and religious leaders, men hold an invaluable position to take a stance against negative attitudes around TOP, and have the potential to improve safe and stigma free access to TOP. Studies have shown and workshops have continuously demonstrated that men often do care deeply about the women in their lives, and are concerned for their safety and well-being. It is time we engaged them in supporting a woman's right to make her own decisions about her health and future.

Participating Organisations

Sonke Gender Justice Network

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

Sonke's flagship programme is the One Man Can Campaign which supports men and boys to take action to end domestic and sexual violence, reduce the spread and impact of HIV and AIDS and promote healthy, equitable relationships that men and women can enjoy - passionately and respectfully. For more information on Sonke please visit www.genderjustice.org.za.

Pathfinder International

Pathfinder International's mission is to ensure that people everywhere have the right and opportunity to live a healthy reproductive life.

Reproductive health is essential for creating better opportunities throughout life. When people take charge of their life choices such as when and how often to have children, they gain confidence and strength. They can better pursue their education, contribute to the local economy, and engage in their communities.

Pathfinder International places reproductive health services at the center of all that we do—believing that health care is not only a fundamental human right but is critical for expanding opportunities for women, families, communities, and nations, while paving the way for transformations in environmental stewardship, decreases in population pressures, and innovations in poverty reduction.

In more than 25 countries, Pathfinder provides women, men, and adolescents with a range of quality health services—from contraception and maternal care to HIV prevention and AIDS care and treatment. Pathfinder strives to strengthen access to family planning, ensure availability of safe abortion services, advocate for sound reproductive health policies, and, through all of our work, improve the rights and lives of the people we serve. For more information about Pathfinder go to www.pathfind.org.

Manual Contents

What is included in this manual?

The manual is divided into 5 sections, each focusing on a specific content area relevant to addressing gender and health-related issues, as well as exploring and challenging men's attitudes and values around TOP and women's rights to access these. Activities are divided into the following sections:

1. Knowing Yourself
2. Healthy Relationships
3. "Under the Influence": Alcohol and Contributing Factors to Poor Health
4. Gender, Power and Health
5. Taking Action Towards Change & Practical Education around Women's Reproductive Health and TOP

What is the point of these activities?

Each section includes a brief introduction with key concepts and relevant epidemiological data, as well as a set of workshop activities aimed at:

- challenging deeply held assumptions and myths about TOP and notions of manhood and masculinity,
- encouraging men to explore their own values and attitudes, and potentially transform their values on TOP, and then
- take action to address gender inequalities, unhealthy relationship dynamics and the importance to support women's reproductive health decisions in their personal lives and their communities.

It is important that these activities be conducted in a safe environment in which individuals take responsibility to engage in honest, open-minded and critical reflection and evaluation of new or reframed information and situations. The content is designed to be accessible and personally relevant.

Each activity is interactive, and gives participants a chance to think about their own and others' values and experiences. The activities are

simple to use and require little former facilitation experience. *This point is worth stressing:* these activities are intended to encourage people mostly men and boys to take action based on the new knowledge, skills and insights they gain in the workshop. In other words, the goal is not running the workshop. The workshop should be seen as a starting point leading to ongoing and sustained change.

What about after the workshop?

This is an action-oriented manual that can be used at different levels. The manual can be used both to train facilitators/peer educators and as an on-the-ground tool for facilitators to use in different settings. The manual tries to equip all participants with skills to develop strategies and programmes that they can apply to their own environments to contribute to broader social change. The success of this programme will be judged by the extent to which participants have been able to develop gender programmes within their own environments.

How to Use this Manual

Read through this manual before you use the activities. Before you start an activity, prepare by reading through the specific activity and relevant introduction section beforehand.

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: Some activities include alternative options for conducting the activity. This section may also include notes that will highlight key issues about the process of the activity for you think about and prepare for. Make sure you have read these notes before you begin.

Key points: Some activities include key points that participants should learn as a result of doing the activity. These key points will be useful while you are facilitating the discussion during the activity as well as in summing up the discussion at the end of the activity.

Action Chart: As the manual is focused on promoting action after each activity and/or section participants are encouraged to develop a plan on how to act on the knowledge they have gained. An example of the Action Chart¹ is given below. A blank Action Chart form can be found in the Tools section and copies should be provided for all participants.

¹ From EngenderHealth, *Men As Partners Manual*, 3rd edition (unpublished).

TAKING ACTION	An Action Chart
<p>Actions that <i>I</i> can take to promote change at the personal and interpersonal level (Example: Always use a condom)</p> <hr/> <hr/> <hr/> <hr/> <hr/>	
<p>What skills/ strengths do I have that I can use to promote the change?</p> <hr/> <hr/> <hr/> <hr/>	
<p>What support do I have?</p> <hr/> <hr/> <hr/> <hr/>	
<p>What support do I need?</p> <hr/> <hr/> <hr/> <hr/>	
<p>Actions that <i>we</i> can take together to promote change at the community and policy level:</p>	

(Example: Advocate for an adequate supply of condoms)

What skills/ strengths do I have that I can use to promote the change?

What support do I have?

What support do I need?

Defining acronyms and terms used in this manual

Acronyms

AIDS	Acquired Immune Deficiency Syndrome
GBV	Gender Based Violence
HIV	Human Immune Deficiency Virus
SRHR	Sexual and Reproductive Health and Rights
STIs	Sexually Transmitted Infections: a group of infectious diseases that are generally transmitted from one person to another through sexual behaviour.
TOP	Termination of pregnancy, used in this manual synonymously with "abortion"
VCT	Voluntary counselling and testing

Glossary of Terms

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

Abortion	Classically defined as the expulsion of a nonviable foetus, meaning the intentional premature end or cessation of a pregnancy. Also called Termination of Pregnancy.
Abuse	Improper, harmful or unlawful use of something
Action Chart	A tool to assist participants develop a plan on how to act on the knowledge they have gained
Attitudes	Our views, opinions, and feelings about something
Backstreet Abortion	An illegal and usually dangerous operation to end a pregnancy done by someone who is not medically qualified
Beliefs	Firm opinions normally based on religious and cultural principles
Birth Control	The use of any practices, methods or devices to prevent pregnancy from occurring in a sexually active

	woman. Also see Contraceptives
Breadwinner	The person who is responsible for earning money to support the family.
CD4	A type of T cell that protects against infections and manages the immune system. HIV attacks the CD4 cells directly, compromising the immune system
Change Agent	A person working to bring about a more just and equitable world
Class	A set of people grouped together by their level of wealth and/or the jobs they do in the economy.
Contraceptives	An agent, drug or device used to prevent pregnancy. This includes birth control pills, injections, and intra-uterine device, and sterilisation. Also see Birth Control
Culture	The beliefs, customs and practices of society or group within society (such as, youth culture) and the learned behaviour of a society.
Dry sex	Sex where the vagina is made dry by herbs and other substances which absorb the natural sexual fluids produced by the vagina.
Ethnicity	A grouping of people according to their common cultural traditions and characteristics.
Gender	The socially-defined differences between women and men (society's idea of what it means to be a man or woman). These definitions of difference change over time and from society to society.
Gender-based violence	Violence involving men and women, in which the woman is usually the person who experiences the violence. This violence can be physical, sexual or psychological and can occur in public or private life.
Heterosexual	Emotional, physical and sexual attraction for people of the opposite sex.
Human Rights	The basic rights and freedoms to which all people are entitled.
Intergenerational sex	Sex between adolescent girls (and boys) and older partners.
Intersex	Person that has biological/physical characteristics of both sexes.
Menstrual Cycle	A recurring monthly female reproductive process. A woman's body ovulates, or produces an egg and, if not fertilised, then sheds of the uterus lining that is known as <i>menstruation</i>
Myth	A traditional story accepted as history; serves to

explain the world view of a people.

Norms	Accepted forms and patterns of behaviour that are seen as 'normal' in a society or in a group within society.
Patriarchy	A social system in which men are seen as being superior to women and in which men have more social, economic and political power than women.
Power	The ability to do something as well as control and influence over other people and their actions.
Prejudice	Involves forming a fixed, often negative opinion about something or someone without knowledge or examination of the facts.
Prevalence	Usually given as a percentage, HIV prevalence quantifies the proportion of individuals in a population who have HIV at a specific point in time.
HIV Incidence rate	The percentage of people who are uninfected at the beginning of the period who will become infected over the twelve months.
Rape	Forcing a person to have any type of sex (vaginal, anal or oral) against their will.
Resources	A supply of something (for example, abilities, money, time, people) that can be used.
Safer sex	Also known as 'protected sex', safer sex involves reducing risk, often by having sex using either a male or female condom or by exploring alternatives to penetrative intercourse.
Sex	a) Any mutual genital stimulation, often, but not always, including sexual penetration. b) The biological differences between the male and the female.
Sexuality	All aspects of people's sexual lives, including thoughts and feelings, desire, behaviour and identity.
Sexual health	A state of physical, emotional, mental and social well-being in relation to one's sexuality.
Sexual responsibilities	Being accountable to someone or something for promoting and protecting sexual rights.
Sexual rights	"Equal relations between men and women in matters of sexual relationships and reproduction, including full respect for the integrity of the person, require mutual respect, consent and shared responsibility for sexual behaviour and its consequences" (Fourth World Conference on Women, Beijing, 1995).

Socio-economic	Involving social and economic factors.
Status	The position or standing of a person in a society or group in relation to others (for example the social and economic status of women in most societies is regarded as lower than that of men).
Stereotype	A conventional and often oversimplified perception or opinion. Usually used in the negative context.
Stigma	An attribute, behaviour or reputation that is socially discrediting in a particular way. A stigma causes an individual or an action (e.g. accessing TOP) to be mentally classified by others as undesirable or rejected.
Substance Abuse	The excessive use of a substance, be it alcohol or otherwise, that can be characterised by its harmful consequences, both to the individual abusing and those around him/her.
Termination of Pregnancy (TOP)	Classically defined as the expulsion of a nonviable foetus, meaning the intentional premature end or cessation of a pregnancy. Also called Abortion.
Tradition	An inherited pattern of thought or action, often considered characteristics of that culture, passed down from generation to generation.
Transactional sex	The exchange of sex for material gain, for example money, food, shelter or transportation.
Values	Accepted principles and standards of an individual or group.
Violence	The use of force or power to harm and/or control someone.

Hints on Being a Good Facilitator

The main purpose of this manual is to build skills and capacity of trainees who will be responsible for facilitating skills development to others and developing programmes that will contribute to social change within their environments. This section highlights some of the issues that can help improve your skills including facilitation, advocacy, communication and as change agents.

Yourself as a facilitator

As a facilitator, you can help enhance the effectiveness of your group by following some guidelines

- Create an emotionally safe setting
- Bring a positive attitude
- Encourage group members to share their ideas and feelings
- Build on group members' knowledge and experience
- Avoid lecturing or giving "sermons"
- Focus on the objectives
- Vary the methodologies to keep it interesting

A major part of your job is to introduce the activities and guide the discussions. At appropriate times, you will summarise or encourage group members to summarise what is going on in the group.

Activities in this manual are very sensitive and will challenge your own views and stereotypes. This programme prepares you to be a change agent. Before changing others, you need to be aware of the change you need to make within yourself and go through the process of change i.e. you have to be the change you want to see in others.

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

Planning a training workshop

The following tips will help you to organise workshops

Know your training space

It is a good idea to look at where you will be conducting the training a few days before the workshop, so that you can create the most positive environment for the training. You may need to move chairs and tables or improve the lighting. If the venue is totally unsuitable, you will have time to find an alternative.

Know your audience

If you find out who is participating in the workshop, you will get a sense of how open they are likely to be to the ideas you present. Are participants coming voluntarily or are they being sent to the training? It is also helpful to find out if they have any other training in HIV, human rights or related issues, so that you know at what level to pitch the activities.

Know your co-facilitator

If you are running the workshop with another facilitator, meet before the workshop to plan how you will work together. You may divide up the activities between you, and agree on how to support each other during the workshop. For example, you may agree that when one person is facilitating the activity, the other helps by writing up what the group is discussing.

Prepare materials

The description of each activity includes a list of the materials you will need. Make sure you have everything you need, such as enough copies of handouts for all the participants. Write out any information you may need for the activity on sheets of newsprint.

Make sure that participants know the date, time and place of the workshop

Even if you are not responsible for calling participants to the workshop, checking that information on the workshop date, time and place has gone out to all participants in time is a good idea.

Find out about support

Participating in a workshop or event may bring back painful memories of harmful past experiences, like abuse. Some participants may face an increased risk of violence as a result of taking part in the workshop. Identify available support services and be able to refer participants to them if they need help.

Help participants relax

In your workshops you will deal with some very serious issues, and you need to try to create a relaxed atmosphere right from the beginning. For example, you could take out the tables in the room and arrange the chairs in a circle, put posters on the walls and provide snacks during the breaks.

Prepare for evaluation

Both short-term evaluation of the workshop and a longer-term evaluation of its impact on the participants is very important. A short-term evaluation will help you to. A sample evaluation form is included in the Reference section:

- Know how to improve future workshops
- Build your morale by highlighting what went well
- Document the programme for future fund-raising and advocacy.

Becoming a Better Facilitator

You don't have to be an expert to create a good learning environment. Listening and questioning are the basis of good facilitation.

