



USAID
FROM THE AMERICAN PEOPLE



PEPFAR
U.S. President's Emergency Plan for AIDS Relief

Pamoja Tuwalee

FACILITATOR GUIDE

Male Peer Groups

The development of this guide was made possible by the generous support of USAID/PEPFAR. The contents are the responsibility of World Education, Inc./Bantwana Initiative's "Pamoja Tuwalee" program and do not necessarily reflect the views of USAID/PEPFAR.

Content and materials for this guide have been adapted from the following sources:

1. EngenderHealth/CHAMPION Project's Community Engagement Facilitator's Manual draft (2011).
2. EngenderHealth/ACQUIRE Project and Promundo's Engaging Men at the Community Level manual (2008).
<http://www.acquireproject.org/archive/html/7-engage-men/tools.html>
3. Online Toolkit for Working with Men and Boys, Family Violence Prevention Fund, San Francisco, CA., USA.
4. Raising Voices/CEDOVIP's SASA! Activist Toolkit
http://www.raisingvoices.org/sasa/kit_download.php
5. Stepping Stones Training Manual
<http://www.steppingstonesfeedback.org/index.htm>

For More Information, please visit the World Education, Inc./Bantwana Initiative website:

www.bantwana.org

Printed in Tanzania

ACKNOWLEDGMENTS

World Education, Inc./Bantwana Initiative (WEI/Bantwana) developed this Male Peer Group Facilitator Guide as a tool for practitioners to use participatory methodologies to facilitate male peer groups. Male peer groups are intended to prevent intimate partner violence by:

1. Improving knowledge about negative consequences of intimate partner violence on children, women, and men; and,
2. Decreasing acceptability of intimate partner violence.

This guide was developed by compiling a range of existing published materials. WEI/Bantwana gratefully acknowledges the contributions of other organizations whose materials were used to create this guide, notably - Raising Voices, Engender Health, Promundo, and Stepping Stones. Every session in the guide references the original material from which it was sourced or adapted.

WEI/Bantwana used the following methodology in compiling this guide:

First, WEI/Bantwana conducted an extensive literature review to identify existing materials and curricula that address gender norms. Only materials that were externally evaluated and found to be effective at changing attitudes or reducing intimate partner violence or GBV were included.

Second, these materials were reviewed and sessions/modules that used participatory methodologies and addressed one of the priority topic areas¹ identified by WEI/Bantwana were short-listed.

Third, using the selected materials from the short-list, WEI/Bantwana selected relevant sections and modules from the material, adapted them to the Tanzania context as necessary and sequenced them to create a series of 25 workshop sessions.

Fourth, WEI/Bantwana piloted these sessions and made further revisions based on the experience of the pilot.

World Education, Inc./Bantwana is currently using this tool to address harmful gender norms and address intimate partner violence in targeted communities in Northern Tanzania under the USAID/PEPFAR funded *Pamoja Tuwalee* program.

WEI/Bantwana would like to thank the consultant Esther Mtuli Majani who compiled this document for WEI/Bantwana.

WEI/Bantwana is pleased to share this Male Peer Group Facilitator Guide with other implementing partners working to address harmful gender norms and prevent or reduce intimate partner violence in Tanzania.

Sincerely,



Lilian Badi
Chief of Party, *Pamoja Tuwalee*
World Education Inc./Bantwana

¹ This includes 1. Concepts of Masculinity; 2. Gender Norms; 3. Concepts of Fatherhood and Caring; 4. Intimate Partner Violence Prevention; 5. Sexuality and Reproductive Health; and 6. Preventing and Living with HIV.

Table of Contents

ACKNOWLEDGMENTS	III
LIST OF ABBREVIATIONS	V
I. INTRODUCTION	1
PROGRAM BACKGROUND	1
PURPOSE OF THE GUIDE	1
WHO IS THIS GUIDE FOR?	1
HOW CAN THIS GUIDE BE USED?	1
II. USING MALE PEER GROUPS TO ADDRESS INTIMATE PARTNER VIOLENCE	1
WHAT IS IPV?	1
WHAT IS A MALE PEER GROUP?	1
FULL FOUR DAY AGENDA	2
TIPS FOR FACILITATING MALE PEER GROUPS	3
III. MALE PEER GROUP ACTIVITY SESSIONS	5
LEARNING OBJECTIVES	5
SESSION 1: GENDER	7
SESSION 2: ACT LIKE A MAN	9
SESSION 3: THE SPACE BETWEEN US	11
SESSION 4: MEN, GENDER, AND HEALTH	17
SESSION 5: RELATIONSHIP SELF-EVALUATION	22
SESSION 6: MEN AND CAREGIVING	26
SESSION 7: CONCEPTS OF FATHERHOOD	28
SESSION 8: NEW PLANET	31
SESSION 9: INTIMATE PARTNER VIOLENCE	37
SESSION 10: HEALTHY AND UNHEALTHY RELATIONSHIPS	40
SESSION 11: EXPRESSING EMOTIONS	43
SESSION 12: OUR BODIES	48
SESSION 13: UNDERSTANDING SEXUALITY	60
SESSION 14: SEXUALITY AND GENDER NORMS	66
SESSION 15: MEN'S SEXUALITY CONCERNS	69
SESSION 16: WANT... DON'T WANT	74
SESSION 17: SEXUAL CONSENT	77
SESSION 18: HIV AND AIDS	81
SESSION 20: HIV-RELATED RIGHTS AND RESPONSIBILITIES	89
SESSION 21: ALPHABETS OF PREVENTION	92
SESSION 22: GETTING TESTED FOR HIV	94
SESSION 23: POSITIVE LIFE	96
SESSION 24: CIRCLES OF INFLUENCE	103
SESSION 25: MEN TAKING ACTION	111
IV. APPENDICES: ADDITIONAL FACILITATOR RESOURCES	115
APPENDIX 1: ICE BREAKERS	115
APPENDIX 2: ADDITIONAL RESOURCES	118

LIST OF ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
ART	Anti-retroviral Treatment
CEDOVIP	Center for Domestic Violence Prevention
GBV	Gender Based Violence
HIV	Human Immune Deficiency Virus
IEC	Information, Education, Communication
IPV	Intimate Partner Violence
MOHSW	Ministry of Health and Social Welfare
PEPFAR	US President's Emergency Plan for AIDS Relief
RV	Raising Voices
SASA!	Start, Awareness, Support, Action!
SV	Sexual Violence
USAID	United States Agency for International Development
VAW	Violence Against Women

I. INTRODUCTION

Program background

World Education, Inc./Bantwana Initiative (WEI/Bantwana) implements *Pamoja Tuwalee* in the Northern Zone of Tanzania. *Pamoja Tuwalee* (2010-2016) is funded by USAID/PEPFAR and provides integrated comprehensive services to vulnerable children and families to mitigate the impact of the HIV/AIDS epidemic.

Pamoja Tuwalee focuses on reducing vulnerability, preventing new HIV infections, and supporting children's enrollment and retention in anti-retroviral therapy through the following strategic objectives:

1. Increasing access to and utilization of comprehensive MVC services through community initiatives;
2. Strengthening the human and organizational capacity of local community structures, local implementing partners, and Local Government Authorities;
3. Increasing community awareness, engagement, child participation and advocacy for social protection of MVC and their families.

World Education Inc./Bantwana's *Pamoja Tuwalee* programming is rooted in the following guiding principles:

- Providing holistic services that keep children stable, safe, schooled, and healthy;
- Saving lives by accelerating the number of HIV positive children identified, linked and retained on anti-retroviral therapy;
- Strengthening families by improving parenting skills and supporting household economic resilience;
- Promoting healthy life choices for adolescents, especially adolescent girls, to reduce new HIV infections;
- Building strong collaborative partnerships with local government and civil society organizations;
- Ensuring that interventions are relevant and respond to community needs by using available data and evidence-based models to guide programming.

Purpose of the guide

This guide was developed to promote peer-to-peer discussions for men around intimate partner violence. Other relevant issues such as gender norms; concepts of fatherhood, caregiving, and masculinity; sexuality and reproductive health; and HIV/AIDS have been incorporated into discussions in order to provide a safe environment for men to discuss a range of issues that affect them and their communities. The aim of the guide is to support open discussion with men through male peer groups about the root causes of intimate partner violence and the discriminatory attitudes that perpetuate it, and also to promote positive masculine ideals that support safe, healthy, and productive families.

Who is this guide for?

This guide aims to assist **qualified facilitators** to conduct single-sex discussions in safe spaces created for men to learn more and reflect on their own attitudes about themselves, women, children, violence, and other relevant issues. It is expected that the end users of this guide have had prior facilitation experience and are receiving ongoing technical and financial support to cover activity-related costs (such as printing, photocopying, provision of campaign materials, supportive supervision, etc.). Facilitators will target **all community members**, with a specific target on the **(male) spouses** of women participating in *Pamoja Tuwalee* livelihoods platform (LIMCA groups).

How can this guide be used?

This guide can be used by facilitators and other activists in local communities to engage men in peer education activities in order to heighten awareness of intimate partner violence, HIV, and other related issues and also to promote positive change behaviors.

II. USING MALE PEER GROUPS TO ADDRESS INTIMATE PARTNER VIOLENCE

What is IPV?

Intimate partner violence (IPV): Intimate partner violence (IPV) describes physical, sexual, or psychological harm by a current or former partner or spouse.

Other forms of related violence include:

Gender-based violence (GBV): Gender-based violence (GBV) refers to any verbal or physical act that result in bodily, psychological, sexual and economic harm to somebody just because they are female or male. GBV can be done by an intimate partner, a family member, a neighbor, an acquaintance or a stranger. GBV happens because one person chooses to exercise power and control over another person.

Violence against women (VAW): Violence against women refers to any act of verbal or physical force, coercion, or life threatening deprivation, directed at an individual woman or girl that causes physical or psychological harm, humiliation or arbitrary deprivation of liberty and that perpetuates female subordination.

Note:

This guide focuses on intimate partner violence. Intimate partner violence is a pervasive problem in Tanzania. Nearly half (47%) of ever-married women have experienced physical or sexual violence from a partner and more than one-third (37%) have experienced violence in the past year. (Tanzania Demographic Health Survey 2010)

What is a male peer group?

A **male peer group** is a forum that provides men with a safe environment in which to openly discuss a range of issues that affect them. The groups can be held in places that men frequent (such as pubs selling alcoholic brews; social halls with games such as pool and draughts; work areas such as garages and taxi stands), and can be used to reinforce positive masculine ideals, reject negative stereotypes, and help men identify the root causes and consequences of issues facing the community.

This guide includes **25 sessions for male peer groups** that have been designed to:

1. Improve participant knowledge about the negative consequences of gender-based violence on children, women, and men;
2. Decrease attitudes of acceptability of gender-based violence.

Each session contains:

- ▶ Learning objectives
- ▶ Suggested activities and methods
- ▶ Discussion questions
- ▶ Facilitator notes

Full Four Day Agenda

Day	Themes	Sessions
Day 1	<ol style="list-style-type: none"> 1. Masculinity 2. Gender Norms 	Session 1: Gender Session 2: Act Like a Man Session 3: The Spaces Between Us Session 4: Men, Gender and health Session 5: Relationship Self-Evaluation
Day 2	<ol style="list-style-type: none"> 1. Concepts of fatherhood and care giving 2. Intimate partner violence 	Session 6: Men and Caregiving Session 7: Concepts of Fatherhood Session 8: New Planet Session 9: Intimate Partner Violence Session 10: Healthy and Unhealthy Relationships Session 11: Expressing Anger
Day 3	<ol style="list-style-type: none"> 1. Sexuality and reproductive health 	Session 12: Our Bodies Session 13: Understanding Sexuality Session 14: Sexuality and Gender Norms Session 15: Men's Sexuality Concerns Session 16: Want....Don't Want Session 17: Sexual Consent
Day 4	<ol style="list-style-type: none"> 1. Preventing and living with HIV 2. Men's role in promotion of health and gender-equality 	Session 18: HIV and AIDS Session 19: Positive or Negative Session 20: HIV-Related Rights and Responsibilities Session 21: Alphabet of Prevention Session 22: Getting Tested for HIV Session 23: Positive Life Session 24: Circles of Life Session 25: Men Taking Action

A range of additional reference materials that can support facilitators to further engage participants, enhance discussions, and increase participation are also included in the appendices. **Appendix 1** includes a number of participatory ice-breakers that can be integrated throughout the sessions. **Appendix 2** contains a list of additional resources on intimate partner violence prevention. .

Tips for facilitating male peer groups

Even with excellent preparation and a lot of experience, group sessions rarely go perfectly. Problems may arise, and they are not necessarily signs that the facilitator is doing a bad job. If the facilitator is aware of these problems and is prepared with some ideas for dealing with them, the session can still be a good one. Common challenges and some key tips are included below:

- **Everyone talks at once.** Remind the group of the ground rules, and explain that if everyone talks at once, it isn't possible to hear the ideas that people want to contribute.
- **One person dominates the discussion.** Thank the participant for his/her contributions and try to turn the discussion over to someone else. For example, say: "Abdallah, you've raised many interesting points. Does anyone else want to add something?" Or say to the group as a whole: "Abdallah has raised some interesting points about XXX, and I am wondering what the rest of you think about this?" Alternatively, when you ask a question, tell the group that you would like to hear from everyone this time. Explain that you would like to start with one person and go around the room so that each person has a chance to speak.
- **One person gets off the topic.** Wait for an opportune moment to bring the discussion back to the topic at hand as you invite others to comment. Alternatively say to the person: "That is an interesting comment, but I think it is taking us away from what we were discussing. Why don't we discuss this issue later, at the break or at the end of the session."
- **Several participants are having a side conversation.** Ask for everyone's attention and say: "There are some side conversations going on which are making it difficult to stay focused." Ask those who were having a side conversation if they would like to share their thoughts with the whole group. If they do not want to do so, point out that it is not considerate to talk when someone else is sharing their views and opinions because it makes the speaker feel as though the group is not interested.
- **One person will not speak/participate.** Remember that it is not essential for every member of the group to speak, but it is essential that every member of the group feels as though he/she has an opportunity to contribute. If you notice that one person is not speaking, make a special effort to draw her/him out. You can say, "Mariamu, you haven't said anything. Is there anything you would like to say? What do you think about this?" If the person clearly does not want to say anything about the topic you are discussing, do not force her/him to say something, and move on to someone else.
- **Everyone in the group seems quiet, bored or unwilling to participate.** Several problems may cause participants to seem quiet, bored or unwilling to participate: they may feel intimidated or uncomfortable sharing their views. The subject matter may be too complex or too simple. They may feel as though the session is not going anywhere or that it is not relevant to their concerns. Try to get a sense of what the problem is by saying: "It seems as though everyone is very quiet or uncomfortable. Why do you think this is? Is there a problem we should discuss?" Probe to find out what the problem is and try to address it.
- **An exercise flops/does not work at all.** Acknowledge that the exercise did not work as planned. Say: "It seemed to me that this exercise/discussion didn't go very well. What did you think?" If they agree, move on to another activity.

- **Participants only look at you, the facilitator, as they are speaking.** Remind the participants to talk to each other—not simply to you—when they are speaking. Say: “Some of you are addressing your comments to me, rather than to the whole group, but this is a group discussion, so it’s important for everyone to hear what you are saying.” Be sure that chairs are arranged in a way that encourages participants to talk to each other (i.e. in a circle rather than in rows).
- **One person is not taking the discussion seriously.** Say to the group: “I feel as though some people are not taking this seriously, but it seems to me that the topic we’re discussing is a serious one. What do the rest of you feel about this?”
- **You don’t know the answer to a person’s question.** Do not pretend to know more than you do. Instead, be honest that you don’t have all the answers. Tell the participant that you don’t know, and explore whether someone else in the group knows the answer. As needed tell the person that you will try to find out the answer to their question and get back to them about it.
- **Serious arguments break out between two people.** Stay calm and do not take sides. Try to move the discussion back to the larger group by re-stating the issue being discussed and asking the rest of the group to comment on it.
- **One person seems hostile, angry and argumentative.** Even if one person is being overly argumentative and disruptive, try to avoid cutting him or her off repeatedly as this may make him/her feel even more hostile or resentful. Instead, maintain control by continually drawing other participants into the discussion and encouraging them to express their views.
- **Too many or too few participants show up.** If the group is too large, it can be difficult to have a good discussion in which everyone is involved and engaged. It may be necessary to modify certain activities or to lengthen the time frame for certain activities as it can take longer to involve everyone. Similarly, if the group is very small, participants may feel that they should not have bothered to come. In this case, it is important to emphasize the positive aspects (e.g. that with a small group it is possible to discussing things in greater depth and to be more flexible in terms of addressing issues that are of particular interest).
- **The venue isn’t suitable.** Sometimes problems such as power cuts, equipment failures, poor seating or lighting, etc. can arise. Try to plan for and avoid such problems by checking the facility and the equipment before hand. However, if you suddenly find yourself unable to carry out the activities as planned, be open with the group. Explain the problem and suggest an alternative plan for the session.
- **There isn’t enough time to do what you planned.** It is easy to underestimate the amount of time needed for a discussion or activity. In addition, sessions usually begin later than planned. Try to keep track of the time as you go through various activities, and if it becomes apparent that the time is not sufficient to cover everything you had planned, discuss alternatives with participants, such as extending the session, scheduling a second session, or skipping certain activities.

Don’t be too serious! A sense of humor can help ease most difficult situations.

III. MALE PEER GROUP ACTIVITY SESSIONS

Learning Objectives

TARGET AUDIENCE

- All village members
- Specific target: spouses of LIMCA female participants

OBJECTIVES

- Improved knowledge about negative consequences of intimate partner violence on children, women, and men
- Decrease attitudes of acceptability of partner violence

PARTICIPATORY TOPICS

- Masculinity
- Gender norms
- Concepts of fatherhood and caregiving
- Intimate partner violence
- Sexuality and reproductive health
- Preventing and living with HIV

EXPECTED OUTCOMES

- More gender equitable attitudes towards fatherhood and caregiving
- Increase in positive masculine ideals
- Rejection of negative gender stereotypes

AGENDA DAY 1

Session Title	Learning Objectives	Specific Activities	Duration
Session 1: Gender	At the end of the session, participants will be able to: <ul style="list-style-type: none"> Explain the difference between the terms “sex” and “gender” Define the terms gender, sex, gender equity, gender equality 	Brainstorming Gender Game Group Discussion	1 hour
Session 2: Act like a Man	At the end of the session, participants will be able to: <ul style="list-style-type: none"> Identify the differences between rules of behavior for men and for women Understand how these gender rules affect the lives of women and men 	Brainstorming Group Discussion	45 min. ²
Session 3: The Spaces between Us	At the end of the session, participants will be able to: <ul style="list-style-type: none"> Understand how power has shaped our lives and experiences Understand the importance of gender equality and gender equity 	Provocative Game Group Discussion	1 hour 15 min.
Session 4: Men, Gender, and Health	At the end of the session, participants will be able to: <ul style="list-style-type: none"> Describe the links between how men are raised and the health risks they face Discuss how gender norms influence the most common men’s health problems and review basic hygiene practices 	Gender and Health Questions Group Discussion	2 hours
Session 5: Relationship Self-evaluation	At the end of the session, participants will be able to: <ul style="list-style-type: none"> Describe the power dynamics in intimate relationships 	Relationship Self-Evaluation Worksheet	1 hour
Total Duration Day 1			6 hours

² If necessary, facilitator can dedicate 15-30 more minutes to sessions 1 and 2 as they are key sessions that lay the foundation. Deliberation will have to be made on a group by group basis.

Session 1: Gender

*This session was adapted from:

- EngenderHealth/ACQUIRE Project and Promundo's Engaging Men at the Community Level manual (2008). <http://www.acquireproject.org/archive/html/7-engage-men/tools.html>
- Stepping Stones Training Manual <http://www.steppingstonesfeedback.org/>

Learning Objectives

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

- Explain the difference between the terms "sex" and "gender"
- Define the terms gender, sex, gender equity, gender equality

Duration: 60 min.

Facilitator's Notes	Time	Methods	Facilitation Materials
Step 1: The facilitator should present the objectives of the session and the topics that will be discussed	5 min.	Presentation	Prepared flipchart papers and poster
Step 2: Ask the participants if they can explain the difference between "sex" and "gender."	15 min.	Brainstorming	Flipchart and markers
Step 3: Display messages on Sheet 1 to all participants and ask them to indicate if the statements are referring to "sex" or "gender." <i>Alternatively, the handout can be distributed to all participants.</i>	15 min.	Question/Response Gender Game	Flipchart and markers Sheet 1: Gender Game prepared in advance
Step 4: Discuss each of the answers with the entire group, then emphasize that Gender refers to widely held ideas and expectations concerning women and men. These include ideas about typically feminine/female and masculine/male characteristics and abilities, as well as commonly shared expectations about how women and men should behave in various situations.	15 min.	Group Discussion	Definitions for Gender and Sex prepared on a flipchart
Step 5: Ask participants to think about what they have learnt from this activity and how they are going to use the knowledge.	10 min.	Discussion Personal commitments	
Reference Materials: <ul style="list-style-type: none"> – Barker, G. and Ricardo, C. 2005. Young men and the construction of masculinity in Sub-Saharan Africa: implications for HIV/AIDS, conflict and violence. Washington, DC: World Bank. – Best Practices of Youth Violence Prevention: A Sourcebook for Community Action http://www.cdc.gov/ncipc/dvp/bestpractices/Introduction.pdf – Best Practice in Violence Prevention Work with Men http://www.daphne-toolkit.org/DOCUMENTS/Bibliography/xy-Michael-Flood/Flood_Violence_prev_Home_Truth.pdf – EngenderHealth/CHAMPION Project's Community Engagement Facilitator's Manual draft (2011). – EngenderHealth/ACQUIRE Project and Promundo's Engaging Men at the Community Level manual (2008). http://www.acquireproject.org/archive/html/7-engage-men/tools.html – Online Toolkit for Working with Men and Boys, Family Violence Prevention Fund, San Francisco, CA., USA. – Raising Voices/CEDOVIP's SASA! Activist Toolkit http://www.raisingvoices.org/sasa/kit_download.php – Stepping Stones Training Manual http://www.steppingstonesfeedback.org/index.htm 			

Sheet 1: Gender Game

Statements ³	Answers	
	Gender	Sex
1. Women give birth to babies, men don't.		X
2. Girls should be gentle, boys should be tough.	X	
3. Women can breastfeed babies, men can bottle feed babies.	X	X
4. Four-fifths of the world's injecting drug users are men.	X	
5. Many women do not make decisions with freedom, especially regarding sexuality and relationships.	X	
6. The number of women with HIV (Human Immuno-deficiency Virus) infection and AIDS (Acquired Immune Deficiency Syndrome) has increased steadily worldwide.	X	X
7. There are more men in positions of power (in business, government etc.) than women.	X	
8. In most countries, including Tanzania, women or girls are the primary caregivers for family members who are sick with AIDS-related illnesses.	X	
9. Women get paid less than men for doing the same work.	X	
10. Women should be submissive, men should be authoritative.	X	

³ Facilitators are free to add additional sentences relevant to specific target audiences as necessary (i.e. Iraqws Sanjo, or Maasai in Northern Tanzania) This may include statement on child rearing duties, on livestock management, etc.

