

Working With Boys And Men To Advance Gender Equality And Sexual And Reproductive Health **TRAINING MANUAL**



care®

**Defending Dignity.
Fighting Poverty.**

**WORKING WITH BOYS AND MEN
TO ADVANCE GENDER EQUALITY
AND SEXUAL AND
REPRODUCTIVE HEALTH
TRAINING MANUAL**



ABOUT CARE MALAWI

CARE is an International Non-Government Organization and works in 95 countries around the world to support more than 890 poverty-fighting development and humanitarian-aid projects in the improvement of livelihoods and capacities of poor and marginalized households especially women and girls. CARE established operations in Malawi in 1998, and works with the Government of Malawi and local partners. It has several programs including food security, agriculture, health, education, and social and economic empowerment, especially for women.

We place special focus on working alongside women and girls because, equipped with the proper resources, they have the power to lift whole families and entire communities out of poverty. Experience has shown us that when you empower a girl or woman, she becomes a catalyst, creating ripples of positive change that lifts everyone around her. That's why women and girls are at the heart of CARE's community-based efforts to improve education, health and economic opportunity for everyone. We work with girls and women to promote social justice, respond to emergencies and confront hunger and climate change.

Addressing the diverse needs of youth and adolescents is critical to ending poverty and promoting equality. To help youth grow into healthy, productive adults and citizens, CARE employs a rights-based and comprehensive approach that considers all the inputs a young person needs throughout their life. We address the specific and diverse needs of young people, ensuring they have access to the information, resources and support they need to escape poverty for good.

We recognize that poverty is inextricably linked to social marginalization and discrimination – and our experience has shown that simply providing young people with a few skills, then expecting them to conquer systemic injustices is not effective and does not lead to their empowerment. Rather, large-scale and sustainable change requires addressing laws, policies, gender norms and social and cultural barriers that stand in the way. By creating an enabling and equitable environment where young people can exercise their skills, knowledge and leadership, they can step into new roles and lead the change themselves.

This manual contributes toward creating an enabling and equitable environment by involving boys and men in the transformation of social and cultural norms to advance gender equality and promote sexual and reproductive health.

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ACKNOWLEDGEMENTS

This manual was developed by CARE Malawi under the auspices of the Umodzi Project. CARE Malawi would like to thank the consultant from Nyale Institute for Sexual and Reproductive Health Governance, and staff of CARE Malawi who were involved in the development of this manual.

The activities and other material in the manual have been taken or adapted from several sources, and CARE Malawi would like to acknowledge the following sources:

Sonke Gender Justice

Working with Men and Boys: Gender and Sexual & Reproductive Health Manual (n.d.)

The ACQUIRE Project/EnGender Health and Promundo

Engaging Boys and Men in Gender Transformation: The Group Education Manual(2008)

Kriti Resource Centre, Eklavya, SAHAJ and Tathapi Trust

Working with Men on Gender, Sexuality, Violence and Health (2005)

CARE Malawi would also like to thank the Gates Foundation for the financial support that went toward the development of this manual.

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INTRODUCTION

Manual overview

This manual is intended to be a resource for CARE Malawi staff in their work to involve men and boys to advance gender equality and promote sexual and reproductive health. The manual therefore addresses issues in gender and sexuality especially as revealed in the communities in which CARE Malawi works. These include disparities in sharing work, sexual and gender-based violence, and working towards promoting sexual and reproductive health generally. The manual was therefore developed for use in workshop settings and as a resource and facilitation guide for staff working with boys and men who are motivated to advance gender equality and promote sexual and reproductive health.

The manual 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.

Umodzi project

The manual is designed to facilitate the implementation of CARE Malawi's Umodzi Project. Umodzi Project aims to promote gender equality for women and girls by engaging adolescent girls and boys, along with supportive adult male and female role models, to integrate gender equitable attitudes and behavior in schools as a basis for changing attitudes nationwide. *Umodzi*, which means "oneness" in the local *Chichewa* language, builds upon and adapts existing gender equality approaches. It integrates efforts into the school curriculum, training teachers who convene teen club meetings, and working with adults who are also engaged in CARE's pro-women agriculture and savings programs in the school catchment areas. Umodzi Project therefore contributes toward advancing gender equality by enhancing the impact of integrated adolescent life skills and sexual and reproductive health programming.

Umodzi Project especially targets boys and girls in standard six through eight. Over a period of two years, it seeks to establish gender-equitable attitudes and behaviors among them, to improve health knowledge and self-care practices and to enhance inter-generational mentoring relationships between men and boys, and women and girls. The Umodzi Project approach relies on the coordinated action of existing initiatives to achieve the following outcomes:

1. Adoption of gender-equitable attitudes and behaviours among adolescent boys and girls in primary school.
2. Improved health and development knowledge, attitudes, self-efficacy, and self-care practices among adolescent boys and girls in primary school.
3. Enhanced inter-generational relationships between men and boys, and women and girls, that are supportive of adolescent gender and SRHR

To achieve this, Umodzi will deliver a gender conscious practice (GCP) curriculum that will be integrated in existing life skills activities in teen clubs that were initiated by the Patsy Collins Trust Fund Initiative.

Umodzi Project formative research

To develop a GCP curriculum that most effectively responds to the needs of the communities in which the Umodzi Project is being implemented, the Umodzi Project conducted a formative research whose aim was to:

- Unearth gender issues that are pertinent in the local context of the target primary schools
- Learn from adolescents on how best the issues could be addressed through the curriculum

The main research objective was to identify the key issues of masculinities and socialization for boys that contribute to gender inequalities between boys and girls. The specific objectives were:

- To identify the societal expectations of the ideal boy and ideal girl and the challenges boys and girls face when they do not meet these societal expectations
- To identify influences on behaviour of boys
- To find out how boys and girls relate in the social spaces

The findings of the formative research were categorised into 5 themes, namely: gender roles (expectations, perceptions and trend shift), socialization, masculinities, workload sharing and gender-based violence. The activities in the manual have been tailored to address the contextual issues that the formative research identified. The findings are recapitulated in the introductory part of each of the main sections of the manual.

Manual contents

The activities and materials in the manual aim at getting participants to reflect upon and transform attitudes, and beliefs around gender and sexuality. Such norms are largely taken for granted in a context where gender norms including sexuality notions are rigidly determined by a patriarchal culture. The material in the manual is arranged in sections that constellate issues under several thematic areas:

1. Gender
Addresses the concept of gender and the effect of gender-biased roles in the community.
2. Sexuality
Discusses the concept of sexuality and the relationship of gender roles to sexuality.
3. Relationships
Discusses issues on relationships especially focusing on qualities of healthy sexual relationships
4. Violence
Examines the forms of gender based violence and ways in which to eliminate violence in relationships
5. Alcohol
Discusses the harmful effects of alcohol misuse and abuse
6. Health

Introduces the notion of health especially from the perspective of boys and men

7. Action

Describes how boys and men could be effective change agents in their communities

Some of the issues raised in this manual challenge deeply held convictions and it is inevitable that some activities may stir emotions, or participants may find them quite challenging. It is important however to realise that what strikes deep also has greater potential to stimulate change. It is therefore essential for the workshop and activities to be conducted in an environment in which participants feel safe to openly discuss and reflect on the subject matter.

Most importantly, the activities in the manual are intended to encourage people, mostly men and boys, to act 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 a starting point leading to ongoing and sustained change.

This manual is therefore 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 can engage boys and girls through the various points of interaction to transform attitudes around gender and sexuality.

How to use the 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. Some activities require advance preparation, and the facilitator should make sure that the required materials are ready before the sessions.

Age and suitability of material

The activities are suitable for adolescents of 14 years and above. However, when working with adolescents, the facilitator must use their discretion to adapt the material for younger audiences.

The activities will contain all or some of these guiding sections:

Objectives: This describes what participants should learn because of doing the activity. It is a good idea to begin each activity by telling participants about the 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. Though flexibility is allowed, hurrying through activities may not produce the desired impact.

Materials: These are the materials you will need for each activity.

Advance preparation: In some cases, the facilitator needs to prepare certain material prior to conducting an activity. This saves time. The facilitator should ensure that any handouts are ready before the activity begins.

Steps: These are the steps you should follow 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 because 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. A blank Action Chart form can be found in the Tools section (the last section in the manual) and copies should be provided for all participants.

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, and communication and as change agents.

The facilitator

A facilitator should enhance the effectiveness of the group by following these 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 the facilitator's job is to introduce the activities and guide the discussions. At appropriate times, the facilitator should summarise or encourage group members to summarise what is going on in the group.

Activities in this manual are sensitive and will also challenge the facilitator's own views and stereotypes. This programme prepares the facilitator to be a change agent. Before changing

others, a facilitator needs to be aware of the change he or she needs to make within himself or herself, and go through the process of change i.e. one must be the change one wants to see in others.

This training is also for the facilitator a journey of self-discovery and personal growth. It is important to keep note of areas where one needs to grow as a person, and develop action plans for one's own personal growth. The training programme already provides a framework for that through various activities and tools. The facilitator is encouraged to keep a personal journal, to keep track of the growth process and regularly reflect on it.

Planning a training workshop

The following tips will help a facilitator 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 because of taking part in the workshop. Identify available support services and 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 Tools 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 do not have to be an expert to create a good learning environment. Listening and questioning are the basis of good facilitation.

To become a more effective facilitator, you 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 wellbeing. 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 a 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 in 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 ways to cover the same material. Try to customize your presentation to suit the group.

Acronyms and terms used in the manual

Acronyms

AIDS	Acquired Immune Deficiency Syndrome
HIV	Human Immune Deficiency Virus
STI	Sexually Transmitted Infection
TOP	Termination of Pregnancy

Glossary of terms

Abortion	The termination of pregnancy before the foetus is capable of surviving independently of the woman, usually, before the pregnancy is 28 weeks old
Alcohol abuse	Excessive use of alcohol that can be characterised by its harmful consequences, both to the individual abusing and those around him/her
Alcoholism	An addiction to the consumption of alcoholic liquor or the mental illness and compulsive behaviour resulting from alcohol dependency.
Cross-generational sex partner	A sexual relationships between an adolescent girl and a who is older, usually by 10 or more years. (Note that it could also involve an adolescent boy and a partner who is older)
<i>Dambwe</i>	An initiation camp for the <i>Chewa</i> tribe where boys are initiated into young adulthood when they reach puberty. Part of the initiation process is orientation to <i>Gule Wamkulu</i> , a cultural cult.
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 equality	This is a state in which rights and opportunities are not limited because of one's gender
Gender equity	The process of allocating resources based on the particular requirements of a gender in order to achieve gender equality.
Gender identity	A personal conception of oneself as male or female (or both or neither) which might be different from gender ascribed to one by society.
Gender-Based Violence	Refers to violence perpetrated against an individual or group based on their gender. Women are disproportionately victims in

	patriarchal cultures that promote unequal power relations in favour of men over women.
Illegal abortion	Induced abortion that is not in accordance with the laws of a country.
Induced abortion	Wilful or deliberate abortion (contrast with spontaneous)
Masculinity	A set of attributes, behaviours and roles associated with boys and men.
Patriarchy	A social system that privileges men over other genders
Post abortion care	Healthcare services provided to women with miscarriages or incomplete and unsafe abortions and their related complications to prevent death and/or injury
Safe abortion	Any procedure for terminating pregnancy by persons having the necessary skills and in an environment that has the requisite medical standards.
Sensuality	The ability to fully experience one's senses. Smelling, tasting, seeing, hearing, touching, and feeling combine to produce the experience of bodily pleasure. Sensuality is one aspect of human sexuality.
Sex	Biological difference between males and females based on external and internal physiological characteristics.
Sexual harassment	Sexual harassment is unwelcome sexual behaviour, which could be expected to make a person feel offended, humiliated or intimidated. Sexual harassment can take many different forms—it can be obvious or indirect, physical or verbal, repeated or one-off and perpetrated by males and females against people of the same or opposite sex.
Sexual health	A state of physical, mental and social well-being in relation to sexuality. It requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence.
Sexual orientation	An inherent or immutable enduring emotional, romantic or sexual attraction to other people.
Sexual responsibilities	Being accountable to someone or something for promoting and protecting sexual rights.
Sexual rights	These are human rights relating to sexuality and production. Human beings have the right – free of coercion and discrimination of any kind – to the highest attainable standard of sexual health; to pursue a satisfying, safe, and pleasurable sexual life; to have control over and decide freely on matters related to their sexuality, reproduction, sexual orientation, bodily integrity, choice of partner, and gender identity; and to the services, education, and information, necessary to realise these rights.
Sexual violence	Any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic or otherwise directed against a person's sexuality using coercion, by any

Sexuality	<p>person regardless of their relationship to the victim, in any setting, including but not limited to home and work.</p> <p>Sexuality is a central aspect of being human throughout life and encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, ethical, legal, historical, religious and spiritual factors.</p>
Spontaneous abortion	Abortion that occurs without any wilful intervention ie occurs naturally
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. A stigma causes an individual or an action (e.g. accessing TOP) to be mentally classified by others as undesirable or rejected.
Transactional sex	Sexual intercourse in which the primary motivation is to exchange sex for some material gain such as money, food, shelter or transportation
Unsafe abortion	Any procedure for terminating an unwanted pregnancy either by persons lacking the necessary skills or in an environment lacking the minimal medical standards, or both.

SECTION 1: GENDER

Introduction

The context

In the Umodzi Project formative research, one of the questions that the participants were asked was: *What are the societal expectations of ideal boy and ideal girl and what are the challenges they face if they do not meet the societal expectations?* The responses to this question brought up issues around gender roles for boys and girls and how men, women, boys and girls perceive these roles. It revealed current perceptions of men, women, boys and girls on out-of-the-norm behaviours for boys and girls and the consequences that they face when they behave contrary to societal expectations.

The responses also revealed that society assigns boys roles that are to do with public involvement and work that is considered more valuable, while girls are given roles that are more about taking care of children and family and are more private. There are also more restrictions placed on the girl than on the boy.

It was noted that boys and girls are socialised by society to fit in these roles, and they are justified based on what society believes about the nature of boys and girls. For instance, it is thought that boys are physically stronger than girls and therefore girls should not perform certain tasks that are considered for a stronger person, for example constructing a house. It was also noted that boys are socialised for public engagement, gainful work, and for decision-making in the family. On the other hand, girls are groomed to be caretakers of the household and submissive to the decisions of the man.

Society enforces these gender roles in various ways, for instance, ridiculing boys who take on tasks considered to be for girls. There are also some myths about certain roles, for instance, it is believed that a boy who pounds maize with pestle and mortar becomes infertile. Such myths are powerful enforcers of gendered roles.

Gender norms create an environment in which the girl spends more time doing household chores while the boy has relatively more free time to engage in leisurely activities. One effect of these disparate roles is that girls live a more restricted life than boys who can venture out of the home.

The research also discovered that gender roles are not entirely rigid and can be redefined. It was noted that through school-based gender education, and the work of non-governmental organisations, the younger generation is becoming more gender-sensitive and adopting gender equitable attitudes.

Another issue that was raised in the formative research was abortion. The participants in the research recognised the prevalence of unsafe abortions, and that some girls and women do access relatively safe abortions in private settings. The prevalent sentiments however were to blame the girls for the abortions rather than to appreciate the circumstances that may have led to the abortion such as unwanted pregnancy. Boys and men should realise

that they have a role to play in preventing unwanted pregnancies and support development of policies and laws that would allow greater access to safe abortion.

Rationale for activities

The section defines the concept of gender and related concepts. It also highlights the difference between the concepts of gender and sex. It starts to explore the relationship between sexuality and gender.

The activities aim at building on school and community-based sensitisation on biased gender-roles and to debunk the myths that ideologizes the difference between boys and girls. They invite participants to critically reflect on how society has socialised them to construct the differences in the physiology of boys and girls in ways that are oppressive especially to the girl. Participants should realise that the roles assigned by society to boys and girls are not a logical consequence of nature, but rather an ideological construction by society of what girls and boys should be and do. These gender stereotypes are deeply ingrained in boys and girls through socialisation using the mediums of cultural and religious institutions.

Biased gender roles or gender stereotypes are oppressive because they tend to limit the true potential and abilities of both boys and girls. However, if roles are constructed in a more equitable manner, both boys and girls would experience life in a way that maximises their true abilities. Most especially, girls who bear the heavier burden of gender biased roles would be empowered to achieve their true potential in ways that would also empower the community. The activities in this section therefore facilitate challenging gender stereotypes, and help participants imagine the possibility of a more gender equitable society.

The activities also address the issue of unsafe abortions which is an important challenge that women and girls face due to policy and legal restrictions on access to safe abortion. The activity is designed to explore abortion stigma and foster more empathetic attitudes towards women and girls who need access to safe termination of pregnancy for various reasons. It considers the fact that in 2015, the Malawi Law Commission proposed a more liberal Termination of Pregnancy Bill to address the challenge of unsafe abortions in Malawi.

*Activity 1.1 Looking at our attitudes**

Objectives To explore attitudes about gender differences, roles, and inequalities

Time 45 Minutes

Materials Four signs ("Strongly Agree," "Strongly Disagree," "Agree," and "Disagree")

- Markers
- Tape

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

* Adapted from The ACQUIRE Project/EnGender Health and Promundo

- It is easier to be a man than a woman.
- When a woman is pregnant, preventing HIV to her child is her responsibility since she carries the child.
- A man is more of a “man” if he has many sexual partners.
- Sex is more important to men than to women.
- It is okay for a man to have sex outside of relationship if the partner is pregnant or has just delivered recently
- A woman who carries a condom in her purse is “easy.”
- Men are generally more intelligent than women.
- Women who wear revealing clothing are asking for sex.
- Homosexuality is natural and normal.
- A girl who changes sexual partners cannot make a good wife in future

Steps

1. Explain to the participants that this activity is designed to give them a general understanding of their own and each other’s values and attitudes about gender. It is designed to challenge some of their current thinking about gender issues and help them clarify how they feel about certain issues. Remind the participants that everyone has a right to his or her own opinion, and everyone’s opinions should be respected.
2. Read aloud the first statement you have chosen. Ask participants to stand near the sign that says what they think about the statement. After the participants have moved to their sign, ask for one or two participants beside each sign to explain why they are standing there. Ask them to say why they feel this way about the statement.
3. After some participants have talked about their attitudes towards the statement, ask if anyone wants to change their mind and move to another sign. Then bring everyone back together to the middle of the room and read the next statement.
4. Repeat Steps 2 and 3. Continue with each of the statements you have chosen.
5. After reading all the statements, lead a discussion by asking the following questions:
 - What statements, if any, did you have strong opinions and not very strong opinions about? Why?
 - What benefits does gender equality bring to men’s lives?
 - How did it feel to talk about an opinion that was different from that of some of the other participants?
 - How do you think people’s attitudes about the statements might affect the way they deal with men and women in their lives?
 - How do you think people’s attitudes about the statements help or do not help to reduce the spread of HIV and AIDS?
6. End the activity by reminding participants about the importance of thinking about their own attitudes towards gender. Encourage people to continue to challenge their own personal values and beliefs about gender throughout this workshop, and beyond.

Facilitator’s Notes

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

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

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

*Activity 1.2 Learning about gender**

Objectives

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

Time 45 – 60 Minutes

Materials

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

Steps

1. Explain that this session will help clarify some of the terminology that we will be using in the workshop. It will also help us understand what these terms mean in our own lives.
2. Ask participants if they can explain the difference between "sex" and "gender." After getting feedback from the group, provide the following definitions:
 - **Sex** refers to physiological attributes that identify a person as male or female.
 - **Gender** refers to widely shared ideas and expectations concerning women and men. These include ideas about typically feminine/female and masculine/male characteristics and abilities, and commonly shared expectations about how women and men should behave in various situations.
3. Distribute the handout and ask the participants to indicate if the statements are referring to "sex" or "gender." After giving the participants a chance to read and answer the statements on their own, discuss each of the answers with the entire group.
4. Explain that there are several terms related to the word "gender" that also need to be explained. Ask the group if they have ever heard the term "gender equality." Ask them what they think it means. Allow plenty of time for discussion.
5. After getting their feedback provide the following definition:

* Adapted from the ACQUIRE Project/EnGender Health and Promundo

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

6. Ask the group if the definition makes sense. Allow them to ask questions about it.
7. Ask the group to discuss whether gender equality exists in their communities.