If you are training to be a One Man Can Facilitator, you definitely need to think about your attitudes. You are being asked not only to help groups discuss issues of gender, violence and sexual health, but also to model the attitudes and behaviours that people need to protect their own and others' health, safety and well being. By talking to others going through the same training, you will become more aware of how your attitudes affect your work and your ability to model new ways of behaving.

Facilitators also need to develop skills in active listening, effective questioning and facilitating group discussions. The following information and exercises can be used to improve facilitation skills

Active listening

Active listening means helping people feel that they are being understood, as well as being heard. This is a vital skill for facilitating group discussions; it helps people to feel that their ideas are valuable. Active listening also helps people to share their experiences, thoughts and feelings more openly.

Active listening involves:

- Showing interest and understanding through your body language, for example by nodding your head and turning your body to face the person who is speaking;
- Using your facial expressions to show interest and understanding and reflect what is being said. While usually looking directly at the person who is speaking is often a good way to show interest, in some communities, direct eye contact may not be appropriate until the people speaking and listening trust each other;
- Paying attention to the speaker's 'body language', so that you are not only listening to what is said but also to how it is said;
- Asking the person who is speaking questions, to show that you want to understand;
- Summing up the discussions to check you understand what has been said fully, and asking for feedback.

Effective questioning

Asking effective questions help a facilitator to identify issues, get facts clear, and ask for differing views on an issue. Skills in effective questioning are also useful for challenging assumptions, showing that you are really listening, and demonstrating that the opinions and knowledge of the group are valuable. Effective questioning also increases people's participation in group discussions and encourages their problem-solving in relation to difficult issues.

Effective questioning involves:

- Using the six key questions -Why? What? When? Where? Who? How? - to ask open-ended questions;
- Following people's answers with more questions that look deeper into the issue or problem;
- Re-wording a previous question to make sure you are clear about the answers;

- Asking how people feel and not just about what they know, to find out their personal points of view.

Facilitating group discussions

Facilitating group discussions involves:

- Creating “ground rules” with the group, which the group agrees to use;
- Helping the group to stay focused on the issues being discussed;
- Helping all group members to take part in the discussion by paying attention to who is dominating discussions and who is not contributing (remember that people have different reasons for being quiet - they may be thinking deeply!);
- Summing up the main points of the discussion and any action points that have been agreed;
- Thanking the group for contributing to the workshop.

Managing conflict

Activities in this manual look at sensitive issues and difficult problems. Because people have strong views on gender and sexuality, there may well be disagreement between you and a participant or between participants themselves. These disagreements can easily turn into conflict. Disagreement is healthy - it is often through disagreement with others that we come to better understand our own thoughts and feelings. But conflict is unhealthy, and can lead to participants putting their energy into defending fixed positions instead of exploring new issues. As a facilitator, you need to manage conflict. If a participant challenges you, bouncing the challenge back to the whole group or to the participant himself as a question is a good way to deal with the challenge.

Dealing with difficult people

Some of the roles that people take on when they are in groups can interfere with the learning of the workshop. When you facilitate a group discussion, you may have to deal with negative or disruptive people. You can deal with deal with difficult people by reminding the group of the ground rules and asking them to be responsible for sticking to them.

You can ask a person who is always complaining for details of what is bothering them, and address them. You can also ask the group to discuss the issue. You can involve the group in asking a disruptive person to help rather than hinder the group, or deal with him separately.

Achieving agreement

While the group will not always achieve agreement, as facilitator you need to highlight areas of agreement, as well as points of disagreement that need further discussion. You should also sum up the main points of the discussion and any action points that have been agreed, as well as thank the group for what they have contributed to the workshop.

Dealing with difficult situations

Although the activities in this manual make it possible for difficult and sensitive topics to be discussed openly in a group setting, as a Facilitator you will probably have to deal with participants who make statements that oppose the views and values of the programme. These could include sexist, homophobic or racist remarks or opinions. Although we all have a right to our opinions, none of us have the right to oppress others with the views we express.

For example, a participant might say: "If a woman gets raped, it is because she asked for it. The man who raped her is not to blame." As Facilitator, you need to challenge such opinions and offer a viewpoint that reflects the philosophy of the programme. While this can be hard, it is a vital part of helping participants work toward positive change.

One way you could deal with such a situation is by following the steps below.

Step 1: Ask for clarification:

"Thank you for sharing your opinion with us. Can you tell us why you feel that way?"

Step 2: Seek an alternative opinion:

"Thank you. So at least one person feels that way, but others do not. What do the rest of you think?"

Step 3: If nobody offers an alternative opinion, provide one:

"I know that a lot of people would never agree with that statement. Most of the men and women I know feel that the rapist is the only person to blame for a rape. We are all responsible for respecting other people's right to say 'no.'"

Step 4: Offer facts that support a different point of view:

"The law says that every person has a right to say 'no' to sexual activity, and the rapist is the only person to be blamed. It doesn't matter what a woman wears or does, she has the right not to be raped."

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

Making good presentations

As a Facilitator, you will need to make presentations on a range of topics and issues. Here are some general tips on presenting to groups:

- Practice before you make your presentation
- Move out into the audience from behind the podium or table
- Look at and listen to anyone who asks a question
- Be aware of the sensitivities of your audience
- Use humour, but do not wait for laughs
- There are many different ways to cover the same material. Try to customize your presentation to suit the group.

Section 1

Knowing Yourself



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

Key Objectives

Through the activities in this section we aim to:

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

Emotional Intelligence

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

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

And within these you need to:

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

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

Activity 1.1: Act like a Man

Objectives	<p>By the end of this activity, participants should be able to:</p> <ul style="list-style-type: none">• 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	120 minutes
Materials	<ul style="list-style-type: none">• Flip chart paper• Markers/Koki pens
Steps	<ol style="list-style-type: none">1. Ask the participants if they have ever been told to “act like a man” or if they’ve ever told a woman to “act like a woman”. Ask them to share some experiences in which someone has said this or something similar to them. Why did the individual say this? How did it make the participant feel?2. Tell the participants that we are going to look more closely at these two phrases. By looking at them, we can begin to see how society can make it very difficult to be either male or female.3. In large letters, print on a piece of flip chart paper the phrase “Act Like a Man.”4. Ask the participants to share their ideas about what this means. These are society’s expectations of who men should be, how men should act, and what men should feel and say. Draw a box on the paper, and write the meanings of “act like a man” inside this box. Some responses might include the following:<ul style="list-style-type: none">• Be tough• Do not cry• Yell at people• Show no emotions• Protect other people (women and children)• Do not back down• Be the boss• Earn money• Have more than one girlfriend/spouse• Travel to find work5. 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 “acting like a man” affect a man’s ability to support his partner if she wants to terminate pregnancy?
- How can social norms and expectations to “act like a man” have a negative impact on a man’s sexual and reproductive health?
- Can men actually live outside the box?
- Is it possible for men to challenge and change existing gender roles?

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

- Be passive
- Be the caretaker
- Act sexy, but not too sexy
- Be smart, but not too smart
- Be quiet
- 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 does “acting like a woman” put a woman at risk for unwanted pregnancy?
 - How can “acting like a woman” affect a woman’s ability to seek termination of pregnancy?
 - 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	<p>This activity is a good way to understand the idea of gender norms. But remember that these gender norms may also be affected by class, culture, ethnic and other differences.</p> <p>If the facilitator wants to focus more specifically on men, "Act like a Woman" can be left out, this activity can also be completed with just "Act like a Man" and follow up discussion around norms and expectations around men.</p>
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Key Points	<p>The messages that men get about "acting like a man" include:</p> <ul style="list-style-type: none"> • Be tough and do not cry • Be the breadwinner • Stay in control and do not back down • Have sex when you want it • Women are something to have; property <p>These messages and gender rules about "acting like a man" have the following (detrimental) effects on perceptions of men and masculinity:</p> <ul style="list-style-type: none"> • 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. <p>The messages that women get about "acting like a woman" include:</p> <ul style="list-style-type: none"> • 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 <p>These messages and gender rules about "acting like a woman" have the following (detrimental) effects on perceptions of women and femininity:</p> <ul style="list-style-type: none"> • 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 <p>Disadvantageous gender norms increase the risk of unwanted pregnancy, and create serious obstacles to a woman's ability to access TOP.</p>
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Activity 1.2: New Kinds of Courage

Objectives	<p>By the end of this activity, participants should be able to:</p> <ul style="list-style-type: none"> • Be able to identify and encourage strategies for both men and women which promote equal and healthy relationships between them • Understand ways to develop fairer and more responsible sexual practices • Understand ways to challenge and take responsibility for men's violence against women
Time	75 minutes
Materials	<ul style="list-style-type: none"> • A set of prepared Action Cards (see Facilitator's Notes) • Prepared flipchart paper with Key Points • Signs with "LEAST COURAGE", "SOME COURAGE" and "MOST COURAGE" written on them • Flipchart paper • Tape and koki pens
Steps	<ol style="list-style-type: none"> 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; supporting women in their reproduction choices, promoting fairer and more responsible sexual practices and promoting more equal relations between women and men. Summarize the discussion on the prepared Key Points flipchart paper and going through each of the 5 points. 3. Explain that there are different actions that men can take to end violence against women, decrease the likelihood of unwanted pregnancy, support a woman in her choice to access safe abortions, prevent HIV and AIDS and promote more equal and healthier relationships between women and men. Some of these actions will take more courage than others. 4. Deal out the Action Cards to all of the participants. Ask each participant to look at their card(s) and think about where the

action described on the card would be on the Spectrum of Courage (from least courage to most courage) posted on the wall.

5. Ask each person to discuss with at least two others where they think their card fits on the spectrum of courage between "Least Courage", "Some Courage" and "Most Courage" and then to place it on the wall.
6. Discuss the placement of each card with the whole group. Ask whether they agree with where it is on the spectrum or if they 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 about five, if possible. Ask each group to choose one of the cards that has been placed toward the "Most Courage" end of the spectrum.
8. 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.
9. 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?
1. End the activity by reminding the group that they have identified ways for men to end violence against women, decrease the likelihood of unwanted pregnancy, support a woman in her choice to access safe abortions prevent HIV and AIDS and promote more equal and healthier relationships between women and men. Make a note of any new suggested actions that are not already listed on the Action Chart.

Facilitator's Notes

Action Cards:

Prepare the set of action cards by writing each of the following action statements on a separate card (* refers to reproductive health/abortion specific questions):

- Ignore a domestic dispute that is taking place in the street in front of your house.
- Allow your partner to access abortion.*
- Accompany your partner to access abortion.*
- Talk about contraceptives with your partner.*
- Advise a close friend about where to seek safer services for abortion.*
- Emotionally support your partner after you have heard that she had an abortion without telling you.*
- Support your partner in seeking an abortion, despite your own desires to start a family. *
- Tell a friend that you are concerned that she is going to get hurt by her partner.
- Ask 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.
- Wear an "abortion is a woman's choice" t-shirt.*
- Speak to your priest and ask him to include messages about HIV and gender based violence in his sermons.

- Speak to your priest and ask him to include messages about abortion and a woman's right to choose 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

Before the activity, write out these Key Points on a sheet of flipchart paper for Step 2.

1. 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.
2. 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.
3. 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.
4. Men commit the vast majority of domestic and sexual violence and therefore have a special responsibility to end the violence.
5. Traditional ideas of what a man should be promote unequal relations between women and men and increase the risk of unwanted pregnancy and promotes the spread of HIV and AIDS. It is, in other words, men's work to end male violence, lack of caring for the consequences of their sexual practises and for unequal relations between women and men.

Activity 1.3: What Would You Do*

Objectives	<p>By the end of this activity, participants should be able to:</p> <ul style="list-style-type: none"> • Describe the social and legal situation around access to TOP in South Africa • Articulate with empathy the challenges faced by women with an unwanted pregnancy • Describe strategies to facilitate access to safe abortion and reproductive health services • Identify outstanding challenges related to safe abortion and reproductive health services
Time	55 minutes
Materials	<ul style="list-style-type: none"> • Information on abortion-related laws (TOP Act), policies, health-care services and the social climate for South Africa (some of this can be found at the beginning of manual) • Information on strategies and activities to increase access to safe abortion care • What Would You Do? handouts with a picture of a woman and her unwanted pregnancy scenario (see following pages) • Pens
Steps	<ol style="list-style-type: none"> 1. Divide participants into small groups of four to six people each. 2. Assign a facilitator and handout to each group. 3. Each facilitator can introduce the activity in his small group. <p>This activity will enable you to learn more about the complex circumstances and barriers to accessing abortion services in South Africa and how they might affect women's responses to an unwanted pregnancy. We're going to discuss this from the perspective of one woman's story. We encourage you to put yourself in her situation, and then think about how you might feel and what you might do in her place. We will close with a brief explanation of what is being done to address these challenges in South Africa.</p>

* IPAS

4. Each group's facilitator solicits information from participants about the social and legal climate and abortion-related services in South Africa and answers questions or clarifies information if necessary. Facilitators should make sure participants cover the following information: women's status; legal status of abortion and for which indications; abortion policies; relevant clinical guidelines; magnitude of unsafe abortion; influence of faith/religion and culture on the social climate for abortion; and the availability, quality and barriers to access of pregnancy, abortion and contraceptive services, filling in any missing information as needed.
5. Facilitator distributes handouts and asks each group member to study the picture of the woman and read the scenario quietly for themselves. Ask participants to imagine they are the woman described in the handout and to consider the scenario from her perspective.
6. Facilitator can ask some of the following questions to engage participants in the discussion. During the course of the discussion, help to steer the conversation and provide information, as needed, to ensure that the discussion comments are realistic and appropriate for that setting:
 - Imagine that you are [woman in handout].
 - When you first find out you are pregnant, what thoughts and images go through your head?
 - Who might you tell about your pregnancy?
 - What fears would you have?
 - What kind of information would you need?
 - Where would you go for this information?
 - What do you think you would decide to do about the pregnancy?
 - If you decide to continue the pregnancy, what would be the physical and emotional consequences?
 - If you decide to have an abortion, who might you approach to procure it?
 - What might be the physical and emotional consequences of having an abortion in this setting? (Encourage discussion of how this would be different if the abortion was safe versus unsafe.)
 - How would you prevent a future unwanted pregnancy?
 - If you wanted a contraceptive method, where would you go?