Session 2: Act like a Man

* This session was adapted from:

- EngenderHealth/CHAMPION Project's Community Engagement Facilitator's Manual draft (2011).
- EngenderHealth/ACQUIRE Project and Promundo's Engaging Men at the Community Level manual (2008). <http://www.acquireproject.org/archive/html/7-engage-men/tools.html>
- Stepping Stones Training Manual <http://www.steppingstonesfeedback.org/index.htm>

Learning Objectives

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

- Identify the differences between rules of behavior for men and for women
- Understand how these gender rules affect the lives of women and men

Duration: 45 min.

Facilitator's Notes	Time	Methods	Facilitation Materials
Step 1: The facilitator should present the objectives of the session and the topics that will be discussed.	5 min.	Presentation	Prepared flipchart papers and poster
Step 2: Ask the male participants if they have ever been told to "act like a man." Encourage them to share their experiences: "Why do you think they said this?" "How did it make you feel?"	5 min.	Brainstorming	Flipchart and markers
Step 3: Ask participants if they think women are told to "act like a woman". Probe "What is different?" After a few responses, tell participants that this session will look more closely at how society creates very different rules for how men and women are supposed to behave. Explain to participants that society's rules and expectations for men and women are called "gender norms."	3 min.	Brainstorming Discussion	Flipchart and markers
Step 4: In large letters, print on one sheet of flipchart paper the phrase "Act Like a Man" and ask participants what men are told in their community about how they should behave. Write these on the sheet. Probe and consider expectations around physical appearance, emotions, duties in the home, finances, etc.	5 min.	Brainstorming Discussion	Flipchart and markers
Step 5: Explain that these rules define what is considered normal for men to think, feel, and act and can sometimes restrict the lives of both men and women by keeping men in their "Act like a Man" box (Draw a box around the statements. Ask participants the following questions: <ul style="list-style-type: none"> • Which of these messages can be potentially harmful? Why? (Place a star next to each 	10 min.	Brainstorming Discussion	Flipchart and markers

Facilitator's Notes	Time	Methods	Facilitation Materials
<p><i>message and discuss one by one.)</i></p> <ul style="list-style-type: none"> • <i>How does 'living in the box' impact men's health and the health of others, especially in relation to gender-based violence and HIV/AIDS?</i> • <i>How does 'living in the box' limit men's lives and the lives of those around them?</i> • <i>What happens to men who try not to follow the gender rules (e.g. "living outside the box")? What do people say about them? How are they treated?</i> • <i>How can "living outside the box" help men to positively address gender-based violence, HIV and AIDS?</i> <p>Step 6: In large letters, print on another sheet of flipchart paper the phrase "Act Like a Woman." Ask participants what women are told in their community about how women should behave. Repeat Step 4 and Step 5.</p> <p>Step 7: Ask participants the following questions:</p> <ul style="list-style-type: none"> • <i>What affects your perceptions about the roles of men and women? (Incorporate into the discussion the influence of family, friends, media through radio, television, billboards and advertisements)</i> • <i>How can you, in your own lives, challenge some of the non-equitable ways men are expected to act? How can you challenge some of the non-equitable ways that women are expected to act?</i> <p>Step 8: End the discussion by asking participants what they have learnt from this activity and how are they going to use the knowledge.</p>	<p>12 min.</p> <p>5 min.</p>	<p>Brainstorming Discussion</p> <p>Discussion</p>	<p>Flipchart and markers</p> <p>Flipchart and markers</p>
<p>Reference Materials</p> <ul style="list-style-type: none"> – EngenderHealth/CHAMPION Project's Community Engagement Facilitator's Manual draft (2011). – EngenderHealth/ACQUIRE Project and Promundo's Engaging Men at the Community Level manual (2008). http://www.acquireproject.org/archive/html/7-engage-men/tools.html – Online Toolkit for Working with Men and Boys, Family Violence Prevention Fund, San Francisco, CA., USA. – Raising Voices/CEDOVIP's SASA! Activist Toolkit http://www.raisingvoices.org/sasa/kit_download.php – Stepping Stones Training Manual http://www.steppingstonesfeedback.org/index.htm 			

Session 3: The Space between Us

**This session was adapted from:*

- Raising Voices/CEDOVIP's SASA! Activist Toolkit
http://www.raisingvoices.org/sasa/kit_download.php

Learning Objectives

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

1. Understand how power has shaped our lives and experiences
2. Understand the importance of gender equality and gender equity

Duration: 1 hour 15 min.

Facilitator's Notes	Time	Methods	Facilitation Materials
<p>Step 1: The facilitator should present the objectives of the session and the topics that will be discussed. Set the tone of this session carefully with participants as it is a serious exercise that requires sensitivity. Introduce the session: <i>"I hope everyone has had time to reflect on gender expectations in society. This session is designed to help participants recognize that a person's sex deeply influences their experiences and choices in life."</i></p>	5 min.	Presentation	Prepared flipchart papers and poster
<p>Step 2: Divide participants into two groups, with one group stepping in the shoes of women in their lives (give half the group name tags with pretend identities for women e.g. Female teacher). Explain to all participants that, <i>"I am going to ask you to line up in the middle of the room and hold hands with each other. I will then read a series of statements about life experiences. After each one of the statements you will move one space forward, backward or stay where you are, based on life experiences of the sex you are impersonating (male/ female). If you begin moving in an opposite direction of the people you are holding hands with, you will have to let go."</i> Tell participants that this is a silent exercise; they should not comment on their own or others' movements and if they haven't heard a statement clearly, to call 'repeat.'</p>	5 min.	Game Explanation	Prepared Sheet 2: Spaces Between Us Statements

Facilitator's Notes	Time	Methods	Facilitation Materials
<p>Step 3: Ask participants to line up side by side across the middle of the room, with sufficient and equal space both behind and in front of them. Ask them to all face one way (toward a wall or a line drawn on the floor) and to hold hands with the people on either side of them.</p> <p>1. Read the statements ("Sheet 2: The Space Between Us" Activity Statements) provided at the end of these instructions and ask the participants to move after each statement.</p> <p>2. When you have finished reading all the statements, pause. Ask the participants to remain where they are. If some participants are still holding hands, they can now let go of each other.</p> <p>3. Ask the participants to look around to see where they are standing and where others around them are standing. Ask them to take a moment to reflect on their own position and the position of others.</p> <p>4. Tell to the group to face forward again and instruct: "When I say 'go,' race to the wall/line in front of you." You can also go and stand at the 'line' you are referring to.</p> <p>5. Give participants a few seconds to get ready (some may want to tie shoe laces, remove shoes etc.) and count "one, two, three, GO!"</p> <p>6. Gather everyone back in the large circle.</p> <p>Step 4: Probe participants using Sheet 3: Probing Questions while ensuring no one specifically talks about another participant's experiences, as revealed through the exercise, as it may create a lack of safety in the group. Let everyone speak for her/himself.</p>	20 min	Game	Sheet 2: Spaces between us statements
	20 min	Question/Response	Prepare Sheet 3: Probing Questions

Facilitator's Notes	Time	Methods	Facilitation Materials
<p>Step 5: 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. Repeat the same for the term “gender equity.” After getting their feedback provide the following definitions:</p> <p>a. Gender equality means that men and women enjoy the same status, with the same opportunities to fully realize their human rights and to contribute and benefit from all aspects in society, including equal social, cultural, economic and political participation.(education, participation, holding a job, earning an income)</p> <p>b. Gender equity is the process of being fair to men and women. Gender equity leads to gender equality. For example, a policy that provides increased support to businesses started by women may increase gender equity because it promotes opportunities for women to own and run businesses just as men do.</p>	15 min	Discussion	Flipchart and marker pen
<p>Step 6: After clarifying the definitions of gender equality and gender equity, end the discussion by asking the group whether men should work towards achieving gender equality. “What can they do? What support do they need?”</p>	10 min.	Discussion/ Personal Commitment	Flipchart and marker pen
<p>Reference Materials</p> <ul style="list-style-type: none"> – Raising Voices/CEDOVIP's SASA! Activist Toolkit http://www.raisingvoices.org/sasa/kit_download.php – Violence Against Women and HIV and AIDS Information Sheet, WHO http://www.who.int/gender/en/infosheetvawandhiv.pdf 			

Sheet 2: The Space between Us Statements

1. If you were raised in a community where the majority of police, government workers and politicians were not of your sex, move one step back.
2. If it is generally accepted for you to make sexual jokes in public about the other sex, move one step forward.
3. If a teacher has ever promised you better school results in exchange for sexual favours, move one step back.
4. If you have never been harassed or disrespected by police because of your sex, move one step forward.
5. If you could be beaten by your partner with little or no reaction from others, move one step back.
6. If most doctors, lawyers, professors, or other “professionals” are of the same sex as you, move one step forward.
7. If people of your sex often fear violence in their own relationship or homes, move one step back.
8. If people of your sex can beat a partner because of unfaithfulness and with general acceptance of this behaviour from others, move one step forward.
9. If you were denied a job or a promotion because of your sex, move one step back.
10. If your sex has ever been considered by scientists as inferior, move one step back.
11. If people of your opposite sex are often paid for sexual favours, move one step forward.
12. If you were discouraged from pursuing activities of your choice because of your sex, move one step back.
13. If you commonly see people of your sex in positions of leadership in business, in court and in government, move one step forward.
14. If you fear being attacked if you walk home alone after dark, move one step back.
15. If you could continue school while your siblings of the opposite sex had to stop, move one step forward.
16. If you share childrearing responsibilities with your partner, move one step forward.

17. If you have never worried about being called a prostitute, move one step forward.
18. If you must rely on your partner to pay for your clothes and food, move one step back.
19. If you have never been offered presents for sexual favors, move one step forward.
20. If you have ever worried about how to dress to keep yourself safe, move one step back.
21. If people of your sex can have different partners and that is generally accepted, move one step forward.
22. If you have taken care of your partner while she or he is sick, move one step backward.
23. If your religious leaders are the same sex as you, move one step forward.
24. If you have ever feared rape, move one step backward.
25. If your name or family name can be given to your children, move one step forward.
26. If you have been touched inappropriately by a stranger in public, against your will, move one step back.
27. If you cannot always expect the same kind of respect from women as from men, move one step back.
28. If you have ever been refused rest by your partner while you were feeling weak, move one step back.
29. If your sex is the one who usually makes the decisions about household expenditures, move one step forward.
30. If you have never been whistled or hooted at in public by the opposite sex, move one step forward.

Sheet 3: Probing Questions

a) “How did you feel doing this exercise?”

- i. How did you feel at the beginning when you were all in the straight line?
- ii. How did it feel to move forward? To move backward?
- iii. How did it feel to release the hands of your neighbours?

b) “What did you notice about each other’s reactions as the exercise progressed?”

(Probe: “Did the tone of the game change from playful to serious?”)

c) What did you think or feel when you saw where everyone was standing at the end of the game? Was there anything that surprised you about people’s positions?

d) Did any of you adjust the size of your steps (i.e., making them smaller or larger) as the game continued on? Why?

e) Did anyone want or choose to not be honest in the exercise? Why? What does this tell us about our experiences? (Probe: “Is there shame or stigma attached to our experiences of power?”)

f) “What was your first reaction when I asked you to race to the wall?” (Contributions could include: too far, too close, ran very hard, knew I couldn’t win, what was the point, etc.)

g) “What does this exercise teach us about the power imbalances between women and men?”

h) “What did you learn about your own power? The power of those around you?”

Session 4: Men, Gender, and Health

*The session was adapted from:

- EngenderHealth/ACQUIRE Project and Promundo's Engaging Men at the Community Level manual (2008). <http://www.acquireproject.org/archive/html/7-engage-men/tools.html>
- Online Toolkit for Working with Men and Boys, Family Violence Prevention Fund, San Francisco, CA., USA.
- Stepping Stones Training Manual <http://www.steppingstonesfeedback.org/index.htm>

Learning Objectives

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

- Describe the links between how men are raised and the health risks they face
- Discuss how gender norms influence the most common men's health problems and review basic hygiene practices

Duration: 2 hours

Facilitator's Notes	Time	Methods	Facilitation Materials
<p>Step 1: The facilitator should present the objectives of the session and the topics that will be discussed. It is very important to ensure all participants are comfortable as traditionally men are not encouraged to share their health concerns.</p>	5 min.	Presentation	Prepared flipchart papers and poster
<p>Step 2: Divide the participants into two or three small groups, distribute the questions among them, and explain to each group that there are three possible answers to each question: <i>man, woman, or both</i>. Ask them to discuss each of the questions they have received and to try to come up with the answer as a group. After 15 minutes, write the questions on flipchart paper and then read each question aloud; ask how the groups replied, and mark the answers with an "X" on the flipchart. Explore the responses of the group, asking them to explain their answers.</p>	20 min.	Group Discussion	<p>Prepared questions from Sheet 4: Gender and Health Questions on a small piece of paper or card</p> <p>Flipchart and markers</p>
<p>Step 3: After the groups have presented all of their responses, explain that the correct answer for each question is "Men." (Note: Although the answers to the questions are most often men, in some settings, the answer to some of the questions might be women or both. If this is the case, the facilitator should focus the discussion on the fact that the majority of the questions had a response of men.) Review each question, presenting some of recent global or recent statistics. Use the following questions to facilitate discussion:</p> <ul style="list-style-type: none"> • Did you know that men are more at risk for this health problem? • Why do you think this is true? • Is it possible for men to avoid this health 	30 min.	Group Discussion	<p>Note: encourage the participants to reflect on the behaviors and lifestyles associated with the health problem and how they might be prevented or changed.</p>

Facilitator's Notes	Time	Methods	Facilitation Materials
<p>problem? How?</p> <p>Step 4: After discussing each question, ask the questions below.</p> <ul style="list-style-type: none"> • Do you see these patterns among men in your community? • Are there other health problems that men are more at risk for than women? • During what age range are men most at risk for some of these problems? • Why do men face these health risks? What is the relationship between these risks and how men are socialized? <p>Step 5: 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.</p> <p>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.</p> <p>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.</p> <p>Next, draw another outline of a body on two or three new sheets of flipchart paper.</p> <p>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.</p> <p>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). 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.</p> <p>Next, ask the participants to read aloud the men's</p>	<p>20 min.</p> <p>30 min.</p>	<p>Discussion questions</p> <p>Participatory exercise</p>	<p>Flipchart and markers</p> <p>Prepared pieces of paper or manila Flipchart paper and marker pens</p>

Facilitator's Notes	Time	Methods	Facilitation Materials
<p>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. Remind them of the previous activity and what they discussed about socialization and the health risks men face. 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.</p> <p>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.</p> <p>Use the questions below to facilitate a discussion:</p> <ul style="list-style-type: none"> • <i>Is there a relationship between men's health needs and the characteristics of being a man that we identified?</i> • <i>How does a man's role in his family or community affect his health?</i> • <i>Do men and women take care of their bodies and health in the same way? How do men take care of their health?</i> • <i>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?</i> <p>Step 6: End the discussion by explaining that men's health and hygiene are very key matters. Probe:</p> <ul style="list-style-type: none"> • <i>What is hygiene? What kind of personal hygiene should men practice?</i> • <i>Where can men in your community go to ask questions about their health or to seek services for health problems?</i> • <i>What can you do to reduce risks in your own lives? In the lives of other men?</i> • <i>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?</i> 	15 min.	Group discussion	Flipchart paper and marker pens

Reference Materials

- Addis, M and Mahalik, J. 2003. Men, masculinity, and the contexts of help seeking. *Am Psychol.* 58(1):5-14.
- Barker, G. and Ricardo, C. 2005. Young men and the construction of masculinity in Sub-Saharan Africa: implications for HIV/AIDS, conflict and violence. Washington, DC: World Bank.
- Bertolote, JM and Fleischmann, A. 2002. A global perspective in the epidemiology of suicide. *Suicidologi, Arg.* 7, No 2.
- CEDPA. 1988. Choose a future: Issues and options for adolescent boys. Washington, D.C.
- EngenderHealth/CHAMPION Project's Community Engagement Facilitator's Manual draft (2011).
- EngenderHealth/ACQUIRE Project and Promundo's Engaging Men at the Community Level manual (2008). <http://www.acquireproject.org/archive/html/7-engage-men/tools.html>
- Hayes, R. et H. Weiss. 2006. Understanding HIV epidemic trends in Africa. *Science* Feb3:311(5761):620-17.
- Rivers, K. & Aggleton, P. 1998. Men and the HIV epidemic, gender and the HIV epidemic. New York: UNDP HIV and Development Program.
- World Health Organization. 2000. What about boys?: A literature review on the health and development of adolescent boys. Geneva, Switzerland.
- World Health Organization. 2001. Global prevalence and incidence of selected curable sexually transmitted infections. Geneva, Switzerland.
- World Health Organization. 2001. Transforming health systems: gender and rights in reproductive health. Geneva, Switzerland.
- World Health Organization. 2002. World report on violence and health. Geneva, Switzerland.
- World Health Organization. 2004. Global status report on alcohol. Geneva, Switzerland.

Sheet 4: Gender and Health Questions

1. Who has a shorter lifespan?

- In Tanzania, men have a shorter lifespan than women. Life expectancy for men is 59 years and for women it is 63 years (WHO, 2012).

2. Who dies more from non-communicable diseases (i.e., cancer, diabetes, cardiovascular disease)?

- In Tanzania, men are more likely to die from non-communicable diseases than women. 42.8% of all deaths in males and 28.5% of all deaths in females under age 60 are due to non-communicable diseases (WHO, 2012).

3. Who has a higher incidence of raised blood pressure?

- In Tanzania, men have higher rates of raised blood pressure than women (WHO, 2008).

4. Who uses tobacco more, which is addictive and can cause a wide variety of diseases?

- In Tanzania, men use tobacco more than women. Less than 1 percent of women report using tobacco, while 21 percent of men use tobacco (DHS, 2010).

5. Who dies more often from suicide?

- In Tanzania, nearly two times as many males as females commit suicide. Approximately 33 percent of suicides are committed by women and 66 percent by men (WHO, 2012).

6. Who consumes more alcohol and gets drunk more often?

- In Tanzania, men are ranked higher than women in percentages of alcohol consumption (WHO, 2010).

7. Who abuses drugs more?

- In Tanzania, men are more likely than women to abuse drugs.

8. Who has more sexual partners and more unprotected sex?

- In Tanzania, men report more multiple partners than women (DHS 2010)

9. Who is less likely to be tested for HIV?

- In Tanzania, men are less likely than women to be tested for HIV. (DHS, 2010)

*** Where certain questions might not be relevant, the facilitator should substitute another more applicable question and research correct answers.

Session 5: Relationship Self-Evaluation

*The session was adapted from:

- Raising Voices/CEDOVIP's SASA! Activist Toolkit
http://www.raisingvoices.org/sasa/kit_download.php

Learning Objectives

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

- Describe the power dynamics in intimate relationships

Duration: 60 min.

Facilitator's Notes	Time	Methods	Facilitation Materials
<p>Step 1: The facilitator should present the objectives of the session and the topics that will be discussed</p>	5 min.	Presentation	Prepared flipchart papers and poster
<p>Step 2: Ask participants: "What does it mean to have power?" Gather their ideas. Ask questions to create an understanding of the following: "Power is a force that can be used positively or negatively to exercise your own choices or to influence the choices of others." Give each participant a copy of the "Sheet 6: Relationship Self-Evaluation" and explain that this form helps us think about power in intimate relationships. Read through the questions and give examples of the scoring method for each. Ask each participant to fill in the form for his or her intimate relationship. Participants that are not in a relationship should complete the form based on a past relationship or a relationship they know well (e.g., with their mother and father). Explain that they will have 20 minutes to complete the form. Clarify that no one will see their answers and that they should take their time and be as honest as possible. Allow participants to work wherever they like in the room.</p>	20 min.	Brainstorming Question/ Response Exercise	Flipchart and markers Prepared Sheet 6: Relationship Self-Evaluation
<p>Step 3: Ask participants for their impression of "Sheet 6: Relationship Self-Evaluation":</p> <p>a. "How did you feel completing this form?"</p> <p>b. "Who enjoyed completing this form? Why?"</p> <p>c. "Who did not enjoy completing this form? Why?"</p> <p>d. "Who was surprised by their answers? Why?"</p> <p>e. "Was anyone surprised by the questions? Why?"</p>	15 min.	Discussion	Flipchart and markers
<p>Step 4: Point out the last column on the Self-Evaluation that is labelled A. Explain that this column is for an evaluation of society as a whole, and the group will complete it together. Explain that since we will not always be able to agree, the majority response will be used for the purposes of</p>	20 min.	Discussion	Flipchart and marker pens

Facilitator's Notes	Time	Methods	Facilitation Materials
<p>the exercise. Read each question aloud and collect the group's responses and reasons. Debrief using the following questions as a guide:</p> <p>a. <i>"What do these responses tell us about society? How does that make you feel?"</i></p> <p>b. <i>"How could people create balanced power in their intimate relationships?"</i></p> <p>c. <i>"Why do you think some men hesitate to have balanced power in their intimate relationships?"</i></p> <p>d. <i>"How does the power imbalance between women and men in our communities increase risk for negative health outcomes?"</i></p> <p>Step 5: End the session by asking participants to take a few minutes to evaluate the day. Ask them to write their thoughts about these questions:</p> <ul style="list-style-type: none"> • What was most useful for you today? • What was most difficult? What suggestions do you have for overcoming this difficulty? • What suggestions do you have for tomorrow? <p>Collect the responses and review them before the next day. During the recap, report back to the group about any changes that will be made as a result of their feedback.</p>	5 min.		
<p>Reference Materials</p> <ul style="list-style-type: none"> – Bruce, J., et al. 1995. <i>Families in focus: new perspectives on mothers, fathers and children</i>. New York: Population Council. – Raising Voices/CEDOVIP's SASA! Activist Toolkit http://www.raisingvoices.org/sasa/kit_download.php – Violence Against Women and HIV and AIDS: <i>Critical Intersections</i>, Information Bulletin Series, WHO http://www.who.int/gender/violence/en/vawinformationbrief.pdf 			

Sheet 6: Relationship Self- Evaluation

This questionnaire evaluates the balance of power in your intimate relationship. For each question choose one of the following scores: **1 = never 2 = seldom 3 = sometimes 4 = often 5 = always**

	QUESTIONS	#	A
1	Do both partners have equal hours of family responsibility (i.e., household work, professional work, child rearing, etc.)?		
2	Do both partners equally receive thanks and recognition from the other?		
3	Are both partners interests treated with equal priority?		
4	When making decisions, do both partners aim to reach consensus?		
5	Do both partners have equal influence over how money is used?		
6	Can both partners access the family's money independently?		
7	Do both partners apologize and admit wrong when necessary?		
8	Do both partners have equal opportunity to spend time alone with friends?		
9	Do both partners control their anger or temper appropriately?		
10	Do both partners make each other feel equally comfortable refusing sex?		
11	Do both partners make equal effort not to project their bad moods on the other?		
12	Are both partners equally able to turn to the other for support?		
13	Do both partners feel equally safe?		
14	Do both partners equally trust the other's fidelity?		
15	Do both partners feel that the other would care for them if they became ill?		
16	Do both partners have equal security should the other die or disappear?		
17	Do both partners have equal power during sexual activity?		
18	Do both partners have equal ability to initiate sexual activity?		
19	Do both partners equally prioritize safe sex?		
20	Is the sexual pleasure of both partners treated as equally important?		