As the group discusses this, write down any statements that explain why women do not share equal status with men in all spheres of society. Be sure to include some of the following points if they are not mentioned by the group:

- Women in many communities are more likely than men to experience sexual and domestic violence.
 - Men are paid more than women for the same work (in most cases).
 - Men are in more positions of power within the business sector.
 - Women bear the brunt of the AIDS epidemic, both in terms of total infections and in care and support for those living with HIV.
8. Ask the group if they have ever heard the term “gender equity.” Ask them what they think it means and how it is different from gender equality. Allow plenty of time for discussion. After getting their feedback provide the following definition:
 - **Gender Equity** is the process of being fair to men and women. Gender equity leads to gender equality. For example, an affirmative action policy that promotes increased support to female-owned businesses may be gender equitable because it leads to ensuring equal rights among men and women. After clarifying the definitions of gender equality and gender equity, ask the group the following questions:
 - Why should men work towards achieving gender equality?
 - What benefits does gender equality bring to men’s lives?
 - How does gender inequity contribute to HIV infection?
 - How can gender equity contribute to preventing HIV?
 9. Ask the group to identify gender-equitable actions that men can take to help create gender equality.

HANDOUT 1: THE GENDER GAME

Identify if the statement refers to gender or sex

Gender	Sex	
		1. Women give birth to babies, men don't.
		2. Girls should be gentle; boys should be tough.
		3. Globally, women or girls are the primary caregivers for those sick with AIDS-related illnesses in more than two-thirds of households
		4. Women can breastfeed babies, men can bottle feed babies
		5. Every year about 30,000 women suffer various health consequences of unsafe abortions in Malawi
		6. Many women and girls do not make decisions with freedom, especially regarding sexuality and couple relationships
		7. Boys are more intelligent in school than girls
		8. The rate of new HIV infections is higher amongst girls and women than boys and men.

Resource Sheet 1: The Gender Game

RESOURCE SHEET: 1 ANSWERS TO THE GENDER GAME

1. Sex
2. Gender
3. Gender
4. Sex
5. Sex & Gender
6. Gender
7. Gender
8. Sex & Gender

Activity 1.3 Act like a man*

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

Time 60 minutes or 120 minutes (if including 'Act like a woman')

- Materials**
- Flipchart
 - Markers

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

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.

- Steps**
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 likethis to them. Why did the individual say this? How did it make the participant feel?
 2. Tell the participants that we are going to look more closely at these two phrases. By looking at them, we can begin to see how society can make it very difficult to be either male or female.
 3. In large letters, print on a piece of flip chart paper the phrase "Act Like a Man."
 4. Ask the participants to share their ideas about what this means. These are society's expectations of who men should be, how men should act, and what men should feel and say. Draw a box on the paper, and write the meanings of "act like a man" inside this box. Some responses might include the following:
 - Be tough
 - Do not cry
 - Yell at people
 - Show no emotions
 - Protect other people (women and children)
 - Do not back down
 - Be the boss
 - Earn money
 - Have more than one girlfriend/spouse
 - Travel to find work
 5. Once you have brainstormed your list, initiate a discussion by asking the following questions:
 - How does it make the participants feel to look at this list of social expectations?
 - Can it be limiting for a man to be expected to behave in this manner?

* Adapted from Sonke Gender Justice

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 live outside the box?
- Is it possible for men to challenge and change existing gender roles?

(The facilitator may leave out or include “Act like a Woman”)

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 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?
 - Ask participants if they know men and women who defy these social stereotypes. What do they do differently?
 - How have they been able to challenge and redefine gender roles?
 - 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?

- 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?

Key points

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

- Be tough and do not cry
- Be the breadwinner
- Stay in control and do not back down
- Have sex when you want it
- Women are something to have; property

These messages and gender rules about “acting like a man” have the following (detrimental) effects on perceptions of men and masculinity:

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

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

- Be passive and quiet
- Be the caretaker and homemaker
- Act sexy, but not too sexy
- Be smart, but not too smart
- Follow men’s lead
- Keep your man – provide him with sexual pleasure
- Don’t complain

These messages and gender rules about “acting like a woman” have the following (detrimental) effects on perceptions of women and femininity:

- 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

Disadvantageous gender norms increase the risk of unwanted pregnancy, sexual and gender-based violence, and HIV and AIDS.

RESOURCE SHEET 2

EXAMPLE OF FLIPCHARTS FOR ACT LIKE A MAN/ACT LIKE A WOMAN

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

Activity 1.4 I'm glad I am ... if I were ...*

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

Time 60 minutes

Materials

- Flipchart
- Markers
- Tape

Steps

1. Separate the participants into same-sex groups of no more than eight. If the participants are all men, simply divide them into smaller groups. Tell the participants to pick one person to serve as the recorder, who will write for the group.
2. Give each group a sheet of flipchart paper and a marker. Ask the participants to write down as many endings as they can for the following sentences:
 - Male group: I'm glad I'm a man because...
 - Female group: I'm glad I'm a woman because... (If the group is all male, do not worry about this question.)Give an example of each to help the groups get started. Allow 15 minutes for completion.

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

3. Give the groups another sheet of flipchart paper and ask the participants to come up with as many endings as they can to the following sentences in 15 minutes:
 - Male group: If I were a woman, I could...
 - Female group: If I were a man, I could... (If the group is all male, do not worry about this question.)
 - Male group: I envy women because....
 - Female group: I envy men because... (If the group is all male, do not worry about this question.)
4. Tape the sheets on the wall and discuss the responses by asking the following questions:

Questions for a mixed-sex group:

 - Were any of the responses the same for both sexes?
 - Was it easier for the men or for women to come up with reasons they are glad about their gender? Why do you think this is?

* Adapted from The ACQUIRE Project/ EnGender Health and Promundo

- How does the first set of responses from one gender compare to the second set from the other gender? (Do the items the women list as things they are glad about overlap with what the men list as things they could do if they were women?)
- Questions for an all-male group:
- How do you think a woman would finish the sentence, “I’m glad I’m a woman because...”?
 - How do you think a woman would finish the sentence, “If I were a man, I could...”?
 - Would it be easier for men or for women to come up with reasons they are glad of their sex? Why do you think this is?
5. Next, for either group, ask the following questions:
- What did you find challenging about discussing the advantages of being the other sex? Would any of these reasons help preventing HIV?
 - Are any of the responses stereotyped? Which ones? Why do these stereotypes exist? Are they fair?
 - What else did you learn from this activity?

Key points

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

Activity 1.5 Gender fish bowl*

Objectives

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

Time	60 minutes
Materials	None
Facilitator’s notes	This activity works best with a mixed-gender group of participants. However, you can run it with an all-male group. Simply divide the male participants into two groups. Ask the first to answer the top three questions from the list of questions for men. You might also ask a fourth question: “ <i>What do you think is the most difficult part about being a woman in (country or area)?</i> ” (Remember to use the

* Adapted from The ACQUIRE Project/EnGender Health and Promundo

name of the country or area in which you are conducting the training whenever a country or area is mentioned.)

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

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

Questions for Women

- What is the most difficult thing about being a woman in Malawi?
- What do you want to tell men that will help them better understand women?
- What do you find difficult to understand about men?
- How can men support and empower women?
- Who typically makes decisions in your household? If men, how does it feel to have them making all the decisions?
- What is something that you never want to hear again about women?
- What do you remember about growing up as a girl in Malawi? What did you like about being a girl? What did you not like? What was difficult about being a teenage girl?
- Who are some of the positive male influences in your life? Why are they positive?
- Who are some of the positive female influences in your life? Why are they positive?

Questions for Men

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

Steps

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

5. Discuss the activity after both groups have taken a turn. Use the following questions:
 - What surprised you about this activity?
 - How did it feel to talk about these things with others listening?
 - What did you learn?

Key points	<ul style="list-style-type: none"> • Often, our opinions and perspectives about the other sex are informed by stereotypes and gender and social norms that are reinforced over time by many sources, such as the media or our peers. • In the Malawian context, cultural institutions such as secret societies, initiation ceremonies and religious institutions are important as they reinforce gender stereotypes. • This often makes it difficult for us to understand the other sex and their needs and concerns. By having a better understanding of the different sexes and their needs and experiences, we can have greater empathy of how they experience gender and how it affects them.
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*Activity 1.6 Gender values clarification**

Objectives	<ol style="list-style-type: none"> 1. Describe how their upbringing and socialization affects how they think about gender roles and sexuality; 2. Explain the ways in which we are socialized to have different and sometimes unequal expectations for male and female sexuality; 3. Articulate how gender stereotypes affect their values and attitudes related to sexual and reproductive health, pregnancy and abortion care.
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Time	45 Minutes
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Materials	<ul style="list-style-type: none"> • Four signs (“Strongly Agree”, “Strongly Disagree”, “Agree,” and Disagree”) • Marker • Tape
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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
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* Sonke Gender Justice

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.

**Facilitators
notes**

Choose the statements from the following list that are most likely to get participants talking. (Facilitator's can for future use note which questions tend to stimulate more discussion).

- Boys must have no say in whether the girl should terminate pregnancy or not.
- A man who agrees with her partner to terminate the pregnancy is not a real man.
- Girls who are interested in having relationships with boys end up getting pregnant before marriage.
- Boys who do household chores like girls will develop into 'girl-like' men
- Girls who are intelligent and successful do not make good wives
- Boys are naturally more intelligent than girls
- 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 must 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 sons than daughters
- Men are more productive than women
- Men should be breadwinners
- Women want to be beaten, so they deliberately provoke their partners
- Girls are emotional and therefore they think less rationally than boys in

difficult situations

- If the woman is the breadwinner in the family, the man is usually dominated by the woman (under 'petticoat government')

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.

Key points

- People may be unaware of their values around gender, but their unconscious values will always influence the way they act in certain situations.
- 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.

*Activity 1.7 Cross the line**

Objectives

- **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

- 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

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:
Cross the line if you had fruit for breakfast this morning.
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. Ask someone

* Adapted from Sonke Gender Justice

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

7. Invite participants to all move back to one side of the line. Repeat this for several of the statements about abortion. Select the statements that most apply to that group of participants.
8. After the statements are read, ask participants to take their seats.
9. 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?
 - 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?

Debrief 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
- 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 1.8 What would you do*

Objectives

- Describe the social and legal situation around access to TOP in Malawi
- 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 min

Materials

- Factsheet on abortion in Malawi
- What Would You Do? Handout 2: A case study of a woman and her unwanted pregnancy
- Pens

Steps

1. The facilitator can introduce the activity the large group by asking the question what the participants know about access to safe abortion in Malawi. The facilitator solicits information from participants about the social and legal climate and abortion-related services in Malawi and answers questions or clarifies information if necessary. With the help of resource sheet 3 on abortion facts in Malawi, the facilitator should ensure that the following information is covered:
 - legal status of abortion and for which indications;
 - abortion policies;
 - 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.
2. The facilitator then introduces the next part of the activity which is to enable participants to learn more about the complex circumstances and barriers to accessing abortion services in Malawi and how they might affect women's responses to an unwanted pregnancy. The discussion would be from one woman's story. The facilitator should encourage

* Adapted from Sonke Gender Justice

- participants to put themselves in her situation, and then think about how they might feel and what they would do in her place.
3. Divide participants into small groups of four to six people each.
 4. Assign a facilitator and handout to each group.
 5. Facilitator distributes handouts and asks each group member to read the scenario quietly for themselves (or one member to read it to the group but making sure not to disturb other groups). Ask participants to imagine they are the girl described in the handout and to consider the scenario from her perspective.
 6. Ask the groups to complete the story as creative as possible but considering real issues that happen in their communities.
 7. Facilitator can ask some of the following questions to engage participants in the discussion. During 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 [girl in handout 2].
 - When you find out that you have missed your period, what thoughts would come to mind?
 - 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 obtained in a facility that provides abortion safely versus other methods that are unsafe.)
 - How would you prevent a future unwanted pregnancy?
 - If you wanted a contraceptive method, where would you go?
 8. Compare how the various groups completed their story. In plenary ask the groups other ways in which they would have completed their stories.
 9. Ask participants what strategies could the country use to prevent unwanted pregnancies or allow access to safe abortion for those who need.
 - Do participants know about the work of the Special Law Commission on reviewing the current abortion law?
 - What are the thoughts of members about expanding access to safe abortion?
 - What would be the challenges?
 10. 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.
 11. 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 several 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 2 below

- Key points**
- The prevailing climate in Malawi is that abortion should continue to be restricted for reasons including culture and religion.
 - Participants should be made aware that the experience of countries that restrict abortion is that girls and women access abortion clandestinely and this is usually unsafe
 - No matter how strict laws on abortion might be, they have not prevented determined girls and women from accessing safe abortion
 - Usually women of means can access relatively safe abortion, while girls and women who do not have the means are the ones who experience the worst forms of unsafe abortions
 - Unsafe abortion is defined as termination of pregnancy
 - Safe abortion is defined as
 - It might be hard to accept, but the only proven way to reduce abortion related injuries and deaths is to provide access to safe abortion for girls and women who need the service.

Handout 2: Unwanted pregnancy

HANDOUT 2: STORY OF A GIRL AND HER UNWANTED PREGNANCY

Naphiri, a young woman of 15 years old, has always been an obedient girl to her parents. She always been hard working in the house, but also excelled in her studies. She listened to her parent's and aunt's advice about staying away from boys. It was not surprising that she passed her primary school and was selected to Chayamba Secondary School for secondary school studies.

At Chayamba, she met and fell in love with Kwenda, who was in Form 4. It was an exciting first relationship for her. At the end of the year, the school usually provided a farewell dance for the Form Four students. During the dance, Kwenda took Naphiri to the 'shower rooms' and asked her to have sex with him to show that she loves him and is going to be his girlfriend forever even after he left the school. Naphiri agreed and they had quick sex. It was the first time for Naphiri to have sex with a boy.

During the following holidays Naphiri noticed that she had missed her monthly periods. She had never missed her monthly periods before. She became anxious and was afraid to tell anyone. When she missed her period for a second time, she decided to tell Kwenda. However, when she told him, Kwenda was unsure what to make if it. He told her to ask her friends because girls know how to deal with such things. Kwenda become less and less responsive to her communications. In the ensuing weeks, Naphiri became more anxious and desperate. After some few more weeks of suffering in silence, she decided to ...

RESOURCE SHEET 3: ABORTION FACT SHEET*

Introduction

Termination of pregnancy is a very safe procedure when it is done by a skilled provider, and in an environment, that satisfies certain medical standards. The following describes the impact of unsafe terminations of pregnancy on women and girls in Malawi.

Some definitions

Abortion – refers to termination of pregnancy before the foetus is capable of surviving independently of the woman, usually, before the pregnancy is 28 week sold.ⁱ

Spontaneous abortion (also called ‘miscarriage’) is when it naturally occurs.

Induced abortion (usually just called ‘abortion’) is when there is wilful intervention.

Unsafe abortion – refers to any procedure for terminating an unwanted pregnancy either by persons lacking the necessary skills or in an environment lacking the minimal medical standards, or both.ⁱⁱ

Post abortion care – refers to healthcare services provided to women with miscarriages or incomplete and unsafe abortions and their related complications to prevent death and/or injury.ⁱⁱⁱ

What is the problem?

- According to the WHO, unsafe abortion remains one of the leading causes of maternal mortality, accounting for 47,000 of the 358,000-annual pregnancy-related deaths worldwide. Thus, globally, 13% of all pregnancy related deaths are due to unsafe abortions.^{iv}
- Africa is particularly affected by unsafe abortion: 6.2 million unsafe abortions occur in Africa each year, and about 5.5 million of these occur in sub-Saharan countries. Unsafe abortions cause nearly 36,000 preventable deaths -- more than half of all deaths globally from unsafe abortion.^v
- Abortion in Malawi is restricted to circumstances where the pregnancy puts the life of the pregnant woman in danger.^{vi}
- These restrictions do not reduce the incidence of abortion: In Malawi, more than 70,000 women have abortions every year, or, 24 abortions for every 1000 women aged 15-44.^{vii}
- Approximately 31,000 Malawian women are treated for complications of unsafe abortion annually.^{viii}
- Approximately 17% of maternal deaths in Malawi are attributable to unsafe abortion, making it one of the primary causes of maternal mortality.^{ix}
- Women and girls seeking abortion services sometimes suffer abuse at the hands of providers (verbal, sexual, physical e.g. procedure done without anaesthesia).

Does unsafe abortion violate human rights?

* Taken from Coalition for Prevention of Unsafe Abortion (COPUA) Fact Sheet.

The methods used in unsafe abortion are not compatible with the quest for individuals to attain the highest standard of health. Unsafe abortion and its consequences violate:

- The right to life
- The right to human dignity
- The human right to privacy
- The right to liberty and security of the person
- The human right to the highest attainable standard of physical and mental health, including reproductive and sexual health.
- The human right to equal access to adequate health care and health related services, regardless of sex, race, or other status

Who bears the greatest burden?

According to figure from a Ministry of Health Study conducted in 2009, of the 31,000 women treated for complications of unsafe abortion in Malawi: ^{xi}

- Young girls – Almost 50 per cent were below the age of 25years
- Married – 80 per cent were married
- Rural girls and women – 64 per cent lived in the rural areas
- Only 22 per cent of the women were using a contraceptive at the time of the pregnancy

What are the costs?

- The most common reason for admission into gynaecological wards in Malawi's major hospitals is abortion related complications. ^{xii}
- The cost of basic post-abortion care is estimated to be US \$45 per case. More severe cases requiring a blood transfusion, treatment of sepsis, or surgical repair of the reproductive tract can increase per- case-costs by between 67% and 89%. ^{xiii}
- Public health facilities in Malawi that provide post abortion care spend approximately US \$1.06 million annually to treat women with complications of unsafe abortion. ^{xiv}
- If safe abortion services were made available to women, approximately US \$435,000 could become available in public health care facilities each year to divert to other health care needs. ^{xv}
- The public, government-run health care facilities bear the greatest burden of caring for post-abortion care complications in Malawi. ^{xvi}
- What's more, families also pay the cost of unsafe abortion when a woman dies.

What should be done?

- Increase access to contraception, especially for young people, and promote use of emergency contraception to avoid unplanned pregnancy
- Increase access to post-abortion care using the WHO-recommended

treatment of abortion complications guidelines/standards

- Mobilise support from various stakeholders (Government departments, members of Parliament, NGO's, health providers, development partners, young people etc) for re-examining the current legal restrictions on access to safe abortions in the light of the evidence of the impact of this restriction on maternal health.
- Advocate for reform of abortion legislation so that it takes into account current social circumstances and respects the human rights of girls and women of Malawi.

ⁱ World Health Organisation (WHO), *Complications of Unsafe Abortion: Technical and Managerial Guidelines for Prevention and Treatment*, 1995

ⁱⁱ WHO, *Unsafe Abortion: Global and Regional Estimates of the Incidence of Unsafe Abortion and Associated Mortality in 2003*, 2007

ⁱⁱⁱ Ibid.

^{iv} Iqbal Shah and Elisabeth Ahman, "Unsafe Abortion in 2008: Global and Regional Levels and Trends" in *Reproductive Health Matters* 18, no. 35, 2010

^v Ibid.

^{vi} Malawi Penal Code Sections 149 to 151 as read with Section 243

^{vii} Malawi Ministry of Health, *Abortion in Malawi: Results of a Study of Incidence and Magnitude of Complications of Unsafe Abortion*, 2010

^{viii} Ibid

^{ix} Malawi National Statistical Office (NSO), *Malawi: DHS 2010 Final Report*, 2011

^x Malawi Gender Equality Act of 2013 Section 19, 20

^{xi} Malawi Ministry of Health, *Abortion in Malawi: Results of a Study of Incidence and Magnitude of Complications of Unsafe Abortion*, 2010

^{xii} Alister Munthali, Agnes Chimbiri and Eliya Zulu, *Adolescent Sexual and Reproductive Health in Malawi: a Synthesis Research Evidence, Occasional Report no. 15*, 2004

^{xiii} Benson, et. al., *Health Systems Costs of Providing Post-Abortion Care in Malawi*, Draft Report, 2012

^{xiv} Ibid.