7. Relate back to the woman's name and her story. Ask participants what strategies are being used in this country to address some of the concerns and challenges faced by women such as [name woman from handout]. Use the following questions as prompts. Fill in any missing information as needed.
 - What kind of work is currently being done by different organizations to increase access to contraceptive and safe abortion services?
 - What successes have we experienced?
 - What are outstanding challenges?
8. As a large group, invite people to briefly share highlights, reflections or recommendations from their small group discussion. Ask participants to brainstorm next steps for the country to increase access to family planning and safe abortion services.
9. Finish the activity by reminding participants that there are many more women with problems like [name of woman from handout] in our setting. In this activity you have brainstormed a number of strategies, and our commitment to implement these strategies will determine whether women like her will continue to experience problems like these.

Facilitator's Notes

See handout on next page

Key Points

This activity engages participants in reflection and dialogue about the complex circumstances that affect a woman's response to an unwanted pregnancy, namely the challenging social and legal climates that affect access to pregnancy- and abortion-related care in countries around the world. This activity encourages participants to consider their own values and beliefs, and gain empathy for individual women's perspectives and circumstances.



SOUTH AFRICA

Zanzele, Age 30

Zanzele is a single mother of two young children whose husband left her two months ago when she tested positive for HIV. Accusing her of infidelity, he refused to get tested himself. Zanzele has not told anyone else about her HIV status because of widespread stigma against people living with HIV/AIDS. Her husband has not provided any child

support. The only way she has found to provide for her family is through commercial sex work. Her only living relative, an elderly aunt, watches her children while she works. Zanzele just found out that she is 10-weeks pregnant. She does not think she can support another child. Zanzele feels alone and scared.

Photo credit: Giacomo Pizzzi/Panos Pictures

This photograph is for illustrative purposes only; it does not imply any particular attitude, behavior or action on the part of the person who appears in the photograph.

Activity 1.4: Gender Values Clarification

Objectives	<p>By the end of this activity, participants should be able to:</p> <ul style="list-style-type: none">• Describe how their upbringing and socialization affects how they think about gender roles and sexuality;• Explain the ways in which we are socialized to have different and sometimes unequal expectations for male and female sexuality;• Articulate how gender stereotypes affect their values and attitudes related to sexual and reproductive health, pregnancy and abortion care.
Time	45 minutes
Materials	<ul style="list-style-type: none">• Four signs (“Strongly Agree”, “Strongly Disagree”, “Agree,” and Disagree”)• Markers/Koki pens• Tape
Steps	<ol style="list-style-type: none">1. Put up the four signs around the room before the activity begins. Leave space between them, so that a group of participants can stand near each one. Now choose five or six statements from the facilitator’s notes section that you think will lead to the most discussion.2. Explain that this activity will give participants a general understanding of their own and each other’s values and attitudes about gender. Remind the participants that we all have right to our own opinions, and no response is right or wrong.3. Explain the words ‘values’ and ‘gender’ (see Glossary of terms).4. Read the first statement aloud. Ask participants to stand near the sign that says what they think about the statement. After they do this, ask one or two people beside each sign to explain why they are standing there, and why they feel this way about the statement.5. 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. Read the next statement and repeat steps 3 and 4. Continue for each of the statements that you chose.

6. After you have discussed all the statements, ask these questions about values and attitudes:
 - Which statements did you have strong opinions about? Which statements did you not have very strong opinions about? Why do you think this is so?
 - If you had a different opinion to the other participants, how did it feel to talk about it?
 - How do you think people's attitudes to the statements might affect the way that they deal with their male and female colleagues?
 - How do you think people's attitudes to these statements help or do not help to improve gender equality, reduce violence against women or reduce the spread of HIV and AIDS?
7. Use the Action Chart to ask participants about the actions they think are needed to change harmful attitudes. Write down their answers on the chart.
8. Ask participants how this exercise has changed the way they will behave in future.

Facilitator's Notes

Choose the statements from the following list that are most likely to get participants talking. The statements marked with stars have been good for starting discussion in the past:

- Boys must have no say in abortion as they do not fall pregnant. *
- A man who agrees with her partner to terminate the pregnancy is not a real man. *
- A woman/girl who has had an abortion is not a good woman.
- Sex is more important to men than to women. *
- Women are more physically and emotionally affected by abortion than men.
- Men should have the final say if his partner wants to terminate her pregnancy *
- Woman should seek permission from her partner if she wants to terminate the pregnancy.
- If you know that your friend is being violent to his partner or

children, you should talk to him about his behaviour.

- If a difficult decision has to be made in a family, the man should make the final decision.
- Domestic violence is a private matter between the couple.
- If women really didn't like the violence, they would leave an abusive relationship.
- Women who live and work away from home should have other boyfriends
- It is better to have a son than a daughter
- Men are more productive than women
- Men should be breadwinners
- Women want to be beaten, so they deliberately provoke their partners

If all the participants agree about any of the statements, express an opinion that is different from theirs to get the discussion going.

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

Depending on time and group of participants, you can use only "Agree or Disagree"

Key Points	<p>People may be unaware of their values around gender, but their unconscious values will always influence the way they act in certain situations.</p> <p>Exploring our attitudes towards gender may help us make different choices about our behaviour towards women, in our relationships with women and towards gender equality.</p>
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Activity 1.5: Looking at Stereotypes and Stigmas

Objectives By the end of this activity, participants should be able to:

- To examine the participant's stereotypes and stigmas they may hold about men and women, particularly around TOP
- To explore the effect that gender stereotypes and stigmas around TOP can have on men and women
- To recognise that negative gender stereotypes and stigmas are caused in part by the rigid gender roles that exist in society

Time 30 minutes

Materials

- Clear and easily understood definition of "stereotype" and "stigma" (see Glossary of Terms in manual)
- Flipchart
- Markers/Koki pens
- Tape

In large letters, print each of the following titles on sheets of flipchart paper, one title per piece:

- "Positive attitudes men have around TOP"
- "Negative attitudes men have around TOP"
- "Positive attitudes women have around TOP"
- "Negative attitudes women have around TOP"

Steps

1. Divide the participants into two groups. Each group will get two pieces of flipchart paper.
 - Group One will have the flipchart paper titled "Positive attitudes men have around TOP" and "Negative attitudes men have around TOP";
 - Group Two will have the ones for women
2. Give the groups 5-10 minutes to come up with positive and negative attitudes for their respective gender, and to write them

on the appropriate flipchart paper

3. Come back together as a group, and have the groups present to one another
4. In large letters, print the words "Stereotype" and "Stigma" on a piece of flipchart paper. Ask the participants to try out a definition of "stereotype" and "stigma." Once a few participants have given you answers, make sure you clarify/reiterate that a stereotype is a "conventional, often oversimplified idea, opinion, or characterisation," while a stigma is defined as "an attribute, behaviour or reputation that is socially discrediting in a particular way." A stigma causes an individual or an action (e.g. accessing TOP) to be mentally classified by others as undesirable or rejected.
5. Look over the lists that participants have created and discuss the following question:
 - Which of these attitudes listed about men and women could be considered stereotypes?
 - Which of these attitudes could be considered stigmas?

After identifying the stereotypes and stigmas, ask:

- How do these stereotypes and stigmas have negative impacts on how we relate to men, women, and TOP?
 - How do these stereotypes affect women's ability to access safe and stigma free TOP?
6. Close the activity by asking participants the following questions:
 - Was it difficult to identify which attitudes could be considered stereotypes or stigmas?
 - Are stereotypes ever useful? Stigmas? Why are they used so frequently?
 - How did it feel to see the list of stereotypes about your own gender?
 - How did it feel coming up with attitudes/stereotypes for women?
 - How did it feel coming up with stigmas around TOP?
 - What can you learn from this activity?

Facilitator's Notes	Another option is to divide the groups up into Group One with Positive attitudes for both men and women, and Group Two with Negative Attitudes for both men and women. This helps to highlight how difficult it can be to come up with positive attitudes around TOP, while negative attitudes often abound.
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Key Points	Stereotypes and stigmas can be very harmful, problematic, and psychologically distressing for those being stereotyped against. Stereotypes and stigmas can negatively affect interactions between individuals of varying race, class, gender, or background, and stigmas can create unnecessary obstacles, particularly for women wanting to access TOP. Stigmas can often be believed by the community as a whole—men and women—but it is important to remember that men standing up and denouncing these stigmas (and stereotypes) will play a crucial role in their extinction.
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Activity 1.6: Cross the Line*

Objectives	<p>By the end of this activity, participants will be able to:</p> <ul style="list-style-type: none">• Articulate their feelings and views on abortion• Identify diverse views among participants• Describe how stigma affects individual and societal views and reactions to abortion.
Time	30 minutes
Materials	<ul style="list-style-type: none">• Masking tape or string, approximately 2-3 meters long, to mark a line on the floor. If neither tape nor string is available, ask participants to pretend that there is an imaginary line across the floor.• Cross the Line statements (see Facilitator's Notes)
Steps	<ol style="list-style-type: none">1. Ask all participants to stand on one side of the line.2. Explain that you will read a series of statements and that participant should step entirely across the line when a statement applies to their beliefs or experiences.3. Remind participants that there is no "in between," which means they must stand on one side of the line or the other, and there are no right or wrong answers.4. Ask participants not to talk during the exercise unless they need clarification or do not understand the statement that is read.5. Stand at one end of the line and give an easy practice statement, such as: <i>Cross the line if you had fruit for breakfast this morning.</i>6. Once some people have crossed the line, give participants an opportunity to observe who crossed the line and who did not. Invite participants to notice how it feels to be where they are.7. Ask someone who crossed the line and then someone who did not to briefly explain their response to the statement. If someone is the only person who did or did not cross the line, ask them what that feels like.

* IPAS

8. Invite participants to all moves back to one side of the line.
9. Repeat this for several of the statements about abortion. Select the statements that most apply to that group of participants.
10. After the statements are read, ask participants to take their seats.
11. Discuss the experience. Some discussion questions may include:
 - How did you feel about the activity?
 - What did you learn about your own and others' views on TOP?
 - Were there times when you felt tempted to move with the majority of the group?
 - Did you move or not? How did that feel?
 - What did you learn from this activity?
 - What does this activity teach us about stigmas surrounding TOP?
 - How might stigma affect women's emotional experience with abortion? How would it affect women's family members?
 - How might stigma impact the experience of health workers and providers working in abortion care?
12. Debrief in particular the last statement. If everyone in the group crossed the line, discuss this commonality. If everyone did not cross the line, discuss how these different views affect people's work on abortion care and the broader social climate for abortion in that setting.

Facilitator's Notes

Cross the Line Statements:

Read some of the following statements, beginning each time with, "Cross the line if ... " After participants have moved, follow up each statement with, "observe who crossed the line and who did not ... notice how it feels to be wherever you are ... now please all move back to the same side of the line."

Cross the line if:

- You were raised to believe that abortion should not be openly discussed
- At some point in your life, you believed abortion is wrong
- You were raised to believe that abortion is a woman's right
- You have been asked to keep someone's abortion a secret

- You have ever felt uncomfortable talking about birth control or contraceptives
- You have ever felt uncomfortable talking about abortion
- You have ever felt embarrassed talking about abortion
- You have ever heard a politician talking in a derogatory manner about women who have had abortions
- You have ever heard a friend or family member talk in a derogatory manner about women who have had abortions
- You or someone you are close to has had an abortion
- You have ever stifled your feelings about an abortion experience
- You have ever avoided the topic of abortion to avoid conflict
- You have heard the term “baby killers” applied to women who have abortions or health workers who perform abortions
- At some point in your life, you believed that relief is a common reaction after abortion
- You believe there is a need for a supportive social environment for abortion
- You believe all women deserve access to safe, high-quality abortion services

Key Points

This activity helps participants understand how stigma affects people’s diverse views and experience with abortion, as well as broader public dialogue on abortion. This activity is also a useful practice for individuals to reflect on their stance around abortion and ability to articulate their reasons for this stance.

Activity 1.7: Facilitating Dialogue with “Trigger” stories*

Objectives	<p>By the end of this activity, participants should be able to:</p> <ul style="list-style-type: none">• Analyze and discuss action to be taken on a problem affecting them or their setting• Demonstrate empathy toward the individuals and situations evoked by the trigger• Articulate opinions and viewpoints related to abortion issues.
Time	30-60 minutes
Materials	<ul style="list-style-type: none">• “Trigger” handouts (see pages following)
Steps	<ol style="list-style-type: none">1. Introduce the activity by telling participants that you are going to spend a little time engaging in a dialogue about a local abortion issue. Mention that you would like to use this discussion as a means of analyzing the problem in more detail and determining what is needed to ensure women’s need for safe, legal abortion is met.2. Distribute or present the “trigger.” Whenever possible, have participants read out loud or role-play the “trigger” for the entire group.3. Facilitate a discussion about the “trigger” using the ORID dialogue method, which stands for Objective, Reflective, Interpretive and Decisional. <p>These are four levels of focused discussion that can be used as a guide to facilitate dialogue following a “trigger.” Sample questions for each level of ORID include:</p> <p>Objective (factual) questions:</p> <ul style="list-style-type: none">• What parts of the [story, poem, etc.] do you remember?• What happened?• Who was involved?• What did you hear or observe?