AGENDA DAY 2

Session Title	Learning Objectives	Specific Activities	Duration
Recap from previous workshop	Start the session with a brief recap of the previous workshop.	Group Discussion Individual Reflection	20 min.
Session 6: Men and caregiving	At the end of the session, participants will be able to: <ul style="list-style-type: none"> Examine routine household duties and the gender stereotypes often associated with them, as well as the benefits of men sharing responsibility in the home 	Group Discussion Personal Reflection	50 min.
Session 7: Concepts of Fatherhood	At the end of the session, participants will be able to: <ul style="list-style-type: none"> Discuss values and opinions about the role of a father Reflect on current concepts of family and describe the importance of different caring figures in our lives 	Brainstorming Group Discussion Learning Game	1 hour 15 min.
Session 8: New Planet	At the end of the session, participants will be able to: <ul style="list-style-type: none"> Understand the impact of power in a relationship and the effects on the individual and the relationship Describe the characteristics of gender-equitable men and women relationships 	Participatory Learning Game Group Discussion	1 hour
Session 9: Intimate Partner Violence	At the end of the session, participants will be able to: <ul style="list-style-type: none"> Define what violence is and the different forms of violence Describe the relationship between intimate partner violence and power and control 	Group Discussion	1 hour 15 min.
Session 10: Healthy and Unhealthy Relationships ⁴	At the end of the session, participants will be able to: <ul style="list-style-type: none"> Identify healthy and unhealthy behaviors that exist within relationships 	Paired Exercise Group Discussion	1 hour
Session 11: Expressing Anger	At the end of the session, participants will be able to: <ul style="list-style-type: none"> Identify their emotions and how to express them in a constructive way 	Role Play Personal Reflection Group Exercise	50 min.
Total Duration Day 2			6 hours 25 min

⁴ Facilitators may consider inviting spouses of participants for half of Day 2, particularly for session 10 and 11.

Session 6: Men and Caregiving

*The session was adapted from:

- EngenderHealth/ACQUIRE Project and Promundo's Engaging Men at the Community Level manual (2008). <http://www.acquireproject.org/archive/html/7-engage-men/tools.html>

Learning Objectives⁵

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

- Examine routine household duties and the gender stereotypes often associated with them, as well as the benefits of men sharing responsibility in the home

Duration: 50 min.

Facilitator's Notes	Time	Methods	Facilitation Materials
Step 1: The facilitator should start the day with a recap of the previous day's sessions. Select two to three sessions (e.g., "Men, Gender and Health", "Act Like a Man", etc.) and ask for a few volunteers to share a) anything new they learned from the session and b) how they will apply this new learning to their life.	5 min.	Brainstorming	
Step 2: The facilitator should present the objectives of the session and the topics that will be discussed	5 min.	Presentation	Prepared flipchart papers and poster
Step 3: Ask participants to name typical household duties that take place on a regular basis. Ask them to think about what needs to be done in a household from waking up until going to sleep—eg. cooking, cleaning, shopping, childcare, safety, transport, paying bills etc. List all of the activities on a flipchart, placing a number (beginning at 1) next to each activity. Distribute blank sheets of paper to the group. Ask the participants to look at the activities on the list and identify if they are usually done in their own households by a woman, man, or equally by both. The participants can simply write "woman," "man," or "both" next to the corresponding number on their sheet. Ask the participants to tally the number of activities that women, men, and both sexes <u>normally</u> do. Ask them to share their results and list the totals on a new flipchart.	15 min.	Brainstorming Group exercise	Flipchart and markers
Step 4: Facilitate a discussion using the questions below:	15 min.	Question/ Response	Flipchart and markers

⁵ Facilitators should ensure objectives are clearly understood by all participants. It was one of the key areas identified during the pilot as inequitable due to traditional role division.

Session 7: Concepts of Fatherhood

*The session was adapted from:

- EngenderHealth/ACQUIRE Project and Promundo's Engaging Men at the Community Level manual (2008). <http://www.acquireproject.org/archive/html/7-engage-men/tools.html>
- Online Toolkit for Working with Men and Boys, Family Violence Prevention Fund, San Francisco, CA., USA.
- Stepping Stones Training Manual <http://www.steppingstonesfeedback.org/index.htm>

Learning Objectives⁶

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

- Discuss values and opinions about the role of a father
- Reflect on current concepts of family and describe the importance of different caring figures in our lives

Duration: 1 hr 15 min.

Facilitator's Notes	Time	Methods	Facilitation Materials
Step 1: The facilitator should present the objectives of the session and the topics that will be discussed.	5 min.	Presentation	Prepared flipchart papers and poster
Step 2: Put up the prepared flipchart on "Ourselves and Our Fathers." Ask participants to take a few minutes to answer these questions themselves. Explain that they can make notes, if they wish. Thereafter, ask participants to find two other partners to form groups of three. Explain that each person has five minutes to discuss their answers with their two partners. Ask the partners to simply listen and not interrupt. Tell the participants that you will keep strict time so that everyone has the same time to speak. Explain that you will clap your hands when it is time for the next person to share his answers.	30 min.	Reflection Group discussion	Prepared Sheet 7: Ourselves and Our Fathers Flipchart and markers
Step 3: Lead a general discussion using the questions below: <ul style="list-style-type: none"> • <i>What are the challenges of being a father? How can these challenges be addressed?</i> • <i>What is the positive side of being a father? What are the benefits of being a father?</i> • <i>What are the benefits for a child who has a father active in his or her life?</i> • <i>What are the benefits of a man having a good relationship with the mother of his child?</i> • <i>What do men need to become better fathers?</i> • <i>Are there positive role models of fathers in your community? What can be learned from them?</i> 	15 min.	Discussion	Flipchart and markers

⁶ Facilitators should ensure objectives clearly understood by all participants. It was one of the key areas identified during the pilot as inequitable due to traditional role division.

Facilitator's Notes	Time	Methods	Facilitation Materials
<p>Step 4: Tell the group you want them to think about the role of a father in a family structure. Divide the larger group into trios: two will be the walls of a house, one facing the other, hands raised, palms of the hands together, forming the roof of the house. The third will be the occupant (who will remain standing between the walls). An additional person will be invited to remain outside. This person will be neither a wall nor the occupant. Instruct this person to shout out "house," "occupant," or "house and occupant."</p> <p>a) When s/he shouts house, the walls should move and take up their position around another occupant.</p> <p>b) When s/he shouts occupant, the walls remain static and the occupants change houses.</p> <p>c) If the person shouts house and occupant, everyone should change place at the same time.</p> <p>d) The one who shouts should run and occupy an available place. The one that is "left out" should give a new order (shout) and try to occupy a place, and so on.</p> <p>At the end, explore the following questions with the group:</p> <ul style="list-style-type: none"> • <i>Are all homes the same?</i> • <i>In what way are families the same?</i> • <i>Besides your parents, who else do you remember taking care of you?</i> • <i>In what way are families similar, and in what ways are they different?</i> • <i>What is family for you?</i> • <i>Who forms your family?</i> • <i>Is a family only made up of blood ties?</i> • <i>How are the families that you know constituted?</i> • <i>Is there any type of family that is better for a child?</i> • <i>Is there any type of family that is bad for a child?</i> • <i>What have you learned from this activity?</i> • <i>Have you learned anything that could be applied to your own life and relationships?</i> 	25 min.	Game Personal reflection Group Discussion	Flipchart and marker pens
<p>Reference Materials</p> <ul style="list-style-type: none"> – EngenderHealth/CHAMPION Project's Community Engagement Facilitator's Manual draft (2011). – EngenderHealth/ACQUIRE Project and Promundo's Engaging Men at the Community Level manual (2008). http://www.acquireproject.org/archive/html/7-engage-men/tools.html – Online Toolkit for Working with Men and Boys, Family Violence Prevention Fund, San Francisco, CA., USA. – Raising Voices/CEDOVIP's SASA! Activist Toolkit http://www.raisingvoices.org/sasa/kit_download.php – Stepping Stones Training Manual http://www.steppingstonesfeedback.org/index.htm 			

Sheet 7: Ourselves and our fathers

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

Session 8: New Planet

*The session was adapted from:

- Raising Voices/CEDOVIP's SASA! Activist Toolkit
http://www.raisingvoices.org/sasa/kit_download.php

Learning Objectives

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

- Understand the impact of power in a relationship and the effects on the individual and the relationship
- Describe the characteristics of gender-equitable men and women relationships

Duration: 1 hour

Facilitator's Notes	Time	Methods	Facilitation Materials
<p>Step 1: The facilitator should present the objectives of the session and the topics that will be discussed. Explain to participants: <i>"In this exercise we will all become citizens of a New Planet. On this planet we do one thing all the time—greet each other! We also listen to and seriously follow the laws of the land."</i></p> <p>Steps 2: Explain: <i>"Participants will walk around the room and introduce themselves by name to everyone, one by one. Every time you meet someone for a second or third time, you should provide new information about yourself (e.g., where you live, if you have children, etc). For all greetings you should use your real identities."</i> Ask participants to stand and to begin moving around and greeting each other.</p> <p>While they are doing so, put out the four piles of Rights Cards. After 2 minutes of participants introducing themselves, call "stop!" Get participants' undivided attention and ensure participants remain standing. Explain: "On this New Planet there are special laws and the people on this planet do whatever the laws say. I will now read the first of three laws on the new planet</p> <p><u>Law Number One</u> "Welcome to all noble citizens of our New Planet!"</p>	<p>5 min</p> <p>20 min.</p>	<p>Presentation</p> <p>Game</p>	<p>Prepared flipchart papers and poster</p> <p>Prepared Rights Cards Prepared Life Cards,⁷ Tape Flipchart and markers</p>

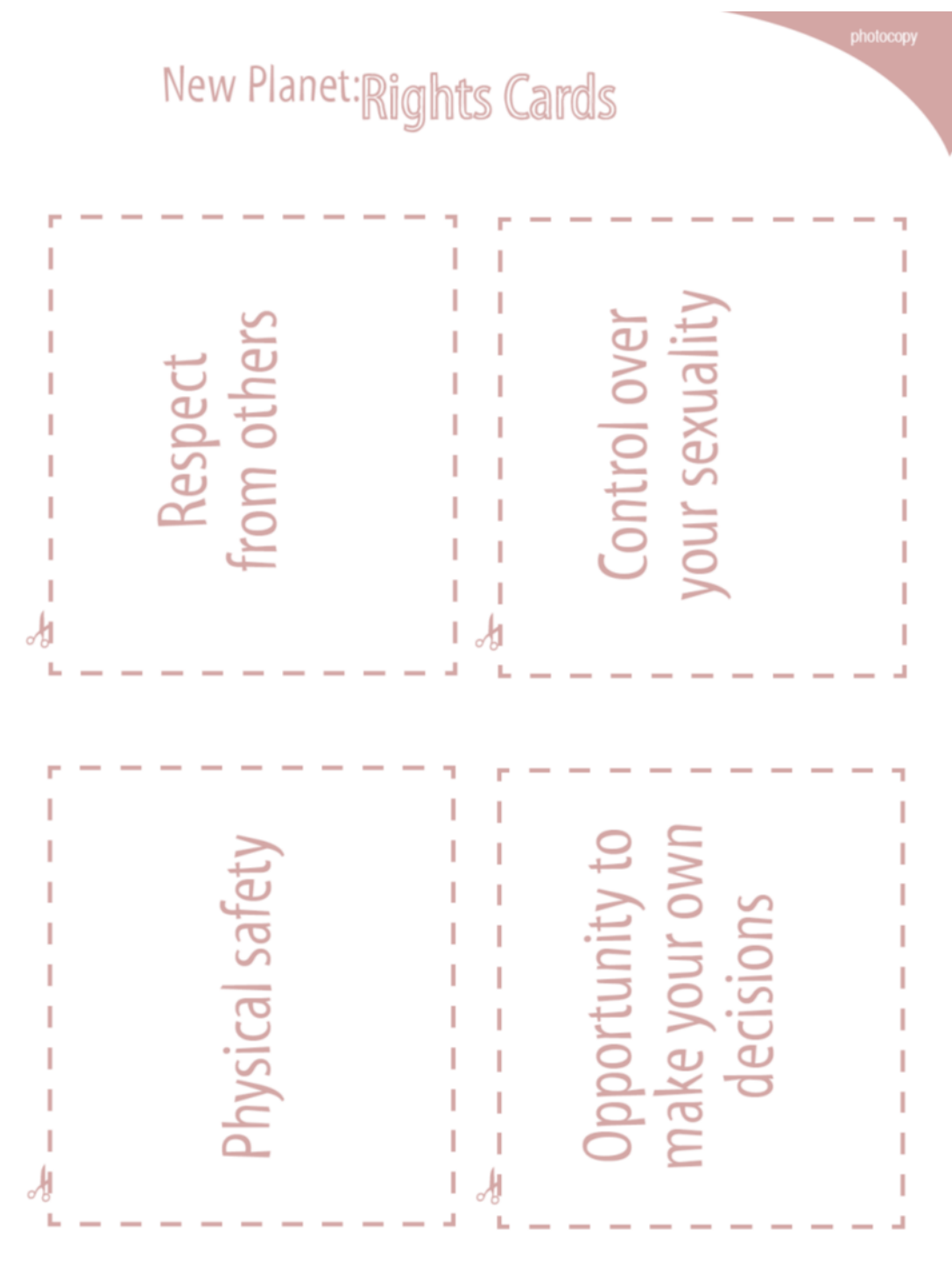
⁷ Facilitators can prepare these cards before the session using regular paper and markers. However it is recommended to also consider preparing professionally printed and laminated cards that can be reused in later sessions.

Facilitator's Notes	Time	Methods	Facilitation Materials
<p>You are a planet of happy, friendly people, always eager to meet someone new, always ready to tell them something about yourself. As citizens of this planet, you each have a right to four things:</p> <p>* First, you have a right to physical safety, which protects you from being physically hurt. You will each get this card that represents your right to physical safety. (Show the card for "physical safety" to the group.)</p> <p>* Second, you have a right to respect from others, which protects you from people treating you unkindly or discriminating against you. You will each get this card that represents your right to respect from others. (Show the card for "respect from others" to the group.)</p> <p>* Third, you have a right to the opportunity to make your own decisions, which protects you from people who prevent you from having money or property or access to information. You will each get this card that represents your right to the opportunity to make your own decisions. (Show the card for "opportunity to make your own decisions" to the group.)</p> <p>* Fourth, you have a right to control over your sexuality, which protects you from people forcing you into marriage, sex, commercial sex work, or any type of unwanted sexual activity. You will each get this card that represents your right to control over your sexuality. (Show the card for "control over your sexuality" to the group.)</p> <p>Please come and collect your cards and continue greeting each other."</p> <p>While participants continue greeting each other lay out the two piles of Life Cards next to the pieces of tape prepared. After 3 minutes, call "stop" and gather participant's undivided attention. Explain that it is time to read the second law.</p> <p><u>Law Number Two</u></p> <p>"To all noble citizens of our New Planet, the whole population of our planet will now be divided into two parts. Half of you will now become "squares," and the other half will become "circles." You will each pick a card representing one of these groups; it is called your Life Card.</p>			

Facilitator's Notes	Time	Methods	Facilitation Materials
<p>You must have a Life Card to survive on this New Planet. Please collect a card and tape it on your chest. Then, continue greeting each other."</p> <p>After 3 minutes, stop the participants and read the final law.</p> <p><u>Law Number Three</u></p> <p>"To all noble citizens of our New Planet, times have changed. We now officially declare that circles have more power than squares. If I clap my hands (ring bell/blow whistle) while a circle and a square are greeting each other, the circle can take one of the square's four rights. If the square has no more rights, the circle can take the square's Life Card. If a square loses his or her Life Card he or she must stand frozen in place for the rest of the game. Even though squares know of this risk, they must continue greeting circles. Please continue greeting each other."</p> <p>Periodically clap your hands (ring bell/blow whistle). Once a third of the participants are standing frozen, end the game by yelling "stop!" and explaining that the new civilization will now be put on hold in order for discussion. Have the group take back their seats.</p> <p>Step 3: Discuss the experience of living on the New Planet using the following questions:</p> <p>a. "How did you feel when you received your four rights?"</p> <p>b. "How did you feel when you were divided into circles and squares?"</p> <p>c. "Squares, how did you feel when the circles were given more power? How did you feel being at risk of having your rights taken away at any time? How did it affect your behavior?"</p> <p>d. "Circles, what was it like to have the most power?"</p> <p>Draw comparisons between the New Planet and life in our community by asking participants:</p> <p>i. "Does every human have a right to these same four things?"</p> <p>ii. "How is our community divided into different 'categories' of people?" (Make sure "female and male" are among the responses.)</p> <p>iii. "What happens when society gives one group more power than another?"</p> <p>iv. "When society gives some people more power, is this fair or just?"</p>	30 min	Discussion	Flipchart and markers

Facilitator's Notes	Time	Methods	Facilitation Materials
<p>v. "Who is usually given more power in our community?"</p> <p>vi. "Do some people use this power to disregard the rights of others?"</p> <p>vii. How do imbalances of power between women and men limit women's lives in the world (i.e., their choices and movement in society)?</p> <p>Step 4: End by asking participants to think about the negative effects of power imbalances and how each one can help each other to change.</p>	5 min.	Discussion	
<p>Reference Materials</p> <p>– Raising Voices/CEDOVIP's SASA! Activist Toolkit http://www.raisingvoices.org/sasa/kit_download.php</p>			

Rights Cards



Life Cards

photocopy

New Planet: Life Cards



Session 9: Intimate Partner Violence

*The session was adapted from:

- EngenderHealth/ACQUIRE Project and Promundo's Engaging Men at the Community Level manual (2008). <http://www.acquireproject.org/archive/html/7-engage-men/tools.html>
- Online Toolkit for Working with Men and Boys, Family Violence Prevention Fund, San Francisco, CA., USA.
- Raising Voices/CEDOVIP's SASA! Activist Toolkit http://www.raisingvoices.org/sasa/kit_download.php
- Stepping Stones Training Manual <http://www.steppingstonesfeedback.org/index.htm>

Learning Objectives

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

- Define what violence is and the different forms of violence
- Describe the relationship between intimate partner violence and power and control

Duration: 1 hour 15 min

Facilitator's Notes	Time	Methods	Facilitation Materials
Step 1: The facilitator should present the objectives of the session and the topics that will be discussed	5 min	Presentation	Prepared flipchart papers and poster
Step 2: Ask participants what they know about intimate partner violence. Explain that there are various forms of intimate-partner violence, usually categorized into four types: physical, emotional, sexual and economic. Divide the participants into four groups and ask each group to work on the type of violence named on their flipchart. Give each group 5 minutes to come up with as many examples of that type of violence as possible.	15 min	Brainstorming	Prepared flipcharts each with one type of violence Flipchart and markers
Step 3: Ask one participant of the "physical violence" group to present their work and ask the group: a. "What are some other examples you could put under this type of violence?" b. "Does anyone have a question or something to share about this type of violence?" One by one, ask for a volunteer from each of the other groups to present their examples and again ask the follow up questions.	30 min.	Question/Response	Flipchart and markers
Step 4: When 5 minutes have passed, facilitate a group discussion about the relationship between violence and control and end the session by asking the following questions: a. "Why do you think intimate partner violence is linked to control?"	25 min.	Discussion	Prepared Sheet 7: Intimate Partner Violence and Control

Facilitator's Notes	Time	Methods	Facilitation Materials
<p>b. "Is violence against women ever not an abuse of power used to control a girl or woman?"</p> <p>c. "Even if men experience some of the same acts as women, how is the violence men experience different than that experienced by women?"</p>			
<p>Reference Materials</p> <ul style="list-style-type: none"> – EngenderHealth/ACQUIRE Project and Promundo's Engaging Men at the Community Level manual (2008). http://www.acquireproject.org/archive/html/7-engage-men/tools.html – Heidi, L., et al. 2004. Exploring the association between HIV and violence: young people's experiences with infidelity, violence and forced sex in Dar es Salaam, Tanzania. <i>International Family Planning Perspectives</i> 30(4):200–206. – Raising Voices/CEDOVIP's SASA! Activist Toolkit http://www.raisingvoices.org/sasa/kit_download.php – Soul City Violence Against Women Materials http://www.soulcity.org.za/programmes/materials-training/the-violence-against-womentraining-materials – Stepping Stones Training Manual http://www.steppingstonesfeedback.org/index.htm – The Physician's Guide to Intimate Partner Abuse http://www.preventioninstitute.org/pdf/FINAL_Before%20It%20Occurs_scanned%20and%20formatted.pdf – Velzeboer, Marijke, Mary Ellsberg, Carmen Clavel Arcas and Claudia Garcia-Moreno, <i>Violence against Women: The Health Sector Responds</i>, Pan American Health Organization and World Health Organization, Washington, D.C., 2003. – <i>Violence Against Women and HIV and AIDS Information Sheet</i>, WHO http://www.who.int/gender/en/infosheetvawandhiv.pdf – <i>Violence Against Women and HIV and AIDS: Critical Intersections</i>, Information Bulletin Series, WHO http://www.who.int/gender/violence/en/vawinformationbrief.pdf – <i>What is Gender-Based Violence? Training Module</i>. Available online: http://www1.umn.edu/humanrts/svaw/advocacy/modelsessions/what_is_GBV.doc – World Health Organization. 2002. <i>World report on violence and health</i>. Geneva, Switzerland. 			