^{xv} Ibid.

^{xvi} Malawi Ministry of Health, *Abortion in Malawi: Results of a Study of Incidence and Magnitude of Complications of Unsafe Abortion*, 2010

SECTION 2: SEXUALITY

Introduction

The context

Sexuality is an important aspect of being human, and the formative research uncovered the relationships between sexuality and gender roles. The research revealed that the community is preoccupied with regulation of sex and sexuality which is shaped according to gender stereotypes. These included the following:

- It was okay for boys to have sexual intercourse with girls as this proved their manhood, but not for girls to have sexual relations with boys before marriage
- There were many restrictive expectations around the sexuality of the girl, or demands that were placed upon her regarding sexuality of the boy such as:
 - Girls should be submissive in a sexual relationship
 - Girls should not complain about the capability of the boy to sexually satisfy her
 - Girls should not associate with boys
 - Girls should not dress in a provocative way
 - Girls should not keep condoms as she may be tempted to have sex
 - Girls who are sexually abused or raped usually provoke this because of the way they walk and dress

The communities also commented that it is difficult for boys and girls to be in a relationship and maintain abstinence. Any intimate relationship between a boy and a girl is therefore construed as problematic and should be avoided or discouraged.

Another area of concern regarded use of condoms. Some sentiments that the communities brought up included the following:

- Girls should not carry condoms
- Boys are also shy to carry condoms so that they inevitably engage in unsafe sex when the opportunity arises
- Boys believe not using a condom is an expression of love from the perspective of the girl
- Condoms encourage young people to engage in sexual activities which leads to early and unwanted pregnancies

The communities also believed that human rights thinking is eroding societal values around sexuality, so that young people are justifying engaging in sexual intercourse irresponsibly because it is their right. For instance, girls are saying it is their right to wear tights, but in so doing, they provoke sexual desires of men who then sometimes rape them.

The research also revealed concerns about male sexuality such as the size of the penis and the ability of boys to sexually satisfy their partner. Potential issues around sexual pleasure also came up for instance the expectations that the girls should have a tight vagina, and the anxiety of boys to satisfy the partner sexually.

Communities seem to perceive anything to do with adolescent sexuality and sexuality outside marriage negatively and potentially problematic. Relationships between young people should not be encouraged. It is the role of girls to ensure that they remain virgins and should not provoke boys into having sexual intercourse with them. The sexuality of boys is inevitably aggressive and can only be contained if girls behave themselves.

Rationale for activities

Expectations regarding female and male sexuality as also constructed according to stereotyped gender roles. The idea that female sexuality is passive and non-aggressive while male sexuality is active and aggressive are but social constructions rather than rooted in nature.

It is also important to note that sexuality is an important site for control of girls and women. There are so many restrictions placed on the sexuality of the girl. When she is sexually abused or violated, she is blamed for bringing it upon herself. Participants should realise that social regulation of sexuality is gender-biased and sustains the disempowerment of women. Such constructions of sexuality are related to notions about gender roles in society, for instance, women are assigned sexually passive roles while men are assigned sexually active roles.

The activities therefore address the concepts of sexuality and challenge gender-biased attitudes about sexuality. They also encourage boys and men to understand better their own sexuality but also appreciate the sexuality of the girl. This includes knowing one's sexual body, appreciate sexual pleasure and address some common concerns surrounding male sexuality.

*Activity 2.1 Female vs male sexuality**

- | | |
|-------------------|--|
| Objectives | <ol style="list-style-type: none"> 1. Differentiate between male and female sexuality and state how it is socially constructed. 2. Analyse the double standards that underlie how society perceives male and female sexuality. |
|-------------------|--|

Time	60 minutes
Materials	Flipcharts Markers Cards
Steps	<ol style="list-style-type: none"> 1. Facilitator introduces the session by telling participants 'we are going to look at whether male and female sexuality are different. And if so, what are the differences?' 2. Facilitator asks participants to state what they believe about male sexuality and what they believe about female sexuality and starts listing responses in two columns on the board. Another way of asking this question is 'What characterises male sexuality and what characterises female sexuality?'

* Adapted from Kriti Resource Centre, Eklavya, SAHAJ and Tathapi Trust

The box below gives some typical responses

Male	Female
Aggressive	Passive
Easily excited or difficult to control	Not easily excitable or can control herself
Has desire	Has no desire
Should initiate sex	Should not initiate sex
Can explore sex	Should remain chaste and virgin
Sexual activity shows real man	Sexual activity shows loose morals
Having multiple sexual partners shows strength	Having multiple sexual partners shows is a whore
Boys are easily excited	Girls are difficult to excite

3. Facilitator asks participants whether they see any connections between gender roles and female and male sexuality.
4. Through discussions, the facilitator establishes that male and female sexuality are not biologically given but are socially prescribed.
5. Facilitator asks participants to recall any proverbs or cultural/religious sayings that describe different characteristics of male and female sexuality and write these on cards.
6. The cards are read out one by one and later pasted on wall.
7. Facilitator asks participants whether they see any differences in standards by which society judges male and female sexual behaviours

Facilitator's notes

Do not give the examples at the beginning. These are only for your Understanding. Give examples only if participants are stuck.

Facilitator needs to highlight that in every society there is an attempt to control sexuality. To maintain this control, different worldviews and ideologies are created for men and women. These worldviews depict women's sexuality as dirty, weak, and of secondary status or it is completely denied. This denial happens through the creation of myths and is perpetuated systemically.

Key points

1. Sexuality is socially constructed. Gender norms which construct women and men sexuality restrictor control women's sexuality and men's sexuality is considered uncontainable.
2. There are consequences for men and women who deviate from gender norms around sexuality.
3. There are double standards by which society judges male and female sexual behaviours. These are unfair and democratically unjustified.

Activity 2.2 Understanding sexuality*

Objectives

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

Time

60 minutes

* Adapted from the ACQUIRE Project/EnGender Health and Promundo

Materials

- Flipchart
- Markers
- Tape
- Handout 3: Definitions and Questions for Small Group Discussions about Sexuality
- Handout 5: Definitions for Circles of Sexuality for all participants
- Resource Sheet4: The Circles of Sexuality

Advance preparation

Prepare a flipchart with the circles of sexuality as illustrated in Resource Sheet 4: The Circles of Sexuality.

Steps

1. Explain that this session will explore the concept of “sexuality.” Ask participants to share what they think sexuality means to them.
2. Explain that there are many long and complicated definitions of sexuality, but that they are often confusing. Tell them we like to simplify the definition, by thinking of sexuality as comprising several circles (see Resource Sheet 4: The Circles of Sexuality).
3. Draw the diagram by referring to Resource Sheet 4: The Circles of Sexuality. When drawing the circles, label each, but do not add the information similarly coloured circles in Resource Sheet 4. Each circle represents one of the elements of sexuality. When all the circles are placed together, they encompass the total definition of sexuality. Explain that one of the circles is in a different color and is not linked to the others (Sexuality to Control Others) because it is a negative element of sexuality, even if it exists in many situations.
4. Divide the participants into four groups. Explain that each will take on a circle of sexuality and explore what they think it means (the Sexual Identity circle will be explained by the facilitator). Assign a circle to each group and ask them to describe what the circle entails using flipchart paper and markers. Pass out Handout 3: Definitions and Questions for Small Group Discussions about Sexuality and tell them to refer to the guiding questions related to their circle to help them with this activity.
5. Ask each group to present their four circles then explain the Circle of Sexual Identity. Once this has been done, pass out the Handout 4: Definitions for Circles of Sexuality. Make sure the key points of each circle are covered by referring to the Handout.
6. After all of the circles are presented, conclude the activity with the following discussion questions:
 - Is it easy to talk about sexuality? Why or why not?
 - Are the challenges of talking about sexuality different for men and women? Why? What makes it hard for men to talk about this? What makes it hard for women?
 - What would make it easier for men and women to talk about sexuality?
 - Where is “sexual intercourse” included within the definition of sexuality? Does the term play a large or small role in the definition of sexuality?
 - What are some similarities in how men and women experience sexuality?
 - What are some differences? Why do you think these differences exist?

- What have you learned from this exercise? How can you apply this in your own lives and relationships?

Key points

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

Handout 3: Definitions and questions about sexuality

Handout 3:

Definitions and Questions for Small Group Discussions About Sexuality

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

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

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

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

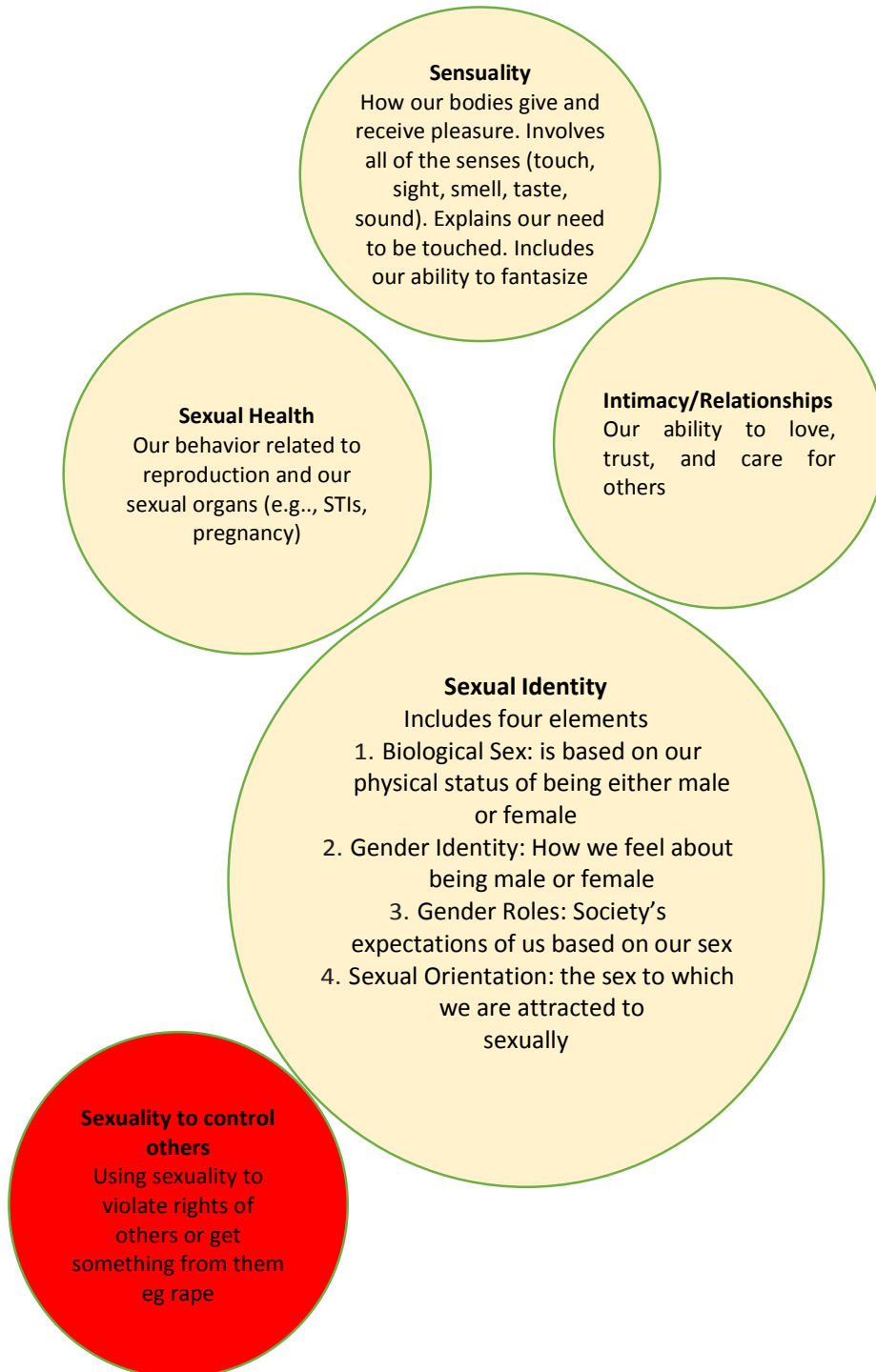
Sexual health – Sexual health involves our behavior related to producing children, enjoying sexual behaviors, and maintaining our sexual and reproductive organs.

- What sexual health issues do men and women face?

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

- How do people use sex to control other people?
- How do social/cultural/religious institutions use sex to control other people?

Resource sheet 4: The Five Circles of Sexuality



Resource Sheet 4: Circles of sexuality

Handout 4: Definitions for Circles of Sexuality

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

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

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

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

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

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

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

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

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

These expectations are gender roles.

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

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

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

Sexuality to control others– This element is not a healthy one. Unfortunately, many people use sexuality to violate someone else or get something from another person. Rape is justified on the basis that the girl or woman provoked it by the way she dressed or expressed carried her body. Social expectations such as that women be submissive in sexual relationships are part of the control mechanisms, or that they don’t talk about sexual pleasure are part of the control mechanisms.

*Activity 2.3 Body mapping**

- | | |
|-------------------|--|
| Objectives | <ol style="list-style-type: none">1. Identify what they like and do not like about their bodies2. Feel more comfortable with their bodies3. Identify their own areas of pleasure and pain4. Understand the diverse experiences of sexuality |
|-------------------|--|

Time	60 to 90 Minutes
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Materials	Large sheets of brown paper or joined flipcharts Markers (sets of 4 colours per group)
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Steps	1. Divide participants into small groups for the Body Mapping Exercise. Divide participants into groups sensitively, e.g. do not put people from the same
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* Adapted from Kriti Resource Centre, Eklavya, SAHAJ and Tathapi Trust

organisation together, divide according to age cohorts.

2. If working with mixed gender, the facilitator can divide the groups according to gender
3. In the small group, one person lies on the sheets of charts joined together while the others draw his body outline. Let the groups produce two outlines, one labelled 'front' and another labelled 'back'.
4. Women's group will produce an outline of the female body while the male groups would produce an outline of the male body.
5. Each person in the group marks on the body outline, the part of his body that he **likes**, in **green colour**.
6. In the next round, each person marks on the body line the part of his body that he **does not like**, using **red colour**.
7. Each person then marks on the body outline, where he **feels pleasure**. Use **purple colour** to denote pleasure
8. After each person in the small group has marked out his pleasure areas, each person marks out where they **feel pain** with a fourth colour, e.g. **yellow**.
9. Group members discuss how this experience was for them and consolidate the group report.

(45 minutes for body mapping in groups)

10. Each group then presents their body map and the process in the group and how they felt.
11. Facilitator engages participants in a discussion using the following questions:
 - What were the similarities between areas of pleasure, and pain in the male and female body maps?
 - What were the differences? How do you think these differences are linked to the way men and women are raised?
 - What are some of the reasons people do not like parts of their bodies?
 - What are some of the reasons persons like part of their bodies?
 - What is sexual desire? Do both men and women feel sexual desire? Are there any differences in how they feel sexual desire? Do all men feel sexual desire the same way? Do all women experience sexual desire in the same way?
 - How do we know when a man is excited? And a woman? How do men get excited? What excites a man sexually? How do women get excited? What excites a woman sexually?

**Facilitator's
notes**

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

Media projects a view of the 'perfect' male body as being fair, muscular, tall etc. This may not fit in with our own images of our body. These are gendered images. They are also restrictive. They may influence our own images of our body. We need to view human beings as belonging to diverse cultures, races, shapes and sizes.

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

All human beings are sexual beings. However, discussions, sharing and

experiences of sexuality are clouded with negativity and secrecy in the Malawian culture.

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

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

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

Key points	<ul style="list-style-type: none"> • Sometimes, especially in some religious traditions, the body and bodily pleasure is depicted as potentially evil so that many people grow up feeling uncomfortable about their own bodies and bodily pleasure. • Gender stereotypes mark the female body as 'dirty', 'tempting' or without desire, and try to control this by asking women to cover themselves appropriately when in public. • Women are also not expected to express sexual desire, and those who do run the risk of being labelled 'sluts' • Women are also expected to be 'pleasure providers' for boys and men in private, and are therefore required for instance to have tight vaginas. • Usually sexual pleasure for boys is confined to sexual organs so that concerns about the size of the penis is an important area of anxiety.
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Activity 2.4 Messages about sexuality*

Objectives	To reflect on the different messages that men and women receive about sex and sexuality and how these messages influence personal values and behaviors
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Time	60 minutes
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Materials	<ol style="list-style-type: none"> 1. Flipchart 2. Markers 3. Enough copies of Handout 5: Skit Ideas for all participants
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Steps	<ol style="list-style-type: none"> 1. Divide participants into four groups. Explain that each small group will be assigned an institution or population and asked to consider the messages about sexuality that this institution or population sends to both men and women. 2. Assign each small group to one of the following institutions or populations: <ul style="list-style-type: none"> • Group One: Peers • Group Two: The media: music, television, advertisements • Group Three: Parents and family • Group Four: Religious institutions
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* Adapted from The ACQUIRE Project/EnGender Health and Promundo

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

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

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

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

Key points

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

Training option

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

Handout 5: Skit Ideas

Group One: Peers

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

Group Two: The media: music, television, advertisements

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

Group Three: Parents and family

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

Group Four: Religious institutions

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

Activity 2.5 Men's common concerns about sexuality*

Objectives 1. To discuss men's common concerns about sexuality

Time Part 1 – 45 Minutes
Part 2 – 45 Minutes

Materials Part 1 - Enough copies of the Handout 6: Common Questions about Sexuality for

* Adapted from The ACQUIRE Project/EnGender Health and Promundo

all participants; three index cards, each with one of the three questions from the participant handout.

Part 2 –Bowl or small basket, pieces of paper with questions about sexuality (see facilitator’s notes)

Facilitator’s notes

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

Some possible questions include:

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

Steps

Part 1 – 45 minutes

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

Part 2 – 45 minutes

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

Key points

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

Many times, boys discuss sexuality issues with peers but for various reasons do not seek professional care from health care settings. This would also be an opportunity to discuss where they could seek professional care for sexual health related issues

Handout 6: Common questions about sexuality

HANDOUT 6: COMMON QUESTIONS AND ANSWERS ABOUT SEXUALITY

Dear A Phiri,

I am a 16-year-old boy. I recently went out drinking and met a girl at a party. We were about to have sex but when I tried to put on a condom, I lost my erection. I tried to get excited again, but it didn't work. Have I lost my magic touch?

Sincerely,
Jemu

Possible response:

Dear Jemu,

Most men experience your problem at some point in their lives. This could have happened for any number of reasons. It is very likely that your use of alcohol contributed to the problem. Alcohol is a depressant and causes disruptions in the sexual response cycle, especially if a person drinks a lot. The problem also could have been due to stress or anxiety about a sexual encounter. It is unlikely that this is caused by a physical problem. Sometimes an injury or older age can cause problems with a man's sex drive and circulation of blood, which leads to "impotence" or the inability to achieve an erection. If that is the case, men can receive medical treatment for impotence. However, if you can

achieve erections at other times of the day or while you are sleeping, then you will know that the problem is not physical. If that is the case, just relax and your 'magic touch' will be back before you know it. By the way, I'm happy that you used condoms, especially after you had been drinking, which is when people often forget to use them.

Dear A Phiri,

I am a 25-year-old man. I wish I could last longer when I have sex. I always get overexcited and have an orgasm within the first minute of sex. What can I do to avoid ejaculating too early? Please help,

Thanthwe

Possible response:

Dear Thanthwe,

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

Dear A Phiri,

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

Sincerely,

Patuma

Possible response:

Dear Patuma,

Many women have raised concerns about the same thing. There are many reasons for not being able to achieve orgasm. Some reasons are physical. The clitoris usually requires stimulation to achieve orgasm. During vaginal sex with men, the clitoris sometimes does not receive adequate stimulation, therefore making orgasm unachievable. Some women find that certain sexual positions can resolve this. Others find that manual or oral stimulation of the clitoris helps achieve orgasm. Limiting alcohol use may also help. In other cases, the problem may be based on psychological factors. Some women may be

resentful of, or not attracted to, their partner. If a person is nervous, afraid, or distrustful, they will not be able to experience pleasure completely. Previous trauma from sexual experiences can also limit pleasure. In some of these cases, it may be important to seek professional counseling to adequately address such problems. Good luck on getting your groove on.