* IPAS

Reflective questions:

- What was your first response to this [story, poem, etc.]?
- What parts are most memorable for you, and why?
- When do you remember the whole group reacting?
- When were you excited, frustrated, sad or happy?
- How did this make you feel?
- How do you think the person in this [story, poem, etc.] feels?

Interpretative questions:

- What is this [story, poem, etc] about?
- What were the most significant parts of the [story, poem, etc.] to you?
- What does this [story, poem, etc.] mean to you?
- What problems are presented?
- What did you learn?
- Why is it important?
- What does this remind you of?
- What does this make you think of?

Decisional questions

- What would you say about this [story, poem, etc.] to someone who has not seen it?
- What solutions are needed?
- What next steps will you take?
- What will you take away from this [story, poem, etc.]?
- Who is going to take responsibility?

Facilitator's Notes

In this activity, a "trigger" (story, skit or other short piece) is used to evoke a key problem concerning abortion and spark dialogue about relevant issues and actions needed. There are options for different dialogue methods that all include probing questions to lead participants through a discussion that ranges from analysis of the problem to action. This activity can help introduce discussion about local abortion issues at the beginning of a workshop or engender dialogue at any point.

Handouts

Facilitating Dialogue: "Triggers" Handouts

Article #1:

"Young Woman arrested for at-home illegal abortion"

Source: iol.co.za

Date: 30 November 2009

A 19-year-old student will appear in court for concealment of birth on Monday after an alleged illegal abortion in Butterworth, Eastern Cape police said.

Captain Jackson Manatha said the Walter Sisulu University student was allegedly four months pregnant when she took tablets to abort on Friday.

"The abortion was successful as she gave birth to a stillborn baby boy on Saturday at 1am. She then wrapped up the foetus and threw it in the dust bin outside her block of residence on the university premises."

A security guard found the foetus on Sunday morning. The 19-year-old was arrested and will appear in the Butterworth Magistrate's Court.

Article #2:

"My Illegal Abortion Regrets"

Source: BBC news

Date: 24 February 2006

I was devastated after finding out that I was pregnant for the fourth time, despite using contraception. My husband and I can barely look after our three children on the little income we have. How could we afford to feed another mouth? Thus, I decided to have an abortion. I didn't have any counselling - the decision was my own. My friends told me about a special clinic in Accra. Trusting them, I decided to go there.

Four months gone

On the day of the abortion, I woke up early, did some household chores and got the children ready for school. After dropping them off, I took a taxi to the clinic. I was four-months' pregnant at the time.

The reception was very neat and tidy, and there were other women waiting on benches. I

had thought the procedure would be done in an operating theatre but it wasn't. It was just an ordinary room. Even though I realized it wasn't a proper clinic, I was still determined to go through with the termination. I had no choice.

The "doctor" asked me to undress and lie down. After an examination, he inserted some metal instruments into my vagina. He didn't give me any anesthetic — he just began removing things from my body. I didn't see anything, but felt a pulling sensation. The pain was unbearable, but I muffled my screams. I did not allow myself to fully express my pain. I felt guilty about the whole thing, but the idea of bringing up another child in abject poverty convinced me I had made the right decision. After fifteen minutes of "surgery," he inserted a white tablet into my vagina. He told me that this would cause the remaining foetal parts to eventually discharge.

Regret

In agony, I went home to await the next stage of my abortion. That night, I bled profusely. My stomach was bloated, and I gave off a foul odour. I felt very weak and confused. My husband was on a night shift, so a neighbour rushed me to hospital. My heart was beating very fast and I began to drift in and out of consciousness. I felt cold and couldn't see. I was losing so much blood, I thought I would die. My mind went blank.

When I regained consciousness, I was told that my womb was rotten and had been removed. I cannot have any more children and if I had lost any more blood, I would have died. I am very grateful to the doctor and his team at Accra's Ridge Hospital who saved my life.

Article #3:

Woman died after bungled self-abortion

Source: <http://www.newzimbabwe.com/pages/uk43.12708.html>

Date: May 31, 2005

A woman died as a result of a self-induced abortion, an inquest in Luton, England, heard this week.

Zimbabwean Veronica Muringani, 26, of Dunstable Road was about 10 weeks' pregnant when she "opted out" of a legal abortion.

She had arranged an abortion through The Lodge on George Street West in Luton but did not go through with it and instead decided to do it herself.

"Foreign objects" were found in her uterus, and twigs and sticks were found when police

searched her home after her death.

Muringani, who also was HIV positive and had hepatitis B, became ill last June and was rushed to Luton and Dunstable Hospital on June 15.

She told medical staff she had a miscarriage a couple of days before.

Later that day she discharged herself from hospital because she was feeling better.

She was readmitted into hospital the following day and collapsed and died.

In his summing up of her death Coroner David Morris said, "Veronica Muringani played a significant part in her demise."

Tuesday's inquest heard how Muringani left Zimbabwe two years ago and left behind an eight-year-old son.

The official cause of death was septicaemia as a result of the perforation of the uterus.

The inquest's verdict was that Muringani died as a consequence of a self-induced, unlawful abortion.

Section 2

Healthy Relationships



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

Key Objectives

Through the activities in this section we aim to:

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

Emotional Intelligence

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

- Understanding yourself, your goals, intentions, responses, behaviour.
- Understanding others, and their feelings.
- And within these you need to:
 - Know your emotions
 - Manage your own emotions
 - Motivate yourself
 - Recognise and understand other people's emotions
 - Manage relationships i.e. managing emotions of others

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

Activity 2.1: Defining the Ideal Partner

Objectives	<p>By the end of this activity, participants should be able to:</p> <p>Be able to name the personal qualities the participants would want in a romantic partner</p> <p>Be able to identify differences between women and men in what they want from romantic relationships</p> <p>Understand what women and men need in order to communicate better about what they want from each other in romantic relationships.</p>
Time	60 minutes
Materials	<ul style="list-style-type: none"> • Flipchart paper • Markers/koki pens • Tape • Notebook paper • Pencils or pens
Steps	<ol style="list-style-type: none"> 1. Divide participants into two group, or, if there are more than 12-16 people, divide the groups into groups of about 6-8 people each. <ul style="list-style-type: none"> • Group One (or half the groups) will be writing down their definition of a man's "Ideal Romantic Partner." • Group Two (or half the groups) will be writing down their definition of what they think is a women's "Ideal Romantic Partner." 2. Give each participant a piece of paper and a pencil or pen. Ask each participant to write on a piece of paper all of the qualities they would want in the ideal romantic partner (depending on which group they're in - i.e from a male's perspective or a women's). Let them write as many possible qualities as they can for five minutes. 3. Check in with the groups as they write their responses, and make suggestions (concrete examples of qualities) when they get off track. If participants are only listing physical characteristics, encourage them to think about other qualities that they would want in a partner. 4. When time is up, ask participants to share with each other in their groups what they have written. Tell each group to decide what they think the three most important qualities are and write these out on flipchart paper. 5. When the groups are finished, have the groups present its lists to the

rest of the participants. After each group has presented its lists, discuss the activity with the following questions:

- How similar are the qualities of the ideal romantic partner as defined by the different groups?
 - Are there any differences between the ideal partner as defined by the 'male' groups and the 'female' group?
 - What are these differences? How do you explain them?
 - What are the differences between what men and women want in relationships?
 - How equal are the roles of men and women in relationships?
 - If the roles are not equal, why is this? Is this fair?
 - How well/badly do you think men and women communicate with each other about what they want from a romantic relationship? Why?
 - Why is it important to communicate about what we want from each other in romantic relationships?
 - What do women and men need in order to communicate better about what they want from each other in romantic relationships?
6. Ask the group for any suggestions for action to support women and men in forming and maintaining better romantic relationships. Make a note of these suggestions on the Spectrum of Action.

Facilitator's Notes

This activity asks men to speculate about who a woman's "ideal romantic partner" is, and men may well perceive what women are looking for very differently from how women would actually define their "ideal romantic partner." Be prepared for this and make sure that you challenge this perception if you feel that are not reflective/appropriate.

This activity also focuses on a heterosexual romantic preference. However, there may be groups in which some participants say that they are gay, or are but will not choose to say so. There will also be many groups in which one or more of the participants has felt sexually attracted to or has had sex with someone of their own gender. It is important to be open with the group about these possibilities. In being open in this way, you can challenge the silence that surrounds homosexuality in South Africa. This silence is based on homophobia and helps to sustain the homophobia that damages the lives of gay men and women.

Activity 2.2: Thinking About Fatherhood

Objectives	<p>By the end of this activity, participants should be able to:</p> <ul style="list-style-type: none"> • Understand their feelings about the role of a father • Recognise the long terms roles and responsibilities required of a 'good' father • Be able to identify the influence their father had on their lives
Time	60 minutes
Materials	<ul style="list-style-type: none"> • Prepared Flipchart on "Ourselves and our Fathers" (see Facilitator's Notes) • Flipchart paper • Markers/koki pens • Sheets of paper (at least one sheet for each participant)
Steps	<ol style="list-style-type: none"> 1. Put up the prepared flipchart paper on "Ourselves and our Fathers". Ask participants to take a few minutes to answer these questions by themselves. Explain that they can make some notes on these answers if they wish. 2. Ask participants to find two other partners to form groups of three. 3. Explain that each person has six minutes to tell their two partners about the answers to the questions. Ask the partners to just 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 their answers. 4. When the threesomes have completed, bring everyone back together. 5. Lead a general discussion using the following questions: <ul style="list-style-type: none"> • If you are a father, how did you become one? Was it planned or it was a mistake? • If you are a father, what is it like? What is good about being a father? • What is difficult? What support do you get? What support do you want? • Knowing now what it takes to be a father, do you feel you were ready for fatherhood? Why or why not? • If you are not a father yet, what do you think it will be like? What

will be good about being a father? What might be difficult? What support do you think you will get? What support do you think you would want?

- What do men need to become better fathers?
- If you were raised by a single parent (mother/father), how do you think this has affected your perspective on being a father and fatherhood?
- Pregnancy and birth still are massive physical and emotional undertakings for women. What role do you think men should play during this time, and how do you think this might prepare you for fatherhood?
- What can fathers do to promote gender equality?

Facilitator's Notes

This activity works best with men who are fathers. However, you can do the activity with men who do not have children. You simply need to change the questions during the discussion. You can ask about the type of father that they would want to be. The questions that help participants think about their relationship with their own father are useful, whether they are parents or not.

If you are working with a mixed-gender group, it will be better to work in same-gender small groups. This will help to create more safety for participants to be open about their experience and feelings. It will also mean help you to look more closely at the experience of women and their relationships with their fathers.

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 model this sharing of personal information so that the participants will feel comfortable in doing the same. Explain that everyone has the right to say as little or as much as they want to share. No one is required to share his story and everyone has the right to pass.

Before the activity, prepare a sheet of flipchart paper "Ourselves and our Fathers", with the following questions:

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

This activity asks participants to think about their relationships with other men, particularly their own fathers. This helps the group to talk about the meaning of fatherhood. Many men you will be working with have not had close relationships with their own 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, do not assume that all participants have had poor relationships with their fathers. If any men begin to express a lot of negative feelings about their fathers or other adults during this activity, remind them that they are survivors. The fact that they have made it this far is a testimony to their strength and resilience.

It is important to remember that there are positive trends within fatherhood that are changing, which is particularly apparent around increasing acceptance towards active father participation in pregnancy, labour, birth and child-rearing. However, it is important for participants to use this exercise as an opportunity to think about their readiness to step into that role, and the responsibilities that come along with it.

Activity 2.3: Comfort Continuum*

Objectives	<p>By the end of this activity, participants should be able to:</p> <ul style="list-style-type: none">• Articulate their own comfort levels discussing or advocating for safe abortion services;• Discuss the different comfort levels on abortion held by participants and the life experiences that inform them;• Discuss how these varying comfort levels relate to societal norms on abortion
Time	40 minutes
Materials	<ul style="list-style-type: none">• Three paper signs labeled “A Lot,” “A Little” and “Not At All”• Tape• Comfort Continuum statements
Steps	<ol style="list-style-type: none">1. Tape the three signs on the floor or the wall in an open area of the room where there is enough room for participants to move around. Place the signs in order in a row to indicate a continuum: “A Lot” “A Little” “Not At All”2. One at a time, read aloud the statements and ask participants to physically move to the point along the continuum that best represents their feelings. Encourage participants to be honest about their feelings and to resist being influenced by where other participants are placing themselves.3. After participants have arranged themselves, ask volunteers at different points along the continuum to explain why they are standing there.4. If, based on someone’s explanation, participants want to move to another point on the continuum, encourage them to do so.5. Once you have finished reading the statements, ask participants to return to their seats. Ask two participants to share their feelings about the activity, soliciting a different response from the second person.6. Refer to the reasons participants gave about their place on the continuum as you facilitate a brief discussion about the different responses and levels of comfort in the room. Some discussion questions could include:<ul style="list-style-type: none">• What observations do you have about your own responses to the statements? Other people’s responses?