Sheet 7: Intimate Partner Violence and Control

- “Why do you think intimate partner violence is linked to control?”
 - Because as a society we expect men to demonstrate that they are in control over and superior to their partners or even daughters
 - As a community, it is seen by many as normal for men to control women. It is thought that without external control, women are unable to manage themselves.
- “Is violence against women ever not an abuse of power for controlling a girl or woman?”
 - All violence is abuse of power.
 - Violence is used to control another person through fear.
- “Even if men experience some of the same acts as women, how is the violence men experience different than that experienced by women?”
 - Men may experience acts of violence but generally, violence is not used as a way of controlling men as it is for women. For example, if a man experiences violence from his partner it is usually an event—it happens and is over.
 - Violence or the threat of violence is not used as a way of controlling him through fear; Men as a group do not live in fear of violence from women as a group.
 - The majority of women live in fear of violence, because society accepts men’s power over them and violence against them.
 - In most cases, men are physically stronger than women. Therefore the harm or threat of harm from violence for men is not as great.
 - Most often, when a man experiences violence from his partner, the woman is defending herself from the violence he has used against her.

Session 10: Healthy and Unhealthy Relationships⁸

**The session was adapted from:*

- EngenderHealth/ACQUIRE Project and Promundo's Engaging Men at the Community Level manual (2008). <http://www.acquireproject.org/archive/html/7-engage-men/tools.html>

Learning Objectives

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

- Identify healthy and unhealthy behaviors that exist within relationships

Duration: 1 hour

Facilitator's Notes	Time	Methods	Facilitation Materials
Step 1: The facilitator should present the objectives of the session and the topics that will be discussed	5 min.	Presentation	Prepared flipchart papers and poster
Step 2: On the wall in front of the group, place the "Very Unhealthy" sign on the left and the "Very Healthy" sign on the right and 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. Break the group into pairs. Ask each person to share with their partner an example of a healthy relationship and an unhealthy relationship. <i>If spouses of participants are in attendance, don't pair them together.</i> Encourage all to be open. The examples can be from their own lives or from people that they know. Allow each person five minutes to share their examples.	10 min.	Brainstorming Paired exercise	Prepared "Relationship Range" cards ("Very Healthy," "Very Unhealthy" and "Depends")
Step 3: Bring everyone back together. Ask the group to define healthy and unhealthy romantic relationships. 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. 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	35 min	Participatory discussion	Prepared Sheet 8 as a set of separate "Relationship Situation" cards Flipchart and markers

⁸ Facilitators may consider inviting spouses of participants for this session. .

Facilitator's Notes	Time	Methods	Facilitation Materials
<p>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. 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. Repeat steps for each of the "Relationship Situation" cards.</p> <p>Step 4: Lead a general discussion by asking the following questions:</p> <ul style="list-style-type: none"> • <i>Why do you think some people stay in unhealthy relationships?</i> • <i>Are the reasons different for women and for men? Why?</i> • <i>How can friends and family help people in unhealthy relationships?</i> • <i>What skills and support do men need to create healthier relationships?</i> 	10 min.	Question/Response	Flipchart and marker pens
<p>Reference Materials</p> <ul style="list-style-type: none"> – EngenderHealth/ACQUIRE Project and Promundo's Engaging Men at the Community Level manual (2008). http://www.acquireproject.org/archive/html/7-engage-men/tools.html – Raising Voices/CEDOVIP's SASA! Activist Toolkit http://www.raisingvoices.org/sasa/kit_download.php – Violence Against Women and HIV and AIDS: Critical Intersections, Information Bulletin Series, WHO http://www.who.int/gender/violence/en/vawinformationbrief.pdf – The Physician's Guide to Intimate Partner Abuse http://www.preventioninstitute.org/pdf/FINAL_Before%20It%20Occurs_scanned%20and%20formatted.pdf 			

Sheet 8: Relationship Situation Cards

- 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 are in control and you are able to 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.

Session 11: Expressing Emotions⁹

*The session was adapted from:

- EngenderHealth/ACQUIRE Project and Promundo's Engaging Men at the Community Level manual (2008). <http://www.acquireproject.org/archive/html/7-engage-men/tools.html>
- Online Toolkit for Working with Men and Boys, Family Violence Prevention Fund, San Francisco, CA., USA.
- Stepping Stones Training Manual <http://www.steppingstonesfeedback.org/index.htm>

Learning Objectives

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

- Identify their emotions and how to express them in a constructive way

Duration: 50 min.

Facilitator's Notes	Time	Methods	Facilitation Materials
<p>Step 1: The facilitator should present the objectives of the session and the topics that will be discussed</p>	5 min.	Presentation	Prepared flipchart papers and poster
<p>Step 2: Draw five columns on flipchart paper and write the following emotions as headings: Fear, Affection, Sadness, Happiness, and Anger (see Sheet 9)</p> <p>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. 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: <i>Think about which of these emotions you express with greatest ease. Put a number one (1) 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.</i></p> <p>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 Sheet 9). With the entire group, reflect on the similarities and differences found among the participants. <i>If spouses of participants are</i></p>	20 min.	Reflection Participatory exercise	Sheet 9: Sample of Ranking Emotions Flipchart and markers

⁹ Facilitators may consider inviting spouses of participants for this session.

<p>Step 5: End the session by asking participants to take a few minutes to evaluate the day. Ask participants to write one or two important ideas that they gained from the session along with any unaddressed issues. Collect and summarize them. During the remainder of the training, let people know when you are acting on a suggestion from one of their comments. This strengthens their commitment to making constructive comments.</p>	5 min		
--	-------	--	--

Reference Materials

- Addis, M and Mahalik, J. 2003. Men, masculinity, and the contexts of help seeking. *Am Psychol.* 58(1):5-14.
- Barker, G. and Ricardo, C. 2005. Young men and the construction of masculinity in Sub-Saharan Africa: implications for HIV/AIDS, conflict and violence. Washington, DC: World Bank.
- EngenderHealth/ACQUIRE Project and Promundo's Engaging Men at the Community Level manual (2008). <http://www.acquireproject.org/archive/html/7-engage-men/tools.html>
- Online Toolkit for Working with Men and Boys, Family Violence Prevention Fund, San Francisco, CA., USA.
- Raising Voices/CEDOVIP's SASA! Activist Toolkit http://www.raisingvoices.org/sasa/kit_download.php
- Stepping Stones Training Manual <http://www.steppingstonesfeedback.org/index.htm>
- World Health Organization. 2000. What about boys?: A literature review on the health and development of adolescent boys. Geneva, Switzerland.

Sheet 9: 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	1	4	3	5	2
Participant #2	2	2	2	5	3
Participant #3	3	4	4	1	4
Participant #4	4	4	1	4	1
Participant #5	5	5	5	3	5

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.

AGENDA DAY 3			
Session Title	Learning Objectives	Specific Activities	Duration
Recap of previous session	Start the session with a brief recap of the previous workshop.	Group Discussion and Individual Reflection	20 min.
Session 12: Our Bodies	At the end of the session, participants will be able to: <ul style="list-style-type: none"> Understand the male and female reproductive systems and genitalia 	Participatory Group Exercise	1 hour 45 min.
Session 13: Understanding Sexuality ¹⁰	At the end of the session, participants will be able to: <ul style="list-style-type: none"> Discuss human sexuality in a holistic and comprehensive way 	Brainstorming Group Discussion	45 min.
Session 14: Sexuality and Gender Norms	At the end of the session, participants will be able to: <ul style="list-style-type: none"> Reflect on the different messages that men and women receive about sex and sexuality and how these messages influence personal values and behaviors 	Skit Group Discussion	45 min.
Session 15: Men's Sexuality Concerns	At the end of the session, participants will be able to: <ul style="list-style-type: none"> Discuss men's common concerns about sexuality 	Participatory Game Personal Reflection Group Discussion	1 hour
Session 16: Want.... Don't Want	At the end of the session, participants will be able to: <ul style="list-style-type: none"> List a variety of reasons why individuals choose to have or to not have sex Discuss the challenges and strategies related to negotiating abstinence or sex in intimate relationships 	Group Discussion	45 min.
Session 17: Sexual Consent	At the end of the session, participants will be able to: <ul style="list-style-type: none"> Identify situations in which consent for sexual activity is not given 	Role Play Scenario Group Discussion	1 hour
Total Duration Day 3:			6 hours 20 min.

¹⁰ Consider the utility and complexity of delving into sexuality with the group. Facilitator may have to select areas to focus on and those to not cover in depth

Session 12: Our Bodies

*The session was adapted from:

- EngenderHealth/ACQUIRE Project and Promundo's Engaging Men at the Community Level manual (2008). <http://www.acquireproject.org/archive/html/7-engage-men/tools.html>

Learning Objectives

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

- Understand the male and female reproductive systems and genitalia

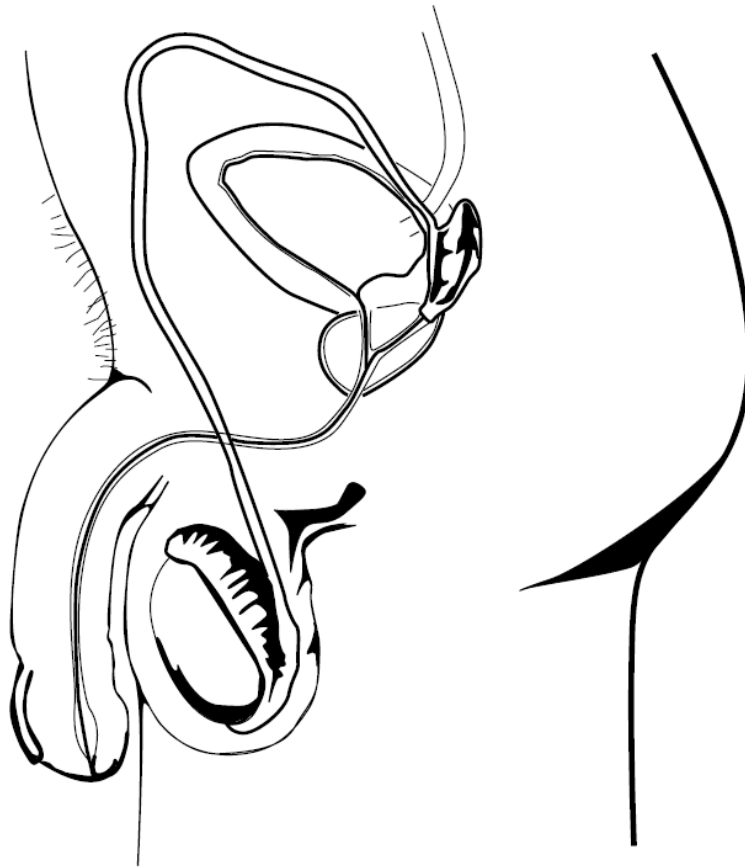
Duration: 1 hour 45 min.

Facilitator's Notes	Time	Methods	Facilitation Materials
<p>Step 1: The facilitator should start the day with a recap of the previous day's sessions. Prepare five questions from yesterday's sessions based on the content. Some examples include:</p> <ul style="list-style-type: none"> List two unhealthy relationship behaviors. Name two challenges of being a father that were mentioned yesterday. In the session called the New Planet, who had more power when the laws changed, circles or squares and what was the impact of this? Which sexual experiences lead to more frequent incidents of partner violence and why? Name one strategy for expressing emotions in a healthy way. <p>Divide the group into two teams. Ask the questions to both teams. The team to raise their hand the quickest gets to answer. If they answer incorrectly, the other team gets to answer. The team with the most correctly answered questions wins. Reemphasize the learning points and clarify any misinformation.</p>	15 min.	Learning Game	Prepare questions and answers
<p>Step 2: The facilitator should present the objectives of the session and the topics that will be discussed</p>	5 min.	Presentation	Prepared flipchart papers and poster
<p>Step 3: Divide the participants into two groups. Give one group a copy of Sheet 10 and the set of papers with the names and descriptions of the Male Reproductive System. Give the other group a copy of Sheet 11 and the set of papers with the names and descriptions for the Female Reproductive System. 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</p>	15 min.	Group exercise	Small pieces of paper or cards each with the words and their definitions: (vas deferens, penis, urethra, epididymis, testicle, scrotum, prostate, seminal vesicles, bladder, and prostate, ovary,

male and female reproductive systems and genitalia.			fallopian tube, uterus, cervix, vagina, outer lip, inner lip, vaginal opening, clitoris, and urinary opening). Sheet 10: The Male Reproductive System and Genitalia and Sheet 11: The Female Reproductive System and Internal Genitalia
Step 4: After groups have discussed and labeled the drawings, ask them to present their pictures and explain their answers. As each group does so, invite the others to ask questions and make corrections. Distribute copies of Sheets 12, 13, 14 and review the information, even if the participants do not ask questions.	40 min.	Discussion	Flipchart and markers Sheet 12: The Labeled Male Reproductive System and Genitalia Sheet 13: The Labeled Female Reproductive System and Internal Genitalia Sheet 14: The Female Reproductive System and External Genitalia Sheet 14: FAQs on Men's Reproductive Health
Step 5: End the discussion with the questions below: <ul style="list-style-type: none"> • 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? 	30 min.	Question/Response	Flipchart and markers
Reference Materials: <ul style="list-style-type: none"> – Knebel, E. 2003. <i>My changing body: fertility awareness for young people</i>. Washington, D.C: Institute for Reproductive Health and Research Triangle Park, North Carolina: Family Health International. – Bailey, RC et al., 2007. <i>Male circumcision for HIV prevention in young men in Kisumu, Kenya: a randomized controlled trial</i>. <i>Lancet</i> 369 (9562):643-56. – Gray, RH et al., 2007. <i>Male circumcision for HIV prevention in men in Rakai, Uganda: a randomized trial</i>. <i>Lancet</i> 369 (9562):657-66. 			

Sheet 10: The Male Reproductive System¹¹

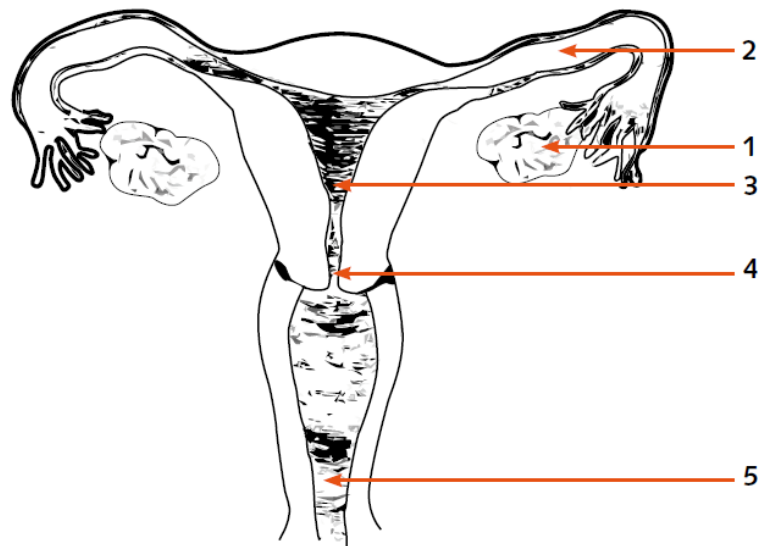
The Male Reproductive System



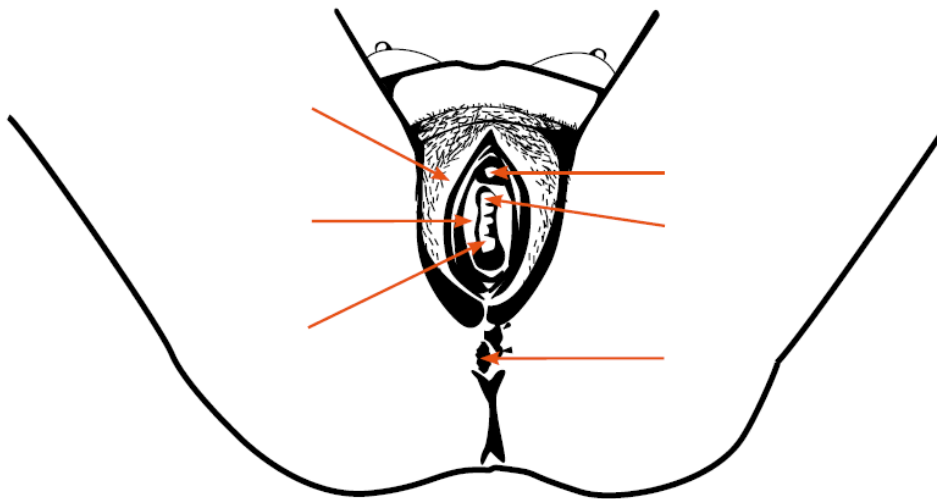
¹¹ Facilitators can photocopy these sheets. It is also recommended to professionally print and laminate on large sheet of paper (flipchart size) to be reused in different sessions.

The Female Reproductive System

Internal Genitalia



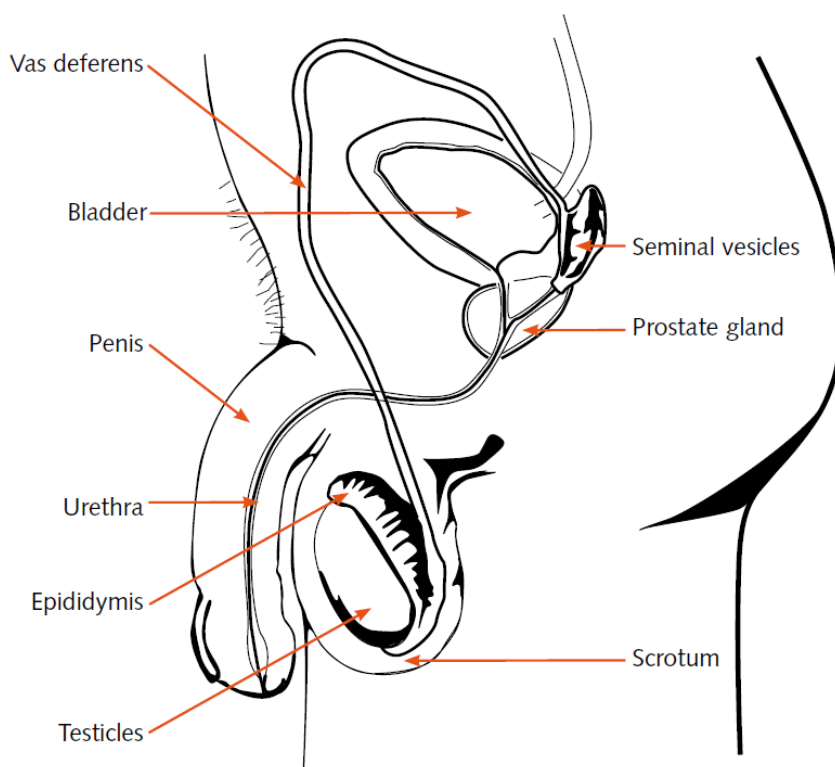
External Genitalia



¹² Facilitators can photocopy these sheets. It is also recommended to professionally print and laminate on large sheet of paper (flipchart size) to be reused in different sessions.

Sheet 12: The Labeled Male Reproductive System and Genitalia¹³

The Male Reproductive System and Genitalia



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 words:

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

¹³ Facilitators can photocopy these sheets. It is also recommended to professionally print and laminate on large sheet of paper (flipchart size) to be reused in different sessions.

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.

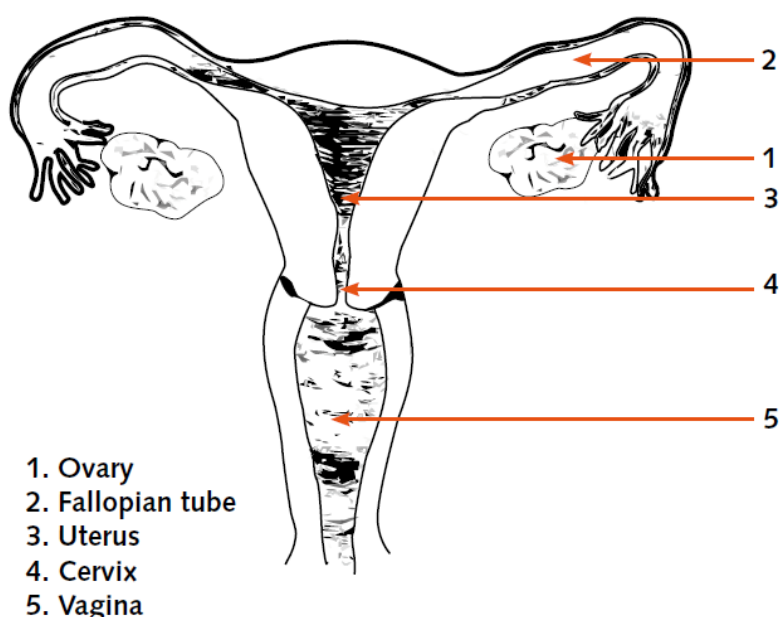
Testicles (testes): Male reproductive glands, which are held in the scrotum and produce sperm. One of the hormones produced is testosterone, responsible for male secondary characteristics, such as skin tone, facial hair, tone of voice and muscles. The testes have the form of two eggs and to feel them, one only has to 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 actually relaxes away from the body when warm and shrinks toward the body when cold in order 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.