Dear A Phiri,

I am an 18 -year-old boy and I am in love with a girl two years younger than me. I have not had sex with her yet. My problem is that my friends are saying that if I don't have sex with her, then someone else will and she will leave me. I am very worried that if I don't have sex with her, she may indeed leave me. Should I have sex with her?

Sincerely,
Levi

Possible response:

Dear Levi

It's hard when two people want different things from each other but, it is wiser not to rush and do something before you are ready. Many people decide to wait until they are older or married to have sex and there are many advantages to this decision. When you are older, you are emotionally more ready to have a relationship. Also, if you don't have sex, you are not at risk from STIs, HIV and unplanned pregnancies.

In the end young people must decide what is right for them without pressure from anyone else. Talk to your girlfriend. If she truly loves you, she will understand. If you decide to have sex, be sure to use a condom. Talk about this before – it's harder if you leave it to the last minute. Remember, girls can also get and carry male or female condoms. Good luck.

*Activity 2.6 Looking at stereotypes and stigmas**

- | | |
|-------------------|--|
| Objectives | <ol style="list-style-type: none">1. To examine the participant's stereotypes and stigmas they may hold about men and women, particularly around TOP2. To explore the effect that gender stereotypes and stigmas around TOP can have on men and women3. To recognise that negative gender stereotypes and stigmas are caused in part by the rigid gender roles that exist in society |
|-------------------|--|

Time	30 min
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* Adapted from the ACQUIRE Project/EnGender Health and Promundo

Materials

- Clear and easily understood definition of “stereotype” and “stigma” (see Glossary of Terms in manual)
- Flipchart
- Markers
- Tape

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

- “The ‘good’ girl”
- “The ‘bad’ girl”
- “The ‘good’ boy”
- “The ‘bad’ boy”

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 “The ‘good’ girl” and “The ‘bad’ girl”;
 - Group Two will have the ones for boys
2. Give the groups 5-10 minutes to come up with profiles of a good girl and bad girl (good boy and bad boy), 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. access to sexual health services) 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?
 - What terms, names or labels are given to the bad girl or bad boy? How does it feel to be given such names?
 - How do these stereotypes and stigmas have negative impacts on how we relate to men, women, and sexuality?
 - How do these stereotypes affect women’s wellbeing?
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 positive or 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 sexuality?
 - What can you learn from this activity?

**Facilitator's
notes**

The facilitator can lead a discussion on the construction and the ideology of a good woman and how it controls all women. This divide between the bad and good is a very potent tool of patriarchy meant to control women's sexuality.

It will be interesting to see how little characterizes a bad man. The characteristics of a good man are valorized. The comparison between the two reveals the privileged position of men.

Highlights

- 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.
- 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.

SECTION 3: RELATIONSHIPS

Introduction

The context

Relationships are an important aspect of community living. It is clear from the formative research that the community is preoccupied with issues about men-women and boy-girl relationships. However, relationships between unmarried boys and unmarried girls are viewed largely in a negative manner as society is anxious about young people getting intimate and engaging in sexual intercourse. The research established this logic in the thinking of members of the society:

- i. If boys and girls get into romantic relationships
- ii. They inevitably start to have sexual intercourse
- iii. And this results in unwanted pregnancies
- iv. So therefore, boys and girls should not get into romantic relationships

Despite this logic, there were some ideas about socially acceptable boy-girl relationships. A good relationship was described as one in which girls and boys behave like brothers and sisters, meaning that they should not involve romance or sexual intimacy. However, relationships are couched in restrictive terms because they are based on the idea that sexual intercourse outside of marriage is always problematic. Society therefore tries to control relationships between boys and girls by highlighting the 'dangers' of sexual intercourse including unwanted pregnancy.

Relationships are also judged by double standards and are coloured by gender norms. Members of the society expressed the idea that it is okay for boys to have sexual intercourse. Having sexual intercourse is an expression of masculinity. However, girls are not supposed to have sex. In fact, girls who have romantic and sexual relationships with boys risk being stigmatised as immoral and bad.

The formative research also revealed concern about cross-generational relationships and their impact on the health of young people. Communities were concerned about older men enticing young girls into sexual relationships because of their money.

Rationale for activities

These activities facilitate change or attitudes and perspective about the positive aspects of romantic relationships beginning the idea that one must know oneself before engaging in intimate relationships with others. The activities also introduce the notion of healthy and unhealthy relationships.

Apart from relationships themselves, the activities also address aspects about men's socialisation regarding relationships, for instance, men and boys tend to be less comfortable to express certain emotions which are associated with femininity such as sadness, but tend to exaggerate the expression of emotions that are considered masculine such as anger. The

activities are therefore designed to help men to reflect on how to express emotions better in their relationships, as this contributes to better relationships with girls and women.

The final activity addresses cross-generational sexual relationships and suggests ways in which communities can understand why young girls are opting to have relationships with older men. This enables the community to think critically about transactional and cross-generational sexual relationships, and take some positive actions to address the challenge.

*Activity 3.1 Developing a personal ad: It's about me**

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

Time 60 minutes

- Materials**
- Markers
 - Pens
 - Enough copies of Handout 7: Developing a Personal Ad for all participants

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

- Notes for facilitator**
1. This exercise might be varied to suit context. In settings where personal ads may not be appreciated, the facilitator can focus on the aspect of knowing

* Adapted from The ACQUIRE Project/EnGender Health and Promundo

oneself. Participants can then still be asked to write or note their personal attributes.

2. We are not perfect humans, so people may note attributes about themselves that they are not happy about or do not really like. The facilitator should encourage participants to appreciate themselves as they are, and accept themselves as they are. Sometime one can work to change their attributes (e.g. personal attributes), but certain things cannot be changed and one should accept themselves as they are (e.g. physical attributes).

Key points

- Before starting a relationship, it is important to know and love yourself and to figure out what you might give in a relationship. Many single people think that they are ready for a relationship, but often they have not found out enough about themselves to truly be ready. As a result, they can sometimes find themselves in unhealthy relationships.
- Healthy relationships are about knowing oneself first, appreciating one's qualities and attributes, and accepting those qualities and attributes. This is called self-acceptance.

Handout 7: Self-appreciation/personal Ad

Handout 7: Developing a Personal Ad

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

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

Physical:

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

Personality:

Outgoing
Shy
Energetic
Artistic
Honest
Sincere
etc

You also may wish to list:

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

Experience

Personal Ad for Yourself (limit of 25 words):

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

*Activity 3.2 Defining the ideal partner**

- | | |
|-------------------|--|
| Objectives | <ol style="list-style-type: none">1. Name the personal qualities the participants would want in a romantic partner2. Identify differences between women and men in what they want from romantic relationships3. Understand what women and men need to communicate better about what they want from each other in romantic relationships. |
|-------------------|--|

Time	60 minutes
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Materials	Flipchart paper Markers Tape Notebook paper Pencils or pens
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- | | |
|--------------|--|
| Steps | <ol style="list-style-type: none">1. Divide participants into two groups, 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 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. |
|--------------|--|

* Adapted from Sonke Gender Justice

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 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.

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 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.

Note also that the ideal partner almost never exists. However, knowing what one wants helps in getting a partner who is better suited to them. Ultimately however, one needs to accept their partner as imperfect. But it is also important to know what attributes of their partner one is willing to live with. Failure to accept the imperfections of the partner can result in sustained conflicts. Especially for boys and girls, they need to understand that it is okay to break romantic relationships when there is a clash of expectations that cannot be resolved. For those already married knowing oneself and knowing the partner is a never-ending process. Therefore, this activity is still important for them as well.

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 Malawi. This silence is based on homophobia and helps to sustain the homophobia that damages the lives of gay men and women.

Key points

- There is still a great deal of negativity about romantic relationships between boys and girls. In the Malawi context, the idea of sex before marriage is taboo. Consequently, many young people engage in sexual relationships in

circumstances of secrecy and where they are not adequately supported to prevent unwanted sex and unwanted pregnancies.

- Romantic relationships are part of adolescent development. Romantic relationships do not cause unwanted pregnancies or STIs. Failure to practice safe sex is the major reason for unwanted pregnancies.

*Activity 3.3 Healthy and unhealthy relationships**

Objectives **1. To be able to identify healthy and unhealthy behaviors that exist within relationships**

Time 75 Minutes

Advance Materials

- Three “Relationship Range” cards (see advance preparation)
- A set of “Relationship Situation” cards (see advance preparation)
- Flipchart paper, pens, and tape

Advance preparations Before the activity, write the following in large letters on separate pieces of paper: “Very Healthy,” “Very Unhealthy” and “Depends.” Also, write each of the following Relationship Situations on a separate card (or piece of paper):

- The most important thing in the relationship is sex.
- You never disagree with your partner.
- You spend some time by yourself without your partner.
- You have fun being with your partner.
- Your partner is still close to his or her ex-boyfriend or ex-girlfriend.
- You feel closer and closer to your partner as time goes on.
- You will do anything for your partner.
- Sex is not talked about.
- One person usually makes every decision for the couple.
- You stay in the relationship because it is better than being alone.
- You stay in the relationship because you feel sorry to leave
- You stay in the relationship because of children.
- You are in control and you can do what you want to do.
- One person hits the other to make him or her obey.
- You talk about problems when they arise in the relationship.
- You argue and fight often.
- You stay in the relationship because religion says to leave is immoral

If you do not have cards/paper, you can simply read aloud each situation to the participants.

Facilitator’s notes In healthy relationships, both partners are happy to be with the other person. In unhealthy relationships, one or both partners are unhappy because of continuing problems with the relationship that are not being addressed.

* Adapted from The ACQUIRE Project/EnGender Health and Promundo

Gender has an impact on people staying in unhealthy relationships. In general, women find it harder to leave unhealthy relationships than men. Women earn less money than men and have less control over economic resources (land, credit). This makes many women economically dependent on their husbands. Socially, women are more stigmatized for being divorced or separated. There is huge social pressure on women to preserve the family.

Men need skills and support to talk with their wives and girlfriends about creating healthier relationships. There is little support for either men or women in making their relationships healthier. But gender rules for women allow them to ask each other for support and to talk about their feelings. The gender rules for men make it difficult for them to ask for support on personal matters or to show their emotions. The first step toward healthier relationships is to challenge these gender rules. Men need more opportunities and permission to ask for support. Men also need specific training on how to talk about their feelings and their relationships.

Steps

1. On the wall in front of the group, place the “Very Unhealthy” sign on the left and the “Very Healthy” sign on the right. Explain that this is the “Relationship Range” that will be used to discuss behaviors in relationships. Make clear that romantic relationships can be anywhere on this range between healthy and unhealthy.
2. Break the group into pairs. Ask each person to share with their partner an example of a healthy relationship and an unhealthy relationship. The examples can be from their own lives or from people that they know. Allow each person five minutes to share their examples.
3. Bring everyone back together. Ask the group to define healthy and unhealthy romantic relationships. Share the definition included in the facilitator’s notes section. Ask the group to brainstorm the qualities of a healthy relationship. Write these under the “Very Healthy” sign. Emphasize these key qualities: respect, equality, responsibility, and honesty. Make clear that the qualities of an unhealthy relationship are the opposite of those for a healthy relationship.
4. Next to the Relationship Range put up another sign marked “Depends.” Then give out the “Relationship Situation” cards to the participants. Choose one of the participants at random to read aloud what is on their card. Ask them to say how healthy or unhealthy this situation is in a relationship and why they think so. Tell them to place the card in the appropriate place on the Relationship Range, or in the “Depends” category.
5. Ask the group what they think about this placement. Allow time for discussion. If they don’t agree, remind them of the qualities of a healthy relationship (respect, equality, responsibility, honesty). Ask them if the situation shows these qualities.
6. Repeat steps 4 and 5 for each of the “Relationship Situation” cards. Then lead a general discussion by asking the following questions:
 - Why do you think some people stay in unhealthy relationships?
 - Are the reasons different for women and men? Why?
 - How can friends and family help people in unhealthy relationships?
 - What skills and support do men need to create healthier relationships?

Key points

- Human beings are relational. They will always develop and live in the contexts of relationships with others in the home, at school, and at work.
- Romantic relationships are part of human sexuality and these begin at the age of adolescence. Romantic relationships should not be viewed negatively. However, these relationships can either be healthy or unhealthy.
- Healthy relationships are based on communication and mutual respect. Decisions are made together and neither person dominates the relationship.
- Unhealthy relationships, on the other hand, can mean poor communication and unequal decision making, which makes open talk about sexual behavior and contraception extremely difficult, and thus puts one or both partners at greater risk for STIs and HIV.

Activity 3.4 Expressing my emotions*

Objectives To recognize the difficulties men face in expressing certain emotions and the consequences for themselves and their relationships

Time 90 Minutes

Materials

- Flipchart
- Markers
- Small pieces of paper
- Resource Sheet: Sample of Ranking Emotions

Facilitator's notes Prior to the session, it is recommended that the facilitator review this activity and reflect on his or her own ways of expressing emotions.

Steps

1. Draw five columns on flipchart paper and write the following emotions as headings: **Fear, Affection, Sadness, Happiness, and Anger** (see Resource Sheet for an example of how to arrange the words and ranking described below).
2. Explain to the participants that they will be thinking about and discussing how easy or difficult it is for men to express these various emotions.
3. Give all participants a small piece of paper and ask them to write down the five emotions on the flipchart, in the same order. Next, read the following directions:

Think about which of these emotions you express with greatest ease. Put a number one next to the emotion that is the easiest for you to express. Then think about the next easiest emotion for you to express and put a number two (2) beside it. Put a number three (3) next to the emotion that is third easiest; it is may not be too hard, but it also may not be very easy. Put a number four (4) next to the emotion you have even greater difficulty expressing. Finally, put a number five (5) next to the emotion that you have the most difficulty expressing.

4. After the participants have finished ranking their emotions, collect the papers and write down the rankings in the columns on the flipchart (see example in Resource Sheet 5).
5. With the entire group, reflect on the similarities and differences found among

* Adapted from The ACQUIRE Project/EnGender Health and Promundo

the participants. Explain that:

- The emotions that we numbered as one and two are the ones we have often learned to express in an exaggerated way
- Numbers four and five are those we haven't learned to express as well, or that we may have learned to repress or keep hidden
- Number three may represent an emotion we do not exaggerate or repress but probably deal with more naturally

Use the questions below to facilitate a discussion:

- Have you discovered anything new about yourself from this activity?
- Why do people exaggerate or repress certain emotions? How do they learn to do this?
- What are the consequences of exaggerating or repressing emotions?
- Are there similarities in how men express certain emotions?
- Are there differences between how men and women express emotions? What are the differences?
- Do you think women express certain emotions more easily than men? Why?
- How does the way we express our emotions influence our relationships with other people (partners, family, friends, etc.)? Why are emotions important? Give examples: Fear helps us handle dangerous situations; anger helps us to defend ourselves. Ask the participants for examples.
- How do you think expressing your feelings more openly can affect your well-being?
- Your relationships with other people (romantic partners, family, friends, etc.)?
- What can you do to express your emotions more openly? How can you be more flexible in expressing what you feel?

NOTE: It might be interesting to have the entire group brainstorm different strategies for dealing with emotions and then encourage each participant to make a note of his personal reflections. If he desires, he can then share his reflections with the others in small groups.

Key points

1. Emotions are a form of energy that allows you to express what is oppressing you or bothering you. Different emotions reflect different needs, and it is best to learn how to deal with all your emotions.
2. Expressing them, without causing harm to others, helps to make you stronger and relate better to the world around you.
3. How each person expresses his or her emotions varies and is important to note that boys exhibit certain emotions related to how they are brought up. It is common for them to hide fear, sadness, even kindness, and to express anger through violence.
4. Although you are not responsible for feeling certain emotions, you are responsible for what you do with what you feel. It is critical to distinguish between "feeling" and "action," to find forms of expression that do not cause damage to yourselves or to others.

Resource Sheet 5: Sample of Ranking Emotions

Below is an example of how to organize the columns of emotions and participant responses. During the discussion, the facilitator should help the participants identify similarities and differences in rankings. For example, the table below shows that there is an almost even split in the number of participants who find it easy to express anger and those who find it difficult. This could lead to a discussion about why these differences exist, and whether men generally find it easy or hard to express anger. It could also lead to a discussion on how this affects men's relationships with family, friends, and partners. Another interesting pattern in the table is that most find it difficult to express fear. Often, men are expected to be fearless; this example can serve as a basis for discussion about socialization and gender norms.

	Fear	Affection	Sadness	Happiness	Anger
Participant #1	5	4	3	2	1
Participant #2	2	3	4	1	5
Participant #3	4	1	3	2	5
Participant #4	4	3	5	2	1
Participant #5	5	1	3	2	4

Note: It is important to remember that the table's rankings should be anonymous. That is, each line should represent a participant's ranking, but not include his name. The facilitator can instead assign them a number to which the participants can easily refer during the discussion.

Activity 3.5 Effective communication*

Objectives To develop skills to communicate assertively

Time 45 Minutes

Materials Flipcharts
Markers

Advance Preparation Before the session, prepare the following flipcharts:
Flipchart 1:
Passive Communication
Aggressive Communication
Assertive Communication

* Adapted from the ACQUIRE Project/EnGender Health and Promundo

Flipchart 2: Assertive Communication

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

Formula = ACTION + RESPONSE + REASON + SUGGESTIONS

The Action: "When...." Be specific and nonjudgmental

My Response: "I feel...." Keep it to your own feelings

Reason: ".... because...." (optional)

Suggestions: "What I'd like is....." (ask but not demand)

Flipchart 2:

What do you say when someone tries to persuade you?

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

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

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

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

Bargain: Negotiate a decision that both people can accept

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

**Facilitator's
notes**

Replace the names in the examples and questions with names that are appropriate to your local context.

When we teach people to be assertive, we need to also teach them to assess situations and to consider their personal safety. In some situations, speaking up and communicating assertively can be dangerous (if someone has a weapon, has been drinking or taking drugs, is extremely angry, etc.).

When you introduce the topic of assertiveness, keep in mind that communicating assertively, especially for women, is not considered the norm in some cultures. Individual cultural teachings regarding assertiveness will vary among participants. Some will come from families in which speaking up for oneself or refusing a request, especially from an adult or a male, is considered inappropriate.

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

Steps

1. First, ask the group to describe "assertive communication." After a few responses, show participants the first flipchart and explain that there are three types of communication: passive, aggressive, and assertive.
2. Tell the group that it is very important that we assess a situation and consider our personal safety before using assertive communication. For example, if someone is on drugs, is drunk, or has a weapon, it probably is not

the best time to speak up. However, in relationships, especially romantic relationships, it is important to be assertive.

3. Tell participants that one way to make communication more effective in difficult situations, is to choose the appropriate kind of communication. Read the following scenario aloud:

Tsache and Chimwemwe have been dating for three months. During that time, they never had sex. One afternoon, Tsache wanted meet Chimwemwe at the dances, but Chimwemwe suggested that they spend quality time at Tsache's in a secluded place. Tsache thought that at last Chimwemwe was ready to have sex, and started making sexual advances. Chimwemwe made it clear that she was not ready for sex, but Tsache continued to pressure her.

Have the participants write one sentence describing what Chimwemwe should do in this situation.

Allow about three minutes, then ask participants to form three groups, based on the following criteria:

Group 1: Get angry at Tsache and leave

Group 2: Submit to his advances and have sex

Group 3: Explain that you do not want to have sex but would like to continue spending "quality time"

1. Once the three groups have been formed, ask them to answer the following questions as a group:
 - Why do you think this response is appropriate?
 - What results may happen because of this response?
2. Allow five minutes for each discussion, then ask everyone to be seated.
3. Ask one participant from each group to share group responses to the questions. Record the major points in three separate columns on flipchart paper.
4. Use flipchart 1 and ask participants to match each term to the list of outcomes for the responses.
5. Review Chimwemwe's choices for action one more time, and illustrate why assertiveness is usually the best choice in a situation like this.
 - Passive Response: Behaving passively means not expressing your own needs and feelings, or expressing them so weakly that they will not be heard.
 - Aggressive Response: Behaving aggressively is asking for what you want or saying how you feel in a threatening, sarcastic, or humiliating way that may offend the other person(s).
 - Assertive Response: Behaving assertively means asking for what you want or saying how you feel in an honest and respectful way, so that it does not infringe on another person's rights or put the individual down.
6. Next, ask for two volunteers who can role-play the scenario in which Chimwemwe responds assertively.
7. Conclude the activity with the following discussion points:
 - Were you surprised by anyone's response in this exercise? Why or why not?