* Adapted from IPAS

- Were there times when you felt tempted to move with the majority of the group? Did you move or not? How did that feel?
 - What about your responses to the statements surprised you? How about other people's responses?
 - What did you learn about your own and others' comfort levels on abortion?
 - What observations do you have about the group's overall level of comfort with abortion (not individual people's responses)?
7. Ask participants to reflect on the life experiences that influenced their levels of comfort or discomfort. Invite them to imagine how a different set of life circumstances might have led to a different level of comfort with abortion. Ask a few people to share their thoughts on this.
 8. Discuss how these different levels of comfort with abortion impact societal norms on abortion, women's feelings about themselves when they have an abortion and providers' feelings about performing abortion services.
 9. If questions arise during the discussion, for example on abortion laws and policies in that country, be prepared to provide correct information once participants have finished the discussion.
 10. Ask one or two participants to share what they learned from this activity.
 11. Solicit and discuss any outstanding questions, comments or concerns with the participants.

Comfort Continuum Statements

- How comfortable are you with safe and legal induced abortion services being provided in your country?
- How comfortable are you discussing abortion with family members?
- How comfortable are you discussing abortion with work colleagues?
- How knowledgeable are you about your country's laws and policies on abortion services?
- How comfortable are you advocating for women's access to first-trimester abortion?
- How comfortable are you advocating for women's access to second-trimester abortion?
- How comfortable are you talking to your partner about birth control options?
- How comfortable are you supporting your partner in taking regular birth control?
- How comfortable are you publicly supporting women who have abortions and the healthcare providers who provide them?
- How much disapproval would you expect to feel from your family and

friends if you advocated for safe abortion services?

- How comfortable are you with the idea of every woman having the right to access safe abortion services in your country?
- How comfortable are you advocating for abortion care for every woman who desires it, regardless of her reasons?

Key Points

This activity is designed to help participants reflect on their level of comfort discussing, advocating for and/or providing abortion services. Participants are encouraged to reflect on their life experiences that influenced these comfort levels and how they relate to societal norms on abortion.

Activity 2.4: Reasons Why*

Objectives	<p>By the end of this activity, participants should be able to:</p> <ul style="list-style-type: none">• Identify diverse reasons for women's pregnancies, unintended pregnancies, abortion and the continuation of unintended pregnancies;• Name the reasons why women may make decisions about their unintended pregnancies that they really don't want to make;• Discuss the reasons why governments regulate pregnancy and abortion more than many other medical conditions and procedures;• Differentiate their comfort levels with regard to the different reasons;• Discuss how individuals' subjective level of comfort affects different women's access to safe abortion care.
Time	40 minutes
Materials	<ul style="list-style-type: none">• Reasons Why question strips (see Facilitator's Notes)• Scissors• Flipchart paper• Paper• Markers/koki pens
Steps	<ol style="list-style-type: none">1. Divide participants into groups of three to five people each. Give each group a piece of flipchart paper, markers and one or more Reasons Why questions. Ask each group to designate a recorder and a spokesperson.2. Ask each group to brainstorm all of the possible responses to the question they have been given. Encourage them to think as deeply and broadly as possible about the range of diverse women and their life circumstances. Ask the recorder to write the group's question and responses on the flipchart paper.3. When they are finished, ask the spokesperson from each group to put the flipchart paper up on the wall and present their responses to the large group. Ask other group members not to comment until all of the groups have presented.4. Once all of the groups have presented, solicit additional responses to all of the questions. <p>Ensure that all of the possible responses to every question have been identified. You may need to suggest additional responses that were not listed by the group.</p>

* Adapted by IPAS

5. Ask participants to silently review the reasons given for each question and to assess their comfort level with each. Encourage them to examine why they feel more or less comfortable with different reasons.
6. Facilitate a discussion using some of the following questions:
 - What reasons for having sex are you uncomfortable with?
 - What reasons for unintended pregnancy are you uncomfortable with?
 - What reasons for abortion make you uncomfortable, and what is the source of your discomfort?
 - How do your core values influence your discomfort with certain reasons for having sex, unintended pregnancy and abortion?
 - How does this discomfort affect societal stigma against women who have abortion and providers who perform abortions?
 - How do you feel about women making a decision about their unintended pregnancy that they really don't want to make?
 - What are the reasons that governments often regulate women's pregnancies and abortion to a greater extent than other medical conditions and procedures? How much of this has to do with the fact that only women become pregnant and the majority of legislators are usually men?
7. Close the activity by discussing the following points:
 - How individuals' discomfort with some women's reasons (for having sex, unintended pregnancy, abortion) results in the implementation of reproductive health policies, laws and service-delivery systems that deny certain women access to safe, high-quality abortion services. This can lead to some women having to risk their health and lives to procure an (often unsafe) abortion. In other words, it creates health disparities and often tragic outcomes for some women but not others.
 - Ensure participants grasp that this disparity in access to safe abortion services is based on individual, subjective beliefs about what are "acceptable" versus "unacceptable" reasons for pregnancy and abortion.
8. Solicit and discuss any outstanding questions, comments or concerns with the participants.

Facilitator's Notes

Reasons Why Questions

Instructions: Cut the following questions into individual strips of paper and hand them out to groups

- What are all of the reasons why women have sex?
- What are all of the reasons why women become pregnant?
- What are all of the reasons why women have an unintended pregnancy?
- What are all of the reasons why women terminate a pregnancy?
- What are all of the reasons why women continue an unintended pregnancy?
- What are all of the reasons why women may make decisions about their unintended pregnancy that they really don't want to make?
- What are all the reasons why governments regulate women's sexual activity, pregnancies and abortion?

Key Points

In this activity, participants explore the full range of underlying reasons for women's unintended pregnancies, pregnancy termination or continuation and governments' regulation of pregnancy and abortion. Participants are encouraged to identify how their and others' level of comfort with women's reasons affects reproductive health policies and services and societal stigma.

Activity 2.5: Communication and Listening in a Relationship

Objectives	By the end of this activity, participants should be able to: <ul style="list-style-type: none">To help couples realize the importance of good communication and good listening skills in all life situations.
Time	30 minutes
Materials	None
Steps	<ol style="list-style-type: none">Describe to participants how they will need to do a lot of listening to one another in a relationship. In this exercise we are going to look at the skills required for good communication and good listening skills.Explain that the participants will be asked to divide into pairs, finding someone to work with - one of them should start with describing to the other partner an event in their life or something that happened to them in the past week or something they love doing e.g. cooking or singing. The listener should say nothing, but should just concentrate hard on what is being said. After a couple of minutes, you will ask the listener to stop listening. At this stage, the speaker should continue describing their experience, but the listener should stop listening altogether. The person could yawn, look elsewhere, turn around, whistle, do whatever they like; the important thing is that they should no longer listen, although the speaker should continue to tell their story.After a couple of minutes, you call "STOP". At this stage, the speaker and the listener should change roles. The two stages of the exercise should be repeated, with former listener becoming the speaker and the former speaker becoming the listener.Once you are sure that everyone has understood the instructions ask everyone to break into pairs. Then call "START", and time each exercise for two minutes. Thus the whole exercise should take eight minutes.Finally, call the group together and ask them to share examples of when bad communication has occurred in their lives.Ask participants how they felt as speakers; encourage them to compare telling their story to a willing listener and telling it to a bad listener. Then ask participants to describe and compare how they felt as good and bad listeners.Ask participants to describe some attributes of good listening and good communication which they experienced; and then some of the

attributes of bad listening. Ask participants in what other ways we communicate with one another, apart from through language. Ask the participants how listening and communication skills play a role in talking with your partner about birth control and pregnancy. When someone mentions body language, explain that by being aware of our body language, we can often change it, in order to communicate a different mood to others around us.

Facilitator's Notes

This activity may have an effect on people's emotions. Make it clear to participants that this is a learning exercise and that they will each receive 2 minutes in which to share their story. Remind them of respect and to be sensitive to the feelings and stories that are shared, and to keep information that is shared in the couples confidential.

Key Points

Show someone that you are there by nodding, body language, ask questions, rephrase and also by summarising what you have just been told.

Activity 2.6: Feeling the Shoe Pinch: Relating to Difficult Decisions

Objectives	<p>By the end of this activity, participants should be able to:</p> <ul style="list-style-type: none"> • To find out about existing beliefs and attitudes in the area • To remove stigma surrounding the issue • To educate community on the proper and safest way to do TOP
Time	45 minutes
Materials	<ul style="list-style-type: none"> • List of questions (see Facilitator's Notes); enough copies to give each group one • Markers • Flipchart paper
Steps	<ol style="list-style-type: none"> 1. Have participants to think of difficult decision they had to make / significant problem they had faced; have them reflect on this separately for 5min. 2. Divide them into groups and have them discuss their stories with each other 3. Give the group the List of Questions and have them reflect as a group on common themes or feelings. 4. Bring the group together and have each group to present
Facilitator's Notes	<p>List of questions (give a copy to each group)</p> <ul style="list-style-type: none"> • How would you feel if other people insisted on solving your problem for you, without allowing you to have any input? • Would you want the necessary and safest resources to deal with the problem? How would you feel if you knew they were available but you were not able to access them? • How would you feel being forced to be quiet about the decision? • How would you feel if other people in your community didn't agree with your decision and stigmatized you for it? • How would you feel if you have to resort to an illegal method to solve the problem?
Key Points	<p>What similarities can you see between the decision you had to make and how women feel when facing the decision to unwanted pregnancy and relate that to abortion.</p>

Section 3

“Under the Influence”

Alcohol and Contributing Factors to
Men’s Poor Health



This section 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 social time together. However, it also asks participants to reflect on the ways in which gender socialisation and ideas about masculinity often put men at risk of unhealthy drinking and drug use.

This section explores:

- What constitutes problem drinking;
- The relationship between gender socialisation, 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 section we aim to:

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

Fostering Action

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

At the environmental level taking action to:

- Educate 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

At the broader structural level taking action to;

- Think about local and national policies that might be effective in reducing alcohol consumption and engage in advocacy to get these passed.
- Think about how they might reduce alcohol outlet density in their areas.
- Raise awareness on laws pertaining to alcohol use
- Ensure that laws these are enforced

Men, alcohol and risk

Globally, men are likely to drink more heavily than women and more likely to be habitual heavy drinkers.² Men are more violent after drinking, and have more acute and chronic problems related to alcohol. Men's drinking impacts on 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' behaviour.³

The draft WHO information package on men, gender equality and health reports that

*"Harmful alcohol use creates many harmful impacts at the social and not just the individual level. Such impacts include traffic accidents, workplace-related problems, family and domestic problems, and deepening poverty. Heavy drinking at the workplace may potentially lower productivity, through sickness absence and impaired work performance. With regard to safety, up to 25% of workplace accidents and around 60% of fatal accidents at work may be associated with the use of alcohol."*⁴

Alcohol use both reflects and reinforces contemporary gender socialisation. Typically men are socialised to suppress emotions and are often taught to drink alcohol as a way to manage difficult feelings.⁵ Used in this way, alcohol consumption is a risk factor for

² WHO. World Health Report 2002. Geneva: World Health Organization, 2002.

³ Room R, Jernigan D, Carlini-Marlatt B, Gureje O, Mäkelä K, Marshall M, Medina-Mora ME, Monteiro M, Parry C, Partanen J, Riley L, Saxena S (2002). Alcohol in developing societies: a public health approach. Helsinki: Finnish Foundation for Alcohol Studies.

⁴ Hughes K, Bellis MA. Alcohol: Some sobering statistics from the NWPHO. North West Public Health Observatory (NWPHO), 2000.

⁵ Barker, G. (2000), " Qué ocurre con los muchachos?" Departamento de Salud y Desarrollo del niño y del adolescente, OMS, Ginebra, Suiza cited in Instituto Promundo's and Project H Alliance's manual entitled "Reasons and Emotions" developed for work with men in Brazil

gender-based violence and for the loss of sexual inhibition that contributes to the spread of HIV/AIDS.⁶ In South Africa, the Medical Research Council's National Trauma Research Programme reported that 67% of domestic violence in the Cape Metropolitan area was alcohol related. In another study of women abused by their spouses, 69% identified alcohol/drug abuse as the main cause of conflict leading to the abuse.⁷ Studies in South Africa have showed 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 taverns⁸. 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**.

⁶ Shisana O, Simbayi L. Nelson Mandela/HSRC study of HIV/AIDS: South African national HIV prevalence, behavioral risks, and mass media household survey 2002. Cape Town: Human Sciences Research Council, 2002.

⁷ WHO. Global Alcohol Consumption.

http://www.who.int/substance_abuse/publications/en/GlobalAlcoholafro.pdf. Accessed on November 2nd, 2007.

⁸ CADRE. Concurrent Sexual Partnerships Amongst Young Adults in South Africa: Challenges for HIV prevention communication. Johannesburg: CADRE, 2007.