The Female Reproductive System and Internal Genitalia



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 Words:

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.

¹⁴ Facilitators can photocopy these sheets. It is also recommended to professionally print and laminate on large sheet of paper (flipchart size) to be reused in different sessions.

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.

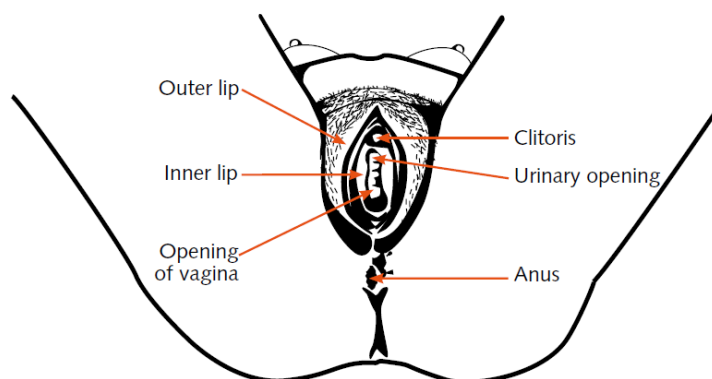
Uterus: Small, hollow, muscular female organ where the fetus is held and nourished from the time of implantation until birth. The uterus is also known as the womb and is about the size of a woman's fist. The lining in the uterus thickens each month as it prepares for a potential pregnancy. If an egg 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.

Sheet 14: The Female Reproductive System and External Genitalia¹⁵

The Female Reproductive System and External Genitalia



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 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 Words:

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.

¹⁵ Facilitators can photocopy these sheets. It is also recommended to professionally print and laminate on large sheet of paper (flipchart size) to be reused in different sessions.

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.

Sheet 15: FAQs on Men's Reproductive Health¹⁶

Common Questions about the Male Reproductive System and Genitalia

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 or not 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?

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 at all times.

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 of 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%. However, male circumcision does not provide 100% protection against HIV infection. Circumcised

¹⁶ Depending on time and the mood of the participants, to break the monotony, these questions can be printed on a separate sheet and distributed to participants. Participants can then read one after the other and discuss. Facilitator can then read out the answers after each question and short discussion.

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.

Session 13: Understanding Sexuality

*The session was adapted from:

- EngenderHealth/CHAMPION Project's Community Engagement Facilitator's Manual draft (2011).
- EngenderHealth/ACQUIRE Project and Promundo's Engaging Men at the Community Level manual (2008). <http://www.acquireproject.org/archive/html/7-engage-men/tools.html>
- Stepping Stones Training Manual <http://www.steppingstonesfeedback.org/index.htm>

Learning Objectives

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

- Discuss human sexuality in a holistic and comprehensive way

Duration: 45 min

Facilitator's Notes	Time	Methods	Facilitation Materials
Step 1: The facilitator should present the objectives of the session and the topics that will be discussed.	5 min.	Presentation	Prepared flipchart papers and poster
Step 2: Ask participants to share what they think sexuality means to them. 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 Sheet 18: The Circles of Sexuality) and draw the diagram. When drawing the circles, label each, but do not add the information shaded in grey. Explain that each circle represents one of the elements of sexuality. When all of 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.	10 min.	Brainstorming Discussion	Flipchart and markers Sheet 16: Definitions and Questions for Small Group Discussions about Sexuality Sheet 17: Definitions for Circles of Sexuality for all participants Sheet 18: The Circles of Sexuality
Step 3: 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 Sheet 16: 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.	10 min.	Brainstorm Game	Flipchart and markers

<p>Step 4: Ask each group to present their four circles then explain the Circle of Sexual Identity. Pass out Sheet 17: Definitions for Circles of Sexuality.</p>	10 min.	Discussion Question/Response	Flipchart and markers
<p>Step 5: End the activity with the following discussion questions:</p> <ul style="list-style-type: none">• 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?	10 min.	Discussion	

Reference Materials:

- EngenderHealth/ACQUIRE Project and Promundo’s Engaging Men at the Community Level manual (2008). <http://www.acquireproject.org/archive/html/7-engage-men/tools.html>
- Knebel, 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.
- Online Toolkit for Working with Men and Boys, Family Violence Prevention Fund, San Francisco, CA., USA.
- Stepping Stones Training Manual <http://www.steppingstonesfeedback.org/index.htm>
- Wellings, K., et al. 2006. *Sexual behavior in context: a global perspective*. *The Lancet* 368 (9548):1706-1728.
- Wight, D., et al. 2005. *Contradictory sexual norms and expectations for young people in rural Northern Tanzania*. *Social Science & Medicine* 62:987–997.
- World Health Organization. 2000. *What about boys?: A literature review on the health and development of adolescent boys*. Geneva, Switzerland.

Sheet 16: Definitions and Questions for Small Group Discussions about Sexuality

What is 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?

What is 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?

What is 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?

What is sexuality to control others: Unfortunately, many people use sexuality to violate someone else or to get something from another person.

- How do people try to use sex to control other people?
- How do the media try to use sex to control others?

Sheet 17: 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. Actually, 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.

Facilitator should ensure they have a good grasp of this area. Otherwise, the discussion could go haywire and leave participants with more questions than answers.

<https://peoplesadvocacycouncil.files.wordpress.com/2012/02/2012pic73.jpg>

Sexual health – Sexual health involves our behavior 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 a clear example of sex being used to control somebody else. Sexual abuse and forced prostitution are others. Even advertising often sends messages of sex in order to get people to buy products.

Sheet 18: The Five Circles of Sexuality



Session 14: Sexuality and Gender Norms

*The session was adapted from:

- EngenderHealth/ACQUIRE Project and Promundo's Engaging Men at the Community Level manual (2008). <http://www.acquireproject.org/archive/html/7-engage-men/tools.html>
- Stepping Stones Training Manual <http://www.steppingstonesfeedback.org/index.htm>

Learning Objectives

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

- Reflect on the different messages that men and women receive about sex and sexuality and how these messages influence personal values and behaviours

Duration: 45 min.

Facilitator's Notes	Time	Methods	Facilitation Materials
<p>Step 1: The facilitator should present the objectives of the session and the topics that will be discussed.</p>	5 min.	Presentation	Prepared flipchart papers and poster
<p>Step 2: Divide participants into five 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.</p> <ul style="list-style-type: none"> • <i>Group One: Peers</i> • <i>Group Two: The media: music, television, advertisements</i> • <i>Group Three: Parents and family</i> • <i>Group Four: Religious institutions</i> • <i>Group Five: Traditional Leaders</i> <p>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 Sheet 19 and ask them to refer to it if they are having a difficult time deciding what to do.</p>	10 min.	Brainstorming	Sheet 19: Skit Ideas
<p>Step 3: Ask each group to present their skit, and ask others to note the messages conveyed in the skit and 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.</p>	15 min.	Skits	Flipchart and markers
<p>Step 4: To end the session, facilitate a discussion using the following questions:</p> <ul style="list-style-type: none"> • <i>How did it feel to watch these skits?</i> • <i>How are messages about sexuality the same for men and women?</i> • <i>How are messages about sexuality different for men and women? Why do you think</i> 	15 min.	Question/Response	Flipchart and markers

Facilitator's Notes	Time	Methods	Facilitation Materials
<p><i>these messages are different?</i></p> <ul style="list-style-type: none"> • <i>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?</i> • <i>What messages about sexuality can be harmful? How?</i> • <i>What messages about sexuality can be beneficial? How?</i> • <i>Are certain messages more influential than others? Which? Why?</i> • <i>How can these messages impact HIV transmission?</i> • <i>What messages about sexuality do you want to pass on to your children? Why?</i> • <i>What have you learned from this exercise? How can you apply this in your own lives and relationships?</i> 			
<p>Reference Materials</p> <ul style="list-style-type: none"> – EngenderHealth/CHAMPION Project's Community Engagement Facilitator's Manual draft (2011). – EngenderHealth/ACQUIRE Project and Promundo's Engaging Men at the Community Level manual (2008). http://www.acquireproject.org/archive/html/7-engage-men/tools.html – Online Toolkit for Working with Men and Boys, Family Violence Prevention Fund, San Francisco, CA., USA. – Raising Voices/CEDOVIP's SASA! Activist Toolkit http://www.raisingvoices.org/sasa/kit_download.php – Stepping Stones Training Manual http://www.steppingstonesfeedback.org/index.htm 			

Sheet 19: 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 of 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.

Group Five: Traditional leaders

- Role-play a sermon about sex from a traditional leader.
- Role-play a discussion about sex between a traditional leader and a young man of that community.
- Role-play a community meeting where a religious leader states that he believes women should always submit to their husbands, even if uncomfortable.

Session 15: Men's Sexuality Concerns

*The session was adapted from:

- EngenderHealth/ACQUIRE Project and Promundo's Engaging Men at the Community Level manual (2008). <http://www.acquireproject.org/archive/html/7-engage-men/tools.html>

Learning Objectives

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

- Discuss men's common concerns about sexuality

Duration: 1 hour

Facilitator's Notes	Time	Methods	Facilitation Materials
Step 1: The facilitator should present the objectives of the session and the topics that will be discussed. Set the tone that the activity is meant to be fun!	5 min.	Presentation	Prepared flipchart papers and poster
Step 2: Divide the participants into four groups and assign each group one of the four questions listed on Sheet 20. Ask each group to imagine that they are a friend or family member giving sexual advice and think about how they might respond to the question. Allow each group five to 10 minutes to discuss and write a response.	10 min.	Brainstorming	Flipchart and markers Sheet20: Common Questions about Sexuality
Step 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. Distribute Sheet 21 with Common Questions and Answers about Sexuality and review the suggested responses.	10 min.	Discussion	Sheet 21: Common Questions and Answers about Sexuality
Step 4: Facilitate a discussion by asking the following questions: <ul style="list-style-type: none"> <i>How did it feel to try to answer some of these questions?</i> <i>Do men usually have access to information about sexuality? From where? Do women?</i> <i>How can not having correct information about sexuality put someone at risk for HIV infection?</i> <i>What have you learned from this exercise? How can you apply this in your own lives and relationships?</i> 	15 min.	Question/Response	Flipchart and markers
Step 5: To end the discussion, pass out blank index cards or pieces of paper and ask the participants to write a burning question they have about sexuality. Shuffle the papers and randomly select them to be answered.	20 min.	Discussion Personal reflection	Manila cards Pens

Facilitator's Notes	Time	Methods	Facilitation Materials
<p>In case no questions arise, the facilitator could probe for answers to the following:</p> <ul style="list-style-type: none"> • <i>What is masturbation? Is it true that masturbation can make the penis smaller or make hair grow in the palm of your hand?</i> • <i>Can a man urinate inside a woman during sexual intercourse?</i> • <i>What is a man most afraid of during the sexual act?</i> • <i>What kinds of problems can a man have during sexual intercourse?</i> • <i>What can a man do when he ejaculates too quickly?</i> • <i>Why does a man sometimes "come" while sleeping?</i> • <i>Do men need sex more than women? Why?</i> • <i>Does the size of the penis really matter? Why?</i> • <i>How does a man feel when someone says he has a small penis? How does he react?</i> • <i>Why do we sometimes say that a man "thinks with his penis"? Can a man control his sexual desire?</i> • <i>What do you think about virtual or computer sex?</i> • <i>How do you perform a preventive exam for cancer of the testicles?</i> • <i>How do you perform a preventive exam for cancer of the penis?</i> • <i>What is a preventive exam for prostate cancer?</i> 			
<p>Reference Materials</p> <ul style="list-style-type: none"> – World Health Organization. 2000. <i>What about boys?: A literature review on the health and development of adolescent boys</i>. Geneva, Switzerland. – World Health Organization. 2001. <i>Global prevalence and incidence of selected curable sexually transmitted infections</i>. Geneva, Switzerland. – World Health Organization. 2001. <i>Transforming health systems: gender and rights in reproductive health</i>. Geneva, Switzerland. 			

Sheet 20: Common Questions about Sexuality

Hello,

I am a 30-year-old man. 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,

Lost My Mojo

Hello,

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 stop this cruel joke?

Please help,

Minute Man

Hello,

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

Sincerely,

Looking for my Groove

Hello,

I am a 32-year-old woman who has been married for about five years now. I have two children. Recently, I stopped getting excited about having sex. My husband and I used to have sex regularly (at least two times a week), but lately, I just have not been "in the mood." He is getting very frustrated with me, but I just don't feel like doing it! I am afraid I may be telling him to go find someone else to have sex with and I really don't know what is wrong with me. Is this normal?

Sincerely,

Not in the Mood

Sheet 21: Common Questions and Answers about Sexuality

Hello,

I am a 30-year-old man. 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,

Lost My Mojo

Possible response:

Dear Lost My Mojo,

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 are able to 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 mojo 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.

Hello,

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 stop this cruel joke?

Please help,

Minute Man

Possible response:

Dear Minute Man,

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.

Hello,

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,

Looking for my Groove

Possible response:

Dear Looking for My Groove,

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 in order 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 in order to adequately address such problems. Good luck on getting your groove on.

Hello,

I am 32-year-old woman who has been married for about five years now. I have two children. Recently, I stopped getting excited about having sex. My husband and I used to have sex regularly (at least two times a week), but lately, I just have not been "in the mood." He is getting very frustrated with me, but I just don't feel like doing it! I am afraid I may be telling him to go find someone else to have sex with and I really don't know what is wrong with me. Is this normal?

Sincerely,

Not in the Mood

Possible response:

Dear Not in the Mood,

Many people, from time to time in their lives, lose sexual feelings. For some, this can be a passing issue that goes away on its own, and for others it may be a condition reflecting some other stress in their lives. You need to think about how long you have been feeling this way. If it has been more than six months, it is best to seek professional assistance. It also may mean that your husband is not satisfying you enough, so perhaps you both need to talk about what you are feeling, what you like sexually, and potentially experiment with some new things. Sit down with him alone (with some candles on) and talk about what you feel, need, and want. Perhaps you two can solve your issues on your own. If not, you may need to go talk to a counselor. Good luck!

Session 16: Want... Don't Want

*The session was adapted from:

- EngenderHealth/ACQUIRE Project and Promundo's Engaging Men at the Community Level manual (2008). <http://www.acquireproject.org/archive/html/7-engage-men/tools.html>

Learning Objectives

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

- List a variety of reasons why individuals choose to have or to not have sex
- Discuss the challenges and strategies related to negotiating abstinence or sex in intimate relationships

Duration: 45 min.

Facilitator's Notes	Time	Methods	Facilitation Materials
<p>Step 1: The facilitator should present the objectives of the session and the topics that will be discussed. Let participants know that you may require some men to role-play women.</p>	5 min.	Presentation	Prepared flipchart papers and poster
<p>Step 2: Randomly divide the participants into four groups—two groups will represent men (M1 and M2) and two groups will represent women (W1 and W2)—and assign each group a topic of discussion:</p> <p>M1 - Reasons why men want to have sex in an intimate relationship</p> <p>M2 - Reasons why men do not want to have sex in an intimate relationship</p> <p>W1 - Reasons why women want to have sex in an intimate relationship</p> <p>W2 - Reasons why women do not want to have sex in an intimate relationship</p> <p>Explain that the groups will be paired together to negotiate abstinence and sex allow them to discuss and prepare for the negotiations.</p>	10 min.	Preparation	
<p>Step 3: For the first negotiation: Group M1 (men who want to have sex) negotiates with Group W2 (women who do not want to have sex), ask the group to imagine that the context is an intimate relationship in which the man wants to have sex, but the woman does not.</p> <p>For the second negotiation: Group M2 (men who do not want to have sex) negotiates with Group W1 (women who want to have sex), ask the group to imagine that the context is an intimate relationship in which the woman wants to have sex, but the man does not.</p> <p>After negotiating, ask the participants how they felt and what they learned from the exercise. Go around</p>	15 min.	Role play	Flipchart and markers Sheet 22: Why Men and Women Want to Have Sex

Facilitator's Notes	Time	Methods	Facilitation Materials
<p>the groups and, in both cases, the facilitator should write on flipchart paper the most important arguments, both in favor and against.</p> <p>Step 4: Open up the discussion to the larger group.</p> <ul style="list-style-type: none"> • <i>Were the role-plays realistic?</i> • <i>How are these negotiations similar to what happens in real life?</i> • <i>What positive communication strategies were used?</i> • <i>What negative communication strategies were used?</i> • <i>What are some other communication strategies that could have been used?</i> • <i>What makes it easier to negotiate abstinence with an intimate partner? What makes it harder?</i> • <i>What happens if the negotiation happens in the heat of the moment, rather than before? Does it become easier or more difficult?</i> • <i>What are the reasons why a woman would want to have sex? To not have sex?</i> • <i>What are the reasons why a man would want to have sex? To not have sex?</i> • <i>How does a man react if a woman takes the initiative in asking for sex?</i> • <i>Can men ever say no to sex? Why or why not?</i> • <i>Can women ever say no to sex? Why or why not?</i> • <i>Is it fair to pressure someone to have sex? Why or why not?</i> • <i>How can men and women deal with pressure from peers and partners to have sex?</i> • <i>How can this pressure influence someone's ability to be abstinent or to practice safer sex? How does this influence the prevention of HIV?</i> • <i>Are certain individual's rights less respected when it comes to sexual decision making, in terms of gender, age, and class? Why do you think this is?</i> • <i>If the couple decides to have sex, what should they discuss before they have sex?</i> • <i>What have you learned from this exercise? How can you apply this to your own relationships?</i> 	15 min.	Question/ Response	
<p>Reference Materials</p> <ul style="list-style-type: none"> – CEDPA. 1988. <i>Choose a future: Issues and options for adolescent boys</i>. Washington, D.C – Raising Voices/CEDOVIP's SASA! Activist Toolkit http://www.raisingvoices.org/sasa/kit_download.php – Soul City Violence Against Women Materials http://www.soulcity.org.za/programmes/materials-training/the-violence-against-womentraining-materials – Stepping Stones Training Manual http://www.steppingstonesfeedback.org/index.htm – Wight, D., et al. 2005. Contradictory sexual norms and expectations for young people in rural Northern Tanzania. <i>Social Science & Medicine</i> 62:987–997. 			

Sheet 22: Reasons Why Men and Women Have or Don't Have Sex

REASONS WHY MEN AND WOMEN HAVE SEX

- Pressure from friends/partner
- To communicate loving feelings in a relationship
- To avoid loneliness
- To prove his/her manhood/womanhood
- For affection or to feel loved
- To receive pleasure
- The belief that everyone is doing it
- To hold onto a partner
- Not knowing how to say “no”
- To become pregnant or to become a parent
- To satisfy curiosity
- Nothing better to do
- To receive money or gifts
- Media messages make it seem glamorous
- The idea that it will cure them of HIV and AIDS

REASONS WHY MEN AND WOMEN DO NOT HAVE SEX

- Religious beliefs or personal/family values
- To avoid an unplanned pregnancy
- To avoid STIs and HIV infection
- To avoid hurting his or her reputation
- To avoid feeling guilty
- Fear that it will hurt
- To wait for the right partner
- Not ready
- To wait for marriage

Session 17: Sexual Consent

*The session was adapted from:

- EngenderHealth/CHAMPION Project's Community Engagement Facilitator's Manual draft (2011).
- EngenderHealth/ACQUIRE Project and Promundo's Engaging Men at the Community Level manual (2008). <http://www.acquireproject.org/archive/html/7-engage-men/tools.html>

Learning Objectives

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

- Identify situations in which consent for sexual activity is not given

Duration: 1 hour

Facilitator's Notes	Time	Methods	Facilitation Materials
<p>Step 1: Post up the two signs on either side of the room. The facilitator should present the objectives of the session and the topics that will be discussed. Refer participants to the earlier exercise on sexuality. Explain that the final circle, Sexuality to Control Others, often involves situations in which sexual activity is not agreed to. This activity is going to explore when consent exists and when it does not.</p>	10 min.	Presentation	Prepared flipchart papers and poster Two signs ("Consent" and "No Consent")
<p>Step 2: Review the definition of sexual consent: "Sexual activity that both people want and freely choose." Ask the group to share why it is important that every human being have the right to consent to sexual activity. Explain that you will be sharing some scenarios where the group will have to decide if a person wants and freely chooses sex.</p> <p>Read aloud the first statement you have chosen. Ask participants to stand near the sign that says what they think about the statement. Then ask one or two participants beside each sign to explain why they are standing there. Ask them why they feel this way about the statement. After a few participants have talked about their attitudes towards the statement, ask if anyone wants to change their mind and move to another sign. After each statement, share whether or not the scenario actually does demonstrate consent or not. Clarify any misconceptions from the participants. Bring everyone back together, read the next statement, and do this for each of the statements you have chosen.</p>	30 min.	Participatory activity	Flipchart and markers Sheet 23: Scenarios for Sexual Consent
<p>Step 3: After discussing all of the statements, ask the discussion questions:</p>	20 min.	Question/Response	Flipchart and markers

Facilitator's Notes	Time	Methods	Facilitation Materials
<ul style="list-style-type: none"> • <i>What statements were difficult to take a position on? Why?</i> • <i>What can men do in order to have a clear understanding of their partners' consent?</i> • <i>How can sex without consent contribute to the spread of HIV?</i> • <i>What are the effects on women if a man forces sex upon her?</i> • <i>What can a man do if it is unclear whether or not a woman wants to have sex with him?</i> • <i>What can be done to improve men's attitudes, understanding, and acceptance of a woman's right to say no to sex?</i> <p>Step 4: End the session by asking participants to take a few minutes to evaluate the day. Ask each participant to write down the following on a piece of paper:</p> <ul style="list-style-type: none"> • Was there a nugget of new information about sexuality and reproductive health that you gleaned from the activity? How would you describe it to someone who was not here? <p>Collect the responses and review the information. If there is any misinformation or any questions. Take time to address them in the recap on the following day.</p>			
<p>Reference Materials:</p> <ul style="list-style-type: none"> – EngenderHealth/ACQUIRE Project and Promundo's Engaging Men at the Community Level manual (2008). http://www.acquireproject.org/archive/html/7-engage-men/tools.html – Raising Voices/CEDOVIP's SASA! Activist Toolkit http://www.raisingvoices.org/sasa/kit_download.php – The Physician's Guide to Intimate Partner Abuse http://www.preventioninstitute.org/pdf/FINAL_Before%20It%20Occurs_scanned%20and%20formatted.pdf – Violence Against Women and HIV and AIDS Information Sheet, WHO http://www.who.int/gender/en/infosheetvawandhiv.pdf – World Health Organization. 2001. Transforming health systems: gender and rights in reproductive health. Geneva, Switzerland. 			