- How did it feel to think about speaking assertively?
 - Would it have been different if the roles were reversed (Tsache did not want to have sex and Chimwemwe was the one pressuring Tsache)?
 - Why is it so hard for some people to be assertive?
 - Do you think there are differences in gender that affect how assertive a person is?
 - How can the lack of assertive communication put people at risk of unsafe sex and sexually transmitted infections?
 - What have you learned from this exercise?
8. In closing this activity, review ways that participants can be assertive by reviewing flipcharts 2 and 3 with them

Key points

1. Assertiveness is a skill or an art that may not come to people naturally for various reasons including upbringing
2. Though speaking assertively is important, in some circumstances speaking assertively may be dangerous, for instance where a person has weapon, or is acting under the influence of alcohol or is extremely angry. In such situations, the most important response is avoid escalating the situation, for instance getting away.
3. If you feel uncomfortable being assertive, you can practice being assertive in “mock” situations with people you feel safe with, such as friends or family members.

*Activity 3.6 Multiple sexual partners, cross-generational sex, and transactional sex**

Objectives

1. To define concurrent multiple sexual partnerships, cross-generational sex, and transactional sex
2. To explore how rigid gender norms drive these high-risk sexual behaviors
3. To identify risks and costs associated with these sexual behaviours

Time

60 minutes

Materials

- Blank sheets of paper
- Pens/Pencils

Steps

1. Explain that this session will explore three issues related to gender and sexual activity:
 - a. men with concurrent multiple sexual partners,
 - b. men engaging in cross-generational sex, and
 - c. men engaging in transactional sex.
2. Divide the participants into three groups and assign one of the following issues to each.

Group 1: Concurrent Multiple Sexual Partners

Group 2: Cross-Generational Sex

Group 3: Men Engaging in Transactional Sex
3. Ask each group to provide a definition of their term. If they prefer, they can simply provide an example of their term.
4. Ask someone from each group to share their definition and/or example. As

* Adapted from the ACQUIRE Project/EnGender Health and Promundo

each group presents its definition, ask participants to provide additional examples. The definitions should be like the following:

Concurrent Multiple Sexual Partners—This means a person is involved in more than one sexual relationship at the same time (for example, a man who is sexually active with his wife, but also has a girlfriend with whom he has sex).

Cross-Generational Sex—This refers to two sexually-involved individuals with at least a 10-year difference in their ages (for example, a 30-year-old man who is in a sexual relationship with a 15-year-old girl).

Transactional Sex—This refers to a sexual relationship or sexual act in which the exchange of gifts, services, or money is an important factor (for example, an older man buys a younger girl a cell phone or pays her school fees in exchange for sex).

5. After they have written their definitions, ask each group to discuss the following question:

- Why does your issue put men, women, and communities at risk for unwanted pregnancy and STIs including HIV?

6. When they are ready, have someone from each group share their response to the question. Be sure to include the following points if they are not mentioned:

- **Concurrent Multiple Sexual Partners**—A person is much more likely to pass on HIV if he or she has more than one sexual partner. It is easiest to transmit HIV when a person is recently infected. Therefore, if someone is infected by one person, and has unprotected sex soon after with a second person, that second person will likely become infected, too.
- **Cross-Generational Sex**—When a man has sex with a person who is at least 10 years younger than he, there is a major imbalance in power. As a result, the younger person may find it difficult to negotiate safer sex.
- **Transactional Sex**—A person who is receiving money, gifts, or services may find it difficult to negotiate safer sex.

5. After discussing the risk factors, ask the participants to return to their groups. Ask each group to explore how societal messages about masculinity perpetuate the issue they are examining.

6. Ask someone from each group to share their response. Allow other participants to make additional comments.

7. Conclude the activity with the following discussion questions:

- Why do you think men are more likely than women to have multiple sexual partnerships?
- Why do you think men are more likely than women to engage in sex with partners at least 10 years younger than they?
- Why do you think men are more likely than women to provide gifts, services, or money for sex?
- What are the costs and negative outcomes that come from men engaging in multiple sexual partnerships, cross-generational sex, and transactional sex?
- How can men challenge other men to stop engaging in multiple sexual partnerships, cross-generational sex, and transactional sex?
- What did you learn from this session?

Facilitator's notes

Rigid gender norms often drive the HIV epidemic by facilitating unsafe behavior such as concurrent multiple sexual partnerships, cross-generational sex, and transactional sex. It is important for both men and women to realize this and identify ways that these norms can be changed and/or addressed.

Facilitator should note that cross-generational sex may also involve young people willingly engaging in sex with older people, so that there is a continuum of volition. Refer to resource sheet 6.

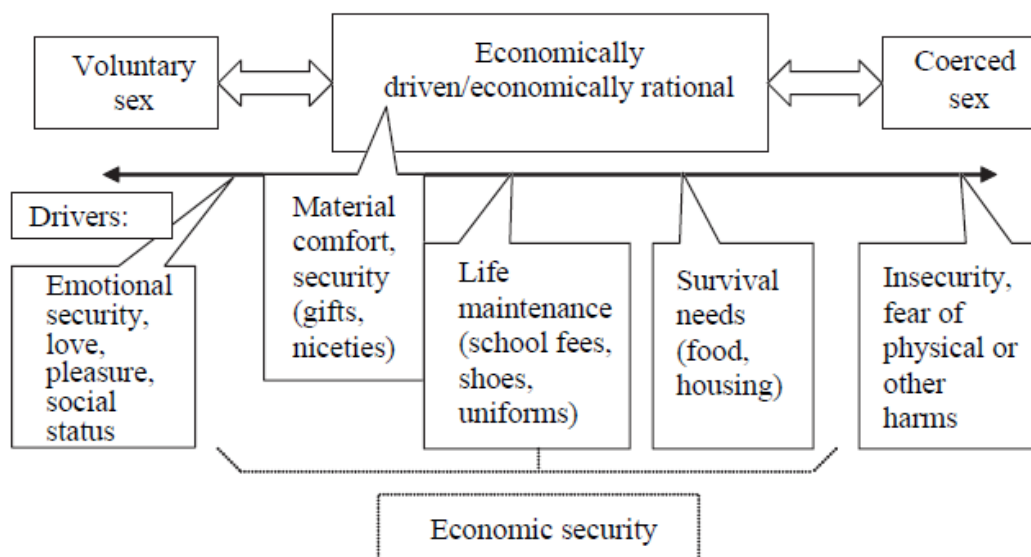
Researchers recommend identifying the drivers that lead young people into cross-generational relationships and creation of programs that raise awareness with young people about the risks of cross-generational sex, raise self-esteem, and address their social and economic needs.

Resource Sheet 6: Understanding cross-generational sex

**RESOURCE SHEET 6:
A MODEL FOR UNDERSTANDING CROSS-GENERATIONAL SEX**

Cross-generational sex could be understood as sex along a continuum of volition. At one end, young girls engage in cross-generational relationships with older people voluntarily for “emotional reasons”. At the other end of the continuum is coerced sex, ie, against the will of the young girl. In the middle of the continuum, which is neither strictly voluntary nor coerced and has been referred to as ‘economically rational sex’.

FIGURE 1: REASONS FOR CROSS-GENERATIONAL SEX ALONG THE CONTINUUM OF VOLITION



This continuum suggests that we should not consider all young people as equally vulnerable and passive when they are involved in cross-generational sex. Some young people choose to engage in sexual relationships with older people for emotional security, for pleasure, sex for love, or potentially to demonstrate fertility and/or bear a child.

Apart from addressing gender norms, programmes should ensure that young people have the information, skills and services needed to make healthy and responsible sexual choices. Further, programs should create supportive social and policy environments for adolescents to carry out their decisions, for instance address economic needs of adolescents who engage in cross-generational sex for survival. It however remains a challenge to address circumstances where young people are engaged in sexual relationships, not for survival, but for some luxuries or 'desired things' such as cell phones, a nice party-dress or to be taken out to nice places.

Source: A. Weissman et al., from *"Cross-Generational Relationships: Using a 'Continuum of Volition' in HIV Prevention Work Among Young People,"* 2006. Courtesy of Save the Children.

SECTION 4: VIOLENCE*

Introduction

The context

The formative research captured types of violence that boys and girls experience in the communities. Girls expressed that they faced the following kinds of violence from boys:

- Sexual harassment including unwanted touching of breasts and buttocks
- Being underrated in class
- Being impregnated by boys who then deny responsibility
- Ridiculing them when they are having menses
- Sexual assault and rape

On the other hand, boys expressed that they experienced the following forms of violence from girls:

- Girls insult their manhood by making statements such as that the boy cannot sexually satisfy them
- Girls wear sexually provocative clothing or hold themselves in such a way that they sexually arouse boys
- Girls despise boys who are poor and cannot for instance afford fashionable clothing

The research also revealed that community members believed that there are circumstances where a girl deserves to be beaten such as when she refuses to do household chores, help elders, when she comes home late and when she is seen with a boy.

The formative research therefore shows that girls suffer the worst forms of violence as compared to boys. In fact, some of the forms of violence that boys expressed such as that girls provoke them by the way they dress or walk do not fall under the definition of violence. Rather, they are justifications for the violence that boys perpetrate on girls.

Rationale for activities

The activities are therefore designed to explore in greater depth the notion of violence but also the experience of violence as perpetrators and victims of violence in the communities. The activities also help participants understand the definition of sexual harassment which was an important concern in the communities. The activities also clarify what in fact is not harassment, for instance, girls wearing miniskirts is not violence though it may provoke sexual desire in boys.

Activity 4.1 What is violence?

Objectives	To identify different types of violence that may occur in intimate relationships and communities
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Time	90 Minutes
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Materials	• Flipchart
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* All activities under this section are adapted from The ACQUIRE Project/EnGender Health and Promundo

- Marker pens
- Resource Sheet 7: Case Studies on Violence
- Resource Sheet 8: What is Gender-Based Violence?

Facilitator's notes

Prior to the sessions on violence, it is important to research locally-relevant information concerning violence, including existing laws and social supports for those who inflict and/ or suffer from violence. It is also important to be prepared to refer a participant to the appropriate services if he reveals that he is a victim of violence or abuse.

As the facilitator, you can assist the group in this discussion by:

- Explaining that this is not a support group, but that you can talk to anyone afterwards to tell them about any support services you know about.
- Being aware of people's reactions and body language and reminding the group of the importance of people taking care of themselves (e.g., it is okay to take a break).
- Explaining that keeping full confidentiality is usually very difficult and that participants who want to talk about their own experience, but who do not want others outside the group to know about it, can choose to talk about the violence that "people like them" experience.
- Challenging participants who try to deny or reduce the significance of violence, especially, violence against women and children.

The case studies included in Resource Sheet depict diverse examples of violence, including men's use of physical, sexual, and emotional violence against women in intimate relationships (case studies #1, 2, and 3); men's use of physical violence against women outside the context of an intimate relationship (case study #3); physical violence between men (case study #4); and community-level, or institutional, violence against individuals and groups of people (case study #5). If necessary, you can adapt these case studies or create new ones to address other types of violence that also occur in intimate relationships, families, or communities.

Steps

Part 1 – What Does Violence Mean to Us? (30 minutes)

1. Ask the group to sit in a circle and to think silently for a few moments about what violence means to them.
2. Using the talking stick, invite each participant to share with the group what violence means to them. Write the responses on flipchart paper.
3. Discuss some of the common points in their responses, as well as some of the unique points. Review the definitions of violence below and tell the participants that there is not always a clear or simple definition of violence and that during the second part of the exercise, you will read a series of case studies to help them think about the different meanings and types of violence.

Physical violence: Using physical contact, such as touching, hitting, slapping, kicking or pushing. It can also use of instruments eg stick.

Emotional/psychological violence: Often the most difficult form of violence to identify. It may include humiliating, threatening, insulting, pressuring, and expressing jealousy or possessiveness (e.g., by controlling decisions and activities).

Sexual violence: pressuring or forcing someone to perform sexual acts (from kissing to sex) against their will, or making sexual comments that make someone

feel humiliated or uncomfortable. It does not matter if there has been prior consenting sexual behavior.

Part 2 – Discussion of Different Types of Violence (One hour)

I. Read the case studies on violence and follow up each one with the following questions, using the talking stick.

- What kinds of violence most often occurs in intimate relationships between men and women? What causes this violence? (Examples may include physical, emotional, and/ or sexual violence that men use against girlfriends or wives, as well as violence women use against their boyfriends or husbands.)
- What kinds of violence most often occur in families? What causes this violence? (Examples may include parents' use of physical, emotional, or sexual violence against children or other types of violence between family members.)
- What kinds of violence most often occur outside relationships and families? What causes this violence? (Examples may include physical violence between men, gang or war-related violence, stranger rape, and emotional violence or stigmatizing certain individuals or groups in the community)
- Are some acts of violence related to a person's sex? What is the most common type of violence practiced against women? Against men? (See Resource Sheet: What is Gender-Based Violence?)
- Are only men violent, or are women also violent? What is the most common type of violence men use against others? What is the most common type of violence that women use against others?
- Does a man or woman ever "deserve" to be hit or suffer violence?
- What are the consequences of violence on individuals? On relationships? On communities?
- What are the consequences of violence, in relation to condom usage? In relation to HIV transmission?
- What can you and other men do to stop violence in your community?

Highlights

Violence can be defined as the use of force (or the threat of force) by one individual against another. Violence is often used to control another person, to have power over them. It happens all around the world and often stems from the way individuals, especially men, are raised to deal with anger and conflict. It is commonly assumed that violence is a "natural" or "normal" part of being a man. However, violence is a learned behavior, and in that sense, it can be unlearned and prevented. As discussed in other sessions, men are often socialized to repress their emotions, and anger is sometimes one of the few socially acceptable ways for men to express their feelings. Moreover, men are sometimes raised to believe that they have the "right" to expect certain things from women (domestic tasks or sex, for example), and the right to use physical or verbal abuse if women do not provide these things. Men may also resort to violence to assert their views or decisions, thereby making communication among partners about condom-usage, sex, and HIV almost impossible. It is important to think about how these rigid gender roles regarding how men should express their emotions and how they should interact with women are harmful both to men and their relationships. In your daily lives, it is essential that you, as men, think about what you can do to speak out against other men's use of violence.

Sexuality is an important site of violence experienced by girls and women at the hands of men. Rape, which is sex without the consent of a person, is the worst form of sexual violation. It is often an expression of power by the perpetrator over the victim. Rape is never an expression of love.

Rape is often justified by ideas such as, if the girl loves me, she ought to have sex with me; I am her husband, she cannot refuse sex; if I fail to have sex with her, my friends will think I am weak; if she is not physically resisting, then she wants sex; even if she says no, her coming to see me meant she wanted it in the first place, or her yes is just modesty, otherwise she means yes; a girl cannot say yes to sex unless she is a 'whore'; and so on. Rape is therefore supported by patriarchal social norms and beliefs that justify it.

Resource Sheet 7: Case studies in violence

**RESOURCE SHEET 7:
CASES STUDIES ON VIOLENCE**

Case Study #1

Botha and Nakwenda are married. Botha's mother (mother-in-law to Nakwenda) is visiting for some days. One morning Nakwenda planned to go to the mills to make flour. However, she comes late because there was a long line. She therefore cooked food only after 2 o'clock in the afternoon when usually lunch is eaten at 12 o'clock. Botha comes back when Nakwenda is still preparing lunch. He is very annoyed that she is preparing lunch late. Nakwenda tries to explain that she was delayed at the mills, but Botha insists that she should have made it a priority to prepare food for the mother-in-law. Nakwenda does not respond. Botha is very upset and kicks her.

- Do you think that Botha was right to hit Nakwenda?
- How should Nakwenda react?
- Could Botha have reacted differently in this situation?

Case Study #2

You are with a group of friends at the dances. When you are about to leave, you see a couple (presumably a boyfriend and girlfriend) arguing. He is angry with her because he thinks she is looking at and flirting with another guy. She says, "I was not looking at him... after all, I am with you!" He verbally chastises her. Finally, she says, "I am sorry I will not do that again." This seems to upset him more because he says, "You are lying. You did this all the time". He then hits her, and she falls.

- What would you do? Would you leave? Would you say anything? Why or why not?
- Would it be different if it were a guy hitting another guy?
- What can you do in situations like this one? What are your options?
- What is our responsibility to prevent others from using violence?

Case Study #3

Michael is Form 4 and Pili is Form 2. They are involved in a romantic relationship. One afternoon, they were together in the woods for a romantic moment. While there, they touch each other as they usually did. For the first time, Michael reaches under her skirt to touch her private parts. Pili stops him and says that she does not want to go any further. Michael is upset. He asks her "Why not? I thought you loved me." Pili continues to say she is scared to do it now. Michael thinks to himself that if he did not have sex there and then, his friends will think he is weak. Michael ignores Pili's protests and pulls off her underwear and forces her to have sex with him. Pili does not resist but sobs silently.

- Is this a kind of violence? Why or why not?
- What do you think Michael should have done?
- What do you think Pili should have done?

Case Study #4

A group of friends go to a football match. One of them, John, sees that some guy is staring at his girlfriend. John walks up to the guy and shoves him and a fight begins.

- Why did John react this way? Do you think that he was right to shove the other guy?
- How else could he have reacted?
- What should his friends have done?

Case Study #5

In many communities, people who are living with HIV and AIDS are shunned. They are insulted. Sometimes their children are not allowed to go to school.

- Is this a type of violence?
- Do you think that this type of discrimination hurts people living with HIV and AIDS?
- What can be done to stop these types of things from happening?

Resource Sheet 8: What is Gender-based violence?

RESOURCE SHEET 8: WHAT IS GENDER-BASED VIOLENCE?

In many settings, most laws and policies use "family violence" or "domestic violence" to indicate acts of violence against women and children by an intimate partner, usually a man. However, there has been an increasing shift toward the use of "gender-based violence" or "violence against women" to encompass the broad range acts of violence that women suffer from intimate partners, family members, and other individuals outside the family. These terms also draw focus to the fact that gender dynamics and norms are

intricately tied to the use of violence against women.

Below is a definition of gender-based violence and violence against women based on the United Nations General Assembly Declaration on the Elimination of Violence Against Women in 1994:

...any act that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring **in public or in private life**.

...shall be understood to encompass, but not be limited to the following:

- a. Physical, sexual and psychological violence occurring **in the family**, including battering, sexual exploitation, sexual abuse of children in the household, dowry-related violence, marital rape, female genital mutilation and other traditional practices harmful to women, non-spousal violence and violence related to exploitation
- b. Physical, sexual and psychological violence occurring **within the general community**, including rape, sexual abuse, sexual harassment and intimidation at work, in educational institutions and elsewhere, trafficking in women and forced prostitution
- c. Physical, sexual and psychological violence **perpetrated or condoned by the State and institutions**, wherever it occurs.

Resource Sheet 9: What is sexual violence?

RESOURCE SHEET 9: WHAT IS SEXUAL VIOLENCE*

Sexual violence Sexual violence encompasses acts that range from verbal harassment to forced penetration, and an array of types of coercion, from social pressure and intimidation to physical force. Sexual violence includes, but is not limited to:

- rape within marriage or dating relationships; n rape by strangers or acquaintances;
- unwanted sexual advances or sexual harassment (at school, work etc.)
- systematic rape, sexual slavery and other forms of violence, which are particularly common in armed conflicts (e.g. forced impregnation);
- sexual abuse of mentally or physically disabled people;
- rape and sexual abuse of children; and
- 'customary' forms of sexual violence, such as forced marriage or cohabitation and wife inheritance.