Activity 3.1: “To Drink Alcohol is to Be a Man”: Values around Gender and Alcohol Use

Objectives	By the end of this activity, participants should be able to: <ul style="list-style-type: none">• For participants to explore their attitudes around gender and alcohol use.
Time	30 minutes
Materials	<ul style="list-style-type: none">• Four signs (“Strongly Agree”, “Strongly Disagree”, “Agree”, and “Disagree”)• Statements (found in the Facilitator’s Notes)• Tape• Markers/koki pens
Steps	<ol style="list-style-type: none">1. Before the activity begins, put up the four signs around the room, leaving enough space between them to allow a group of participants to stand near each one. Look at the statements provided in the Facilitator’s notes and choose 5 or 6 that you think will lead to the most discussion. Alternatively, come up with some of your own ideas for statements that you think will generate discussion.2. Explain to the participants that this activity is designed to give them a general understanding of their own and each other’s values and attitudes about gender and alcohol. Remind the participants that everyone has the right to his or her own opinion.3. Read aloud the first statement you have chosen. Ask participants to stand near the sign that says what they think about the statement. After the participants have moved to their sign, ask for one or two participants beside each sign to explain why they are standing there and why they feel this way about the statement.4. After a few participants have talked about their attitudes toward the statement, ask if anyone wants to change their mind and move to another sign. Then bring everyone back together and

read the next statement and repeat steps 3 and 4. Continue for each of the statements that you chose.

5. After discussing all of the statements, lead a discussion about values and attitudes about gender and alcohol by asking these questions:
 - Which statements, if any, did you have strong opinions about?
 - Which statements did you not very have strong opinions about? Why do you think this is so?
 - How did it feel to talk about an opinion that was different from that of some of the other participants?
 - How did men and women respond differently to the statements?

Facilitator's Notes

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.

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.

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.

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

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?

Activity 3.2: Alcohol abuse: risks, violence, unwanted pregnancy, HIV and AIDS

Objectives	<p>By the end of this activity, participants should be able to:</p> <ul style="list-style-type: none"> To recognise the links between alcohol, risk behaviour, unwanted pregnancy, HIV and AIDS. To explore ways to support family, friends and communities affected by alcohol abuse.
Time	60 minutes
Materials	<ul style="list-style-type: none"> Flip chart paper Marker/Koki pen Cards with prepared case studies and questions (see following pages) Pens
Steps	<ol style="list-style-type: none"> 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: <ul style="list-style-type: none"> good time friends fighting beer socialising abuse hangover weekends fun depression relaxation 2. Lead a discussion with the group about the words/phrases that have come up, by exploring the different ways the group feel about alcohol, including the positive aspects and negative aspects, such as: <ul style="list-style-type: none"> 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 following page). Ask them to discuss the situation and answer the questions.

4. Reconvene the group after 20 minutes and ask each group to briefly summarise their case study situation and the responses to their questions.
5. After each group has presented, draw the following chart on a piece of flip chart paper and stick it up on the wall. Ask participants to think about the responses the groups have given and summarise:
 - The health risks associated with alcohol use;
 - How to support a friend who is in a harmful alcohol-related situation;
 - Community-level strategies which I can get involved in

See Handout: Alcohol abuse: risks, violence, unwanted pregnancy, HIV and AIDS.

Key Points

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

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

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

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.

Handouts

Use or adapt the following case studies:

Case study 1:

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

Questions

- *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?*

Case study 2:

Zola has had a one-night stand with Felicity after a meeting at a party. Heavy drinking was involved on both sides. Zola does not believe that a one-night stand can make a woman pregnant; he says it was not him that made Felicity pregnant. Felicity is not ready to have a child...

Questions

- *How might Zola and Felicity's drinking affect their decisions?*
- *Can a woman get pregnant from a one-night stand? Where do you think this belief comes from?*
- *How do you think Felicity is feeling after Zola told her he did not believe this pregnancy was his responsibility?*
- *What kind of responsibility do you think Zola should be expected to take on if Felicity decides to terminate her pregnancy? Does Zola have the right to make that decision for her? Why or why not?*
- *In what ways can we decrease unwanted pregnancies, HIV and AIDS?*
- *What better choices might Zola and Felicity have made had there been no drinking involved?*

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 to him that her partner has been hitting her.

Questions:

- *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?*
- *If Maria became pregnant, how might her current living situation influence her decision to keep the child or terminate pregnancy? What obstacles might she face in whatever decision she makes?*

Case study 4:

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

Questions:

- *What are the risks of Penny drinking heavily when she is pregnant? To her and to her unborn baby?*
- *If you were Penny's friend, what advice might you give to her?*
- *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?*

Early signs....are you an alcoholic?

- Do you think about, talk about or plan when the next occasion to drink will be?
- Do you tolerate a greater amount than the average?
- Do you drink rapidly?
- Do you drink to obtain some effect, as a tranquilizer or to have courage to do something?
- Do you forget some detail or event of what happened while drinking?
- Do you protect, store or ensure the supply of alcohol?
- Do you drink more than planned or without having planned?

An additional highly sensitive question is:

Do you 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.

Alcohol abuse: risks, violence, HIV and AIDS

Alcohol-related health risks...

How to support a friend ...

Taking action at the community level...

Section 4

Gender, Power & Health



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

- The relationship between power, privilege and access to rights.
- The power dynamics surrounding sexual reproductive health and family planning.

Key objectives

Through the activities in this section we aim to:

- Assist participants to understand the role they can play in addressing the power inequalities affecting reproductive health and termination of pregnancy.
- Help participants understand their own relative power or powerlessness and examine the way they make decisions that can prevent unwanted pregnancy or backstreet abortion.

Gender, Power and Health

Understanding power and privilege

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

Power can also come from a person's sex and/or sexual identity. While we know that sex isn't the only piece of a person's identity that confers or removes power, gender ideologies that uphold men are a universal source of men's power. Some individual women may feel powerful in their own lives, but as a group, women lack economic, political and social power in southern Africa and everywhere in the world. Having economic power means having access to and control over economic resources, such as money, credit and land. Political power is the ability to make decisions, or influence the decisions made, about public policy. Having social power means having an

influence over community and cultural life, including, most importantly, decisions over your own body. When we look at the facts, it is clear that men have more of these types of power than women, especially the power to dominate women through sexual violence.

The imbalance of power between women and men affects all aspects of men and women's social roles and sexual lives. This includes decisions around sex, contraception and reproductive health. A woman who is in sexual relationships where the man dominates may be unable to negotiate condom use or other forms of contraception. Having more children than she wants, can further disempower a woman by affecting her ability to gain economic independence or further her education.

Gendered power dynamics will also impact on a woman's ability to safely terminate an unplanned pregnancy. This may result in the woman seeing the pregnancy to term, or even in a backstreet abortion which puts the women's health at risk.

Activity 4.1: Impacts of Unwanted Pregnancy

Objectives	<p>By the end of this activity, participants should be able to:</p> <ul style="list-style-type: none">• Understand better the personal impacts of unwanted pregnancy• Be able to identify roles that men can play in reducing the negative impacts of unwanted pregnancy
Time	75 minutes
Materials	<ul style="list-style-type: none">• Flipchart paper• Markers/Koki Pen
Steps	<ol style="list-style-type: none">1. Divide the participants into pairs, and have them sit next to each other. Ask each person to speak for 2 minutes in answering the following questions; after 2 minutes, ask the second person in the pair to speak: If your partner became pregnant and you both were not ready, 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:<ul style="list-style-type: none">• What would be the most difficult aspect if your partner tells you that she is pregnant and wants to terminate the pregnancy? Why?• What changes would you want to make in your romantic and intimate relationships to avoid another unwanted pregnancy?3. Bring the groups back together and lead a general discussion using the following questions:<ul style="list-style-type: none">• How did you feel answering these questions?• How do you feel your community treats women who have had an abortion?4. Explain that you want to look more closely at the differences between the impacts unwanted pregnancy has on men versus women. Divide the participants into two groups, and give them each a large sheet of paper and a pen to write their key points. Ask the first group to discuss what it is like as a woman who is dealing with an unwanted pregnancy, and what effects this might

have on her. Ask the second group to discuss what it is like as a man whose partner is pregnant with an unwanted pregnancy, and what effects this might have on him and his life.

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 men and women when it comes to dealing with an unwanted pregnancy?
- What are some ways that men can play a larger supporting role to reduce the impact of unwanted pregnancy on women and themselves?

Facilitator's Notes

This activity can be very personal and emotional, and also get quite heated. There may be participants in the group who have had to deal with a partner termination a pregnancy, either with his support of without. Remind the group that it is okay 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.

Key Points

Women are more heavily affected by unwanted pregnancy than men. It is, after all, their body that is going through the physical changes, but she will also feel severe emotional and psychological stress from making such a difficult decision, and as a result of stigma associated with terminating a pregnancy. It will also be on her shoulders to care for the child, should she decide to keep it. Many men stick by their partner's side and help to raise and support the child; far too many men do not.

Gender roles affect the way that men deal with unwanted pregnancy. A man might feel it is a threat to his masculinity if a woman decides to terminate a pregnancy that would be his child, and this might make him feel disrespected or invalidated. This perspective can limit the amount of support a man provides for a woman in such a circumstance, and disrupt his ability to negotiate the situation in a way that takes into account the woman's health and well-being.

Men can play a greater role in reducing the negative impacts of unwanted pregnancy. We need to work with men to help and challenge them to get more involved in supporting their partners in dealing with unwanted pregnancy.

Activity 4.2: Sexual Rights and Responsibilities

Objectives	<p>By the end of this activity, participants should be able to:</p> <ul style="list-style-type: none">• To become aware of and to articulate sexual rights• To view sexual rights and responsibilities as part of a larger concept of individual autonomy
Time	60 minutes
Materials	<ul style="list-style-type: none">• Flipchart paper• Markers/Khoki pens• Tape• Case studies• Write the following terms on two flipchart papers: “My Sexual Rights” & “My Sexual Responsibility”
Steps	<ol style="list-style-type: none">1. Ask Participants:<ul style="list-style-type: none">• What are some examples of basic right that have we have as individuals? E.g Right to free speech• What are some examples of basic responsibilities we have as individuals? E.g Responsibility to obey laws. Responsibility to provide for your family2. Ask if we all agree on the following statements:<ul style="list-style-type: none">• We all have the right not to be controlled by others. If not, why?• We all have the right to be treated fairly and equally. If not, why?• Individuals have many rights, but with these rights come responsibilities• If everyone had the right to do whatever he or she wished we would live in a world of chaos. If not, why?• We have the right not to be controlled, but we also have the responsibility not to control others• Apartheid denied many South Africans the basic human right to be treated fairly and equally, and it is our responsibility to

honour this right for everyone

3. Divide the participants into two groups. Each group will get a flipchart paper and discuss according to the following:

- Group A will get “My sexual Rights”
- Group B will get “My Sexual Responsibility”
- Make sure the following sexual rights are included:
 - i) The right to sexual enjoyment
 - ii) The right to protect yourself from the risk of disease
 - iii) The right to avoid unintended pregnancy
 - iv) The right to not to have sex if you do not want to
 - v) The right to obtain information on sexual health
- Make sure that the following sexual responsibilities are included:
 - i) Respect a person’s right to say NO
 - ii) Take care of any children you have
 - iii) Use a condom
 - iv) Find information on sexual health

4. After 15 minutes ask groups to present back to larger group

5. Participants should go back to their groups. Give both groups a Case Study and they must read the Case Study and discuss questions that follow.

Each group must have person to lead the discussion, take notes and present back to the larger group. Small group work (15 minutes) and 5 minutes for reporting back.

Conclude the exercise by pointing out that the Case Studies enable the participants to identify some sexual rights that were violated. Ask the participants to try to come up with other scenarios in which person sexual rights are violated. E.g. How can a person’s right to get information on sexual health be violated.

**Facilitator’s
Notes**

Remind the participants that as much as they have all these rights they need to respect other people’s rights too.

The male participants should know that it is their responsibility to ensure that their partners are also enjoying sex, and to support their partners to access SRHR, whether its contraceptives or TOP.

Activity 4.3: Why Did She Die?*

Objectives	<p>By the end of this activity, participants should be able to:</p> <ul style="list-style-type: none">• Discuss the socio-cultural context surrounding unwanted pregnancy and TOP;• Explain the tragic outcomes that can result from restricting access to safe, legal TOP services;• Articulate their personal or professional responsibility to prevent deaths, such as those described.
Time	45 minutes
Materials	<ul style="list-style-type: none">• Copies of the story Why Did She Die? (see pages following)• Flipchart paper• Markers/Koki pens (optional)• - Ball of string (optional)
Steps	<ol style="list-style-type: none">1. Distribute a copy of the story Why Did She Die? To all participants.2. Ask participants to read the story silently, or ask one participant to read it out loud for everyone.3. Present or ask participants to summarize (if you have already covered it previously) some basic information on global, national and local statistics on TOP-related morbidity and mortality and how it relates to restrictions on access to TOP.4. Facilitate a discussion in response to the question, “Why did she die?” You can opt to record responses on the flipchart. Suggestions for discussion questions include:<ul style="list-style-type: none">• Who do you think is responsible for her death? Why? (If participants respond that the young woman is responsible for her death, challenge them to think about the people and health system that failed her and could have prevented her death if they had educated her properly and responded to her needs. Probe further on whether young people can be blamed for their ignorance and whose responsibility it is to ensure that they are educated.)• What could have been done to prevent her death? Who could have helped prevent her death?• What choices did she have?• What could have made this situation better for her?