Sheet 23: Scenarios for Sexual Consent¹⁷

1. A man has married a woman after paying a dowry. They have had sex regularly, but the woman tells her husband that she does not want to have sex on this occasion. The man forces sex with his wife anyway. (No consent)
2. A young woman gets drunk at a village party. She is flirting with and kissing a young man. After dancing with him, she passes out in one of the houses. The young man has sex with her while she is sleeping. (No consent)
3. A woman and man are kissing on a bed with their clothes off. They have never had sex before. The man inserts his penis inside her vagina and she asks him to stop. He doesn't, even after she continually tells him to stop. (No consent)
4. A woman and man are kissing on a bed with their clothes off. They have never had sex before. The man inserts his penis inside her vagina and she does not say anything. (Not enough information—what would allow us to know that consent existed?)
5. A woman does not want to have sex. Her partner threatens to beat her if she does not sleep with him. She does not say anything as her partner has sex with her. (No consent)
6. A woman and a man are kissing on a bed with their clothes off. They have never had sex before. The man asks if it is okay if he inserts his penis inside her vagina and she says it is okay. They continue and have intercourse. (Consent)
7. A younger sister has gone to take care of an older sister who has just given birth. The brother-in-law asks the younger sister to have sex. She says she is not comfortable; He says she is there to take care of his needs until her sister is well again. They have sex. (No consent)

¹⁷ Facilitators are free to add additional scenarios relevant to specific ethnic groups, i.e. the Iraqw, Sanjo, Maasai, etc..

AGENDA DAY 4			
Session Title	Learning Objectives	Specific Activities	Duration
Recap of previous workshop	Start the session with a brief recap of the previous workshop.	Group Discussion and Individual Reflection	20 min.
Session 18: HIV and AIDS	At the end of the session, participants will be able to: <ul style="list-style-type: none"> Explain the basic facts about HIV and AIDS 	Myths and Facts Exercise Group Discussion	45 min.
Session 19: Positive or Negative	At the end of the session, participants will be able to: <ul style="list-style-type: none"> Discuss the factors that make men and women vulnerable to HIV and AIDS 	Profiles Role Play Group Discussion	30 min.
Session 20: HIV-related Rights and Responsibilities	At the end of the session, participants will be able to: <ul style="list-style-type: none"> Discuss HIV related rights and responsibilities and how they are important in the prevention of sexual coercion and abuse and HIV/STI infection 	Role Play Group Discussion	40 min.
Session 21: Alphabet of Prevention	At the end of the session, participants will be able to: <ul style="list-style-type: none"> List different HIV and AIDS prevention options 	Skit	30 min.
Session 22: Getting Tested for HIV	At the end of the session, participants will be able to: <ul style="list-style-type: none"> Discuss the importance of HIV and AIDS counseling and testing and its related benefits and challenges 	Role Play	30 min
Session 23: Positive Life	At the end of the session, participants will be able to: <ul style="list-style-type: none"> Understand better the personal impacts of HIV and AIDS Identify roles that men can play in reducing the impact of HIV and AIDS Understand the challenges faced by men living with HIV and to identify ways to support them 	Group Discussion	1 hour
Session 24: Circles of Influence	At the end of the session, participants will be able to: <ul style="list-style-type: none"> recognize how thoughts, beliefs and actions of others influence our own 	Games, Group Discussion	1 hour 20 min.
Session 25: Men Taking Action	At the end of the session, participants will be able to: <ul style="list-style-type: none"> Identify key roles that men can play in promoting health Identify ways in which man can hold each other accountable in being gender equitable 	Problem Trees Analysis Group Discussion	1 hour 10 min.
Total Duration Day 4:			6 hours 45 min.

Session 18: HIV AND AIDS

*The session was adapted from:

- EngenderHealth/ACQUIRE Project and Promundo's Engaging Men at the Community Level manual (2008). <http://www.acquireproject.org/archive/html/7-engage-men/tools.html>
- Raising Voices/CEDOVIP's SASA! Activist Toolkit http://www.raisingvoices.org/sasa/kit_download.php

Learning Objectives

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

- Explain the basic facts about HIV and AIDS

Duration: 45 min.

Facilitator's Notes	Time	Methods	Facilitation Materials
Step 1: The facilitator should start the day with a recap of the previous day's sessions. Select one session from the previous day that resulted in a lot of questions or that sparked debate. Ask for two volunteers to role play a scenario from that session (e.g., how radio sends messages about sex). When the role play is finished, discuss with the group how the role play addressed that session and any outstanding questions.	10 min.	Role play	
Step 2: The facilitator should present the objectives of the session and the topics that will be discussed.	5 min.	Presentation	Prepared flipchart papers and poster
Step 3: Record the statements on Sheet 24: Myths and Facts statements on separate pieces of paper. Give out the statement papers/cards to the participants and draw two columns on a flipchart. Write "True" at the top of the left-hand column and "False" at the top of the right hand column. Ask one of the participants to read aloud the statement on his card. Ask whether he thinks it is true or false. Have him place it in the correct column on the flipchart and to explain his reasons. Then ask the group if they agree. Discuss, using the information in Sheet 25. Repeat until all statements have been discussed.	25 min.	Group exercise Group Discussion	Pieces of paper Sheet 24: Myths and Facts statements Flipchart and markers Sheet 25: The Facts About HIV and AIDS for all participants Sheet 26: HIV Information Flipchart and markers
Step 4: Close the session by distributing Sheet 26: HIV Information, and review its information with the group.	5 min.	Discussion	

Reference Materials

- EngenderHealth/ACQUIRE Project and Promundo's Engaging Men at the Community Level manual (2008). <http://www.acquireproject.org/archive/html/7-engage-men/tools.html>
- Gray, RH et al., 2007. Male circumcision for HIV prevention in men in Rakai, Uganda: a randomised trial. *Lancet* 369 (9562):657-66.
- Hayes, R. et H. Weiss. 2006. Understanding HIV epidemic trends in Africa. *Science* Feb3:311(5761):620-17.
- Raising Voices/CEDOVIP's SASA! Activist Toolkit http://www.raisingvoices.org/sasa/kit_download.php

- Rivers, K. & Aggleton, P. 1998. *Men and the HIV epidemic, gender and the HIV epidemic*. New York: UNDP HIV and Development Program.
- UNAIDS and the World Health Organization. 1997. *The female condom: an information pack*. Geneva, Switzerland.
- *Violence Against Women and HIV and AIDS Information Sheet*, WHO
<http://www.who.int/gender/en/infosheetvawandhiv.pdf>

Sheet 24: Myths and Facts Statements

- You can become infected with HIV from mosquito bites.
- Anal sex is the riskiest form of sexual contact.
- People can contract HIV if they perform oral sex on a man.
- When used consistently and correctly, condoms can reduce the risk of HIV transmission.
- Circumcised men do not need to use condoms.
- HIV is a disease that affects only poor people.
- If you stay with only one partner, you cannot contract HIV.
- People with STIs are at higher risk for becoming HIV-infected than people who do not have STIs.
- A man can transmit HIV to his partner during sex, even if he withdraws before ejaculation.
- A man can be cured of HIV by having sex with a virgin.
- HIV is transmitted more easily during dry sex than wet sex.
- You cannot contract AIDS by living in the same house as someone who has the infection.
- You can always tell if a person has HIV by his or her appearance.
- Traditional healers can cure HIV.
- HIV can be transmitted from one person to another when sharing needles during drug use.

Sheet 25: The Facts About HIV and AIDS

You can become infected with HIV from mosquito bites. – FALSE. It has been extensively researched and proven that HIV cannot be transmitted this way. In Africa, where malaria is common (and spread through mosquito bites), the only people infected with HIV are sexually-active men and women, babies born to HIV-infected mothers, and people who became infected due to blood transfusions or sharing needles.

Anal sex is the riskiest form of sexual contact. – TRUE. Anal sex carries a higher risk for HIV transmission than other types of sexual contact. During anal sex, the penis can tear the mucous membrane of the anus, which provides the virus with an entry point into the bloodstream. Dry vaginal sex also causes tearing of the mucous membrane and, therefore, is a high-risk behavior for HIV transmission.

People can become infected with HIV if they perform oral sex on a man. – TRUE. HIV is present in the semen of infected men. Therefore, HIV may be transmitted if semen enters the person's mouth. A man can reduce the risk for transmitting HIV by wearing a condom and ensuring that no semen enters his partner's mouth.

When used correctly and consistently, condoms can protect men and women from becoming infected with HIV. – TRUE. Latex condoms are not 100% effective, but after abstinence, they are the most effective way of preventing STIs, including HIV infection. Some groups have reported inaccurate research suggesting HIV can pass through latex condoms, but that is not true. In fact, standard tests show that water molecules, which are five times smaller than HIV molecules, cannot pass through latex condoms.

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

HIV is a disease that affects only poor people. – FALSE. Anyone can become infected with HIV. A person's risk for HIV is not related to the type of person he or she is (e.g., whether they're wealthy), but rather to the behavior he or she engages in.

If you stay with only one partner, you cannot become infected with HIV. – FALSE.

Individuals who are faithful to their partner may still be at risk for HIV if their partner has sex with other people. In addition, individuals who have sex only with their partner may have been infected with HIV from someone else in the past. They may have the infection without knowing it, and without their current partner knowing it. Only a long term, faithful relationship with someone who has not been previously infected can be considered "safe."

Sheet 26: HIV Information

What is HIV? HIV stands for *human immunodeficiency virus*. This virus attacks the body's immune system, which protects the body against illness. HIV infects only humans.

What is AIDS? AIDS stands for *acquired immune deficiency syndrome*. Becoming infected with HIV leads to a weakened immune system. This makes a person who has HIV vulnerable to a group of illnesses that a healthy person without HIV probably would not contract.

What is the difference between HIV and AIDS? A person infected with HIV may remain healthy for several years with no physical signs or symptoms of infection. A person with the virus, but no symptoms, is "HIV-infected" or "HIV-positive." After a person has been infected with HIV for a period of time (often many years), symptoms caused by the virus begin to develop. At this stage, people with HIV are likely to contract opportunistic infections. When an HIV-positive person contracts one or more specific infections (including tuberculosis, rare cancers, and eye, skin, and nervous system conditions), she or he is defined as having "AIDS."

Where does HIV come from? Nobody knows where HIV came from. Nobody knows exactly how it works or how to cure it. When AIDS first appeared, people blamed AIDS on certain groups. Often, people from "other places" or those who look and behave "differently" were blamed. This leads to prejudice. Many believe that only the people in those groups are at risk for HIV-infection and that "it can't happen to me." Confusion about where AIDS comes from and who it affects also leads many people to deny its existence.

How is HIV transmitted?

- HIV is found in an infected person's blood (including menstrual blood), breast milk, semen, and vaginal fluids. HIV can be transmitted in the following ways:
- During unprotected vaginal, oral, or anal sex. HIV can pass from someone's infected blood, semen, or vaginal fluids directly into another person's bloodstream, through the thin skin lining the inside of the vagina, mouth, or backside.
- Through HIV-infected blood transfusions or contaminated injecting equipment or cutting instruments.
- During pregnancy, delivery, and breastfeeding. About one-third of all babies born to HIV-infected women become infected. But it can take 12 to 18 months until it is known whether or not the child has HIV.

Session 19: Positive or Negative

*The session was adapted from:

- EngenderHealth/CHAMPION Project's Community Engagement Facilitator's Manual draft (2011).
- EngenderHealth/ACQUIRE Project and Promundo's Engaging Men at the Community Level manual (2008). <http://www.acquireproject.org/archive/html/7-engage-men/tools.html>

Learning Objectives

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

- Discuss the factors that make men and women vulnerable to HIV and AIDS

Duration: 30 min.

Facilitator's Notes	Time	Methods	Facilitation Materials
<p>Step 1: Choose five profiles from the Sheet 27 or create five profiles that would best fit the context. Write these phrases on small pieces of paper (one per paper)—do not include the HIV and AIDS test results on these pieces of paper, as they will be revealed later in the activity. The facilitator should present the objectives of the session and the topics that will be discussed.</p>	5 min.	Presentation	Prepared flipchart papers and poster Sheet 27: HIV Profiles Flipchart and markers
<p>Step 2: Explain to the participants that this activity is to discuss men's and women's vulnerability to HIV and AIDS. Ask for five volunteers. Distribute the profiles you have written on the small pieces of paper or for low-literacy groups, whisper a profile to each participant. Tell the volunteers they are going to put themselves in the shoes of the person whose profile they received. Ask each volunteer to introduce herself to the larger group, according to the profile that he received. Each volunteer should give his or her character a name and feel free to incorporate mannerisms and behaviors into the presentation of the character.</p> <p>Explain to the other participants that they should ask questions to get to know these five characters better. Emphasize to the volunteers playing the characters that they should be creative in answering the questions, while always keeping the profile descriptions in mind.</p>	5 min.	Creative Presentation	Pieces of paper with positive and negative symbols written on them
<p>Step 3: Tell the group that these five volunteer profiles have gone in for an HIV and AIDS test and are about to receive the results. Ask them what they think will be the results of each test. Distribute the test results to each participant playing a role (these should be based on the results provided in the Sheet 27 alongside each profile), and then share these with the larger group.</p>	5 min.	Discussion Reflection	Flipchart and markers

Facilitator's Notes	Time	Methods	Facilitation Materials
<p>Step 4: Use the questions below to facilitate a discussion about the group's reactions to the results and the complexities of men's and women's vulnerability to HIV and AIDS:</p> <ul style="list-style-type: none"> • To the volunteers: How did you feel representing these characters? How did you feel when you received the test result? Was the result what you expected based on the description of your character? If not, why not? • Are these men's and women's experiences common? Does anyone know of any similar situations? • What characteristics are often associated with these men and women? • What are some explanations for the different results these men and women received? • Were men or women more vulnerable in the sexual situations discussed in the case studies? • How could the men in the case studies have used their privilege and power differently? • What kinds of factors (social, economic, political) make men and women more vulnerable to HIV infection? • How can men and women protect themselves from HIV? • Do couples generally talk about HIV and AIDS? Why or why not? • What factors might inhibit a man from talking to his partner about HIV and AIDS? • What factors might inhibit a woman from talking to her partner about HIV and AIDS? • What support do couples need to protect themselves from STIs and HIV? Is this kind of support available in the community? • What have you learned in this activity? Have you learned anything that could be applied to your own life and relationships? 	15 min.	Question/ Response Group Discussion	
<p>Reference Materials</p> <ul style="list-style-type: none"> – EngenderHealth/ACQUIRE Project and Promundo's <i>Engaging Men at the Community Level</i> manual (2008). http://www.acquireproject.org/archive/html/7-engage-men/tools.html – Population Reference Bureau. 2006. <i>World Population Datasheet</i>. Washington D.C. – <i>Raising Voices/CEDOVIP's SASA! Activist Toolkit</i> http://www.raisingvoices.org/sasa/kit_download.php 			

Sheet 27: HIV Profiles

Woman, 30 years old, homemaker. She is married and has a five-year old daughter and a three-year-old son. Recently discovered that her husband has sex with other people.

POSITIVE

Man, 32 years old, gold miner working 300 miles from his rural home. He lives in a hostel and sees his wife only a few times a year. After living away from his wife for a while, he starts to have sex with women in the nearby townships.

NEGATIVE

Woman, 18 years old, sex worker. She is married.

NEGATIVE

Man, 19 years old, vendor. He only has sex with men.

NEGATIVE

Woman, 17 years old, dropped out of school at 12 years old. She works to help her family pay the bills. Currently dating a man who is 26 years old.

POSITIVE

Woman, 15 years old, student. Likes to help her mom, has several friends, and is dating a 17-year-old guy. He is the first person with whom she has had sex.

POSITIVE

Man, 23 years old, student, who has been sexually active with girls his age and younger, and is currently in a monogamous relationship with a young woman.

NEGATIVE

Woman, 26 years old, homemaker and wife of a gold miner. Her husband only visits a few times a year and in order to help feed her children, she began to have unprotected sex with a man who brought her food and a little money.

POSITIVE

Man, 25 years old, schoolteacher. He is married but still has other sex partners. He recently found out that he has a STI and decides to wait for it to go away before going to a doctor.

POSITIVE

Session 20: HIV-related Rights and Responsibilities

**The session was adapted from:*

*EngenderHealth/CHAMPION Project's Community Engagement Facilitator's Manual draft (2011).
EngenderHealth/ACQUIRE Project and Promundo's Engaging Men at the Community Level manual
(2008). <http://www.acquireproject.org/archive/html/7-engage-men/tools.html>*

Learning Objectives

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

- Discuss HIV-related rights and responsibilities and how they are important in the prevention of sexual coercion and abuse and HIV/STI infection

Duration: 30 min.

Facilitator's Notes	Time	Methods	Facilitation Materials
Step 1: The facilitator should present the objectives of the session and the topics that will be discussed	2 min.	Presentation	Prepared flipchart papers and poster
Step 2: Brainstorm rights and responsibilities with the participants. Start with the question, " <i>What are some basic rights we have as individuals?</i> " Some examples may include the right to free speech, the right to practice one's own religion, the right to live where one wants, etc. Then ask, " <i>What are some basic responsibilities we have as individuals?</i> " Some examples may include respecting the property of others by not stealing, providing for family, obeying laws, etc. Write the heading "My Sexual Rights" on a piece of flipchart paper. Ask the participants to list their sexual rights and write their responses on the paper. Be sure the following rights are included: <ul style="list-style-type: none">• The right to sexual enjoyment• The right to protect yourself from the risk for infection• The right to avoid unintended pregnancy• The right to refuse unwanted sex• The right to express sexual orientation• The right to obtain information on sexuality and sexual health On another piece of flipchart paper, write the title "My Sexual Responsibilities." Ask the participants to list their sexual responsibilities and write their responses on the paper. Be sure the following sexual responsibilities are included: <ul style="list-style-type: none">• Respecting a person's right to say no• Informing a partner if you are infected with a STI, including HIV• Taking care of any children you have	8 min.	Brainstorming	Flipchart and markers

Facilitator's Notes	Time	Methods	Facilitation Materials
<p>Step 3: Ask each participant to select the item on the "My Sexual Rights" list that is most important to him or her. Read aloud the items on the "My Sexual Rights" list, one by one. Ask the participants to raise their hands when you call out the item they have selected as most important. Ask for a few volunteers to share their reasons for selecting the item. Follow the same process with the "My Sexual Responsibilities" list.</p>	5 min.	Prioritisation	Flipchart and markers
<p>Step 4: Divide the participants into two groups. The first should develop a role-play in which a woman's sexual rights are not respected; the second should develop a role-play in which a man's sexual rights are not respected. Allow a few minutes to develop the role-plays, then invite the groups to present the role-plays.</p> <p>Ask the same groups to develop a role-play in which a woman's/man's sexual rights are respected. Remind the group of the discussion about sexual responsibilities and that their role-plays should depict sexual rights being respected in a way that is still within their sexual responsibilities. Allow a few minutes to develop the role-plays, and invite the groups to present the role-plays.</p>	5 min	Question/ Response	Flipchart and marker
<p>Step 5: End the session with the discussion questions below:</p> <ul style="list-style-type: none"> • <i>Were the role-plays realistic?</i> • <i>In your communities, is it more common for women's rights to be respected or not respected? If not, why do you think this is?</i> • <i>In your communities, is it more common for men's rights to be respected or not respected? If not, why do you think this is?</i> • <i>What is the connection between sexual rights and sexual responsibilities?</i> • <i>How can a person's right to express his or her sexual orientation be violated?</i> • <i>How can a person's right to get information on sexuality and sexual health be violated?</i> • <i>How can the violation of a person's sexual rights leave them more vulnerable to HIV and AIDS?</i> • <i>How does someone neglecting their sexual responsibilities put them at risk for HIV and AIDS?</i> • <i>What have you learned from this exercise? How can you apply this to your own relationships?</i> 	10 min.	Discussion	

Reference Materials

- *Raising Voices/CEDOVIP's SASA! Activist Toolkit* http://www.raisingvoices.org/sasa/kit_download.php
- *EngenderHealth/ACQUIRE Project and Promundo's Engaging Men at the Community Level manual* (2008).
<http://www.acquireproject.org/archive/html/7-engage-men/tools.html>

World Health Organization. 2001. *Transforming health systems: gender and rights in reproductive health*. Geneva, Switzerland.

Session 21: Alphabets of Prevention

**The session was adapted from EngenderHealth/ACQUIRE Project and Promundo's Engaging Men at the Community Level manual (2008). <http://www.acquireproject.org/archive/html/7-engage-men/tools.html>*

Learning Objectives

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

- List different HIV and AIDS prevention options

Duration: 30 min.