The World Health Organization (WHO) defines sexual violence as:

Any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic or otherwise directed against a person's sexuality using coercion, by any

* Taken from World Health Organisation 'Understanding and addressing violence against women' http://apps.who.int/iris/bitstream/10665/77434/1/WHO_RHR_12.37_eng.pdf (accessed 26 December, 2016).

person regardless of their relationship to the victim, in any setting, including but not limited to home and work.

Coercion can encompass:

- varying degrees of force;
- psychological intimidation;
- blackmail; or
- threats (of physical harm or of not obtaining a job/grade etc.).

In addition, sexual violence may also take place when someone is not able to give consent – for instance, while intoxicated, drugged, asleep or mentally incapacitated.

The WHO multi-country study (3) defined sexual violence as acts through which a woman:

- was physically forced to have sexual intercourse when she did not want to;
- had sexual intercourse when she did not want to, because she was afraid of what her partner might do; or
- was forced to do something sexual that she found degrading or humiliating.

Activity 4.2 Sexual harassment

- Objectives**
1. To identify different kinds of sexual harassment
 2. To define the elements that need to exist for behavior to be sexually harassing
 3. To learn about personal responsibility for ending behaviors that might constitute sexual harassment

Time 60 min

- Materials**
- Enough copies of Handout 8: Is it Sexual Harassment? for all participants
 - Flipchart
 - Markers

Advance preparation Prepare the flipchart of the “Spectrum of Sexual Harassment as shown below

Flirting and Friendship	Borderline	Hostile Environment Harassment	“This for That” Harassment	Sexual Assault
Not Harassment Welcome behavior for both parties	Not Harassment Some level of behavior is unwelcome	Sexual Harassment Behavior is unwelcome and pervasive	Sexual Harassment Behavior is unwelcome and threatening	More Serious than Sexual Harassment Touch is forced

- Steps**
1. Ask the participants to define sexual harassment. Write their suggestions on the chalk board or flipchart paper, and spend two to three minutes discussing them. Tell them that this session will help them see that harassment has many definitions.

2. Explain to the participants that sexual harassment is in the eye of the bystander i.e. from the perspective of a third person. The way language or behavior makes a person feel is how harassment is defined. In most cases, sexual harassment involves a person using their sex to exert power or control over another person, making them feel uncomfortable, threatened, or harmed in some way.
3. Explain that sexual harassment is usually heard about in a school or work setting because these are the two main places where sexual harassment is reported. It is important to remember that sexual harassment occurs in other places as well, and that it is never acceptable. In this way, sexual harassment is an issue fairly like racism. It exists everywhere, but schools and workplace settings can challenge this behavior more easily.
4. Show the participants the Spectrum of Sexual Harassment.
5. Explain that the first type of harassment is called hostile environment harassment. There are four factors that make up this scenario. Hostile environment harassment is behavior, displays, or language that is either
 - a. unwelcome;
 - b. pervasive;
 - c. gender related;
 - or that
 - d. interferes with a student or worker's opportunity to study or do work.
 Define each one:
6. **Unwelcome behavior** does not just refer to upsetting or offensive acts. The law forgives accidents and some insensitivity. A pattern of behavior is unwelcome if it makes someone feel dread, fear, anxiety, concern, or sadness. If someone you do not want to go out with asks you out on a date, is this unwelcome behaviour? How about if the person asks again and again after you have said "no"? At what point are the requests no longer welcome? The date might not be wanted, but the request is not necessarily unwelcome in the legal sense. It is not necessarily harassment.
7. **Pervasive behavior** includes offensive behavior that is around all the time. Telling one sexually-explicit joke is not harassing, but when such jokes are consistently part of the environment, sexual harassment occurs. How many times should something happen before it becomes pervasive? Pervasive behavior means that it is such a big part of the environment that it is unavoidable. If an action is so bad that any reasonable person would be offended, it can be defined as hostile environment sexual harassment.
8. **Gender-related behavior** means that the offensive behavior must be gender-based; i.e., it must incorporate sexual words, behavior, or graphic displays of sexual actions. It might also be a statement about a gender; e.g., "All boys are pigs."
9. **Interferes with the opportunity to study or work** means that the offensive behaviour makes the victim feel that the school or work environment is so uncomfortable that he or she does not want to go there, avoids certain classes or meetings, or cannot do his or her work.
10. Explain that these elements of hostile environment harassment do not happen suddenly; they occur over a period. But a single outrageous act can also fall into this category. If an action is so bad that any reasonable person would be offended, it can be defined as hostile environment sexual harassment.
11. Explain that *"this for that" harassment* occurs when someone uses his or her

power to engage in sexual activity with someone else. It usually involves blackmail or bribery to force someone to have sex in exchange for a positive result (e.g., a better grade or another date). It can also be used to prevent a negative result (e.g., threatening to reveal someone's secret if he or she refuses a sexual advance).

12. Clarify what sexual harassment is not. Good-natured ribbing, sarcasm, competition, likes and dislikes, conflicts, and interpersonal disagreements are part of everyday life. These actions are not necessarily sexual harassment. No one gets through life without feeling mad, sad, or scared sometimes. Others may offend you or frighten you, but these feelings are not always caused by sexual harassment. They can be the result of other behavior.
13. Pass out Handout. Read aloud each of the statements, and have the participants determine if harassment is presented in each situation and, if so, what kind and why. Discuss each situation with the group. Whenever the participants are unsure, remind them of the two types of harassment and what each type entails.
14. Complete the session with the following discussion questions:
 - Why is it often difficult or impossible for the person being harassed to just tell the harasser to back off? What makes it so hard to speak up and protect one's boundaries?
 - What needs to be done to eliminate harassment? Who is responsible for making this happen?

Key points

Often people think that sexual harassment involves only unwanted physical touch. However, as this activity has illustrated, sexual harassment takes different forms. Sexual harassment is behavior that is unwelcome, pervasive, and/or threatening. Sexual assault is more extreme than sexual harassment; it involves unwanted physical behavior. If you have been sexually harassed or assaulted, it is important to tell someone you trust so you can figure out what to do to get help and support. In Malawi, the Gender Equality Act (2013) under Section 6 subsection 1 defines and prohibits sexual harassment. (See Resource sheet 10).

Resource Sheet 10: Definition of sexual harassment by the Gender Equality Act, 2013

RESOURCE SHEET 10:

DEFINITION OF SEXUAL HARASSMENT IN THE GENDER EQUALITY ACT, 2013

Section 6(1) of the Gender Equality Act defines sexual harassment in the following manner:

A person commits an act of sexual harassment if he or she engages in any form of unwanted verbal, non-verbal or physical conduct of a sexual nature in circumstances in which a reasonable person, having regard to all the circumstances, would have anticipated that the other person would be offended, humiliated or intimidated.

The test for whether someone has committed an act of sexual harassment is an objective test rather than a subjective one. This means that in a court of law, to ascertain whether an act constituted sexual harassment, the court would ask the question whether any

reasonable person observing the situation or circumstance would think that an act that was committed against the victim was designed to offend, humiliate and intimidate. Therefore, sexual harassment is defined from the point of view of an observer, and not from the point of view of the perpetrator or the victim. This means that a perpetrator (or indeed the victim) cannot defend themselves based on their opinion, ie that the acts they perpetrated or experienced were not calculated to offend, humiliate or intimidate.

Handout 8: It is harassment?

HANDOUT 8: IS IT HARASSMENT?

1. Kape slaps Kondi's behind whenever she walks by.
2. Her teacher tells Sibho that if she does not have sex with him, he will fail her in class.
3. Tony writes the words "I want to have sex with you" on Lara's notebook.
4. Sello proposes love to Brenda every day for five days in a row, and she says "no" every time.
5. Sara wears a miniskirt and passes in front of a group of boys.
6. Kim is teased about the size of her breasts.
7. A group of boys strip a girl naked for wearing a miniskirt.
8. John tells a sexually explicit joke that Carla finds offensive.
10. Dan wears torn shorts (out of poverty not fashion). At school, girls laugh at him because of his torn shorts. Sometimes he does not want to go to school.
12. Sam writes a note to Clara that says 'I want you to be my lover, but if you don't accept me, I will beat you'.
13. Tim approaches Tina and whispers something in her ear and Tina reacts by saying loudly in front of a group of other students "You are not man enough, you cannot handle me in bed" to the laughter of the other students.

Activity 4.3 Sexual violence in daily routine

Objectives To better understand the many ways in which women's (and men's) lives are limited by male violence, especially sexual violence

Time 60 Minutes

Materials Flipcharts
Markers

Facilitator's notes This activity is critical for setting and establishing a clear understanding of the extent and impact of men's violence against women. Be sure to allow ample time! This activity works best in mixed gender workshops where the ratio of men to women is reasonably balanced. But it can be included in any workshop. If men are defensive, make sure to look more closely at their reactions. Make it clear that you're not accusing anyone in the room of having created such a climate of fear. Remind the group that you are trying to show how common and how devastating violence against women is.

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

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

Steps

1. Draw a line down the middle of a flipchart paper from top to bottom. On one side, draw a picture of a man and on the other, a woman. Let the participants know that you want them to reflect on a question in silence for a moment. Tell them that you will give them plenty of time to share their answers once they have thought it over in silence. Ask the question:
 - "What do you do daily to protect yourself from sexual violence?"
2. Ask the men in the group to share their answers to the question. Most likely, none of the men will identify doing anything to protect themselves. If a man does identify something, make sure it is a serious answer before writing it down. Leave the column blank unless there is a convincing answer from a man. Point out that the column is empty or nearly empty because men don't usually even think about having to protect themselves from sexual violence.
3. If there are women in the group, ask the same question. If there are no women, ask the men to think of their wives, girlfriends, sisters, nieces, and mothers and imagine what these women do daily to protect themselves from sexual violence.
4. Once you have captured ALL the ways in which women limit their lives to protect themselves from sexual violence, break the group into pairs and tell each pair to ask each other the following question. Each person has five minutes to answer:
 - What does it feel like to see all the ways that women limit their lives because of their fear and experience of men's violence?
5. Bring the pairs back together after 10 minutes and ask people to share their answers and their feelings. Allow plenty of time for this discussion, as it can often be emotional. Then ask each pair to find two other pairs (to form groups of six people) and discuss the following questions for 15 minutes:
 - How much did you already know about the impact of men's violence on women's lives?
 - What does it feel like to have not known much about it before? How do you think you could not notice this, given its significant impact on women?
 - How does men's violence damage men's lives as well?
 - What are the consequences of sexual violence in relation to HIV?
 - What do you think you can do to change this trend and to create a world in which women don't live in fear of men's violence?

6. Bring the small groups back together after 15 minutes and ask each group to report back on its discussion. Sum up the discussion, making sure all key points in the closing are covered.

Key points	<ul style="list-style-type: none"> • Sexual violence and the threat of violence is an everyday fact for women. Because men do not live with the daily threat of sexual violence, they do not realize the extent of the problem women face. • Men usually do not understand how sexual violence—actual and threatened—is such a regular feature of women’s daily lives. However, men’s lives are damaged too by sexual violence against women. It is men’s sisters, mothers, daughters, cousins, and colleagues who are targeted—women than men care about are being harmed by sexual violence every day. • Social acceptance of this violence against women gives men permission to treat women as unequal and makes it harder for men to be vulnerable with their partners, wives, and female friends. Sexual violence makes it impossible for a woman to negotiate condom use and eliminates any element of choice regarding the decision to have sex or not. Also, as mentioned in other activities, the tearing of tissue during rape dramatically increases the risk for HIV transmission. Therefore, the prevention of sexual violence is key to reducing HIV.
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Activity 4.4 Understanding the cycle of violence

Objectives	To discuss the relationship between the violence that men suffer and the violence they use against others
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Time	120 Minutes
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Materials	<ul style="list-style-type: none"> • Flipchart • Markers • Pens/pencils • Five small pieces of paper for each participant
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Facilitator’s notes	During this activity, you might notice that it is easier for participants to talk about the violence they have suffered outside their homes than the violence they have suffered inside their homes, or the violence they have used against others. They might not want to go into detail about these experiences, and it is important you do not insist they do. Being a victim of interpersonal violence is associated with committing acts of violence later in life. Moreover, in talking about violence they’ve committed, the participants might seek to justify themselves, blaming the other person for being the aggressor. Helping men grasp this connection and think about the pain that violence has caused them is a potential way of interrupting the victim-to-aggressor cycle of violence. If necessary, this activity can be extended to two sessions.
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Advance preparation	<p>Before the session, tape five pieces of flipchart paper to a wall. On each paper, write one of the five categories below:</p> <ul style="list-style-type: none"> • Violence used against me • Violence that I use against others
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- Violence that I have witnessed
- How I feel when I use violence
- How I feel when violence is used against me

Steps

1. At the beginning of the session, explain to the participants that the purpose of this activity is to talk about the violence in our lives and our communities. Review the flipchart with the meanings of violence from the activity on “What is violence?”
2. Give each participant five sheets of paper.
3. Ask the participants to think for a while about the five categories from above and then to write a short reply to each on the pieces of paper that they have received. They should write one response on each paper, and they should not put their names on the paper.
4. Allow about 10 minutes for this task. Explain to them that they should not write much, just a few words or a phrase, and then tape it to the corresponding flipchart paper.
5. After taping their papers to the flipchart, read out loud some responses from each category.
6. Open the discussion with the following questions. Use the talking stick, if appropriate.
 - What is the most common type of violence used against us?
 - How do we feel about being a victim of this type of violence?
 - What is the most common type of violence we use against others?
 - How do we know if we are really using violence against someone?
 - How do we feel when we use violence against others?
 - Is there any connection between the violence we use and the violence that is used against us?
 - Where do we learn violence?
 - Is any kind of violence worse than another?
 - Is there a link between violence and power? Explain. (See Training Option to explore other causes of violence)
 - In general, when we are violent or when we suffer violence, do we talk about it? Do we report it? Do we talk about how we feel? If we do not, why not?
 - How do media (music, radio, movies, etc.) portray violence?
 - What is the link between violence in our families and relationships and other violence that we see in our communities?
 - Some researchers say that violence is like a cycle. Someone who is a victim of violence is more likely to commit acts of violence later. If this is true, how can we interrupt the cycle of violence?
 - After the discussion, ask the group what it was like for them to talk about the violence they have experienced. If anyone in the group shows a need for special attention due to an act of violence they have suffered, you should consider referring the individual to appropriate services and discuss the issue with other staff at your organization.

Key points

When people talk about violence, they think mainly of physical aggression. It is important to think of other forms of violence besides the physical. It is also important to think about the acts of violence that you, as men, might perpetrate, because very often men think it is only other people who are violent, not themselves. It is important to also remember that violence is not about

natural aggression and that it has many causes. All forms of violence share the same fundamental causes: the use of violence to maintain or claim power and control. Current social and economic problems are also an important context for understanding why violence happens, who suffers from it, and who commits it. However, as much as context may help to explain violence, it should not be used to excuse it. People, men mostly, still make a choice when they use violence. People need to be held accountable for the decision to use violence and for the suffering that they cause. The purpose of this session is to help you think about how you learn and express violence differently and how you can stop the cycle of violence in your lives and communities.

Activity 4.5 Reducing the impact of violence in our communities

Objectives To determine resources available in the community for survivors of violence and examine ways that participants can assist survivors of violence

Time 45 Minutes

Materials

- Flipchart
- Markers
-

Facilitator's notes If participants come from different communities, form groups with people from the same communities. If people are on their own, pair them up to work together to develop services maps of their own communities (each person would do their own service map but they can help each other brainstorm about the different type of services that might be available.)

Steps

1. Begin this session by asking the participants where they would go in their community if they or a family member/friend were victims of violence. Ask them to think about resources available in their community.
2. Next, divide the participants into three groups, and ask them to draw a physical map of their community. Ask them to think carefully about specific resources that are available for survivors of violence. They should be creative and "map out" all resources that may apply.
3. Give each group about 15 minutes to map the resources, and then have each group share their maps. To save time, ask the second and third group not to repeat services mentioned by the first group.
4. Conclude this session with the following questions:
 - How accessible are these resources?
 - How does class or gender or age affect one's access to these resources?
 - Are there any social networks (e.g., family, friends, faith communities, etc.) that could also be of assistance?
 - How can you be more a part of these services?

Key points

- It can be very difficult for individuals who suffer violence to speak out and seek help. For example, some women may fear that their partner might take revenge if they seek help or try to leave. Others may feel that they need to stay in an abusive relationship, especially if they are married and/or if there are children involved. For some, the economic consequences of leaving an intimate male partner might outweigh the emotional or physical suffering.

There are various factors that can influence a woman's response to violence.

- It is important to not judge individuals who do not leave relationships in which they are experiencing violence, but to try to think about how they can be supported to understand the consequences of violence and to seek the help they need.
- Additionally, it is equally important to think about ways of creating communities where women and men can live their lives free of violence.

SECTION 5: ALCOHOL*

Introduction

The context

The formative research found that boys abuse alcohol in the community especially the cheap and affordable liquors that are packed in small plastic sachets. Community members were especially concern with the fact that there appears to be no policy restriction access to alcohol for young boys in school. It was mentioned that alcohol abuse is affecting the health and education of young boys in the community. The research however did not reveal why boys are abusing alcohol.

Rationale for activities

The activities explore the relationship between alcohol and gender. It is obvious that alcohol was an issue for boys and not girls.

The activities also address the negative effects of alcohol not only on boys and men, but also how the consequences impact on girls and women. Alcohol is connected to problems such as unwanted pregnancies and STIs.

Activity 5.1 Alcohol and masculinities

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

* All activities in this section are adapted from Sonke Gender Justice

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 forgivable 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 possible; if you do use it, make sure to guard against participants using it too much.

Key points

Problem drinking is when one drinks alcohol to deal with an issue that they are failing to handle, for instance, failure to express certain emotions, or because of anxiety, e.g. fearing to talk to a girl while sober.

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 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 who are unable to control their drinking behaviour – One may drink heavily or daily but not be an alcoholic. An alcoholic is one who has little or no control over their drinking.

Even without being an alcoholic – heavy drinking can exacerbate economic stress, affect one's judgment about safe sex practices, result in behaviour that is violent, affects one nutrition and health generally

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 true? What makes a social gathering or a party – the alcohol or the people?

Activity 5.2 Alcohol abuse and the risks

Objectives	1. To recognise the links between alcohol, risk behaviour, unwanted pregnancy, HIV and AIDS.
	2. To explore ways to support family, friends and communities affected by alcohol abuse

Time	60 Minutes
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Materials	<ul style="list-style-type: none"> • Flip chart paper • Marker/Koki pen • Cards with prepared case studies and questions (see following pages) • Pens
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Steps	1. Gather participants into one group so that they can see the flip chart paper. Write the word 'alcohol' in the middle of the piece of paper. Ask participants to shout out whatever comes in to their head when they think of the word 'alcohol'. Write these words/phrases around the word 'alcohol' on the flipchart paper. Words/Phrases that might come up: <ul style="list-style-type: none"> • good time • friends
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- 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:
 - 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 below). 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 9: 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 several 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.
- Alcoholics need more professional help

Take action at the community level to combat alcohol abuse:

- Encourage she been/tavern/bar owners to be more engaged in creating a safe drinking environment; This should include not selling alcohol to children.
- Start a she been-to-she been campaign and engage with patrons about the risks associated with alcohol consumption;
- Campaign for accessible information to be provided to pregnant women; campaign for changes in alcohol licensing laws and policies including restriction of selling of alcohol to children.

Resource Sheet 11: Alcohol abuse case studies

**RESOURCE SHEET 11:
ALCOHOL ABUSE CASE STUDIES**

Case study 1

A group of boys go to a bottle store to drink. David gets very drunk. On the way home, they meet a girl. David pursues the girl. Before he leaves the company of friends, he boasts that he would have sex with her. This is not the first time he has taken off with a strange girl to have sex with her.

Questions

- How might David's alcohol intake affect the risks he takes with the girl?
- 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?

Case Study 2

Mandala bought some alcohol and coke to dilute with. He then convinced Chimwemwe to drink the alcohol together at his hut. They both got drunk and tried to have sex. Mandala never got to ejaculate as he was too drunk. Two months later Chimwemwe informs Mandala that she is pregnant. Mandala does not believe that she could be pregnant because they had sex only once, and even then, he had failed to ejaculate.