* Adapted from IPAS

- What information or resources may have helped her avoid this situation?
 - Why do you think she committed suicide?
 - In addition to the young woman, who else was directly affected by her death?
 - How does this story make you feel?
 - What real stories or situations does this story make you think of (without revealing any identifying information)?
 - What does this story tell us about our responsibility to safeguard women's health and lives?
 - What could you do, personally or professionally, to prevent deaths such as this one from occurring?
5. Provide participants with a copy of the Values Clarification for Abortion Attitude Transformation theoretical framework. Ask participants to divide into pairs.
 6. Facilitate an additional dialogue to extend the discussion of this story and deepen participants' understanding of the values clarification and behavior change process.
 7. Some questions could include:
 - What new information did you learn about unwanted pregnancy, abortion and maternal mortality from this story?
 - How did this story deepen your understanding of the context surrounding a woman's unwanted pregnancy, abortion and maternal mortality?
 - How has this story increased your empathy for women in Mia's situation or other equally desperate situations?
 - What are your current values on abortion in relation to this and similar stories?
 - What are other possible values on abortion in relation to this story? What would be the consequences of acting on these other values?
 - How open do you feel to experiencing different values on abortion in relation to this and similar stories? What would you need to become or remain open to change?
 - Having weighed all of the possibilities, what values do you choose for yourself at this time in relation to this story?
 - What would help you affirm these values?
 - What actions have you taken in the past that are not consistent with your values? What actions could you take from now on that

would be consistent with your values?

- How has this story contributed to a change in your attitude about abortion and the women who seek one?
 - What can you commit to doing in relation to abortion situations like this one?
8. Recall the global, national and local statistics on abortion-related morbidity and mortality that you presented earlier in the activity. Discuss how restricting access to safe abortion services does not decrease the number of abortions, only the number of women who are injured or die from them. Ask participants to articulate their personal responsibility to prevent deaths such as this one.

Key Points This activity features a case study that highlights the socio-cultural context around a woman's unwanted pregnancy and abortion decision. Participants are confronted with the tragic consequences that can result when access to safe, legal abortion services is restricted and are asked to articulate their personal or professional responsibility to prevent deaths such as this one. The activity also deepens participants' understanding of the values clarification and behavioural - change process.

Activity 4.4: The Last Abortion*

Objectives By the end of this activity, participants should be able to:

- Articulate biases they hold against certain women and their life circumstances with regard to abortion access;
- Describe the difficulty and dangers of deciding who should and shouldn't receive an abortion;
- Discuss the challenges posed by restrictive abortion laws and policies.

Time 40 minutes

* Adapted from IPAS

Materials	The Last Abortion — Scenarios handout for each participant (see following pages)
Steps	<ol style="list-style-type: none"> 1. Explain to participants that in some countries there are legal, policy, financial and other restrictions on abortion services that impede some women's access to safe, legal abortion services or abortion-method options and that affect the quality of care given to women who seek these services. 2. Divide participants into small groups of four to six people each. 3. Tell participants that according to this (fictitious) country's policy, there can be only one safer, legal abortion performed. (Acknowledge that this is a contrived scenario for the purposes of this activity.) Explain that you will give them a handout that describes six women who have expressed their desire to terminate their pregnancy and have applied to be granted this last abortion. The small groups represent the policymakers who will decide which woman should receive the last abortion. 4. Give each participant a copy of the The Last Abortion — Scenarios handout and ask them to spend five minutes silently reading the scenarios. 5. Tell participants they have 15 minutes to discuss the scenarios in their small groups, decide to which woman they will grant the last abortion and appoint a spokesperson to briefly present their decision and rationale to the large group. 6. Rotate from group to group to ensure that participants understand the instructions and are able to finish the task on time. 7. Explain that each small group will have up to two minutes to present their decision and rationale. Ask others not to comment yet on individual presentations. 8. Once all small groups have presented, ask each participant to silently reflect on biases they may hold against certain women seeking an abortion and their life circumstances and how these biases may have affected their decision about whom they did or did not grant an abortion. 9. Ask participants to return to the large group. Facilitate a discussion about the women selected and those not selected and rationales given. Try to maintain neutrality while discussing participants' rationales. 10. Ask participants how this activity relates to how abortion services are often rendered in a given setting or country. You

may want to ensure that some of the following points are covered:

- Restrictive abortion policies, and even individual providers, often determine which women are more entitled to an abortion than others based on their biases about women's reasons and circumstances. The decision to grant some women an abortion and not others carries lifelong consequences for those women, their families and communities.
 - Each of the women in these scenarios expressed a desire to terminate her pregnancy, and it is likely that each woman thought through her reasons carefully to arrive at this decision.
 - Sometimes counselors or providers may try to convince certain women to continue their pregnancy because of their personal beliefs that these women should not terminate their pregnancy. This can cause these women to feel pressured to make a decision that may result in undesirable consequences for their lives. In some cases, it may cost women their health and even their lives.
 - It is important that we as providers or professionals examine our personal biases and see how they can affect women's decisions and actions.
11. Close the activity by explaining that there are no correct answers and that it is impossible to objectively decide which woman deserves access to abortion services over another. Question what person has the right to make such a judgment for another human being. Point out that the stakes are extremely high when providers or policymakers restrict access to abortion for certain women; this can result in women risking their health and lives with illegal, unsafe abortions, having to go through added expense and difficulty to obtain a safe abortion from another provider or continuing an unwanted pregnancy and potentially abandoning, abusing or neglecting the child.
12. Conclude with the statement that there can never be one last abortion; each and every woman has the right to access safe and stigma-free abortion.

Key Points

The different scenarios in this activity highlight the complex circumstances surrounding a woman's decision to seek an abortion. Participants are encouraged to examine and challenge their biases against certain pregnant women or certain circumstances, as well as their beliefs about abortion policies that restrict access to abortion. This activity illustrates the difficulty and dangers of valuing one

woman's reasons for abortion over another woman's reasons.

Handouts

How did she die? Story Version 1

Instructions: Please read the following story, and then be prepared to answer some discussion questions about it.

Thandi was the eldest daughter in her family. She was intelligent and hardworking. Even though Thandi worked hard at home helping her mother, school was her top priority. She always came first in her class, and she was the pride and joy of her family and community.

Thandi won a scholarship to go to university. It was her first time in a big city, and she found it difficult to make new friends. But slowly that changed, and she settled into her new environment. Thandi continued to study diligently and made sure she was always at the top of her class. Her professors were very proud of her and took special interest in her. They encouraged her to pursue her professional dreams.

After graduation, Thandi joined a professional firm and sent money home to pay school fees for her younger brothers and sisters. She became the breadwinner for her extended family. She met and fell in love with a colleague at work, Richard.

At first Richard was gentle and loving, but gradually that began to change. He became distant and unkind to Thandi. Thandi soon discovered that Richard had another girlfriend. When she discovered this, she told Richard that their relationship was over. Richard became very angry and forced her to have sex. He knew that she wasn't using contraception. As he pushed her out the door, he declared, "I know that when you become pregnant, you will return to me."

Three months later, after feeling sick for quite a while, Thandi went to a free clinic. When she returned for the results, she was shocked to discover that she was, in fact, pregnant. Thandi had always had an irregular menstrual cycle and had never been taught the symptoms of pregnancy. She determined that there was no way she would go back to Richard. When she inquired at the clinic about terminating the pregnancy, the staff looked at her with disgust and refused to answer her questions.

Thandi went to another clinic to ask about terminating the pregnancy, but they turned her away, also. Thandi felt afraid and was too ashamed to tell anyone in her family about the rape and pregnancy. She felt that no one would help her, and she became desperate. She tried drinking a toxic potion of household chemicals that she had heard from her friends would terminate a pregnancy. She tried inserting

sticks into her cervix. She became terribly sick and developed a painful infection but was still pregnant.

Eventually, after trying all of these things, Thandi took her own life.

Why did Thandi die?

How did she die? Story Version 2

Instructions: Please read the following story, and then be prepared to answer some discussion questions about it.

Mia was the eldest daughter in her family. She was intelligent and hardworking. Even though Mia worked hard at home helping her parents around the house, school was always her top priority. She always came first in her class, and she was the pride and joy of her family and community.

Mia won a scholarship to go to university. It was her first time in a big city, and she found it difficult to make new friends. But slowly that changed, and she settled into her new environment. Mia continued to study diligently and made sure she was always at the top of her class. Her professors were very proud of her and took special interest in her. They encouraged her to pursue her professional dreams.

As graduation approached, Mia applied for many jobs and was excited about finally being able to make a real salary that would enable her to support herself. She tried to study for her final exams, but she had been feeling sick for quite a while, so she went to see a nurse at the university student health clinic. They performed a couple of routine tests, and when she returned for the results, she was shocked to discover that she was pregnant. Mia and her steady boyfriend had been using birth control. Mia had always had an irregular menstrual cycle and had never been taught the symptoms of pregnancy.

When she inquired at the clinic about terminating the pregnancy, the staff told her that "she may be too far along." Mia was 14-weeks pregnant. The staff didn't feel comfortable referring her for a second-trimester abortion, even though it was permitted by law.

Mia went to another clinic to ask about terminating the pregnancy, but they gave her the same misinformation. Mia felt afraid and was too ashamed to tell anyone in her family about the pregnancy. She also worried that no one would offer her a job when it became obvious that she was pregnant. She told one of her close friends, but Mia became desperate as she realized that no one could help her.

She went to her room after class one evening and became so overwhelmed with anxiety that she took an entire bottle of over-the-counter medicine and drank a bottle

of alcohol.

Later that evening, a friend discovered her lying unconscious on the floor in her room and called an ambulance. By the time Mia arrived at the hospital, it was too late.

Why did Mia die?

The Last Abortion – Scenarios

Instructions: Each of the following women have asked for an abortion. You must choose which woman will be able to receive the last safe, legal abortion. You can only choose one candidate.

As a group, discuss each of these scenarios and your rationale for choosing the one candidate.

1. A 45-year-old woman is 18-weeks pregnant. She had stopped having regular menstrual cycles and did not believe she could become pregnant. Her 12-year-old son has numerous physical and developmental disabilities and requires constant attention. She does not feel able to manage another special-needs child.
2. A 21-year-old woman in her third year at university just found out that she is 14-weeks pregnant. Because her menstrual cycle was irregular, she did not realize she was pregnant. This is her first pregnancy. Her contraceptive method failed, even though she is quite certain she used it properly. She is the first person from her poor, rural village ever to attend university. She is experiencing acute anxiety at the thought of continuing this pregnancy.
3. A 22-year old woman has just found out she is 11 weeks pregnant. Her mother died in a tragic car accident just months prior, and she doesn't feel she is in a healthy and stable mental state to undergo pregnancy and have a child. Her and her partner had been using condoms, but on this occasion the condom had broken. Her partner is supportive of whatever she chooses.
4. A 25-year old woman is 8-weeks pregnant. She has two children under the age of four, and she lives with a man who regularly physically abuses her. He opposes the abortion, but she does not want to bring another child into an abusive household, especially if it will only make her more dependent on him for financial support. Her depression has worsened considerably since she found out she was pregnant.
5. A 28-year-old woman is 12-weeks pregnant. She is unemployed, an alcoholic and does not use birth control regularly. She does not know who the father of this baby is. Two of her children were born with fetal alcohol syndrome, and

all three of her children are being cared for by her mother in another part of the country.

6. A 17-year old woman is 14 weeks pregnant with her first child. She hadn't yet learned the signs of pregnancy and didn't realize she was pregnant until her sister asked her why she was sick all the time. She knows she wants to have children, but, having watched her sister and a few of her friends struggle through teenage pregnancy, is hesitant to take on the responsibility and life change that having a child entails.
7. A 23-year-old woman with two young children is 10-weeks pregnant. She and her younger child are HIV positive. Her husband died of AIDS-related illnesses two years ago and left her without any financial support. She is not able to afford anti-retroviral treatment, and she has been hospitalized for opportunistic infections several times in the past year.

Section 5

Taking Action for Change



In order to engage men and boys in issues of sexual reproductive health, we need to see how individuals, small groups, and social organisations play a role in shaping opinions and actions.

For activists working for gender justice, the “powers” to whom we may make a demand for change are everywhere – starting with ourselves! Yet we also need to think about the social structures that influence the behaviour of individuals, and the powers that help to keep gender inequality, gender-based violence, poor access to health, increased risk of infection, and poverty itself in place.

In selecting a focus for our activism, we can expect resistance, opposition and difficulty. Yet we can also expect that given enough demand for change, even the most entrenched institutions will yield. In our lifetimes, we have already seen deep changes in our societies, and we have every right to expect to continue to be able to create change.

This section addresses the following issues:

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

Key Objectives:

- This section focuses on how individuals can take action in their communities, particularly through door to door campaigns.

There are many other community activism approaches, for example, murals, community dialogues and presentations at schools and clinics. These tools can be used to take action around a range of issues related to promoting gender equality, including sexual and reproductive health. These tools are discussed in detail in the One Man Can toolkit available from the Sonke Gender Justice Network. The toolkit can also be downloaded at www.genderjustice.org.za/onemancan

Activity 5.1: Talking about Abortion: Prep for Door to Door Campaign

Objectives By the end of this activity, participants should be able to:

- Anticipate possible negative or disapproving comments and questions from people who do not support the provision of abortion care;
- Construct effective responses to these comments and questions;
- Articulate effective responses to difficult questions, derogatory comments and hostility from others regarding abortion and/or their role in advocating for or providing abortion services.