Facilitator's Notes	Time	Methods	Facilitation Materials
<p>Step 1: The facilitator should present the objectives of the session and the topics that will be discussed.</p>	2 min.	Presentation	Prepared flipchart papers and poster
<p>Step 2: Ask everyone in the group if they have heard of the ABC's of HIV prevention. Have them explain what they know about abstinence, faithfulness, and condoms. Explain that many people feel that ABC is a good strategy, but that it might not be sufficient. Ask if anyone can think of additional meanings for D, E, F, and G? After a few people have shared, show them the flipchart you prepared before the session. Discuss each "letter" and its key components as a group.</p>	5 min.	Brainstorming Discussion	<p>Flipchart and markers</p> <p>Flipchart with the following written:</p> <p><i>A – Abstain, delay sexual debut, say no to sex</i></p> <p><i>B – Be faithful, reduce number of partners</i></p> <p><i>C – Condom use</i></p> <p><i>D – Do it yourself (masturbation)</i></p> <p><i>E – Enquire if your partner has been tested for HIV</i></p> <p><i>F – Find other ways of giving and receiving sexual pleasure</i></p> <p><i>G – Get tested</i></p>
<p>Step 3: Divide the group into seven teams and have them develop a one-minute "commercial" advertising their form of the Prevention Alphabet. Allow the a few minutes to prepare and then ask each group to perform its commercial.</p>	13 min.	Skit	Flipchart and markers
<p>Step 4: Discuss the following questions with the whole group:</p> <ul style="list-style-type: none"> • <i>How do messages about gender and masculinity make it difficult for men to carry out these strategies?</i> • <i>How do messages about gender and masculinity make it difficult for women to carry out these strategies?</i> • <i>What other factors (e.g., economic class, marital status, religious beliefs) can make</i> 	10 min.	Question/ Response	

Facilitator's Notes	Time	Methods	Facilitation Materials
<p><i>it difficult to carry out these strategies?</i></p> <ul style="list-style-type: none"> • <i>How can men and women be empowered to carry out HIV prevention in their lives and relationships?</i> • <i>What have you learned from this activity? Have you learned anything that could be applied to your own life and relationships?</i> 			
<p>Reference Materials:</p> <ul style="list-style-type: none"> – EngenderHealth/ACQUIRE Project and Promundo's Engaging Men at the Community Level manual (2008). http://www.acquireproject.org/archive/html/7-engage-men/tools.html 			

Session 22: Getting Tested for HIV

*The session was adapted from:

- EngenderHealth/ACQUIRE Project and Promundo's Engaging Men at the Community Level manual (2008). <http://www.acquireproject.org/archive/html/7-engage-men/tools.html>

Learning Objectives

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

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

Duration: 40 min.

Facilitator's Notes	Time	Methods	Facilitation Materials
<p>Step 1: The facilitator should present the objectives of the session and the topics that will be discussed. If possible, arrange for a health centre staff person to participate in this session and/ or for the men to visit the center</p>	2 min	Presentation	Prepared flipchart papers and poster. Information on local centers for voluntary counseling and testing (VCT)
<p>Step 2: Ask for two volunteers to do a role-play of a man arriving at a health center to get an HIV test and a counselor helping the man. The participants should decide what the scene is like, the expression on the man's face, his behavior, and the appearance of the counselor. Explain that it takes some time to receive the result of the HIV exam and that this is the man's first contact with the health center. The counselor should be friendly and create a rapport with the man. When you think it is appropriate, stop the scene with a command (e.g., "Freeze!").</p>	5 min.	Creative role play	Flipchart and markers
<p>Step 3: Discuss the following questions with the participants:</p> <ul style="list-style-type: none"> <i>What do you think made the man want to take the test?</i> <i>How long do you think it took him to decide to take the test?</i> <i>How do you think he will cope with the result?</i> <i>How is he feeling? Is he afraid? Confident? Why?</i> <i>Do you think his family or friends know what he has come to do?</i> 	10 min.	Question/Response	
<p>Step 4: After discussing these questions, ask two other pairs to role-play the same scene, but this time, they should begin just as the test result is given. Assign a positive result to one pair and a negative result to the other, and have each role-play the counselor giving the result and the young man reacting. Do not let the other participants know</p>	3min.	Creative role play	Props prepared in advance <ul style="list-style-type: none"> Paper Scissors Markers Tape

Facilitator's Notes	Time	Methods	Facilitation Materials
<p>which pair will act out the positive and negative results.</p> <p>Step 5: Prompt the group with questions about the two role-plays:</p> <ul style="list-style-type: none"> • <i>How did the man receive the news about being positive/negative?</i> • <i>Who do you think the first person he talks to will be?</i> • <i>Why do you think the result of the test was positive/negative?</i> • <i>What is he thinking of doing now that he knows he has/does not have the virus?</i> <p>Have the group discuss the realities of each of the role-plays.</p>	10 min	Question/Response	Flipchart and markers
<p>Step 6: Ask for two more pairs to role-play what the future holds for the man who receives a positive result and for the young man who receives a negative result.</p>	2 min.	Role play	
<p>Step 7: Afterwards, prompt group discussion with questions about the role-plays:</p> <ul style="list-style-type: none"> • <i>What initiative should HIV-positive/HIV-negative men take?</i> • <i>What are their expectations for the future?</i> <p>Wrap-up the discussion with the questions below:</p> <ul style="list-style-type: none"> • <i>Do people in your community know where they can go for HIV counseling and testing? Do they trust it will be done safely and anonymously?</i> • <i>How do you think people are treated when they seek HIV counseling and testing?</i> • <i>How do you think they should be treated?</i> • <i>Do you think men are more or less likely than women to seek out HIV counseling and testing? Why?</i> • <i>What do you think are the biggest factors that hinder men from seeking HIV counseling and testing?</i> • <i>What can be done to address these factors?</i> • <i>What should a man do if his test result is positive?</i> • <i>What should a man do if his test result is negative?</i> • <i>How can you encourage more men in your community to be tested?</i> 	8 min.	Question/Response	

Reference Materials

- Addis, M and Mahalik, J. 2003. Men, masculinity, and the contexts of help seeking. *Am Psychol.* 58(1):5-14.
- Barker, G. and Ricardo, C. 2005. Young men and the construction of masculinity in Sub-Saharan Africa: implications for HIV/AIDS, conflict and violence. Washington, DC: World Bank.
- Raising Voices/CEDOVIP's SASA! Activist Toolkit http://www.raisingvoices.org/sasa/kit_download.php
- Wight, D., et al. 2005. Contradictory sexual norms and expectations for young people in rural Northern Tanzania. *Social Science & Medicine* 62:987–997.
- World Health Organization. 2000. What about boys?: A literature review on the health and development of adolescent boys. Geneva, Switzerland.
- World Health Organization. 2001. Transforming health systems: gender and rights in reproductive health. Geneva, Switzerland.

Session 23: Positive Life

*The session was adapted from

- EngenderHealth/ACQUIRE Project and Promundo's Engaging Men at the Community Level manual (2008). <http://www.acquireproject.org/archive/html/7-engage-men/tools.html>

Learning Objectives

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

- Understand better the personal impact of HIV and AIDS
- Identify roles that men can play in reducing the impact of HIV and AIDS
- Understand the challenges faced by men living with HIV and to identify ways to support them

Duration: 1 hour

Facilitator's Notes	Time	Facilitation Materials
<p>Step 1: The facilitator should present the objectives of the session and the topics that will be discussed.</p> <p>Understand that the activity can be very personal and emotional. There may be participants in the group who are HIV-positive. Others may have close friends or family members who are living with HIV and AIDS. Encourage the participants to only share the information they feel comfortable sharing. Remember that men's and women's experience of HIV and AIDS will also be affected by age, class, caste, ethnicity, and other factors.</p>	2 min.	Prepared flipchart papers and poster
<p>Step 2: Divide the participants into pairs. Pass out the handout and ask each person in the pair to answer the following question in two minutes:</p> <ul style="list-style-type: none">• <i>If I had HIV, in what ways would it change my life?</i> <p>Explain to the participants that they should refer to the questions in the handout when thinking about how their lives would change if they had HIV. Then ask the pairs to take turns answering the following questions, allowing each person four minutes to do so:</p> <ul style="list-style-type: none">• <i>What would be the most difficult part about being infected with HIV? Why?</i>• <i>What changes would I want to make in my romantic and intimate relationships?</i> <p>Bring everyone back together and lead a general discussion using the following questions:</p>	13 min.	<p>Sheet 28: General Life Questions</p> <p>Flipchart and markers</p> <p>Research local and/or national laws and policies concerning PLWHA rights, existing support networks, and the most up-to-date information about sexual partnerships between HIV-discordant persons (when one person is HIV-positive and the other is not) and the question of PLWHA who want to have children (what implications and risks are involved).</p> <p>Invite someone living with HIV and AIDS to come to the session and share his or her experiences with the participants.</p>

Facilitator's Notes	Time	Facilitation Materials
<ul style="list-style-type: none"> • <i>What ideas did people come up with?</i> • <i>How did you feel answering the questions?</i> • <i>How do HIV-positive people you know or hear about deal with living with the virus?</i> • <i>How do people who do not know their HIV status think about what life would be like if they were HIV-infected?</i> <p>Step 3: Explain that you want to look more closely at the differences between the impacts of HIV and AIDS on women and on men. Divide the participants into two groups. Ask the first group to discuss what it is like as a woman to live with HIV and AIDS. Ask the second group to discuss how men are affected by HIV and AIDS.</p>	10 min.	<p>Sheet 29: Guidance on How to Deal with Disclosure</p> <p>List of local organizations, written materials, audio/video, and trainings to help men live positively with HIV and AIDS</p>
<p>Step 4: After at least 10 minutes, ask each group to present the highlights of their discussion. Then lead a discussion using the following questions:</p> <ul style="list-style-type: none"> • <i>What are the main differences between women and men in terms of living with HIV and AIDS?</i> • <i>What are the main differences between women and men in terms of being affected by HIV and AIDS?</i> • <i>What are the main differences between women and men in terms of caring for someone with HIV and AIDS?</i> • <i>Who can a HIV-positive young man or young woman go to for help? Is there any support network for PLWHAs in your community or region?</i> • <i>How can men get more involved in caring for people who are living with HIV and AIDS?</i> • <i>What other roles can men play in reducing the impact of HIV and AIDS on women and on other men?</i> • <i>What impact does HIV and AIDS have on a community in general?</i> • <i>How can we be more accepting of people in the community who are living with HIV and AIDS?</i> 	10 min.	Flipchart and marker pens
<p>Step 5: State that the topic of testing positive for HIV is a sensitive one to discuss in a workshop. Explain that there may be participants in the workshop who have tested positive, and there may be others who have friends and/or family members who have tested positive. Explain that doing this activity may be upsetting for a number of reasons. Remind the participants that you want them to take care of themselves and that it is</p>	2 min.	

Facilitator's Notes	Time	Facilitation Materials
okay to sit out the activity.		
<p>Step 6: Tell each participant to imagine that a friend has just told them that he is HIV-positive. Ask each participant to write down some of the things they would say to this friend in order to help them live positively.</p>	5 min.	
<p>Break the group into pairs. Tell each pair to take turns sharing the advice they would give an HIV-positive friend. Each person should speak for no longer than three minutes, while the partner simply listens. Explain that after three minutes, you will clap your hands—a signal that they should switch roles and the other person should speak.</p>	8 min.	
<p>When the pairs have finished, bring the group back together. Lead a discussion using the following questions:</p> <ul style="list-style-type: none"> • <i>What does living positively mean to you?</i> • <i>What is the best advice you would give to your friend about living positively?</i> • <i>What makes it hard for men to ask for advice and get support?</i> • <i>What would make it easier for men to ask for advice and get support?</i> 	10 min.	
<p>Step 7: Divide the participants into five groups. Ask each group to choose one of the following areas: Family Life; Friends; Work; Play/Sports; Sexuality. Ask each group to discuss what challenges men who are living positively with HIV and AIDS face in this area. Ask each to identify ways to support men so that they can live more positively in this area. Discuss each group's reflections and take questions from the other participants. If available, end the activity by presenting the group with a list of resources (local and national) that can help men live positively with HIV and AIDS. This could include names of organizations, as well as written materials, audio/video materials, and trainings.</p>	10 min.	

Reference Materials

- Addis, M and Mahalik, J. 2003. Men, masculinity, and the contexts of help seeking. *Am Psychol.* 58(1):5-14.
- Barker, G. and Ricardo, C. 2005. Young men and the construction of masculinity in Sub-Saharan Africa: implications for HIV/AIDS, conflict and violence. Washington, DC: World Bank.
- Raising Voices/CEDOVIP's SASA! Activist Toolkit
http://www.raisingvoices.org/sasa/kit_download.php
- Wight, D., et al. 2005. Contradictory sexual norms and expectations for young people in rural Northern Tanzania. *Social Science & Medicine* 62:987–997.
- World Health Organization. 2000. What about boys?: A literature review on the health and development of adolescent boys. Geneva, Switzerland.
- World Health Organization. 2001. Transforming health systems: gender and rights in reproductive health. Geneva, Switzerland.

Sheet 28: General Life Questions

At home:

1. How many people live together in your home?
2. Do you do any housework?
3. What is the atmosphere like in your home?
4. How do you relate to the people that live in your home?

At school:

1. Do you go to school?
2. Where do you study?
3. What time?
4. How many hours a day?
5. What do you like most at school?
6. What do you like least at school?

Dating:

1. Do you have a girlfriend/boyfriend (wife/husband)?
2. How long have you been going out?
3. Do you generally see each other every day?
4. Where do you go?
5. What do you do together?
6. What do you like most about her/him?
7. What do you like the least about your relationship?

At work:

1. Do you work?
2. What do you do?
3. How many hours a day? What are your working hours?
4. How do you get along with your colleagues?
5. What do you expect from your job?

With friends:

1. When do you meet your friends (morning, afternoon, night)?
2. What do you do together?
3. Do you have a favorite place to go to (beach, bar, club, street, someone's house)?
4. Do you play any sport together?
5. What do you do to have fun?

Leisure:

1. What are your leisure activities?
2. Do you spend any time alone? How much? What do you generally do in this period?
3. Do you do any activities by yourself? What? How often?

Sheet 29: Guidance on How to Deal with Disclosure

The growth in the number of people getting tested and who learn they are infected with HIV now means that many more participants at LIMCA workshops know they are HIV positive. This makes disclosure of HIV status within a workshop a much more immediate issue than before.

Stigma and discrimination toward people living with HIV and AIDS (PLWHA) is still a huge problem in many parts of the world. The costs of revealing you are HIV-positive remain very high. PLWHA have lost jobs, friends, even the protection of their families, when their HIV status has become known. Some PLWHA have even been killed as a result of telling others that they are living with HIV.

There are many emotional and practical challenges that can occur in LIMCA workshops as a result of disclosure. Such challenges are linked to the different reasons why a person may or may not disclose. The following is a guide to dealing with disclosure.

Create the right environment

The first task is to create a safe and supportive environment within the workshop. This will enable participants who wish to disclose their HIV status to do so. Creating such an environment begins with the invitation to join the workshop, which should explicitly encourage the participation of PLWHA. Ground rules also play an important role in establishing the environment, as does the facilitator, who must ensure the ground rules are followed.

Provide support

Some participants may choose to disclose because they want support from the group or from the program. Many PLWHA feel very isolated, afraid to tell those closest to them about their status, for fear of being rejected. Disclosure is a way to break this isolation and for PLWHA to share their stories. There may not always be time in a busy workshop to have participants say much about their experience with HIV and AIDS. But it is important to encourage them to share brief personal stories and to offer the possibility of additional time after the workshop.

Deal with crisis

Some participants may disclose their HIV status because they are in a crisis and urgently need help. In this situation, a facilitator should assess how urgently help is needed and where the participant might go to get it. As noted, it is really important that LIMCA facilitators know about available support services in the local area. The facilitator may need to deal with the crisis during a break or even during the workshop itself in the most serious cases. This would involve assessing the participant's situation, making a referral, or even taking the participant to the service directly.

Self-disclosure

Some facilitators may know that they are HIV-positive. They will need to decide in advance when disclosing their own status contributes to the learning objectives of the workshop.

Session 24: Circles of Influence

**This session was adapted from*

- Raising Voices/CEDOVIP's SASA! Activist Toolkit*
http://www.raisingvoices.org/sasa/kit_download.php

Learning Objectives

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

1. Recognize how the thoughts, beliefs and actions of others influence our own

Duration: 1 hour 20 mins

Facilitator's Notes	Time	Methods	Facilitation Materials
<p>Step 1: The facilitator should present the objectives of the session and the topics that will be discussed. Explain to participants that “Now, we will explore how we all need to reach out to diverse people and groups in a community in order to effect community change. We will explore how the thoughts, beliefs and actions of others create community norms and how these norms influence change in the community. Norms are unwritten rules in a society that guide how people behave. Norms can and do change over time.”</p>	5 min.	Presentation	Prepared flipchart papers and poster
<p>Step 2: Ask the participants to come and take one folded piece of paper. Tell them they can read their pieces of paper, but only to themselves. After a minute has passed, ask the participants who have chosen the characters of “Betty” and “Benja” to stand inside the smallest, innermost circle. Once Betty and Benja have positioned themselves, ask participants to form three circles around Betty and Benja as follows:</p> <ol style="list-style-type: none"> a. “All of you who have numbers 3 to 9, please come surround Betty and Benja in a circle.” (They can hold hands) b. “All of you who have numbers 10 to 25, please come and surround the first circle.” c. “All of you who have numbers 26 to 30, please come and form an outer circle.” 	5 min.	Game explanation	Prepared Sheet 30: Circles of Influence character statements. Fold the character statements in half so no one can read them and create a pile for participants to choose from.
<p>Step 3: Go to Betty and Benja and announce to participants: “This woman and man are named Betty and Benja. Betty and Benja, please introduce yourselves to the group by each reading the first sentence on your piece of paper.” (Ensure only the first sentence is read out loud) After Betty and Benja have introduced themselves, ask each participant to read their first statement out loud for all to hear. Go circle by circle—starting with the first circle and finishing with the</p>	10 min.	Game	

Facilitator's Notes	Time	Methods	Facilitation Materials
outermost circle.			
<p>Step 4: Once everyone has had a turn, conduct a short debrief using the following questions (make sure participants remain in position):</p> <ol style="list-style-type: none"> "Which circle do you think has the most influence on Betty and Benja? Why?" "Do any of the circles not have any influence on Betty and Benja? Why or why not?" "What does this exercise tell us about community norms?" "What does this mean for our GBV prevention efforts?" 	10 min	Debrief	
<p>Step 5: Summarize key points: "Everyone is influenced by many factors and people, without even realizing it. People are usually influenced the most by the people who are the nearest to them. They influence us in everyday life. Even community members who are not as close to us as friends and family influence how we think and act. Broader societal influences, like the media, national laws and international conventions, also affect individuals, even if it isn't as direct or immediate. Around all of us are circles of influence: family and friends, community members and society."</p>	5 min.	Summary	
<p>Step 6: Explain to participants that they will now continue the exercise as follows: "The outermost circle will read their second sentences out loud. After they have all finished, the middle circle will read their sentences followed by the first circle (closest to Betty and Benja)." Ensure that everyone has read their second sentence, except for Betty and Benja.</p>	10 min.	Game	
<p>Step 7: Ask participants how they think Betty and Benja's lives would have been influenced if they were surrounded by people who were giving them messages like the second statement. Collect as many responses as possible.</p>	5 min	Discussion	
<p>Step 8: Ask Benja to read his second statement then Betty to read hers. Debrief the game as follows:</p> <ol style="list-style-type: none"> "What happened when more people were convinced of the benefits of a violence free relationship?" "What can we learn about effective community mobilization from this exercise?" 	10 min.	Discussion	
<p>Step 9: End the discussion by telling the group</p>	5 mins	Summary	

Facilitator's Notes	Time	Methods	Facilitation Materials
<p>"Norms in the community can change. It is up to all of us. Everyone has a role to play. It is up to everyone in the community to create a supportive environment for new behaviors and norms. We have to strive to reach all "circles of influence." The more people who take on this issue the more likely communities are to succeed in preventing gender-based violence and HIV."</p>			
<p>Reference Materials</p> <ul style="list-style-type: none"> - <i>Raising Voices/CEDOVIP's SASA! Activist Toolkit</i> http://www.raisingvoices.org/sasa/kit_download.php - <i>Violence Against Women and HIV and AIDS Information Sheet, WHO</i> http://www.who.int/gender/en/infosheetvawandhiv.pdf 			

Handout 30: Circles of Influence Character Statements

1. i) My name is Betty. I am married to Benja. We used to be okay, but nowadays Benja shouts at me a lot and even sometimes hits me. I fear him and so do my children.
1. ii) My name is Betty. I am now respected by my husband. We talk about our problems and solve them together. There is no more fear in my heart or in my house.
2. i) My name is Benja. I am married to Betty. For some time now things at home have not been so good. My wife annoys me, and I have no choice but to shout at her. Sometimes I even beat her. I guess this is what happens in marriage.
2. ii) My name is Benja. I made a commitment to Betty and my children that I will not solve problems or frustrations through shouting or hitting. Our house is now a happier place, even the children are doing better.
3. i) I am your parent. We were raised knowing that men can discipline women. This is how things should be.
3. ii) I am your parent. Violence is not acceptable in our family/clan.
4. i) I am a friend of Benja. We go to the drinking joint together. I see how you drink and then go home angry. But it is normal for men.
4. ii) I am a friend of Benja. When we are out drinking, I advise you to stop before taking too much, so you won't go home drunk.
5. i) I am an elder. You respect me and follow my advice. Men have to make all the decisions for a family.
5. ii) I am an elder. I advise you to make decisions together as a family.
6. i) I am your relative. I ensure you respect the family customs.
6. ii) I am your relative. In my house, we are non-violent. Why don't you do the same to make your family peaceful and happy?
7. i) I am your in-law. You are now part of our family where women stay quiet and don't complain.

- 7. ii)** I am your in-law. In this family, women and men have equal rights and live violence-free.
- 8. i)** I am a friend of Betty. You and I discuss everything together. My relationship is similar to yours—men are head of the house, we have to endure.
- 8. ii)** I am a friend of Betty. One person as head of the household is not necessary. Couples can and should make decisions together.
- 9. i)** I am your neighbor. I hear your fights at night but say nothing. It isn't my business.
- 9. ii)** I am your neighbor. I let you know that I know about the violence and invite you to come over if there is a problem.
- 10. i)** I am an adolescent. I keep silent—what can I do?
- 10. ii)** I am an adolescent. I helped the teacher organize an event for students about equality between girls and boys.
- 11. i)** I am a priest/imam. I keep silent. God/Allah will take care of things.
- 11. ii)** I am a priest/imam. I went through the gender-based violence sensitization training and now do premarital counseling with all couples about nonviolence and respect.
- 12. i)** I am a health care provider. I take care of injuries but don't ask anything. It is not my business.
- 12. ii)** I am a health care provider. We organized a seminar among health care providers to learn more about violence and health. We now ask clients about violence.
- 13. i)** I am a food seller. I see her bruises but keep silent.
- 13. ii)** I am a food seller. I went to a market sellers association and talked with them about setting up a men/women's group to talk about our issues.
- 14. i)** I am a police officer. Men sometimes can't avoid using some small violence at home. It is a domestic issue.
- 14. ii)** I am a police officer. I take all cases of violence in the home seriously.