Questions

- How might Mandala and Chimwemwe's drinking affect their decisions?
- Can a woman get pregnant from having sex only once? Where do you think this belief comes from?
- How do you think Chimwemwe is feeling after Mandala told her he did not believe this pregnancy was his responsibility?
- What kind of responsibility do you think Mandala should be expected to take on if Chimwemwe decides to terminate her pregnancy? Does Mandala have the right the

make that decision for her? Why or why not?

- What better choices might Mandala and Chimwemwe have made had there been no drinking involved?

Case study 3

Naphiri is pregnant with her third child. Having struggled to find work in the town, her husband decided to go to South Africa to look for employment, and it has been 6 months since he left her. He has sent money on once since he left, and Naphiri had to engage in piecework to support herself and family. Now that she is heavily pregnant, she relies more on the good will of her brothers for support. Naphiri has since developed the habit of drinking heavily especially in the evening. She says it helps her sleep easier.

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

Handout 9: Alcohol abuse and the risks

HANDOUT 9: ALCOHOL ABUSE AND THE RISKS

Alcohol abuse and associated risks

How to support a friend

Taking action at community level

SECTION 6: HEALTH

Introduction

The context

The Umodzi Project's underlying aim is to promote health by addressing gender inequalities. Gender inequality has consequences on the health of boys and girls especially sexual and reproductive health. Gender norms that create inequality also promote problems such as unwanted pregnancies, sexual violence and STIs including HIV.

The formative research revealed that boys do have concerns about their sexuality, for instance, the size of their penis.

Cultural attitudes and practices around sexuality create an environment where sex is talked about only in secrecy and anything to do with sexuality of young people is viewed negatively. In fact, the formative research also revealed that communities are wary about the notion of human rights. Human rights are regarded or interpreted as alien values that are destroying traditional values, for instance, some communities blamed human rights for promoting wanton sexual intercourse amongst young people.

Apart from gender norms, government policies that are gender biased for instance restriction of reproductive services such as safe abortions contribute to gender-related health challenges. Cultural values that perceive use of contraceptives such as condoms as problematic unwittingly promote unsafe sexual encounters because young people might avoid condoms and yet the reality is young people are having sex. Unwanted pregnancies arising out of unsafe sex contribute to unsafe abortions.

Rationale for activities

The activities focus on men's health and includes understanding and knowing their bodies but also the female body. They also bring up and try to respond to some of the concerns boys have about their bodies.

The activities also cover the issue relationship between human rights and sexuality through the concept of 'sexual rights.' The activity on sexual rights addresses the concerns that human rights are contributing toward the challenges in the communities. Rather, human rights are values that can help people prevent unwanted pregnancies even if they engage in sexual relations.

The activities also look at unwanted pregnancy and some of decisions that boys and girls make when they are faced with unwanted pregnancy. This includes the issue of whether to terminate the unwanted pregnancy, and how government policies on access to safe abortion impact on women's health.

Activity 6.1 Men's health*

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

Time 60 Minutes

Materials

1. Flipchart
2. Small pieces of paper
3. Tape
4. Markers
5. Enough copies of Handout 10: Good Hygiene Practices for Men for all participants
- 6.

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

Steps

1. Give the participants two small pieces of paper and ask them to write two typical characteristics of a man (one per piece of paper). Ask them to hold on to these pieces of paper until later in the exercise.
2. Tape two or three sheets of flipchart paper together, and ask for a volunteer to serve as a model to draw the outline of a body.
3. Once the volunteer has drawn the outline, ask the group to fill in the sketch with details to make him a young man; give him a face, clothes, and a personality. For example, what does he like to do for fun, or what does he do on the weekends? Everyone should take part in the drawing exercise. Ask the participants to give a name to the man that they have drawn.
4. Next, draw another outline of a body on two or three new sheets of flipchart paper. Ask for a volunteer to sketch the genitals on the body. If the participants are too embarrassed to do this, the facilitator can do so.
5. When the two outlines are finished, give the participants two small pieces of paper and ask them to write two common health problems/needs men face (one per piece of paper).
6. When they have finished, ask each participant to read aloud the health problems/needs, and place them on the part of the body where this health problem appears. It does not matter if some problems are repeated.
7. Next, ask the participants to read aloud the men's characteristics they wrote at the beginning of the activity and place the paper on the body next to the health problem/ need with which the characteristic is associated. For example, the masculine characteristic of having many sexual partners might be stuck next to the groin area of the body to signify its association with risk for STIs. Probe to see if the participants identify alcoholism, violence, suicide, HIV and AIDS, and substance use as health problems. If they have not mentioned them, ask if these are problems men face in their community.
8. Use the questions below to facilitate a discussion:
 - What are some health problems/needs men face?
 - What are the causes of these health problems? What are the consequences of these health problems?

*Adapted from The ACQUIRE Project/EnGender Health and Promundo

- Is there a relationship between men's health needs and the characteristics of being a man that we identified?
- How does a man's role in his family or community affect his health?
- Do men and women take care of their bodies and health in the same way? How do men take care of their health?
- When men are ill or sick, what do they do? Do they usually look for help as soon as they feel ill, or do they wait? When women are ill or sick, what do they do? Do men get tested for HIV as frequently as women? Why?
- What is hygiene? What kind of personal hygiene should men practice? (Review Handout 10)
- Where can men in your community go to ask questions about their health or to seek services for health problems?
- What can you do in your own lives to take better care of your health? What can you do to encourage other men to take better care of their health?
-

Closing

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

Handout 10: Good hygiene practices for men

Handout 10: Good Hygiene Practices for Men

Washing the Body

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

Smelling Good

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

Hair

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

Teeth and Mouth

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

Underwear

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

Genital Area

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

*Activity 6.2 Knowing the body**

Objectives **To increase awareness and knowledge of the male and female reproductive systems and genitalia**

Time 90 Minutes

Materials

- Small pieces of paper or cards, pens/pencils
- Resource Sheet 13: The Male Reproductive System and Genitalia; Resource Sheet 14: The Female Reproductive System, Internal and External Genitalia
- Handout 12: The Male Reproductive System and Genitalia;
- Handout 13: The Female Reproductive System and Internal Genitalia; and
- Handout 14: The Female Reproductive System and External Genitalia for all participants

Advance preparation

Prior to the session, write the following words on small pieces of paper or cards: vas deferens, penis, urethra, epididymis, testicle, scrotum, prostate, seminal vesicles, bladder, and prostate. On the same pieces of paper, write the definitions of each of these words, as presented in Handout 12: The Male Reproductive System and Genitalia. On another set of small pieces of paper or cards, write the following words: ovary, fallopian tube, uterus, cervix, vagina, outer lip, inner lip, vaginal opening, clitoris, and urinary opening. On the same pieces of paper, write the definitions of each of these words, as presented in Handout 13: The Female Reproductive System and Internal Genitalia and Handout 14: The Female Reproductive System and External Genitalia.

Facilitator's notes

The facilitator will need to determine the level of detail appropriate for the group. For some of the participants, this session will serve as a quick review. However, much of this information may be new to the audience. Also, many of the participants might have a basic understanding of anatomy and physiology,

* Adapted from The ACQUIRE Project/EnGender Health and Promundo

but they might never have had a chance to ask specific questions. If the information is too basic for some, encourage them to share facts with others who are less familiar with the material. It is important to keep in mind that some participants might not feel comfortable asking questions about men's and women's bodies and genitalia. If this is the case, invite them to write down their questions on small pieces of paper, which can then be collected and read aloud for discussion.

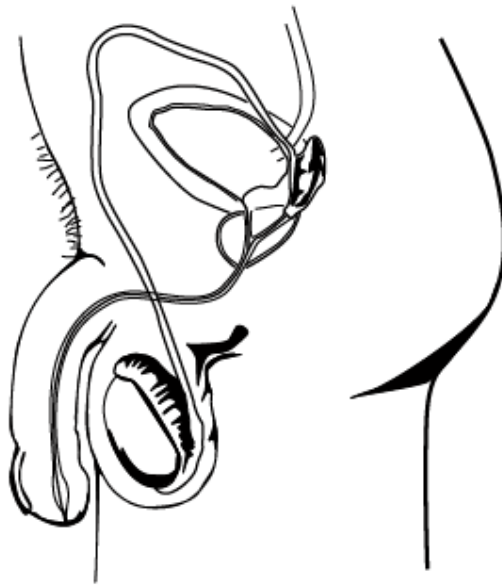
Steps

1. At the beginning of the session, divide the participants into two groups. Give one group a copy of Resource Sheet 13 and the set of papers with the names and descriptions of the Male Reproductive System. Give the other group a copy of Resource Sheet 14 and the set of papers with the names and descriptions for the Female Reproductive System.
2. Instruct each group to read the words and descriptions they have received and to try to label the different parts on the drawings of the male and female reproductive systems and genitalia.
3. Allow the groups 10 minutes to discuss and label the drawings.
4. Ask the groups to present their pictures and explain their answers. As each group does so, invite the others to ask questions and make corrections.
5. Distribute copies of Handouts 12, 13, and 14 to the participants and review the content with them.
6. Review Resource Sheet 14. Even if the participants do not ask these questions, it is important they have this information.
7. Wrap up the discussion with the questions below:
 - What were the most difficult genital organs to identify? Why?
 - Do you think it is important for men to know the name and function of the male genital organs? Why?
 - Do you think it is important for men to know the name and function of the female genital organs? Why?
 - Do men generally have information about these topics? Why or why not?
 - What can you do to ensure that young people in your community have more accurate information about these topics?

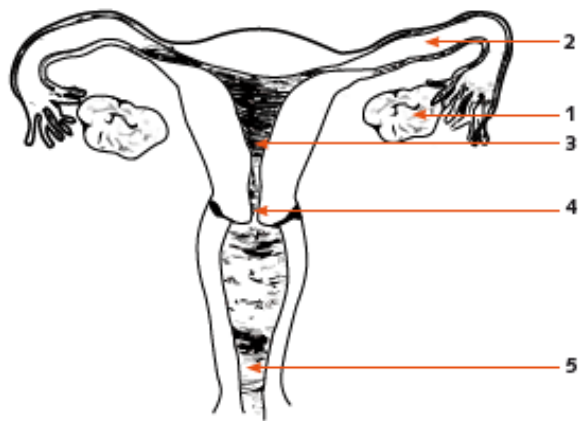
Key points

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

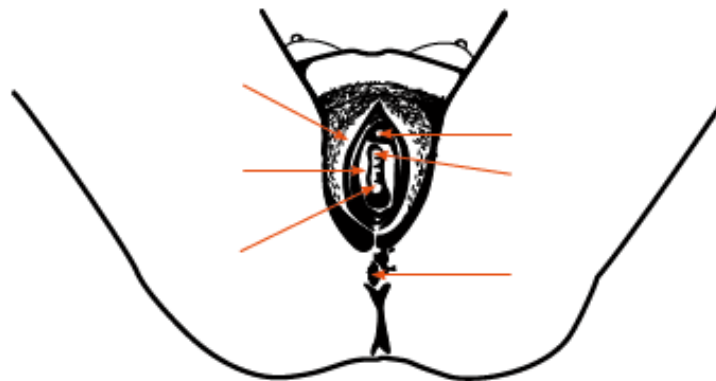
**RESOURCE SHEET 12:
MEN'S REPRODUCTIVE SYSTEM**



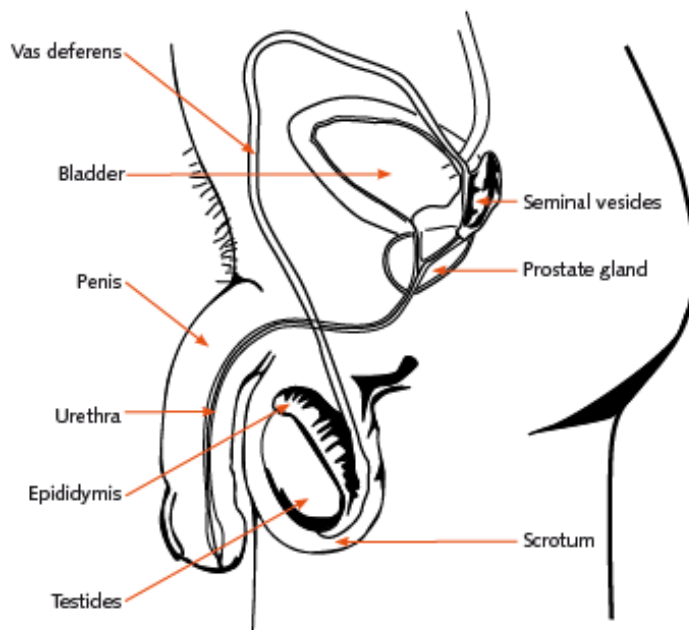
RESOURCE SHEET 13: FEMALE REPRODUCTIVE SYSTEM



External Genitalia



HANDOUT 11: MALE REPRODUCTIVE SYSTEM AND GENITALIA¹ (LABELLED)



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

Key Terms

Ejaculation: Forceful release of seminal fluid from the penis.

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

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

¹Knebel, E. 2003. My changing body: fertility awareness for young people. Washington, D.C: Institute for Reproductive Health and Research Triangle Park, North Carolina: Family Health International.

spermatozoa. The ejaculation of the sperm produces an intense feeling of pleasure called an orgasm.

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

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

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

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

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

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

Sperm: A male sex cell. The Path of Sperm: Sperm travel from the testes to the epididymis,

where they remain to mature for about 14 days. From there, sperm travel into the vas deferens, which carries the sperm towards the urethra. At this point, seminal vesicles produce a nourishing fluid that gives the sperm energy. The prostate gland also produces a

fluid that helps the sperm swim. The mixture of sperm and the two fluids is called semen. During sexual arousal, the Cowper’s gland secretes a clear fluid into the urethra. This fluid,

known as pre-ejaculate or “pre-cum,” acts as a lubricant for the sperm and coats the urethra. During sexual excitement, an ejaculation of semen may occur. The small amount of semen that is ejaculated (one or two teaspoons) can contain up to 400 million sperm.

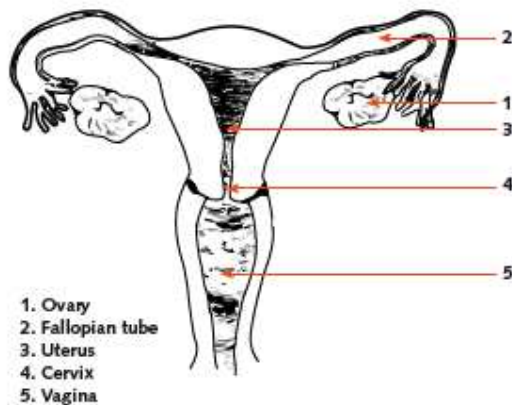
Testicles (testes): Male reproductive glands, which are held in the scrotum and produce sperm. One of the hormones produced is testosterone, responsible for male secondary characteristics, such as skin tone, facial hair, tone of voice and muscles. The testes have the form of two eggs and to feel them, one only should touch the scrotum pouch. They are positioned outside the body because sperm can be produced only at a temperature lower than the body’s normal temperature. The scrotum relaxes away from the body when warm and shrinks toward the body when cold to regulate the perfect temperature for sperm production. The left testicle usually hangs lower than the right. Testicular self-examination once a month is an important health safeguard. Roll the testes between the fingers. Any lumps, swelling, or pain should be examined immediately by a doctor.

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

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

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

HANDOUT 12: FEMALE REPRODUCTIVE SYSTEM AND INTERNAL GENITALIA² (LABELLED)



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

KEY TERMS

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

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

Fertilization: Union of the egg with the sperm.

²Knebel, E. 2003. My changing body: fertility awareness for young people. Washington, D.C: Institute for Reproductive Health and Research Triangle Park, North Carolina: Family Health International.

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

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

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

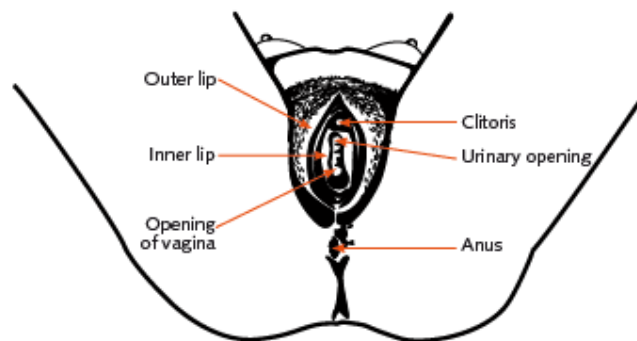
Secretion: The process by which glands release certain materials into the bloodstream or outside the body.

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

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

Handout 13: Female external genitals

HANDOUT 13: THE FEMALE REPRODUCTIVE SYSTEM AND EXTERNAL GENITALIA³



The external genitalia include two sets of rounded folds of skin: the labia **majora** (or **outer lips**) and the **labia minora** (or **inner lips**). The labia cover and protect the vaginal opening. The inner and outer lips come together in the pubic area. Near the top of the lips, inside the folds, is a small cylindrical body called the **clitoris**. The clitoris is made up of the same

³Knebel, E. 2003. My changing body: fertility awareness for young people. Washington, D.C: Institute for Reproductive Health and Research Triangle Park, North Carolina: Family Health International.

type of tissue as the head of the male's penis and is very sensitive. The **urethra** is a short tube that carries urine from the bladder to the outside of the body. Urine leaves a woman's body through the urethral or urinary opening. The **vaginal opening** is the place from which a woman menstruates. Both the **urethral** opening and vaginal opening form the area known as the **vestibule**. Altogether, the external genital organs of the female are called the **vulva**.

KEY TERMS

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

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

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

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

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

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

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

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

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

Resource Sheet 14: Questions and answers about male reproductive organs

RESOURCE SHEET 14

Common Questions about the Male Reproductive System and Genitalia⁴

Q. What is masturbation?

A. Masturbation is rubbing, stroking or otherwise stimulating one's sexual organs—penis, vagina, and breasts—to get pleasure or express sexual feelings. Both men and women can relieve sexual feelings and experience sexual pleasure through masturbation. There is no scientific evidence that masturbation causes any harm to the body or mind.

Masturbation is only a medical problem when it does not allow a person to function properly or when it is done in public. However, there are many religious and cultural barriers to masturbation. The decision about whether to do it is a personal one.

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

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

Q. What is the right length of a penis?

⁴Knebel, E. 2003 *My changing body: Fertility awareness for young people*. Washington, DC: Institute for Reproductive Health and Research Triangle Park, North Carolina: Family Health International.

A.	The average penis is 11–18 centimeters long when it is erect. There is no standard penis size, shape, or length. Some are fat and short. Others are long and thin. There is no truth to the idea that a bigger penis is a better penis.
Q.	Is it normal to have one testicle hanging lower than the other one?
A.	Yes. Most men’s testicles hang unevenly.
Q.	Is it a problem for the penis to curve a little bit?
A.	It is normal for a boy or man to have a curving penis. It straightens out during an erection.
Q.	What are those bumps at the head of the penis?
A.	The bumps are glands that produce a whitish creamy substance. This substance helps the foreskin slide back smoothly over the glans. However, if it accumulates beneath the foreskin, it can cause a bad smell or infection. It is important to keep the area under the foreskin very clean always.
Q.	How does one prevent having an erection in public?
A.	This is normal. Even though you may think it is embarrassing, try to remember that most people will not even notice the erection unless you draw attention to it.
Q.	Will wet dreams or ejaculation make a boy lose all his sperm?
A.	No. The male body makes sperm continuously throughout its life.
Q.	Does male circumcision reduce the risk for men to acquire HIV?
A.	There is now strong evidence that male circumcision reduces the risk of heterosexually acquired HIV infection in men by approximately 60%. ^{33,34} However, male circumcision does not provide 100% protection against HIV infection. Circumcised men can still become infected with the virus and, if HIV-positive, can infect their sexual partners. Male circumcision should never replace other effective prevention methods.