Time 30 - 45 minutes

Materials

- Flipchart paper
- Markers/Koki pens

Steps 1. Introduce the activity:

Occasionally, you may be confronted by people who do not support a woman's choice to have an abortion or are very resistant to the provision of abortion services in their community. You may be faced with questions, comments and attitudes that make you uncomfortable, or are disapproving, challenging and even hostile. These comments and reactions may come from strangers or people you know and for whom you care.

In the first part of this activity, in small groups, you will brainstorm a list of what some of these comments and questions could be, and then we will develop and share some effective responses that you could say to people to help correct misinformation or misunderstanding, and respectfully explain your position and views on abortion. Then we will role play in pairs to practice articulating these responses.

2. Divide participants into groups of four to six people.
3. Distribute flipchart paper and markers.
4. Instruct small groups to take 10 minutes to brainstorm as many questions and comments they can think of that someone who is disapproving or unsupportive of abortion services might say. Instruct them to keep the comments as realistic as possible, reflecting

comments or questions they have heard in the past, or what they anticipate hearing from people who are anti-choice or uncomfortable with abortion. The people making these comments might be family members, colleagues, community members, facility protestors or others. Ask them to write these comments and questions on the flipchart, leaving some space under each one.

For example, someone might say, "I think abortion is a terrible sin," or to an abortion provider, "How does it feel to kill babies for a living?"

5. When the groups have brainstormed an adequate list of questions and comments, have a spokesperson from each group share their list with the entire group.
6. Have each group exchange their list with another group.
7. Ask each small group to take 15 minutes to choose two of the most common and two of the most challenging comments or questions that they could be confronted with, and brainstorm effective, respectful responses. Groups should write their responses directly under each comment on the flipchart.

For example, in response to the comment, "I think abortion is a terrible sin," they may explain, "From my experience, the women who have chosen to end their pregnancies for a variety of valid reasons feel that it would be more of a sin to continue an unwanted pregnancy and bring an unwanted child into the world."

8. After the small groups have created their responses, ask a different spokesperson from each small group to share their responses with the entire group. Encourage participants to take notes for themselves on responses they find particularly helpful.
9. Instruct participants to divide into pairs and assign one to be Person A and the other to be Person B.
10. Person A will choose their most challenging comment or question from the brainstormed lists and describe someone in their life who they care about from whom they would dread hearing such a comment. Person B will role play that person, using the negative comment as the basis to talk negatively to Person A for one minute about abortion. Person A cannot respond during that minute, only listen.
11. After one minute, the partners discuss how it felt to be in that role play - to deliver those statements or to hear them without being able to respond.
12. Ask the pair to repeat the same role play for two minutes, but this time while Person B is talking negatively, Person A will have a chance to respond, using some of the effective responses the group had brainstormed previously. Remind the pairs to stay in character

during the role play.

13. After two minutes, the partners discuss how it felt during the second role play to deliver those statements and to respond.
14. Ask the pair to switch roles and repeat the same process.
15. Have everyone come back to the large group to debrief the exercise. Some discussion questions could include:
 - How did it feel to talk so negatively about abortion?
 - How did it feel to have someone you cared about talk negatively about abortion and not to be able to respond?
 - What will help you be able to respond more effectively to negative comments about abortion?
 - What lessons would you take away from this role play to a real-world situation?

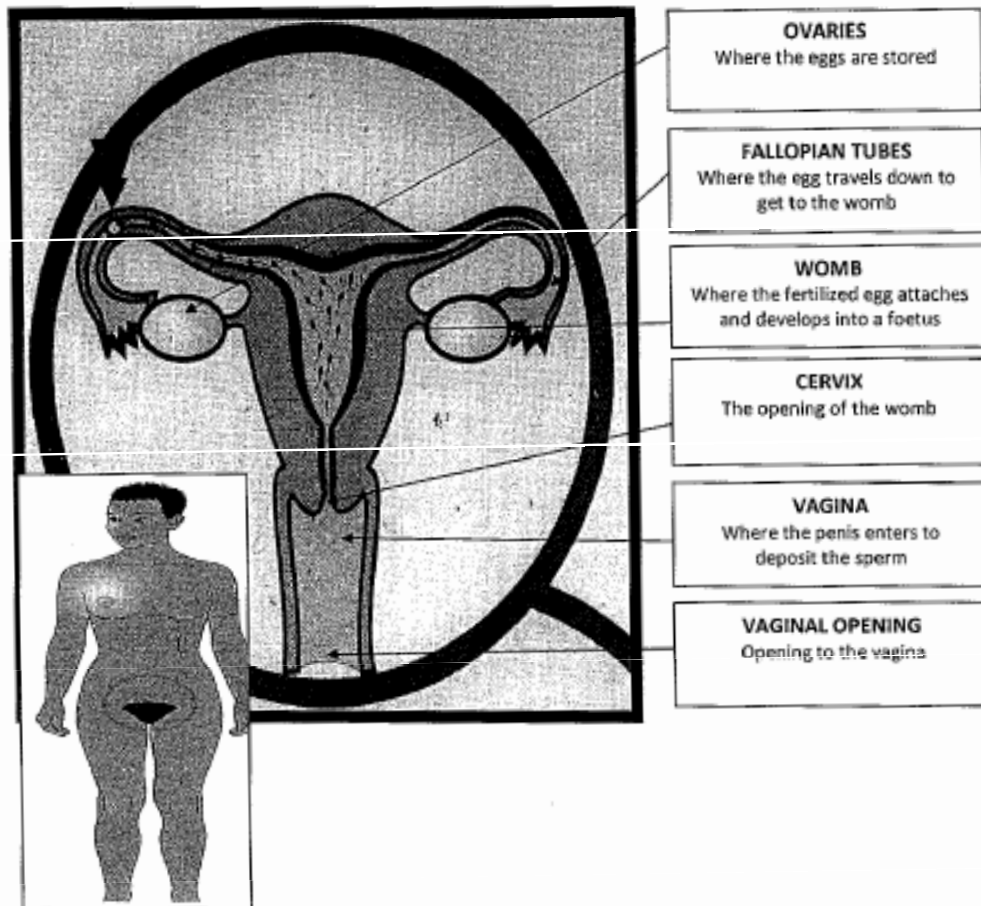
Key Points When talking about abortion with other people, we may encounter awkwardness, discomfort and even hostility on occasion. This activity helps participants anticipate negative comments and reactions from people we care about and who are anti-choice or have different levels of comfort with abortion. Participants learn to develop and articulate appropriate, respectful responses to disapproving questions or comments.

Activity 5.2: Exploring our Physicality

Objectives	<p>By the end of this activity, participants should be able to:</p> <ul style="list-style-type: none">• To explore problems and concerns about sex, sexuality and reproductive health;• To explore the different gender roles that men and women have.
Time	45 minutes
Materials	<ul style="list-style-type: none">• Flip paper• Markers/Koki pens (4 x each colour)• Poster: Male and Reproductive Systems (in Tools section)• Cards: Male and Female Reproductive Systems• Blank Cards – Sexual Problems• Empty box
Steps	<ol style="list-style-type: none">1. Put up a large clear diagram of the male or female reproductive system on the board. Hand out the labels with the name of the various organs (internal and external) to the participants (depending on the educational level of the group) or place the cards on the poster at the correct organ. Ask them to put the names where they think they should be.2. Once they have done this, the facilitator discusses each label and corrects the incorrect ones. During this discussion the facilitator also gives information relating to the functions of the various organs. Allow time for questions.3. When this has been completed, hand out cards with functions on to each participant and then ask them to read it out again. This is good for reinforcing and giving them the opportunity to also use the correct terminology.

Tools

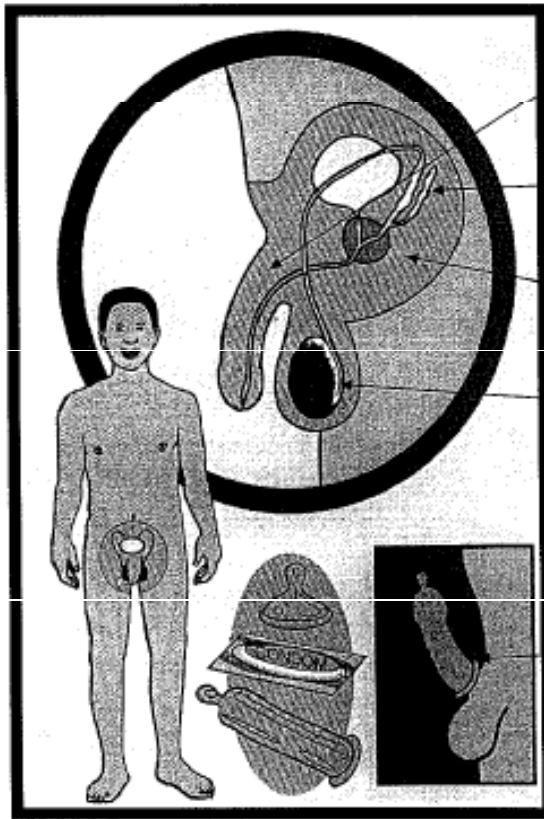
Female Reproductive Organs



When a man and a woman have sexual intercourse the penis enters the Vagina. The penis delivers sperm into the Vagina which travels past the Cervix into the Womb until it finds an Egg.

If the woman has released an egg from the Ovaries and it has travelled down the Fallopian Tubes into the Womb (point to these areas on the chart) then the egg may be fertilised by the sperm. The egg will then attach to the wall of the Womb and develop into a foetus. This foetus will then grow over a period of 9 months in the woman's womb and a baby will be born. If the egg was not fertilised then the woman will have her monthly Menstruation.

Male Reproductive Organs



PENIS

The organ used for reproduction and urination

VAS DEFERENS

The tubes which carry the sperm

PROSTATE GLAND

Where the seminal fluid is produced

TESTICLES

Where the sperm is produced

SPERM

The male reproductive cell

ERECT PENIS

When the penis is hard and ready for ejaculation

EJACULATION

When the sperm is pushed out from the Penis

Evaluation Forms

Sonke Gender Justice Network: One Man Can Workshop

Pre -Test Form

Date: _____

Workshop location: _____

Workshop facilitator: _____

If you Agree or Disagree mark with an X

1. Termination of pregnancy is illegal.
Agree _____ Disagree _____
2. Abortion is not safe for a woman's health.
Agree _____ Disagree _____
3. It is not my business if a woman that I know terminated her pregnancy
Agree _____ Disagree _____
4. Men should decide if they want their partners to do termination of pregnancy
Agree _____ Disagree _____
5. Women must first get consent from their partners if they want to do TOP
Agree _____ Disagree _____
6. Men should decide when to have children
Agree _____ Disagree _____
7. In most cases women become pregnant because they are vulnerable.
Agree _____ Disagree _____

8. I promote a clinically safe termination of pregnancy
Agree Disagree
9. There is nothing I can do to prevent gender-based violence in my community
Agree Disagree
10. I would feel comfortable to support my partner to do termination of pregnancy.
Agree Disagree
11. It is a last option for women to terminate their pregnancy
Agree Disagree
12. There is a role that man can play in reducing unwanted pregnancies.
Agree Disagree
13. Women must access their sexual and reproductive right without being judged
Agree Disagree
14. Our communities make it hard for women to access TOP
Agree Disagree
15. It is a responsibility of both partners to use contraceptives
Agree Disagree
16. There is nothing I can do if my partner wants to terminate her pregnancy
Agree Disagree

One Man Can: Participant's Workshop Evaluation Form

Please note that your name does not appear anywhere on this evaluation form

Please answer these questions truthfully as it helps us make the training better for other participants and groups in the future.

Section 1: General information

Please fill in the blocks below for record purpose.

Dates of training:	From	To
Province:		
Region:		
Venue:		
Trainers' names	# 1	# 2

Section 2: Your comments on the training

Please tell us if you agree or disagree with the following statements by placing a tick (✓) in the "agree", "disagree" or "not sure" box below

		Agree	Disagree	Not sure
1.	I found the training very useful			
2.	I have received new information which I did not know before the training			
3.	The training has made me think about some of my own attitudes			
4.	I think that the training would be useful to other people that I know			
5.	I will recommend to my colleagues that they attend the training			
6.	I was informed of the dates and venue of the training well before the training			
7.	I was told about what the training was going to			

		Agree	Disagree	Not sure
	cover before I attended the training			
8	The workshop venue was appropriate for the training			
9	The trainer was well prepared for the training			
10	The trainer is knowledgeable about the subject matter			
11.	I was able to make contributions in the different sessions of the training			
12.	The training covered the issues that I wanted to know about			
13.	The trainer was able to answer the questions asked by the participants			
14.	The trainer used interesting teaching techniques (e.g. group work, games, role-plays etc.)			
15.	The trainer made difficult issues easy to understand			
16.	The training was fun			
17.	All participants were encouraged to participate in the training			
18.	I was able to understand the issues presented in the training			
19.	The training has covered all the important issues			
20.	I feel confident that I would be able to present a similar training course			

Section 3: Additional comments

Please complete the following sentences

3.1. I found the following 3 sessions the most useful:

- i. _____
- ii. _____
- iii. _____

3.2. I found the following 3 session the **least useful**:

- i. _____
- ii. _____
- iii. _____

3.3. The **3 best things** about the training were:

- i. _____
- ii. _____
- iii. _____

3.4. The **3 worst things** about the training were:

- i. _____
- ii. _____
- iii. _____

3.5. In order for me to present this training to others I still need additional information on:

3.6. I would like to make the following general comments:

Thank you for your cooperation.

Inside back page



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

Pathfinder
INTERNATIONAL
a global leader in reproductive health