- 15. i)** I am a farmer. I think a woman is not equal to a man. A woman should obey her husband.
- 15. ii)** I am a farmer. I made a presentation at my farmers meeting about how women and men can work together for a better harvest.
- 16. i)** I am a taxi driver. I think violence should be used against a woman once in a while. Otherwise women start thinking they can do anything.
- 16. ii)** I am a taxi driver. I talk to people in my taxi about human rights.
- 17. i)** I am a market seller. Women and men are not equal. If a man wants to show that he has more power, then that is a woman's fate.
- 17. ii)** I am a market seller. I support women and men to balance power in their relationship.
- 18. i)** I am NGO staff. We tell people to stop being violent, because only bad people use violence.
- 18. ii)** I am NGO staff. We talk with community members about the connection between violence and HIV/AIDS. We help people see the benefits of non-violence!
- 19. i)** I am a local leader. Violence in relationships is a domestic issue — I don't have time for it!
- 19. ii)** I am a local leader. Violence in our community is not tolerated! We have a bylaw against it!
- 20. i)** I am a pharmacist. You buy things from me, and ask for my advice. I think women must be patient and endure.
- 20. ii)** I am a pharmacist. When you come to buy medicine for your cuts I refer you to a counselor to talk about violence.
- 21. i)** I am a teacher. Making jokes about girls is just for fun, it doesn't do any harm.
- 21. ii)** I am a teacher. I role model to my students that girls and boys are equally valuable, and that harassment is not okay.
- 22. i)** I am your doctor. I advise you on many issues but don't see how violence and HIV/AIDS are connected.

- 22. ii)** I am your doctor. I ask you about violence in your relationship and explain how violence can lead to HIV infection.
- 23. i)** I am a social welfare officer. I see violence in the community but I mostly focus on children, as some violence between women and men is pretty normal.
- 23. ii)** I am a social welfare officer. I deal with both violence against children and women. On home visits I'll talk about the benefits of non-violent families.
- 24. i)** I am a judge. Sometimes women file cases just for simple violence. I dismiss the cases.
- 24. ii)** I am a judge. In my court I take all cases seriously. Violence, no matter if between partners or strangers is a crime.
- 25. i)** I am a parliamentarian. There are no laws in my country specifically about domestic violence—that's a private matter!
- 25. ii)** I am a parliamentarian. The law of this country says that no person has a right to use violence against another person—no matter what their relationship.
- 26. i)** I am a donor. I fund HIV prevention programs in Africa. I only fund ABC programs – they're the best!
- 26. ii)** I am a donor. I fund programs that recognize women's vulnerabilities to violence – we must move beyond the ABCs!
- 27. i)** I am a radio announcer. You hear my messages every day. We joke about women and violence – what's the harm?!
- 27. ii)** I am a radio announcer. I organize a talk show in which many different people come to talk about the negative consequences of gender-based violence.
- 28. i)** I am a United Nations official. I monitor countries' progress on international conventions, but I don't see the connection between gender-based violence and HIV/AIDS.
- 28. ii)** I am a United Nations official. Gender-based violence and women's vulnerability to HIV is covered in international conventions. I'll ask governments how they are responding to these issues.
- 29. i)** I am a Minister of Health. I decide which services are available at the health centers. Women's rights issues don't belong in clinics – we prescribe drugs!

- 29. ii)** I am a Minister of Health. Our health care providers are trained on how to ask clients about violence.
- 30. i)** I am a newspaper editor. I show explicit photos of women in my paper, because it sells!
- 30. ii)** I am a newspaper editor. Our newspaper has a policy to protect the rights and dignity of all the people in the stories and images we publish.

Session 25: Men Taking Action

*The session was adapted from:

- EngenderHealth/CHAMPION Project's Community Engagement Facilitator's Manual draft (2011).
- EngenderHealth/ACQUIRE Project and Promundo's Engaging Men at the Community Level manual (2008). <http://www.acquireproject.org/archive/html/7-engage-men/tools.html>
- Stepping Stones Training Manual <http://www.steppingstonesfeedback.org/index.htm>

Learning Objectives

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

- Identify key roles that men can play in promoting health
- Identify ways in which men can hold each other accountable in being gender equitable

Duration: 1 hour 10 min.

Facilitator's Notes	Time	Methods	Facilitation Materials
Step 1: The facilitator should present the objectives of the session and the topics that will be discussed	2 min.	Presentation	Prepared flipchart papers and poster
Step 2: 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.	2 min.	Brainstorming	Flipchart and markers
Step 3: Divide participants into six groups and give each group one of the roles on the prepared chart. Ask each group to discuss what men in their specific role could do to prevent violence against women, 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.	10 min.	Small group discussion	Flipchart paper with six roles that men play in social and economic life, as follows: • Partner or Husband or Boyfriend • Brother or Cousin • Father or Uncle • Friend or Colleague • Manager or Supervisor • Community leader
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.	10 min.	Question/Response	
Step 4: Discuss the actions recommended by the small groups, using the following questions and the information in the closing to discuss the answers: • <i>How best can men use their privilege and power to promote health and prevent HIV?</i>	5 min.	Reflection paired discussion	Flipchart and markers

Facilitator's Notes	Time	Methods	Facilitation Materials
<ul style="list-style-type: none"> <i>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)?</i> <i>How do men's roles in promoting health and prevention link to gender equality?</i> <p>Step 5: Ask the participants the following question: <i>"What does it mean for men to be gender equitable?"</i></p> <p>Ask them to think about it on their own for two minutes and then turn to their neighbor and discuss the question. After about three minutes, ask for volunteers to share what they discussed and record their answers on a flipchart. Next, explain that <i>"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."</i></p> <p>Step 6: Divide the participants into four groups and pass out Sheet 30. 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. Have them report back and conclude with the following questions:</p> <ul style="list-style-type: none"> <i>What can men do to keep each other accountable?</i> <i>Was this session helpful?</i> <i>What did you learn from this session?</i> <i>Do you think it's possible for men to develop individual "codes of conduct" for themselves?</i> <i>What would be the components of that code of conduct?</i> <i>How could the code be enforced?</i> <p>Step 7: Give participants about 15 minutes to develop such codes of conduct. Once they have finished, they can share in pairs.</p> <p>Step 8: End the session by asking participants to take a few minutes to evaluate the day. Ask each person to take a piece of paper and to write a question on it that will help evaluate how well the training's objectives have been met (e.g., a participant might write "List one way that gender equality can help to reduce intimate partner violence" or "List one reason a woman may not want to have sex" or "Name one HIV prevention</p>	<p>10 min.</p> <p>5 min.</p> <p>15 min.</p> <p>15 min.</p> <p>15 min.</p>	<p>Discussion</p> <p>Reflection paired discussion</p> <p>Group work and discussion</p> <p>Reflection Paired discussion</p> <p>Evaluation (Learning Game)</p>	<p>Flipchart and markers</p> <p>Sheet 30: Case Studies Flipchart and markers</p>

Facilitator's Notes	Time	Methods	Facilitation Materials
<p>method")</p> <p>When each person has written a question, ask them to ball up their papers. Then ask them to stand up, facing one another in equally divided teams. Explain that they will "fight" one another with the paper balls, each team throwing their balls at the other team until you say "Stop." The goal is to get as many paper balls on the other team's side as possible.</p> <p>When everyone is ready, say, "On your mark, get set, GO!" and watch the paper fight for a few minutes. After about a minute, call "Time! Ask the two teams to collect their paper balls and to count the number that are on their side. The team with the fewest balls on its side "wins."</p> <p>Instruct the winning team to ask the other team one of the questions and the other team must answer it to the satisfaction of both teams and the facilitator. Continue with both teams asking and answering questions in turn until all questions have been asked and answered. Note: Before choosing the Paper Fight, make sure that all participants are physically able to bend down, retrieve the paper balls and throw them back to the opposing team.</p>			
<p>Reference Materials</p> <ul style="list-style-type: none"> – <i>Best Practices of Youth Violence Prevention: A Sourcebook for Community Action</i> http://www.cdc.gov/ncipc/dvp/bestpractices/Introduction.pdf – <i>Best Practice in Violence Prevention Work with Men</i> http://www.daphne-toolkit.org/DOCUMENTS/Bibliography/xy-Michael-Flood/Flood_Violence_prev_Home_Truth.pdf – <i>EngenderHealth/ACQUIRE Project and Promundo's Engaging Men at the Community Level manual (2008).</i> http://www.acquireproject.org/archive/html/7-engage-men/tools.html – <i>Online Toolkit for Working with Men and Boys, Family Violence Prevention Fund, San Francisco, CA., USA.</i> – <i>Raising Voices/CEDOVIP's SASA! Activist Toolkit</i> http://www.raisingvoices.org/sasa/kit_download.php – <i>Soul City Violence Against Women Materials</i> http://www.soulcity.org.za/programmes/materials-training/the-violence-against-womentraining-materials – <i>Stepping Stones Training Manual</i> http://www.steppingstonesfeedback.org/index.htm 			

Sheet 31: Case Studies

Case Study 1:

Juma is a LIMCA peer educator who travels at times to conduct workshops. He has been dating Isaka for the past two years and they have a good relationship. Every once in a while, when Juma is traveling, he engages in sex with other people. He thinks this is harmless because his encounters are “one night stands” and he is honest with the other partners about how he is involved with someone (usually after he has had sex with them). Isaka thinks their relationship is monogamous and is proud to be dating Juma because he is such a good guy. You are a friend to both Isaka and Juma. You know what Juma is doing and you are not sure if he is always using protection. What should you do in this situation?

Case Study 2:

Maiko is a LIMCA facilitator. Maiko is married to Subira and they have two children. Maiko is a really nice guy, very good-looking, and a bit of a charmer. Recently, he began dating another woman and fathered a child with her. This is the second time he has done such a thing— and he now has four children—two with Subira and one each with these other women. Recently, Maiko hit Subira when they were arguing about his activities with other women. Maiko apologized to her, but it was not the first time. You are a friend of Maiko's. At a recent LIMCA workshop, you hear some participants who know Maiko gossiping about him and wondering how he can stand up there as a LIMCA facilitator when his personal life is not going so well. What should you do in this situation?

Case Study 3:

Hamisi is a youth pastor. He is single and enjoys going out with friends, playing snooker, and drinking. Every weekend, he gets very drunk and tends to go home with a different woman. He says it is okay because he always uses condoms. You are his friend and a member of the same church. What should you do in this situation?

Case Study 4:

James is an accounting intern. He has a long-term girlfriend who is living far away at university. They are very much in love and trust each other. James enjoys going out to clubs and hanging out with his friends. From time to time, he flirts with other women and when they ask, he denies having a girlfriend. You trust James when he says he has never cheated on his girlfriend, but you have seen him kissing a few women. From James's point of view, it is all harmless, as he is not having sex with these women. When the other women push things, he backs off and does not return their phone calls.

IV. APPENDICES: ADDITIONAL FACILITATOR RESOURCES

Appendix 1: Ice breakers

Ice Breakers

1. Two Lies and a Truth

This can be a very fun activity for a group with diverse backgrounds and/or creative imaginations.

Number of people: Probably best if kept to less than 12 or 15. Any more than that and interest is lost by those listening.

For larger groups, split into smaller groups and then wrap up with a "Best Of" presentation by each of the groups using the best truths and lies heard in that subgroup.

Time: Allow 1 to 2 minutes per person

Purpose: Getting to know another, getting people to talk, open up and relax

Instructions: Tell people to think of something happening or event in their lives that might surprise people. Then ask them to think of 2 other made up stories that people may or may not believe. In turn, each individual will share his/her "experiences" and the remainder of the group will try and guess which statement was the truth.

2. What If - I Answered the Wrong Question?

This ice breaker allows participants to use their imaginations. You'll be surprised how funny the answers can be!

Number of people: Probably best if kept to less than 12 or 15. Any more than that and interest is lost by those listening.

For larger groups, split into smaller groups and then wrap up with a "Best Of" presentation by each of the groups using the best "what ifs" heard in that subgroup.

Time: Allow 1 to 2 minutes per person

Purpose: Getting people to talk, open up, relax and laugh

Props: a pen/pencil and a piece of paper for each person

Instructions: Ask each person to write "What if" on each piece of paper and then finish that sentence with something funny, silly, or something they may have seriously wondered about. Give a couple of examples to get the ball rolling:

- What if people lived in space?
- What if dogs were able to talk?
- What if I had eyes in the back of my head?

Once that query is completed pass the paper to the person to the left. That person then writes a personal response to that query. Example answers for those above:

- With no gravity my shoes would last longer!
- HE could ask ME if I wanted a cookie!
- I could see what people really thought of my jokes!

Once all the answers are completed, one person reads the question on their piece of paper, but the person to their right reads the answer on their piece of paper! So the question/answer might go like this:

Q: What if dogs were able to talk?

A: I could see what people really thought of my jokes!
(you'll get some pretty funny combinations!)

Once the person reads their answer, THEN they ask their question and the person to the right of them responds with their answer and the pattern continues in the circle until the final answer is given.

3. Describe and Draw It

This is an excellent ice breaker to use if facilitating a workshop on communication. Prior to the workshop draw a number of rectangles on an 8.5x11" sheet of paper and ensure every participant has a pen/pencil and a sheet of paper as well. To begin the ice breaker ask a volunteer to come to the front of the room with his/her back to the audience. Tell the volunteer that he/she must describe the drawing to the audience using verbal communication only so that they can recreate the drawing themselves. No questions or communication are permitted from the audience. Allow 5 minutes for this exercise. Then recreate the exercise but allow questions from the participants. Allow another 5 minutes to pass. Spend the remaining 5 minutes comparing the drawings and facilitating discussion based on the process. Although you may find you could spend all morning on this debrief alone!

4. Remember My Name

This activity is best done for groups or subgroups of between 8 and 15 people. You can go bigger if you think your group is uber-smart! This is a simple introduction activity that helps people remember the names of one another.

Have your group stand in a circle and introduce themselves using a descriptive word and their first name. The descriptive word has to start with the same letter of their first name. I'd be Mad Trapper Mike. The next person reintroduces the first person and then herself. "That is Mad Trapper Mike, and I am Joker Jen". The third person then introduces the first two before themselves and so on. Just to make sure everybody is paying attention I like to mix it and surprise people now and then. Before the 7th person introduces himself, ask the second person in line to go through the list. This should help prevent people from mentally "checking out" once they have introduced themselves.

5. You Didn't Know but You Should Have Known!

This is a great exercise for small groups who may already think they know one another... Have everybody in the group write something about themselves down on a piece of paper that they don't think anybody else in the group knows. Then put all the pieces of paper in a hat and randomly disperse the pieces again. Have people read their piece of paper one by one and have the remainder of the group try and guess which person wrote that item. This can be a really fun activity and you'll find some very surprising things will be exposed. Just be careful and watch your time on this activity as some discussions are guaranteed to get a little out of hand.

6. 'Who am I?'

Good for any size group. It takes place throughout your session to break things up a bit and loosen the group. Also - great for getting people back on time from breaks!

Instructions:

Place one sticky note, 4 x 4 or larger, sticky side up, in front of each person.

- Tell them: Write, on the sticky side, one unknown/obscure thing about yourself, that you would be willing to share with the group.
- Tell them: Don't let your neighbor see it and don't add names or other identifiers.
- Gather the notes and place them around the front of the room.
- Tell them: NO peeking! Throughout the day/session I will randomly take one off the wall and read it to you. Then you get to guess who it belongs to. When the person's name is called out, they need to fess up!

7. People Bingo

At the start of the session, give each person a copy of page 2 along with a pen. Give them a set amount of time (10 minutes) to go around the room and find people that can say yes to one of the Bingo squares. They may only ask each person ONE question before moving on to another person, but they may return later to ask that person a second question if they want to. If a person says YES, put their name in the block. The goal is to completely fill the bingo card with names.

When ten minutes are up, ask the following questions of the group:

- How many people got all 25 squares initialed? 20?
- How many squares could you initial about yourself? ____
- Did you learn anything about the people that you work with on your team?
- Do you have anything in common with some of them?
- Do some of them have experiences that you don't have?
- What's good about that (diversity, differing ideas for brainstorming, etc.)?
- If you have time, go through the blocks and find out who answered "Yes" to each one, so that the whole team learns more about each other.

As you arrive today, please introduce yourself to others in the room and try to find people about whom the following statements are true. When you find someone who matches a square ask their name and write it in the square. **You may only ask each person one question before moving to another person.** You may come back and ask another question later. Your goal is to fill each square with a name, and you cannot use yourself. You only have a few minutes to complete this task.

Find someone who...

Hasn't changed a diaper in at least five years	Has brown eyes	Knows how to skin a chicken	Has two brothers	Works in the market
Never received a traffic ticket	Has ever eaten porridge for dinner	Can tie a knot	Was born after 1980	Was born outside of Tanzania
Has caught a fish...in the ocean	Has a garden	Has finished secondary school	Has traveled outside the country	Has ever slept walked
Has flown in an airplane	Has been to Moshi	Has short hair	Has one sister	Has eaten goat in the last month
Has used the internet	Is left-handed	Has ever colored their hair	Has a tattoo	Can drive a Vehicle

Appendix 2: Additional resources

1. Addis, M and Mahalik, J. 2003. Men, masculinity, and the contexts of help seeking. *Am Psychol.* 58(1):5-14.
2. Aggleton, P., & Warwick, I. 1998. A comparative analysis of findings from multisite studies of household and community responses to HIV and AIDS in developing countries. UNAIDS: Geneva.
3. Bailey, RC et al., 2007. Male circumcision for HIV prevention in young men in Kisumu, Kenya: a randomised controlled trial. *Lancet* 369 (9562):643-56.
4. Barker, G. and Ricardo, C. 2005. Young men and the construction of masculinity in Sub-Saharan Africa: implications for HIV/AIDS, conflict and violence. Washington, DC: World Bank.
5. Bertolote, JM and Fleischmann, A. 2002. A global perspective in the epidemiology of suicide. *Suicidologi, Arg.* 7, No 2.
6. Best Practices of Youth Violence Prevention: A Sourcebook for Community Action <http://www.cdc.gov/ncipc/dvp/bestpractices/Introduction.pdf>
7. Best Practice in Violence Prevention Work with Men http://www.daphne-toolkit.org/DOCUMENTS/Bibliography/xy-Michael-Flood/Flood_Violence_prev_Home_Truth.pdf
8. Bruce, J., et al. 1995. Families in focus: new perspectives on mothers, fathers and children. New York: Population Council.
9. CEDPA. 1988. Choose a future: Issues and options for adolescent boys. Washington, D.C.
10. EngenderHealth/CHAMPION Project's Community Engagement Facilitator's Manual draft (2011).
11. EngenderHealth/ACQUIRE Project and Promundo's Engaging Men at the Community Level manual (2008). <http://www.acquireproject.org/archive/html/7-engage-men/tools.html>
12. Gray, RH et al., 2007. Male circumcision for HIV prevention in men in Rakai, Uganda: a randomised trial. *Lancet* 369 (9562):657-66.
13. Hayes, R. et H. Weiss. 2006. Understanding HIV epidemic trends in Africa. *Science* Feb3:311(5761):620-17.
14. Heidi, L., et al. 2004. Exploring the association between HIV and violence: young people's experiences with infidelity, violence and forced sex in Dar es Salaam, Tanzania. *International Family Planning Perspectives* 30(4):200–206.
15. Ijumba, A., et al. 2006. Developing community-based behavior change communications (BCC) interventions for youth: a participatory assessment in Iringa region, Tanzania. Arlington, VA: Family Health International.

16. Knebel, 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.
17. Online Toolkit for Working with Men and Boys, Family Violence Prevention Fund, San Francisco, CA., USA.
18. Population Reference Bureau. 2006. World Population Datasheet. Washington D.C.
19. Raising Voices/CEDOVIP's SASA! Activist Toolkit
http://www.raisingvoices.org/sasa/kit_download.php
20. Rivers, K. & Aggleton, P. 1998. Men and the HIV epidemic, gender and the HIV epidemic. New York: UNDP HIV and Development Program.
21. Solter, C., et al. 2007. Advanced training of trainers. Watertown, MA: Pathfinder International.
22. Soul City Violence Against Women Materials
<http://www.soulcity.org.za/programmes/materials-training/the-violence-against-womentraining-materials>
23. Stepping Stones Training Manual
<http://www.stepsstonesfeedback.org/index.htm>
24. The Physician's Guide to Intimate Partner Abuse
http://www.preventioninstitute.org/pdf/FINAL_Before%20It%20Occurs_scanned%20and%20formatted.pdf
25. UNAIDS and the World Health Organization. 1997. The female condom: an information pack. Geneva, Switzerland.
26. Velzeboer, Marijke, Mary Ellsberg, Carmen Clavel Arcas and Claudia Garcia-Moreno, Violence against Women: The Health Sector Responds, Pan American Health Organization and World Health Organization, Washington, D.C., 2003.
27. Violence Against Women and HIV and AIDS Information Sheet, WHO
<http://www.who.int/gender/en/infosheetvawandhiv.pdf>
28. Violence Against Women and HIV and AIDS: Critical Intersections, Information Bulletin Series, WHO
<http://www.who.int/gender/violence/en/vawinformationbrief.pdf>
29. Wellings, K., et al. 2006. Sexual behavior in context: a global perspective. The Lancet 368 (9548):1706-1728
30. What is Gender-Based Violence? Training Module. Available online:
http://www1.umn.edu/humanrts/svaw/advocacy/modelsessions/what_is_GBV_dc
31. Wight, D., et al. 2005. Contradictory sexual norms and expectations for young people in rural Northern Tanzania. Social Science & Medicine 62:987–997.

32. Wilson, P and Johnson. J. 1995. Fatherhood development: a curriculum for young fathers. Philadelphia: Public/Private Ventures.
33. World Health Organization. 2000. What about boys?: A literature review on the health and development of adolescent boys. Geneva, Switzerland.
34. World Health Organization. 2001. Global prevalence and incidence of selected curable sexually transmitted infections. Geneva, Switzerland.
35. World Health Organization. 2001. Transforming health systems: gender and rights in reproductive health. Geneva, Switzerland.
36. World Health Organization. 2002. World report on violence and health. Geneva, Switzerland.
37. World Health Organization. 2004. Global status report on alcohol. Geneva, Switzerland.



USAID
FROM THE AMERICAN PEOPLE



PEPFAR
U.S. President's Emergency Plan for AIDS Relief