*Activity 6.3 Sexual rights and responsibilities **

Objectives	<ol 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
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Time	60 minutes
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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” •
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Steps	<ol style="list-style-type: none"> 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
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* Adapted from Sonke Gender Justice

individuals? E.g. Responsibility to obey laws. Responsibility to provide for your family

2. Ask if we all agree on the following statements:
 - 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
3. Divide the participants into two groups. Each group will get a flipchart paper and discuss 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.

Highlights

Sexual Rights include:

- The right to sexual pleasure without fear of infection, disease, unwanted pregnancy, or harm.
- The right to sexual expression and to make sexual decision that are

consistent with one's personal, ethical and social values.

- The right to sexual and reproductive health care, information, education and services.
- The right to bodily integrity and to choose, if, when, and with whom to be sexually active and engage in sexual relations with full consent.
- The right to enter relationships, including marriage, with full and free consent and without coercion.
- The right to privacy and confidentiality and seeking sex work and reproductive health care services.
- The right to express one's sexuality without discrimination and independent of reproduction.

Core values of sexual rights:

Choice – Determine one's life choices freely and without coercion

Dignity – All individuals have the same worth

Diversity - Accepting that men and women express their sexuality in diverse ways and through different sexual behaviours, identities, relationships

Equality - All persons are equal and should not be discriminated against based on gender, sex, age, class and other status

Respect - All women and men are entitled to respect and consideration whatever be their sexual choices and identities

Resource Sheet 15: Case studies on sexual rights

**RESOURCE SHEET 15:
CASE STUDIES ON SEXUAL RIGHTS**

CASE STUDY 1

Beauty, 16 years old is a student at a local secondary school. One day she was feeling pain when urinating. She then went to the local clinic for treatment. The clinician told her that she had an STI that needed to be treated. Beauty was anxious to know about the STI but she was afraid to ask any questions. The clinician did not say much about her condition. She gave her medicine and told her that she should not go out with boys again otherwise she will die of AIDS.

CASE STUDY 2

When John was selected to go to a boarding secondary school, his mother sat him down for advice. She told him that secondary school was a very tempting environment, but that he should resist the temptation of playing with girls because they would cause him trouble. She warned him about condoms which she thought promoted immoral behaviour. John had heard things about sex from other boys but not from his parents. In primary school the teachers mainly talked about avoiding sex to avoid HIV/AIDS. When he went secondary school, he fell in love with a girl. By the end of the year they were having sex, but John was so anxious about using a condom that he did not use a condom at any time.

CASE STUDY 3

Tina, 16, was in form 3. She had a boyfriend, Paul, at the same school, and their relationship was clocking 6 months. In the 7 month, Tina became attracted to Peter because she found his personality to be more likable. She decided to end the relationship with Paul. When she sent a message to Paul to end the relationship, Paul sent back a message that said that he knew about her and Peter. He said that if he ever met the two of them together he would beat them up both. Further, he would report to her parents that she was having sex with Peter.

Activity 6.4 *Impact of unwanted pregnancy**

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| Objectives | <ol style="list-style-type: none">1. Understand better the personal impacts of unwanted pregnancy2. Identify roles that men can play in reducing the negative impacts of unwanted pregnancy3. |
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Time	75 minutes
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Materials	Flipchart Markers
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| 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 |
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* Adapted from Sonke Gender Justice

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 could 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 or 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.

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 because 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 considers 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.

Resource Sheet 16: Linkage between sexuality, gender and reproductive health

**RESOURCE SHEET 16:
THE LINKAGE BETWEEN SEXUALITY, GENDER AND REPRODUCTIVE HEALTH**

Most, if not all gynaecological and reproductive health problems are ultimately linked with sexuality. Choice of contraceptive methods and satisfaction with methods, safe pregnancy and delivery, treatment of infertility, protection from sexually transmitted diseases, all have some underlying issues related to sexuality. On the one hand, women's and men's sexual attitudes and behaviours influence contraceptive choice and effectiveness of use. On the other hand, the use of particular methods can affect the way people experience their own and their partner's sexuality in positive and negative ways.

Sexual relationships often incorporate power disparities based on gender, age, class and patronage (for example, landowner-labourer, employer-employee, teacher-student relationships). The disparities are due to both physical strength and access to material and social resources. Girls and women have little control over what happens to them sexually. They have little control over men's sexual access to their bodies and the conditions under which their sexual encounters take place. However, the extent to which a woman is able to negotiate the terms of a particular sexual act or relationship defines her capacity to protect herself against unwanted sexual acts, unwanted pregnancy, or sexually transmitted diseases. On the positive side, it defines her ability to enjoy sex and to seek health care and family planning advice. Thus, interpersonal power relations intrinsically affect a woman's sexual and reproductive health outcomes.

Understanding Gender and Sexuality

Sexuality is a social construction of a biological drive. It is multidimensional and dynamic. An individual's experience of sexuality is mediated by biology, gender roles, power relations, as well as by factors such as age, social and economic conditions. An individual's sexuality is influenced, perhaps most profoundly by prescribed gender roles - the social norms and values that shape the relative power, responsibilities and behaviours of men and women. For example, women's prescribed role in sexual relations is often to be passive. Women are not encouraged to make decisions regarding their choice of sexual partners, to negotiate with their partners the timing and nature of sexual activity, to protect themselves from unwanted pregnancy and disease, and, least of all, to acknowledge their own sexual desire. Men on the other hand are socialised to 'conquer' to prove their manhood. Men are encouraged to think primarily of sexual performance; women's sexual pleasure is valued usually as proof of male performance. Also, the proof is sought in the form of fertility, ability to have children, that too, male babies. Men's and women's mutually reinforcing gender roles have particularly debilitating consequences for reproductive health and contraceptive practice. They place a woman's health at risk when they lead her to unwanted pregnancies and unsafe abortions. They subject her to morbidity, from neglected health, gender-based abuse and violence, harmful practices such as rape and other forced sex, STDs. Given the pressure to start sexual activity early and the social approval of multiple partners, men too are at risk for STDs, and HIV and AIDS, although to a lesser extent than women.

Activity 6.5 Reasons why*

Objectives

1. **Identify diverse reasons for women's pregnancies, unintended pregnancies, abortion and the continuation of unintended pregnancies;**
2. **Name the reasons why women may make decisions about their unintended pregnancies that they really don't want to make;**
3. **Discuss the reasons why governments regulate pregnancy and abortion more than many other medical conditions and procedures;**
4. **Differentiate their comfort levels regarding the different reasons;**

* Adapted from Sonke Gender Justice

5. 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 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 the groups have presented. 4. Once all the groups have presented, solicit additional responses to all the questions. Ensure that all the possible responses to every question have been identified. You may need to suggest additional responses that were not listed by the group. 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 comfortable with different reasons. 6. Facilitate a discussion using some of the following questions: <ul style="list-style-type: none"> • 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 deciding 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 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: <ul style="list-style-type: none"> • 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:

- Why do women have sex? Give all reasons.
- Why do women become pregnant? Give all reasons.
- Why do women have unintended pregnancy? Give all reasons.
- Why do women terminate a pregnancy? Give all reasons.
- Why do women continue an unintended pregnancy? Give all reasons.
- Why do women make decisions about their unintended pregnancy that they really don’t want to make? Give all reasons.
- Why do governments regulate women’s sexual activity, pregnancies and abortion? Give all reasons

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.

SECTION 7: ACTION

Introduction

The context

The formative research uncovered attitudes, beliefs and practices that contribute to sustaining gender inequality. Masculinity ideals prevalent in the communities socialise boys to engage in practices that consequently promote unhealthy sexual behaviour.

However, the research also revealed sentiments about wanting to change for the better. For instance, communities expressed views that boys and girls be treated fairly. Also, boys and girls expressed views about how relationships could be more positive. Further, in discussing the challenges they face, the communities were not only wanting to expose these challenges, but more importantly, they wanted to address these challenges.

Rationale for activities

The activities are designed to facilitate action on the part of boys and men to change attitudes, beliefs and practices in their communities. Their personal and collective reflection about the challenges the communities face should motivate men and boys to be change agents to participate in transformation of norms at personal and community levels.

The activities include identifying key roles boys and men can play in promoting health. They also encourage men to be courageous in inspiring change because gender norms can be pervasive and difficult to transform. However, boys and men could use every opportunity to be change agents in their communities. They also encourage boys and men to hold each other accountable for the roles they should play to transform attitudes, beliefs and practices.

The activities encourage the use of two tools; the Action Chart for personal reflection and transformation, and the Community Project for collective action. Participants should be encouraged to start with self-motivation to change their own attitudes and practices. This internal commitment is important when they get involved in community projects.

Activity 7.1 Men's role in health promotion*

Objectives **To identify key roles that men can play in promoting health**

Time	60 minutes
Materials	Flipchart Marker
Advance preparation	On flipchart paper, write six roles that men play in social and economic life, as follows:

* Adapted from The ACQUIRE Project/EnGender Health and Promundo

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

Steps

1. Explain that this activity looks at what men can do in each of these roles to promote health and most importantly, how they can help prevent unintended pregnancies and HIV/STIs, including prevention of mother to child transmission—PMTCT.
2. Begin the session by drawing a problem tree. Explain that you would like to look at causes and consequences of **men not being supportive of sexual and reproductive health services**. Once causes and consequences have been discussed, focus the group's attention on what men can do to affect those causes.
3. Divide into six groups. Give each group one of the following roles:
 - Partner or Husband or Boyfriend
 - Brother or Cousin
 - Father or Uncle
 - Friend or Colleague
 - Manager or Supervisor
 - Community leader
4. Ask each group to discuss what men in their specific role could do to prevent unintended pregnancies and STI/HIV infection. Allow 15 minutes for this small group work. Ask the groups to write this list of possible actions on a sheet of flipchart paper.
5. Bring everyone back together. Ask each small group put up their flipchart and report back on their discussion. After each report, allow a few minutes for the rest of the group to ask questions and make comments.
6. Discuss the actions recommended by the small groups, using the following questions and the information in the closing to discuss the answers:
 - How best can men use their privilege and power to promote health and prevent HIV?
 - What can men do to be more involved in caring for family and friends who are living with HIV and AIDS (e.g., home-based care and support)?
 - How do men's roles in promoting health and prevention link to gender equality?
7. Make a note of the group's suggestions for action on men's roles in HIV prevention on the Ecological Model.

Key points

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

Promoting gender equality must be central to men's roles in HIV prevention.

Acting in their roles in the family and community, one of the biggest contributions men can make to HIV prevention, is to promote gender equality. Women's lower social, economic, and political power is the basis of their greater vulnerability to HIV. Increasingly, HIV and AIDS is becoming a women's disease in Africa. In acting on HIV, men need to listen to women, act as allies rather than protectors, and challenge sexist attitudes, behaviors, and policies.

Activity 7.2 New kinds of courage*

- | | |
|-------------------|---|
| Objectives | <ol style="list-style-type: none">1. Identify and encourage strategies for both men and women which promote equal and healthy relationships between them2. Understand ways to develop fairer and more responsible sexual practices3. Understand ways to challenge and take responsibility for men's violence against women |
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Time	75 minutes
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| 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 markers/koki pens |
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| 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 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 |
|--------------|---|

* Adapted from Sonke Gender Justice

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 act 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 to take these actions in the real world?
 - What kinds of support do men need to take these actions?
10. 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.

- Intervene in a domestic dispute that is taking place in the street in front of your house.
- Discuss termination of pregnancy with your partner
- Go with your partner to seek abortion services
- Allow your girlfriend to carry condoms in her purse
- Tell your close friend that you do not condone his behaviour of sexually harassing girls.
- 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 your boyfriend for some quality time away from others.
- 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.
- 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 girl/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 act.
- Join a men's march to protest police inaction on violence against women.

Facilitator's notes

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 clear 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 practices and for unequal relations between women and men.

*Activity 7.3 Men holding men accountable**

Objectives

To identify ways in which men can hold each other accountable in being gender equitable

* Adapted from The ACQUIRE Project/EnGender Health and Promundo

Time	60 Minutes
Materials	<ul style="list-style-type: none"> • Flipchart • Markers • Enough copies of Handout 14: Case Studies for all participants
Steps	<ol style="list-style-type: none"> 1. Begin by asking the participants the following question: <ul style="list-style-type: none"> • What does it mean for men to be gender equitable? 2. Ask participants to think about it on their own for two minutes and then turn to their neighbour and discuss the question. 3. After about five minutes, ask for volunteers to share what they discussed and record their answers on a flipchart. 4. Next, explain that this list is an ideal and that it is often challenging to live up to this ideal. A good way, however, to affect change is for individuals to keep each other accountable. 5. Divide the participants into four groups and pass out the handout. Assign each group a case study from the handout and ask them to discuss the situation and come up with solutions/answers to the questions. 6. Have them report back and conclude with the following questions: <ul style="list-style-type: none"> • What can men do to keep each other accountable? • Was this session helpful? • What did you learn from this session? • Do you think it's possible for men to develop individual "codes of conduct" for themselves? • What would be the components of that code of conduct? • How could the code be enforced? 7. Time permitting, give the participants about 20 minutes each to develop codes of conduct. Once they have finished, they can share in pairs.
Key points	<ol style="list-style-type: none"> 1. Changing your attitudes and behaviors is not always easy. It is important to keep this in mind and to think about how you can support each other to make these changes in your lives and relationships. Try to also think about how you can share the information you have learned in these activities with other men in your community, and engage them in the kinds of questioning and discussions you have had here. 2. Remember, we all have a role to play in building more equitable and peaceful communities – an important first step is starting with our lives and relationships.

Handout 14: Case studies on men holding men accountable

HANDOUT 14: CASE STUDIES ON MEN HOLDING MEN ACCOUNTABLE

Case Study 1:

Kwenda is a soccer star and is usually travelling around to play football. He has been dating Betty for the past two years and they have a good relationship. However, Kwenda uses his popularity and the travel opportunities to meet and interact with other girls. He

boasts that he has sex with the most beautiful girls when he goes out to play soccer. Betty is faithful to Kwenda.

You are a friend to both Betty and Kwenda. Kwenda is open to you about his sexual conduct? What action would you take?

Case Study 2:

Mike is a primary school teacher and male champion. He is involved in a program to involve boys and men in promoting gender equality. Mike is married to Prisca and they have two children. Mike has sexual relationships with some of his students. In fact, some parents have complained to the headmaster about his behaviour and they have resolved some issues. However, there are strong rumours that he has not stopped engaging in romantic relationships with his students.

You are a colleague male champion and you attend workshops with Mike. At a recent workshop, you hear some participants who know Mike gossiping about him and wondering how he can call himself a male champion when he behaves like he does. What would you do in this situation?

Case Study 3:

John has been your friend for a long time. John has this idea that girls who wear tights and sexy clothing are looking for boys to 'play' with them. Therefore, whenever he meets such girls, he grabs their buttocks and fondles their breasts because he says that's what the girls are looking for. One evening you were walking with John when he grabbed the buttocks of a girl you know, who happened to be passing by with her friends. The girl slapped his hand, and started running. John called after her saying that she is a whore and she should not run away. What would you do?

Activity 7.4 Making changes in our lives and in our communities*

Objectives To have an opportunity to reflect on what participants have learned throughout the workshops and how that can help them make changes in their lives and in their communities

Time 90 minutes

Materials

- Paper
- Pens
- Markers
- Flipchart
- Enough copies of Handout 14: Developing a Community Project for all participants

Facilitator's notes Part 2 of this activity involves the participants developing a community project to create awareness about an important social issue in their communities. It is

* Adapted from The ACQUIRE Project/EnGender Health and Promundo

up to the facilitator to decide if the group is ready to take on an activity of this kind, particularly in terms of time and resources. There might also be a need for other collaborators to help carry it out. Some organizations and facilitators can implement a community project, others are not.

While it is important to engage the participants in this kind of exercise, it is also necessary to be realistic. A good starting point might be to collect examples of people who have mobilized themselves to promote awareness and change in their communities and discuss with participants the possibilities of doing something similar in their community.

To ensure that the project efforts are sustained over some period, it might be worth doing this activity at the onset of the group workshops so that the facilitator can provide support and follow up for at least the initial stages of the project. In that case, the last session can include Part 1 – Personal Reflections, as well as a discussion on how the project has progressed and how it can be sustained.

Steps

Part 1 – Personal Reflections (30 minutes)

1. Ask participants to reflect individually on what they have learned throughout the workshops and how it will help them to make positive changes in their lives and relationships.
2. Explain that they should create a collage, a short essay, a poem, or a drawing based on the problem they have identified, how it affects men and women differently, and how it affects them, if at all, in their daily lives.
3. Allow 15 minutes for the participants to complete this task.
4. Invite each participant to briefly present their reflections (in about two minutes) and their medium of representation.
5. Open the discussion to the larger group with the following questions:
 - What will be some obstacles you might face in making these changes?
 - What will be some benefits?
 - How can you support each other to make these changes?

The participants can be encouraged to fill the Action Chart for their personal use.

Part 2 - Developing a Community Project (60 minutes)

1. Explain to the participants that they are now going to think about the changes they can try to make beyond their own lives and relationships.
2. Ask the participants to think of the most pressing social issues in their community and how they are related to the topics they have discussed in the sessions.
3. As a group, ask them to select one of these issues to be the focus of their project.
4. Divide them into small groups to brainstorm what they can do with other young men in their community or school about the social issue they have decided to address. Ask them to write down or sketch out their ideas on a flipchart paper. Tell them that the ideas do not need to be finished; they should simply list a number of first ideas, no matter how “raw” they may be.
5. Allow about 30 minutes for the group work.

6. Ask the participants to help identify the main types of ideas presented, dividing them into categories, for example: (1) political/advocacy action, (2) awareness campaigns in the community, (3) development of educational materials and information, and 4) implementation of a local plan in their schools and communities, etc.
7. Use the questions in the Handout to help the group focus and prioritize their ideas by asking them which ones they consider to be the most interesting and easiest to implement. Remember that it is important to leave the final decision to them.
8. Once the idea has been finalized, review Handout and work with the group to answer the questions and determine an appropriate time to implement the plan. In other cases, the group may wish to meet on their own to finalize the planning. The important thing for the facilitator is to assist the participants in developing a viable plan so that they have a sense of fulfilment and not frustration

Handout 15: Developing a community project

Handout 15: Developing a Community Project

1. Description (in two or three phrases, describe your plan)
2. Collaboration
 - Who do you need to collaborate with to put this plan into operation?
 - How can you obtain this support and collaboration?
3. Materials/Resources
 - What resources do you need to carry out your plan?
 - Where and how can you obtain such resources?
4. Time Schedule
 - How long do you need to execute the plan?
 - List in order the steps required to carry out the planning.
5. Evaluation
 - How do you know if your plan is working?
 - What expectations do you have about the result of your activity?
5. Risks
 - What things can go wrong?

TOOLS

This section has tools that are mentioned in the manual and can be used in workshops.

Action Chart

ACTION CHART
Actions that I can take to promote change at the personal and interpersonal level (Example: Always use a condom, Join a community project)
What skills/ strengths do I have that I can use to promote the change?
What support do I have?
What support do I need? Where can I get such support?
What is the most immediate step that I should take?
What would be the next important step?

Participant's workshop evaluation form

<p style="text-align: center;">PARTICIPANT'S WORKSHOP EVALUATION FORM</p> <p><i>Please note that your name does not appear anywhere on this evaluation form</i></p> <p><i>Please answer these questions truthfully as it helps us make the training better for other</i></p>
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participants and groups in the future.

Section 1: General information

Please fill in the blocks below for record purpose.

Dates of training: From _____ to _____

Venue: _____ District: _____

Names of trainers: 1. _____

2. _____

Section 2: Your comments on the training

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

		Agree	Disagree	Not sure
1	I found the training useful			
2	I 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 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 was knowledgeable about the subject matter of the training			
11	I could make contributions in the different sessions of the training			
12	The trainer was able to answer the questions asked by the participants			
13	The trainer used interesting teaching techniques (e.g. group work, games, role-plays etc.)			
14	The trainer made difficult issues easy to understand			
15	The training was fun			
16	Participants were encouraged to participate in the training			

17	I could understand the issues presented in the training			
18	The training has covered all the important issues			
19	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**:

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

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

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

3.5. 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.

